

Technical Sheet

International Academy of LGBT Psychology and Related Fields

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University of Beira Interior

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Coming-out for LGBT Psychology in the current international scenario

Proceedings of the 1st International Conference on LGBT Psychology and related fields

Lisbon, Portugal, June 20-22 2013

During the last decades there has been an increase in the theoretical and empirical body of knowledge in LGBT Psychology and related fields. However, this new body of knowledge is still somewhat dispersed and not widespread, which makes the process of affirming LGBT topics very difficult in the current international scientific scenario.

It is unequivocal that Psychology and other social and medical sciences can, and should, contribute to the improvement of LGBT people's well-being, with the purpose of emphasizing the psychosocial experience of sexual minority people by challenging the social oppression they are faced with. In this regard, the 1st International Conference of LGBT Psychology and related fields was an invitation for the diverse scientific communities to disseminate and debate their research on LGBT topics, under the assumption that these topics may have political, social, and scientific implications. It is everyone's responsibility to contribute to a more equitable and fair society, and this Conference will be a unique opportunity to dignify the academic studies on LGBT topics within a psychological context.

The abstracts of the 1st International Conference of LGBT Psychology and related field, held in Lisbon, Portugal, June 20-22, 2013, were published on a Special Issue of the international journal *Psychology, Community & Health*, Vol. 2(2) (<http://pch.psychopen.eu/issue/view/5>). This Special Issue included all the accepted abstracts of symposia, oral communications, poster presentations, roundtables, and workshops, numbering over 350 separate contributions, and creating an invaluable overview of the discipline of LGBT psychological science around the world.

The topics covered included: Feminism in LGBT Research, Gender Identity and Transgenderism, Gender Identity in Childhood and Adolescence, Issues in Counselling and Psychotherapy, LGBT and Human Rights, LGBT and Youth Development, LGBT Affirmative Psychotherapy, LGBT Communities, LGBT Families, LGBT Health and Mental Health, LGBT Identities, LGBT Researchers doing LGBT Research, Minority Stress, Oppression, and Homo/Bi/Transphobia, Queer Theory, Same-Sex Relationships, Sex Education, Sexuality and Sexual Behaviour across the Lifespan, Violence against LGBT People (Bullying, Harassment, Hate Crimes), and others.

The conference presenters were invited to submit short papers of their presentations, and 58 papers were selected to be published in this Book of Proceedings. The Book of Proceedings will be available free of charge at the 1st International Conference on LGBT Psychology website, so to promote the dissemination of knowledge among the scientific community, as well as among the general public, which was one of the main purposes of the Conference. The papers included in the volume are the sole responsibility of their authors.

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An experimental Survey: Homosexuality nad religiousness

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Abstract

This contribution wants to connect three individual and social dimensions: religiosity, personal values and attitudes towards homosexuality.

Starting from literature study, we propose to analyze how and in what manner religiosity related to personal values, influence the approach against gay and lesbian people. To reach this aim, we carried out three hypothesis: males are more likely to develop negative attitudes toward homosexuality than females; attitudes toward homosexuality are influenced by religiosity; attitudes toward homosexuality are influenced by the values of Tradition and Conformity. To explore these hypothesis, we realized a questionnaire composed from two parts: a social-personal data-collection and three scales. The first one of these scales is meant to investigate the personal values (PVQ questionnaire); the second one examines the degree of extrinsic and intrinsic religiosity on the basis of the theory of Allport (I / ER scale), and finally the third scale evaluates individual opinions, considerations and attitudes about homosexuality (AO scale).

The questionnaire was administered by way of web, through several channels: it was spread through the “facebook” social network and the www.bullismoomofobico.it website and it was sent by post as well. Data analysis of the questionnaire (259) was performed with SPSS software Analysis.

Keywords: religiousness, homosexuality, values, homophobia, research.

Introduction Exploring homophobia

The phenomenon of *homophobia* could be described as a spectrum of conscious and unconscious fantasies, ideas, feelings and beliefs which lead subjects to act an avoidant and aversive behaviors toward what is felt as homosexual. The concept was introduced in 1972 by Weinberg G. in a book entitled *Society and the Healthy Homosexual*. He defined the fear and the irrational hate heterosexual have toward homosexuals as “externalized homophobia”, and the disgust of gay people toward themselves as “internalized homophobia”. The author’s intent was to demonstrate that that if same-sex attraction is not a mental illness¹, we might instead consider in this way the intolerance toward homosexuality.

J. Drescher (2003) good underlines how Weinberg was able to build a clinic syndrome exactly in the same way how a XX century theorist built a illness called homosexuality. Then, according to original intention of the author, homophobia had to be counted between “classics phobias”; at the same time, however, Weinberg underlined its aggressive reach and its inclination to convert itself in violence, so qualifying it as an “atypical phobia”.

Over the years, homophobia conceptualization has been enriched with a socio-cultural connotation, which, underlining the social roots of homosexual stigma, started to decode anti-homosexual conducts not only as a reaction to an irrational fear, but also like behaviors based on stereotypes and prejudices socially and culturally shared. For this reason, W. Blumenfeld recognizes, for example, four levels of homophobia:

A personal level (concerning singles prejudices against gay population);

An interpersonal level (disclosing with the translation of prejudices into action);

An institutional level (referred to discriminatory policies acted by various institutions, such as government, factories, religious and professional organizations);

A social level (expresses between stereotypes and prejudices against gays and excluding them from common cultural

¹ In 1974 homosexuality was deleted from *Diagnostic and Statistic Manual of Mental Disorders (DSM)* published by American Psychiatric Association (APA). In its first version of 1952, homosexuality resulted a psychopathologic condition included in “*Sociopath personality disorders*”, in 1968 it was included in sexual deviations, like pedophilia and was included in “*Non psychotics Mental Disorders*”. Starting from 1990, also World Health Organization (OMS) deleted homosexuality from the list of mental illnesses.

representations).

It appears so clearly how homophobic people, like racists, xenophobes, misogynists, etc., make reference to a codified system of convictions, with the idea that they have to defend it from the treat of dangerous subjects.

Moreover, if homophobia concept has the limit of being excessively centered on intra-psychic dynamics, following proposal and studies appears excessively imbalanced on social dimension. These two extremes are actually only two of many existing way to express awkwardness and aversion between gay word; it results more and more important to understand the motivations of the various anti-homosexual reactions.

All these has bring, during the years, to consider homophobia concept improper and not exhaustive in classification of all hostility attitudes, that we can classify as “*homonegativity*”. The term (introduced in 1980 by W. W. Hudson and W. A. Ricketts), is often preferred, because considered a ampler concept, including cultural and social roots of intolerance, referring to the whole range of negative emotions, attitudes and behaviors against homosexuality and gay people.

With the aim of summing up the different dimensions of the negative attitudes toward gays, in 1999 Herek proposed to consider these attitudes as the expression of a sexual stigma (or prejudice). This caption aims to enclose all the negative expectations, the inferior status and the power subtraction that society impose to all people associated to not heterosexual behaviors, identities, relations or communities. In his article *Beyond “Homophobia”: Thinking About Sexual Prejudice and Stigma in the Twenty-First Century*, Herek points out how the last consequence of sexual stigma is a differential power between homosexuals and heterosexuals, which expresses and perpetuates a series of hierarchical relations in the society. Inside this hierarchical system, homosexuality is devalued and considered inferior to heterosexuality; gays, their relations and their communities are all considered “immoral”, “criminal” or far away from what is positive (that is heterosexuality).

One of the effects of the repeated exposition of gay and bisexual population to homophobic behaviors consists into the *internalized homophobia* phenomenon. How Lingiardi (2007) asserts, this expression indicates the outfit of negative feelings and attitudes (from disease to disgust) that a gay can feel toward his and others homosexuality, consciously or not.

Weinberg indicates various origins of homophobia: religious motivations, secret fear of a personal homosexuality, removed envy for sexual freedom and threat to established values. His ethological motivations wanted to be a psychodynamic counterbalance towards to predominant psychoanalytic theories of the time; these theories considered the principal causes of male homosexuality a closer bond with mother and distance or hostility of father (Drescher, 2003).

Religiosity

How Drescher (2003) highlighted, religiosity can be considered one of principal causes of negative attitudes toward homosexual world. For this reason, it’s important to deepen this theoretical concept, to understand the possible connections with homonegativity.

According to “Nuovo Umanesimo” (1996) dictionary, the term “religiosity” can be defined as a <<System of internal mode through which a believer orients his mental contents in a transcendent direction. Religiosity is strictly connected to faith, and this can be oriented in a naive, fanatic or destructive way, or also in a useful way, according to a world which changing and painful contents tends to an awareness de-structuration. Religiosity does not necessary entail the belief in divinity, how is in the original Buddhist mystic. In this perspective, is possible to understand the existence of a “religiosity without religion”. In any case is an experience of “sense” oh human happening. This kind of experience can’t be reduced to a philosophy, psychology or, in general, a system of ideas>>.

The theoretical construct of “religiosity” was studied and analyzed from the American social psychologist Gordon Allport (1950). He outlined the salient dimensions of human religiosity, identifying the principal characteristics. In fact, the concepts of Intrinsic and Extrinsic religiosity was born from his theorization: he proposed, so, a partition of the concept in these two dimensions, sketching the characteristics of each one.

In his theory about religious sentiment, Allport defines intrinsic religiosity (I) as a religiosity lived in deep, rich of values and not connected to the strictly personal interests. It comports a tolerant faith that sees in the religious experience the guide principle of individual life; a faith, so, in which the practice of religion appears essential and due.

On the contrary, the extrinsic religiosity (E) is, according to Allport, a religiosity whit the aim to realize personal objectives, such as realization, maintenance of self-esteem and socialization. This kind of religiosity is strictly connected to the prejudice for the out-group (for example a different religion group) and to the resulting support of the perception of the personal superiority.

The religious practice, in this case, appears not essential, irregular and, however, not connected to the research of the faith sense (that is instead essential in the intrinsic religiosity).

According to Allport, these two different kinds of religiosity, represent the extremes of a continuum due to which the individuals, according to personal and contextual characteristics, are mainly inclined.

Personal Values

The threat to constitute values, characterized by homosexuality, is considered from Weinberg one of the motivations for the negative attitudes against gay population, and so one of the principal basis for homophobia.

For this reason it results important to analyze the construct of personal and social values, and also the connection of these values to the individual and social behaviors. (Hofstede, 1980; Kluckhohn, 1951; Rokeach, 1973; Schein, 1985; Williams, 1970).

According to earlier quoted authors, values can be considered desirable and trans-situational goals, used as guiding principles from people.

The Values theory we are referring includes a comprehensive set of 10 motivationally distinct value constructs, and it derives them from an analysis of universal requirements with which all individuals and societies have to confront. The identified and described values are (S. H. Schwartz, G. Melech, A. Lehmann, S. Burgess, M. Harris and V. Owens, page 4):

Power. Social status and prestige, control or dominance over people and resources. (He likes to be in charge and tell others what to do. He wants people to do what he says)

Achievement: Personal success through demonstrating competence according to social standards. (Being very successful is important to him. He likes to stand out and to impress other people)

Hedonism: Pleasure and sensuous gratification for oneself. (He really wants to enjoy life. Having a good time is very important to him)

Stimulation: Excitement, novelty, and challenge in life. (He looks for adventures and likes to take risks. He wants to have an exciting life)

Self-direction: Independent thought and action-choosing, creating, exploring. (He thinks it's Important to be interested in things. He is curious and tries to understand everything.)

Universalism: Understanding, appreciation, tolerance and protection for the welfare of all people and for nature. (He thinks it is important that every person in the world should be treated equally. He wants justice for everybody, even for people he doesn't know)

Benevolence: Preservation and enhancement of the welfare of people with whom one is in frequent personal contact. (He always wants to help the people who are close to him. It's very important to him to care for the people he knows and likes)

Tradition: Respect, commitment and acceptance of the customs and ideas that traditional culture or religion provide the self. (He thinks it is important to do things the way he learned from his family. He wants to follow their customs and traditions)

Conformity: Restraint of actions, inclinations, and impulses likely to upset or harm others and violate social expectations or norms. (He believes that people should do what they're told. He thinks people should follow rules at all times, even when no one is watching)

Security: Safety, harmony and stability of society, of relationships, and of self. (The safety of his country is very important to him. He wants his country to be safe from its enemies).

These values are the basis of the theory proposed from Swartz and colleagues; they also constitutes an important part of the questionnaire realized on the theory exposed.

An experimental survey

Starting from the theoretical conceptualizations described, the aim of our study was to discover the connections between homophobia, religiosity and personal values. So, after the analysis of literature, we carried out three hypothesis: males are more likely to develop negative attitudes toward homosexuality than females; attitudes toward homosexuality are influenced by religiosity; attitudes toward homosexuality are influenced by the values of Tradition and Conformity.

Our first hypothesis is based on the idea that our society is characterized by an ideological system intent on deny, denigrate and stigmatize every kind of not heterosexual behavior, identity, relation or community (Hereck, 1993), called heterosexism.

Starting from the reflections carried out from Hereck (1993), we talk about heterosexism to indicate a form of prejudice developed from childhood. In fact the majority of child grow up in a social and familiar environment not inclined to speak about homosexuality or inclined to deride it.

One of the effects is that many adolescents and adults consider homosexuality as an objectifying label, making subjects "immoral", "promiscuous", "insane" or, more generically, "strange". This phenomenon contemplates the male sex more powerful than the female, influencing the males' attitudes toward homosexuality.

Our second hypothesis was born studying Weinberg (1972) theory about homophobia. The author, in fact, suggested that religiosity can influence the development of negative attitudes toward homosexuality. This aspect was examined in depth in the second paragraph.

Weinberg (1972) also supposed that homonegativity can be influenced from the fear of a threat to established values. Starting from this idea, we carried out our third hypothesis. In particular, we supposed that Tradition and Conformity values can influence the development of homophobia, because they are two characteristics connected to society and not only related to individuals.

Our three hypothesis was examined using three scales and studying the connections between the theoretical concepts analyzed.

Homophobic attitudes were explored between *Homophobia Scale* (Wright et al., 1999). It assesses individual opinions, considerations and attitudes related to homosexuality through three dimensions: negative homophobic affection ($\alpha = .93$), aggressive homophobic affection ($\alpha = .94$) and negative homophobic thought ($\alpha = .83$).

Wright et al. (1999), in their study of scale validation, underlined that final version of the scale has three subscales: a subscale that is primarily cognitive in content, a subscale that is comprised of items that assess negative affect and some avoidance behavior, and a subscale that is comprised mainly of items that assess aggressive behavior and negative affect. It appears that the scale is assessing a stable construct.

Religiosity construct was analyzed with the *Religious Orientation Scale-R* (Gorsuch & McPherson, 1989). It assesses the degree of extrinsic ($\alpha = .83$) and intrinsic ($\alpha = .69$) religiosity on the basis of Allport's theorizations. This scale is composed by 14 items, each one connected to one of detected parts from the author in his theory: intrinsic religiosity and extrinsic religiosity. Finally, personal values are analyzed using the *Portrait Values Questionnaire* (Capanna et al., 2004), in its Italian form. This scale is meant to investigate the personal values between the dimensions identified between Swartz and colleagues theory: Power ($\alpha = .63$); Hedonism ($\alpha = .84$); Achievement ($\alpha = .83$); Stimulation ($\alpha = .64$); Self-direction ($\alpha = .53$); Universalism ($\alpha = .72$); Benevolence ($\alpha = .62$); Tradition ($\alpha = .65$); Conformity ($\alpha = .68$); Security ($\alpha = .69$).

The questionnaire, so constituted, has been built on the web platform www.surveymonkey.it and distributed on internet between different channels:

Facebook (both thematic pages and individual profiles)

Private e-mail addresses

On thematic web site www.bullismoomofobico.it

The sample was constituted from 259 subjects, recruited using these inclusion criteria: subjects with every sexual orientation, subjects of every religious belief and subjects age started from 18-years-old. Instead, from the analyses was excluded transsexual people, because they were due to make a comparison between biologic males and females (the inclusion of transsexuals should complicate our questionnaire with the inclusion of auto-perception scales); moreover our sample was composed only by Italian subjects.

Our sample was divided into males (81) and females (178), with a mean age of 30 years old for males and of 27 years old for females. The majority came from a big city and are students or unemployed. They also have different believes. The majority are practicing believer and non-believer but practicing for family. They also have different sexual orientations, and the majority were heterosexuals.

In table 1 are exposed all the characteristics of our sample.

Religion		
Practicing believer	40 (49,4%)	117 (65,4%)
Not believer but practicing for family	3 (3,7%)	1 (0,6%)
Atheistic	22 (27,2%)	35 (19,6%)
Agnostic	11 (13,6%)	1 (0,6%)
Different Christianity		2 (1,1%)
Islamic	1 (1,2%)	-
Jewish		-
Buddhist	1 (1,2%)	-
Hindu		-
Other	1 (1,2%)	2 (1,1%)
Sexual orientation		
Heterosexual	57 (70,4%)	161 (89,9%)
Homosexual	22 (27,2%)	3 (1,7%)
Bisexual	2 (2,5%)	13 (7,3%)
Other	-	2 (1,1%)

Table 1. Socio-demographic subject's features

	M N = 81	F N = 178
Age	μ 30,5 (SD = 9,5)	μ 27,4 (SD = 7,2)
Residence		
Village	5 (6,2%)	27 (15,1%)
Little city	42 (51,9%)	80 (44,7%)
Big city	34 (42%)	72 (40,2%)
Current Job		
Student	31 (38,3%)	100 (55,9%)
Unemployed	2 (2,5%)	21 (11,7%)
Professional Educator	3 (3,7%)	8 (4,5%)
Employee	15 (18,5%)	17 (9,5%)
Freelance Professional	20 (24,7%)	14 (7,8%)
Health worker	3 (3,7%)	3 (1,7%)
Psychologist	3 (3,7%)	9 (5%)
Retired	1 (1,2%)	1 (0,6%)
Priest	1 (1,2%)	-
Psychotherapist	-	2 (1,1%)
Social worker	-	1 (0,6%)
Housewife	-	3 (1,7%)

The analysis of the answers was realized with SPSS Software Analysis. The main ones were Mann-Whitney Tests, a non-parametric test to explore differences on means between subsamples (because our sample was not a normative sample), correlations and linear regressions.

Results of the survey

From the analysis of data, various results emerge, in connection with the three theoretical construction before illustrated.

Table 2. Comparison between males and females in homophobic dimensions

N	M (SE) 81	F (SE) 178	Mann-Whitney Test
Negative homophobic affection	3,95 (1,11)	4,42 (0,83)	5097***
Aggressive homophobic affection	4,04 (1,19)	4,46 (0,92)	4965***
Negative homophobic thought	3,76 (1,16)	4,13 (0,96)	5904**
Homophobia total amount	3,95 (1,10)	4,38 (0,85)	5049***

In relation to the *Homophobia Scale*, statistically significant differences between males and females emerge. In particular, how table 2 shows, higher levels of “negative homophobic affection”, “aggressive homophobic affection” and “negative homophobic thought” are observed in males. In fact, according to the scale used, lower values in the answer analysis indicate high levels of homophobia.

So, appears that males are more homophobic than females.

In relation to the dimensions of religiosity, there is only one statistically significant difference between males and

females, in “extrinsic religiosity”.

Table 3. Comparisons between males and females in religious dimensions

	M (SE)	F (SE)	Mann-Whitney Test
N	81	178	
Intrinsic religiosity	2,59 (0,64)	2,71 (0,78)	6708
Extrinsic religiosity	2,08 (0,82)	2,36 (0,89)	5949**

Furthermore, as is shown in the table 3, there is only a negative correlation between “negative homophobic thought” and “intrinsic religiosity” in females.

This result shows that in females as the intrinsic religiosity increasing also negative homophobic thought increase. Excepting this result, it seems that there are not statistically significant correlations between social homophobic dimensions and religiosity ones. So, religiosity, in its intrinsic and extrinsic form, does not result as a significant predictor of homophobic attitudes in our sample.

Table 4. Comparison between males and females in personal values

	M (SE)	F (SE)	Mann-Whitney Test
N	81	178	
Power	3,05 (1,06)	2,65 (0,89)	5585**
Success	4,10 (1,08)	3,87 (1,10)	6419
Hedonism	4,01 (1,25)	3,94 (1,01)	6705
Stimulation	3,67 (1,10)	3,79 (1,01)	6718
Self direction	4,72 (0,69)	4,86 (0,62)	6474
Universalism	5,01 (0,76)	5,11 (0,58)	7041
Benevolence	4,72 (0,75)	4,89 (0,63)	6444
Tradition	3,33 (0,90)	3,40 (0,93)	6900
Conformity	3,94 (0,94)	3,89 (0,91)	7130
Security	4,03 (0,92)	3,99 (0,89)	6946

Finally, in relation to personal values, there was only a difference between males and females, in Power. However, gender and values, considered in the same model, influence the development of homophobic attitudes. In fact, male gender, tradition value and conformism value seems to be the stronger predictors of homophobic attitudes.

Conclusive reflections about the survey

The results of our survey confirm in part our hypothesis.

In fact, our first hypothesis has been confirmed: in our sample males are more likely to develop negative attitudes toward homosexuality than females. Instead, our second hypothesis has not been confirmed, because, religiosity doesn't influence homophobic attitudes. Our third hypothesis, finally, has been confirmed because Tradition and Conformism values influence attitudes toward homosexuality.

About religiosity, so, an influence in females has been observed only in the extrinsic dimension; it is probably due to the inappropriateness of the intrinsic dimension of the scale used for the Italian population. Moreover, we can suppose that intrinsic religiosity is not connected to the homophobic attitudes, because it is linked to a real love for the others and to an inner faith, and not only to the Church rules.

These results underlines the limits of our survey, on which appears necessary to reflect for a just interpretation of our data and also to propose new studies based on this survey.

The Religious Orientation Scale-R, used in the survey, results partially inadequate because some items can be differently interpreted from Italian people. “In the Italian Catholicism, in fact, is widespread the idea that God helps human

beings, and that his participation at the life is a vehicle of peace and security.

This concept is not unbinded from the interest toward religion and from prayers that belong to the intrinsic religiosity. So, the first factor is a summary of the Italian catholic religion: the research for a charitable and protector God; this research does not represent the simple use of religion in order to obtain personal benefits. It is part of our culture and it is socially admissible” (tr. p. 117, Rossi G. & Carissimi L., 2009). This reflection constitute an important limit of our survey, from which is possible to start for future studies.

It's also possible to individuate other limits of our study, such as the lower number of males in confront of females, the exclusion of moderation variables and the sample survey (259 subjects) composed only from internet users. Probably this last limit can be connected to the youngness of our sample: in fact subjects seem to be relatively young, probably because they are all internet users.

These reflections underline the necessity of promotion other similar studies, starting from the results of our survey.

Our suggestions for future surveys are:

To propose the same study with other religiosity measures considered as more appropriate for the Italian population;

To involve an higher number of subjects through the use of other diffusion channels and the involvement of aged people;

To consider moderation variables, such as received religious education or parents' religiosity;

To split subjects equally into males and females;

To do an analogous study with ecclesiastic people (priests, nuns, ...) in order to compare two samples.

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Auto-eficácia, Informação e otimismo face ao VIH/SIDA em HSH em contexto prostituição.

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Keywords: VIH/SIDA, HSH, auto-eficácia, trabalho sexual, orientação sexual

A investigação social tem como finalidade aprofundar a realidade acerca dos Homens que fazem sexo com Homens (HSH) em contexto de prostituição, trabalhadores sexuais masculinos (TS), dos seus conhecimentos, crenças e atitudes sobre sexualidade, VIH/SIDA e outras IST's na cidade de Lisboa. O objetivo específico desta análise assenta nas diferenças em domínios de relevância psicossocial para a prevenção do VIH em TS que têm sexo com homens, aprofundando e correlacionando a auto-eficácia no uso do preservativo, conhecimento e otimismo face ao VIH/SIDA.

É um facto que a informação sobre a prostituição masculina em Portugal é bastante reduzida. A escassez de informação sobre os TS, não permite que haja uma caracterização fidedigna sobre esta população, nem os seus contornos de atuação e suas principais características.

Esta população apresenta-se como significativa pois para além de terem práticas sexuais muito regularmente, a prática sexual envolve o sexo anal, sendo que esta sem proteção tem implícito um risco bastante elevado de transmissão do VIH e de outras IST's. Isto deve-se essencialmente às especificidades do ânus e às características da mucosa rectal. Segundo uma meta-análise publicada na edição on-line *do International Journal of Epidemiology*, o risco de transmissão do VIH durante uma relação sexual anal poderá ser até 18 vezes superior do que numa relação sexual vaginal.

Os primórdios da descoberta do VIH/SIDA foram associados a indivíduos homossexuais nos Estados Unidos da América. Durante 30 anos de história e de evolução nesta infeção é possível constatar que ainda há uma percentagem elevada de infeção neste grupo que deve ser tomada como preocupante e foco de percepção e promoção da consciencialização quanto a comportamentos de risco, como as práticas sexuais desprotegidas.

Assim, como em outros países que se têm debruçado sobre esta temática e já com uma história na resposta à infeção em populações específicas, Portugal tem vindo a contar com as Organizações Não Governamentais (ONG) no combate a esta epidemia nos grupos de difícil acesso. Estas ONG têm um papel primordial no entendimento e acção neste âmbito.

Em Portugal, a prostituição foi despenalizada em 1983 e encontra-se, desde então, num “vazio legislativo” que não confere direitos a quem a exerce a actividade, o que contribui para a exclusão dos/as TS (Oliveira, 2004). Mesmo não havendo legislação específica para proibir o trabalho sexual, este é frequentemente reprovado socialmente (Banach & Metzenrah, 2000).

É possível afirmar que a falta de informação e dados mais concretos sobre HSH em contexto de prostituição, se deve ao facto do trabalho sexual em Portugal ter contornos ainda muito estigmatizados. Não é criminalizado, mas os indivíduos com esta prática profissional ainda são obrigados a esconderem-se e a manterem-se à margem da sociedade para não serem vítimas de discriminação e violência (física e psicológica). Estas características do trabalho sexual em Portugal, levam muitas vezes à dificuldade desta população no acesso aos diferentes serviços, o que torna os TS uma população vulnerável e ao mesmo tempo um grupo de difícil acesso. Segundo um estudo realizado pela médica Maria José Campos a maioria não realiza testes de despistagem do VIH/SIDA. Um inquérito online realizado em 2012 a 180 mil homens em toda a Europa, dos quais cinco mil viviam em Portugal, revelou que apenas 45,9 por cento dos portugueses tinha realizado um teste VIH no último ano. “São números preocupantes”, comentou em declarações à agência Lusa.

Os contornos sociais, legais e culturais caracterizam os HSH trabalhadores sexuais no mundo inteiro de várias formas e distinções. Nos EUA, um estudo revelou que 1 em cada 5 HSH foram infetados pelo VIH. As estatísticas oficiais deste país mostra que a taxa de novas infeções entre os HSH é 44 vezes superior do que em qualquer outro grupo populacional. Aqueles que se encontram entre os 13-24 anos têm 10 vezes mais probabilidade de se infetarem do que a população em geral.

Foram vários os países que disponibilizaram dados sobre a prevalência do VIH entre trabalhadores do sexo masculino em 2012. Os dados sobre o teste de VIH entre profissionais do sexo foram relatados por 22 países em 2012 (29 países relataram em 2010). Taxas relatadas de teste variaram desde 12% a 82%. Três países (Arménia, Azerbaijão e Bósnia e Herzegovina) relataram taxas de testagem do VIH com menos de 20% e de sete países (Estónia, França, Alemanha, Greecei, Cazaquistão, Holanda e Portugal) taxas de mais de 60%.

Os restantes 12 países informaram testando taxas entre 20% e 60%. No ano 2010, apenas Israel, Holanda e Reino

Unido apresentaram dados sobre este subgrupo de trabalhadores sexuais. Já em 2012, os dados sobre a prevalência de VIH em profissionais do sexo masculinos foi relatada por nove países: Bélgica, Bulgária, República Checa, a ex-República Jugoslava da Macedónia, França, Alemanha, Portugal, Sérvia e Espanha. Os dados concluídos e relatados mostram altas taxas de. A prevalência de VIH entre TS: 20% na Alemanha, 16,9% na Espanha, 13,5% em Portugal, e 9,1% na Bélgica. No entanto, é importante mencionar que as amostras de TS eram pequenas e que os dados podem ser comentados como não representativos nacionalmente. (ECDC Special Report, 2012).

Em Portugal, mencionando os resultados preliminares da segunda fase de recolha de dados do projecto PREVIH (2012-2013) nas populações de HSH e de TS, constata-se que a taxa de transmissão do VIH continua de facto, a ser elevada nesta população e que o nível de infecção autorreportado e encontrado continua a ser superior a 5%. (II conferência Internacional sobre VIH em Grupos de Difícil Acesso)

Assim, é possível assumir que Portugal é um dos cinco países da Europa com mais TS infectados pelo VIH, apesar de ter das mais elevadas taxas de uso do preservativo. O relatório com a investigação realizada pelo Centro Europeu de Controlo de Doenças da União Europeia, indica que, em Portugal, quase 9% dos TS (mulheres, homens e transexuais) estão infectados pelo VIH. Com uma taxa de prevalência de 8,9%, Portugal fica apenas atrás da Letónia (com uma incidência de 22,2%) e da Ucrânia (9%), embora seja o país com uma alta percentagem de TS a usar preservativo: 96% no caso das mulheres, 87% no caso dos homens. (ECDC Special Report, 2012).

Focado na prevalência de VIH especificamente entre TS, o relatório indica também que Portugal está entre os países com maior percentagem de cobertura nos testes de despistagem: 72,8% nos homens e 69% nas mulheres, referem dados relativos a 2012. Este estudo destaca que, nos países onde a prevalência do VIH é elevada ou está a aumentar, a intervenção e prevenção que é realizada pode estar a ser inadequada para os trabalhadores do sexo, ou pode não estar a abranger esta população devido às especificidades que a caracterizam. (ECDC Special Report, 2012)

Por outro lado, Portugal surge também entre os países que relatam uma percentagem mais elevada no uso do preservativo entre este grupo, com taxas que rondam os 90% — mais precisamente, 87% (homens) e 96% (mulheres). Por fim, nos dados sobre a cobertura desta população nos programas nacionais do VIH, nomeadamente com acções de prevenção, constata-se que as percentagens ficam-se pelos 43% nos homens e 40% nas mulheres. (ECDC Special Report, 2012)

O relatório de Dublin, compara então os dados obtidos em 2012 com anos anteriores e conclui que a prevalência do VIH no grupo dos trabalhadores do sexo mantém-se reduzida na Europa e na Ásia Central. Porém, os especialistas sublinham a importância de vigiar de forma mais atenta e contínua a infecção nesta população vulnerável. Sobre os subgrupos, o relatório alerta que é preciso obter mais dados sobre os TS que usam drogas injectáveis e refere ainda que também há pouca informação acerca dos trabalhadores do sexo que são imigrantes, apontando que é um fenómeno que necessita de atenção. Segundo argumentam, um estudo recente de uma rede europeia para a prevenção e promoção de saúde neste subgrupo (TAMPEP) mostra que “uma grande proporção de trabalhadores do sexo na UE são imigrantes”, a maioria de países do leste europeu que não pertencem à União Europeia, mas também da África e da América Latina. (*Andrea Cunha Freitas, O Público, 27.5.13*)

É necessário olhar e conhecer os fatores que englobam esta temática para que seja possível actuar na prevenção do risco. É neste ponto que, foram reunidas as pertinências da construção e implementação desta investigação.

Método

A investigação social enquadrou-se no projecto **Encontros (In)Seguros**, que se prende com o desenvolvimento de um estudo realista e actual sobre os TS masculinos na cidade de Lisboa, de modo a adaptar novos programas de prevenção do VIH/Sida e outras IST. Neste sentido, a elaboração de um enquadramento cultural e o levantamento das necessidades dos sujeitos e as suas características (sexo, estatuto socioeconómico, idade, escolaridade, profissão, etc.), tornam-se imprescindíveis para compreender os estilos de vida e o conhecimento das crenças e atitudes dos sujeitos, de modo a que a informação se processe e a mensagem seja recebida e entendida, envolvendo a comunidade num processo de mudança.

A equipa multidisciplinar do projeto desenvolveu variadíssimas atividades, entre elas visitas diurnas e noturnas às zonas de Lisboa com maior incidência de TS, com distribuição de material informativo e preventivo adaptado (folhetos, gel lubrificante e preservativos), através de uma metodologia de proximidade junto dos indivíduos em que foi possível aplicar os questionários adotados à investigação.

Participantes

Participam neste estudo 143 TS da cidade de Lisboa com uma idade média de 28,326 anos (DP=5,960) sendo que o mais novo tem 18 anos e o máximo de idade é de 43 anos. 75,5% Têm nacionalidade brasileira e 21% são por-

tugueses; 81,1% são solteiros, 7 % casados com homens e 5,6 % casados com mulheres. Relativamente á questão da orientação sexual, 51% identificam-se como homossexuais ou bissexuais (35%); 14% heterossexuais; 62,2% afirmam ter um papel versátil no sexo e 34,3% dizem ser apenas ativos, e 3,5 passivos. 5,6 % dos participantes são estudantes, 20,3 % empregados e 67,8% desempregados.

Quando questionados relativamente ao estatuto socioeconómico onde se integram, 20, 3% considera se englobar no estatuto baixo, sendo que 78, 3% se consideram no estatuto médio. A média mensal de rendimentos que os utentes afirmam ganhar encontra-se nos 1621, 27 euros.

Instrumentos

Os instrumentos utilizados foram o Questionário Sociodemográfico e o Questionário 3C-VIH/SIDA. Os dados foram recolhidos respeitando a confidencialidade e o consentimento informado.

O Questionário Sociodemográfico é composto por 17 itens que engloba uma série de questões dotadas de detalhes demográficos e pessoais desde a sua orientação sexual, estado civil até ao motivo para estarem a trabalhar nesta atividade.

O Questionário 3C- VIH/ SIDA é dotado de nove grupos, sendo que estes incidem em: I Conhecimentos em relação ao VIH/ SIDA; II Optimismo e Cepticismo face ao VIH; III auto eficácia na utilização de Preservativos; IV Comportamentos em relação ao VIH; V Comportamentos em Relação a outras infeções sexualmente transmissíveis (IST); VI Comportamento sexual com companheiro (s); VII Comportamento sexual com os clientes; VIII Comportamentos relacionados com o uso de substâncias (Álcool e Drogas). Na sua totalidade o questionário é constituído por 89 itens tipo Likert

Procedimentos

Todos os participantes completaram ambos os questionários, depois do seu consentimento informado de que os dados recolhidos seriam confidenciais e para análise estatística. A aplicação dos questionários teve uma duração entre 30 a 60 minutos, dependendo do grau de entendimento que variava de utente para utente devido à variável da sua nacionalidade e também do grau de escolaridade.

Resultados

Quando os inquiridos foram abordados sobre a questão da realização do teste VIH/SIDA ainda encontramos uma percentagem de 9,2% que nunca realizou o teste. 39, 4 % afirma realizar de 6 em 6 meses, 3 em 3 meses 12 % e uma vez por ano cerca de 32, 4%. Dos 143 utentes abrangidos 6,7 % afirmam ser seropositivos

Devido a taxa de infeções elevadas na população HSH, como os estudos indicam, tentamos averiguar a consistência e autoeficácia no uso do preservativo. Quando questionados sobre o uso efetivo do preservativo com os companheiros atingimos os seguintes resultados: no sexo oral 46,5% assume nunca usar preservativo, 18, 3% quase sempre e apenas 23,9% afirma usar sempre. No sexo anal 19% afirma nunca usar e 64, 1 % sempre. Em comparação, quando questionados sobre o uso do preservativo com os cliente, no sexo oral, apenas 3,5% afirma usar preservativo e cerca de 70, 4% assume usar. No sexo anal apenas um participante afirma não usar enquanto 95, 8% afirma que usa sempre.

Comparativamente, os resultados demonstram que os homossexuais apresentam maior nível de autoeficácia no uso do preservativo do que os bissexuais ($F(104; 50,700) = 11,445; p = 0,013$). Foi também possível encontrar diferenças estatisticamente significativas relativamente á periodicidade em que o teste do VIH é feito, sendo que há uma elevada percentagem de bissexuais que fazem o teste de 3 em 3 meses, e os homossexuais de 6 em 6 F ($109; 91,886) = 5,895; p = 0,08$).

Os resultados obtidos indicam que os TS têm grande nível de conhecimento face ao VIH/SIDA (média=27,13; DP=3,33 escala 0-17), mas, apresentam baixos níveis de otimismo face ao VIH (média=20,63, DP=4,79, escala 12-48) e níveis altos de auto-eficácia no uso do preservativo (média 61,51 DP 6,08, escala 13-65). A análise correlacional demonstra que níveis mais elevados de otimismo foram negativamente correlacionados com a auto-eficácia ($r = -0,203, p = 0,029$), indicando que os participantes mais otimistas seriam menos eficazes no uso do preservativo.

Limitações

O trabalho sexual continua a ser uma actividade estigmatizada em Portugal, o que dificulta ou pode realmente impedir que os projectos de prevenção/intervenção cheguem a esta população, especificamente, aos HSH em contexto de prostituição. Não só se verifica uma falta de informação baseada em conhecimentos científicos, como desta forma e como consequência da anterior, uma escassez de respostas às verdadeiras necessidades desta população, a nível da promoção da saúde e de apoios específicos.

Outro factor que enviesava as estatísticas é que nem sempre é possível saber como é que o homem se infectou. Se têm relações sexuais também com mulheres, pode mencionar que o VIH lhe foi transmitido pela mulher ou mesmo que confirme só ter relações sexuais com homens poderá mentir para impedir o preconceito. Isto pode, definitivamente, distorcer os dados.

Também se coloca a questão sobre a totalidade de respostas que correspondem à realidade dos comportamentos sexuais adoptados, pois os indivíduos abrangidos podem não falar totalmente a verdade quanto ao uso do preservativo e realização do teste, pois tem não noção que se trata de um comportamento tomado como normativo e correcto.

Discussão

Os dados relativos à investigação em causa, permitem suportar a ideia que os TS que se identificam como bissexuais necessitam de uma atenção específica na tarefa de prevenção do VIH/SIDA que atende às particularidades desta categoria de orientação sexual.

Estes resultados permitem concluir que é de extrema importância para a prevenção do VIH/SIDA e outras IST entre os TS, o trabalho com variáveis cognitivas e comportamentais, como otimismo e auto-eficácia no uso do preservativo.

Outro dado pertinente, prende-se com o facto de os resultados desta investigação irem de encontro com o estudo de TAMPEP que menciona que maioria dos TS da EU são emigrantes. A nossa maior proporção incide na América Latina, com 75,5% de nacionalidade brasileira e apenas 21% Portugueses.

Ao longo da investigação e análise dos resultados na questão da consistência no uso do preservativo com companheiros e com clientes, percebemos que há de facto diferenças no entendimento do uso deste quando se tratar de uma relação emocional. Os TS apresentam-se maioritariamente assertivos no uso de preservativo com clientes, mas descuidando no uso do preservativo com os companheiros.

Além das respostas face à auto-eficácia no uso do preservativo, aquando da aplicação dos instrumentos, serem em muitos casos díspares com clientes ou com o companheiro, os relatos e explicações verbais dos TS também foram uma evidência a favor deste facto.

Mencionam que com os clientes trata-se de uma pessoa completamente desconhecida, enquadrando a sua actividade e interacção com estes como estritamente profissional. Daí tomam consciência dos riscos que podem correr com estas pessoas. No entanto, no que toca a companheiros há uma necessidade de distinção de envolvimento para si mesmos e para o casal em si. Assim, o não uso de preservativo é tomado por muitos como prova de confiança, como envolvimento não só físico mas emocional e sentimental que tem que ser ressaltado.

Note-se que muitos dos seus companheiros, praticam também trabalho sexual. Nestes casos, a tendência ao não uso de preservativo entre estes é ainda mais vincada. Ambos nutrem a necessidade emocional de pertença um para com o outro, usando assim o contexto sexual e a variável do (não) uso do preservativo para demonstra-la ao parceiro e distinguir o envolvimento dos outros em contexto profissional.

Na amostra dos utentes (143) da investigação social do projecto **Encontros (In)Seguros**, salientamos 5 casos de utentes seropositivos para o VIH/SIDA que contam ter sido infectados em relações com os companheiros, e não no contexto do trabalho sexual.

“(…) Sim, o HIV/ SIDA e outras doenças são uma preocupação no meu dia a dia, até porque aconteceu um pequeno acidente comigo, aí dentro da situação da SIDA e do HIV, porque eu sempre trabalhei nessa área (TS) e sempre tive muito cuidado, sempre usando camisinha, me cuidando, de mim e do meu corpo. Infelizmente sou uma pessoa infectada, mas não foi neste trabalho, foi porque tenho um relacionamento com uma pessoa que infelizmente essa pessoa também não sabia que era infectada, então acabou me transmitindo (...)” (Relato de Renato, 22 anos, brasileiro).

Em conclusão, reforçamos a ideia de que é de extrema importância a construção de projectos específicos de prevenção e promoção da saúde dirigidos a esta população, os HSH em contexto de prostituição. É essencial ter em conta as características e as especificidades desta actividade, com equipas no terreno, com metodologias de proximidade. São populações que devido à sua actividade acabam por se esconder e muitas vezes levar uma vida à margem da sociedade. Relatam que a maioria chega aos diferentes países e nem saem dos apartamentos para os quais vão trabalhar, o

que faz com que não tenham acesso aos programas que são dirigidos à população geral. Assim, é fundamental que as equipas técnicas se desloquem até ao local onde exercem a sua actividade. Estes factos fazem com que a existência de projectos dirigidos apenas a esta população seja uma necessidade diagnosticada e de ter em conta para programas de prevenção eficazes junto desta população.

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Belgian heterosexual attitudes toward homosexual couples and families

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Abstract

In Belgium, marriage and adoption for gays and lesbians are legal since respectively 2003 and 2006. Despite the legalization, public opinion is still not unanimous and some heterosexuals continue to disapprove those families. This study aims at examining the correlated variables of positive and negative attitudes toward same-sex marriage and same-sex parenting. Attitudes were assessed through self-report questionnaires in a cohort of 3663 heterosexual participants that are resident in Belgium, 47% Females, 53% males aged from 18 to 61. It is hypothesized that correlates of positive attitudes toward SSM and GLP will be associated with female gender, lower religiosity, liberal political ideology, and higher education and socioeconomic status. Results suggest that females are significantly more favorable than males toward same-sex marriage. People aged between 18 and 25 are significantly more favorable than older age groups. Atheists/agnostics are significantly more favorable than all religious groups. Left-wing individuals are significantly more favorable than right-wing. Females are significantly more favorable than males toward same-sex parents. These preliminary results seem to confirm our hypothesis and underline the interest of this study.

Keywords: heterosexual's attitudes, homosexual marriage, homosexual adoption, same-sex families

Conference Topic: C4S1, LGBT Families 1

Introduction

Statement of the problem: legality versus social acceptance in Belgium

Gay rights around the world are constantly changing. According to the ILGA's latest report (2012), in Europe the legal recognition of civil rights is still unequal and the public opinion is very mixed. Notwithstanding the large number of civil rights granted to homosexuals, the issue of social acceptance of same-sex couples and families remains. Indeed, the Belgian law allows marriage between persons of the same sex since June 1, 2003, yet the 2006 Eurobarometer survey shows that 62% of Belgians are favorable (and only 44% of Europeans citizens). Regarding adoption, the law came into force in July 2006, but many are still against the idea, since only 43% of Belgians believe that gay couples should be allowed to adopt children (32% of European citizens). Thus, 49% of Belgians believe that discrimination based on sexual orientation is still widespread (Eurobarometer, 2007). However, the attitude of the population (support vs. rejection and discrimination) and the marginalization of minority influence not only quality of life but also the couple and parenting skills and the development of their children (Armesto, 2002; Goldberg, 2010).

Theory and research on correlates of same-sex marriage attitudes and same-sex parenting attitudes

A significant proportion of heterosexual are against gay marriage, because they reject homosexuality in general (McVeigh and Diaz, 2009). Others disagree because they think that this type of marriage undermines the institution of heterosexual marriage itself (Brumbaugh et al., 2008).

Moreover, various studies have highlighted the factors correlated to attitudes toward same-sex marriage. The two most predictive factors are sex and age: women, regardless of age and ethnicity, hold more positive attitudes toward SSM than men (Costa & Davies, 2012; Sherkat et al., 2010; Steffens, 2005; Davies, 2004; Wills & Crawford, 2000), and younger people tend to have more positive attitudes than older individuals (Brumbaugh et al., 2008; Steffens & Wagner, 2004). Other studies have demonstrated that region of residence is associated with attitudes toward SSM:

individuals who live in rural or suburban areas tend to have more negative views of SSM (Sherkat et al., 2010). Various studies (Sherkat et al., 2010; Lubbers & Ultee, 2009; McVeigh and Diaz, 2009) also found that individuals with higher socio-economic status were more supportive than those who had not attended college. Ethnicity and religion also seem to have some role in people's beliefs about SSM: protestant religious affiliations are some of the strongest correlates of negative attitudes toward SSM, and those who attend religious services frequently hold more negative attitudes (Sherkat, de Vries, and Creek (2010). In fact, Green (2009) argued that religious groups use selective interpretations of religious texts to shape their followers' beliefs about homosexuals and SSM. Moreover, defending a liberal political ideology leads to more positive attitudes (McVeigh & Diaz, 2009; Brown & Henriquez, 2008). Finally, other demographics including marital status and ethnicity also seem to have associations with attitudes about SSM: cohabitating couples without children (Swank & Raiz, 2010; Brumbaugh et al., 2008 ; Hinrichs & Rosenberg, 2002) or people who were single or divorced (Sherkat et al., 2010) are among the most supportive of SSM of any group; those who are from Eastern cultures tend to be more opposed to SSM (Lubbers, Jaspers, & Ultee, 2009). Various studies have highlighted the factors influencing attitudes toward gay marriage, while very few have been conducted on attitudes toward gay parents (Morse, McLaren, McLachlan, 2007; Pennington, Knight, 2011). In general, individuals who are most likely to hold negative attitudes toward gays and lesbians parenting are theistic, highly traditional men who believe homosexuality is a life-style choice, who know few if any gay or lesbian people personally, and who are surrounded by other people who share their views of homosexuals (Crawford et al., 1999). Predictors of heterosexist attitudes are: politically conservative ideologies - such as the belief that homosexuality is a matter of choice, beliefs regarding the etiology of homosexuality (was also the most predictive variable in the custody recommendations), traditional family and gender beliefs, religiosity and morality (Crawford et al., 1999).

Present Study

This study is grounded in a European Cross-National Research involving seven countries: Belgium, France, Greece, Italy, Poland, Portugal and Spain. The aim of the research is to highlight the attitudes of heterosexual persons toward Same-sex couples and same-sex parenting. The main research objectives focus on how socio-demographics, contact with LGBT people, gender role traditionalism, general attitudes toward homosexuality, may be associated with various attitudes toward LG couples and parents across participant European countries.

Method

Research questions:

- a - Which factors are correlated with the acceptance and / or rejection of same-sex marriage?
- b - Which factors are correlated with the acceptance and / or rejection of same-sex parenthood?
- c - Are there links / differences between the acceptance of same-sex marriage and same-sex parenting?

Participants:

Participants were recruited from high schools, universities and social networks in Belgium. Recruitment consisted of flyers, internet postings, and in-person contact to contact a wide variety of participants. All respondent completed the questionnaire voluntarily. After giving informed consent, each participant fills out an on-line self-report survey. The final sample consisted of 3663 respondents (47% female and 53% male). Age ranged from 18 to 61 years (mean age = 24,61 years, SD = 8,05). All the participants retained for this analysis identified themselves as heterosexuals. 53% of the participants considered themselves as atheist or agnostic, 32% Catholic, 9% Anglican, 3% Muslim, and 3% "other". As for their political view, 4% reported to belong to the extreme left, 30% to the moderate left, 36% to the center, 28% to the moderate right, and 2% to the extreme right. As for the educational degree, 10% were still studying in high school, 49% had completed high school, 13% had completed non-academic courses after high school, 11% had completed a bachelor course, 13% had completed a master course, 3% have a Ph.D degree, and 1% indicated "other".

Materials: Participants completed a self-report questionnaire online, composed of 3 scales.

1/ Background Information Questionnaire (BIQ) (D’Amore & Green, 2012): The BIQ includes 31 items. The purpose of this scale (created for this study) is to gather information about the age, sex, race, ethnicity, marital status, location, education, religion, religious attendance and political affiliation. To understand contact with LGBT people within each person’s social network, participants were asked the number of gay relatives, friends, and coworkers or acquaintances they have. Those who know at least one LGBT person in each category were asked to rate their relationship satisfaction with the person they are closest to in each category.

2/ The Katuzny Same-sex Marriage: The Katuzny Same-sex Marriage (SSM) Scale is a four-item measure of supportiveness of SSM in multiple domains, including SSM in general and SSM with the exemption of religious institutions. To determine which participants’ attitudes changed over time, each were asked approximately when and how they first heard about SSM, how supportive they were then, and how supportive they are now as part of the background information questionnaire. This scale is still under validation.

3/ The D’Amore and Green Same-sex Parenting Scale: The D’Amore and Green Same-sex Parenting Scale is a 14-item measure of supportiveness of same-sex parenting in multiple domains, including gay and lesbian parenting (GLP) in general and GLP with the exemption of religious institutions. Attitudes toward different forms of GLP are assessed: adoption by single lesbian or single gay, adoption by lesbian or gay couple, alternative insemination, in vitro and ovocyte donation. This scale has been created for this study and the European Cross-national research and it is still under validation.

Results

Each item of the online self-report questionnaire was taken individually as a factor. Pearson r correlations between all factors were performed. Attitudes on same sex marriage (“How favorable are you to same-sex marriage today?”, on a 5-point scale ranging from “extremely against” to “extremely in favor”), Attitudes on lesbian and gay parenting (“How favorable are you to gay or lesbian parenting today?”, on a 5-point scale ranging from “extremely against” to “extremely in favor”), and Intention of vote on homoparentality (“If you had to vote for homoparentality today, what would you vote?”, binary choice between “in favor” and “against”) were considered as our main variables of interest.

Figure 1. Percentages of supportiveness toward same-sex marriage

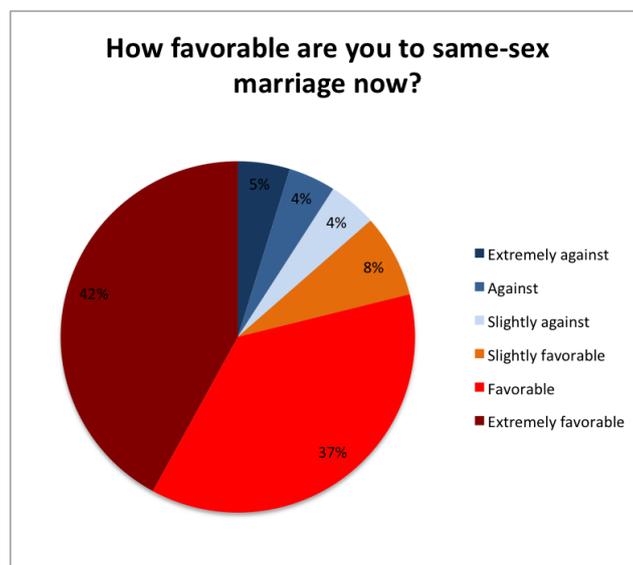


Figure 2. Percentages of supportiveness toward same-sex parenting

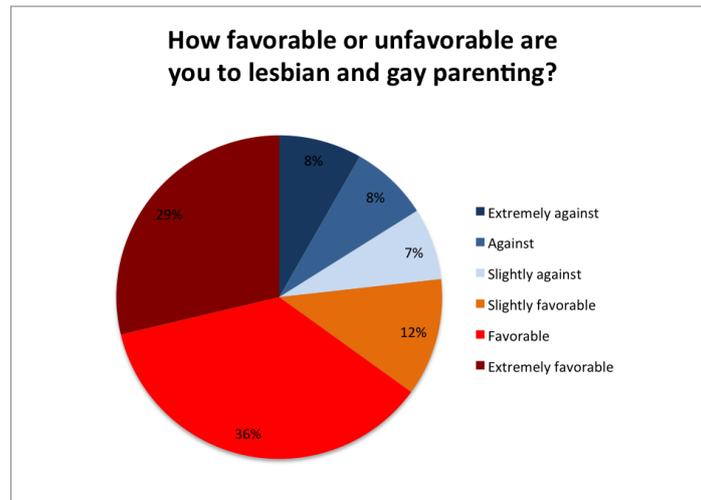
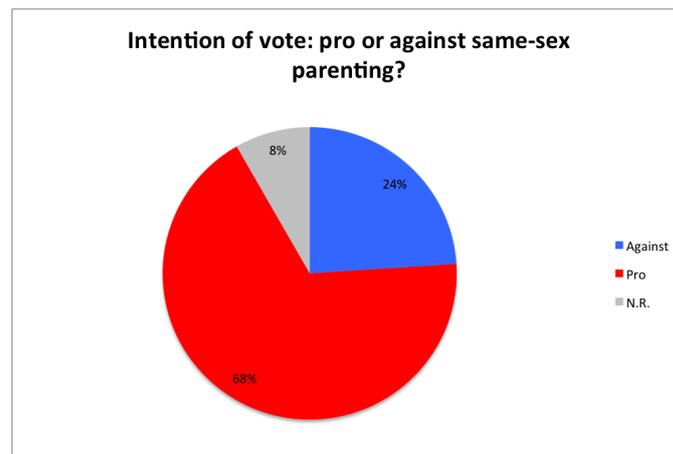


Figure 3. Percentages of intention of vote same-sex parenting laws



Participants that declared to be in favor of homoparentality in general, also indicated which specific kind of homoparentality they approved (Fig. 4).

Figure 4: Number of participants who expressed their favor to the different kinds of homoparentality

Attitudes on same sex marriage, Attitudes on lesbian and gay parenting, and Intention of vote on homoparentality all correlated significantly ($p < 0.001$) with gender, number of years of education, importance given to religion (on a 5-point Likert scale ranging from “not at all” to “extremely important”), political orientation (extreme left, moderate left, center, moderate right, or extreme right), and number of contacts with homosexual persons (friends, family, colleagues, known couples, known families).

All factors that showed a significant correlation with the variables of interest were used as predictors in a forced entry multiple regression analysis, with attitude on same sex marriage and attitudes toward homoparentality as dependent variables (see Tables 1 and 2). The same factors were also used as predictors in a binary logistic regression, with Intention of vote on homoparentality as a dependent variable (Table 3).

Table 1 : *Forced entry multiple regression analysis predicting attitude on same sex marriage*

$$R = .503, R^2 = .253, F = 90.267^{**}$$

Variable	β
Gender	-.180 ^{**}
Years of education	.038 [*]
Political orientation	.117
Importance of religion	-.301 ^{**}
N. Family members	.060 ^{**}
N. Friends	.215 ^{**}
N. Colleagues/Acquaintances	.043 [*]
N. Known lesbian couples	.12
N. Known gay couples	.18
N. Known lesbian families	-.12
N. Known gay families	.008

^{**}p<.001 ^{*}p<0.05

Table 2 : *Forced entry multiple regression analysis predicting attitude toward homoparentality*

$$R = .351, R^2 = .123, F = 15.404^{**}$$

Variable	β
Gender	-.146 ^{**}
Years of education	.023
Political orientation	-.099 ^{**}
Importance of religion	-.157 ^{**}
N. Family members	.016
N. Friends	.182 ^{**}
N. Colleagues/Acquaintances	.043
N. Known lesbian couples	.011
N. Known gay couples	.004
N. Known lesbian families	0.36
N. Known gay families	0.18

^{**}p<.001 ^{*}p<0.05

Table 3: *Binary logistic regression predicting intention of vote on homoparentality*

$$R^2 \text{ (Cox \& Snell)} = .142; R^2 \text{ (Nagelkerke)} = .211$$

Variable	B(S.E)
Gender	-.808 (.100)**
Years of education	.024 (.013)
Political orientation	-.354 (.054) **
Importance of religion	-.417 (.045)**
N. Family members	.114 (.070)
N. Friends	-.306 (.034)**
N. Colleagues/Acquaintances	-.014 (.028)
N. Known lesbian couples	.089 (.058)
N. Known gay couples	-.026 (.058)
N. Known lesbian families	.225 (.134)
N. Known gay families	.111 (.196)

**p<.001 *p<0.05

Discussion

Our exploratory research participates to studies on attitudes toward gay marriage and couples. We particularly address factors correlated with acceptance and/or rejection of same-sex marriage and same-sex parenthood. Our data are unambiguously conformed to the planning of this research. We use data coming from the online survey. We have multiple items that examine socio-demographics, contact with LGBT people, and attitudes towards same-sex couples and parenting.

We conclude by underlying important results.

Results regarding the predictive factors of positive and negative attitudes towards SSM show consistency with the results of most of the international studies presented in introduction.

Indeed, consistent with previous research, gender, age, years of education, religion attendance, political orientation and number of contact with LGBT are quiet strong determinants of attitudes toward gay marriage (Lewis, 2003; Steffens & Wagner, 2004). Females, more educated, left oriented, according less importance to religion, having LGBT member in the family and number of friends subjects have favorable attitudes towards gay marriage.

An originality of the present research is to highlight the fact that the predictors of attitudes towards SSM and GLP are similar on some points like gender, importance of religion and number of homosexual friends. This suggests that a number of people who are favorable to SSM would also be favorable to GLP, what was far from obvious. It would also suggest that a number of people who are favorable to GLP would also be favorable to SSM.

However, a difference appears regarding two factors in particular, which are the number of homosexual family members (significantly related to attitudes towards SSM but not related to attitudes towards GLP) and the political orientation (significantly related to attitudes towards GLP but not related to attitudes towards SSM).

Thus, gender, left political oriented, according less importance to religion and having number of friends predict favorable attitudes towards same sex parenting. As well, female gender, left political orientation, less importance accorded to religion and number of LGBT friends predict favorable intention of vote to same-sex parents.

This result could be related to another interesting result of the study that shows that Belgian people favorable to gay and lesbian parenthood are more favorable towards couples than towards singles. Participants that declared to be in favor of same-sex parenting approved gay and lesbian couple adoption more than lesbian and gay single parent adoption and were less supportive of alternative insemination (in vitro and ovocyte).

This suggests that the participants of the study could have a representation of the same-sex parenting as an effective co-parenting structure. It would then be interesting in the future to compare attitudes towards singles and couples gay and lesbian parents, and towards singles and couples heterosexual parents.

Another original result of the study is the strength of the « friends » predictor. The correlation suggests that people who have homosexual friends tend to be more acceptant regarding SSM and GLP. But it also suggests that people

who are more acceptant tend to have homosexual friends. This highlights the fear of the unknown, which is active in all kind of minority stigmatization and underlines the importance of the interconnection of homosexual and heterosexual networks (Green, 2004).

Our exploratory study presents some limitations. First, we only had an elementary measure of frequency of religious attendance to evaluate religiosity. More research should explore the impact of fundamentalism, links to religious organizations with anti-gay-marriage programs and other manifestations of religiosity. Religiosity plays an important role in modeling differences toward same-sex marriage and parenting. Second, we have only an elementary measure of political affiliation (liberal to conservative). More research should explore the impact of intersectionality of political affiliation and others variables such as: religiosity, race and gender. Another important limitation is that we did not have access to details about even if they believe homosexuality is impacting couple and parenting functioning. Despite these limitations, our research suggests possible developments for future studies. A significant line of research should explore the permanency or change of attitudes towards gay marriage and same-sex parenting and they shift over the life course through a longitudinal research.

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Beyond Butch-Femme: Contemporary Understandings of Femme Identities and Related Experiences of Discrimination

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Abstract

Although the term ‘femme’ is most often used to describe feminine lesbians or bisexual cis gender women, recent femme theorists have argued that this definition of femme is insufficient and fails to account for the sexual and gender diversity of those who self-identify as femme. The current study sought to examine the multiplicities of femme identity by exploring who identifies as femme and whether femme-identified individuals experience in-group discrimination as a function of their femme identity (i.e., femmephobia). Femme-identified individuals in the study were very diverse with respect to both gender and sexual identity. Queer identification was highlighted as an important element of femme identity. Many of the femme-identified individuals reported experiences of femmephobia and femme-related stigma consciousness. In contrast to previous research, femme-identified individuals in the current study were not found to have higher levels of internalized homophobia or identity concealment when compared to butch and androgynous identified sexual minority participants. Implications for using a broader and more diverse definition of femme, as well as the implications of femmephobia are discussed.

Keywords: Femme Identity, Femmephobia, Stigma Consciousness, Queer Femininities, Butch/Femme

LGBTQ Psychology Conference Topic: Feminism in LGBT Research

Historically, feminine acting and/or appearing lesbians have been described using the term ‘femme.’ Academic examinations of femme identities have often contrasted femme identity with butch identity; ultimately reproducing what femme theorists called Butch-Femme othering (Brushwood-Rose & Camilleri, 2002). This understanding of gender has been deemed insufficient by modern feminist theory and thus the current study sought to examine how using a broader understanding of gender and gender expression could extend the understanding of femme identity, who identifies as femme, and the experiences of such individuals.

In contrast to understanding femme as a feminine lesbian, Hoskin (2013) has defined femme as an identity that encapsulates femininity that is dislocated from, and not necessitating, a female body/identity, as well as femininity that is embodied by those whose femininity is deemed culturally unsanctioned. Culturally sanctioned femininity consists of the Victorian model of “proper womanhood” which necessitates white, heterosexually available, cis women, whereas culturally unsanctioned femininity includes queer cis gender men, trans men, trans women and cis gender queer women. Expressions of femininity by such individuals, all of whom could identify as femme, transgress “proper womanhood.”

Hoskin (2013) has identified femmephobia as a tool of oppression that seeks to preserve the boundaries of “proper womanhood” and restrict culturally unsanctioned forms of femininity, such as heterosexual cis men who embrace their femininity or queer women who express femininity that is not intended for heterosexual consumption. Hoskin (2013) defines femmephobia as prejudice, discrimination or antagonism directed at someone who is perceived to identify, embody or express femininely and toward people or objects gendered femininely (Hoskin, 2013). In contrast to misogyny, which refers specifically to those of the female sex, femmephobia applies to anything or anyone that is gendered femininely (Hoskin, 2013) and works to police gender.

Feminine Devaluation and Femme Identity in the Literature

Although some scholars have noted the existence of femmephobia (Levitt, Gerrish & Heistad, 2003), no research has sought to examine experiences of femmephobia, as defined by Hoskin, across diverse gender and sexual identities. Furthermore, existing examinations of feminine devaluation have failed to examine femininity as the shared root of

oppression for multiple groups. For example, previous research has attempted to understand the processes through which femininity is devalued within specific subcultures. The privileging of masculinity within gay male culture has been referred to as “femi-negativity” (Bailey, 1996; Bishop, Kiss, Morison, Rushe & Spect, in press), but this concept has yet to be applied extensively beyond gay male culture to the broader LGBTQ community. Furthermore, as Bailey (1996) defines it, femi-negativity only applies to gender expressions that deviate from the norm and not to more widespread devaluations of femininity. Consequently, femi-negativity applies to deviations from sex/gender congruencies (e.g., feminine men), but has not been conceived in a manner that would apply beyond gay men (e.g. cis gender women). Levitt et al.’s (2003) mention of femmephobia alludes to its application beyond the realm of femi-negativity, but the authors did not provide an explicit definition of femmephobia beyond providing femme bashing as an example. Thus, no research to date has sought to examine femmephobia or masculine privileging beyond the realm of gay male or butch-femme subcultures as a potential source of exclusion for other LGBTQ identities.

Researchers examining the process of femme identity development and experiences have also predominantly been based on an understanding of femme that necessitates the existence of butch (Levitt & Horne, 2002; Levitt et al., 2003; Rothblum, 2010). This process places femme as opposite to butch, aligning femme and butch identities with polarized feminine and masculine gender expressions which are treated as being mutually exclusive (Levitt & Horne, 2002; Levitt et al., 2003; Levitt & Hiestand, 2004; Lehavot & Simoni, 2012). Although studies of butch-femme cultures have acknowledged the inherent power and agency associated with self-identified femme identities (Levitt et al., 2003), the agency of self-identification has often been overlooked in other studies on femme identity (e.g., Lehavot & Simoni, 2012). Furthermore, the majority of research on femme identity has focused specifically on the experiences of lesbian and bisexual cis gender women, while paying considerably less attention to femmes identifying as queer, trans gender, or non-binary (e.g., Levitt et al., 2003; Lehavot & Simoni, 2012).

The limitations placed on the understanding and definitions of femme identity have lead researchers to conclude that femme participants are difficult to recruit, due to femme identity having lost its relevance in contemporary queer communities that no longer as readily ascribe to butch-femme traditions (Levitt & Horne, 2002), and call into question the generalizability of results reported as a function of using such limited definitions of femme. For example, researchers have reported that femme lesbians and bisexuals experience higher levels of internalized homophobia (Lehavot & Simoni, 2012) as well as identity concealment (Lehavot & Simoni, 2011). In many of these studies, femme identity was assigned to participants based on their forced choice selection of a single identity label that ‘fit them best’ (Levitt & Horne, 2002) as well as their scores on a unilateral measurement of gender identity that places feminine/masculine and femme/butch as polar opposites on a spectrum (Lehavot & Simoni, 2011). These methods of assigning or determining identity reinforce the notion of femininity only ‘properly’ belonging to cis gender women and deny the agency of self-identifying femme individuals. In other words, there is a qualitative difference between stating that “femme” is the term that best describes oneself versus stating that one identifies as femme or high femme to a great extent. The only instances where researchers have considered femme as an active and empowered identity are those which have limited the understanding of femme to existing only within butch-femme relations (Levitt et al., 2003). While we acknowledge that there may be specific benefits to utilizing a unilateral measurement of gender expression for the examination of specific hypotheses, we caution that it may be dangerous to extend the results of such research to the entire population of those who identify as femme, as passive feminine gender expression does not necessarily equate to an active femme identity.

Current Study

The current study was designed to serve as a preliminary examination of the multiplicities of femme identity within and beyond LGBTQ communities. We sought to determine whether individuals other than feminine lesbians self-identify as femme and to understand the experiences of femme-identified individuals in relation to experiences of femmephobia. Additionally, we sought to examine the expressions of femmephobia, either internalized or externalized, among both femme and non-femme identified participants and to determine whether previous differences in outness and internalized homophobia between femme and butch/androgynous sexual minority women could be replicated using a broader understanding of femme identity.

Method

Participants

A total of 698 participants were recruited through online advertisements, email listservs and LGBTQ events to complete an online survey concerning gender identity, sexuality and femininity. Being femme-identified was not a prerequisite for participation and participation was open to all gender and sexual identities, including non-binary identities. Participants were required to be at least 18 years of age and the mean age for the study was 29.57 ($SD = 9.56$). The majority reported having at least an undergraduate level of education (55.4%) and were from Canada (54.5%) or the United States (33.8%), with the next largest group being from the United Kingdom (7.1%). Participants predominantly identified as women (cis or trans; 80.3%), with a small minority identifying as men (cis or trans; 7.3%) and 12.4% identifying as gender queer or other. Sexual orientation of participants was more evenly split among lesbian/gay (28.5%), heterosexual (23.5%), queer (20.3%), and bisexual (19.6%) identities with fewer participants selecting pansexual (7.3%) or asexual (.9%).

Measures

Gender & Sexual Identity.

Participants indicated their gender identity with a forced choice question (cis male, cis female, trans male, trans female, gender queer, other) and were asked to rate the extent to which they identified with four gender identities using a 5-point scale ranging from “Not at all” (1) to “To a great extent” (5). For example, items began with “I identify as...” and ended with butch, femme, androgynous or high femme. Consequently, gender identities were not treated as mutually exclusive or as mere adjectives to ‘best’ describe a participant’s identity. Sexual identity was assessed using self-reports of sexual orientation (heterosexual, homosexual, bisexual, queer, asexual, pansexual) and sexual identity (lesbian, gay, bisexual, queer, straight, other). Participants also indicated how open they were about their sexual orientation by indicating which social network members (from a list of 13) knew about their sexual identity (e.g., mother, father, best friend, co-workers, health care providers).

LGBTQ Stigma Consciousness Questionnaire. (SCQ; Pinel, 1999).

This questionnaire is a modified version of Pinel’s (1999) SCQ for women and assesses the extent to which LGBTQ individuals focus on and feel self-conscious about their marginalized status as sexual minorities. The questionnaire consists of 10 items assessing ranked on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). Cronbach’s alpha for the scale in this study was .83.

Short Internalized Homonegativity Scale (SIHS; Currie, Cunningham & Findlay, 2004).

Sexual minority participants completed the SHIS, a 13-item scale designed to assess the extent to which sexual minorities have internalized negative attitudes towards same-sex sexuality. Participants responded to each item on a 7-point likert scale, ranging from Strongly Agree (1) to Strongly Disagree (10), with higher scores indicating greater internalized homonegativity. Cronbach’s alpha for the scale in this study was .41. Cronbach’s alpha for the 4-item subscale related to being ‘out’ as sexual minority was .58.

Measures of Femmephobia

To measure experiences of discrimination and stigma consciousness associated with femme identity, participants completed two measures designed for the current study; Femme Stigma Consciousness (based on Pinel’s SCQ; Pinel, 1999) and Internalized Femmephobia (based on Short Internalized Homonegativity Scale; Currie et al., 2004).

Femme Stigma Consciousness Questionnaire.

Participants used a 5-point scale ranging from Strongly Disagree (0) to Strongly Agree (4) to respond to 13-items designed to indicate an awareness of stigma associated with femme identities. Ten of the items were modified items from the Pinel LGBTQ SCQ and three additional items were added for the current study. Example items: “Most

non-femme people believe that femme lesbians are somehow inauthentic or disingenuous” and “Most non-femme LGBTQ people have a problem viewing femmes as equals.” Higher scores indicate a greater awareness of stigma associated with femme identities. Cronbach’s alpha for the scale in this study was .84.

Internalized/Expressed Femmephobia.

Both femme and non-femme identified participants completed this measure, such that for femme-identified individuals it represents an internalization of negative attitudes towards femme identities and for non-femme identified participants it represents negative attitudes held towards femme-identified individuals. Participants rated 11-items on a 7-point Likert scale ranging from “Strongly Disagree” (1) to “Strongly Agree” (7). Example items include “Most femmes cannot sustain long-term relationships,” and “Even if I could change my femme identity, I wouldn’t (reversed).” Higher scores indicate more negative views towards femme-identified individuals. Cronbach’s alpha for the scale in this study was .81.

Procedures

Participants of all gender and sexual identities were recruited to participate in an online survey about Femme Identity and Experiences. Interested participants were directed to an initial information page that provided details of the study and an informed consent. Consenting participants were forwarded to the online survey and upon completion were given the opportunity to enter a prize draw.

Results

Who Identifies as Femme?

Of the 698 participants in the study, more than half (60.9%) identified as being Femme or High Femme. For the purposes of analyses, participants indicating that they identified as Femme or High Femme “a fair bit” or “to a great extent” (4 and 5 on a 5 point scale) were considered Femme-Identified. Of these participants, the majority identified as cis gender women (84.6%), with the remaining femme-identified participants identifying as gender queer (10.1%), other (7.5%), trans women (4.7%), cis gender men (1.29%) or trans men (.5%). Sexual orientation was more evenly split between queer (31.1%), lesbian/gay (28%), bisexual (22.1%), and heterosexual (18.8%). Participants indicating that they identified as Butch or Androgynous “a fair bit” or “to a great extent” (4 and 5 on a 5 point scale) were considered Butch/Androgynous for purposes of comparison analyses. Of these participants, the majority identified as cis gender women (58.7%), with the remaining butch/androgynous participants identifying as gender queer (14.9%), trans women (7.5%), cis gender men (6.5%) and trans men (3%). The minority of butch/androgynous participants identified as heterosexual (14.9%), with 30.3% identifying as lesbian/gay, 27.9% identifying as queer, and 15.4% identifying as bisexual.

Comparing Femme and Non-Femme Identified Participants

Femme-identified participants of all sexual orientations reported higher awareness of stigma towards femme identities ($M = 2.34, SD = .63$) than non-femme identified participants of all sexual orientations ($M = 2.13, SD = .64$), which was a statistically significant difference $M = .21, 95\% CI [.32, .11], t(568) = -3.79, p < .001, d = .3$.

Comparisons Within the Femme-Identified Group

The extent to which femme-identified participants reported an awareness of stigma towards femme identities differed between sexual orientations, $F(3,374) = 9.57, p < .001, \omega^2 = .06$. Stigma consciousness scores decreased from queer femmes ($M = 2.57, SD = .57$), to bisexual femmes ($M = 2.28, SD = .69$), to lesbian femmes ($M = 2.27, SD = .60$), to heterosexual femmes ($M = 2.11, SD = .59$). Tukey *post-hoc* analysis revealed that queer femmes reported significantly greater stigma consciousness than bisexual (.294, 95% CI [.07, .70], $p = .004$), lesbian (.304, 95% CI [.09, .51], $p = .001$), and heterosexual femmes (.460, 95% CI [.22, .51], $p < .000$), while the later three groups did not differ significantly from one another.

Expressions of femmephobia (internalized or externalized) were compared among femme-identified individuals of different sexual orientations and in comparison to non-femme identified individuals. Femme-identified individuals differed significantly in their expressions of femmephobia as a function of their sexual orientation, Welch's $F(3, 151.042) = 3.89, p = .10$. Heterosexual femmes expressed the highest levels of femmephobia ($M = 2.3, SD = 1.0$) followed by bisexual femmes ($M = 1.9, SD = .79$), lesbian femmes ($M = 1.8, SD = .69$), and queer femmes ($M = 1.8, SD = .60$). Games-Howell *post-hoc* analyses revealed that heterosexual femme-identified participants expressed significantly higher levels of femmephobia than lesbian (.444, 95% CI [.04, .86], $p = .026$), and queer femme-identified participants (.495, 95% CI [.09, .89], $p = .010$). There was no statistically significant difference between heterosexual and bisexual femmes, or between lesbian, queer and bisexual femmes. An independent-samples t-test was conducted to compare expressions of femmephobia between heterosexual femme-identified participants and non-femme participants of all sexual orientations. No significant difference was found, indicating that heterosexual femmes expressed similar levels of negativity towards femme identities as non-femme identified participants, $t(204) = -.698, p = .486$.

Comparing Femme-Identified and Butch/Androgynous Participants

We compared LGBTQ stigma consciousness, degree of outness, internalized homonegativity and expressions/internalizations of femmephobia between femme-identified and butch/androgynous sexual minority participants.

No significant differences were found in levels of LGBTQ stigma consciousness between femme-identified ($M = 3.34, SD = .66$) and butch or androgynous ($M = 3.31, SD = .76$) sexual minority participants, $t(345) = -.375, p = .708$. Degree of outness was calculated by summing the number of social network members to whom a participant was open about their sexual orientation. For the current study, the total possible score was 13. There were no significant differences in the degree of outness reported by butch and androgynous participants ($M = 7.60, SD = 3.33$) compared to femme-identified participants ($M = 7.68, SD = 2.91$), $t(350) = -.210, p = .834$.

No significant differences were found in levels of internalized homonegativity between femme-identified ($M = 2.52, SD = .54$) and butch or androgynous ($M = 2.52, SD = .63$) sexual minority participants, $t(330) = -.043, p = .965$.

Butch and androgynous participants ($M = 2.35, SD = 1.12$) reported higher levels of femmephobia than femme-identified participants ($M = 1.92, SD = .76$), a difference which was statistically significant, $M = .129, 95\% \text{ CI } [.17 - .68], t(100.853) = 3.312, p < .005, d = .4$.

Discussion

This study was the first to explore the multiplicities of femme identity in association with experiences of femmephobia. Our definition of femme identity was open to diverse sexual and gender identities and did not treat femme and butch/androgynous identities as being mutually exclusive. The study clearly documents experiences of femmephobia and stigma consciousness associated with femme identity and contradicts previous findings on differences between femme and butch/androgynous sexual minority women with respect to being 'out' and internalized homonegativity.

Who identifies as Femme?

A great deal of diversity was found among those identifying as femme in the current study. Unlike previous studies on sexual minority femmes, the current study did not assign femme identity using a unilateral scale of gender expression (e.g., Lehavot & Simoni, 2012) nor did it recruit exclusively from lesbian separatist butch-femme communities (e.g. Levitt et al., 2003). By emphasizing a process of self-identification with non-mutually exclusive gender identities (butch, femme, androgynous, high femme), the current study's sample of femmes can be considered a sample of self-identified femme or high femme individuals. With more than half the sample self-identifying as femme, the current study did not experience difficulties in recruitment of femmes, as has been noted by other researchers (Levitt & Horne, 2002). The increased diversity of our sample and our specific inclusion of those identifying as queer may have assisted in our ability to recruit a large number of self-identified femmes. Specifically, femmes in our sample reported a wide range of gender and sexual identities, with most selecting a queer sexual identity and more than 15% identifying as gender queer, cis or trans gender men or trans women (i.e., not cis gender women). Consequently, it may not be appropriate to consider femme-identified individuals as a homogenous group of lesbian and bisexual cis gender women. The failure to include (or actively recruit and analyze) queer-identified participants in previous research may

be a more appropriate explanation for recruitment difficulties, rather than the assumption that femme, as an identity, has lost relevance (Lehavot, King & Simoni, 2011; Levitt & Horne, 2002). The high number of queer-identified participants in the current study may speak to the difficulty that femme individuals have in relating to mainstream sexual identities, such as lesbian, gay or bisexual. Many individuals may find that their femme identity necessitate a queer identity, partly in response to an inability to find acceptance and visual representation within mainstream LGBT communities that tend to reject and stigmatize femininity. As one participant explained, “coming out queer [as opposed to lesbian] allowed me more room to identify as femme,” demonstrating an understanding that lesbian and femme identities were some how incongruent.

Experiences of Stigma & Discrimination Associated with Femme Identity

The stigmatization and devaluation of femininity was evidenced within the current study by using two modified measures to assess internalized femmephobia and femme-related stigma consciousness. In contrast to sexual minority femmes, heterosexual femmes expressed notions of essentialized femininity (i.e. I am female, therefore femme) and significantly higher levels of ‘internalized femmephobia,’ which may be more accurately interpreted as femmephobic expressions, given that the measure was more closely related to the experiences of sexual minorities. This interpretation is supported by the lack of significant difference in expressions of femmephobia between heterosexual femmes and non-femme-identified individuals. It should be noted, however, that all participants reported relatively low levels of femmephobia.

Greater evidence of femmephobic experiences came from the femme-related stigma consciousness measure, on which queer femmes reported the greatest awareness of stigma associated with femme identity. The scale addressed the extent to which participants felt that stereotypes about femmes had affected them personally, how femmephobic they believed members of the LGBGTQ community to be, and expectations of one’s sexual identity being viewed as inauthentic or disingenuous (i.e., femmes cannot be ‘real’ lesbians). This awareness of how femme identity is stigmatized, especially within LGBTQ communities, may further explain the affinity for queer identification among femmes. Previous research using qualitative methods and relatively small samples have also noted that femmes experience exclusion from lesbian communities or have their sexual identities treated as inauthentic (Levitt et al., 2003; Levitt & Horne, 2002; Rothblum, 2010), but to our knowledge, this is the first study to demonstrate such experiences using quantitative methods in a large sample of self-identified and diverse femmes.

Comparing Femme-Identified and Butch/Androgynous Sexual Minority Participants

In addition to examining experiences of discrimination and stigma associated specifically with femme identity, we also compared sexual minority femme and butch/androgynous participants in their experiences of being out, LGBTQ stigma consciousness, and internalized homonegativity. Previous research has reported that femme sexual minority women (usually referring only to lesbians/bisexuals) report higher levels of internalized homophobia (Levitt & Simoni, 2011) and are more likely to actively conceal their sexual minority identity (Levitt & Simoni, 2011). The current study did not find this to be the case. Femme and butch/androgynous participants were equally out to their social network and there were no group differences in internalized homonegativity or LGBTQ stigma consciousness. The only significant difference found between the femme and butch/androgynous sexual minority participants was in levels of femmephobia, with butch/androgynous participants reporting higher levels of expressed femmephobia compared to the levels of internalized femmephobia expressed by femmes. This finding is consistent with qualitative reports of femme sexual minorities feeling excluded by other members of the LGBTQ community (Levitt et al., 2003; Levitt & Horne, 2002). Given the close links between exclusion, perceptions of social support and consequent outcomes for mental and physical health (Blair & Holmberg, 2008), future research should more closely examine the potential outcomes of femmephobia-based exclusion within queer communities.

Strengths & Limitations

By expanding the boundaries of femme identity, we have demonstrated that femme does not only apply to cis gender lesbian women, but that many other gender and sexual identities also identify as femme. This broader definition and understanding of femme identity is perhaps the study’s greatest strength. Consequently, we were able to recruit a large and diverse sample of femme-identified participants resulting in a more representative understanding of the experiences of femmes than has been possible with previous studies which have relied upon limited definitions of

femme-identity. The sample was also community based and geographically diverse. Despite these strengths, the study was limited in its preliminary nature and use of modified measures for exploring femmephobia. Although the measures of femmephobia and femme-stigma consciousness had good internal reliability, future work is needed to develop well-validated measures of expressed and internalized femmephobia. The internalized homonegativity scale had low reliability in the current study, possibly because the original scale was for gay men. Despite the low scale reliability for internalized homonegativity, a similar pattern of results was found with the LGBTQ stigma consciousness scale, suggesting that additional research with a similar sample and a better measure of internalized homonegativity/homophobia may produce similar results.

Conclusions and Future Directions

This study demonstrates the need for researchers to broaden their definitions of femme beyond ‘feminine’ lesbians and bisexual cis gender women. Researchers who define femme in such ways must more clearly articulate the populations to whom their results are relevant. While it may be true that more femininely expressing lesbian and bisexual cis women experience higher levels of internalized homophobia and identity concealment, this study demonstrates that feminine lesbian and bisexual cis women do not wholly represent femme-identified individuals. Future research must take into consideration, and further examine, the agency involved in actively identifying as femme or high femme, as well as the potential meaning behind, and deliberateness in, queer identification. By doing so, researchers will be better equipped to understand and represent this neglected and often invisible group of sexual minorities who experience discrimination from within broader LGBTQ communities. This discrimination often takes the form of femmephobia, which this study has demonstrated to be a real experience for femme-identified individuals, and not simply a form of femi-negativity experienced by feminine gay men or femmephobia experienced exclusively by femmes who identify with butch-femme culture. In particular, butch and androgynous sexual minority women expressed femmephobic attitudes in the current study, highlighting the need for researchers to address issues of in-group discrimination and methods of increasing femme visibility and acceptance. Future research should focus on improving the measurement of femmephobia, both internalized and externalized, as well as the potential relational, mental and physical health consequences for femme-identified individuals.

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Coming out from violence: An help-desk for women victims of violence by their same-sex partners

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Abstract

Everyday problems of lesbian couples are largely underestimated, even those defined as Intimate Partner Violence (IPV). Although not universally acknowledged, IPV is widespread in lesbian relationships. The limited research available suggests that, although lesbians are apparently victimized in ways similar to those affecting women victims of intimate male violence, their experiences differ due to political, socio-cultural, and psychological factors. Fear of being stigmatized and not supported in a non-judgmental way forces many lesbians to suffer abuse in silence or to fight it in solitude. Moreover, there is a dearth of qualified support services devoted to this specific problem. Based on these considerations, “Coming Out dalla violenza” is a project developed by BeFree Cooperativa Sociale contro tratta, violenza, discriminazioni (Rome) with the purpose of ensuring access to fundamental rights to lesbians, with particular regard to the right to physical and mental health. The project provided a twice-weekly psychosocial and legal help-desk to support lesbian women victims of IPV in the process of coming out from violence. The present contribution discusses the results of this experience, promoting a reflection on this topic.

Keywords: intimate partner violence; lesbian relationships; anti-violence services

Topic: Same-Sex Relationships

Introduction

Intimate Partner Violence (IPV) is a serious and complex public health issue affecting physical, sexual, and emotional health (Kendall et al., 2009; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Murphy & Ouimet, 2008). As IPV we intend “a pattern of behavior where one intimate partner coerces, dominates, or isolates another intimate partner in order to maintain power and control over the partner and the relationship” (NCAVP, 2012, p. 10). The abuses can be physical, psychological, sexual, and/or economic. Furthermore, violence in intimate relationships causes to the victim deep psycho-physical and existential damages, implying costs both for victims and for society (Murphy & Ouimet, 2008). Despite the fact that IPV affects many same-sex couples, as well as heterosexual couples, historically the understanding of IPV largely excluded same-sex relationships. This was due to the fact that the feminist movement mainly focused on the patriarchal system and the abuse of male power over women (NCAVP, 2012). Other obstacles to the acknowledgment of IPV in same-sex relationships have been, and still are, the lack of legal recognition in many States to same-sex couples, and the existence of social perceptions that underestimate or overlook the severity of same-sex IPV (Blosnich & Bossarte, 2009).

Despite the extent of international research regarding intimate male violence against women, studies focused on IPV in same-sex relationships are still very few (Hester, Donovan, & Fahmy, 2010; NCAVP, 2012; Richards, Noret & Rivers, 2003). The early studies date back to the late 1980s (NCAVP, 2012), and mostly focused on lesbians. This was mainly because lesbian victims of IPV sought either access to anti-violence services (which had been set up for heterosexual women) or help from LGBTQI community organizations (Lobel, 1986). More recently, a growing number of studies, albeit still all too few, attempted to highlight the prevalence of IPV in same-sex relationships. In this regard, a methodological review on empirical research about same-sex intimate partner violence (Murray & Mobley, 2009) highlighted prevalence rates of IPV between 25% and 50%. However, probably due to the variety of methodologies, sampling procedures, and timeframes, as well as to different definitions of IPV, the rates of incidence and prevalence have varied significantly from study to study, thus hindering a comparative approach (Glass et al., 2008;

Hester et al., 2010). The difficulty of drawing conclusions about the prevalence rate of IPV in same-sex relationships is also compounded by the tendency of the victims to underreport the abuses (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011). The consequence is that some studies suggested that same-sex IPV occurs at a rate that is comparable to, or lower than, rates of IPV in heterosexual relationships (e.g., Brand & Kidd 1986; Henderson, 2003; McClennen, 2005; NCAVP, 2012; Tjaden & Thoennes 2000a), whereas other research find a higher prevalence of IPV in same-sex relationships (e.g., Balsam, Rothblum, & Beauchaine, 2005; Greenwood et al., 2002; Tjaden & Thoennes 2000b; Tjaden, Thoennes, & Allison, 1999; Turell, 2000). Furthermore, some scholars noted major differences at the level of help-seeking behaviours of the victims belonging to the two groups (McClennen, 2005).

More specifically, regarding female same-sex intimate partner violence (FSSIPV), prevalence estimates have also varied widely (8%-60%) across the studies. The US National Violence Against Women Survey (NVAWS) (Tjaden, Thoennes, & Allison, 1999), highlighted that of 79 women who declared to have cohabited with a female intimate partner, 11.4% reported a lifetime prevalence of physical or sexual IPV or both by a female partner. Rose (2003) found that 12.2% of the lesbians of her sample had experienced at least one episode of IPV in the past year. Although FSSIPV is not much visible, because frequently unreported and undocumented, the problem is substantial (Alhusen, Lucea, & Glass, 2010).

Despite this evidence, IPV in same-sex relationships in general, and in lesbian relationships in particular, continues to be underestimated, thus inhibiting the provision of support to victims (Blosnich & Bossarte, 2009). Services dedicated to this specific problem are generally lacking, and shelters and anti-violence services for women victims of male violence are generally not suitable since their methodology is not specifically designed to address violence in lesbian relationships and the needs of these victims. As Claire Renzetti (1996) highlighted, lesbians are reluctant to avail themselves of shelters used by women victims of male violence because they fear stigma due to their sexual orientation and emotional choice. Therefore, it is both the fear of stigmatization and discrimination (even by anti-violence professionals), and the wish not to become visible that often lead many women to endure abuse in silence. Further, in addition to barriers experienced by heterosexual women in reporting IPV and in accessing services, lesbians, as well as individuals of other sexual minority groups, often face societal heterosexism. As a result, such discrimination discourages many lesbians from reporting violence they experience in their intimate relationships, and from seeking the assistance they need (Carvalho et al., 2011).

The lack of attention and adequate responses to this specific yet widespread and devastating problem is particularly acute in Italy where only recently the problem of violence within lesbian relationships has emerged.

In Italy, Arcilesbica Roma spearheaded and produced the sole existing body of research on violence between lesbian couples in the year 2011. The survey, a pilot one, included a sample of 102 lesbians, mainly Italian (88.2%), aged between 26 and 40 years old (67.6%), mainly with a university degree (52.9%). The results highlighted widespread violence among lesbian relationships, a violence that is more psychological than physical. 41.1% of the participants stated to be, sometimes or usually, controlled with frequent phone calls from her partner, while the 38.2% affirmed that the partner, sometimes or usually, check the text messages on her phone. 55.9% admitted to, sometimes or usually, hide something from their partner for fear of her reactions, and 50% stated that the partner is, sometimes or usually, extremely jealous. 20.6% of the participants stated that they often experienced both humiliation and violence in their relationship with their partner, as well as their partners' sense of dedication and generosity. The same percentage of women expressed fear of abuse even after an act of kindness on the part of their partner. 82.3% of the sample denounced quarrels in their couple, that, sometimes or usually, leave them damaged (61.7%), generally at the psychological level (41.7%). It is also interesting that 70.6% of the participants, stated that in the face of violence they would seek help: 29.4% from friends, and 14.7% from victim assistance associations (32.4% did not indicated anyone). Moreover, 58.8% of the women stated they were willing to seek help from counseling services if these were devoted exclusively to lesbians, even if 52.9% of the sample declared not to know the existence of any such services. Taking into account the results of these preliminary inquiries and evidence highlighted in the literature, *BeFree Cooperativa Sociale contro tratta, violenza, discriminazioni* (Rome) launched "Coming Out dalla violenza", a project that aimed at offering qualified and competent support to women victims of violence by their same-sex partners. The present contribution discusses some reflections based on Be Free's experience.

The Project

"Coming Out dalla violenza" was a project, financially supported by the Italian Department for Equal Opportunities and managed by *BeFree Cooperativa Sociale contro tratta, violenza, discriminazioni* (Rome), with the purpose of empowering lesbians to claim their fundamental rights, including the right to physical and mental health. Twice a

week, the project provided a psychosocial and legal help-desk to lesbian victims of IPV in order to support them in the process of coming out from violence. The paradigm adopted was a feminist paradigm. The professional staff was composed by feminist women (lesbians and not), experts in combating violence, and in gender and sexual orientation issues. The project also provided support through 24h call-center. It ran from March 2012 to March 2013.

It aimed at:

- Creating a relationship of trust between the participant and the service;
- Analyzing the needs and the demands made by the participants;
- Developing a network with other services and resources available in the community;
- Directing lesbian participants towards community resource that better matched their needs;

Supporting the victims to confront the violence inflicted by their female same-sex partner and its impact in a non-judgmental/non-discriminating way was the key feature of the methodology of intervention. This aspect enabled the participants to overcome their feelings of inadequacy and guilt, and to develop a critical vision of the socio-cultural and political context in which their personal histories of violence took place. Moreover, this approach promoted the passage from an identity of “victim” to an identity of “survivor”.

Results

During the year of the help-desk activity, 53 lesbians, victims of violence by their female partner, have been supported. All of them were over age 25. The majority (37.7%) were 31- 35 years old, 26.4% 36-45 years old, 18.9% 25-30 years old, and 9.4% over 45 years of age. Some participants did not want to report their age (7.8%). 86% were Italian, only 13.2% were of other nationalities, mainly Romanian. Despite their aspirations, no participants had children with the actual or former female partner because of problems arising from the Italian legislation. In addition to the violence inflicted by the female partner or former partner, almost all participants described the enormous difficulties faced in different communities, and beginning at school age, due to their sexual orientation. All the participants underwent a minimum of 3-5 counseling sessions with the professionals, or even more than 5 sessions (only 7.5% of women attended just 1-2 sessions). Many participants also took advantage of the free legal advice provided: 35.8% of them, after receiving legal advice, decided to pursue legal action. However, 35.8% of the participants ultimately decided not to avail themselves of legal counseling, while 28.3% consulted attorneys, but did not pursue legal action. The main difficulty that participants expressed during the counseling sessions was their reluctance to accuse another woman, with whom they often share many working and non-working-related spaces. This was especially true in the case of women active in lesbian and feminist movements. This evidence might be read in the light of the tendency within lesbian and feminist movements to consider lesbian relationships, as women relationships, and by their very nature likely to be egalitarian if compared to heterosexual ones (Hester, Donovan, & Fahmy, 2010). Finally, it is also crucial to note that, in denouncing their same-sex partner, the victims would have been indirectly compelled to publicly declare their homosexuality.

Conclusions

Although limited in time, the experience of Be Free pilot project led us to believe that there are several similarities between violence inside the intimate relationship between two women and intimate violence perpetrated by men on women. The cycle of abuse (Walker, 1979) is similar in both types of relationships and represents a manifestation of gender-based violence (i.e. violence based on a specific and rigid social representation of roles within the couple characterized by an inherent disparity in levels of power). Similarly to what happens in heterosexual relationships, the majority of women abused in an intimate relationship with a same-sex partner believed to have provoked such violent reactions and felt guilty for not having been able to create a good relationship. Anxiety, tension, lack of energy, depression, insomnia, changes in appetite, feelings of inferiority and unworthiness were frequently experienced. Consistently with the existing literature (Eaton et al. 2008; Hequembourg, Parks, & Vetter, 2008; McLaughlin & Rozee 2001), we found that in same-sex relationships, as well as in heterosexual relationships, perpetrators use violence, intimidation, and emotional abuse to exert power and control over the victims. Furthermore, in both heterosexual and lesbian relationships, the motivations underpinning the choice of remaining in an abusive relationship are similar. Such motivations include love for the perpetrator, financial and emotional dependence, hope that the perpetrator can change, and fear of reprisal. The Be Free project's data are consistent with data reported by other studies (Cruz, 2003; Island & Letellier 1991; Merrill & Wolfe 2000). Despite these similarities, we found that there are many additional

elements which are unique to victims of IPV in lesbian relationships. The most prominent is fear (due to many different reasons) of many victims that denouncing abuse would reveal their sexual orientation (Kulkin, Williams, Borne, de la Bretonne, & Laurendine, 2007). Often the abusers uses this fear to her advantage, threatening to “out” the victim, i.e., to reveal her sexual minority status to family, friends, landlords, colleagues and employers with potential consequences such as loss of one’s job home, or children. This dimension, unique of same-sex IPV relationships, is also highlighted by other contributions (Carvalho et al., 2011). Another element of difference that emerged from the project’s findings, is the fact that, in general, violence perpetrated by a woman partner is more subtle (mostly psychological) than that perpetrated by a male partner (often also physical). Another significant element of variance is the lesbophobic environment that surrounds many lesbians, and which, in denying rights and inflicting stigmatization, represents in and of itself a form of violence. In addition, law enforcement officials, judicial institutions, social services, and even anti-violence services often do not devote to violence in lesbian relationships the same attention and concern they may extend to violence in heterosexual relationships. This widespread heterosexist attitude exacerbates the invisibility of the problem, hampering victims’ recourse to ways and means that would enable them to escape violence. The lack of specific training of personnel of existing public and private services (starting from police and social services) and the penury of services dedicated to this problem stand as crucial obstacles. Indeed, fear of not being supported in a responsible, competent, and non-judgmental way forces many lesbians to suffer the abuse in silence. These considerations highlight the urgent need to promote ad-hoc training for all those institutions and services mandated to protect victims of violence and abuse (i.e., community agencies, anti-violence and health care services, criminal justice and legal systems). These latter should be sensitized to the multi-layered vulnerabilities of the victims of abusive lesbian relationships. They should adopt an approach that is not “blind” with respect to sexual orientation. As Bianca Murphy (1990) states, the support must be dedicated and aware of the overall context that characterizes the existential situation of homosexual people, that is, their isolation within the narrow (family) and enlarged community, their difficulty in receiving ad-hoc support, and their difficulty in declaring their sexual orientation and emotional choice, and in explaining their story of same-sex couples, which exacerbate the discomfort of defining themselves as victim of intimate partner violence.

Although it was a pilot experience, the project “Coming Out dalla violenza” allowed us to develop some preliminary reflections on the phenomenon and on how to shape possible responses. We hope that similar future initiatives will contribute to expand the existing knowledge of a phenomenon that tragically affects the lives of countless lesbians, and help to identify how to address their specific needs.

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Coming Out, Coming Home, or Leaving Home: Chinese Young Lesbians' Choices

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Abstract

In contemporary China, “coming out” has become a controversial topic within LGBT communities and academia. It is considered as an imported notion from the West and therefore is less applicable in Chinese contexts. The local notion “coming home” has emerged recently, which means including same-sex partner as a familial member without explicit disclosure of the nature of the relationship. However, in my research on young Chinese lesbians in Beijing, I found that “leaving home”—leaving one’s natal family and seeking for a new life physically and emotionally far away from the natal family—is becoming the most used strategy for lesbians whether they have come out or not. This paper uses three cases to analyze how young Chinese lesbians as well as their families, choose, experience and give meanings to the three strategies—“coming out”, “coming home” and “leaving home”. This paper ends by discussing about the relation between the “home” and the “closet”, and by reflecting on some conclusions in the existing academic literature, including the overrated compatibility between “coming out” and “coming home”, and the lack of exploring other possibilities such as “leaving home”.

Keywords: lesbian, China, coming out, coming home, LGBT

Conference Topic: Minority stress, oppression, and homo/bi/transphobia

Introduction

“Coming out (of the closet)” originates from Euro-American gay and lesbian slangs in the early 20th Century. Since the 1970s, it becomes a notion adopted by academic scholars and then has been studied widely. Generally speaking, “coming out” refers to the process of an individual being aware of his or her own same-sex orientation, self-identifying as “homosexual/bisexual/transgender”, and disclosing this identity to other people (e.g. Cass, 1984; Coleman, 1982; Minton & McDonald, 1984; Troiden, 1989). Since the 1990s, the notion of “coming out” has been imported into Chinese societies. Translated into “*chugui* (stepping out of the closet)”, coming out becomes a widely discussed topic within and outside LGBT communities in China (Chou, 2000; Kam, 2013; Kong, 2011).

Nonetheless, according to a number of scholars and activists, Chinese LGBTs may face specific challenges when they try to come out to their families. Because of the culture of compulsory heterosexuality and compulsory marriage, Chinese LGBT people are under double pressures of “being heterosexual” and “getting married” from families and communities (e.g. Kam, 2013). On the other hand, because of traditions of filial piety, saving face, as well as familial and social harmony, Chinese LGBTs usually make great efforts to avoid confrontational “coming out” (Chou, 2000; Kong, 2011; Kam, 2013). Additionally, since LGBT identities are still stigmatized and without institutional supports, coming out to families often bring little relief, if not more troubles, to sexual minorities (Wang, 2012). In result, coming out to parents becomes one of the toughest experiences for Chinese LGBTs, and many of them even define “coming out” as narrow as “disclosing one’s same-sex orientation to his or her parents” (ibid.).

As studies on Chinese LGBT groups go deeper, several scholars try to dialogue with their Euro-American counterparts on the issue of coming out. Contrast to the strategy of “coming out”, Chou, a Hong Kong scholar, approves a strategy that is more applicable in Chinese contexts; and he coins a term “coming home” for this strategy (Chou, 2000). According to Chou, “coming home” refers to that one takes his or her same-sex partner home, without making explicit their sexual relationship, and integrates the partner into the family-kin network until the families accept this new member (ibid.). In the process of “coming home”, Chou underlines that breaking down the insider-outsider

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distinction between these LGBT people's parents and their partners is the key step to realize integrating same-sex relationship into familial relationship, since "the boundaries of the Chinese familial group are fluid and elastic" (Chou, 2001: 36).

However, some other Chinese scholars reflect on and problematize Chou's "coming home" strategy (e.g. Wong, 2007; Kong, 2011). For instance, in her research on Hong Kong IDAHO (i.e. The International Day against Homophobia) parades, Wong criticizes that Chou's essentializing "coming out" as a pure Western cultural imposition and counterposing "coming out" against "coming home" as two either-or choices (Wong, 2007). She argues that the act of "coming out" itself is flexible and re-interpretable. In some cases, "coming out" and "coming home" intertwine with each other; while in others, "coming home" can be a certain form of "coming out" (ibid.). Besides, Wong points out that Chou overlooks the cost of "coming home" strategy. "Coming home" can be a kind of violence, which silences LGBT people, and presses them to compromise with patriarchal family institution and heteronormative moralities (ibid.).

In order to map out how young Chinese lesbians experience and make decisions when facing coming out issues, I carried out a study on young lesbians in Beijing, between 2011 and 2012. Similar to Wong's (2007) and Kong's (2011) conclusions, the various experiences of the informants in my research showed that "coming out" and "coming home" in fact are not binary options. Moreover, another interesting finding was that, besides "coming out" and "coming home", many of the informants adopted a third strategy—"leaving home". Whether the informants had come out or not, whether their families had accepted their partners as friends or family members, most of them chose to leave the natal families and start a life in another place far away from their hometowns.

This paper reflects, with illustrations of three cases, on the three strategies—"coming out", "coming home" and "leaving home"—and explores how they can alternate and interplay with one another.

Methods and Sources

Two of the three cases drawn upon in the following parts are extracted from semi-structural interviews with 12 young lesbians between the beginning of 2011 and the beginning of 2012, during which period they were in their twenties and lived in Beijing. The other case is one of my participatory observations on public and private lesbian activities, which were carried out in Beijing since mid-2010.

These sources were originally collected for composing my MA thesis in Beijing Normal University (Wang, 2012). The thesis was written in Chinese and successfully defended in June, 2012. This paper focuses on and elaborates the discussions on the alternative strategies "coming out" and "coming home", and other possibilities such as "leaving home".

Li Ran Away from Home

Among the 12 young lesbians I interviewed, only 4 of them had already explicitly come out to their parents. Since homosexuality is still stigmatized and tabooed in China, and family harmony is emphasized, none of these 4 individuals took the initiative to come out. Rather, all of them disclosed their lesbian identity only after their parents found out their romantic or sexual relationships with other women. In addition to bringing ideological conflicts to the two generations, this kind of coming out results in unprepared confrontational shocks, and magnifies parents' intolerance and daughters' fragility.

Li's case is an example of this situation. *Li*, 24 years old when she was interviewed, was born and grew up in a provincial capital city before she came to Beijing. She had broken up with her ex-girlfriend and was caught in huge depression, which caused her mother to become suspicious. After endless inquiries from her mother, *Li* admitted that she was lesbian and had had a girlfriend. Despite she was in poor mental and physical situation because of the heart-breaking lovelorn incident, *Li* experienced totally misunderstanding, fierce blame and tough intervention from her parents. Then, she ran away from home, started wandering from one place to another, including cities and countryside, and finally arrived in Beijing to find a job and rent a room. The long distance gave *Li* as well as her parents more space to reflect on themselves and to try to understand each other. In the latest visit to hometown, *Li* was surprised that her mother arranged seven blind dates for her, and one of the seven candidates was a young woman. For *Li*, even though six male and one female date candidates made her feel both funny and annoying, she could sense her parents' compromise and acquiescence.

Inspired by *Li's* case, I intend to challenge some conclusions from Chou's study. According to Chou, coming out along with leaving home is a typical Western phenomenon, by which LGBT people seek to be independent econom-

ically and emotionally from their natal families, in order to declare their sexual minority identities and build a new lifestyle; however, this pattern does not suit Chinese cultures, since Chinese people appreciate the relationships within familial networks rather than an individual “self” (Chou, 2000). It is based on this argument that Chou develops the notion of “coming home”.

Different from Chou’s findings, in my study, I notice that “leaving home” is a common phenomenon, which happens after coming out. Indeed, Chinese people attach great importance to maintaining familial relationships, but leaving home cannot be regarded simply as breaking up with the natal family. To the contrary, leaving home gives both parents and LGBT children enough distance and time to think over the event of coming out and to redefine familial relationships. *Li*’s mother expressed her attempt to accept daughter’s homosexual orientation by arranging a same-sex blind date for *Li*; at the same time, when *Li* told me about this anecdote, she seemed to be thankful even though she did not like the girl introduced by her mother at all.

An Unfinished Film Titled “Coming Out”

During recent decades, “coming out”, often translated as “*chugui* (stepping out of the closet)”, has become one of the hottest topics among Chinese urban and young LGBT communities. Most informants in my study talked about coming out even before I asked them to; and they used the term “*chugui*” naturally, instead of choosing any other words, to describe the process of disclosing one’s non-heterosexual orientation (to the parents).

Around mid-2010, I was once invited by a lesbian friend to take part in the making process of a short independent film, which was created and performed by a group of young lesbians in Beijing. The title of the film was “*Chugui* (Coming out)”, and the screenplay was about that a boyish lesbian, in her late twenties, was trying various ways to conduct an appropriate coming out to her parents. The plots were funny but realistic; and since the screenplay writer and director later became one of my interviewees, I believe it was a semi-autobiographical film. The most dramatic moment during the shooting process was that we gathered in the house of one of the performers, whose families were supposed to be outside and not to come back during the time we were there. However, unexpectedly, the grandfather of this performer came home and ran across our rehearsal, that was, a bunch of lesbians who were looking for artistic ways to convey the eager as well as hesitations to come out. In a flash, all of us hushed up and pretended, though awkwardly, to do something else. At the same time, the grandfather only stayed home for several minutes and left again without asking us anything, even though he appeared suspicious and a bit upset. Although this film has never been finished, as a participant and an observer, I have recalled that moment over and over again. For me, that moment was much more interesting and thought-provoking than the film itself.

Strictly speaking, this was not a case of “coming home”, because the lesbian performer did not bring her same-sex lover home. However, for me, it was still a proximate “coming home” experience, when the lesbian performer accommodated a group of lesbian friends and offered her house to be our film shooting site, yet never told her families who we were. Later, I learnt, from the screenplay writer and director, the reason why this film never got finished. The grandfather smelled out something wrong from the non-normative clothing and behaviors of us; and together with other family members, he stopped the lesbian girl from continuing being a part in this activity. Since then, the filmmaking group never found another proper place to finish shooting the film.

After experiencing this incident, I cannot help but doubt: to what extent can “coming home” be an alternative to “coming out”? As Wong points out, “coming home” requires LGBT individuals not to speak out their non-normative sexual orientations, and the silence is violence (Wong, 2007). If “coming home” connotes never letting same-sexual orientation be seen and acknowledged, it can never lead to the effects of “coming out”, if the latter means an overt same-sex relationship and a lifelong LGBT lifestyle. Thus, I do not think that “coming home” and “coming out” are as compatible with each other as Chou believes (Chou, 2000; 2001), at least the different meanings behind the two strategies may cause difficulties to someone who attempts to come out through coming home. Otherwise, in the case mentioned above, coming home to shoot a film titled “coming out” could be possible, and could finally help the lesbian performer as well as her lesbian friends be accepted by her families.

Bei Brought Mo Home

Among the 12 informants who participated in my individual interviews, *Bei* and *Mo*, who were a couple, had adopted respectively “coming out” and “coming home”, and later was programming “leaving home” together. It is a perfect example to illustrate the relations between these three strategies and the meanings behind them.

Mo, 27 years old at the moment I interviewed her, had come out to her parents, but for more than half a year, she had

been forced out of home because she caused shame to her family. Then *Mo*'s lover *Bei*, 29 years old, took *Mo* home and introduced *Mo* to her parents as a "best friend". *Mo* lived in *Bei*'s home and got along with *Bei*'s parents; in return, *Bei*'s parents accepted *Mo* as a new family member. The couple even sensed that *Bei*'s mother might know their same-sex relationship, even though she never mentioned that. However, *Bei* and *Mo* still planned to immigrate to Canada, and they still preferred an overt same-sex partnership and lifestyle. Both *Mo*'s and *Bei*'s mothers supported this plan: the former thought that the long distance could help cover the shame; while the latter thought that it could provide better living and working opportunities to the two "best friends". The most ironic part of this story was that, in order to get two immigration permits at the same time, the couple decided to apply for the permits as a lesbian couple, but only told *Bei*'s mother that it was a "fake" same-sex relationship. *Bei*'s mother helped the couple prepare most of the documents to make the "fake" relationship more convincing, but repeatedly emphasized that this plan was a secret only shared among *Bei*, *Mo* and herself, which could never be told to *Bei*'s father.

To see closely, this case included both a so-called "unsuccessful" coming out and a so-called "successful" coming home. *Mo*'s coming out caused damages to her relation with her parents; whereas *Bei*'s coming home realized that the relationship between two girls was accepted by *Bei*'s family, without clearly defining it as "lesbian relationship". It could have been the "happy ending" of their story, if "coming home" can replace "coming out" to optimize relations between one's parents and same-sex partner (Chou, 2000), or if "coming home" itself can be a way to come out (Wong, 2007). Yet, why did the second half of the story—leaving home—still happen?

Here, I think we should discuss about the relation between the "home" and the "closet". If a natal family is dominated by heteronormativity and patriarchal moralities, and is an institution within which homosexuality should be silenced and disguised, the "home" itself becomes the "closet". In this situation, there is no room for lesbians to "come home", because coming home has little difference from staying inside the closet. Instead, leaving home—leaving the natal family—creates opportunities for the lesbian couples to pursue a new "home", a new intimate and familial relationship pattern. From this angle, "leaving home" per se can be the start point of another "coming home".

Conclusions

This paper reflects on three strategies that Chinese LGBT people may choose when they face the coming out issues—"coming out", "coming home" and "leaving home". Through three vivid cases of young lesbians in Beijing, I investigate how the three strategies alternate and interplay with one another, and how they sometimes transform from one to another. Comparing the findings in my study with ones in existing academic literature, despite I agree partly with them on the important role that "coming home" strategy plays against Chinese backgrounds, I intend to emphasize the costs of "coming home", to de-essentialize "coming out" as an exclusive Western necessity, and to figure out the new possibilities that "leaving home" can create. The main conclusions are as follows.

For one thing, compared with explicit "coming out", "coming home" avoids labelling somebody with a stigmatized identity. It provides an ambiguous space, makes lesbian couples gradually accepted and even tacitly supported without direct conflicts.

Secondly, "coming home" has its costs: only a silent, de-sexualized relationship can be tolerated by families. Today, more and more young LGBTs in China pursue same-sex identities and belonging in communities, which are not compatible with "coming home" to a large degree.

Finally, the patriarchal, heteronormative family institution per se is a closet. Hence, whether directly coming out or indirectly coming home, the lesbian couples are still confined in the closet. Only when the couples begin to imagine and practice a new, non-heteronormative family mode, they can realize free and respectable same-sex identities, relationships and lives. This is an important meaning of "leaving home"—to leave the patriarchal, heteronormative natal family and to build an innovative and ideal one somewhere else.

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Commitment and investments in homosexual and heterosexual romantic relationships

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Abstract

Framed by the Investment Model (Rusbult, 1980, 1983), the maintenance of romantic relationships are influenced by the experience of general commitment and the perceived investments applied in the relationship. Albeit showing the robustness of these predictions among heterosexual romantic relationships, literature suggests homosexual romantic relationships to be socially and legally marginalized, characterized by lower investments and general commitment. To better understand the dynamics underlying heterosexual and homosexual romantic relationships, we suggest the importance of additionally considering the moral obligations to remain in the relationship (i.e., moral commitment; Johnson, 1991). As such, we conducted a correlational study to explore the impact of cohabitation in individuals' experiences of (general and moral) commitment and investments. Results show that, for homosexual relationships, cohabitation increases the experience of general commitment and investments, while no differences emerged in heterosexuals. Furthermore, homosexuals (vs. heterosexuals) reported a higher level of moral commitment. We discuss these results under our framework and the need to take into account norms and changes in society.

Keywords: Investment Model; Romantic relationships; Sexual orientation; Commitment

Topic: Homosexual relationships

Romantic relationships are extremely important in providing a sense of comfort and security, while promoting our well-being and happiness (Dwyer, 2000). Hence, the study of the factors underlying their maintenance is extremely relevant, with great impact on society.

One of the most prominent models in romantic relationships literature is the Investment Model (IM; Rusbult, 1980, 1983). This model is focused on commitment (hereafter referred as general commitment), defined as the individual's intent to maintain a relationship, influenced by satisfaction, quality of alternatives and magnitude of investments. A large amount of empirical evidence supports this model in predicting stay/leave behaviors in heterosexual romantic relationships (e.g., Le & Agnew, 2003; Le, Dove, Agnew, Korn, & Mutso, 2010; Rusbult, Martz, & Agnew, 1998). We suggest the importance of additionally considering moral commitment, or the sense of moral obligation to continue in the relationship (Commitment Framework; Johnson, 1991), argued as a form of intrinsic investments within the larger general commitment construct (Rodrigues & Lopes, 2013a).

In the present article we aim at better understanding the experience of commitment in heterosexuals and homosexuals, as framed by the IM and the commitment framework. The theoretical importance of this study relies in the fact that same-sex civil unions (i.e., *uniões de facto*) and marriage are now legally recognized in Portugal (March 2001 and May 2010, respectively). As such, we are embedded in a socially relevant environment to study similarities and differences within these relationships.

Commitment in Romantic Relationships

According to Rusbult's IM (1980, 1983), general commitment refers to the individual's intent to persist in the romantic relationship, a long-term orientation and involvement towards the partner, and feelings of psychological attachment.

In turn, this experience is positively influenced by the satisfaction and magnitude of investments allocated to the relationship, and negatively influenced by the perception of quality among alternatives (the antecedents). Briefly, satisfaction stems from the experience of positivity and rewards. Investments refer to intrinsic (e.g., time spent together) and extrinsic (e.g., a house bought together) resources applied in the relationship that would be lost or diminished if it was to end. Alternatives refer to any scenario that can provide rewards, other than the current relationship (e.g., being with another partner, family members, friends, or alone).

Importantly, the IM is conceptualized as an additive model (Rusbult & Martz, 1995), which is to say that individuals do not necessarily need to experience all three antecedents to maintain the relationship. Examples of this are fledgling relationships (Eastwick & Finkel, 2008), emotional divorce situations (Coleman, Lawrence, & Leon, 2006) and abusive relationships (Rusbult & Martz, 1995). In this line of reasoning, such situations result from compensation of one or more antecedents, in order to experience general commitment.

Directly related to our research, imagine the following scenario. Robert is married to Mary and is having second doubts about remaining in the marriage. He is not satisfied and feels that his needs could be met by spending time with his friends. Based on IM premises, Robert will endure in his marriage as long as there is a large amount of investments to compensate his low satisfaction and perception of high quality of alternatives. In this specific scenario, Robert's decision may have been based on the amount of extrinsic investments (e.g., cohabitation), but also in intrinsic investments, namely a sense of obligation. This personal disposition to feel morally obligated to stay married converge directly with the notion of moral commitment (Johnson, 1991; see also Johnson, Caughlin, & Huston, 1999), and is the result of negative attitudes towards separation, a sense of responsibility for supporting, taking care and not abandoning the partner, and a sense of personal consistency in one's choices.

Few researchers have focused on moral commitment (see Johnson, 1999; Ramirez, 2008 as exceptions) and its distinctiveness and relevance has been questioned (e.g., Rusbult, 1991). However, recent empirical evidences show moral commitment to be associated with investments, but not with general commitment (Lopes & Rodrigues, 2013). Specifically, moral commitment is a subtype of general commitment construct, directly associated with intrinsic investments and the perception of internal barriers preventing the abandon of the relationship (for a discussion, see Rodrigues & Lopes, 2013a). Moral commitment is especially important to our present study since, and contrarily to heterosexual relationships, homosexual relationships are mostly associated with intrinsic, rather than extrinsic, investments (Kurdek, 2007, 2008; Lehmiller, 2010). This presumably derives from homosexuals' difficulty to engage in a long-term legal investment, such as marriage (Hall & Kitson, 2000; Nock, 1995). Thus, the study of commitment in homosexual relationships might gain with the introduction of this specific construct.

Adding to this fact, literature points that IM predictions are somewhat inconsistent among homosexuals (vs. heterosexuals; see Le & Agnew, 2003), and thus it is extremely important to extend our understanding. Specifically, literature suggests a higher rate of relationship dissolution among homosexuals, due to the perception of higher social marginalization (Lehmiller & Agnew, 2006) and fewer perceived barriers to its abandon (e.g., absence of legal divorce procedures; Kurdek, 1998). Although relationship quality and satisfaction are strong predictors of commitment in homosexuals (Kurdek, 2008; as for heterosexuals, Le & Agnew, 2003), some inconsistencies arise in regards to investments.

However, we must take into account changes governing romantic relationships and how they can impact the experience of commitment. Although marriage has been taken as the norm in heterosexual relationship development, there has been a significant decrease in the number of marriages (also in Portugal, OECD, 2012). This does not necessarily mean a decrease in long-lasting heterosexual romantic relationships, but is possibly associated with a change from a marriage norm to a cohabitation norm (Cherlin, 2004; Fletcher et al., 2013) in relationship development. Also, recent changes in Portuguese legislation, namely the legalization of same-sex civil unions in March 2001, and same-sex marriage in May 2010 (Vale de Almeida, 2010), may have contributed to changes in the perception of such relationships. A legal recognition of their romantic relationships may have led homosexuals to perceive the opportunity to invest (not only intrinsically) in their relationships.

In sum, being general commitment an individual's intent to maintain the relationship and to remain psychologically attached to it (Rusbult, 1980), we did not expect it to be impacted by sexual orientation (e.g., Rusbult et al., 1998) or cohabitation (e.g., Lehmiller, 2010; Rusbult et al., 1998). On the other hand, although empirical evidences suggest that homosexuals (vs. heterosexuals) invest less in their romantic relationships (Lehmiller, 2010; Lehmiller & Agnew, 2006), we hypothesize that changes in the Portuguese context regarding civil unions may lead to the absence of differences in investments according to sexual orientation. Also, and given that investments are linked with intrinsic and extrinsic goods applied in the relationship (Rusbult, 1980, 1983) we expected a direct impact of cohabitation. Finally, as moral commitment stems from internal dispositions to remain in the relationship (Johnson, 1991; Johnson et al., 1999) and is associated to intrinsic investments (Rodrigues & Lopes, 2013a), we expect no differences according to sexual orientation or cohabitation.

Method

Participants

A total of 533 Portuguese individuals (73.9% female), with ages varying from 17 to 62 years ($M = 27.45$, $SD = 6.91$), voluntarily took part in this study. Participants were mainly from Portugal metropolitan areas (67.8%), with a Bachelor/Major (49.2%) or a Master/PhD (34.5%) degree. Most of our participants (82.6%) identified themselves as heterosexuals (67% heterosexual women; 15.6% heterosexual men) and 17.4% as homosexuals (5.6% lesbian women; 11.8% gay men). All participants were in a romantic relationship (heterosexuals, $M_{\text{Length}} = 45.68$ months, $SD = 38.80$; homosexuals, $M_{\text{Length}} = 46.93$ months, $SD = 51.76$, no differences in relationship length, $t < 1$), with 35.6% cohabiting (7.8% homosexuals; 27.8% heterosexuals) and 64.4% not cohabiting (9.2% homosexuals; 55.2% heterosexuals) with their partner.

Measures

General commitment and investments.

We used the subscales from the Portuguese version of the Investment Model Scale (Rodrigues & Lopes, 2013b; Rusbult et al., 1998). The general commitment subscale comprises seven items ($\alpha = .89$, e.g., *I want our relationship to last for a very long time*), and the investments subscale comprise five items ($\alpha = .81$, e.g., *I have invested a great deal of time in our relationship*). Responses to each item were given on a scale ranging from 1 (*Do not agree at all*) to 7 (*Agree completely*), and the average of scores of each subscale results on a mean general commitment and a mean investments score.

Moral commitment.

We used the Portuguese version the moral commitment scale (Johnson et al., 1999; Lopes & Rodrigues, 2013), comprising nine items ($\alpha = .76$) divided in three components: perception of moral contract with one's partner (5 items, $\alpha = .81$; e.g., *You could never leave [partner's name] because you would feel guilty about letting [him/her] down*), consistency values (2 items, $r_p = .43$; e.g., *Whenever you promise to do something, you should see it through*) and attitudes towards separation (2 items, $r_p = .34$; e.g., *It's all right to get a divorce if things are not working out*). Responses to each item were given on a scale ranging from 1 (*Do not agree at all*) to 7 (*Agree completely*). and the average of means across these three components results in a mean moral commitment score.

Sociodemographic measures.

Additionally, we asked participants to indicate: (a) their sex (male/female/transgender), (b) their age (in years), (c) their relationship status (single/in a relationship/married), (d) their cohabiting status (cohabiting/not cohabiting), and (e) the length of their relationship (in months).

Procedure

All measures were inserted into Qualtrics® web platform, and the resulting hyperlink for the on-line questionnaire was published in social network sites (e.g., Facebook®) and sent by e-mail to mailing lists. By clicking on the hyperlink, participants were informed they would be taking part in a study about personal relationships and it was explicitly stated they were allowed abandon the investigation at any point simply by closing the web browser. The questionnaire started with sociodemographic questions, followed by the general commitment, investments, and moral commitment scales, presented in random order. At the end, participants were thanked for their collaboration and were provided with an email address to contact the research team. There was no time limit to complete the questionnaire and mean time of response was 16 minutes. Only complete questionnaires were considered for further analyzes.

Results

General Commitment

As expected, participants' scores of general commitment were analyzed according to a 2 (Sexual orientation) x 2 (Co-habitation) ANOVA, showing, as expected, that neither sexual orientation, $F(1, 507) = 2.35$, $MSE = 2.41$, $p = .126$, nor cohabitation, $F(1, 507) = 2.71$, $MSE = 2.78$, $p = .100$, had a direct impact on general commitment. However, an interaction between these factors emerged, $F(1, 507) = 3.73$, $MSE = 3.83$, $p = .054$, $\eta_p^2 = .01$.

In a more detailed analysis, planned contrasts show that heterosexuals' general commitment was not different between cohabiting ($M = 6.30$, $SD = 1.04$) and non-cohabiting individuals ($M = 6.34$, $SD = 0.98$), $t < 1$. For homosexuals, cohabiting individuals reported higher general commitment ($M = 6.35$, $SD = 0.80$) than those not cohabiting ($M = 5.92$, $SD = 1.23$), $t(507) = 1.98$, $p = .048$, $d = .18$. Importantly, planned contrasts showed no differences in general commitment between cohabiting homosexuals and cohabiting heterosexuals, $t < 1$.

Investments

A 2 (Sexual orientation) x 2 (Cohabitation) ANOVA revealed a direct impact of sexual orientation, $F(1, 507) = 5.79$, $MSE = 10.26$, $p = .016$, $\eta_p^2 = .01$, and cohabitation in perceived investments, $F(1, 507) = 3.38$, $MSE = 5.98$, $p = .067$, $\eta_p^2 = .01$. Specifically, homosexuals ($M = 4.25$, $SD = 1.34$ vs. heterosexuals, $M = 3.88$, $SD = 1.33$) and co-habiting participants ($M = 4.06$, $SD = 1.22$ vs. non-cohabiting, $M = 3.88$, $SD = 1.40$) reported higher investments. Although results regarding sexual orientation do not seem to converge with our initial hypothesis, we believe they actually strengthen our argumentation. Indeed, and even though the interaction did not reach significance, $F(1, 507) = 1.79$, $MSE = 3.17$, $p = .182$, planned contrasts show that cohabiting homosexuals reported more investments ($M = 4.53$, $SD = 1.28$) when compared to cohabiting heterosexuals ($M = 3.93$, $SD = 1.78$), $t(507) = 2.49$, $p = .013$, $d = .22$. In turn, this latter group of participants was not different when compared to non-cohabiting heterosexuals ($M = 3.85$, $SD = 1.41$), $t < 1$, or to non-cohabiting homosexuals ($M = 4.02$, $SD = 1.35$), $t < 1$.

Moral Commitment

A 2 (Sexual orientation) x 2 (Cohabitation) ANOVA analysis resulted in a direct impact of sexual orientation, $F(1, 507) = 9.70$, $MSE = 6.99$, $p = .002$, $\eta_p^2 = .02$, with homosexuals reporting more moral commitment ($M = 3.69$, $SD = .83$) than heterosexuals ($M = 3.43$, $SD = .86$). As expected, the impact of cohabitation was not significant, $F < 1$. However, the interaction between factors reached significance, $F(1, 507) = 6.46$, $MSE = 4.66$, $p = .011$, $\eta_p^2 = .01$. In a more detailed analysis, planned contrasts show that cohabiting homosexuals reported higher moral commitment ($M = 3.85$, $SD = 0.79$) than cohabiting heterosexuals ($M = 3.28$, $SD = 0.82$), $t(507) = 3.77$, $p < .001$, $d = .33$, but no different than non-cohabiting homosexuals ($M = 3.56$, $SD = 0.85$), $t(507) = 1.62$, $p = .105$, $d = .14$.

Discussion

This research was a first step in analyzing heterosexual and homosexual romantic relations and the impact of cohabitation/non-cohabitation norms in commitment and investments, providing a first insight into the dynamics, overlaps and differences between these relationships. Based on our results, cohabitation does not seem to determine heterosexuals' general commitment towards their romantic relationships, unlike homosexuals to whom cohabitation seems to increase the experience of general commitment. Also, homosexual romantic relationships do not seem to be characterized by a lesser magnitude of investments than heterosexual romantic relationships. Indeed, cohabitation emerges as an important factor determining the perceived investments within homosexuals, even more so than in heterosexual romantic relationships.

Results for heterosexuals seem to be consistent with the suggestion of cohabitation as normative (Stanley, Rhoades, & Whitton, 2010), given the inexistence of differences in general commitment between cohabiting and non-cohabiting heterosexuals. Also, results for homosexuals are not convergent with the marginalization of sexual minorities and their romantic relationships (e.g., Costa & Davies, 2012; Lehmler, 2010). Lehmler

and Agnew (2006) suggest that individuals in marginalized relationships (including homosexual romantic relationships) have lower investments (due to social negative pressure). Our results suggest otherwise, with homosexuals (vs. heterosexuals) reporting a higher level of moral commitment, and cohabiting homosexuals (vs. heterosexuals) reporting higher magnitude of investments. Also, cohabiting (vs. non-cohabiting) homosexuals reported higher general commitment, no different to the levels reported by both groups of heterosexuals.

In sum, for homosexuals the decision to cohabit together may have an internal barrier function, that is, as the decision to cohabit may imply the coming out to family and friends (Kurdek, 1998; Kurdek & Schmitt, 1987) and to the immediate social circle (e.g., neighbors), leading to higher psychological binding and greater involvement in the romantic relationship (hence higher general commitment and investments). This could have been bolstered by the changes in the Portuguese Legal system and the recognition of same-sex “de facto” unions and same-sex marriage (Vale de Almeida, 2010). In other words, the decision to live with one’s romantic partner may be an important step in the natural course of homosexual romantic relationships (e.g., self-disclosure, coming out), with the possibility of legally recognize such union and benefit from the similar rights that heterosexual have. This diverges from evidences relying in the notion that homosexual romantic relationships are characterized by fewer investments, given the impossibility of a similar outcome as heterosexual romantic relationships have (i.e., civil union or marriage). Nonetheless, we must take this interpretation with caution, as it may not be generalized across homosexuals (e.g., differences according to social class; Oliveira, 2013)

This research is not without limitations, and future studies should further explore homosexual romantic relationships. First, it would be important to understand more thoroughly the subjective meaning that homosexuals and heterosexuals attribute to the decision to cohabit. Second, it would be important to extend the sample to include married individuals, in order to explore the importance of cohabitation (vs. marriage) in both homosexual and heterosexual romantic relationships.

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Contemporary Theories About Gender

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Abstract

The author aims a reflexion about the most recent psychodynamic conceptions concerning gender as to its construction or its development. In contrast with classical dichotomical paradigms we can understand how much contemporary models, in line with the developments concerning theoretical and clinical psychoanalysis, became more challenging and open to observation and reflexion about changes. However we also can notice a revisitation of many of the main problems of psychology that are not just gender- based.

Key Words: gender; anatomy; culture; symbolic; psychodynamic theories.

Contemporary Theories About Gender

The question of gender has always been difficult in spite of the dichotomy of roles seemingly making it easy. Those roles were so clear that they pointed to a destiny and a space prepared for each of us. The relative dimension of this space was not assigned in an equitable way but this fact also contributed to facilitate the indication of the place we had for us. The difference between the sexes should indicate a dichotomy of genders, even an opposition and that is why we use to say that someone belongs to one sex or to its opposite. Gender should correspond to anatomy and anatomy pointed out, and attributed, a position and an opposition. If this was unclear, it was forcefully made clear, because contrast was needed to eliminate doubts that would be confusing. As an illustration we will only remember the clitoridectomy that excised the part of the feminine body that reminded the masculine. Dichotomization showed up in roles, outward appearance, and customs, pointing up a way of being man or woman in such a way that each identity seemed drawn from the beginning.

Psychoanalysis has always understood that definition of gender was one of the main questions of the developmental and relational dynamic of the human being. It seems astonishing that this question arose more than one hundred years ago. It was understood that gender was not a given and that its development could result in diversified configurations. On one hand, the explanation was based on anatomy and, for this reason, was inscribed on each human being's destiny and, on the other, was based on culture and influences stemming from the identification of each human being with ancestors, in particular with the most meaningful ones: parental figures. The procedure, at the beginning of the psychoanalytic construction was the search of the internal dynamic and its organization. Almost every human characteristic was acquired by identification and also was gender; above all gender. However, the identifications would be, in principle, homologous. Freud (1905) contemplated the idea of variability in what concerns the choice of a sexual or love object but he mostly found in this the explanation of homosexual traits of each human being or psychic bisexuality. a certain connection was established between object choice and identity but this matter was less worked on than object relation.

In general, during a long period, gender conceptions were organized around two main elements: perception of anatomic difference (Freud, 1905, 1925) between sexes and Oedipal conflict (Freud, 1910). Anatomical components and psychological developmental components have always been considered. There was not sexuality but psychosexuality (Freud, 1915).

Anatomy as a concrete reality imposed psychic elaboration. It was the presence or absence of a penis that originated psychic undercurrents that differentiated boys from girls. This led to the idea that women structured through the lack but most of all through the feeling concerning the lack. The lack could be an absence or/and a fault resulting in envy of the penis. Anatomy, which did not determine gender, was after all the one essential element to what everybody returned to, although conceptual positions could be opposite.

Let us remind the protests of feminists (Horney, 1924, 1933) concerning the devaluation of feminine organ as a kind of non-organ. Feminine gender existed only when in contrast with masculine.

In this matter we must mention that Lacan (1958) pointed the idea that it is not a question of the organ but of its sym-

bolic value. This theoretical specification had a major importance in the enlightenment of the particular situation of the woman and the young girl facing the cultural world. Lacan emphasizes the importance of the culture in which the human being is immersed mainly in symbolic field. The girl faces a culture in which phallus, as a symbol of power, belongs to those individuals who have a penis. Therefore, there is a superposition or an appending of a symbolic weight on a concrete anatomic trait. Consequently, concerning the young girl, the castration fantasy is always in relation with the perception of an inequality, of inferiority, socially inculcated in femininity. Femininity was defined also by passivity and masochism. So, penis envy could be understood both, as a perception of an anatomical absence and as a narcissistic failure articulated with a social inequality as Bleichmar (1988) clearly exposes.

Anatomy would lead, at a certain point of development to a desire of homologous identification and, by this mean, to an appending of the gender to the sex of origin. The opening to the comprehension of the dynamic organization of gender contains therefore some circularity. Anatomy points the destiny that will be developed by culture that will translate itself in internal psychological dynamic. But identification is always mainly done with some sex.

What reasons impel a child to identify with its own sex and not with the other? Anatomy. Perception of anatomy and of anatomical similarity forces into identification with our own sex. However, it is not always so. Klein (1945) calls our attention to the identifications with father and mother in every human being. We all recognize in ourselves and in others some characteristics from the other sex that reveal themselves in the object choice: women that feel some resemblance with their father may find husbands that resembles in many ways their mother.

The classical conception is that everything occurs in a short period of time because after Oedipal resolution, gender would be fixed. Sweetnam (1996) observes that classically gender development was conceived obeying to a “developmental agenda”. This vision will remain some more years, as we will see, but with some important differences between authors and times.

Let us underline Stoller (1964, 1985) and Chodorow (1978). Their importance remains in the fact that they move the organization of gender to an earlier period: that of the symbiotic relationship with the mother leading to primary identification. In result, a primary femininity would develop in both sexes and explained the psychic bisexuality of man. But, what of women bisexuality? According to Chodorow(1978), femininity organizes early in the development and in a solid way. There is no need of a father for girls to gender organization. Oedipus would not be an organizer of femininity because, at that time, feminine gender was already firmly organized through identifications with mother. Other authors, even earlier (Greenson, 1968), consider much more difficult the organization of masculinity. Young boys would have to dis-identify from mother and to identify with father to be able to organize a masculine gender identity. Identification with father settled a kind of reaction-formation against feminine identifications.

The corollary of this movement is Fast's (1984, 1990) theory who develops a model in three phases: an early period of primary narcissism when child feels complete, a period of perception of difference and of differentiation, and the Oedipal period. Every phase would be of importance in the construction of gender but Fast has the virtue of emphasizing a crucial and fragile movement in which the child emerging from primary narcissism recognizes loss and limits. Thus she puts development of gender under dependency of primary narcissism resolution. However Fast stresses de importance of positive identifications with father and mother, social norms and educational attitudes. In this way she amplifies the domain of influences needed to organization of gender, beyond the family field.

Despite these conceptual differences, we can underline some convergent ideas among these authors: identification is generally considered a fundamental defence mechanism for the internal organization; to most of the authors, the described process of gender development is similar to any other developmental acquisition as, for instance, cognitive capacities; in summary a sequential development is conceived moving towards a final goal. Also anatomy and dichotomic organization are mentioned by classical authors.

Mainly with beginning in the nineties, represented by several authors (Benjamin, 1988,1991; Dimen, 1991; Goldner, 1991; Harris, 1991),) we can notice a tendency for the deconstruction of conceptualizations of gender, therefore gender dichotomy and support on anatomy are rethought and even rejected. Binary representations of gender are considered false, forged by culture which forces a splitting between categories. The idea that anatomical differences are perceived by the second year of life and that this fact would lead to gender organization has the disagreement of Person and Ovesey (1983). They point up that gender precedes child once it is born within a culture that names it boy or girl and provides behavioural norms. Gayle Rubin (1990), for instance, even classifies gender attribution in consonance with sex as a “fetishisation” of genitals.

Benjamin (1988) has a non-linear conception of development and criticizes the former vision of a gender stable and fixed after a sequential development. Gender is constructed inter-subjectively through relation with others within a context. Identifications that lead to it are multiple and manifest themselves in changing and fluctuating gender experiences. Identifications, to which an individual accedes in a given time, may be different from those at other moments. This will imply

that the same person may feel as a woman, simply as an individual or as a man. This is a completely different, complex and flexible way of conceiving gender.

Ken Corbett (2008) stresses the normative regulation of gender. He considers gender as a complex construction including psychological, somatic and cultural fields. “Key here is the recognition that norms serve not only as an empirical record (forecasting global regularities) but also as ideals that direct social order” (2008, p.838). Goldner (2003, 2011) even classifies the binary system as “a universal pathogenic situation” (2011, p. 163). In her view this system organizes gender as a false self originating several symptoms. But her more interesting conception is the idea of gender as continuous with several possible organizations and changes that can occur during life. She argues that changes occur in individuals lives, in the feeling of selves, of the objects and of the cultural world. For instance, individuals exist that change their gender identity in maturity. Ideals of gender identity change as variations occur from one generation to another. As says Corbett (2008) we are not all of us “copies of copies of copies of Oedipal sons. . . . Copies degrade. Copies transform.” (2008, p.841).

Again, the question of identification is evident. This is not a minor problem because beyond the theoretical doubts it has, as we all know, important social implications. How does a child identify with his culture? Which are the processes contained in that identification? How does she acquire the norms, values, uses of the culture where she is immersed? And, how does she alter them?

How does culture interact with a child’s identity?

The idea of identifications as copies of primary objects, the idea of a passive human being who adjusts and absorbs the culture doesn’t make sense any more. There is more about “culture and how it affects processes of internalization and object relations...” (Balsam, 2010, p. 513). Of course we introject what surrounds us and that includes objects, relations with objects and relations between objects. How could we do otherwise once we are born in a given culture, as Harris (2005) stresses to contest the influence of anatomy. Identifications, above all primary identifications, imply the acquisition of gestures, feelings, sensations, attitudes, postures, ways of thinking. All is eagerly stored, used and worked, expelled or simply forgotten until the day they maybe needed. In this complexity which experiences can be constitutive of gender? And which experiences may be excluded as irrelevant for gender? World is complex but so is a human being and his relation with world.

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Co-parenting among Lesbian Headed Families

Two contrasted cases

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Keywords: Co-parenting – Lesbian Headed Family – Lausanne Trilogue Play – Family Triadic Interactions – Family Alliance;

Abstract

The parental function is an individual competence taking place within a dyadic interaction and relationship between adult and infant; and in which each parent actualizes with the infant independently from the other parent. Co-parenting, instead, concerns the ways in which mothers and fathers function together as parents, how they cooperate, support and/or undermine each other in their reciprocal presence or absence and how they manage triadic processes. This key notion inserted with good marital and parent-child relationship seems correlated with good child outcomes (e.g., Brown, et al., 2010). Numerous longitudinal studies has observed co-parenting in “traditional families” (e.g. Favez at al. 2012) and his impact on family alliance; in lesbian headed family co-parenting was studying mainly in terms of couples’ division of family labor (Patterson & Farr, 2011), which researchers view as one aspect of co-parenting (e.g., Feinberg, 2003). In this paper we observe two contrasted co-parenting in two lesbian headed families. Co-parenting will be observed at the help of Lausanne Trilogue Play approach (LTP Fivaz-Depeursinge & Corboz-Warnery’s 1999) during triadic family interaction.

Introduction

In the last fifty years research on lesbian and gay headed families has increased and has emphasized the importance of the relationship network on their children’s development (Feinberg, 2003). For a great part the research focus was on the *parental competence* of gay and lesbian individuals and their *developmental issues* compared with heterosexual headed families. Main questions were “Are these parents able to be good parents? Are these children healthy?” These studies reveal no significant difference between the children of the heterosexual headed families and those of the homosexual headed families; they highlight the fact that the homosexuality of both parents does not influence in a dysfunctional way the identity of genre (Golombok, & al., 1983) neither the identity of role, their social relationships, emotional and compartmental development and of these children (Green, & al. 1986). Such characteristics are rather correlated in the structure of the personality of the parents, in their capacity to braid as couple and in the temperament of the child (Vecho, & Schneider, 2005).

Numerous longitudinal studies focused then on the child’s emotional and cognitive development and have shown the significant influence of early interactions assessed at a family level, during the first years of life (e. g. Schoppe-Sullivan & al. 2004). These interactions are not influenced by the parents’sexual orientation (Golombok, & al., 1983; Patterson, 1996). In this perspective, researchers have found that good marital and parent-child relationship are not the only dimensions correlated with good child outcomes (e.g., Brown, & al. 2010; Teubert, & Pinquart, 2010); in fact theoretical and empirical approaches have established a distinction between the “co-parental” and “marital” couples for a better understanding of developmental outcomes (Katz, & Gottman, 1996; McHale, 2007; McHale & Fivaz Depeursinge, 1999; McHale, & al., 2004).

In this theoretical context co-parenting emerged as a key notion describing the coordination between adults in their parental roles (Minuchin, 1974). Co-parenting does not only refer to sharing work and responsibilities in child caregiving; rather, it refers to the coordination and support between adults who are responsible for childcare and childrearing (McHale, 2007; Irace, & McHale, 2011). Researchers have found that the quality of coparenting is predictive of child outcomes even after controlling the influence of marital quality (Frosch, & al., 2000; McHale, & Rasmussen, 1998) or parenting (e.g. Karreman, & al., 2008). Lesbian and gay couples co-parenting has generally been studied in terms of couples’ division of family labor (Patterson, & Farr, 2011), which researchers view as one aspect of co-parenting (e.g., Feinberg, 2003). Still less studies have observed co-parenting among family interactions during the child’s first years of life (D’Amore, & al., 2010). In previous studies D’Amore & al. (2013) have compared 10 non-clinical lesbian headed families procreating through medically assisted procreation (IVF) through a t test for

independent sample, with the validation's study of the FAAS (Favez, & al. 2010). No statistically significant differences were found among co-parenting in lesbian headed families and straight parents families. The aim of this paper is to observe co-parenting in lesbian headed families during the mother-mother-infant interaction in the child's first year. Two contrasted case will be introduced.

Research on co-parenting

Studies of interactions in family subsystems such as the mother-child and father-child dyads have documented the importance of social contexts for the child development. During the transition to parenthood individuals who become parents are transformed by this experience and follow a developmental trajectory different from individuals who are not committed in parental roles (Palkovitz, & al., 2003). The transition to parenthood is an important "turning-point" in the life cycle, asking for changes as much interpersonal, as the degree of conjugal satisfaction (e. g. McHale & al., 2010, Simonelli & al., 2012), that intra-personal, as the emergence of a new identity (Delmore-Ko, 2000). When a couple is expecting their first-born, their primary task of forming a dyad as a couple is now challenged and the relationship must make place for two new subsystems: the marital and the parental ones (Hedenbro, 2006).

Co-parenting abilities are different from parental functions. The parental functions are the individual competences taking place within a dyadic interaction and relationship between an adult and an infant; and in which each parent actualizes with the infant independently from the other parent. Instead, in a family dynamic perspective, co-parenting is a cooperative function involving the two parents and the coordination they are able to reach in the manifestation of their parenting. This happens at an interactive but also representative level. This co-parenting function can be defined as one specific subsystem of family interactions referring to two adults' abilities to coordinate and interact while performing their parental roles toward the child (McHale, 2007; Simonelli & al., 2012). These co-parenting functions evolved with time and the child's age, Schoppe-Sullivan, & al. (2004), given that the co-parenting challenges that parents of infants face are likely very different from those faced by parents of toddlers or preschoolers. Children are co-actors in family dynamics; they develop and become able to do more on their own, parents need to encourage and facilitate their nascent skills as well as prevent them from hurting themselves or others as they experiment and discover. As a result of these developmental changes, parents must coordinate different parenting behaviors, progressing from a focus on working together to meet the children's basic needs when they are younger to helping the children develop and appropriately use new skills as they get older.

The few studies that have examined coparenting across time suggest moderate stability across the first three years after a child is born. Supportive or undermining coparenting appears to be stable whether operationalized as one dimension (McHale, & Rotman, 2007; Van Egeren, 2004) or as two (e.g. Schoppe-Sullivan, & al., 2004; Simonelli, & al., 2012). Beyond the sharing of childcare labor, three primary, core features of coparental alliances were initially articulated in reports by McHale (1995) and by Belsky, & al., (1995): the degree of solidarity and support between the coparental partners, the extent of dissonance and antagonism present in the adults' coparental strivings, and the extent to which both partners participated actively in engaging with and directing the child. Cooperation between the parents, warmth, and promotion of family integrity during the first years are predictive of better adaptation during the preschool years and at school entry when compared with coparenting that is either conflictual or imbalanced (one of the parents systematically withdrawing from family life), which is associated with externalized and internalized symptoms (McHale, 2007; Schoppe-Sullivan, & al., 2004; Teubert, & Pinquart, 2010). Several studies have shown that parents with high marital distress tend to show less adjusted parenting interventions than parents with low marital distress (Cowan, & Cowan, 1992). McHale and Fivaz-Depeursinge (1999) argued that there is a need to study family group dynamics across periods of child development; and we add another need, to study family group dynamics in lesbian headed families.

Co-parenting among lesbian headed families

The co-parenting dimension has also been observed in gay and lesbian families in the last two decades (Farr, & Patterson, 2013; Goldberg, 2009). Existing research has shown that lesbian and gay couples often report dividing childcare labor relatively evenly, whereas heterosexual couples often report specialization (Goldberg, 2010). In addition, lesbian parents tend to report ideally wanting an equal distribution of child care between partners.

In contrast, heterosexual mothers report ideally wanting to do somewhat more than half of the child care, and heterosexual fathers report ideally wanting to do somewhat less than half (Patterson, & al., 2004). Patterson (1995) explored division of labor among lesbian couples and adjustment among young children. When child care was evenly divided,

lesbian mothers reported greater satisfaction with divisions of labor and fewer child behavior problems, thus raising the possibility that shared division of labor might in itself be beneficial for children. However it is worth noting that since mothers reported that they shared and this was their ideal patterns, it was unclear which was more important, or whether other variables might be involved, such as couple relationship satisfaction, parental roles or expectations, or parental education. Chan, & al., (1998) also examined division of labor among lesbian and heterosexual couples (who had used donor insemination) and young children's adjustment. Among lesbian non-biological mothers, those who reported greater satisfaction with division of labor also reported greater couple relationship satisfaction and fewer child behavior problems. The effect of division of labor on child's adjustment was mediated by the couple relationship satisfaction. Overall, then, existing research suggests it is the parents' feelings about their arrangements rather than the actual division of labor that are most closely correlated with child outcomes (Patterson, & Farr, 2011). Further research is needed to clarify these associations and to examine the pathways through which they occur. However, according to McHale, conceptualizing co-parenting only in terms of family chores does not address the three other dimensions of the concept: the degree of solidarity and support between co-parents, the extent of discord and antagonism, and the degree of involvement with partners (2007). To observe these dimensions, research needed a methodology allowing a systematic observation of the family and therefore of their triadic interactions.

Interest of the Lausanne Trilogue Play

In order to observe the triadic interaction (sum of the child, parent, and couple subsystems) in LGBT families, research needed to use standardized methods and longitudinal protocols. According to the family system theory, the interactions within the parent subsystem are not the only ones to influence the family functioning. The child is also an active co-actor; his triadic abilities influence the co-parenting and consequently influence the family alliance as well. This is a revolutionary way to understand the toddler development. Triadic play interactions evoke interactive skills differing from the dyadic parent-child interactions (McHale, & Fivaz-Depeursinge, 1999). Until the interactions of the entire family unit are assessed, we cannot know how the various subsystems – co-parental, marital, parent-infant, and individual – function. In our study, according to this viewpoint, the co-parenting subsystem is defined and studied according to Fivaz-Depeursinge, & Corboz-Warnery's (1999) approach, which broadened the focus beyond the co-parenting subsystem to the family unit of mother, mother, and infant using an assessment tool specifically developed to study families. The central element of this approach is the use of a semi-naturalistic play situation, the Lausanne Trilogue Play situation (LTP), which involves the two parents and their infant in a cooperative task. In fact, the goal of trilogue play is a shared experience of positive affects, regardless of any transitory moments in negative affective states (e.g., tiredness, frustration, etc.). The capacity to regulate affects as a group is one of the foundations of family communication.

In precedents works D'Amore & al. (2010) have investigated "family alliance" in a sample of 10 lesbian parents families and have found that from a quantitative point of view the proportion of families with cooperative alliance (75 %) is very close to that of the heteroparental sample of "Centre d'Etude de la Famille" of Lausanne, where 80 % of families were estimated functional (D'Amore, & al., 2010).

Longitudinal observations have found differences between infants growing up with parents who support each other in their parental function versus parents in conflict. The infants from good co-parenting relationships engaged more easily in triangular interaction and received more sensitive and adjusted responses than infants who grew up with conflictual parenting (Fivaz-Depeursinge & Corboz-Warney 1999; Favez & al., 2010).

In the "traditional setting" the Lausanne Trilogue Play (LTP) is a play situation involving the father, mother and infant together. The parents sit in front and on each side of the child, who sits in a chair specially designed to be adapted to the child's size and weight and to be oriented toward each parent or between them. The parents' and the child's body positions thus form a triangle. The main goal is to observe the family experience moments of pleasure together. The degree of coordination they reach in fulfilling these functions determines their "family alliance" (Fivaz-Depeursinge, & Corboz-Warnery, 1999). The more coordinated the interactions are, the more functional the family alliance, and consequently, the partners regularly capacity to regulate affects as a group (Simonelli & al., 2012).

The technical equipment includes two cameras: one records the parents, and the other the baby. The following instructions are given: "We'll ask you to play together as a family in four separate parts. In the first part, one of you plays with the child, and the other one is simply present. In the second part, you reverse the roles. In the third part, the three of you will all play together. In the last part you will talk a while together; it will be the child's turn to be simply present." The play is thus structured in four parts, related to the four possible relational configurations in a triad: (1) 2 + 1, one parent is active with the child, (2) 2 + 1, the other parent is active, (3) 3, all play together, (4) 2 + 1, both

parents together while the child is in the third party position.

The Lausanne Trilogue Play paradigm (LTP: Fivaz-Depeursinge, & Corboz-Warnery, 1999) is coded using Family Alliance Assessment Scale (FAAS Favez & al., 2010).

The evaluation of the family interactions is analyzed according to 7 different dimensions³ : 4 dimensions are relative to the structural aspects of the interactions: Participation (Postures and gazes and Inclusion of partners); Organization (Role implication and Structure); Focalization (Co-construction and Parental scaffolding); Affect sharing (Family Warmth, Validation and Authenticity); 1 dimension is relative to the dynamic aspects of the interactions: errors of communication and their resolutions (Interactive mistakes during activities and Interactive mistakes during transitions). The last 2 dimensions are relative to the functioning of various sub-systems: Co-parenting (support and Conflicts), Infant's involvement (Involvement and Self-regulation).

Each scale allows an assessment of the interaction according to an ordinal scoring system in three points: "appropriate" (2 points), "moderate" (1 point) and "inappropriate" (0 points).

In this context we observe the dimension of *Co-parenting* including *Support* and *Conflicts*. In particular we can observe *Support* when the parents work together and coordinate themselves all along the task and the play. They show mutual verbal and/or body support. The interferences which are carried out aim at supporting the spouse in the accomplishment of his role as a parent. *Conflict* is generally observed in the conjugal discussions. The parents present then incapacity to agree on the current situation and their shares; they express reproaches to the other one; express an open conflict or a current problem of the couple / of the family, etc.

Cases analyses

We met the families at our laboratory within the *Service de Clinique Systemique et Psychopatologie Relationnelle* at the University of Liège, in Belgium. They agree to participate to a research on "family communication" and received a feedback after their participation. The following section refers to two contrasted cases, illustrating two different styles of co-parenting. We choose two families experimenting the first year of family life including three members, meaning two mothers and a baby born through medical assisted procreation (MAP). The first case presents Maya's parents in two episodes of support and coordination during two parts of LTP. Maya is 12-month-old.

Support and cooperation: Maya's Parents - First episode

When there are support and cooperation the parents work together and coordinate themselves all along the task and the play. The following episode takes place in the first part of the LTP, in which the non-biological mother is interacting with Maya while the biological mother is in an observation position. In the first second of this part the baby is whining, she doesn't want to stay in the chair. The non-biological mother searches her attention trying different methods: she moves the chair, Maya looks at a painting on the wall and said: "uh", then points out the painting and looks at her mother, then points out another painting and keeps saying "uh", thus successfully involved in the interaction. The biological mother compliments her partner "Good job!" and smiles. She presents this way a verbal support to her partner and smiles for the shared pleasure to see her succeed well in the dyadic interaction with their daughter. After two minutes of interaction, Maya folds up to the right and starts exploring the chair. She slightly slobbers on her shirt. The biological mother (still in an observation position) gets up and looks for a handkerchief. When she arrives with the handkerchief, her partner proposes to change to the next LTP part and she turns the chair to her.

Discussion. In the episode described above the two parents support each other and coordinate along the part. Their exchanges are supportive and help the interaction with a whining baby. The interferences carried out by the biological mother aim at supporting her partner in the accomplishment of her parental role. These exchanges are made with positive attitude and with a tone of voice that doesn't disturb the interaction or take away the baby's focus from the interaction with her other mother.

Second episode. Here we are in the third part of LTP, the two parents are playing together with the child. During the play Maya tries again to get out the chair. The parents try to introduce a game in order to distract her and convince her to keep sitting. The biological mother makes a grimace breathing air out on the baby's face. Maya is then quiet for one second, surprised, and she looks her mother in the eyes. The other parent comments: "What is that? What is Mamy doing?" with the same expression of amazement. The attention of Maya is taken and she steps crying, so the biological mother keeps doing some grimaces with her partner supporting her, commenting and taking pleasure

3 - All of the videos were coded by two coders formed by the "Centre d'étude de la Famille" Lausanne et University of Padua.

watching the interaction.

Discussion. This episode begins with Maya whining again and testing the limits. The parents try to be creative and to catch her attention. The stimulation is chaotic for a few seconds, then the biological mother succeeds in catching her attention. The non-biological mother supports and encourages the game, in order to join the shared focus and co-construct a joint activity. There is no competition between the mothers, the propositions are accepted and integrated by the partners.

Competition and low support: Olivier's family

The second case presents two episode of Olivier's family in which the parents do not reach a coordination or support of each other during the play. Different initiatives are individually carried out, each parent in turn, without being negotiated. Each parent follows his own course, and does not comply with the other parent's requests. Different activities follow one another with no continuity. Olivier is 7-month-old.

First episode. During the first LTP part, the biological mother is in a active position while the non-biological mother is in an observation position. The biological mother then is playing with Olivier and they share a positive and warm feeling. The non-biological mother is watching the dyad but a tension is perceivable from her cold attitude and unauthentic laughs. She presents a "still face", meaning that no emotions are evident on her face. This attitude is present for all the first part. Sometimes the baby look at her non-biological mother and she answers him without involving her partner or sharing complicity with her, instead we can feel a sense of «coalition» against the biological mother.

Discussion. Support and coordination can be observed in the first two part of LTP with a positive attitude and interest of the third on the interaction between the dyad.

The marks of support can be physical, like permissions of head, positive emotional gestures that don't interrupt the interaction. In this frame there's not support, and the coder have the sensation of covert conflict between them.

Second episode. This episode begins during the transition to the LTP third part. The non-biological mother is playing with the baby and invites her partner to play together; without a look between them. The biological mother starts then playing with Olivier excluding her partner who is watching the dyad without participating. She presents a cold gaze among 20 second before beginning the interaction. She takes Olivier's foot and caresses him while the biological mother takes his arm and play with it for 5 second. They both talk with the child as if the other parent was absent. The non-biological mother adjusts the child's shirt and her partner says: "leave it, otherwise..." and takes Olivier's arm away from her hand.

Discussion. Different actions are carried out in turn, without being negotiated. Both parents follow their own course, and do not comply with the other's requests. Different activities follow one another with no continuity. The coders have a sense of coldness, covert conflict is identified. In this episode one major disruptive interference reveal an aggressive competitive atmosphere between the parents. This interference is perceived by the second parent as disruptive resenting her behavior. The third part during 4 minutes, the coder feels the atmosphere as very heavy. The transition takes place with an abrupt intervention on the part of one partner, with no mutual ratification.

Conclusions, Limitations and Perspectives

Our objective through the description of these brief frames was to demonstrate the importance to observe co-parenting during family interactions. In fact in "*traditional families*" researchers have underlined the necessity of a multifactorial and procedural analysis to understand the developing of family systems (Belsky, 1984) by determining mainly two factors: a) The development of family interactive skills and the couple's capacity to organize interactive triadic models during the pregnancy and to reorganize them successively in their relationship with the child; b) The role of peculiar characteristics of the child, as the temperament, which can influence the development of premature interactive skills as well as the style of (Fivaz-Depeursinge, & Corboz-Warnery, 1999). Various relational configurations are possible in the way the partners articulate and influence their various sub-systems: either the conjugal couple, or the co-parental couple and each of the parents in connection with the child (Frascarolo-Moutinot & al., 2004). The specific coevolution of these various sub-systems allows us to think that there is no single way to start and develop a family; the various actors are urged to find their "appropriate" way "*to be together*" and to work jointly (McHale, & Lindahl, 2011). We postulate that lesbian headed families present different developmental characteristics from traditional families, but this does not influence the quality of the family alliance, or the evolution of the child's skills. In fact, many studies have demonstrated that lesbian couples described themselves and show themselves equally regarding exercise of parental roles, decision-making and organization of family work, they also show good levels of conjugal

satisfaction (e.g. Bos, & al., 2007). The Lausanne Trilogue Play paradigm is a standardized procedure allowing us to observe interactive patterns specific to lesbian headed families, outside of a previously comparative framework. We started a longitudinal study from pregnancy to 9th month of child life (Miscioscia, & al., 2013) that can, in order to delineate the characteristics of this group, underline his particularities and competences.

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Corpo, Gênero e Sexualidade nas revistas femininas brasileiras: implicações para a Psicologia.

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Resumo

Esta pesquisa investigou a participação de profissionais da Psicologia nas revistas destinadas ao público adolescente feminino no Brasil. Tais publicações consultam psicólogos e psicólogas sobre orientações acerca do comportamento, relacionamentos, sexualidade, cuidados de si, questões de gênero e familiares. O Código de Ética do Psicólogo vigente atualmente no Brasil indica algumas regras acerca da conduta do profissional nos meios de comunicação. O objetivo deste trabalho foi identificar as orientações fornecidas por psicólogos e psicólogas nas revistas destinadas ao público feminino no período entre março de 2010 e março de 2012, e realizar uma análise das mesmas a partir do Código de Ética do Psicólogo, das teorias feministas e de gênero, utilizando da metodologia de análise de conteúdo. Os resultados foram categorizados em: 1) padrões normativos de relacionamentos afetivos: é forte a presença da heteronormatividade; 2) padrões normativos de relações sexuais: o tom é prescritivo e está presente a forte idealização de como a relação sexual deve ser, com a constante reiteração de padrões de gênero; 3) padrões normativos de corpo: há a legitimação dos padrões vigentes, como se corresponder aos ideais estéticos de magreza e beleza fosse central para a feminilidade. Em nenhum momento houve a reflexão crítica e a discussão sobre estes padrões.

Palavras Chaves: Psicologia, Mídia, Sexualidade, Corpo, Gênero.

Abstract

Body, Gender and Sexuality in Brazilian women's magazines: Implications for Psychology

This research investigated the participation of Psychology professionals in magazines destined to the teenage public in Brazil. Those publications consult psychologists about orientations about the behavior, relationships, sexuality, care of oneself, gender and family issues. The aim of this paper was to identify the orientations given by psychologists in the magazines destined to the feminine public in the period between March in 2010 and March in 2012, and to make an analysis of them based on the Ethical Code of The Psychologist, the feminist and gender theories, using the methodology of content analysis. The results were categorized in: 1) Normative patterns of affective relationships: it is strong the presence of heteronormativity, the answers and advices are based on the presupposition that the reader is always heterosexual, 2) Normative patterns of sexual relations: the approach is prescriptive and there is the strong idealization about how the sexual relationship should be; 3) Normative patterns of body: there is the legitimation of the patterns in force, with the idea that corresponding to the aesthetical ideals of thinness and beauty is central to femininity. In any moment there is a critical reflection and a discussion about those patterns.

Keywords: Sexuality, Gender, Media, Psychology.

Introdução

Atualmente é constante a presença de profissionais da Psicologia nos espaços dos meios de comunicação, em que muitas vezes são convidados a ocuparem a posição normativa de orientarem e prescreverem como as pessoas devem ser e agir, como se coubesse a estes profissionais delimitar quais são as formas corretas, adequadas e desejáveis de sentir, pensar e se relacionar. Nesse sentido, é importante resgatar as diretrizes éticas da profissão no que se refere aos pronunciamentos públicos, sobretudo a importância de garantir a cientificidade das orientações dadas e a leitura crítica da esfera social para que estas orientações não sejam carregadas de vieses ideológicos.

Neste trabalho realizaremos uma análise das orientações dadas por profissionais da Psicologia no espaço das revistas femininas direcionadas para o público adolescente, a partir do referencial das teorias feministas e de gênero. As edições analisadas foram publicadas entre março de 2010 e março de 2012. Trata-se de uma pesquisa qualitativa descritiva em que foi utilizado o método da análise de conteúdo (Bardin, 1977), com o estabelecimento das seguintes categorias temáticas: 1) Padrões Normativos de Corpo; 2) Padrões Normativos de Relacionamentos Afetivos; 3) Padrões Normativos de Sexualidade.

Diretrizes éticas e papel do(a) psicólogo(a) na mídia

No Brasil, o Código de Ética do Psicólogo (Conselho Regional de Psicologia de São Paulo, 2008) aponta a importância de que, na atuação profissional, os(as) psicólogos(as) mantenham a clareza científica e a postura crítica na compreensão dos fenômenos subjetivos e na interface com a vivência em sociedade, para que não sejam expressos julgamentos alicerçados no senso comum ou em preconceitos, como é possível identificar nos artigos a seguir:

Princípio Fundamental:

3 - O psicólogo atuará com responsabilidade social, analisando crítica e historicamente a realidade política, econômica, social e cultural.

Artigo 2 - Ao psicólogo é vedado:

(...) 2 - Induzir a convicções políticas, filosóficas, morais, ideológicas, religiosas, de orientação sexual ou a qualquer tipo de preconceito, quando do exercício de suas funções profissionais;

(...) 17 - Realizar diagnósticos, divulgar procedimentos ou apresentar resultados de serviços psicológicos em meios de comunicação, de forma a expor pessoas, grupos ou organizações.

(...) Art. 19 - O psicólogo, ao participar de atividade em veículos de comunicação, zelará para que as informações prestadas disseminem o conhecimento a respeito das atribuições, da base científica e do papel social da profissão. (Conselho Regional de Psicologia de São Paulo, 2008)

Diante destas diretrizes é interessante retomarmos o que discutem Maia (2009), Kehl (2002) e Hohendorff (2005) sobre a importância da discussão crítica sobre as práticas de profissionais da Psicologia nos meios de comunicação, tanto no decorrer da formação como continuamente em relação à atuação profissional, para que não sejam reproduzidos padrões irrefletidos baseados em preconceitos e concepções pessoais e não no saber científico. As autoras ressaltam também a necessidade de que as orientações se dêem no sentido de promover a reflexão e o questionamento e não se reduzam a um caráter prescritivo e classificatório que possa transmitir a falsa impressão de que os(as) psicólogos(as) detêm o poder de fornecer uma “verdade” imutável e inquestionável sobre os sujeitos.

Principais Temas Abordados nas Revistas Femininas Para Adolescentes

Relacionamentos, corpo e sexualidade são temas abordados com muita frequência. Nesse sentido, apresentaremos alguns dos aspectos normativos mais presentes na forma como eles são representados nas revistas femininas.

A - Relacionamentos

Nas revistas femininas para adolescentes as leitoras são pressupostas como heterossexuais, com muitas matérias que aconselham sobre como se aproximar, conquistar e manter um relacionamento amoroso com um parceiro. Há, assim, a presença da heteronormatividade, que, como define Louro (2009), se sustenta na compreensão da heterossexuali-

dade como a única forma de se relacionar, tida como “normal”, adequada, positiva e desejável. Ao analisar as revistas brasileiras *Atrevida* e *Capricho*, Silva (2010) ressaltou como as representações sobre a trajetória de vida das adolescentes são atravessadas pela expectativa de encontrar um “grande amor”, ter um “namorado” é colocado como um grande sonho, o que envolve uma série de conselhos transmitidos sobre como as meninas devem ser e como devem se comportar em busca de atrair, agradar e conquistar o interesse e a aprovação dos parceiros. Desta forma, são também reiterados os padrões de gênero, como nas contínuas recomendações de que as adolescentes devem ser “femininas”, o que é colocado como sinônimo de ser vaidosa, delicada, meiga, discreta e romântica (Buitoni, 1981; Fischer, 1996; Lira, 2009; Miguel, 2005; Silva, 2010).

B – Sexualidade

Nas revistas femininas para adolescentes um tema muito frequente é a primeira experiência sexual, onde os padrões de gênero também estão muito presentes. Há a representação do desejo masculino como um impulso natural, sempre forte, presente e difícil de ser contido. Já com relação ao desejo feminino há um apagamento, um silenciamento, a não ser em relação ao desejo de agradar. As garotas são também representadas como as principais responsáveis pela prevenção da gravidez e das doenças sexualmente transmissíveis (Buitoni, 1981; Fischer, 1996; Lira, 2009; Miguel, 2005; Silva, 2010).

C – Corpo

A vaidade é colocada como sinônimo de feminilidade, o que culmina na representação de que corresponder aos padrões estéticos vigentes é uma condição necessária para ser feliz, para sentir-se bem consigo mesma, para as conquistadas amorosas, para fazer amizades e para ser aceita e valorizada. Não preocupar-se e não cuidar continuamente da aparência é representado como desleixo, descuido e falta de amor próprio (Figueira, 2002; Miguel, 2005; Niemeyer; Kruse, 2008; Wolf, 1992). Fischer (1996) discute como nas revistas há o movimento constante em incitar as leitoras para identificarem em si mesmas suas “anormalidades”. É incentivado um contínuo auto-exame para que sejam reconhecidos os elementos a serem modificados. São propostos inúmeros procedimentos de cuidado para que se possa corresponder ao modelo normativo de feminilidade. Principalmente nas reportagens sobre moda e beleza, são comuns termos como “corrigir”, “esconder” e “disfarçar”, sustentando a compreensão de que há sempre algo errado, impróprio, nas leitoras e em seus corpos.

O sentimento de humilhação, de desprezo por si mesma, de profunda insatisfação e inferioridade, a respeito do próprio corpo, é produzido sistematicamente (...) Corrigir o desvio é sujeitar-se à busca da imagem ideal, pelo exercício e a dieta, depois de bem identificada a “falha”. Nenhum lugar é melhor do que as revistas femininas para compreender esse modo eficaz de subjetivação da mulher (...) A descoberta do “erro do corpo”, mostrada com graça e bom humor ou ironia e sofisticada agressividade, vem acompanhada da promessa mágica de transformação: os exercícios propostos, os produtos sugeridos, os cuidados ensinados passo a passo incitam a identificação e a procura de “defeitos”, à medida que oferecem as respectivas soluções. Não importa tanto que todas as técnicas sejam ou não aplicadas: importa que se fala muito e sempre de um corpo que precisa ser cuidado, aperfeiçoado, mantido “em forma”, para ser desejado pela própria mulher e pelo Outro (FISCHER, 1996, p. 220).

É importante considerar a presença destes padrões nas revistas femininas para que seja reconhecido o espaço onde, muitas vezes, profissionais da psicologia são convidados(as) não para proporcionar o esclarecimento, a reflexão e a problematização sobre estes padrões, mas sim, para legitimá-los e reforçá-los em seus conselhos e orientações. Neste trabalho analisaremos alguns exemplos que foram identificados principalmente nas seções de dúvidas, um espaço onde é comum a consulta a profissionais de diversas áreas, entre elas a Psicologia. Como discute Vivarta (2003) ao mesmo tempo que estes espaços podem ser fonte de esclarecimentos, transmissão de informações e compartilhamento de experiências, podem ter também uma influência normativa e repressiva, como quando as respostas dadas, ao invés de promoverem a reflexão, transmitem padrões e regras muitas vezes atravessados por preconceitos e pela ausência de domínio e embasamento sobre o tema discutido.

Resultados

A análise dos dados culminou com a elaboração de três categorias que representam o agrupamento por similaridade dos tipos de orientação fornecida por profissionais da Psicologia frente a demandas comuns nas revistas femininas destinadas ao público adolescente.

1 - Padrões normativos de corpo:

Foi possível verificar que as orientações dadas por psicólogos(as) pautou-se na legitimação dos padrões vigentes, como os ideais estéticos de magreza e beleza. Em nenhum momento há a reflexão crítica e a discussão sobre tais padrões. Exemplos:

“Se você estiver decidida a perder uns quilinhos, o único jeito é fazer sacrifícios. Isso significa dar adeus à coxinha e começar a trocar a bolacha por frutas no lanche da tarde. Não faltar à academia também é essencial para atingir o seu objetivo, afinal o corpo precisa perder mais calorias do que ingere. Procure um nutricionista para indicar a melhor dieta, mas tenha em mente que exercício e regime funcionam, mas a genética também conta muito nessa hora (...) tenha certeza de que está fazendo isso por você, e não para se encaixar em um padrão de beleza” (CAPRICHIO, fevereiro de 2012, p. 76).

“Você não precisa conviver com algo que detesta no seu corpo. Está se achando gordinha? Peça para sua mãe marcar um nutricionista. Orelhas de abano? O penteado certo pode escondê-las. Só certifique-se que está mudando porque quer, e não para agradar alguém ou se encaixar em um padrão. (...) Antes de tudo, você precisa se amar e se aceitar. Caso contrário, nem uma cirurgia plástica pode dar fim a essa insegurança toda. Além disso, você não precisa de uma mesa de cirurgia para se sentir mais bonita. Acredite, pequenos truques de maquiagem podem dar uma forcinha. É possível suavizar os traços do nariz e desviar a atenção deles para outros pontos do seu rosto como a boca ou os olhos.” (Capricho, fevereiro de 2012, p. 31).

“Amar-se acima de tudo. Só quando a gente se valoriza é que nosso brilho aparece-fazendo com que os outros notem o que temos de melhor.” (CAPRICHIO, fevereiro de 2012, p. 31)

Nestes exemplos é possível notar o movimento comum de, diante do conflito das leitoras devido aos padrões de beleza e corpo impostos, ao invés de promover uma reflexão e uma discussão sobre estes padrões, reafirmá-los, normalizando a situação de se sentir mal. As soluções oferecidas são expressas em afirmações individualizantes como: “tenha certeza de que está fazendo isso por você”, “certifique-se de que está mudando porque quer”. Assim, o foco recai na necessidade de um intenso esforço pessoal e da contínua dedicação e investimento para corresponder aos modelos transmitidos. Quanto mais impossível for sentir-se de acordo com o padrão imposto, mais é alimentada a sensação de insuficiência, a crença de que há algo errado com a garota que não está se dedicando, se esforçando o bastante. Desta forma, colocando-se que, se o padrão não é alcançado, a falha está no que a leitora está fazendo ou deixando de fazer, limita-se a possibilidade de que as adolescentes reconheçam e questionem que o problema está nos modelos estabelecidos, e não nelas mesmas.

A “autoestima” é colocada praticamente como sinônimo de cuidado com o corpo e com a beleza. Assim, há a representação de que meninas e mulheres que não se empenham em sempre melhorar a aparência e buscar o corpo em forma não têm amor próprio, são desleixadas, inseguras, com dificuldades em acreditar em si mesmas. Diante deste quadro de “baixa autoestima” as revistas se posicionam como motivadoras, assumindo a função didática de ensinar como solucionar essas questões, principalmente a partir de mais e mais conselhos sobre beleza. A construção do que é ser feminina se associa assim a um contínuo cuidado com a beleza, a partir de um padrão bastante homogêneo e estereotipado que equivale ser bonita a ser magra, cuidar da pele, dos cabelos, de diversas características do corpo com os produtos recomendados e usar roupas e acessórios de acordo com as tendências postas.

A busca por se sentir bem com a própria imagem não diz respeito às singularidades, às múltiplas e plurais características das diferentes adolescentes, mas à expectativa de corresponder a um modelo bastante uniforme que revela-se inalcançável, embora diversos procedimentos e produtos a serem consumidos sejam repetidamente recomendados.

2 - Padrões normativos de relacionamentos afetivos

Há forte a presença da heteronormatividade, nas repostas e conselhos que partem do profissional da Psicologia, naturalizando a heterossexualidade e dos padrões de relacionamento que o acompanham. Um exemplo é como, nas edições da revista *Atrevida* publicadas em março e maio de 2010, há a solicitação de orientação de psicólogo(a) quanto a situações semelhantes mas que diferem quanto a orientação sexual, sendo uma delas heterossexual e outra homossexual. E foi possível verificar que o discurso dos representantes da Psicologia mudou sua sugestão de atitude:

Solicitação da leitora:

“Será que é amor?”

Percebi que estou apaixonada pela minha melhor amiga. Não sei como lidar com essa situação. Nunca beijei outra garota, mas sei que se eu me abrir com ela, posso perdê-la. Devo arriscar?” (ATREVIDA, maio de 2010, p. 16)

Resposta do profissional de Psicologia:

“Na adolescência, é muito comum garotas andarem em duplas. Nossa melhor amiga é aquela que nos compreende, nos ensina coisas, às vezes faz a gente se sentir importante por ensinarmos a elas o que não sabe. Numa fase em que é tão difícil lidar com os garotos, e até com os pais, as melhor amigas parecem, muitas vezes, bem mais interessantes. É aí que as coisas podem se confundir. E se você for precipitada, pode assustá-la e perder essa amizade. Dê mais um tempo para compreender melhor o que você sente. Talvez seja um amor profundo e especial. Mas um amor fraterno, que poderá fazer com que permaneçam amigas por anos.” (ATREVIDA, maio de 2010, p. 16)

No momento em que a solicitação da leitora referia-se a estar apaixonada por um amigo, a resposta teve uma direção diferente:

“(…) Você e seu melhor amigo têm milhares de coisas em comum- e por isso são tão próximos!-, confiam um no outro e já se entendem só pelo olhar. Então, não é a coisa mais difícil do mundo pintar também uma vontade de levar a história adiante, de conhecer esse garoto fofo também no papel de namorado. (...) um romance que começa a partir da amizade tem tudo para dar certo. (...) Há grandes chances de um final feliz. Conhecendo as vontades dele, os gostos e as manias como ninguém, você tem muito mais probabilidade de acertar e de conquistar o garoto de vez” (ATREVIDA, março de 2010, p. 64).

Aqui fica evidente a presença da heteronormatividade, enquanto o conselho direcionava-se a uma leitora apaixonada por uma amiga, o sentimento foi interpretado como uma “possível confusão” e foi apontada a possibilidade de ser apenas um “amor fraterno”. Já com relação ao sentimento com o melhor amigo, é afirmado que “um romance que começa a partir da amizade tem tudo para dar certo” e que há grandes chances de um final feliz.

3 - Padrões normativos de sexualidade

As orientações são basicamente prescritivas em reiterar os padrões de gênero, principalmente no que tange às vivências sexuais e no que diz respeito à centralidade do ideal romântico.

Solicitação da leitora:

“Sem roupa

Namoro há alguns meses e agora estamos pensando em ter a nossa primeira relação juntos. Eu tenho muita vontade que role com meu namorado, pois eu o amo muito. Mas morro de vergonha de tirar a roupa na frente dele... E é por isso que a gente não transou até agora. O que eu faço?” (ATREVIDA, fevereiro de 2012, p. 15).

Resposta do profissional da Psicologia:

“(…) Um relacionamento é feito à base de confiança. Se você namora é porque confia nele, e vice-versa, se ele está

com você é porque a aceita da forma como você é! No sexo é preciso ter confiança e o ideal é que você só o faça quando estiver segura, não apenas para agradar seu namorado” (ATREVIDA, fevereiro de 2012, p. 15).

É constante nas revistas a mensagem de que para a primeira relação sexual é preciso ter segurança, confiança em si mesma e no parceiro, estar tranquila e ter certeza do que quer. Como discute Fischer (1996) os discursos de controle da sexualidade já não se fazem através da proibição e da negação, as regras não são transmitidas por meio de ordens como “não faça!”, mas sim, através de uma estimulação que ao mesmo tempo incita e freia, com prescrições que delimitam como a sexualidade deve ser. É importante ressaltar o caráter contraditório dessas mensagens, considerando como o imperativo da importância de estar o mais segura possível contrasta com os discursos da própria revista, que repete tantas vezes que o normal é sentir-se tensa, nervosa e com medo na primeira vez. Provavelmente uma exigência de se sentir segura funciona mais como forma de aumentar a insegurança do que de ajudar a leitora a lidar com ela.

Considerações Finais

A presença de padrões normativos nas orientações dadas por profissionais da Psicologia nas revistas demonstram que a lógica é de avaliar os comportamentos e sentimentos a partir de um ideal, de uma referência de normalidade, confirmando paradigmas e formas naturalizantes de conceber questões como gênero, padrões de beleza, vivências corretas de relacionamento e sexualidade. Desta forma, apesar de não ser explícito, o discurso psicológico indica que os que não agem ou não se enquadram conforme os padrões legitimados, poderiam ser talvez identificados como desajustados socialmente, portadores de algum transtorno, ou seja, patologizados.

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Literature, cultural events and self-support of Lesbian women in Russia under the restrictive LGBT-law policy in Russian Federation

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Cultural self-educative project «Ostrov»

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Abstract

This paper explores the changing forms of LGBT-activism in Russia, especially the self-support properties for lesbian women, under the restrictive law policy in Russia after 2011 - the year the discussion about “prohibition of homosexuality” became public. In this work took part LGBT-activists and lesbian women, writing texts and taking part in events for other women. The situation of the anti-gay-law requires self issuing of texts, providing of text based events in secure places, close social networking to reach a lot of participants without holding events in public places and also creative writing and public readings for more responsibility to the themes interesting to lesbian women. Additionally a telephone hotline and a chat group on a peer-to-peer principle with women able to provide help to women confronted with domestic violence in same sex partnerships has been launched. The project reached an audience of about 2.000 women in social networks and about 600-800 at held events. The work is based on phenomenological sociological empirical observations. Data results come from network and homepage statistics and from event statistics. The increasing responsibility of the audience shows that the new forms of work of the project are accepted.

Keywords: human rights, feminism, lesbian women, literature, self support

Cultural self-educative project «Ostrov» Literature, cultural events and self-support of lesbian women in Russia under the restrictive LGBT-law policy in Russian Federation

The constitution of the Russian Federation grants that all people shall be equal before the law and in the court of law. The state shall guarantee the equality of rights and liberties regardless of sex, race, nationality, language, origin, attitude to religion <...> or any other circumstance. Any restrictions of the rights of citizens on social, racial, national, linguistic or religious grounds shall be forbidden. Man and woman shall have equal rights and liberties and equal opportunities for their pursuit.

But in the reality the situation looks quite different. Although 27 May 1993 homosexual acts between consenting men were no more criminalized not all persons sentenced have been released from jail and there are no laws protecting against discrimination or harassment.

Since 1997 Trans*-people can change their legal gender after a medical procedure. In 1999 homosexuality was removed from the list of mental illness and in 2003 the age of consent was set to 16 for all kind of sexual orientation.

Current situation

Same-sex marriage is in Russia not allowed; single persons (regardless of sexual orientation) can adopt children. Single person also have access to reproductive technologies, including surrogate motherhood.

Since June 2013 **«Propaganda» of «non-traditional» sexual relations (same-sex, bisexuality, transgender and oral sex) is prohibited.** The homophobia is increasing: at protest actions LGBT-people regularly are detained. Two men were brutally murdered in may-june 2013 (seven men from the beginning of the year). Some politicians demand to put homosexual people to jail or to execute.

Concerning to **Lesbian families** to be said marriage is allowed only between man and woman. Real existing lesbian families are not defended by law; they have no spousal benefits as joint property, tax benefits, inheritance. No information about the partner at medical centres is provided; they have no right not to testify against the partner in court. Lesbian parenthood is possible in Russia, but there are some special aspects: artificial insemination is allowed to women without a (female) sex partner and does not depend on sexual orientation of the women. Also child adoption is still allowed to one person, but it's planned that former adopted children of lesbian mothers may be taken away from them. This followed a discussion about a law banning foreign gay adoption by same-sex couples living in countries where same-sex marriage is allowed, signed by Vladimir Putin at July 3rd 2013.

Feminism

Feminism in Russia can be expressed by one sentence made by Judge Marina Syrova, reading the verdict to Pussy Riot: «People who consider themselves feminists presently struggle for actual equality. These activities are not considered criminal in accordance with the Russian law. At the same time, Orthodox Christianity, and Catholic Christianity and other denominations do not agree with feminism and their own values are not in line with feminists.»

In Russia there is a row of women's state organisations. The position themselves as defenders of women's rights, but really they are near to the government's position that considers that there are no problems with equal rights for women. Those organisations act in an international contest and provide the government's position to their international counterparts.

The NGOs «Aegida» in Saint Petersburg defends the labour rights of women, especially of pregnant women, and the Crisis centre in Saint Petersburg helps women in situation of domestic violence. There are only a few organisations providing specialized help to women, and it's much less than needed. For example there is no organization defending the rights according to the needs of mothers with many children,

A similar situation we find among gender studies. In the official University programs they are cancelled after a short flash of being present in the nineties. On Gender studies now are working NGOs and foreign organization. Both are threatened by the new NGO law – they may be accused as “foreign agents” and have to pay very huge fines. Otherwise the will be closed down. Often they are not able to pay, so the result is the same.

In Saint Petersburg the so called project «Feminfoteka» in 2012 came up to three meetings and stopped. The Independent centre of sociological studies runs the project «Feminist Wednesdays» (in Russian “feministkie sredy” means literally “feminist Wednesdays, but it means also “feminist medium”, “feminist environment”). There, among professional philosophers, different problems of theory and practice of the feminist activism in Russia are discussed. Videos of the meetings are available at the internet; texts are planned to be published in a future issue of the literature attachment of «Ostrov».

LGBTI*-organisations, places to meet

Coming out, going together – the field of LGBTI*-organisations is not huge. There are five internet sites for LGBTI* of the most influent organisations of gay, lesbians and trans* people. In main, the two biggest organisations – gayrus-sia.com and LGBT-Network – provide information about human rights and LGBTI* rights in the European context. They are monitoring the current situation in Russia about violation of LGBTI* rights and they are regularly reporting to concerning organisations of the UNO respective the European Union. They are organizing information campaigns and events like gay prides, flash mobs demonstrations. If needed, they provide advocating and psychological aid; the LGBT-Network runs its own 24/7 hotline.

Not very rich is also the cultural life. In Russia there is one LGBTI* film festival «Side by side» situated in Saint Petersburg, but it holds it's screenings in other large cities, for example in Moscow, Tomsk and Perm. In Saint Petersburg every year in autumn is held the «**Queer fest** and in Moscow in spring the «**Week against homophobia**». The last event goes regional, too. Since the 90's raised an amount of gay and lesbian clubs, preferably in the big towns like Moscow and Saint Petersburg. But in the situation of the restrictive law a few gay clubs are changing their conception to hetero, and their number is increasing. The most lesbian clubs are closed down, and today there're left one lesbian club «Triel» and a mix-club for gay and lesbian «Malevich», both in Saint Petersburg; two lesbian club projects with cultural program «Matriarkhat» in Moscow with meetings two times a week and «**Pink Pong**» in Moscow with regularly meetings weekly. There are no other lesbian clubs, dancing's or anything else in Russia.

Violence, especially **domestic violence** is a taboo. Every year in Russia about 14.000 women are killed by their partners, fathers, brothers or other familiar men, but there is only **one** crisis centre for women in Saint Petersburg. Psychological aid to LGBT-people is provided by the LGBT-network, but there is no special aid to lesbian women. So we find a field of living of lesbian women that offers essentially defence of human right, but it is threaten by the actual restrictive law in Russia. We find almost no offers of cultural events and no offers of support to lesbian women in situations of domestic violence. To make up this shortcoming is the goal of the Project «Ostrov».

Magazine «Ostrov»

This is actually the eldest and only left lesbian magazine in Russia. It is issued since 1999. It is a magazine which texts (prose, lyrics and opinions) are written by lesbian women their selves. The Magazine is a «Samizdat» – a self-issue what offers a non-expensive way to publish and distribute it. It has a literature attachment for larger texts (histories, novels)

Journal

format A5, 44-52 pages;

200 copies, 4 issues at year; actually published 55 issues;

ISSN 2079 – 5157.

Literature attachment

format A5, 44-52 pages;

200 copies, 2-4 issues at year; actually published 31 issues;

ISSN 2224 – 0748

The restrictive law is the reason for low demand of the paper version at the only left gay-store in RF. «Ostrov» is a non-glamour zine, there isn't any advertising or distribution net. Distribution by internet is easier, but fines for “Internet propaganda” are up to 100,000 roubles, foreigners will be deported. So tightening of the law leaves millions of women without support. But we decided to go on-line for a better reach and more visibility. The page has a splash screen that redirects readers younger than 18 years back to goggle. Content is marked as “adult”, site comments are

allowed only to registered members and moderated. So we used the common shields preventing “propaganda” to minors.

Internet project

The new internet project consists of three parts: The base is the “**Journal «Ostrov» with its literature attachment.**”

In this part the older issues of both can be found. A short content leads to a hosting in a comfortable pdf-format where the whole numbers can be read.

The journal by itself is made by women for women. In the last five years it became the base of events for lesbian women because there are (almost) no cultural events for lesbians in Russia. So in the last five years took place about events like readings on special occasions as the Week against Homophobia, the Day of Self-Identity, master-classes on the Day of Tolerance, discussions about lesbian and gay culture, creative writing workshops, concerts, exhibitions and others. They are all documented at the homepage. Also planned projects are listed at the homepage.

Another part of the project is the “Femschool”

It is a Self-educational project by women to women on feministic, philosophic and actual problems. It contains materials of the discourse of LGBTI*-problems as a part of the feministic discourse. There was held a few meetings and discussions. Materials about them can be found at the page as well as abstracts of conferences in which «Ostrov» took place.

Both parts, the Journal «Ostrov» and the Femschool are completed by Women’s Bios, where Bios of significant women are published, a Bibliotheme with hints to books or articles on feminism, gender studies and relevant subjects and a rubric introducing the authors of the site to the audience.

Some translations of feminist texts earlier not published in Russia are issued as literature attachment of the «Ostrov» magazine. They are also available as pdf-files at the reader.

The newest part of the project is the “Project «Secure Island» (“Isle of security”)

Multiple marginalisations of lesbians and taboo on domestic violence, esp. in same-sex-partnerships, leave lesbian women without help. In Russia exists only one LGBT* hotline and one crisis hotline for women but both without referring to special needs of lesbian women. So there was launched a self-helping (peer to peer) group since 2012. It’s run by a moderator with survivor-experience and experience of work at the LGBT* hotline.

It is based on five main principles:

- *post modernistic*, which accepts, that every women and her experience are unique, and her experience might be the source of the solution of her problem;
- *systematic*, which allows every women to be responsible only for the actions she took, but she is not responsible for the actions or reactions of others, although she communicates with them;
- *feminist*, women have the right to define and to choose the life models and roles as they want and they are supported in their decisions;
- *peer to peer*, among women with similar experiences lies a huge resource of different solutions of similar problems. That is important for women who are short of resources;
- *mindful awareness* helps women to concentrate on their inner facilities, their strength and gives them the self confidence (assertiveness) they need to protect themselves in future.

The project moderator is available by virtual chat, Skype, phone, in several groups in social networks and by the comment form at the group homepage.

Conclusions

After analyzing the law context, the everyday LGBTI*-life, the feminist and the LGBTI* movement we can see that There are (almost) no cultural events for lesbian women, (almost) no meeting places, clubs, women's hostels, or other institutions for lesbian women well known from America or Europe; there are neither women's archives or museums, nor archives or museums of feminism or the feminist movement; there are no women's Publishers or libraries, only a very few places with academic gender studies and a handful of feminist Consciousness-raising groups; there is no special psychological aid to lesbian women with their special problems (for example coming out, same sex partnership, motherhood or others), there is no support to lesbian women confronted with violence in their family or partnership.

The self educative project «Ostrov» offers support at all three aspects:

- by publishing literature, written by and for lesbian women, by publishing feminist literature; by collecting information (bios) about significant women, well known at their age but (almost) forgotten in modern Russia to create a continuum of women's history;
- by providing of readings, exhibitions, home concerts and other cultural events for women; providing discussions, taking part at conferences with the aim of working out theory and methods of feminist and women's studies and certain aspects of women's (self) support;
- by launching a survivor-moderated self-help group and a chat to support lesbian women confronted with violence in lesbian partnership (using experience of different European countries); providing workshops on rape culture to raise the visibility of domestic violence and to give new impulses to the discourse about violence at women (and children).

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Cultural Self-Educative Project «Ostrov»

<http://www.journal-ostrov.info/>

Desert Blooms: Resilience in Rural Queers of the U.S. Southwest

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Abstract

Although there have been great advances toward equality for sexual and gender minorities, challenges for authentic living still exist for lesbian, gay, bisexual, and transgendered (LGBT) individuals, especially those living in rural areas. Participants were recruited from the southern Colorado region. The sample was diverse in terms of gender, sexuality, age, and ethnicity. They came from towns ranging in population from 400-100,000. Face-to-face interviews were conducted to explore adversity as well as resiliency in the lives of 15 LGBT participants. Carver's (1998) framework for potential responses to trauma was used to organize levels of resilience in respondents' experiences. Family and faith were both found to be sources of stress as well as support for participants in the current study.

Keywords: lesbian, gay, bisexual, rural, resilience

Introduction

Expressing one's authentic self is recommended as a way to promote well-being; however, for rural "queers"⁴ like Matthew Shepherd, a young gay man from Wyoming, Brandon Teena, a young transman from Nebraska, and Fred Martinez, a young transwoman from New Mexico, doing so proved quite the opposite. All were brutally murdered in their rural communities. While adopting a conforming persona might provide temporary protection from outside forces, it can come at a price. According to McDermott et al. (2008), "homophobia works to punish at a deep individual level and requires young LGBT people to manage being positioned, because of their sexual desire or gendered ways of being, as abnormal, dirty and disgusting. ... Strategies of shame-avoidance suggest young LGBT people manage homophobia individually, without expectation of support and, as such, may make them vulnerable to self-destructive behaviours (p. 815)."

Sadly, many LGBT folks experience so much distress (and lack of support) that they contemplate and even attempt suicide. According to the 2012 National Strategy for Suicide Prevention & National Transgender Discrimination Survey, 12-19% of LGB adults report making a suicide attempt compared to 5% of U.S. adults in general. At least 30% of LGB adolescents report attempts compared to 8-10% of all U.S. adolescents. Most tragically, almost half of all adult transgendered individuals surveyed reported a lifetime suicide attempt (41%). Sandra S. Butler (2004) provides a historical context for such alarmingly high rates. Mental health professionals in the fields of psychiatry, psychology, and social work were (mis)guided by early versions of the ever-evolving Diagnostic and Statistical Manual of Mental Disorders (DSM). As Butler points out, the DSM's first and second editions used labels like "sexual deviants" and "child molesters" to describe homosexuals. In fact, it was not until the 1970s that the American Psychological Association (APA) stopped classifying homosexuality as a mental illness. Further, just this year gender identity disorder (GID) was removed from the newest edition (5th) of the DSM; however, the classification of gender dysphoria remains. Thus, LGBT individuals have literally had no one to turn to for support in dealing with overwhelming adversity and minority stress.

Many LGBT individuals have sought safety in larger metropolitan areas; others have remained in their small towns, often living deep in the closet. While most urban areas have some sort of established queer areas, like the Castro in San Francisco or the Village in New York City, in rural cities and towns youth tend to appropriate areas for temporary use. Rural queers use a "transitory area" to skirt notice which lessens the risk of being recognized as queer. Scourfield et al.'s (2008) research found LGBT youth in the UK to seek refuge in safe places and find safe people with which to interact. For some this meant making a physical 'escape' i.e., a move to a city that was perceived to be gay-friendly; for others, it was a deliberate strategy of seeking out LGBT organizations. Greteman (2012), on the other hand, challenged the belief that *all* LGBT youth wish to move to the city. He argued that some youth like their rural lifestyle and find ways to maintain their identity, whether in secret or public, so they can live happily in their chosen geography.

Paul Datti discussed how world views can differ from LGBT persons residing in urban or suburban areas compared

4 - *Queer*; in this context, serves as an umbrella term, highlighting one's Otherness relative to the majority.

to rural areas. Datti (2012) states, “Especially in rural environments, LGBT persons may be considered nonexistent, go unaddressed, or, when discussed, be presented in a negative light. . . . We can surmise that the negative experiences of many rural LGBT youth and limited exposure to LGBT persons and communities likely do not set the stage for comfort in the self-acceptance or coming out process.” Judgments can often be harsher in rural areas due to more religious and/or conservative beliefs. For LGBT individuals living in rural settings—where few if any community resources exist—resiliency can mean the difference between ongoing symptoms of distress and recovery from trauma. Working through issues of stigma, especially internalized stigma can be facilitated by a knowledgeable and empathetic professional. However, finding such a counselor may require driving great distances or having to rely upon phone or virtual sessions.

Eliason and Hughes (2004) compared urban and rural counselors’ knowledge and attitudes about LGBT clients. They hypothesized that urban counselors would be more educated and aware of LGBT issues, which would lead to more positive attitudes. Their results showed that urban counselors did have greater knowledge due to having LGBT friends, relatives, and acquaintances; they also had more experience working with LGBT clients. Surprisingly though, rural counselors’ attitudes toward LGBT clients did not differ significantly from their urban counterparts. In other words, knowledge may or may not change attitudes.

Resilience has been the subject of much recent research in the field of positive psychology (for a review of the field, see Hart & Sasso, 2011). Resilience is defined as the ability to recover from tragedy, adversity, hardship or to adapt to ongoing life stressors (Tugade & Fredrickson, 2007). Resilient or psychologically “hardy” individuals are characterized by the 3 Cs (Kobasa, 1979; Maddi & Khoshaba, 1994): control, commitment, and challenge. A sense of control makes hardy people dig in and try to change the course of events around them for the better. Hardy people are also actively involved in the social world around them. They are committed to others and to causes greater than themselves. Those high in commitment will be motivated to consider all other options over suicide because they are committed to the people and causes that they value. Challenge is seeing a negative event as an opportunity rather than the end of the world.

Carla-Jo’s Experience

The tragic death of a significant other personalized this literature for one of the co-authors of this study. In fact, this couple’s story served as an impetus for the present qualitative research project. Carla-Jo took time off of school to heal from an injury no one could see and few could imagine. For a psychology class, she wrote a paper on resilience. It began as such,

My happiness and joy ceased to exist 3:30 a.m. Saturday, January 14, 2012. My best friend, my soul mate, and my lover, “Princess” Rocky killed herself. She found my 38 handgun, put the barrel to her chest and pulled the trigger. The bullet pierced her heart. The sound still echoes in my ears even today...

Rocky had a terminal illness. Carla-Jo took care of her; however, Rocky’s family was hostile toward their relationship and refused to acknowledge Carla-Jo as a partner, even denying her access to the funeral. Knowing how the family was, Rocky may have made the choice she did so that she could die in Carla-Jo’s arms. No one will ever know.

Sharing this story with the other co-authors (students enrolled in Yescavage’s Human Sexuality class) ramped up the meaningfulness of the present research for all involved. Thus, this research served multiple purposes: (1) to explore in-depth how resilience is experienced by rural LGBT individuals, (2) to offer participants a chance to share their authentic selves, something they are not often encouraged to do, (3) to provide a meaningful experiential learning research opportunity to an undergraduate sexuality class, and last but not least, (4) to provide a student recovering from crisis an opportunity to *commit* (one of the 3 Cs of hardiness) to a cause greater than herself.

According to Wertz et al. (2011), there are five ways of doing qualitative research: phenomenological psychology, grounded theory, discourse analysis, narrative research, and intuitive inquiry. The present research utilized the first approach. Giorgi (2012) explains that a descriptive phenomenological psychology method is holistic, and that the psychological value of what respondents say is made explicit for the phenomenon being studied, in this case, resiliency.

Method

Participants

Interviewees were recruited from southern Colorado. Participants came from towns ranging in population from 400 to 100,000. A community sample of fifteen LGBT individuals participated in face-to-face interviews. Seven participants identified as female, 7 identified as male, and 1 identified as transitioning (female-to-male). In terms of sexual attractions and identification, 6 identified as lesbian, 6 identified as gay, 1 identified as pansexual, 1 identified as being in limbo, and 1 stated "I don't label". Six participants identified as White, 6 identified as Mexican American, 1 identified as both White/Mexican American, and 2 identified as African American. Ages ranged from 18 to 56 years old (avg=33), with 2 respondents in their late teens, 4 in their 20s, 5 in their 30s, 2 in their 40s, and 2 in their 50s. Familial (parents, grandparents) religious influences included: Catholic (n=9), Christian (n=3), Baptist (n=2), and LDS Mormon (n=1). Pseudonyms were used to protect the anonymity of respondents.

Materials

To create a set of interview questions, Reivich and Shatte's (2002) 56-item Resilience Quotient (RQ) test was consulted. Further, cultural considerations for the region contributed to the generation of eight in-depth questions. Sample questions include: How do you tend to self-identify and does it tend to change depending on who you are interacting with? How would you describe your experiences with religion and/or spirituality? What religion, if any, were you raised with? How influential is this in your life?

Procedure

While awaiting approval from the Institutional Review Board, the student researchers underwent training on how to conduct qualitative research. They practiced on each other and were supervised during their first interview before conducting interviews on their own. Recruiting efforts included the following: (1) placing fliers in local and neighboring small town shop windows, (2) posting a recruitment statement on Facebook through a profile not affiliated with any particular researcher, and (3) by word-of-mouth. Participants were asked to read through and sign an informed consent form. The participant provided demographic information such as age, sex, gender identity, ethnicity/race, hometown, and town/city of current residence. Interviews were conducted in private rooms in a public library. They took one hour to complete.

Results & Discussion

Two researchers reviewed each audio-recorded interview and took thematic notes. Then, all researchers met to compile overall themes across the interviews. Resilience was analyzed using Carver's (1998) framework for potential responses to trauma. According to this model, one may (1) succumb to overwhelming adversity, i.e., experiencing distress and possibly suicidality, (2) survive the adversity but with impairment, (3) recover from adversity, getting back to a prior level of functioning, i.e., experiencing resilience, or (4) thrive by transcending the adversity, experiencing post-traumatic growth. Varying levels of resilience were revealed in the stories shared by the 15 participants. Two major sources of adversity for our participants came from family and faith. Resilience levels tended to vary as a function of familial support, which was influenced by religious beliefs. All of our interviewees were raised in faith-based homes; however, how their families *practiced* their faith significantly contributed to the well-being (or lack of it) in the lives of the participants. Before covering resilience levels, we share interview excerpts of adversity many experienced.

Religious Adversity

I struggled with it because for so long I had been taught there is right and wrong, black and white, and that it's wrong; it's unnatural to be attracted to a woman. It was really hard. I had a hard time with it and I was afraid of going to hell. I thought if they're right, I don't want to go there. So it's like a gamble, I felt like I was really gambling, because if they're right, I'm screwed. ~Tiff, 39 year old White lesbian

I grew up in the church all my life; we were taught it [homosexuality] was an abomination. ... For a long time I was really sad, and I felt a depression, because of course you want to go to heaven... so why would you do anything to jeopardize that? ~Queen, 23 year old African American lesbian

Familial Adversity

My worst experience was when my grandma called me everything but human; I was a carpet muncher, I was disgusting. My grandma was the most supportive person in my life until this point. She called me a filthy dyke. ... My mom's sister would not let me around her kids anymore; she told my mom that she was worried I would molest them. ~Tiff, 39 year old White lesbian

My dad had trouble with it, he said "he has to love me anyway but that I was being selfish," it was really hard at first but my dad and me have never really been close. Juan, 20 year old Mexican American gay male

Struggling not to Succumb

Early on, to be honest, I didn't want to be alive; I didn't think it was worth it. I never tried to commit suicide, but it crossed my mind many times. I thought it would be easier on my family because it hurt me that I was letting them down so much and they were so bothered by my being who I was. ~Tiff, 39 year old White lesbian woman

Tiff had no safe haven, no social or spiritual support growing up. Family and faith failed her entirely. And yet, even though she considered committing suicide many times, she kept going. Resilience for her meant surviving a hostile home. She is now a middle school counselor who helps other kids to survive too.

The next quote comes from an officer in the Armed Forces who learned early in life about being forced to hide. As a career military person, she abided by the military's "Don't Ask, Don't Tell" policy until it was rescinded this past year.

I basically knew I was different when I was a child but didn't act on it because it wasn't accepted in my home, not by my mom but from her boyfriends and husbands at the time. To keep the peace, I just never came out. ... I really thought I could live without that part. I was never attracted to men. I tried to be; I tried to force it, but I had a very near physical repulsion to try to make out with guys and take it further. ~Big D, 41, White lesbian

Survival with Impairment

One participant rationalized his experience with an anti-gay verbal attack. He explains being in his car listening to Janet Jackson really loudly, putting on Chapstick, when he heard someone call him a faggot. He commented, "In my view I kinda had it coming." Another respondent mentioned not wanting to "act gay" around her niece who looked up to her, to protect her from the challenges associated with being different. Thus, while some respondents made comments indicative of internalized hatred, few recognized them as such.

One interviewee, still struggling to reconcile his religious beliefs with his authentic (gay) self, expressed his experience of survival with impairment as such:

Right now I'm not an atheist but I guess I'm looking for a religion. It [my homosexuality] weakened my relationship with the Church, but I still pray to God and stuff, like all the time especially if I'm like going through a hard time. Because you need somebody to pray to, because to get through something I feel the need to pray, but to something higher than you so you know that they're like watching over you I guess.

From Impairment to Resilience

Tiff, whose suffering was inflicted upon her by so-called "loved ones", articulated her lengthy journey out of despair. In adolescence, she mentioned on numerous occasions contemplating suicide, until she learned the meaning of taking control, one of the 3 Cs of hardiness and resilience. In addition to contemplating her own death, she wondered if she could simply force herself to be straight. Healthy taking control meant shifting the focus from changing herself to changing how she viewed others.

And then it started to make me question, maybe, could I change who I was? Is there a way to change it? Is there something I could do, because it was so hard, that I thought, shit, at this point, I would rather be straight. As time went on and I matured, I realized that it was *their* issue—as much as it hurts me—it's their issue. ~Tiff

Resilience: Coming Out & Staying Home

Many participants equated coming out with freedom. Queen's take is powerful and represents resilience. For her, self is a gift.

I think coming out means letting someone in. I don't think it is us actually having to come out, I think it is letting others in. Because I care about you enough, I respect you enough, I cherish you enough to let you have a part of me. ~Queen, 23, African American lesbian

Mexican American interviewees expressed the importance of mutual respect and the need to practice discretion around extended family, a community unto itself.

I never surrounded myself around the gay community. I am not the type that flaunted my 'Gay Life' ... my girlfriends- I don't bring them in their face, I don't do nothing around my family. I respect them. ~The Butcher, 53, butch lesbian
Who you are is who you are, you can't change that. The only thing that helped was the acceptance of the family, I mean if it wasn't for them I would really really be out there... ~Rod, 56, gay brother of the Butcher

Thriving: Transformative Religious Beliefs

LGBT individuals who were able to reconcile religious dogma and transform their spirituality were deemed to be thriving. The strength spirituality provides them is evident in the following excerpts.

I kind of came up with my own spirituality ... because God put me here for a reason, ... and if he is really this amazing, forgiving, understanding god ... and there's nothing I should be ashamed of, ya know? If he knew me before I knew myself, as long as I love Him and respect Him, then that's it... ~Queen, Baptist

God's going to love me for me, and He wants me to be happy. He's going to want me to be happy with the person I am inside. I feel He will love me no matter what. Who cares what anybody else thinks; it's all about what He thinks. He's not here to judge me, so I am fine with my life. ~T, Catholic

...[T]he more I prayed I said 'tell me God, show me how I am supposed to be, if this is such a sin show me a different path...' but this is my life, he never showed me a different path. He protects me! ~The Butcher, Catholic

...[M]y belief in God is He is a very loving being, it's not the Bible thumping Right Wing—that homosexuality is horrible or anything like that. God is an ever-loving spirit out there. He made this beautiful world for us. How could He hate us? ~Big D, Catholic

Conclusion

Carla-Jo's Journey Continues

When adversity strikes, resilient people find the strength to bounce back. Carla-Jo, in struggling to bounce back from her personal trauma, found asking others to share their stories of adversity and resiliency to be healing and transformative. She found hope—as we all did-- in their stories of survival. She found an inner strength that is slowly but surely resurfacing. When asked her thoughts about the impact this research project has had on her, she responded:

I have watched my sadness, hurt, and pain transform into anger and rage at this point in my healing. I would love to say that I have reached a point of forgiveness and found some sense of closure, but I am not yet there...I can only hope that for my own sanity and self-preservation, by continuing to educate others that I will one day reach that point. In addition to taking control over life again, Carla-Jo has been drawing strength from the other two of the three Cs as well, namely, challenge and commitment.

I never thought that I could take such a dismaying moment in time and turn it into something positive! There were so many days that I thought I would surely die from a broken heart... I know the pain will never leave me, but I feel that if her/our story is told then she didn't die in vain. If one life is saved by hearing my journey through the grieving and healing process, then I have accomplished something.

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Developing a sexual and gender diversity position statement for psychology professionals in South Africa

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Declaration of Interest:

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All three authors are members of the PsySSA African LGBTI Human Rights Project, as well as the Executive Committee of the newly founded PsySSA Sexuality and Gender Division, of which the sexual and gender diversity position statement is a product. The second author, Prof Juan Nel, is also a member of the PsySSA Executive in the portfolio of President Elect.

Abstract:

The struggle against the dominance of patriarchy and heteronormativity in South Africa is a key issue and sexually and gender diverse people continue to be exposed to significant risks, such as vulnerability to stigma, discrimination and victimisation. This is reflected in practices in mainstream mental healthcare, which often include a lack of an affirmative approach and instances of secondary victimisation.

Against this background, this article reports on the development of an affirmative position statement on sexual and gender diversity for psychology professionals in South Africa, as a precursor to more extensive practice guidelines. The position statement - a first for the African continent - is focused on South African psychology professionals and mental health service providers. Involvement of professionals from other African countries in developing the statement, however, increases the future utility of the statement for associations in those regions in their own processes of constructing similar context-specific statements.

We outline the process of developing the statement, attending specifically to concerns expressed during stakeholder consultation regarding relevance, negotiating the politics of representation and language, and the decision to include gender and biological diversity in addition to sexuality.

Keywords: Position statement; affirmative stance; South Africa; sexual and gender diversity; LGBTI

Introduction

The Psychological Society of South Africa (PsySSA) African lesbian, gay, bisexual, transgender and intersex (LGBTI) Human Rights Project was launched against the background of stark discrepancies between constitutional and legal equality based on gender and sexual orientation, and the continued stigma, discrimination and violence still faced by many South Africans. One overall aim of the PsySSA African LGBTI Human Rights Project is the development of affirmative psychological practice guidelines that can be applied or adapted throughout Africa. A first step in this journey is the development of a position statement regarding sexual and gender diversity, including LGBTI concerns.

In this article we focus on the process of developing the position statement, first sketching the institutional and social background against which the statement was developed, before providing a brief introduction to the affirmative stance informing the statement, and then discussing key themes relevant to developing the statement. Specific attention is given to stakeholder concerns regarding relevance, negotiating the politics of representation and language, the inclusion of gender diversity in addition to sexuality, and the need to be sensitive to how Western influence is constructed in some African contexts, amongst other issues. Our aim is to document and reflect on the process of developing the statement and in that manner contribute to the potential resources available to others in their work on similar projects.

The PsySSA African LGBTI Human Rights Project

PsySSA is a not-for-profit, non-governmental association of psychology practitioners and persons involved in the academic, research and practical application of the discipline of psychology. PsySSA, established in 1994, is the nationally representative professional body for psychology in South Africa and is recognised as such by the International Union of Psychological Science (IUPsyS). As per its constitution, PsySSA is committed to the transformation and development of South African psychology to serve the needs and interests of all of South Africa's people and aims to advance psychology as a science, a profession and as a means of promoting human wellbeing (PsySSA, 2011).

As part of its efforts to achieve these aims, PsySSA is a member of the International Network for Lesbian, Gay, and Bisexual Concerns and Transgender Issues in Psychology (INET)⁵ which is composed of national, multinational and international psychological associations that are cooperating to increase international collaboration and knowledge amongst practitioners concerned with LGBTI issues, stimulate and apply psychological research and guidelines that address the needs and concerns of LGBTI populations and increase the number of psychological associations that reject the notion of homosexuality as mental disorder and promote affirmative mental health practice for LGBTI people (INET, 2013).

The objective of the PsySSA African LGBTI Human Rights Project is to assist PsySSA in becoming a regional hub to promote capacity and membership of other psychological associations throughout Africa in the work of INET and to foster active and vocal regional participation in debates around LGBTI issues and concerns.

Context and aim of the articulation of an affirmative stance through a position statement

South Africa has seen significant socio-legal and policy developments in the protection of the human rights of all people of the country and respect for diversity and concomitant non-discrimination based on, amongst others, gender and sexual orientation (Republic of South Africa, 1996). These developments have brought about changes at institutional and disciplinary level with, for instance, the general ethical code for health professionals including a focus on human rights, diversity and non-discrimination within a general "do no harm" framework (Department of Health, 2006).

These developments have, however, not necessarily impacted on a broader societal level. Sexualities remain heavily influenced by patriarchal systems that privilege heterosexuality (Jackson, 2006). A patriarchal model of gender and sexuality perpetuates unequal power relations between men and women and entrenches male privilege, contributing to high levels of sexual- and gender-based violence against women in South Africa (Dartnall & Jewkes, 2013). Further to this, such a rigid and oppressive model of gender and sexuality limits the courses of action available to men, in that a normative male identity is associated with expectations of invulnerability and self-reliance, contributing to risky sexual behaviour and low health-seeking among many South African men (Lynch, Brouard, & Visser, 2010). Public attitudes to homosexuality remain overwhelmingly negative, with a recent nationally representative survey indicating that 84% of the population say that it is always wrong for two adults of the same sex to have sexual relations (Smith, 2011). Human rights violations and hate crimes against sexual and gender non-conforming minorities are also increasingly reported (Human Rights Watch, 2011).

Current healthcare provision in South Africa is generally based on the assumption of similarity rather than acceptance of diversity (Rispel & Metcalf, 2009). Given discrimination at this level, LGBTI people are less likely to access healthcare in the public sector (Stevens, 2012; Wells & Polders, 2003). In recognition of this and to assist psychology professionals in South Africa, an affirmative position statement on sexual and gender diversity, including LGBTI concerns, was developed. This position statement supplements the harm-avoidance approach present in the South African Health Professions Act (Department of Health, 2006) by outlining specific themes for psychology professionals to consider in assuming an affirmative stance.

Exploring an affirmative stance

The history of affirmative practice in relation to sexuality and gender can be traced to Weinberg (1972) coining the phrase "gay-affirmative" approach to refer to a political-ideological stance that significantly resembles feminist approaches to psychotherapy in that it attends to the specific or the own interest. Authors such as Davies (1996), Milton,

5 - The American Psychological Association's (APA) Lesbian, Gay, Bisexual, and Transgender Concerns Office (LGBTCO) has served as the secretariat of INET since its inception in 2001. Through funding provided by the Arcus Foundation, the LGBTCO has been able to provide financing and technical expertise to PsySSA. Limited additional funding support by HIVOS MAGI and the University of South Africa enabled the launch of the PsySSA African LGBTI Human Rights Project in 2011.

Coyle and Legg (2002), and Ritter and Terndrup (2002), highlight some common elements of approaches in psychology that are affirmative of lesbian, gay and bisexual sexualities. These include the recognition of LGB sexualities as normal and natural variances in that sexual diversity per se, are not seen as the cause of psychological difficulties or pathology. Contextual awareness is emphasised, including an understanding of how aspects such as homophobia, heterosexism, prejudice and stigma impact on mental health and wellbeing. Practitioner ability to empathise with the experience of LGB clients, including being knowledgeable about LGB sexualities, diversity and lifestyles is also regarded as important. Further to this, an affirmative approach emphasises that practitioners should be comfortable with and open about their own sexuality to avoid their own biases impacting on their practice.

An affirmative position further assumes that LGB clients have the potential creativity and internal resources to deal with their difficulties and problems and that it is important to acknowledge the influence of society and significant others on the LGB client, actively take a positive view of LGB lives and be aware of the damaging effect of discriminatory sentiments in practice. Such a lens can be applied to all people that walk through a professionals' door and implies a cultivated and ongoing sensitivity to and acceptance of sexual and gender diversity.

The development of a South African position statement that is affirmative of sexual and gender diversity follows on similar initiatives by other professional associations, including: The American Psychological Association's 'Practice guidelines for lesbian, gay and bisexual clients' adopted in 2000 and updated in 2011 (American Psychological Association, 2011); the British Psychological Society's 'Guidelines and literature review for Psychologists working therapeutically with sexual and gender minority clients' (British Psychological Society, 2012); the World Professional Association for Transgender Health (WPATH) 'Standards of care for the health of transsexual, transgender, and gender nonconforming people' (World Professional Association for Transgender Health, 2011); the 'Statement of the Psychological Association of the Philippines on non-discrimination based on sexual orientation, gender identity and expression' (Psychological Association of the Philippines, 2011); and the 'Position paper for Psychologists working with lesbians, gays, and bisexual individuals' (Hong Kong Psychological Society: Division of Clinical Psychology, 2012).

In developing the position statement, we aimed to extend such an affirmative stance regarding sexuality to represent a wider inclusiveness of sexual and gender diversity with specific reference to LGBTI concerns, which also reflects similar global developments such as that of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association, 2013) moving away from pathologising positions around transgender concerns to a more affirmative approach.

Establishing the working group

The development of this position statement serves as a first step in achieving the longer term goal of the PsySSA African LGBTI Human Rights Project to establish affirmative psychological practice guidelines. Towards this objective, potential members from across Africa were identified and recruited to attend a pre-congress workshop at the International Congress of Psychology held in Cape Town South Africa in July 2012. The pre-congress workshop provided an ideal platform to bring together experts and interested parties to discuss the possibility of developing affirmative practice guidelines in relation to sexual and gender diversity in Africa. The workshop culminated in the establishment of a working group, constituted of stakeholders and mental health professionals spanning South Africa, Nigeria, Cameroon, Uganda and Tanzania. The workshop highlighted a number of issues that would be important to consider in developing practice guidelines for Africa and prompted discussions regarding the advantages and disadvantages associated with first developing a position statement for South Africa before proceeding to practice guidelines with relevance for the continent. The main debates emerging from the workshop are discussed below.

The challenges and debates in developing African guidelines

Psychology as a discipline is significantly underdeveloped in Africa where psychological wellbeing is often achieved through avenues other than professional services (Campbell-Hall, Peterson, Bhana, Mjadu, Hosegood, & Flisher, 2010). In this context focusing only on guidelines for the discipline can be exclusionary as there is a need to consider other healthcare and mental health workers such as volunteers, traditional healers and other healing systems. It was agreed during the workshop that an opportunity presented itself to develop guidelines for psychological professionals within a broader mental health area.

An important conceptual concern presented itself during the workshop when it was noted that the privileging of individual human rights is not universally accepted in all parts of Africa. Different regions and countries need to be sensitive

to whether a human rights position will necessarily provide the most acceptable entry for the development of guidelines inclusive of LGBTI concerns. An alternative position which could bolster a human rights agenda - increasingly under attack in some African countries - is that of positioning LGBTI concerns within a mental health and wellbeing framework. Such a framework, that emphasises competent health care service provision, could be particularly valuable in contexts where same-sex practices remain subject to constitutional and legal discrimination.

A further conceptual theme that emerged from the workshop centers on the utility of framing affirmative practice guidelines for the African context that is inclusive of LGBTI concerns, in relation to identity politics. Identity politics rely on self-identified categories of sexual orientation and gender identity in order to raise consciousness around experiences of oppression related to particular identities (Mertus, 2007). In the United States, identity politics provided a valuable frame for the development of affirmative practice guidelines, in that LGB rights advocates within the American Psychological Association had to assume an activist role to motivate why, despite homosexuality being declassified as a disorder in 1973, there remained a need for the discipline to formulate an affirmative stance on LGB concerns. The relevance of dominant Western analytical categories when researching African sexualities has however been questioned and in the African context the argument could be made for the fluidity of sexuality and gender, instead of focussing on fixed notions of identity (Epprecht, 2006). Following from this, it might be important to broaden the LGBTI focus when developing guidelines for African contexts to attend to sexuality and gender diversity in general.

Related to the above, participants at the workshop suggested that expanding our view from single identity politics to a broader spectrum of identities would also bring to the fore the interaction of various forms of oppression, such as that based on race and socio-economic status that result in different forms of oppression impacting on a person in interrelated ways. A lens that is sensitive to intersectionality can potentially surface the manner in which heteronormative and patriarchal contexts have harmful consequences not only for LGBTI persons but constrain the courses of action available to all people. Such contexts contribute to victimisation, stigma and discrimination based on power differentials along varied lines of oppression. Acknowledgement of this could potentially avoid the guidelines taking an “othering” stance and, instead, allow for reflection on how psychology professionals can challenge discrimination and stigma informed by unequal systems of sexuality and gender, broadly.

Another concern raised was that significant involvement by a core group from South Africa in developing affirmative guidelines related to sexual and gender diversity may be perceived as neo-colonialist and as furthering the aims of an imperialist agenda in other African countries. This concern is predominantly based on the manner in which political leaders in several African countries have at times drawn on a discourse of same-sex sexuality being a “Western import” and consequently regarded as un-African, in order to substantiate a construction of an African identity separate from Western influence (Hoad, 2007). Following from this, guidelines that are affirming of same-sex sexuality could potentially be resisted on the basis of being regarded “un-African” if their development is perceived as predominantly driven by South Africa - a country at times associated with Western influence. The Pan-African Psychology Union - to be launched in 2014 - is a professional body that could provide an opportunity for the development of a mutual Africa agenda around gender and sexuality which is not driven by one country in particular.

Sexuality and gender remain under-researched in Africa and there is a dearth of scientific evidence that can be drawn on to support the development of affirmative guidelines. Discussions during the workshop reflected the view that following the developmental path of more than twenty years that culminated in establishing affirmative guidelines in the United States is not tenable in the face of urgent concerns in the African context and that the window of opportunity to develop guidelines presented itself now. This window is evidenced by the International Congress of Psychology being held on African soil for the first time in 2012, as well as the anticipated launch of the Pan-African Psychology Union in 2014. In addition, in establishing an African evidence-base, it will remain important to take into account different perspectives, particularly within our indigenous contexts, on what constitutes knowledge and evidence. The group concurred that international research should be used as relevant and that gaps for further research in African contexts should be identified and appropriate funding mechanisms developed to address such gaps.

In summary, reflections from the workshop shaped the focus of the PsySSA African LGBTI Human Rights Project to be cognisant of the broader healing systems drawn on in African contexts - to this end the term “psychology professional” was adopted as a way of including a broader set of mental health professionals than those defined as therapists or psychologists. The workshop also sensitised the group to the need for contextual sensitivity to the strategic benefit of a human rights position or a mental health and wellbeing position in advancing the interests of LGBTI persons; the relevance of framing this work in relation to fluidity in sexual and gender diversity; the importance of recognising the intersectionality of identities and experiences of discrimination and victimisation; the need to be sensitive to how Western influence is constructed in some African contexts; and the need to advance an affirmative view of sexuality and gender, while at the same time growing the African body of knowledge available to inform such work.

A position statement for South Africa

Following the workshop it became clear that creating practice guidelines for Africa, as a first step in this process, is neither realistic nor desirable. Different countries within Africa find themselves at different places in time regarding human rights and acceptance of sexual and gender diversity and each country would need to develop their own guidelines to suit their local contexts. It was further felt that it would be critical to involve a broader range of constituents at the development stage as this would ensure increased buy-in to the process. In the face of these challenges, limited financial and time resources and recognising the development and support in the discipline already available in South Africa, it was decided to redefine the aim of the project as constructing an affirmative position statement on sexuality and gender, aimed at psychology professionals in South Africa and developed by PsySSA. The working group elected a core team to prepare this statement. A period of intense activity followed between October 2012 to August 2013 with the team developing draft statements, presenting it to the working group and inviting further commentary and feedback from a wider group of stakeholders. These efforts culminated in the draft statement being presented to the PsySSA Executive Committee and PsySSA Council for ratification and finally launched at the PsySSA Congress in September 2013 (PsySSA, 2013).

Issues taken into account in developing the position statement

The process of developing the position statement brought with it renewed consideration of emphasis, contextual sensitivity and the anticipated utility of the document in the South African context. The statement itself outlines various positions in relation to sexual and gender diversity and moves from the general to the specific. It first addresses issues of human rights and self-determination; this is followed by introducing the idea of diversity and fluidity in sexuality and gender identity; challenges faced by sexually and gender diverse people in negotiating heteronormative contexts; the influence of multiple and intersecting forms of discrimination against sexually and gender diverse people; the influence of stigma, prejudice and discrimination on mental health; the recognition of multiple and fluid sexual and gender developmental pathways of all persons; and the complexities of relationships within a sexual and gender diverse context. The final items deal with assuming an affirmative stance; following best practice care; continued professional development; and the promotion of social awareness around sexual and gender diversity.

The decision to adopt an affirmative stance in the position statement was made early on in the process and it remained a foundation against which we checked the development of the document as we proceeded. As the document progressed we found that what we understood as an affirmative stance developed to include a broader area of sexual and gender diversity. This manifested in the statement through expanding references to LGBTI concerns to refer to sexual and gender diversity instead, in line with the views advanced during the workshop discussion. The decision to adopt this terminology was based on a) that a broader set of people are facing the potentially negative impact of a heteronormative and homonormative, patriarchal society, which implies a shared struggle and b) that a broader affirmative statement could potentially hold greater utility and relevance for colleagues wanting to develop similar position statements in their respective African countries.

Some previous efforts in psychology to develop position statements or guidelines on sexuality and gender have at times excluded transgender persons, and intersex concerns have seldom, if ever, featured. Following from this, where the position statement does make mention of LGBTI concerns specifically, we deliberately ensured that we attend to gender identity in addition to sexuality.

An implication of expanding the focus of the statement beyond LGBTI concerns to attend to sexuality and gender more generally, was that we aimed to avoid various forms of othering or exclusion, so we did not assume that the practitioner is from a non-sexed / non-gender / non-raced / non-classed position such as is often the case in existing ethical codes. We had to ask questions around the difficulties faced by practitioners in working in predominantly heteronormative contexts and how the statement could assist them in dealing with societal prejudice related to sexuality and gender. In addition, we also moved from a focus only on the individual user to the individual and his/her significant others and how stigma and discrimination impacts on them.

The affirmative stance also had implications for the manner in which we treated language in the document, where the group felt it was important to use non-essentialist language as this provided a more open framework that recognises diversity. Essentialist language such as “normal people” and “normal preferences” were rephrased and this also meant that our focus was placed more on affirmation of diversity and fluidity of gender and sexuality and less on specific minority groups. It was however felt that in some instances we still needed to include what might be thought of as essentialist terms, such as references to “lesbian”, “gay”, “bisexual”, “transgender” and “intersex” as categories

of sexuality or gender identity, as these terms would possibly be more familiar to many and would also ensure that we do not erase the positions of minorities and the specific stigma, discrimination and trauma they experience.

Considering the emphasis of an affirmative stance on contextual awareness, a key challenge in developing the position statement was to ensure that it was grounded in a South African body of knowledge and to this end the small but growing body of work that constitutes South African LGBTI psychology was consulted during this process. Research on LGBTI people's experience with health providers in South Africa that was drawn on include studies on gay men's experience in psychotherapy groups (Nel, Rich, & Joubert, 2007), the experience of lesbian, gay and bisexual people with psychological therapy and counselling (Victor, In press), transgender people's experience with sexual health services (Stevens, 2012) and perceptions of healthcare providers around sexual orientation and treatment refusal due to sexual orientation (Rich, 2006; Wells, 2005; Wells & Polders, 2003).

Local policy and practice guidelines that were consulted include healthcare provision for victims of hate crime (Nel, 2007), guidelines for service providers working with lesbians and gay people (OUT LGBT Well-being, 2007), guidelines when working with men who have sex with men (MSM) in an HIV/AIDS health service context (Anova Health Institute, 2011), and indigenous comments on the World Professional Association for Transgender Health's Standards of Care (Gender DynamiX, 2011).

The structure and format of the position statement was driven by the practical utility of the document for psychology professionals in South Africa. While this may be different in other contexts, it was felt that we needed to provide information around the topic under discussion, in the form of for example, a comprehensive glossary that accompanies the statement. Knowing that the position statement will be followed by more comprehensive guidelines also provides the opportunity to ensure that the document outlined the position or view of the Society on the topic of sexual and gender diversity in the form of clear, succinct statements, rather than providing detailed practice guidelines.

Conclusion and the way forward

The sexual and gender diversity position statement is the first to be developed by PsySSA on any issue in psychology and is also the first statement on sexual and gender diversity developed by a psychological association on the African continent. The statement is a much needed and important point of engagement for psychology professionals with the intricacies and complexities of human lived experience understood from an affirmative stance that is consciously inclusive of sexual and gender diversity. This is a stance of openness, acceptance and affirmation of diversity, and a respect for the unique and fluid lived experience of the client service user or participant that is open to adaptation and change, rather than an effort to enforce or coerce change according to preconceived notions and categories.

The next step will be the development of South African guidelines for affirmative psychological practice in relation to sexual and gender diversity, another key objective in the Arcus Foundation-funded PsySSA African LGBTI Human Rights Project. This will potentially be followed by collaboration with colleagues from the rest of Africa in developing statements and practice guidelines suited to their unique contexts.

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Ecological Factors and Psychological Distress: Understanding LGBT Homeless Youth within Systemic Context

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Abstract

The purpose of this study was to examine an existing data set (Bidell, 2013a) to further explore how specific factors related to LGBT homeless youths' psychosocial wellbeing and emotional stability. Findings from the initially published study (Bidell, 2013a) and this current analysis were presented at the 1st International Conference on LGBT Psychology and Related Field (Bidell, 2013). LGBT homeless youth (n = 89) were voluntarily recruited at a homeless shelter in New York City and completed a comprehensive demographic/educational survey as well as assessments of psychological distress (Brief Symptom Inventory; Derogatis, 1993) and emotional stability (Self-Description Questionnaire II; Marsh, 1990). The majority of participants reported having clinically elevated psychological distress (66.3%) and almost half (48.3%) reported involvement with child protective services. Significant predictors of psychological distress included stigmatization by a caregiver, not coming out in middle or high school, and being younger. High school completion and experiencing verbal harassment in middle school came close to reaching significance and also predicted a meaningful level of psychological distress. Two predictors (being older and not experiencing stigmatization by a caregiver) significantly and equally predicted higher levels of emotional stability. Ecological systems theory is discussed and used to contextualize these findings.

Ecological Factors and Psychological Distress: Understanding LGBT Homeless Youth within Systemic Context
Lesbian, gay, bisexual, and transgender (LGBT) youth are at heightened risk for a host of serious psychological, behavioral, social, and health problems (Institute of Medicine [IOM], 2011; Rosario, Schrimshaw, & Hunter, 2012). Furthermore, LGBT youth are "particularly vulnerable to homelessness . . . [and] between 20 and 40% of homeless youth identify as LGBT" (Edidin, Ganim, Hunter, & Karnik, 2012, p. 357). Once on the street, LGBT youth experience higher rates and more serious mental health and psychosocial problems compared with their heterosexual counterparts (Cochran, Stewart, Ginzler, & Cauce, 2002; Coker, Austin, & Schuster, 2010; Corliss, Goodenow, Nichols, & Austin, 2011; IOM, 2011; Van Leeuwen et al., 2006; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004). Specifically, LGBT homeless youth have disproportionately higher incidences of self-harm, addiction, stigmatization, physical and sexual abuse, survival sex, violence, as well as HIV/AIDS (Cochran et al., 2002; Coker et al., 2010; Mustanski, Garofalo, & Emerson, 2010; Van Leeuwen et al., 2006; Walls & Bell, 2010). LGBT homeless youth also experience significant educational disparities, as nearly 40% of LGBT homeless report not graduating from high school and the overwhelming majority state not seeking support from school staff (Bidell, 2013a).

When contextualizing the experiences of LGBT adolescents, the approach Urie Bronfenbrenner (1994) developed regarding youth development is useful for several reasons. First, the ecological systems theory provides a platform from which to examine existing literature and new research findings within an environmental context. The theory gives attention to the dynamic interaction between individuals and their environments that can either enhance or discourage development and wellbeing. A central premise of Bronfenbrenner's theory (1994) is that youth develop-

ment transpires relationally within the young person's environmental surroundings. As such, one must examine how youth are situated within these multiple environmental settings to fully understand any one issue or problem. Second, an ecological approach can be crucial when developing interventions that effectively address the unique issues and needs of LGBT homeless youth. Increasingly, researchers are drawing on ecological systems theory to study LGBT youth within a contextual paradigm (Gattis, 2011; Hong & Garbarino, 2012; Watson, Varjas, Meyers, & Graybill, 2010). Drawing on an existing data set (Bidell, 2013a), the purpose of this study was to examine significant predictors of psychological distress and emotional stability among a group of LGBT homeless youth in New York City.

Ecological Systems Theory and LGBT Homeless Youth

Ecological systems theory posits that interconnected environmental components (i.e., microsystem, mesosystem, exosystem, and macrosystem) shape the lives of youth. The microsystem represents the most immediate environment for youth. Examples of microsystems include the family, school, or peer groups. Such proximal systems can exert powerful influence on fostering or thwarting wellbeing. Several large studies (Berlan, Corliss, Field, Goodman, & Austin, 2010; Kosciw, Greytak, Diaz, & Bartkiewicz, 2010; Williams et al., 2003) have all corroborated higher rates of school bullying and victimization of LGBT students as well as the negative psychosocial and educational consequences of such harassment (Bontempo & D'Augelli, 2002; Kosciw et al., 2010). These studies underscore the primacy of school systems in understanding the wellbeing of LGBT youth. Home is another central environment for youth. LGBT homeless youth report far higher levels of family problems and abuse compared to their heterosexual or non-homeless LGBT counterparts (Cochran et al., 2002; Moskowitz, Stein, & Lightfoot, 2013; Van Leeuwen et al., 2006; Whitbeck et al., 2004).

The mesosystem represents the interaction of two microsystems, such as a youth's school and home. Thus, issues a youth may be coping with at home can have profound influence on school performance. Taking into consideration data showing LGBT homeless youth are far more likely to experience abuse at home, it reasons that the low levels of high school completion among LGBT homeless youth can be connected, in part, to problems at home (Bidell, 2013a). The exosystem represents environments external to a youth's direct involvement, but nonetheless affects him or her in significant and meaningful ways. For LGBT youth in the United States, district, regional, and national legislation regarding school-based LGBT support groups (i.e., Gay-straight alliances) provides a clear example. Gay-straight alliances (GSAs) are student-based non-curricular groups that work to support LGBT and allied students (Bidell, 2011). The development of GSAs has often been met with local and regional opposition. Public policy and legislation limiting access to such support groups would constitute an example of an exosystem.

According to Bronfenbrenner's theory, the macrosystem refers to the larger cultural context that affects all the other systems. In short, the macrosystem represents the sociocultural, economic, public policy, and political influences on the micro-, meso-, and exo- systems. The macrosystem is in essence an overarching schematic of the dominant cultural norms, values, and beliefs. Thus, how a society views and values LGBT people and issues will directly impact all three lower subsystems. Therefore, a cultural norm of heterosexism will manifest in an LGBT youth's home, school, and community. There remains a need for researchers to not only quantify the risk factors facing LGBT homeless youth, but also to connect the problems that negatively impact these youth to broader systems and individual characteristics and factors.

Method and Results

As noted in the abstract, this study draws on an existing data set utilized for a recent publication (Bidell, 2013a). As such, readers are referred to this article for a comprehensive description of research participant recruitment and data collection. The following is a brief synopsis of the research participants and assessment scales used. Participants ($N = 89$) ranged in age from 18 to 24 ($M = 21.16$, $SD = 1.99$) and were voluntarily recruited from a LGBT emergency homeless shelter in New York City. The ethnic breakdown of participants specifically included: a) 9.0% White/Caucasian, b) 41.6% Black/African American, c) 24.7% Hispanic/Latino, d) 2.2% Native American, e) 21.3% Mixed Ethnic Minority, and f) 1.1% Other. Almost all participants reported being males (73%; $n = 65$), 23.6% ($n = 21$) were female, and 3.4% ($n = 3$) were transgender. Table 1 provides frequency data for additional psychosocial and educational factors.

Youth were asked to complete three assessments including: (1) demographic/educational survey; (2) Brief Symptom Inventory (BSI; Derogatis, 1993); and (3) the Self-Description Questionnaire II-Emotional Stability Subscale (SD-QII-ES; Marsh, 1990). Research participants provided no identifying information and only aggregate data is reported.

The following is a condensed description of the three assessments utilized:

Demographic/Educational Background. A demographic and educational survey was created specifically for the study. Questions included basic demographic data as well as information regarding stigmatization, coming out, physical/sexual abuse, and high school completion.

Psychological Distress. The Brief Symptom Inventory (Derogatis, 1993) is a 53-item self-report measure of psychological distress and includes nine primary symptom areas (i.e., Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism). The Global Severity Index (GSI) includes all items on the assessment and was the score utilized in this study. The GSI is the most sensitive index of psychological distress since it incorporates symptom quantity and distress intensity (Derogatis, 1993). As in the originally published study (Bidell, 2013a), T-scores using the adult nonpatient BSI norms were utilized (Derogatis, 1993). The operational determination for caseness (i.e., positive diagnosis or clinical level of mental distress) in the test manual (Derogatis, 1993) is a GSI T-score greater than or equal to 63. Thus, scoring 63 or higher indicates a participant was considered positive for psychological distress.

Self-Description Questionnaire II-Emotional Stability Subscale (Marsh, 1990). The SDQ II is a 102-item self-report measure that assesses youth self-concept. Data from this scale was not utilized in the original publication (Bidell, 2013a). Normative data for the SDQ II was established from the responses of 5,494 Australian students, 2,658 males and 2,836 females. The SDQ II is based on Shavelson's (1976) hierarchical model of self-concept. The Emotional Stability Subscale includes 10-items assessing a youth's perception of their affective wellbeing and includes items specific to calmness, worrying, and emotional stress. Marsh (1990) reported a Cronbach's alpha of .94 for the SDQ II normative sample. In the current study, the Emotional Stability Subscale (SDQ-II ES) was utilized for statistical analysis. Raw scores were used in the current analyses, as the research participants are considerably different from the normative population.

Predicting Psychological Distress and Emotional Stability

The purpose of this study was to identify how specific independent variables predicted psychological distress and emotional stability (dependent variables). To examine significant predictor variables, two multiple linear regression analyses were conducted. A correlation matrix was generated and in order for predictor variables to be included in the equation, a minimum .20 correlation with the dependent variables was required (Heeringa, West, & Berglund, 2010). Table 2 includes results from both regression analyses.

Standard multiple regression was conducted to determine if high school completion, age, coming out in middle/high school, verbal harassment in middle school, or stigmatization by a primary caregiver/parent significantly predicted BSI scores. The final regression equation significantly predicted psychological distress (i.e., BSI scores); $R^2 = .248$, $R^2_{adj} = .203$, $F(5, 83) = 5.48$, $p < .001$. The following three variables were significant predictors of scores on the BSI in descending order of strength: (1) stigmatization by a caregiver ($\beta = .23$, $p = .023$); (2) not coming out in middle or high school ($\beta = -.21$, $p = .035$); and, (3) being younger in age ($\beta = .20$, $p = .05$). While not reaching the level of significance, high school completion ($\beta = .19$, $p = .06$) and experiencing verbal harassment in middle school ($\beta = .18$, $p = .08$) neared the .05 significance level and also predicted a meaningful level of psychological distress.

A standard multiple regression was also conducted to determine if two predictors (age and stigmatization by a caregiver) significantly predicted emotional stability (i.e., SDQII-ES). Not all 89 research participants completed the SDQII-ES ($n = 81$) and the following regression is based in this smaller subgroup. The equation significantly predicted Emotional Stability Subscale scores; $R^2 = .136$, $R^2_{adj} = .114$, $F(2, 79) = 6.20$, $p = .003$. Both age ($\beta = .24$, $p = .03$) and stigmatization by a caregiver ($\beta = .24$, $p = .03$) were significant and predicted emotional stability equally. Thus older participant and those not having experienced caregiver stigmatization had higher levels of emotional stability.

Discussion

Based on the epidemiological and risk based research, we now have a clear understanding and awareness that there is an epidemic of homelessness and life threatening psychosocial and educational disparities among LGBT homeless youth in the United States (Bidell, 2013a; Cochran et al., 2002; Coker et al., 2010; Edidin et al., 2012; IOM, 2011;

Kipke et al., 1997; Mustansk et al., 2010; Van Leeuwen et al., 2006; Whitbeck et al., 2004). In order to develop and implement effective interventions for these youth, it is increasingly important not only to identify such risks, but also contextualize how environmental systems foster such inequities and inequalities. Current findings offer added insight into how age, outness, and caregiver stigmatization related to the psychological wellbeing and emotional stability of LGBT homeless youth.

Psychological Distress and Emotional Wellbeing

All youth are significantly impacted by ecological systems both distal and proximal. Because of family, peer, and social stigmatization, ecological systems can play profound roles in shaping the lives of LGBT youth. Findings from the current and prior data analyses (Bidell, 2013a) underscore the valiancy of home stigmatization on the psychological health and emotional stability of LGBT homeless youth. Similar to my previous findings, when youth report LGBT stigmatization at home by parents or primary caregivers, there is a clear, significant, and meaningful connection to more psychological distress and lower emotional stability. In fact, caregiver stigmatization was the strongest predictor of BSI scores and equally predictive of SDQII-ES levels.

Home and Wellbeing

There is now a large body of evidence that underscore the elevated levels of homelife problems LGBT versus non-LGBT homeless youth report. LGBT homeless youth are far more likley to report incidences of substance use/abuse, discordance, as well as verbal, physical, and sexual abuse from their parents or primary caregivers (Cochran et al., 2002; Gangamma et al., 2008; Rosario et al., 2012; Van Leeuwen et al., 2006; Whitbeck et al., 2004). In fact, Corliss and colleuages (2011) described the diparities in LGBT homelessness rates as being “driven by factors situated within family relationships” (p. 1686).

Considering that verbal harassment in middle school and high school completion were not statistically significant predictors of psychological distress, adds to the assertion “that LGBT homeless youth experience negative reactions to school based discrimination similar to non-homeless LGBT, but results from this study [and the original publication] may reveal the primacy of the home environment over that of school specific to psychological distress” (Bidell, 2013a, p. 15). Clearly data are underscoring the centrality of home life as an important and primary microsystem for LGBT youth. Problems and discord at home not only contribute to homelessness but also to diminished psychological wellbeing. Findings from this data set support Ryan, Huebner, Diaz, and Sanchez’s (2009) findings. These researchers found that when parents hold negative views about their child’s LGBT orientation, the LGBT youth is much more likely to report suicide attempts, depressed mood, substance abuse, and high risk sexual activities.

Using an ecological systemic approach, the elevated levels of family discordance and malevolence play a key role in the overrepresentation of LGBT youth among all homeless youth in the United States. Moreover current results suggest that those LGBT homeless youth expereincing higher levels of family stigmatization and problems are more likely to report psychological distress and emotional instability. These findings speak to the crucial need for psychologists and other mental health professionals to address family issues when working with LGBT youth at risk for homelessness. As such, it is imparative that school counselors and other school-based mental health professionals expand their clinical competency regarding LGBT youth.

Two recent studies (Bidell, 2012; Farmer, Welfare, & Burge, 2013) raise concerns about the ability of school counselors to work effectively and ethically with LGBT youth. Both research studies showed that school counseling students report significantly lower sexual orientation counselor competence compaired with mental health professions specializing in other areas. Mental health care, professional provider training, and LGBT youth coinside to form a complex mesosystem where “heterosexist and homophobic attitudes, in conjunction with lack of knowledge concerning sexual minority issues have been prevalent among mental health practitioners” (Hong et al., 2011, p. 889). Examining the ability of mental health professionals to work competently and ethically with LGBT youth is a vitally important area for researchers, educators, and policy makers.

Individuality and Wellbeing

The current findings also highlight the relationship of LGBT homeless youths’ age and sexual orientation outness with their psychological and emotional wellbeing, as “membership in demographic groups are examples of micro-systems which directly affect the individual” (Hong et al., 2011, p. 886). Specifically, older participants in this

study reported more psychological distress and emotional instability. These findings could be viewed within the context that as an LGBT homeless youth advances in age, they encounter greater levels and severity of psychosocial stressors, thus negatively impacting their wellbeing. Such a perspective underscores “a minority stress model that explains the higher prevalence of mental disorders as caused by excess in social stressors related to stigma and prejudice” (Meyer, 2003, p. 691). More study is needed in the area and application of developmental models and LGBT minority stressors to primary factors and systems that negatively impact LGBT homeless youth.

It was interesting to find that those youth in the study that reported they had come-out in middle or high school had lower levels of psychological problems. In one study (Rosario et al., 2012), LGBT homeless reported greater awareness of their sexual orientation, higher levels of sexual activity, and substance use at significantly early ages versus non-homeless LGBT youth. Findings from the current study and those of Rosario and colleagues (2012) raise interesting questions about the role of age in the developmental process among LGBT youth that become homeless. This represents an important area of research. We need to not only replicate the findings in this study with a larger sample of LGBT homeless youth, but also employ mixed methodology to understand the impact of being out in middle or high school regarding wellbeing.

Limitations and Conclusion

Study limitations were discussed in the original publication (Bidell, 2013a) and the current data analysis would share identical limits. These include research participants not being randomly selected, assigned, or matched, as well as being given only self-report assessments. In addition, many of the survey questions required retrospective assessments of prior experiences and are hence susceptible to memory and reliability concerns (Heeringa et al., 2010). In addition, the overall sample size was relatively small making it difficult to generalize findings to all LGBT homeless youth in the United States or other countries.

Notwithstanding the above limitations, findings from this study continue to outline and connect the multiple problems and factors impacting the lives of LGBT homeless youth.

We now know that youth identifying as lesbian, gay, bisexual, and transgender experience disproportionately high rates of homelessness in the United States, and once homeless, they face heightened levels of psychosocial disparities—significantly diminishing the rights afforded in the US Constitution regarding life, liberty, and the pursuit of happiness. Clearly problems and stigmatization from parents and caregivers is a central factor fueling the homeless epidemic among LGBT youth in the United States. And it is clear from this data set that stigmatization at home has significant and deleterious impacts on emotional stability and psychological wellbeing. We need to deepen our understanding of how “primary ecological systems such as schools, families, and mental healthcare are failing to provide support for the healthy development, educational success, and psychological wellbeing among LGBT youth that become homeless” (Bidell, 2013a, p. 20).

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Table One
Frequencies of Psychosocial and Educational Issues

	Yes	No
Clinical Level of Mental Disorders	66.3% (59)	33.7% (30)
Contemplated Suicide	51.7% (46)	48.3% (43)
Graduated From High School	61.8% (55)	38.2% (34)
Came-out in Middle or High School	68.5% (61)	31.5% (28)
Verbally Harassed in Middle School	41.6% (37)	58.4% (52)
Involved with Children's Services	48.3%(43)	51.7% (46)
Verbally Harassed in High School	50.6% (45)	49.4% (44)

Note. * Percentages based on 88 responses. Parentheses connote actual count.

Table 2
Predicting Psychological Distress (BSI) and Emotional Stability (SDQII-ES)

Variable	B	β	t	p
BSI Regression				
Stigmatization by Caregiver	5.38	.23	2.32	.023
Coming out in School	-5.24	-.21	-2.15	.035
Age	1.17	.20	1.99	.05
Completion of High School	4.59	.19	1.92	.06
Harassed Verbally in MS	4.25	.18	1.79	.08
SDQ-II ES Regression				
Age	.09	.237	2.22	.03
High School Completion	.40	.237	2.21	.03

Note. MS = Middle School (Grades 6-8); HS = High School (Grades 9-12); BSI – Brief Symptom Inventory; SDQ II ES = Self-Description Questionnaire II Emotional Stability Subscale.

Amor Parental (In)Condicional: Estudo sobre a Influência da Percepção da Aceitação/Rejeição Parental em Homossexuais, Lésbicas e Bissexuais

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Resumo

O presente estudo tem como objetivo averiguar se a percepção que homossexuais, lésbicas e bissexuais têm da aceitação/rejeição parental durante a infância se relaciona com a percepção da aceitação/rejeição parental aquando do *coming out*. Também se pretende verificar se a rejeição parental da orientação sexual, aquando da descoberta da mesma, pode conduzir os indivíduos a manifestarem futuramente alterações nas disposições da personalidade associadas ao desajustamento psicológico.

A partir dos resultados obtidos com uma amostra de 84 participantes em Portugal, foi possível concluir que a percepção de níveis elevados de rejeição parental durante a infância está relacionada com níveis igualmente altos de rejeição parental aquando do *coming out*. Verificou-se, simultaneamente, que as rejeições da figura paterna, perante a orientação sexual dos/as filhos/as não apresentam influência nas disposições da personalidade destes. Contudo, a rejeição materna acarreta graves consequências no desajustamento psicológico dos/as não-heterossexuais. Nomeadamente, a nível da autoestima, da auto-adequação, da não-responsividade emocional e da instabilidade emocional.

Palavras-chave: Aceitação/rejeição Parental, orientação sexual, coming out, disposições da personalidade.

Abstract

The present study aims to investigate if the perception that homosexuals and bisexuals have of parental acceptance/rejection during childhood is related to the perception of parental acceptance/rejection during their coming out. It also intended to check if the parental rejection towards their sexual orientation can lead them to express, in the future, problems in terms of the personality dispositions.

The sample contained 84 homosexual or bisexual participants living in Portugal. From the results, it was concluded that the perception of high levels of parental rejection in childhood is associated with equally high levels of parental rejection when their child's sexual orientation is revealed. It was also stated that the father's rejection towards his son/daughter's sexual orientation had no influence on their personality dispositions. However, it was proved that maternal rejection can originate serious psychological consequences in the non-heterosexuals, especially in their self-esteem, self-adequacy, emotional responsiveness and emotional stability.

Keywords: Parental Acceptance/rejection, sexual orientation, coming out, personality dispositions.

Contextualização histórica e social da orientação sexual e da homofobia.

Inicialmente, de forma a contextualizar este estudo, torna-se importante explorar algumas definições. Assim, a orientação sexual apresenta-se como um conceito que indica qual o sexo pelo qual um indivíduo se sente física, sexual ou emocionalmente atraído (American Psychological Association, 2008). A orientação sexual é vista como um atributo, algo que constitui o sujeito, uma das características do mesmo e parte da realidade interna do indivíduo. Correntemente, são consideradas três orientações sexuais principais, a heterossexualidade, a bissexualidade e a homossexualidade (Carneiro, 2009 citado em Oliveira, 2010).

Do ponto de vista estatístico, apesar das diversas investigações realizadas, a percentagem de indivíduos não-heteros-

sexuais é de difícil determinação. No entanto, os estudos parecem ser consensuais ao indicar que esta se encontrará entre os 3% e os 10% da população (Friedman & Downey, 1994; Stronski & Remafedi, 1998 citados em Frankowski, 2004). Esta dificuldade em determinar a prevalência pode estar conectada com o facto da orientação sexual não estar exclusivamente associada com o comportamento ou a atividade sexual. Ou seja, nos seres humanos, a orientação sexual não se relaciona diretamente com as atividades sexuais que um indivíduo experienciou, independentemente das mesmas terem sido com pessoas do mesmo sexo ou do sexo oposto. Deste modo, é mais importante a forma como o próprio indivíduo percebe os seus afetos e sensações (Frankowski, 2004).

Relacionamentos entre indivíduos do mesmo sexo estão registados em todas as épocas históricas até à atualidade e estudos antropológicos detalham relações e rituais homossexuais na humanidade desde há mais de dez mil anos. Na verdade, em civilizações da antiguidade grega, romana, indiana e japonesa, estas ligações eram encorajadas como forma de fortalecer as relações emocionais entre os indivíduos ou funcionando como tradições e rituais de passagem. Com a introdução e expansão global do catolicismo, a forma de encarar socialmente os relacionamentos entre pessoas do mesmo sexo alterou-se profundamente. Como consequência, qualquer comportamento sexual que não conduzisse à procriação passou a ostentar uma conotação negativa tendo a homossexualidade sido punida e criminalizada ao longo dos últimos séculos do ponto de vista social, religioso e político (Spencer, 1999; Naphy, 2004).

Atualmente, a situação tem modificado e as diferentes orientações sexuais imergem no plano médico e científico através da despatologização e no plano jurídico através dos direitos civis e da proteção contra a discriminação (Almeida, 2010). Contudo, as orientações não-heterossexuais continuam ainda a ser vistas socialmente com alguma hostilidade e ridicularização. Assim, a homofobia, a lesbofobia e a bifobia manifestam-se como um medo irracional e um conjunto de sentimentos negativos em relação a pessoas homossexuais, lésbicas ou bissexuais. Estas atitudes exteriorizam-se sob a forma de desprezo, desconforto, antipatia e aversão que, por sua vez, geraram o preconceito e a hostilidade para com estes grupos de pessoas (Adams, Wright & Lohr, 1996). Para muitos/as, persiste ainda a ideia de que os homossexuais, as lésbicas e os bissexuais são pessoas desajustadas ou mesmo doentes e imorais. Para outros indivíduos, a não-heterossexualidade é vista como uma opção de vida embora esteja comprovado que a orientação sexual não pode ser controlada ou alterada pela livre vontade do sujeito (Farias, 2010).

Aceitação/Rejeição Parental e *coming out*

A família é, regra geral, o primeiro ambiente de socialização dos indivíduos, estando ela própria moldada e influenciada quer pela cultura em que se insere, quer por cada novo elemento que a constitui. Assim, a família tem a função de assegurar segurança, bem-estar físico e psicológico, suporte emocional e estabilidade a todos os constituintes, servindo igualmente como via de transmissão das crenças, valores e significados da sociedade para os seus membros novos (Dessen & Polonia, 2007; Amazonas, Damasceno, Terto & Silva, 2003). É precisamente neste contexto que os novos membros absorvem os primeiros preconceitos e estereótipos frequentemente centrados em questões homofóbicas e com uma base heterossexista. Como consequência, estes valores são reproduzidos por alguns/mas posteriormente e alimentam a sensações de culpa e de isolamento dos/as membros não-heterossexuais. Dentro da família nuclear, os/as pais/mães adquirem um papel preponderante para os filhos/as na formação da personalidade, do autoconceito, da construção do indivíduo e da sua interação com o mundo social. Contudo, se por um lado uma boa vinculação e interação entre pais/mães e filhos/as tem efeitos benéficos, figuras parentais com atitudes incongruentes, abusivas e que estimulam a insatisfação familiar tendem a gerar nas crianças/adolescentes dificuldades de ajustamento e de integração social (Dessen & Polonia, 2007; Rodrigues, 2010).

Segundo Rohner (2004) a construção do ser humano tem por base a família. Primeiramente, estão presentes influências genéticas, mas o contexto sociocultural onde o indivíduo cresce e vive também apresenta um papel preponderante. Durante a adolescência e o início da vida adulta, a revelação da orientação sexual pode apresentar-se como um gigantesco desafio psicológico sendo que a família representa habitualmente a parte mais difícil do processo de *coming out* (Savin-Williams, 2003 citado em Heatherington & Lavner, 2008). O termo *coming out*, surge como uma figura de expressão que, na prática, se refere ao assumir da orientação sexual. Este é um processo longo e contínuo, estando profundamente influenciado pelo ambiente em que o sujeito se insere e também pelas percepções que o mesmo tem dos comportamentos que as figuras significativas tomariam perante a notícia (Frazão & Rosário, 2008).

Regra geral, as ditas *minorias* discriminadas socialmente acabam por encontrar apoio nos pais/mães e familiares pois, na grande maioria das vezes, estes enquadram-se na mesma situação tendo experiências de vida semelhantes. O mesmo não ocorre, frequentemente, no que toca à orientação sexual contribuindo para uma sensação de isolamento ainda maior (Pachankis, Goldfried & Ramrattan, 2010). De acordo com os trabalhos D'Augelli (2006), poucas famílias se apresentam como completamente aceitantes sendo que, as mães demonstram maior compreensão do que os pais.

Além disso, a rejeição parental apresentou-se como influente no desenvolvimento de baixa autoestima e de diversas perturbações psicológicas. Paralelamente, os dados indicam que aproximadamente um terço dos suicídios ocorridos durante a adolescência estão intimamente relacionados com questões da orientação sexual como a rejeição parental, as dificuldades de autoaceitação e o *bullying* (Rodrigues, 2010; Ryan, Huebner, Diaz, & Sanchez, 2009).

O primeiro objetivo deste estudo é verificar se a percepção que homossexuais, lésbicas e bissexuais têm da aceitação/rejeição parental, durante a infância, se relaciona com a percepção da aceitação/rejeição parental que têm aquando do *coming out*. Segundo Rohner (1986), a existência de rejeição parental durante a infância apresenta várias consequências para o indivíduo a nível das disposições da personalidade refletindo-se num grave desajustamento psicológico. Contudo, não existem muitos estudos que procurem verificar se estas mesmas disposições também podem ser influenciadas pela aceitação/rejeição de uma orientação sexual não-heterossexual. Como tal, este trabalho tem também como objetivo relacionar a variável “percepção de rejeição parental aquando do *coming out*”, com as variáveis relativas às disposições da personalidade. O estudo terá em conta a perspetiva dos pais e das mães separadamente, recorrendo-se ao termo parental quando se pretende dirigir a ambos.

Método

A amostra foi obtida primordialmente através do contacto com duas associações portuguesas LGBT (Lésbica, Gay, Bissexual e Transgênero/a), a ILGA e a *rede ex aequo* que contribuíram na divulgação do estudo pela comunidade alvo. Para participar, era requisito obrigatório ter mais de 18 anos e todos/as os/as respondentes tinham de se considerar homossexuais, lésbicas ou bissexuais. Os questionários foram aplicados numa plataforma *online*, garantindo-se o anonimato e a confidencialidade. Primeiramente, obteve-se uma amostra de 319 indivíduos contudo, foram excluídos todos os que não responderam à totalidade do questionário. Dado que uma grande parte desta amostra ainda não tinha realizado o *coming out* ao pai e/ou à mãe, no final, a amostra ficou reduzida a 84 sujeitos.

Amostragem

No que respeita ao sexo, 52 (61,9%) dos/as participantes são do sexo masculino e 32 (38,1%) do sexo feminino, com idades compreendidas entre os 18 e os 66 anos. Relativamente à orientação sexual, 17 (20,2%) identificam-se como bissexuais e 67 (79,8%) como homossexuais/lésbicas. Quanto ao estado civil, 63 (75%) são solteiros/as, 2 (2,4%) são casados/as ou vivem em união de facto com uma pessoa do sexo oposto e 19 (22,6%) são casados/as ou vivem em união de facto com uma pessoa do mesmo sexo. Visando as habilitações literárias completas, 1 (1,2%) terminou os estudos com o 9º ano de escolaridade e 24 (28,6%) com o 12º. Além destes/as, 45 (53,6%) concluíram a Licenciatura/Bacharelato, 13 (15,5%) o mestrado e 1 (1,2%) o doutoramento.

Instrumentos utilizados

No presente estudo recorreu-se ao Questionário de Aceitação/Rejeição Parental (versão curta) (PARQ) constitui a versão portuguesa do *Adult PARQ* da autoria de Rohner (2004; Rohner, Khaleque & Cournoyer, 2005). O questionário apresenta duas partes com os mesmos itens, sendo que uma visa a aceitação/rejeição paterna e a outra, a materna. Esta escala pretende analisar a percepção que o indivíduo tinha da relação com o pai e a mãe durante a infância, aproximadamente entre os 7 e os 12 anos. O instrumento apresenta um texto introdutório com as normas do autor das escalas, sendo alertado que as respostas devem refletir o modo como o pai/mãe os/as tratavam na altura específica e não como gostariam de ter sido tratados/as. Cada inventário divide-se em quatro subescalas, que segundo Rohner, Khaleque e Cournoyer (2005) correspondem às quatro dimensões do comportamento parental a partir dos quais adultos/as e crianças organizam as suas ideias de aceitação/rejeição parental. Assim, o carinho é uma variável manifestada de forma física ou verbal, através de gestos e palavras afetuosas. A hostilidade/agressividade, define-se pela percepção de sentimentos negativos como raiva, ressentimento e intensões de magoar fisicamente ou emocionalmente. A indiferença/negligência reporta para a ausência de preocupação e interesse para com o indivíduo. Finalmente, a rejeição indiferenciada, que se refere à transmissão de indícios que levam a criança a acreditar que não é verdadeiramente amada, nem desejada pelas figuras parentais (Rohner, 1986; Khaleque & Rohner, 2002). A versão utilizada apresenta 24 itens organizados segundo uma escala de *Lickert* de 4 intervalos (1-Quase sempre é verdade, 2-Algumas vezes é verdade, 3-Raramente é verdade e 4-Quase nunca é verdade). Valores finais elevados indicam altos índices de rejeição percebidos.

Seguidamente, aplicou-se a Escala da Percepção da Reação Parental (PPRS) ou *Perceived Parental Reaction Scale* (PPRS) na versão original, criada por Willoughby, Malik e Lindahl (2006) com o objetivo de aceder à percepção da reação parental perante a descoberta da orientação sexual dos/as filhos/as. A escala apresenta duas versões idênticas entre si, uma correspondente às reações do pai e outra para as da mãe. Na mesma, estão presentes 32 itens organizados segundo uma escala de Lickert com 5 opções de resposta (1-Não Concordo, 2-Concordo Pouco, 3-Neutral, 4-Concordo e 5-Concordo Muito). Aquando da aplicação, é pedido a cada participante que reporte à semana em que o seu pai e a sua mãe tomaram conhecimento da orientação sexual do mesmo, indicando o grau de concordância com cada uma das afirmações. Valores finais elevados indicavam índices de rejeição percecionados igualmente altos.

Por fim, o Questionário de Avaliação da Personalidade (PAQ), da autoria de Rohner, constitui a versão portuguesa do *Adult PAQ*. Segundo Rohner (1976 citado em Munaf, Huassain & Kamrani, 2012), esta escala tem como objetivo analisar as percepções pessoais relativas às sete disposições da personalidade que o autor associa ao desajustamento psicológico. De forma resumida, as sete disposições da personalidade englobam a hostilidade/agressividade, que se evidencia pela exteriorização de respostas de raiva ou de ressentimento perante outras pessoas, situações ou objetos; a baixa autoestima, que envolve sensações de desvalorização e desaprovação pessoal; a instabilidade emocional, caracterizada pela incapacidade em manter um humor equilibrado e adaptativo perante pequenas dificuldades ou falhas no quotidiano; a dependência que se caracteriza pela necessidade excessiva de confirmar o afeto e o suporte por parte dos/as outros/as; a não-responsividade emocional que se relaciona com a falta de assertividade e com a dificuldade em demonstrar sentimentos; a auto-adequação, marcada pela sensação de incapacidade em realizar as tarefas inerentes à vida pessoal e ao enquadramento social e por fim a visão negativa do mundo pautada pelo medo e receio perante o mundo e pela ideia de que o mesmo está repleto de situações perigosas e ameaçadoras. Durante a aplicação do instrumento, cada indivíduo é convidado a refletir sobre si mesmo a partir da descrição de comportamentos relacionados com as dimensões da sua personalidade. O PAQ é constituído por 63 itens organizados segundo uma escala de *Lickert* de 4 intervalos (1-Quase sempre é verdade, 2-Algumas vezes é verdade, 3-Raramente é verdade e 4-Quase nunca é verdade).

Resultados

De forma a processar os resultados de encontro aos objetivos, recorreu-se ao teste paramétrico de Correlação de Pearson uma vez que permitia estabelecer relações entre duas variáveis intervalares ou de escala e visto se confirmar o teste de normalidade em todos os parâmetros. Assim, correlacionou-se o índice total de rejeição parental com o índice total de rejeição da orientação sexual aquando do *coming out* nas tabelas 1 e 2.

Tabela 1

Correlações entre a Percepção da Rejeição paternal na Infância e a Percepção da Rejeição paternal aquando do coming out.

		Total Rejeição ao <i>coming out</i>
Pai		
	Correlação Pearson	-0,421**
Carinho	p	0,000
Hostilidade/	Correlação Pearson	0,374**
Agressividade	p	0,000
Indiferença/	Correlação Pearson	0,289**
Negligência	p	0,004
Rejeição Indi-	Correlação Pearson	0,301**
ferenciada	p	0,003

Total	Correlação Pearson	0,421**
Rejeição	p	0,000

Paternal

** Correlação é significativa ao nível 0.01

* Correlação é significativa ao nível 0.05

Tabela 2

Correlações entre a Percepção da Rejeição maternal na Infância e a Percepção da Rejeição maternal aquando do coming out.

Mãe	Total Rejeição ao coming out	
	Correlação Pearson	
		-0,336**
Carinho	p	0,001
Hostilidade/	Correlação Pearson	0,407**
Agressividade	p	0,000
Indiferença/	Correlação Pearson	0,369**
Negligência	p	0,000
Rejeição Indi-	Correlação Pearson	0,383**
ferenciada	p	0,000
Total	Correlação Pearson	0,427**
Rejeição	p	0,000

Maternal

** Correlação é significativa ao nível 0.01

* Correlação é significativa ao nível 0.05

De acordo com os resultados do teste, verifica-se uma correlação entre todas variáveis analisadas sendo as mesmas estatisticamente significativas. Como tal, podemos verificar que, tanto para o pai ($r=0,42$; $p\leq 0,01$) como para a mãe ($r=0,43$; $p\leq 0,01$), quanto maior a percepção da rejeição parental durante a infância maior a percepção da rejeição parental da orientação sexual aquando da revelação da mesma.

No que concerne ao fator carinho, a correlação é também estatisticamente significativa, para o pai ($r=-0,42$; $p\leq 0,01$) e para a mãe ($r=-0,34$; $p\leq 0,01$). Contudo, neste parâmetro, dado que a correlação é negativa, quando os valores de uma das variáveis aumentam, os da outra diminuem. Ou seja, nesta situação, pode-se prever que, a valores mais elevados de percepção de carinho durante a infância correspondem valores mais reduzidos de rejeição da orientação sexual dos sujeitos aquando do coming out.

Para terminar, podemos afirmar que a Hostilidade/Agressividade, a Indiferença/Negligência e a Rejeição Indiferenciada se correlacionam positivamente com a rejeição ao coming out na versão materna e paterna do teste. Desta forma, para esta amostra, quando maior é a percepção destes comportamentos durante a infância por parte dos pais/mães maior também a percepção de rejeição da orientação sexual.

Seguidamente, pretendeu-se averiguar se o índice de rejeição da orientação sexual aquando da descoberta da mesma se relaciona com o desajustamento psicológico refletido nas sete dimensões da personalidade.

Tabela 3

Correlações entre a Percepção da Rejeição Parental da orientação sexual aquando do coming out e as disposições da personalidade.

		Total Re- jeição do coming out (Pai)	Total Re- jeição do coming out (Mãe)
Hostilida- de/	Correlação Pearson	0,025	0,158
	p	0,819	
Agressivi- dade			0,152
Depen- dência	Correlação Pearson	0,017	0,038
	p	0,881	0,733
Baixa Au- toestima	Correlação Pearson	0,127	0,353**
	p	0,251	
Auto-a- dequação	Correlação Pearson	0,207	0,373**
Negativa	p	0,059	0,000
Não-res- ponsivi- dade emo- cional	Correlação Pearson	0,160	0,271*
	p	0,146	0,013
Instabili- dade emo- cional	Correlação Pearson	0,043	0,256*
	p	0,698	0,019
Visão ne- gativa do mundo	Correlação Pearson	0,098	0,192
	p	0,376	0,080

***. Correlação é significativa ao nível 0.01*

**. Correlação é significativa ao nível 0.05*

Inspecionando os resultados do teste, expressos na Tabela 3, é possível verificar que não existe uma correlação estatisticamente significativa entre a rejeição da orientação sexual aquando da descoberta da mesma pelo pai e as dimensões da personalidade relacionadas com o desajustamento psicológico. No que toca à mãe, detetam-se correlações estatisticamente significativas em alguns dos quadrantes estudados. Nomeadamente, verifica-se uma correlação positiva mais forte nas dimensões da baixa autoestima ($r=0,35$; $p\leq 0,01$) e da auto-adequação negativa ($r=0,37$; $p\leq 0,01$). Nas medidas da não-responsividade emocional ($r=0,27$; $p\leq 0,05$) e da instabilidade emocional ($r=0,25$; $p\leq 0,05$) verifica-se também uma correlação estatisticamente significativa embora não tão forte como nas anteriores. Estes dados apontam para o facto de que quanto maior a percepção da rejeição materna da orientação sexual, maior o nível de auto-adequação negativa, de baixa autoestima, de irresponsividade emocional e de instabilidade emocional.

Posteriormente, foi igualmente possível aceder à correlação de Pearson para investigar se existiria uma relação entra

a rejeição ao coming out por parte da mãe e por parte do pai. Assim, de acordo com os resultados ($r=0,56$; $p\leq 0,01$), pode-se aferir que existe uma correlação estatisticamente significativa e positiva entre estas duas variáveis. Na verdade, segundo o resultado, os sujeitos que experienciaram maiores níveis de rejeição aquando do coming out à mãe, experienciaram níveis igualmente elevados de rejeição perante o pai na mesma situação. Efetuou-se também uma comparação entre o grupo dos participantes masculinos com o grupo das participantes femininas no que concerne à rejeição parental percebida durante a infância e aquando do coming out. Tendo em conta que se está a comparar duas amostras independentes, a variável é nominal (sexo) e confirmando-se o teste da normalidade, recorreu-se ao t student para obter os resultados. Contudo, verificou-se que não existem diferenças estatisticamente significativas ($p>0,05$) na comparação entre os sexos em nenhum dos parâmetros analisados. Identicamente à situação anterior, também não foram detetadas diferenças estatisticamente significativas ($p>0,05$) na comparação entre as orientações sexuais nos parâmetros analisados. Como tal, pode-se aferir que tanto os/as gays/lésbicas como os/as bissexuais experienciam índices semelhantes de aceitação/rejeição parental aquando do coming out.

Discussão de resultados

Inicialmente estabeleceu-se como objetivo do estudo, investigar se a percepção que homossexuais, lésbicas e bissexuais têm da aceitação/rejeição parental durante a infância se relaciona com a percepção da aceitação/rejeição parental aquando do *coming out*. Segundo os testes efetuados, verifica-se que existe uma associação significativa e positiva de ambas as variáveis, tanto na perspetiva paternal como na perspetiva maternal. Esta situação permite propor que os homossexuais, as lésbicas e os/as bissexuais que percebem reações negativas aquando do *coming out* ou da descoberta da sua orientação sexual por parte das figuras parentais, experienciaram também sensações de rejeição parental durante a infância. De acordo com Corliss, Chchran e Mays (2002 citados em Pachankis, Goldfried & Ramrattan, 2010), é comum os indivíduos não-heterossexuais declaram níveis elevados de rejeição parental durante a infância. Como proposto pelos autores, esta situação poderá estar relacionada com papéis de género manifestados que, por vezes, não se coadunam com os socialmente esperados para o respetivo sexo da criança. Assim, é de prever que as figuras parentais que apresentam maiores índices de rejeição da orientação sexual dos/as filhos/as tenham já evidenciado uma maior desaprovação de alguns destes comportamentos anteriormente. Como forma de demonstrar essa desaprovação, é possível que os pais e mães, durante a infância, não fossem tão carinhosos, o que explica a correlação negativa entre o carinho e a rejeição ao *coming out*. Pelas mesmas motivações, estes pais e mães também terão demonstrado uma maior hostilidade/agressividade, indiferença/negligência e rejeição indiferenciada sendo por essas razões que estas dimensões da rejeição parental se relacionam positivamente com a rejeição à descoberta da orientação sexual. Os autores efetuaram igualmente uma comparação da situação com sujeitos heterossexuais que não alcançaram níveis de rejeição parental percebida tão altos.

O segundo objetivo deste trabalho era investigar se existe uma relação entre a percepção de rejeição parental da orientação sexual aquando da descoberta da mesma com as disposições da personalidade associadas ao desajustamento psicológico (Rohner, 1986). No entanto, verificou-se que não existe uma associação entre a percepção da rejeição paternal e as disposições da personalidade associadas ao desajustamento psicológico. Assim, considerando estes resultados, podemos indicar que os comportamentos negativos percebidos pelos/as homossexuais, lésbicas e bissexuais no que toca à figura paternal aquando da descoberta da orientação sexual, parecem não manifestar um impacto significativo no desajustamento psicológico dos mesmos. Todavia, não se descarta a possibilidade da rejeição por parte do pai ter também um peso preponderante em diversos outros prismas da vida dos não-heterossexuais. Por outro lado, quando o enfoque é a figura maternal, verificou-se uma correlação forte entre a rejeição à notícia da orientação sexual e quatro das sete disposições da personalidade. Consequentemente, pode-se depreender que reações negativas percebidas pelos sujeitos não-heterossexuais no que respeita à figura maternal aquando do *coming out*, apresentam um impacto significativo na autoestima, auto-adequação, não-responsividade emocional e instabilidade emocional. Salienta-se a baixa autoestima e a auto-adequação negativa que obtiveram os valores correlacionais mais elevados. Como tal, a percepção da rejeição por parte da mãe neste período de vida dos indivíduos pode conduzir os mesmos a experienciar, no futuro, sensações severas de desvalorização, desaprovação pessoal e sentimentos de incapacidade para realizar tarefas inerentes à vida pessoal quotidiana e ao enquadramento social, contribuindo ambas para a sensação de fracasso e de inutilidade. Apesar de não existir uma correlação tão forte, a rejeição maternal da orientação sexual pode também acarretar consequências futuras a nível da não-responsividade e da instabilidade emocional. Desta forma, estão inerentes dificuldades em manter um estado de humor equilibrado ao longo do dia, incapacidade em suplantar e lidar adaptativamente com as exigências diárias e dificuldades no que concerne à assertividade ou seja, à capacidade em demonstrar adaptativamente os sentimentos vivenciados (Rohner, 1986; Munaf, Huassain & Kamra-

ni, 2012). Segundo os trabalhos de Pachankis, Goldfried e Ramrattan (2010), realizados com homossexuais, quando são vivenciadas experiências negativas neste parâmetro, existe a tendência a despoletar-se nos sujeitos uma maior sensibilidade futura à rejeição da sua orientação sexual e também uma elevada falta de assertividade. Este estudo consolida-se diretamente com os resultados obtidos principalmente na dimensão da não-responsividade emocional. Por seu lado, os estudos de D'Augelli (2006), também vão de encontro aos resultados obtidos. O autor afirma que a rejeição parental da orientação sexual se apresenta como influente no desenvolvimento de uma baixa autoestima e de diversas perturbações psicológicas.

Por fim, de acordo com Rohner (1986), a percepção da rejeição parental está intimamente relacionada com o desajustamento psicológico. Assim sendo, o presente estudo verificou que, aquando da descoberta da orientação sexual, é a vertente materna que apresenta um peso preponderante podendo, se rejeitante, conduzir os sujeitos ao desenvolvimento de complicações ao nível do ajustamento psicológico. No que concerne às atitudes perante os não-heterossexuais os estudos apontam que os indivíduos do sexo masculino apresentam, regra geral, mais preconceitos (Gato & Fontaine, 2011). Assim, teoriza-se que os homossexuais, as lésbicas e os/as bissexuais já tenham alguma preparação e noção de que os pais não vão reagir bem, pelo que estarão mais preparados/as para suportar esta eventual rejeição. Já no que diz respeito à mãe, esta rejeição será mais surpreendente o que poderá justificar os resultados obtidos.

Tendo em conta outras análises realizadas com os dados, verificou-se que existe uma correlação positiva entre os níveis percecionados de rejeição das figuras parentais. Ou seja, quando a mãe apresenta uma forte rejeição ao *coming out*, o pai tem tendência a manifestar um valor de rejeição semelhante. Esta situação poderá explicar-se pelo facto de que, frequentemente nas famílias, as crenças, os estereótipos e também os preconceitos, são partilhados pelos vários membros incluindo as figuras parentais (Dessen & Polonia, 2007; Amazonas, Damasceno, Terto & Silva, 2003).

Apesar da literatura referir que os homossexuais e os bissexuais sofrem mais efeitos do preconceito homofóbico do que as lésbicas e as bissexuais, o presente estudo não encontrou diferenças significativas na percepção de aceitação/rejeição parental na infância e aquando do *coming out*. Assim, as mulheres desta amostra poderão estar a experienciar os mesmos índices de rejeição que os homens devido à percepção social de quebra de valores tradicionais e de feminilidade que ainda se associam às mulheres (Kite & Whitley, 1996 citados em Baltezare, 2006). Além do mais, de acordo com Butler (1990), as mulheres lésbicas também são afetadas pela dita heterossexualidade compulsória predominantemente machista, que estabelece para a mulher um papel social rígido de necessidade de inclusão num modelo masculino que a ampare.

Inicialmente, seria de esperar que os/as bissexuais percecionassem valores inferiores de rejeição parental ao *coming out* do que os homossexuais e as lésbicas dado que, para estes/as, existe uma possibilidade maior de virem a estabelecer uma relação de longa duração com um indivíduo do sexo oposto, tal como o desejado por muitos pais e mães que buscam uma vida normativa para os filhos/as. Contudo, de acordo com os resultados da amostra, bissexuais e homossexuais experienciam índices semelhantes de aceitação/rejeição parental aquando do *coming out*. Este acontecimento pode ser devido ao facto de, em ambas as situações, os pais e mães temerem pela integridade dos/as filhos/as numa sociedade que, por norma, rejeita a diferença. Além disso, segundo os estudos de Beeler e DiProva (1999, citados em Baltezare, 2006) os pais/mães alegam frequentemente sentirem-se assutados/as com a possibilidade de infeções sexualmente transmissíveis, com os julgamentos de familiares e conhecidos/as e com a perda de valores inerentes à família tradicional, embora não existam provas empíricas a relacionar diretamente estes fatores com as questões da orientação sexual.

Conclusão

Na generalidade, a base principal de suporte dos indivíduos é a família e principalmente os/as pais/mães, contudo no que toca aos/as homossexuais e bissexuais, por vezes, esta não é a verdade. Esta situação tem a possibilidade de contribuir para sensações de culpa e isolamento social comumente experienciadas por esta comunidade. De acordo com estudos realizados anteriormente por diversos autores, sabe-se que estas fragilidades podem eventualmente conduzir os sujeitos ao abuso de substâncias, ao desenvolvimento de psicopatologias e ao suicídio (Rodrigues, 2010; Ryan, Huebner, Diaz, & Sanchez, 2009). Assim, por todas as razões referidas é importante preparar sistemas de prevenção para esta comunidade podendo os/as profissionais da psicologia ter um importante papel a desempenhar nomeadamente na intervenção e na educação de crianças, adolescentes e encarregados/as de educação sobre as questões LGBT, no sentido da desconstrução de mitos e preconceitos.

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Experiences of discrimination: the case of sexual orientation

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Abstract

This article focuses on the specificities of discrimination on grounds of sexual orientation and its implications for equality policies. It begins by presenting relevant data on equality policies in the European Union. It goes on to reflect on the pervasive invisibility of lesbian and gay sexualities in public spaces. The emphasis then moves to questioning how the cycle of invisibility of sexual orientation relates to social discrimination by presenting a case study to illustrate discrimination as a lived experience. In reflecting on the specificities of sexual orientation it concludes by highlighting the implications of the findings for equality policies.

Keywords: sexual orientation, equality policies, public space, social identities

Introduction

To address the specific case of discrimination on grounds of sexual orientation we have to understand that sexuality is a process of power relations which mediates our everyday interactions, rather than a feature of private life (Valentine, 1993:246). The public expression of non-normative identities, such as those of lesbians and gays, is one example of these power relations. The public visibility of these sexualities disrupts and therefore exposes the way in which the street is commonly produced as “naturally” or “normally” a heterosexual space (Bell, 2001; Valentine, 2001).

The intimate connections between the systematic production of power and the production of space have been uncovered and studied by a diverse range of researchers. In particular spaces, there are dominant spatial orderings that produce moments of exclusion for particular social groups (Massey, 1999; Mitchell, 2000; Smith, 1991; Valentine, 2007).

The power-laden spaces in and through which life is experienced are highly contingent on the way particular identities become salient or foregrounded at particular moments. Individuals maintain multiple identities in different spaces and in one space but at different times. Social identities are neither stable nor passively received understandings of social differences; therefore it is not possible to explain inequalities through a single framework. Intersectionality, as spatially constituted and experienced, supports the understanding of the intimate connections between the production of space and the systematic production of power (Valentine, 2007).

Discrimination and social exclusion have received significant social science research attention. Investigators in areas as diverse as geography, psychology and sociology, have widely researched and theorised about discrimination on diverse grounds, such as gender, race or ethnic origin, religion or belief, disability, age and sexual orientation, as well as the particular intersections between them (Cooper, 2004; Crenshaw, 1989; Lombardo and Verloo, 2009; Hancock, 2007; Valentine and Waite, 2011; Verloo, 2006).

However, the study of the interrelations of space and sexuality is fairly recent. In the specific case of geography, the study of sexuality and sexual preference was neglected for a long period of time, despite the recognition that marginalised groups and the influence of class, ethnicity, age and gender shape social geographies (Bell, 1991). The first geographical works on sexualities and specifically on homosexuality focused on mapping “gay ghettos”, regions and neighbourhoods in contemporary western cities. These studies have been criticised for their moralistic and heterosexist approach to lesbian and gay social and sexual relations (Bell and Valentine, 1995). In the 1990s an increasing number of writings on sexualities, space and place started to emerge with a positive perspective, utilising ethnographic methods and integrating the perspectives of lesbians and gays. In recent years, new interpretations of space and sexuality have emerged based on queer theory, challenging the disembodied nature of geographical knowledge, and reasserting the value of the social and the material in theorizing about embodiment and queer identities (Bell, 2001). This is a more political approach which explores the relationships between the national state, globalization and sexual dissidence (Binnie, 2004). Notwithstanding these new perspectives and approaches, it is important to stress that the academic work on sexuality has focused on gay, white and urban men in western countries, to the detriment of

research on women, the under-paid, unprivileged or non-white (Browne et al., 2009).

When based on the understanding that sexuality is a process of power relations which mediates our everyday interactions (Valentine, 1993), research on the experiences of lesbians and gays may contribute to better understand social exclusion and discriminatory processes. However, research within the field of social sciences has paid relatively little attention to the specificities of sexual orientation, namely the cycle of invisibility and its relation to social discrimination (Bell et al., 2011; Binnie, 1997; Forbes et al., 2002; Harrison, 2005; Sedgwick, 1990).

This article starts by presenting relevant data on equality policies in the European Union, and based on original empirical research it reflects on the pervasive invisibility of lesbian and gay sexualities in public spaces. The presentation of a lived experience supports the analysis of the interrelations between the cycle of invisibility of sexual orientation and social discrimination. The emphasis then moves to highlight the implications of the specificities of sexual orientation for the design and implementation of equality policies.

A note on equality policies

According to the 2010 update on the report on *Homophobia, transphobia and discrimination on grounds of sexual orientation and gender identity*, produced by the European Union Agency for Fundamental Rights (FRA, 2010), awareness of the rights of lesbian, gay, bisexual and transgender (LGBT) persons has been growing within the European Union (EU) in recent years. Progress identified in a number of Member States includes: a) a widened range of legal protection against sexual orientation discrimination; b) the enjoyment of freedom of assembly and expression for LGBT people, as well as protection from violence motivated by prejudice, incitement to hatred and expressions of prejudice and discrimination against LGBT people, and c) the opening up of marriage for same-sex couples.

The Treaty of Lisbon strengthened the framework of non-discrimination legislation, and the now binding Charter of Fundamental Rights of the European Union provides in a single text, for the first time in the European Union's history, the whole range of civil, political, economic and social rights of European citizens and all persons resident in the EU. Furthermore, the Recommendation CM/Rec(2010)5¹ of the Committee of Ministers to member states, adopted on 31 March 2010, was a significant step toward combating discrimination on grounds of sexual orientation and/or gender identity.

In spite of this optimistic portrait, the EU Agency for Fundamental Rights (FRA, 2009) reports that LGBT persons continue to experience harassment, bullying and discrimination across the EU, identifying hate speech on the Internet and by public figures as a particularly worrying phenomenon. The European Commission 2010 Report on the Application of the EU Charter of Fundamental Rights (European Commission, 2011:46), states that, although in most Member States LGBT people can freely exercise their right of freedom of assembly, bans or administrative obstacles have created problems for the organisation of peaceful public LGBT demonstrations in some Member States and that organised attacks against such demonstrations have taken place in others.

The Eurobarometer Discrimination in the EU in 2009 (European Commission, 2009), shows that discrimination on grounds of sexual orientation is still a widespread reality in EU countries. One consistent significant finding across the three waves of this study is that diversity in one's social circle is the factor with the most positive influence on people's attitudes. For instance, the survey reveals that only a quarter of Europeans (27%) would feel totally comfortable with the idea of having an LGBT person holding the highest political office in their country, but Europeans with LGBT friends are much more open to the idea than Europeans without LGBT friends.

Although the European Union Agency for Fundamental Rights 2010 update report on *Homophobia, transphobia and discrimination on grounds of sexual orientation and gender identity* clearly states that all citizens have the right to receive unbiased information about LGBT persons and their relationships, to live in an open and inclusive environment, to be respected, protected, promoted and fulfilled across the EU (FRA, 2010: 9), there are still European countries that ban the dissemination of information on homosexuality to minors and restrain LGBT expression in the public sphere. Lithuania is one of the most recent examples of an attempt to use the law to maintain the invisibility of LGBT people (FRA, 2010).

According to European equality policy anti-discrimination laws are not sufficient; it is crucial to present LGBT experiences in a respectful and understanding way, and to actively promote the public acceptance of

LGBT identities, conduct and relationships, among EU Member States (FRA, 2010). Several examples of best practices have recently come to light, including: a) in Germany the distribution by the Federal Centre for Health Education of a manual called ‘Heterosexual? Homosexual?’² and the ‘School without Homophobia – School of Diversity’³ supported by the Land of Nordrhein-Westfalen; b) in France the recommendation⁴ of the French Equal Opportunities and Anti-Discrimination Commission (HALDE) to incorporate homophobia in school curricula, and to provide training for teachers and National Education Service staff; c) in The Netherlands the resolution⁵ adopted in December 2009 by the Lower House of Parliament to include sexual diversity in the main objectives of primary and secondary education and the adoption of a comprehensive LGBT Policy Document for the period 2008-2011 (Simply Gay⁶), which constitutes a national action plan to encourage social acceptance and empowerment of LGBT citizens; and d) initiatives in the United Kingdom to improve the National Curriculum will make it compulsory for all schools to teach 14 to 16 year olds about same-sex relationships.

Despite these isolated examples, the pervasive reality in most European countries is far from optimistic (FRA, 2010). Recent examples of persistent antagonism to campaigns for public acceptance of LGBT identities, conduct and relationships, include the refusal of the Portuguese Ministry of Education to officially support a campaign organised by an LGBT youth organisation REA (www.rea.pt) on homophobic bullying, and the negative reaction of the Italian Secretary of State for family policy to an IKEA advertisement with the picture of two men holding hands and the text “We are open to all families”.

The specific needs of LGBT persons were formally acknowledged by the Council of Europe Convention on preventing and combating violence against women and domestic violence⁷ of April 7th 2011 with the inclusion of gay men, lesbian women, bi-sexual and transgender persons in the group of people made vulnerable by particular circumstances and that require positive action to ensure that any preventive measures specifically address and take into account their specific needs.

The pervasive invisibility of lesbian and gay sexualities in public spaces

A recent research project on the visibility of lesbian and gay sexualities in public spaces in Portugal (Ferreira, 2011) provided original empirical data on the interrelations of sexual identities and space. This study focused on behaviours (same-sex public displays of affection) rather than on identity discourses. This approach made it possible to stress the significant relations of sexual orientation disclosure with space, and to uncover some examples of dissonance in the self - identity discourse of lesbians and gays. Public displays of affection are rather common in the Portuguese socio-cultural context, a fact which offers a special opportunity for exploring how lesbians and gays negotiate same-sex displays of affection in public spaces.

The research results (Ferreira, 2011), based on semi-structured interviews and an online survey, indicate that same-sex public displays of affection are not frequent for the homosexuals and bisexuals that participated in this research. The main reasons the participants identified for refraining from public displays of affection, are: a) the feeling of “not being safe” / fear of discrimination; b) the understanding that people in general are not prepared to deal with same-sex public displays of affection and that homosexuals and bisexuals should not confront others (which can be identified as internalized homophobia⁸); and c) the need to take into consideration their partners’ attitudes towards same-sex public displays of affection. Only a small percentage of the respondents reported feeling that they have the right to express their affection regardless of other people’s reaction or society’s respect for diversity. Most of the respondents reported an ever-present feeling of a lack of safety associated with same-sex public displays of affection and the understanding that these behaviours imply the disclosure of one’s sexual orientation.

Analysing the results according to age did not reveal any differences. Due to the significant increase of LGBT associations and comprehensive legal changes which have occurred in Portugal since 1996 (Ferreira and Silva, 2010) we would expect a higher percentage of younger lesbians, gays and bisexual persons having same-sex public displays of affection. The Eurobarometer on discrimination in the EU (European Commission, 2009) can contribute to better understand these results, as it reveals that the younger citizens perceive the discrimination on grounds of sexual orientation as being more widespread than the older citizens. A greater awareness of the risk of being discriminated can contribute to a more cautious/defensive behaviour in public spaces.

Another noteworthy result is that some of the interviewees who had previously “come out” to their families, friends or co-workers, also reveal avoiding public displays of same-sex affection. The process of “coming out” is a complex

and difficult process in which individuals negotiate space/time strategies such as deciding not to have same-sex public displays of affection (Valentine, 1993).

This research (Ferreira, 2011) also explored the relation of the characteristics of public spaces with same-sex displays of affection. Most of the respondents identify isolated public spaces away from “other people’s eyes” as safer for same-sex public displays of affection. Public spaces are constructed around particular notions of appropriate sexual comportment, reflecting and reproducing heteronormativity, as they exclude non-normative sexualities, such as lesbian and gay sexualities (Hubbard, 2001). Another clear idea stands out: proximity to place of residence or work limits same-sex public displays of affection given that most of the respondents do not want to be identified as lesbians or gays by people with whom they interact daily. On the other hand, spaces identified as LGBT friendly, like some nightlife areas in large cities characterized by a sense of anonymity, are facilitators of same-sex public displays of affection. An analysis of space/time contexts is interesting. Lesbians and gays may feel comfortable in public spaces that they usually do not consider friendly, but that at specific times become so, such as during Pride events or LGBT film festivals. The presence of visible lesbians and gays can transform a heteronormative space into a homo-friendly one (Bell, 2001; Valentine, 2001).

The research results (Ferreira, 2011) point out that if we were to draw a map of friendly public spaces to same-sex public displays of affection, we would have to draw as many maps as individuals; the importance of residence and workspaces dictates the need for personal maps of lesbian and gay visibility; there would be no single map that would meet the specificities of each individual; probably only some nightlife areas in large urban areas would be common spaces to all personal maps.

Research on the experiences of being lesbian, gay or bisexual contributes to improve our understanding of sexuality as a process of power relations which mediates our everyday interactions.

A lived experience of discrimination

The lived experience of Ana (pseud.), a mixed-raced, twin sister, bisexual, catholic, young woman, is our starting point for reflecting on the ways in which the diverse grounds for discrimination are experienced.

The interview occurred within the context of a research on the public visibility of lesbian and gay sexuality in Portugal, in June 2010. Invitations for participation were distributed via LGBT Portuguese mailing lists. This specific young woman was recruited on the mailing list of an LGBT youth organization. One of the criteria for selection for interview was self-identification as lesbian, gay or bisexual. The interview lasted approximately two hours, was conducted online using Windows Live Messenger (MSN) audio facilities, and digitally recorded using the program vEmotion (<http://www.voiceemotion.com>). The online interview format was selected due to the geographical distance between the interviewer and the respondent.

At the beginning of the interview the only information about Ana was that obtained by the recruitment method, namely her sex, age and sexual orientation. Any other characteristics, such as the colour of her skin, were unavailable unless she decided to disclose them. This is a relevant aspect, since it resembles, to some extent, the possibility of the individual to maintain his/her sexual orientation invisible.

The first part of the interview focused on the process of disclosure of her sexual orientation. This was a subject that she felt comfortable talking about. Most of her life, she had identified herself as heterosexual. Although she acknowledged having had some erotic feelings towards other girls, the possibility of being a lesbian or bisexual had never occurred to her. Given the heteronormativity of the socio-cultural context and her affective/sexual relationships with boys, it was a rather slow and sometimes puzzling process. It was not until she was 19 years old, when she had an affective/sexual relationship with a girl, that she first questioned her sexual orientation, and considered the possibility of being bisexual.

As far as I am concerned I was always hetero until I was fairly old, ... not that I am very old (laughs) well ... but basically I was hetero until I was 18 or 19 years old, I had some thoughts and feelings towards some of my female friends but I never realised that I could be bisexual or even that I could also love someone of the same sex⁹

The following years were a process of self-discovery, mainly a time of questions, uncertainty and doubts. The lack of positive role models of homosexuality or bisexuality led her to search for others that may be experiencing similar situations, in order to understand and contextualize same-sex emotions and feelings and overcome the negative stereotypes. The contact with an LGBT youth organization was crucial for Ana’s process of forming her identity as a bisexual. The group that she participates has a highly active online forum, where young people can share their stories, doubts and anxieties. Through these online conversations, young people get acquainted with ideas and concepts that support the process of sexual orientation identity development (Buckingham and Willett, 2006).

In REA (an LGBT youth organization) there are some local groups where we can talk and also the online forum, you meet other people who share their stories, their coming-out, and it all helps. At first I joined the REA and only afterwards I decided to talk to my parents.

One of her main concerns about the sexual orientation identity process is the acknowledgment that “coming out” is a difficult, sometimes painful, and always unfinished process (Thompson and Morgan, 2008). Although she has finished her studies, has a job, and is living in her own house, the relationship with her close family, parents and sisters, is still very significant. Her parents struggle between resignation and reluctant acceptance, but are still a long way from offering positive support. And in her specific case, being a twin brought particular difficulties into the relationship with her sister. Their close relationship together with the identity issues characteristic of twins, made the disclosure of Ana’s bisexuality a difficult question for her sister to cope with. It is something that they are still working on. *It was not easy, not easy at all. If anyone says it is easy, he or she is lying. It is still a process; I don’t know if it will ever stop being a process, for my parents it still is very difficult. For my twin sister it is complicated, we always shared everything and we were very close, and suddenly, for her it was sudden, when I came out it was very odd, how was it possible? We are so alike. I think that only time, maybe, can help.*

At the present time she is an LGBT activist, actively participates in Pride marches and organizes sessions about LGBT issues in high schools, which all imply disclosing her sexual orientation in diverse spaces and contexts. Nevertheless she prefers a strategy of invisibility at work and in some social activities, negotiating space/time strategies of her “coming out” process (Ferreira, 2011; Valentine, 1993).

Ana does not express her motivations for shielding her bisexuality in terms of heteronormative socio-cultural contexts and discrimination of non-normative sexualities. She argues that as heterosexuals refrain from discussing their sexual orientation, so does she. This is particularly interesting given that, as an LGBT activist, she is undoubtedly aware of the pervasive heteronormativity and the inequalities that LGBT endure (FRA, 2009). But when she reflects upon her personal experience she does not acknowledge the burden of discrimination.

There are many friends, mainly at work, that don’t know about my sexuality. In my work we don’t talk about each other’s sexuality, it is not a topic of discussion, I mean ... hetero people don’t go around talking about their sexuality, why should I?

Ana has an aunt that is a lesbian, and although everyone in the family knew about it, her aunt kept her sexual/affective relationships with women private. It was only when Ana’s aunt started to engage in public displays of affection with her partner that the family’s negative reactions became more frequent and severe. This had a major impact on Ana’s understanding of her own situation: her bisexuality would not be a problem for her family as long as she kept it private.

I think that I am afraid of negative reactions. I think that this is the main reason why I am so cautious in public. I have an aunt who is a lesbian, everybody knew about it but no one would talk about it, she kept it rather private, until one day she had a girlfriend with whom she started to be more visible, holding hands, and so on ... and the family reaction was awful, they completely rejected her; no one supported her. It was a shock for me.

During the interview process Ana only admits feeling discriminated when same-sex public displays of affection are mentioned. She considers that having same-sex public displays of affection might disclose her sexual orientation and increase the risk of being discriminated against. She also acknowledges that she adopts different displays of affection in public spaces with boyfriends and girlfriends.

Even though I am not a very affectionate person in public I have to admit that with boyfriends I don’t even think about it, and with girlfriends I always have a moment when I think that someone might be watching.

Later in the interview she reflects about her bisexuality, on the experience of being neither homosexual nor heterosexual, somewhere in the middle, in a blurred territory. This was the reason for mentioning the colour of her skin. She is a mixed-race, her father is Caucasian and her mother is from Cape Verde. Ana contrasts the experience of being discriminated against on grounds of sexual orientation and ethnic origin, focusing on the option of invisibility regarding sexual orientation. The colour of her skin is something that she has had to deal with on a daily basis in every context of her life ever since she was a little girl.

It is somehow like racism, only that race is something that you can see and homosexuality is not something visible. Homosexuality you can hide, the colour of your skin you cannot hide, and other people cannot just ignore it, they just have to deal with it.

Another relevant aspect of sexual-orientation based discrimination is the changeable/unchangeable characteristic of any social identity over time. Sexual orientation is neither stable nor unchangeable; the development of this identity is a distinct, varied, and ongoing process (Thompson and Morgan, 2008). In contrast, it would be impossible to grow up to be 19 years old before realizing that you are mixed-race. The two identity processes are highly distinct.

Moreover, the complex set of processes of racial socialization that shape the interactions and relations of ethnic minority young people, prepare them to cope with a discriminatory world. However, most LGBT young people do not have a social context to facilitate socialization into their sexual orientation. They grow up in families and social contexts that perceive and expect them to be heterosexuals, lacking the opportunity to learn how to cope with the hostilities that exist around them and to understand that these hostilities are not caused by their individual characteristics but rather are a consequence of a heteronormative social context (Russell, 2011).

Religious belief is a very important part of Ana's life. She identifies herself as a Catholic, and, in a country where Catholicism is the predominant religion, she does not face discrimination on grounds of her religious belief in most contexts of her life. However, she does experience discrimination on grounds of sexual orientation in her religious practice. She is aware of the position of the Catholic Church position regarding sexual orientation and acknowledges that she cannot be visibly bisexual in her church community.

This is quite interesting aspect of my life, sometimes I wonder how is it possible that I can feel comfortable in a place that denies my own existence, or at least does not support my sexuality. The church is supposed to be a place of peace and love, but it is at the same time a place that discriminates people. Sometimes it is not easy to deal with it.

Simultaneously, she does not feel comfortable disclosing her Catholicism in the LGBT community, because of the existing tension between the Catholic Church and the LGBT associations, which is particularly strong in Portugal. In some way she experiences another type of discrimination on grounds of a potentially invisible aspect of her life: her religious beliefs. However, it is important to point out that this type of discrimination is not as pervasive in her life as the discrimination on grounds of sexual orientation.

The analysis of Ana's lived experience illustrates a case of discrimination on diverse grounds and highlights the specificities of discrimination on grounds of sexual orientation.

Conclusion

The Portuguese reality of lesbians and gays has undergone tremendous change in recent years. A consistent and significant set of legal measures has been adopted: from the decriminalization of homosexuality in 1982 to same-sex marriage law in 2010. It is a remarkable change, framed by the revolution of 1974 that ended a long period of dictatorship and brought noteworthy social change to Portugal in diverse areas of life, including sexuality. Portugal's accession to the EU in 1986 was a significant stimulus to national equality legislation. Notwithstanding these significant legal changes towards equality, social discrimination on grounds of sexual orientation remains a pervasive reality (European Commission, 2009). Lesbian and gay visibility in public spaces remains limited, and individuals still endure a great deal of distress. One of the most pervasive forms of social discrimination is the strong societal pressure to confine and to hide lesbian and gay sexualities within private spaces (Valentine, 1993).

The results of the research project on the visibility of lesbian and gay sexualities in public spaces in Portugal identified the existence of hidden, subtle, implicit and non-verbalised codes of behaviour in public spaces that discriminate same-sex public displays of affection. These hidden and non-explicit codes of behaviour are one of the most pervasive and strongest expressions of heteronormative power structures inscribed in socio-spatial landscapes. In such a context, people can decide not to disclose their non-normative sexual orientation, leading to the pervasive invisibility of lesbian and gay sexualities in public spaces. Concurrently, such invisibility reinforces the power inequalities, reinforcing the heteronormative socio-spatial landscape.

To analyse a lived experience of discrimination, such as the one of Ana, can contribute to an enhanced understanding of the specificities of discrimination on grounds of sexual orientation. Although all social identities, such as class, gender, sexuality and race, are socially constructed, not taken for granted as given or fixed (Valentine, 2001), there are some specific characteristics of sexual orientation. In what concerns the social categorization of people based on perceived physical characteristics, such as skin colour, people cannot choose not to disclose their skin colour; there is no option of invisibility. Racial discrimination is based on a stigma that is visible in all but exceptional cases (Sedgwick, 1990). As far as sexual orientation is concerned, the scenario is completely different; there is the option of whether or not to disclose one's sexual orientation, negotiating the space/time contexts of the "coming out" processes (Valentine, 1993). Furthermore, it is the disclosure of one's sexual orientation that will possibly generate discrimination.

Equality policies should consider the specificities of discrimination on grounds of sexual orientation, such as the pervasive reality of social discrimination, the possibility of not disclosing one's sexual orientation, and the widespread invisibility of lesbian and gay sexualities in public spaces.

In addition to non-discrimination laws, it is crucial to promote the expression of lesbian and gay sexualities in the public sphere in order to break the cycle of invisibility and to advance significant social change. If equality policies

do not actively promote the public visibility of homosexuality and bisexuality, the main burden of making visible lesbian and gay sexualities will be on the shoulders of individuals who have to deal with prejudice and discrimination. Equality policies should provide a wide set of measures that effectively support lesbian women, gay men and bisexual persons in their individual struggle to gain public visibility.

Some equality policies might include: a) school curricula related to the diversity of sexualities; b) openly representation of lesbian women, gay men and bisexual persons on documents produced by governmental organizations in all areas of public life, such as education, health, justice, security and so on; c) official recognition of the diversity of sexualities in all official statements, discourses and documents; d) the implementation of an inclusive approach to people of all sexual orientations in all public services without assuming that everyone is heterosexual.

Visual images are an important and ever-increasing means through which social life happens (Rose, 2007); and it would, therefore, be of particular importance if governmental organizations were to promote the regular public display of images of lesbian and gay sexualities.

The heteronormative socio-spatial landscape potentiates the cycle of invisibility, enforcing people's decision not to disclose their sexual orientation and leading to a pervasive invisibility of lesbian and gay sexualities in public spaces, which concurrently reinforces the heteronormative socio-spatial landscape.

Providing unbiased information and actively promoting a positive image is important for combating all forms of discrimination. In regards to sexual orientation, however, it is imperative if we are to guarantee that lesbian women, gay men and bisexual persons can live in an open and inclusive environment with the guarantee of being respected and with the real possibility of achieving fulfilment.

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(Endnotes)

- 1 - Recommendation CM/Rec (2010)5 of the Committee of Ministers to member states on measures to combat discrimination on grounds of sexual orientation or gender identity, available at <https://wcd.coe.int/wcd/ViewDoc.jsp?id=1606669>
- 2 - <http://www.bzga.de/infomaterialien/aidsaufklaerung/heterosexuell-homosexuell/?uid=241cc89d7e0c9801cf4013d37304fe8d>
- 3 - <http://www.schule-der-vielfalt.de/index.htm>
- 4 - Délibération relative à la prévention des discriminations et du harcèlement discriminatoire à raison de l'orientation sexuelle au collège et au lycée n° 2009-14 du 12/01/2009 <http://www.halde.fr/IMG/pdf/4328.pdf>
- 5 - Netherlands/Parliamentary Documents Lower House (2009-2010) 27017, Nos. 59 and 66
- 6 - http://www.dayagainsthomophobia.org/IMG/pdf/Simply_Gay_engelstalige_versie_Hnota.pdf
- 7 - Council of Europe Convention on preventing and combating violence against women and domestic violence, CM(2011)49 final, available at [https://wcd.coe.int/wcd/ViewDoc.jsp?Ref=CM\(2011\)49](https://wcd.coe.int/wcd/ViewDoc.jsp?Ref=CM(2011)49)
- 8 - Among lesbians, gay men, and bisexuals, internalized sexual stigma (also called internalized homophobia) refers to the personal acceptance and endorsement of sexual stigma as part of the individual's value system and self-concept. It is the counterpart to sexual prejudice among heterosexuals (Herek et al., 2009).
- 9 - All quotations are direct transcripts of oral language, translated from Portuguese to English.

Experiences of Femme Identity: Coming Out, Invisibility and Femmephobia

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Abstract

A qualitative analysis of 146 femme-identified individuals responses to questions about sexual identity, femme identity, gender expression and experiences of discrimination were examined in an attempt to better understand the experiences of femme-identified individuals. Specific emphasis was placed on the process of self-identifying as femme, as opposed to being categorized as femme on the basis of gender expression. Femme-identified participants described experiences of coming out femme in contrast to coming out as sexual minorities, processes of femme-identity development that were largely shaped by the prevalence of masculine privileging within queer communities, and related experiences of discrimination based on their femme identity, or femmephobia. Hoskin's (2013) typology of femmephobia was used to explore the occurrences of four different types of femmephobia and comparisons were made between participants as a function of their sexual identities. The study demonstrates that femme identity is not limited to individuals in exclusively butch-femme relationships or communities and that there is an important element of agency and self-actualization associated with femme identity. Furthermore, participants of diverse sexual and gender identities self-identified as femme, indicating that femme is an identity that transgresses gender and sexuality and is not limited solely to cis gender lesbian and bisexual women.

Keywords: Femme Identity, Femmephobia, Stigma Consciousness, Queer Femininities, Butch/Femme

LGBTQ Psychology Conference Topic: Feminist LGBTQ Research

Experiences of Femme Identity: Coming Out, Invisibility and Femmephobia

Although a great deal of research has examined the identity development process for sexual and gender minority individuals, much less attention has been paid to the unique experiences of subgroups under the broader umbrella category of sexual and gender minorities (SGMs). In particular, femme identities have received very little attention within the psychological literature. Researchers who have considered femme identities often does so in contrast to butch or androgynous identities and often limit the definition of femme identity to that of a femininely presenting lesbian. The current study used qualitative methods to explore the experiences of femme-identified individuals with respect to coming out, experiences of femmephobia and the notion of essentialized femininity.

Research on Femme Identity

Butch-Femme Identities. Levitt et al. (2003) examined the process of identity development and the consequent experiences of femme-identified lesbians, remarking that 'femme' was the "misunderstood gender." By examining femme-identified lesbians' descriptions of their identities and experiences, Levitt et al. (2003) sought to develop an "empirical model of femme-identity" in order to answer the central question of what it means to be femme. Their work formed an important foray into the world of more marginalized and less studied identities within LGBTQ communities, yet they focused exclusively on a small group of predominantly white lesbians living in a lesbian separatist butch-femme community, consequently limiting the generalizability of their findings. The study specifically described the concept of femme identity as a uniquely lesbian construct, one that could only be fully understood "within a lesbian culture and vernacular" (Levitt et al., 2003, p. 103). In contrast, the current study seeks to understand femme identities that exist beyond the realm of cis gender lesbian women living in exclusive butch-femme communities.

Femme Beyond Butch-Femme. While little research has focused on femme identity development and the experiences of femme-identified individuals, even less research has focused on the possibility for femme identities to exist beyond butch-femme dichotomies. In other words, the majority of research on femme identity has examined femme identity specifically as it relates to, and exists in relation to, butch and/or androgynous identities. One recent study by Rothblum (2010) sought to understand modern queer understandings of femme, butch and androgynous identities through interviews with 64 sexual minority women. Participants from the study identified the conundrum of butch identities being able to stand alone while, in contrast, femme identities were seen in the queer community as only existing in relation to their butch counterparts (e.g. “a butch’s femme”). One particularly interesting finding from Rothblum’s (2010) study was that individuals who identified as queer were more likely to identify as either butch or femme, perhaps indicating an affinity for more fluid sexual identities among those who self-identify with specific gender identity labels. However, many of the participants in Rothblum’s (2010) study still demonstrated an understanding of femme that relied heavily upon understandings of butch-femme dichotomies and relationships. Femmes who were not seen as being part of a butch-femme relationship or community were assumed to be bisexual (i.e., not authentically lesbian), despite the fact that very few bisexuals in Rothblum’s study self-identified as femme. Another study (Hayfield, Clarke, Halliwell & Malson, 2013) focused on the issues of visibility, and concluded that lesbians have a specific aesthetic which makes them visible to others, yet equated this aesthetic to that of being butch, or masculine. While the authors noted that feminine lesbians, or femmes, do exist, they also suggested that femmes might present femininely as a means for passing as heterosexual or remaining within the closet (Hayfield, 2013). The authors acknowledged that such actions may or may not be deliberate and could result in femmes receiving criticism from other lesbians and having their authenticity questioned, but did not further examine the true motivations and experiences of femme-identified individuals.

In sum, it appears that researchers have somewhat skirted around the issues of invisibility and inauthenticity experienced by those who are femme-identified, but have not probed further to truly examine how femme-identified individuals think and feel about such experiences. Additional lines of research have ‘assigned’ femme identity to participants based on gender expression measures placing masculinity and femininity as polar opposites (e.g. Lehavot & Simoni, 2011). Research using these methods has reported that more feminine lesbians report higher levels of internalized homophobia and identity concealment (Lehavot & Simoni, 2011).

Consequently, the existing body of research on femme identities has either used femmes from exclusively butch-femme communities, discussed femmes as an anomaly or exception to the ‘normal’ lesbian aesthetic or assigned femme identity on the basis of gender expression, rather than using diverse samples of self-identified femmes. Much less research has focused on how some of these experiences may be related to discrimination.

Research on Feminine Devaluation in Queer Communities

Although Levitt et al. (2003) made mention of the notion of femmephobia, or femme-bashing, and provided some examples of how the femmes from their butch-femme community sample sometimes felt their sexuality was treated as inauthentic or that they were belittled as a result of their femininity, very little research has sought to examine the processes through which femininity is devalued, across gender and sexual identities. Other research on the devaluation of femininity has limited the inquiry to specific subcultures, such as gay male culture. Along these lines, “femi-negativity” has been identified as the devaluation of femininity within gay male subcultures (Bailey, 1996; Bishop, Kiss, Morrison, Rushe & Spect, in press), but no existing research has broadened the concept to encapsulate a wider range of queer femininities, such as femme-identified sexual minority women, cis gender men, or trans gender men and women. Femi-negativity is described as the practice of distinguishing between ‘abnormal’ and ‘normal’ expressions and performances of gender as a means of isolating those who do not adhere to social gender norms (Bailey, 1996; Bishop et al., in press). The concept of femi-negativity differs from that of femmephobia in that it refers to stigmatization of deviating from gender norms (e.g., effeminacy), but does not take into consideration an overall and systemic devaluation of femininity that crosses gender and sexual orientations. Other researchers have noted the devaluation of femininity as a contributor to stereotypes and negative attitudes concerning gay men (Bishop et al., 2006; Clarkson, 2006; Fournet, Forsyth & Schramm, 1988), with Michelle and Ellis (2010) noting that prejudice towards feminine men is quite common both within and outside of the gay community. Despite this documentation of devaluing femininity within gay culture, no research to date has examined the treatment of queer femininities and femme identities within the larger LGBTQ community.

Hoskin's Theories of Femme and Femmephobia

Hoskin (2013) has defined femme as an identity that encapsulates femininity that is dislocated from, and not necessitating, a female body/identity, as well as femininity that is embodied by those whose femininity is deemed culturally unsanctioned. Culturally sanctioned femininity consists of the Victorian model of "proper womanhood" which necessitates white, heterosexually available, cis women. Following from culturally sanctioned femininity is the concept of essentialized femininity, also referred to as patriarchal femininity. Essentialized femininity makes use of gender policing to maintain the sanctity of "proper womanhood" and attributes femininity to an individual's sex, as assigned at birth by virtue of anatomy alone. In other words, essentialized femininity espouses a biological determinist view of gender (Hoskin, 2013). Femme experiences that expand beyond butch, that are not dependant on categorical imperatives, such as discrete categories of sexuality and the possibility of sharing qualities with butch, is worthy of examination on its own.

Hoskin (2013) also identified four types of femmephobia, a type of prejudice, discrimination or antagonism that is directed at someone who is perceived to identify, embody or express femininely and towards people or objects gendered femininely. The four subtypes of femmephobia identified were structural/covert, overt, femme mystification and pious femmephobia. Each type of femmephobia helps to position feminine devaluation within the array of other relevant oppressions, such as homonegativity and transphobia and to police the expression of femininity so as to restrict it to the notions most closely aligned with "proper womanhood." Structural or covert femmephobia is embedded into daily lives through language, work, ideology, discourse and gendering. For example, "she doesn't look gay." In contrast, overt femmephobia is the display of overt contempt or devaluation strictly on the basis of perceived femininity, such as excluding individuals on the basis of their perceived or actual femininity. Femme mystification works to dehumanize those perceived femininely and attempts to naturalize and artificialize femininity, thereby reducing femininely identified people to objects, or sub-humans. For example, equating a scantily clad woman to 'looking cheap' or being available for purchase operates on the assumption that revealing clothing renders someone a commodity to be purchased; an objectified, commoditized, sub-human. Pious femmephobia refers to the shaming of feminine people or enactments by positioning the perpetrator as morally superior or intellectually enlightened, such as slut-shaming, victim-blaming or gender policing that attempts to enforce proper womanhood and cultural authorized forms of femininity.

Current Study

The current study was designed to examine the experiences of femme-identified individuals through qualitative methodologies. In particular, the study aimed to examine the processes of femme identity development, to identify experiences of femmephobia as they might align with Hoskin's (2013) subtypes of femmephobia, as well as examine the role that notions essentialized femininity play (or do not play) in the expressions of queer femininities.

Method

Participants

A total of 220 participants who participated in a larger mixed-methods study of femme identity and experience provided open-ended responses to a number of questions about femme identity. Of these, 146 provided responses substantial enough to be included in coding analyses. Participants were recruited through online advertisements, email listservs and LGBTQ events to complete an online survey concerning gender identity, sexuality and femininity. Participants were informed that the study was targeting the experiences of femme-identified individuals but that being femme-identified was not a prerequisite for participation. The mean age of participants providing open-ended responses was 29 (SD = 8.8) and the majority reported having at least some post-secondary education (89.7%). The majority of participants were from Canada (56.6%) or the United States (34.5%), with the next largest group being from the United Kingdom (4.8%). Participants predominantly identified as women (cis or trans; 87%), with a small minority identifying as men (cis or trans; 4.1%) and 8.9% identifying as gender queer or other. Participants predominantly identified as queer (30.1%), followed by lesbian/gay (28.1%), bisexual (17.1%), heterosexual (18.5%), pansexual (4.8%) and asexual (1.4%).

Of the 146 participants who provided open-ended responses, more than three quarters (76%) identified as being Femme or High Femme, which was expected given the nature of the questions relating to femme identification and experiences. For the purposes of analyses, participants indicating that they identified as Femme or High Femme "a

fair bit” or “to a great extent” (4 and 5 on a 5 point scale) were considered Femme-Identified. Of these participants, the majority identified as cis gender women (89.1%), with the remaining femme-identified participants identifying as other (5.5%), trans women (2.7%), gender queer (1.8%), or cis gender men (.9%). Sexual orientation was more evenly split between queer (35.5%), lesbian/gay (28.2%), bisexual (19.1%), and heterosexual (17.3%).

Measures

Open Ended Questions. Participants were asked four open ended questions: “Describe your experience/process of coming out as a sexual minority (to yourself, friends, family),” “If you consider yourself to be Femme or Femme-Identified, please describe your experience/process of coming out as a femme-identified individual (to yourself, friends and family),” “Is there anything about your femme identity or experiences as a femme-identified individual that you would like to share with us?” and “What other aspects of your identity have played a role in the development of your femme identity?”

Gender & Gender Identity. In addition to indicating their gender identity with a forced choice question (cis male, cis female, trans male, trans female, gender queer, other), participants were also asked to rate the extent to which they identified with four gender identity labels. Using a 5-point scale ranging from “1-Not At All” to “5-To A Great Extent,” participants responded to each item beginning with “I identify as” and ending with butch, femme, androgynous, or high femme. Consequently, gender identities were not treated as mutually exclusive. Sexual identity was assessed using self-reports of sexual orientation (heterosexual, homosexual, bisexual, queer, asexual, pansexual).

Procedures

Participants were recruited to participate in an online survey about Femme Identity and Experiences. Participants did not need to identify as femme in order to participate; all gender and sexual identities were recruited. Interested participants were directed to an information page that provided details of the study and an informed consent. Consenting participants 18 years of age or older were forwarded to the online survey to complete a series of quantitative measures (not discussed here) and open-ended questions. Participant’s responses were not limited by length and upon completing the survey participants were entered into an optional prize draw.

Results & Discussion

Qualitative Methodology

Thematic analysis, as outlined by Braun and Clarke (2006), was used to analyze the open-ended responses. Given the lack of theoretical work in the area of queer femininities, an inductive approach was taken in which the themes were derived from the data, rather than attempting to fit the data to pre-existing theories (Braun & Clarke, 2006). The only exception to this process was our examination of whether participants’ experiences of discrimination would align with Hoskin’s (2013) typology of femmephobia. After reading a random selection of responses together and discussing initial themes, each author individually coded each of the responses. After all responses had been coded, the authors reviewed each response together and further defined and reduced the number of relevant themes (Braun & Clarke, 2006). Three main themes were present and relevant to the current analysis: ‘coming out femme’ and femme identity development, experiences of invisibility and femmephobia, and essentialized femininity.

Coming Out Femme & Femme Identity Development

Coming Out Femme. Femme-identified participants who also identified as sexual minorities commonly noted that ‘coming out femme’ or coming to terms with their femme identity was a separate experience and process than coming out as a sexual minority. One participant summed it up by stating that “accepting that I was ‘femme’ [was] in some ways, more difficult than accepting I was gay.” Experiences of invisibility, a sense of butch/masculine privileging, confusion over attraction to queer masculinities, and a lack of visual representation of femme sexual minorities were noted as the most common challenges to coming out femme. Some participants specifically noted that coming out queer (as opposed to lesbian) made it easier for them to subsequently come out as femme, with one queer femme stating that doing so “allowed [her] more room to identify as femme,” implying that a queer identity provided greater

flexibility than a lesbian identity when it came to gender expression.

Many of the queer-identified women in the study found it very difficult to overcome the notion of what Hayfield et al. (2013) referred to as the 'lesbian aesthetic,' in which it is assumed that to be lesbian is to be butch, or at least masculine. Participants also noted how this erroneous understanding of lesbian identities made it more difficult for them to understand their same-sex attractions and sexual identity development. As one participant stated: "it took me quite a while to convince myself that it was even possible that I was a lesbian. I liked to shop, wear makeup, I was a member of the dance team and I loved to wear high heels. I didn't fit the stereotype, it couldn't possibly be true." In part, this difficulty in reconciling a feminine identity with a queer identity may be due to femme and femininity's tendency, especially expressed by those assigned female at birth, to masquerade as a non-identity, as opposed to a self-actualized or chosen identity. The tendency to overlook the agency involved in claiming a femme identity works to re-establish systems of sex, gender and sexuality by maintaining essentialist connections between female bodies and femininity, and by reaffirming femininity as a signifier of heterosexual availability and masculine right of access. This system of heterosexual congruencies maintains a lack of femme visual representations, or femme invisibility, lending hand to a cycle in which masculine privileging is continuously upheld. Moreover, butch/masculinity as the established "norm" for queer women, as well as the measure of desirability for queer/gay men, magnifies the lack of visual representation of queer femininities and the erasure of femme existence within queer spaces.

This lack of visual representation for femme identities and the assumption that masculinity is the established norm of desirability lead some femme-identified participants in the study to express a desire to be more butch or androgynous, believing that such identities would make it easier for them to fit in with the LGBTQ community. Participants expressed beliefs that being butch or androgynous would make it easier to find romantic partners, excuse them from experiences of invisibility and the need to continuously come out and make others treat their sexual identity as authentic. One queer-identified femme noted that, "the only reason I am [at all] andro is because I find there is no other way for me to portray my sexuality... I am tired of people assuming I am straight... [and] that I am not queer because I am not butch." While some research has reported that femmes are more likely to conceal their sexual minority identity and have higher levels of internalized homophobia (Lehavot & Simoni, 2011), the experiences of the femmes in the current study would suggest that, on the contrary, femmes go out of their way to be identified as queer/lesbian/bisexual. Participants described experiences of constantly struggling with being true to their gender identity (femme) while also attempting to fit in with a queer community that privileges masculinity while devaluing femininity.

The desire to fit in, for some participants, lead them to wish they could be more butch or androgynous, while simultaneously realizing that this was not possible while still being personally authentic. One participant said that they "have some issues about being a femme lesbian, and would prefer to be androgynous." Comments such as these underscore that femme identity is far from being a means of concealing one's sexual identity, as to the contrary, the femmes in the current study expressed strong desires to be more visibly identifiable as a sexual minority. The same participant attributed her desire to be more androgynous to her perception that androgyny is what others in the LGBTQ community find sexually appealing; she stated that her femme identity makes her feel unsexy and undesirable to the women to whom she is attracted. As one participant summed it up, "it is [this binaric system of identity] that reinforces gender stereotypes, which, in our sexist society, always [positions] the feminine as less than or beneath the masculine."

Feminine-Butch-Femme. For many participants, the observations and implicit understandings of masculine privileging within queer communities lead to a specific process of femme identity development. One third of sexual minority femmes noted an experience that we described as the "feminine-butch-femme" process, in which participants grew into their self-actualized femme identities. Participants exemplifying this process described their femme identification as being the culmination of a process that involved confusion over experiences of same-sex attraction on the basis of being feminine, attempting to be masculine (or butch) in order to align their 'gender' presentation with their sexual attractions, feeling inauthentic while suppressing their femininity, and finally rejecting the 'requirement' of being masculine and 're-discovering' their femininity and the existence of femme identities. One participant summed this process up by stating:

I didn't know any femme-identified individuals when I first came out as queer. I tried very hard to fit into the 'butch' lesbian stereotype and found myself to be very unhappy. I didn't feel like myself. What I was wearing and how I was acting did not match how I felt on the inside. I was trying to force myself into what I thought (at the time) was how a lesbian was supposed to look. It wasn't until I had been educated on femme identity that I really embraced who I really am ... full on FEMME.

Often this final stage of claiming a femme identity was facilitated through meeting other femme-identified sexual minorities and experiencing an "A-Ha!" moment or through an act of self-actualization and refusal to continue suppressing one's authentic gender identity. These experiences align with those of femmes in butch-femme relationships

described by Levitt et al. (2003). One participant described the process by saying “I tried to look less feminine in order to fit in, but I enjoyed my femme identity too much to keep it up.” As displayed in Table 1, femmes differed in their mentioning of this theme as a function of their sexual orientation, with queer femmes being the most likely to mention this process followed by lesbian and bisexual femmes. No heterosexual femmes referenced this process of femme identity development.

Experiences of Invisibility & Femmephobia

Invisibility & Structural Femmephobia. Experiences of femmephobia were common, occurring both within and beyond queer communities. For example, many femme-identified individuals (63.7%) described experiences of having had their sexual identity questioned or treated as inauthentic/fraudulent by other members of the queer community, including partners and/or potential partners. One participant noted, “Whenever I am in a new LGBTQ setting, I am assumed to be straight. I find myself having to come out over and over again when I meet new gay people and it’s exhausting! As if I need to prove just how gay I am!” Another participant stated specifically that they “feel invisible within LGBTQ communities because [they] embrace femininity.” As demonstrated by Table 1, structural femmephobia was the most common type of femmephobia experienced by participants, with one participant noting “when I’m hanging out with LGBTQ people, they tend to assume that I’m straight. Even when I correct them, I’ve had LGBTQ people say ‘but you can’t be, I can tell.’” Structural femmephobia experiences were the only type of femmephobic experiences to significantly differ as a function of sexual orientation, with queer femmes being the most likely to experience structural femmephobia and heterosexual femmes being the least likely. This may highlight the specific link between structural femmephobia and its association with the experiences of sexual minority femmes, who often have their sexual identity questioned or treated as inauthentic as a result of presenting femininely. Additionally, these experiences of being questioned extended beyond cis gender queer women, and were also represented among other femme identities. One femme-identified trans man noted examples of structural/covert femmephobia through a discussion of what ‘femininity’ ought to signify and how his identity causes confusion for others due to how he transgresses from the norms of femininity and masculinity: “The complexities of my femininity often get erased because ‘of course’ a ‘straight’ guy shouldn’t be feminine. Additionally, I’m sure people [...] have wondered why I have transitioned if I like pink, go to musicals, bake, etc. I have the feeling that some people would make the transphobic assumption that I’m not ‘really’ a man at all.” Not only does this quote demonstrate how femmephobia can intersect with other oppressors, such as transphobia, it also shows how femininity is continuously understood as a gender expression performed for masculine consumption, as exemplified by the assumption that feminine expressions by a man signify same-sex attraction.

Participants also described experiences of pious (31.9%), overt (24.2%) and femme mystification femmephobia (8.8%), although there were no sexual orientation group differences for these three types of femmephobia (see Table 1).

Pious Femmephobia. One participant noted experiences of pious femmephobia by stating, “the more femme I act, the less serious[ly] I am taken... it seems that people want to take care of femmes, as if they’re fragile and unable to fend for themselves.” Many participants echoed this sentiment, such that they described their femme identity as often placing them in a position of subordination, despite not personally identifying with the traits others associate with their femininity, such as fragility or weakness. These sentiments concur with the construal of femme identity offered by the participants in Levitt et al.’s (2003) qualitative study of femmes from a butch-femme community. Interestingly, while that study noted that femme was an identity unique to lesbian culture, and specifically to butch-femme subculture, the participants in the current study describe their femme identity in similar terms (strength, rebellion, self-actualization) despite often being positioned outside of a specific lesbian or butch-femme community. In particular, participants described the ways in which their femme identity did not compromise their feminist values, such as by “speaking out and taking up space in the name of femininity” and through the process of “claiming and rewriting” femininity in their own vision.

Overt Femmephobia. Overt femmephobia was experienced through exclusion, bullying, sexual assault, teasing and humiliation. One participant related her experiences of overt femmephobia to her difficulty in accepting her femme identity, stating that her femme identity “had been used by bullies and others to attack [her] and [her] gay identity.” Another participant bluntly stated, “I have been correctively raped because of my femme identity,” an experience supported by previous research on increased levels of adult sexual assault among femme-identified sexual minority women (Lehavot, Molina & Simoni, 2012). More frequently participants noted instances of being taunted or treated with disdain as a result of their femme identity. One participant described how she “was often the butt of femme-

phobic ‘jokes’ and was often dismissed because of [her] femme qualities. The consistency and venom behind these comments laid bare that it was not merely joking.” Ultimately many femmes expressed a sense of overt exclusion from the LGBTQ community, with many participants echoing this queer femme’s statement that her “identity was only accepted because of [her] butch partner” and that without that partner (i.e., if she were single), she would be excluded from the community. A femme-identified cis gay male equated his experience of being femme to that of a “pariah,” with whom no one wanted to be seen or associated, either within or beyond the queer community. Isolation was a common theme among descriptions of femme-based exclusion, with one participant saying “I sometimes feel so isolated in my femme identity, like I can spend a whole night alone despite being with people. It’s like the physical appearance can be a barrier to real connection.” Quotes such as these demonstrate that many femme-identified individuals do wish to be seen as part of the community, rather than treated as an outsider and that they have not manipulated or selected their appearance or identity as a means of concealment or as a consequence of internalized homophobia.

Femme Mystification. Femme mystification, perhaps Hoskin’s (2013) most abstract form of femmephobia, was reported the least often, with only 6.8% of the sample reporting instances. One participant, however, summed up the experience quite well by stating that femme women within the queer community are “either fuckable decorations or not there at all at all” and adding that this perspective on femininity within the queer community “can be quite dehumanizing.” A participant who identified as a femme geek noted that “if you “look feminine,” prepare to be dismissed, overlooked, condescended to, and even completely dehumanized.” Heterosexual femmes also identified experiences of femme mystification, with one cis-gender heterosexual femme stating that “a relationship with a cis-gendered heterosexual male holds little interest for me outside of a sexual conquest; I feel that their attention to my femininity is not one of respect, but instead of a desire to subjugate.” The process of femme mystification begins by objectifying the subject. The step after objectification of a particular trait or categorization of persons is dehumanization and violence. When the subject shifts to an object, they are reduced to the status of an object and are no longer seen as requiring the same level of bodily integrity or respect granted to a “subject.” In this way, participants’ accounts mirror the process of femme mystification theorized by Hoskin (2013).

Essentialized Femininity. Open-ended responses also revealed instances of participants expressing femmephobia, often through evoking notions of essentialized femininity. One participant stated “I was born a woman, so, of course I have always been femme,” indicating a structural or covert form of femmephobia in which femininity is essentialized and assumed based on being “born a woman.” Heterosexual cis gender women and bisexual femmes were significantly more likely than lesbian or queer femmes to describe notions of essentialized femininity in describing their femme identity (see Table 1). Another heterosexual cis gender woman stated, “I was born a female and have natural tendencies toward a ‘traditional’ female experience (i.e., heterosexual orientation).” It was quite common for essentialized femininity to be connected with heterosexist assumptions, which equated being born as a female to being ‘naturally’ feminine and ultimately having heterosexual desires. In this way, it is easy to see how supporting one facet of the systems of sex/gender/sexuality (i.e., female is feminine) can uphold another, (i.e., feminine female is heterosexual), and how these systems are further solidified through essentialism and normalcy. One participant emphasized this view of the ‘natural state’ of womanhood by stating, “I identify as a straight woman and act as a ‘normal’ straight woman” when asked to describe how her femme identity developed. Self-identified heterosexual femmes demonstrate what Hoskin describes as the divide between “femme” and “patriarchal femininity.” Essentialized femininity revokes the element of choice from gender expression and, as a result, can be distinguished from the process of agency and self-actualization described by femme participants.

Conclusion

The purpose of this study was to explore the relationship between Hoskin’s (2013) concepts of femme and femmephobia and the experiences of femme-identified people. The findings from this qualitative analysis of a large and diverse sample of femme-identified individuals underscore the importance of detaching sexuality from gender expressions and demonstrate the arbitrariness in assigning one to the other (e.g., the false assumption of a ‘lesbian aesthetic’ as homogeneously butch, or the notion that male femininity only exists to entice same-sex sexual desire).

As with any preliminary study, this study has its strengths and limitations. The study was strengthened by its inclusion of multiple gender and sexual identities, as well as by the relatively large sample size for qualitative analyses. The study relied upon very broad open-ended questions and was exploratory in nature. More specific questions may have allowed for a more nuanced thematic understanding of the experiences of femme-identified individuals. Additionally, one question to consider lies in the categorization of femmes and whether or not heterosexual femme

participants can be considered as self-identified femmes within the context of this study. As Hoskin (2013) argues, the difference between femme and ‘patriarchal femininity’ is the element of self-actualized choice and agency in claiming and re-making femininity as one’s own. Despite questions of classification, heterosexual femmes demonstrate the difference between Hoskin’s concept of “femme” and essentialized femininity. Moreover, the inclusion of heterosexual femmes was also important because they too experienced the consequences of femmephobia – especially pious, overt and femme mystification. While many (yet by no means all) heterosexual femmes participating in this study may define ‘femme’ in ways that do not align with Hoskin’s definitions, this in no way spares them from the consequences of society’s devaluation of femininity and femmephobia.

Future research should further explore the role of agency involved in feminine expressions and femme identity to determine more clearly how Hoskin’s understanding of femme and femmephobia may or may not map onto the experiences of multiple samples of femme-identified individuals. By understanding the role of agency, researchers may be able to avoid conflating chosen gender expressions with essentialized attributions of one’s gender and sex, which could have important implications for making predictions about various social and health outcomes as a function of gender expression and identity. For example, it may not be accurate to conclude that sexual minority femmes experience higher levels of internalized homophobia and are more likely to conceal their sexual identities through their femininity. Such conclusions may be more related to notions of what Hoskin would call essentialized femininity and may not at all represent the experiences of those who would self-identify as femme. Furthermore, this study has also demonstrated that femme-identity does not exclusively exist within the context of butch-femme relationships and cultures, nor is it limited to cis gender lesbian and bisexual women. By broadening our understanding of femme and who identifies as femme we may better be able to determine the specific populations most likely to experience (and suffer) from various forms of femmephobia.

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Table 1.

Group differences in experiences of femmephobia, essentialized femininity, invisibility, feminine-butch-femme identity development among femmes of different sexual identities.

	Heterosexual	Bisexual	Lesbian	Queer	χ^2 / ϕ
Experienced Structural Femmephobia	4.1%	17.6%	36.5%	41.9%	$\chi^2 (3) = 31.325^*$ $\phi = .44^*$
Experienced Overt Femmephobia	21.1%	9.5%	35.5%	23.1%	--
Experienced Pious Femmephobia	15.8%	33.3%	35.5%	28.2%	--
Experienced Femme Mystification	10.5%	9.5%	3.2%	12.8%	--
Essentialized Femininity	68%	30.4%	8.7%	4.3%	$\chi^2 (3) = 39.751^*$ $\phi = .60^*$
Invisibility / Treated as Inauthentic	3.3%	18.3%	38.3%	40%	$\chi^2 (3) = 20.485^*$ $\phi = .43^*$
Feminine-Butch-Femme Process	N/A	28.6%	29%	38.5%	$\chi^2 (3) = 9.653^{**}$ $\phi = .30^{**}$

* $p < .001$, ** $p < .05$, -- not significant

Family law protection of same-sex partners

Comparative overview

*Professor Olga Cvejić Jančić, PhD**

Abstract

Until recently homosexuality had not been recognized as a part of natural human sexual behavior and even talk about legal recognition of the rights of homosexuals was not acceptable. Moreover, in the most European, as well as in non-European countries, homosexual relations were persecuted and punished as a criminal act. The same was in Serbia until 1994, when homosexual relations were abolished by amended Criminal code.

Nowadays legal situation is completely changed and more and more countries worldwide recognize some rights of homosexual people or equalize them with heterosexuals.

This paper deals with the comparative analyses of the family law rights of homosexuals recognized in contemporary countries, such as right to marry including religious celebration of marriage, then rights deriving from cohabitation, registered partnership as well a right to adopt child. The author also considers the rights guaranteed by European Convention for the Protection of Human Rights and Fundamental Freedoms, Charter of Fundamental Rights of the EU as well as influence of the case law of the European Court of Human Rights regarding protection of the rights of LGBT`s. Author emphasize that very significant shift toward legal regulation of the rights of the LGBT occurred through the case law of the European court of human rights, whose authority also extends to numerous non-European countries.

Key words:

Right to marry, registered partnership, right to adopt a child, case law of the ECtHR regarding LGBT population.

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I Introductory remarks

When Denmark introduced the same legal rights for homosexual partners, which were provided for married couples in 1989⁶, there was not too many scholars who believed that it will be a relatively fast widespread tendency all over the world. This conviction has been particularly strong in the Eastern European countries, where still there is no legalization of any rights of homosexuals.

However, in the last 24 years i.e. during almost a quarter-century in many countries the attitude toward homosexuals has significantly changed and more and more countries recognizes more or less family rights of homosexuals. The most important role in this shift, convincingly, without of any doubt, had the case law of the European Court of Human Rights (thereafter ECtHR), which by its interpretation of the European Convention for the Protection of Human Rights and Fundamental Freedom (thereafter Convention or ECHR)⁷ had contributed to diminution or eradication of discrimination toward homosexuals in many countries. The curiosity is that the case law of the ECtHR was not influenced only the member states of the Council of Europe, which have to comply the ECHR and implement the judgments of the ECtHR, but also the many non-European countries. As a matter of fact, more than a half of the member states of the Council of Europe have not yet legalized any rights to homosexual partners and have not equalized them with the heterosexuals. On the other side, many non-European countries, which are not at all attached to the Council of Europe, and thus not bound to respect the European convention and case law of the ECtHR, nevertheless provided the more or less rights for homosexuals which were provided for the heterosexuals, thus eliminating or alleviating discrimination against the same-sex partners. They certainly acted so as the members of the United Nation, starting from the UN Universal Declaration of Human Rights⁸ and the other international instruments adopted under

6 - See More in Mariane Hojgaard Pederson, *Danemark: Le certificat de concubinage homosexuel et les nouvelles dispositions concernant le divorce et la separation, Regards sur le droit de la famille dans le monde, Annual survey of family law, Edition du CNRS, Paris 1991, pp. 127-131.*

7 - *The Convention was adopted in Rome on 4 November 1950 and entered into force on 3 September 1953.*

8 - *The Universal Declaration was adopted by the General Assembly of the United Nations on 10 December 1948. Declaration, although is not legally binding instruments, has a great authority among member states of the United Nation and "is an expression of the fundamental values which are shared by all members of the international community" (Australian Human rights Commission, internet presentation http://humanrights.gov.au/human_rights/UDHR/what_is_UDHR.html, visited 10. April 2013.)*

the auspices of the UN, such as International Covenant on Civil and Political Rights⁹ and International Covenant on Economic, Social and Cultural Rights¹⁰ and respecting its basic principles, which (all of them) generally prohibits discrimination of human being. The idea of human rights is that all human beings are born free and equal in dignity and rights (Art. 1 of Declaration). This means that no one (whether any individual, any institution or authority) has, or should have, the right to impose a lifestyle of other people or any restrictions on it, as long as it is not on the detriment of others.

The idea of human rights is the best and fullest expressed in the European Convention for the Protection of Human Rights and Fundamental Freedoms. As for the protection of family rights of the same-sex partners, Convention prescribes that ‘*Men and women of marriageable age have the right to marry and to found a family, according to the national laws governing the exercise of this right (Art. 12).*’ At the time the Convention was adopted it was not considered that this provision applies to the possibility of concluding marriage between persons of the same sex. Besides, the Convention does not prescribe specifically prohibition of discrimination based on sexual orientation, but mention that ‘*The enjoyment of the rights and freedoms set forth in this Convention shall be secured **without discrimination on any ground** such as sex, race, color, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status (Art. 14)*’ which implicitly includes also prohibition of this type of discrimination (based on sexual orientation).

Why the ECHR did not explicitly include prohibition of discrimination based on sexual orientation? In our opinion, in order to reply to this question first of all should be taken into account the time when Convention was adopted. Namely, in the fifties, when the Convention was adopted sexual relations between persons of the same sex (usually only between males) is still a criminal act punishable by deprivation of liberty. In many countries criminal sanction for such relations was abolished not so long ago in the past, as was the case also in Serbia, a country where I am from. In Serbia, a homosexual relationship between males was a criminal act until the amendment of Criminal Code in 1994,¹¹ thus only four years after the World Health Organization declassified homosexuality as a mental disorder in 1990. On the other hand, over time the case law of the ECtHR paves the way for the equalization of homosexuals with heterosexuals through the interpretation of the Convention, particularly its Article 8 (Right to respect for private and family life) and Article 14 (Prohibition of discrimination).

In addition, many instruments of the Council of Europe and the European Union adopted in the eighties and nineties of the last century, for example, Recommendation no 924 (1981) of the Parliamentary Assembly of the Council of Europe on discrimination against homosexuals,¹² where the governments of member states are urged to eliminate any form of discrimination, violence and oppression of homosexuals, and the European Parliament Resolution on equal rights for gays in the European Union of 8 February in 1994 and the 17 September 1996 contributed that the attitude of European countries towards this issue had significantly changed.

In Resolution of 1994, in fact, it is required from Member States to take measures to ensure the equal treatment of all citizens of the European Union, regardless of their sexual orientation¹³ and points out that the non-recognition of any legal effects (or the right to marriage or other legal instrument) communities of life of homosexual couples considered abuse. After that, under the auspices of the European Parliament were adopted several resolutions on the equal rights of gays in the European Union¹⁴ which had an impact on European countries to change their former positions and to regulate this issue, although in many countries for a long time existed a considerable resistance and opposition to it, especially in the judiciary, which refused to recognize any rights of homosexuals.

In a word, scientific development, particularly in the field of behavioral and social sciences, has influenced also a social development and social reality toward homosexuals (had been) changed. Homosexuality is no longer considered a disease but a sexual orientation that is manifested in a smaller number of people belonging to sexual minorities. All these factors (scientific and social changes, case law of the ECtHR, time difference of half a century since the adoption of the Charter and Convention) has a salient influence on the

9 - The United Nation General Assembly adopted the Covenant on 16 December 1966, which entered into force on 23 March 1976.

10 - The United Nation General Assembly adopted the Covenant on 16 December 1966, which entered into force on 3 January 1976.

11 - Hence, since has not yet elapsed twenty years from abolition of this criminal act, it is somehow understandable that a great part of Serbian society is very hostile toward homosexuals and very reluctant to recognize any rights for them, which are recognized for heterosexuals.

12 - The Parliamentary Assembly adopted recommendation on 1 October 1981 (10th Sitting), available at: assembly.coe.int.

13 - Pintens, W, *Europeisation of Family Law, in Perspectives for the Unification and Harmonization of Family Law in Europe*, Ed. Katharina Boele-Woelki, Antwerp –Oxford-New York, 2003, pp 12 i 13.

14 - For example, Resolution of the European Parliament from September 19, 1996 regarding discrimination and human rights in Rumania, thereafter from April 8, 1997 regarding respect of human rights in the EU and Resolution from February 17, 1998 also as regards respect of human rights in the EU.

Charter of fundamental rights of the European Union¹⁵ which prescribed in its Article 21 para 1 that “[A]ny discrimination based on any ground such as sex, race, color, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or **sexual orientation** shall be prohibited.” As for the right to marry and right to found a family, Charter is much clearer, emphasizing that “[T]he right to marry and the right to found a family shall be guaranteed in accordance with the national laws governing the exercise of these rights” which means that in case that national law recognizes the right of homosexual partners to marry and adopt children, for example, and thus found a family, then that marriage and adoption should be considered valid and binding in all EU member states. Otherwise, if such a marriage and adoption should not be recognized throughout the EU, there would be no need for such a provision in the Charter, since at any rate each country has the sovereign authority to recognize or not to recognize certain rights of its citizens or foreigners.

Prohibition of discrimination on the grounds of sexual orientation and gender identity gets its further confirmation at the international level by the adoption of the so-called Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity, which were adopted and promoted at the session of the United Nations Human Rights Council (UNHRC) in Geneva in March, 2007. The group of distinguished international experts in 2006 in the Indonesian city Yogyakarta prepared the Principles.¹⁶ Yogyakarta Principles include 29 principles and additional recommendations directed to the member states of the UN. Although not binding character, these Principles have great legal and moral value because they are “compilation and confirmation of a binding law in the field of human rights, applicable to persons with different sexual orientation and gender identity. The main message is that the principle of international law is mandatory for the state and that is applicable to all, without exception, including people with different sexual orientation and gender identity.”¹⁷ This point is important because it is an affirmation of the need for international legal protection against discrimination based on sexual orientation and gender identity promoted at the level of the United Nations, not only in the European borders.

However, as there still are member states of the Council of Europe (including the EU) which have not harmonized their national legislation with the European standards in the field of non-discrimination based on sexual orientation and gender identity which have been created through legal instruments of the Council of Europe and the European Court of Human Rights, within the Council of Europe Committee of Ministers were adopted the new resolutions and recommendations for the member states in which it is insisted on the need for the recognition of certain rights of the sexual minorities in order to eliminate any form of discrimination against these individuals.

These are primarily Recommendation CM / Rec (2010) 5 of the Committee of Ministers to member states on measures to combat discrimination based on sexual orientation and gender identity, the Recommendation of the Parliamentary Assembly of the Council of Europe 1915 (2010)¹⁸ on discrimination based on sexual orientation and gender identity and resolution no. 1728 (2010)¹⁹ of the Parliamentary Assembly of the Council of Europe on discrimination based on sexual orientation and gender identity, adopted at the same session as the previous mentioned recommendations. In these legal instruments of the Council of Europe, among other things, it is stated that all human beings are born free and equal in dignity and rights (paragraph 2 of the Resolution 1728) and that the Member States are advised to provide the adoption of recommended legislative and other measures, as well as their effective implementation in order to combat discrimination based on sexual orientation or gender identity and to ensure respect for the human rights of lesbian, gay, bisexuals and transgender persons and to promote tolerance towards them. The preamble of Recommendation CM / Rec (2010) 5²⁰ points out that it can be assumed that the aim of the Council of Europe is to achieve greater unity between its members and that this aim may be specifically achieved through joint action in the field of human rights and recalls that Human rights are universal. It is also emphasized that one should have in mind the principle that no cultural, traditional or religious values or the rule of “dominant culture” cannot be used to justify hate speech or any other form of discrimination, including those based on sexual orientation or gender identity.

15 - Charter of fundamental rights of the European Union was published in the Official Journal of the European Communities, 18 December 2000 (OJ C 364/01). The Charter became legally binding when the Treaty of Lisbon entered into force on 1 Dec. 2009, as the Treaty confers on the Charter the same legal value as the Treaties.

16 - See more in N. Vučković Šahović, *Principi međunarodnog prava u vezi sa seksualnom orijentacijom i rodnim identitetom*, Kopaonička škola prirodnog prava 2007. g., *Pravni život* br. 10/2007. g. (*Principles of the international law regarding sexual orientation and gender identity*, Kopaonik School of Natural Law 2007, *Legal Life* no 10/2007).

17 - *Ibidem*.

18 - Parliamentary Assembly of the Council of Europe adopted recommendation 1915/2010 on 29 April 2010 (17th Sitting), available at: assembly.coe.int.

19 - Resolution 1728 (2010) was adopted by the Assembly on 29 April 2010 (17th Sitting), available at: assembly.coe.int.

20 - Recommendation CM/Rec(2010)5 of the Committee of Ministers to member states on measures to combat discrimination on grounds of sexual orientation or gender identity adopted by the Committee of Ministers on 31 March 2010 at the 108st meeting of the Ministers' Deputies, available at: <https://wcd.coe.int/ViewDoc.jsp?id=1606669>

Nowadays, there is a very different legal situation regarding recognition of family rights of homosexuals. We can classify a few groups of countries.

Countries that grant to same-sex couples the right to marry

1) The first one or the oldest one are countries which did firstly recognize the same or almost the same rights for homosexual partners as for the married couples, although not the right to marry but only to enter into registered partnership, civil union, domestic partnership or similar.

As already mentioned, the first in this group was **Denmark**, which in 1989 enacted two Acts No. 372 and 373²¹ by which homosexuals acquired the right to register their partnership and gained the same right which are recognized to married couples, except the right to celebrate their union in church and to adopt a child. However, religious blessing of gay and lesbian partnership was approved in 1997 by an unanimous vote of the Bishops of the State Lutheran Church on October 27, 1997,²² although “[T]here has been considerable opposition to a gay/lesbian church ritual by parish councils and pastors; they feel that it would place homosexual partnership on a par with heterosexual marriage.”²³ Denmark now no longer belongs to a group of countries which recognize to same-sex partners only right to register their partnership, since from June 15, 2012 the same-sex marriage became legal. The existing registered same-sex partnerships could be converted into marriage while the new registered partnerships could not be created between the same-sex partners. As for the religious celebration of same-sex marriage, it is up to the individual priests to accept church blessing of such marriage, but religious marriage of the same-sex couples is equally valid as civil marriage.

2) Similar legal situation is in **Norway**, where registered partnership between the same-sex couples was recognized from 1993 until 2008, while since January 1, 2009 no new registered partnerships may be created. Namely, since this date onward the possibility to conclude a valid marriage was introduced. The same-sex partners from registered union created before new legislation came into force can, but are not obliged, to convert their partnership into marriage.

3) In **Sweden** same-sex partners could choose to enter into registered partnership from 1994 until 2009, when (since 1 May 2009) conclusion of marriage was offered to them, equally as to the couple of opposite sex. Hence, as of 1 May 2009 legalization of same-sex marriage is based on the adoption of the law on gender-neutral norms about marriage, as it had been done in Norway. This legislation excludes the possibility of entering into a new civil partnership, so the only recognized form of common life of the same sex couples is marriage. Former civil partnerships can be transformed into a marriage by a written application or through a formal marriage ceremony. Lutheran Church of Sweden, which, from 2000, is no longer the state church but was placed on the same footing as the other faith communities,²⁴ in 2009 by overwhelming majority of the General Synod voted gender neutral church marriage ceremony and from 1 November 2009 performed also church marriage of the same sex couples. Before that, the Lutheran Church of Sweden analyzed the new concept of marriage with different theological aspects and interpretations of the Bible, and finally concluded that, given the superiority of Christ’s commandment of love, the expansion of the church ceremony and the marriage to persons of the same sex is a good way to support (all) people. The others faith community are free to decide whether it is in accordance with its beliefs or will relinquish the right to officiate at same-sex marriages.²⁵

4) **The Iceland** is also one of the countries that replaced registered partnership with the right to marry. Registered partnership was in force from 1996 until 2010, when a marriage became “the legal union of two individuals and not only of a man and a woman”²⁶. The Iceland’s law that regulates the same-sex marriage came into force in June 2010, allowing same-sex couples the same rights as heterosexual couples.²⁷ As regards of the religious celebration of same-sex marriages, the law left to the churches i.e. to the ministers to decide about that, allowing but not obliging them to perform same-sex marriage ceremony. The Iceland is particularly interesting country because it is “the only country

21 - Both Acts were adopted on 7 June 1989 and entered into force on 1 October 1989, see more in Mariane Hojgaard Pederson, *op.cit.* pp 127-128.

22 - *The Evangelical Lutheran Church In Denmark And Homosexuality, Religious Tolerance, Org, Ontario Consultants on Religious Tolerance*, Internet presentation: http://www.religioustolerance.org/hom_dane.htm#, accessed April 23, 2013.

23 - *Ibidem*.

24 - Maarit Jantera-Jareborg, *The same-sex Marriage Reform with Special Regard to Concerns of Religion, Zeitschrift fur das gesamte Familienrecht* No 18, 2010, p. 1506-1507.

25 - *Ibidem*.

26 - *Iceland parliament votes for the gay marriages, Ice News - News from the Nordics*, posted on 11 June 2010, web site: <http://www.ice-news.is/2010/06/11/iceland-parliament-votes-for-gay-marriage/>, site visited in April 23, 2013.

27 - *New gay marriage law in Iceland comes into force, Ice News – News from the Nordic*, posted on 28 June 2010, web site: <http://www.icenews.is/2010/06/28/new-gay-marriage-law-in-iceland-comes-into-force/>, site visited in April, 23, 2013.

in the world to have an openly gay head', as writes the Reuters,²⁸ alluding to the Prime minister of the Iceland,²⁹ who firstly entered in a civil union in 2002 with her same-sex partner, and then, in 2010 they transformed their civil union into a marriage.

5) The Netherlands is, we can say, the most same-sex friendly country because there are recognized all three forms of same-sex union: factual (informal) cohabitation (from 1979), registered partnership (from 1998)³⁰ as well as marriage (from 2001).

6) In France same-sex couples, as well as couples of different sex, have a possibility to conclude a civil solidarity pact (or PACS – pacte civil de solidarite) and that way regulate their mutual family –law relations. This possibility was introduced in 1999³¹ and was indeed a great surprise, since the French courts before the Civil code was amended, very persistently refused to grant any legal protection of same-sex partners.³² However, marriage and adoption were not recognized the same-sex couples in France until 2013,³³ when French Parliament and Constitutional Council approved the Bill and French President signed it. For jurists, this is at least a natural effect of the fact that French country was in 2008 proclaimed by the ECtHR as a country which violates human rights, refusing to a woman who was in homosexual relation with another woman the right to adopt a child.³⁴ Hence, it is not at all recommended for any country to be labeled as a country that does not respect human rights, particularly if it strives to be a part of the respectable international community.

7) In Belgium, the Civil Code had been amended in 2003 so that Art. 143 Code Civil expressly provides that marriage may be concluded between two people of opposite or same sex. Consequently, the words "husband" and "wife" replaced by a word spouse (Fr. epoux). The provisions governing the issue of kinship as marital obstacles have been modified. Hence, the provisions prohibiting the marriage among relatives of opposite sex are applicable also to relatives of same sexes. For example, relatives in the direct line of consanguinity cannot conclude marriage, uncle nor aunt cannot marry the nephew or niece and so on.³⁵

8) In Spain, the Socialist government succeeded to pass legislation by which same-sex marriages became legal as of 3 July 2005, by Law 13/2005.³⁶ Enabling a valid marriage to persons of the same sex is done in a very simple way, so that is added a new paragraph in Article 44 of the Civil Code which states that marriage requires the same conditions and has the same effects regardless of whether the spouses are persons the same or different sex.³⁷ On that occasion, Spanish Prime Minister Jose Luis Rodriguez Zapatero told in Parliament: "Today, Spanish society is responding to a group of people who have been humiliated, whose rights have been ignored, their dignity offended, their identity denied and their freedom restricted."³⁸

However, the Peoples Party (at that time in opposition) tried to challenge the constitutionality of this Law, underlining that its "provisions conflicted with the constitutional limitations of the right to marry being that of heterosexual couples" but the Constitutional court, by its judgment 198/2012, upheld the Law "confirming that, whilst marriage as an institution is to be protected, its scope is subject to evolution in light of public perception and social norms."³⁹

9) In Portugal, the same sex marriage is legalized from 8 January 2010,⁴⁰ but the Parliament did not approve the right

28 - *Iceland passes gay marriage law in unanimous vote*, Reuters, Jun 11, 2010, web site: <http://www.reuters.com/article/2010/06/11/us-iceland-gaymarriage-idUSTRE65A3V020100611>, site visited in April 23, 2013.

29 - *Namely, the Iceland's Prime Minister Johnna Sigurdardottir is lesbian which entered in a civil union in 2002 with Jonina Leosdottir (an author and playwright). She became a prime minister in 2009 and in 2010, after same-sex marriage was legalized in Iceland, they transformed their civil union into a marriage.*

30 - *More in O. Cvejić Jančić, Da li je brak prevazidjen – Novi oblici porodicnog života u savremenom svetu (Is marriage obsolete? New forms of cohabitation in contemporary law), Pravni život (Legal Life) No 9/2001, pp. 443-458.*

31 - *The Law no. 99-944 from December, 15, 1999.*

32 - *More in O. Cvejić Jančić, op. c. 443-458.*

33 - *April 23, 2013 French Parliament adopted a Bill 344 which allows same-sex couples to marry and jointly adopt a child. However, the opposition against this Bill was very aggressive and intense and the right-wing opposition wasted no time to challenge the Bill on constitutional grounds. Their efforts, however, had not brought any fruits since the [Constitutional Council](#) on May 17, 2013 declares the Bill constitutional and the following day (May 18, 2013), French President Francois Hollande had signed the bill.*

34 - *Case of E.B. v. France, application number 43546/2002.*

35 - *Official Gazette (Moniteur Belge) of February 28, 2003*

36 - *Louise Crowley, International and European Development in Family Law 2013, The International Survey of Family Law, 2013 Edition, General Editor Prof. Bill Atkin, p. 28.*

37 - *Spain approves liberal gay marriage law*, Tampa Bay Times, Published July 1, 2005 Available at: http://www.sptimes.com/2005/07/01/Worldandnation/Spain_approves_libera.shtml

38 - *Ibidem.*

39 - *M. Ahumada –Ruiz, Public Law 428, cited from L. Crowley, op. cit. pp. 28-29.*

40 - *The law was published in Official Gazette (Diário da República) on 31 May 2010 and became effective on 5 June 2010.*

of homosexuals to adopt a child.⁴¹ The law gives the same-sex couples the same legal rights as heterosexual couples regarding taxes, inheritance, and rights to property. A legal gay marriage performed in another country is recognized in Portugal.

10) Canada is the first American country that introduces gender-neutral marriage law in 2005 by the Civil Marriage Act.⁴² However, same-sex marriages had been practiced in Canada prior to this Civil Marriage Act and in the prevailing part of Canada the courts approved these marriages.

As it is stressed in the Summary of the mentioned Act “[T]his enactment extends the legal capacity for marriage for civil purposes to same-sex couples in order to reflect values of tolerance, respect and equality, consistent with the Canadian Charter of Rights and Freedoms.” It is also important to emphasize that had been made amendments to the other Canadian Acts “to ensure equal access for same-sex couples to the civil effects of marriage and divorce”. Religious ceremony of same sex marriage is allowed but religious communities are not bound to accept the religious ceremonies for same-sex partners. Art. 3 of the Civil Marriage Act provides for that “officials of religious groups are free to refuse to perform marriages that are not in accordance with their religious beliefs.”

11) The same-sex marriages in Argentina regulated by the law in 2010. The opposition against such law was very harsh, since the influence of the Catholic Church is very strong, but the voting was successful and the law passed legislative procedure.⁴³ Argentina is the first country in Latin America that allows marriage to persons of the same sex, and the second country in the Americas, which allowed it, after Canada, which introduced the same-sex marriages in 2005. In Argentina, same-sex couples can adopt a child.

12) In the USA the legal situation is quite specific because each state has the “substantial autonomy” in family law matters⁴⁴ and therefore there are “strongly divergent attitudes toward same-sex marriages in different parts of the country”.⁴⁵ In addition, the opponents of the same-sex marriages, which are quite influential, succeeded to enact the Defense of Marriage Act (so called DOMA) in 1996. DOMA prescribes that the terms “marriage” and “spouse” applies to “only a legal union between one man and one woman as husband and wife”⁴⁶ and that no one country would be obliged to recognize the same-sex marriage concluded in other state where these marriages are legal. Hence, in the United States most states do not recognize same-sex marriages (38 out of 50), while the other 12 countries, as well as District of Columbia, do recognize to homosexual couples the right to marry at the equal foot as for the heterosexual ones. These are: the Massachusetts (from 2003), Connecticut (from 2008), Iowa (from 2009), Vermont (from 2009), New Hampshire (from 2009), District of Columbia (from 2009), New York (from 2011), Washington (from 2012), Maine (from 2012), Maryland (from 2012), Rhode Island (from 2013), Delaware (from 2013) and Minnesota (from 2013).⁴⁷

13) In South Africa the Civil Union Act (thereafter CUA) was enacted in 2006.⁴⁸ This Act permits to the same-sex couples to choose whether they want to enter into marriage or civil partnership. Article 1 prescribes that “unless the context otherwise indicates “civil union” means the voluntary union of two persons who are both 18 years of age or older, which is solemnized and registered by way of either a marriage or a civil partnership, in accordance with the procedure prescribed in this Act, to the exclusion, while it lasts, of all others.” There are no differences in the legal effects of civil union, be it marriage or civil partnership.

The marriage officer or minister of religion or other person attached to religious denomination or organization, which is designated as marriage officer, may solemnize the civil union. Minister i.e. the Cabinet member responsible for the administration of Home Affairs may designate any religious nomination or organization, upon their written application, as a religious institution that may solemnize marriages under Civil Union Act (section 5 CUA). Marriage officer who officiates in civil or religious celebration of marriage are not compelled to solemnize civil union. They may apply to the Minister of Home Affairs to be exempted from performing civil union between persons of the same-sex

41 - BBC News dated 8 January 2010, available at: <http://news.bbc.co.uk/2/hi/europe/8448640.stm>

42 - The Civil Marriage Act of Canada from July 20, 2005, available at: <http://www.parl.gc.ca>.

43 - President of Argentina, Cristina Fernandez Kirchner, which at the time of passing of the law was visiting China, said she is very pleased with the result of voting. This has been a positive step in defending minority rights, she added. See more in Juan Forero, “Argentina becomes second nation in Americas to legalize gay marriage”, *The Seattle Times* of 15. July 2010, available at: http://seattletimes.com/html/nationworld/2012368514_argentina16.html

44 - See more in Ann Laquer Estin, *Divergent Paths: Same Sex Partnership Rights in the United States*, *The International Survey of Family Law*, 2008 edition, Gen. Editor Prof. Bill Atkin, ed. Family Law, p.482.

45 - *Ibidem*.

46 - Codified at 7 USC (United States Code), paragraph 7 (2007), cited from A. Laquer Estin, *op. cit.* p. 482.

47 - The laws legalizing same-sex marriages in Delaware entered into effect In July 1, 2013, while in Rhode Island and Minnesota in August 1, 2013.

48 - The Civil Union Act is published in the Government Gazette Republic of South Africa no 29441 from November 17, 2006, available at: <http://www.info.gov.za/view/DownloadFileAction?id=67843>, visited in June 2013.

on the grounds of conscience, religion or belief (section 6 CUA).

For a lawful civil union the same marital impediments are applicable as for the marriage or civil partnership of two persons of different sex (section 8 para 6 CUA).

14) In Brazil, similarly to France, firstly, since 2004, has been legalized only same-sex union, while right to marry was not regulated. However, in many parts of Brazil same-sex marriages have been performed and equalized with marriage between heterosexual spouses. In May this year (2013) National Council of Justice passed a resolution by which legalizes same-sex marriage in the entire country and obliges notaries to perform a civil wedding or to convert a stable civil union into a marriage between persons of the same sex.⁴⁹ This resolution entered into effect in May 16, 2013. The president of the Council of Justice said the resolution merely follows the transformation of society which ‘goes through many changes, and the National Council of Justice cannot be indifferent to them.’⁵⁰

15) In Uruguay same-sex marriages were forbidden until August 1, 2013, when a new same-sex marriage bill entered into effect. However, Uruguay started with recognition of similar rights to homosexual couples which are recognized to married heterosexual couples, much earlier, by enactment of a national civil union law in 2008 (January 1, 2008). Under this law, a civil union between same-sex couples and opposite-sex couples are legalized. This way Uruguay became the first country in South America which adopted a law on national level equalizing a community of life both same-sex and opposite-sex couples, which are, after they lived together for at least five years, entitled to most of the benefits that married couples are afforded. Same-sex couples may also jointly adopt a child. As it was stressed in the procedure of reform of Civil Code, introduction of same-sex marriages will allow heterosexuals, homosexuals, lesbians and the transgendered persons to have a monogamous marriage and emphasis was put on the ‘transformation of the family as an institution.’⁵¹ The Uruguayan lawmakers remove the words “man” and “woman” from the country’s civil code and replace them with the word “spouse.”⁵²

In Uruguay, the Roman Catholic Church was opposed to this reform of Civil Code, whose officials describing the measure as a harsh blow to the institutions of marriage and the family.⁵³ However, Senator Monica Xavier wrote the following words, very significant for the issue: “*Here we are speaking about RIGHTS, with capital letters. Rights that were denied and repressed for a long time, and which a society that is trying to be modern and inclusive necessarily must recognize, to advance in equality, rights that are inherent to people, that are not a legislative creation, but something that the law must recognize.*”⁵⁴

B) Countries that grant the same-sex couples some type of partnerships

Apart from countries which grant the same-sex partners right to marry there are a countries which grant to them the same or almost the same rights which are granted to married couples of opposite sex, in the legal form of same-sex partnership, same-sex union, civil union, civil partnership, registered partnership, domestic union and so on.

Among European countries such are 19 countries: the Netherlands (since 1998), Spain (in 11 autonomous communities out of 17, starting since 1998 with Catalonia), France (since 1999), Belgium (since 2000), Germany (since 2001), Finland (since 2002), Luxemburg (since 2004), Italy (in 10 regions out of 20 and in 9 cities, starting since 2004 in Tuscany), Andorra and United Kingdom (since 2005), Check Republic and Slovenia (since 2006), Switzerland (since 2007), Hungary (since 1996 as factual cohabitation and since 2009 as registered partnership), Austria (from 2010), Ireland and Liechtenstein (since 2011), Isle of Man (since 2011) and Jersey (since 2012).

As regards non-European countries, many of them recognized to same-sex couples the same or similar rights as to heterosexual couples. Such are South Africa (since 2006) and Australia (since 2008).

As for the USA, the same-sex couples are granted civil union in following 15 countries (out of 50): in Hawaii, domestic partnership in Washington State, Oregon, California, Colorado, Wisconsin (with limited rights), in Illinois, Rhode Island (from August 1, 2013 same-sex marriages were granted), in Vermont, which was the first state in the US to provide civil unions, Main, Nevada, New Jersey, Delaware (where from the beginning July 1, 2013, same-sex marriages are authorized), Maryland and Washington DC.

49 - **Márcia Brocchetto**, *Brazilian judicial council orders notaries to recognize same-sex marriage*, SNN, May 15, 2013, available at: <http://edition.cnn.com/2013/05/15/world/americas/brazil-same-sex-marriage/index.html?eref=edition>, visited in June 2013.

50 - *Ibidem*.

51 - *Uruguay votes to legalize gay marriage*, Iol News, December 12, 2012, available at: <http://www.iol.co.za/news/world/uruguay-votes-to-legalise-gay-marriage-1.1439778#UaFLT9haaVA>

52 - *Catherine E. Shoichet*, *Same-sex marriage bill awaits president’s signature in Uruguay*, SNN, April 11, 2013, available at: <http://edition.cnn.com/2013/04/10/world/americas/uruguay-same-sex-marriage/>.

53 - *Ibidem*.

54 - *Ibidem*.

Besides, there are additional 15 countries which do not recognize any rights to homosexuals on the state level, but do grant some rights on the level of cities or counties (for example in Florida, Georgia, North Carolina, Maryland, Kentucky, Louisiana, Arkansas, Texas, Pennsylvania, Ohio, Michigan, Missouri, Kansas, Arizona and Utah).

Countries that grant same-sex couples right to adopt a child

As for adoption, full joint adoption is allowed in the following 15 European countries: in the Netherlands, Sweden, Spain, UK – England and Wales, Belgium, Iceland, Norway, Scotland, Denmark and France (since 2013), then in South Africa, Canada (in some provinces), Uruguay, Argentina and Brazil.

Within the USA, 22 jurisdictions also permit full joint adoption by same-sex couples: Rhode Island, [District of Columbia](#), [New Jersey](#), [New York](#), [California](#), [Indiana](#), [Maine](#), [Florida](#), [Arkansas](#), [Connecticut](#), [Illinois](#), [Massachusetts](#), [Oregon](#), [Vermont](#), [New Hampshire](#), [Washington](#), [Hawaii](#), [Iowa](#), [Nevada](#), [Delaware](#), [Colorado](#) and [Guam](#).

In Mexico full joint adoption is granted in Mexico City and Coahuila and in Australia in three jurisdictions: Western Australia, [Australian Capital Territory](#) and [New South Wales](#).

Some countries permitted only adoption of a child of his/her same-sex partner, so called stepchild adoption. Such are: Austria (2013), Finland, Germany, [Greenland](#), [Israel](#), as well as some jurisdictions within USA: Pennsylvania and Montana, and the Australian island of Tasmania.

Countries that do not grant the same-sex couples any rights

This group of countries includes almost all Balkan countries (namely, Serbia, Montenegro, Bosnia and Herzegovina, Former Yugoslav Republic of Macedonia, Greece, Albania, Bulgaria, Romania, Turkey), then other East European countries, such as Russia and all counties of the former Soviet Union (Ukraine, Georgia, Belarus, Lithuania, Latvia, Estonia, Azerbaijan, Kazakhstan, Uzbekistan, Tajikistan, Turkmenistan, Armenia, Kirgizstan, Moldova), thereafter Italy, Malta, Cyprus, most Asian, African and USA countries, Australia and many South-American countries (Chile, Peru, Columbia, and others).

In most of them intolerance toward homosexuals is so highly open, undisguised and very often supported by the national leadership, and particularly by the church, which, especially in the countries which are officially and constitutionally separated from the state, it seems, gains greater influence and power in the society. There is left very small space for a hope that human rights will be soon properly understood and that intolerance and violence toward this sexual minority will be overcome by the states law, which should guarantee that “[A]ll human beings are born free and equal in dignity and rights” as stated in Article 1 of the Universal Declaration of human rights, and whose authorities should apply this right in the everyday practice.

INSTEAD OF CONCLUSION

Although many countries signed the same international instruments and that way accepted guarantee the same human rights, it is very intriguing how they arrived at the point to interpret it so differently. Which factors crucially influenced so different points of view and so drastically discrepancy in behavior toward some group of people and in the interpretation of proclaimed human rights and freedoms, particularly such as prohibition of discrimination based *on any grounds*? Can it be attributed to the mentality of a nation, influence of religion, conservatism, primitivism, progressivism, poverty, low level of education, arrogance or abundance, high level of education and solidarity of nations, are here prevailing psychological factors or something else? Is it a matter of balance of power and authority, political, for example, over religious or opposite, or competition between conservative and progressive forces in the society or something else? I think it deserves discussion, consideration and argumentation, since the legal situation is fully divided all over the world.

Fostering with pride: two Australian NGO's' experience in recruiting and retaining LGBT foster carers

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Abstract:

Several Australian Home Based Care agencies have been recruiting lesbians and gay men as foster carers for some years. However, only a very small number of agencies have 'come out'. The aims of this study are threefold: to describe the organisational 'journey' of two of Australia's largest and oldest Child and Family Welfare agencies in embracing gay and lesbian fostering; to describe and understand the effectiveness of marketing strategies utilised in the recruitment of gay and lesbian foster carers; and to understand barriers and enablers in their recruitment and support experience. Three methods were adopted, including: a structured survey of gay and lesbian foster carers in two jurisdictions, follow up in depth interviews with a subgroup of respondents; and semi-structured interviews with key organisational stakeholders. The study identifies a range of marketing strategies that are effective in carers' decisions to proceed with recruitment. It identifies some negative aspects of foster care agency support, but also the positive ways in which lesbian and gay carers continue to create families and resist or rework social norms in partnership with agencies. Implications for practice and marketing are drawn with specific reference to challenging such norms amongst social workers and the general community.

Keywords: lesbian and gay foster carers, homophobia, foster care recruitment and retention

Introduction

The motivation to foster is a topic of urgent interest within Australia, as it is internationally. International and Australian literature on fostering clearly indicates that the number of children and young people entering care is increasing faster than the number of carers being recruited. Retention of carers is also becoming more challenging as the carer population ages and children are entering the system with increasingly complex needs. The 'conversion' from expressed interest to application and recruitment/accreditation is low: Triseliotis et al., 2000, noted that 80% of enquiries do not convert to an application, and Defabbro et al., 2008, reported that fewer than 2% of initial enquiries eventually registered as carers (cited in Sebba, 2012). There is much less known about the challenges of recruiting and retaining GLBTI -identified people to fostering. Two of Australia's oldest and largest Child and Family Welfare organisations – The Benevolent Society and Berry Street - partnered to explore the motivations of GLBTI -identifying people to foster and the possible issues they uniquely faced in the role. Originating in 1813 in New South Wales (NSW), The Benevolent Society is the oldest welfare organisation in Australia. Berry Street originated in 1877 in Victoria, and is now that state's largest child and family welfare organisation. Both agencies are independent, non-religious and not for profit organisation, with comparable budgets and staffing. Both agencies wanted to find out why GLBTI -identified people considered fostering, what factors influenced whether they progressed to application and accreditation, and what supports they valued – in order to identify strategies that might increase the numbers attracted to and retained in the foster care role. Both agencies also wanted to better understand the transition organisationally to open recruitment of GLBTI carers when this is far from the norm within Australia: while many agencies may accept applications, very few have 'come out' to actively and explicitly recruit this group and consider training and practice implications. Victoria is the only state in which there is any policy support for working with LGBT foster carers (Centre for Excellence in Child & Family Welfare, 2010).

Method

This study involved three stages: an online survey exploring the recruitment and support experiences of gay and lesbian foster carers in New South Wales and Victoria; in depth semi-structured interviews with a subgroup of respondents (6); and a series of semi-structured interviews with organisational stakeholders of both agencies (8), including CEO's, senior managers, marketing managers, and board members. The online survey included information on the project, the requirements for involvement and likely time commitment. Participants in the survey were recruited via a number of methods. The foster care associations in both jurisdictions were approached to support dissemination of information about the survey and a link to the survey which was hosted on both organisational websites. Berry Street and The Benevolent Society emailed their foster carers with a survey link inviting them to participate. Individual foster care agencies were approached directly by the research team in each state to seek support for circulation to their carers via email. The study was discussed at the regional Home Based Care Alliance Network meeting in Southern Metropolitan Melbourne (Victoria) by a member of the Berry Street research team. Participants were invited to indicate their preparedness to be interviewed. Thematic analysis of the interviews was undertaken and descriptive statistical analysis of survey data.

Participants

Of the total participants in the online survey (42), 40.5% were from NSW, and 59.5% from Victoria. 85.7% were still active foster carers, 2.4% no longer in the role, and 2.4% now permanent carers. The sample comprised 28.6% of carers from the Benevolent Society, 31% from Berry Street, 11.9% from other NSW agencies, and 28.6% from other Victorian agencies. The majority of the sample identified as lesbian (57.5 %) with 37.5% identified as gay, and 5% bisexual. Overwhelmingly (92.9%), respondents reported their foster care agency was aware of their sexual orientation.

Results

On-line survey

Key findings of the online survey are represented below in the form of descriptive statistics.

Awareness of the opportunity to foster was generated through a range of means for participants, with family members or friends, and internet searches being the most important, followed by other sources (see Figure 1 below). The latter included awareness via participants' involvement as workers in the sector, and calls to the responsible state department and state foster care association. This is broadly consistent with other national and international literature. Rodger et al, (2006), cited in Sebba, 2012, found the following sources as the most important: knowing other foster families (35%), knowing other foster children (13%), having parents who provided foster care (11%) and seeing a newspaper advertisement (11%). The influence of firsthand experience of other known carers or fostered children is obviously powerful:

"My grandfather was in foster care and we wanted to repay the gift..."

"I was working with a young person living in residential care and then took on a more informal role with him...This progressed to me offering foster care to him".

We have a close friend who needed foster care as a child. She's a fabulous adult – and its inspirational to hear her talk about her experiences ...in the system".

"I work with youth in out of Home Care and wanted to be able to give youth a chance at real normality in a home environment".

The most strongly endorsed motivation to become a foster carer was that participants "wanted to help improve the life of a child" (see Figure 2 below). Just under 60% of participants reported they were motivated by the desire to "give back to the community and this is one way to do it". Other motivations identified for around a third of the sample in-

cluded being unable, or choosing not to have biological children but still wanting to care for children (38.1%), having a great childhood and wanting to provide similar experiences to other children (33.3%), and thinking that experiences in their own childhood could help them relate to the difficulties of some foster children (31.0%). This is, unsurprisingly, broadly consistent with the findings of international studies into the motivations to foster amongst non-targeted carer samples, i.e. the main drivers are intrinsic rather than extrinsic and essentially altruistic/pro-social ones, typically expressed as “loving children” and “wanting to make a difference to the lives of children” (Sebba, 2012).

Figure 1: How did you first become aware of the opportunity to be a foster carer with your organisation? (n=42)

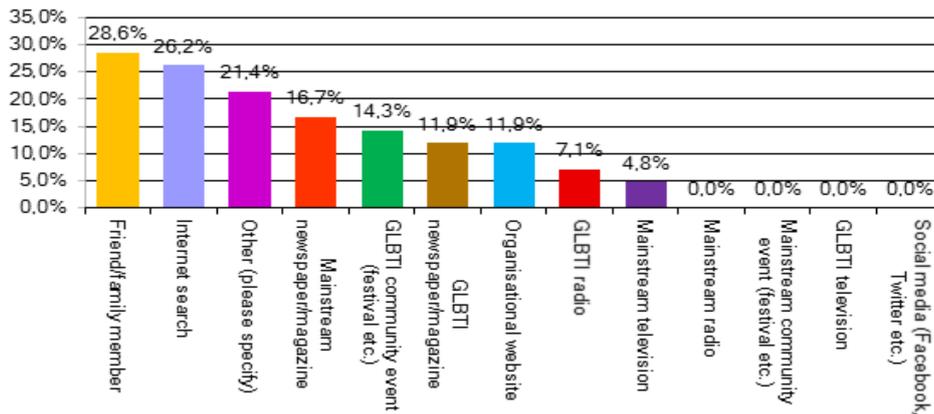
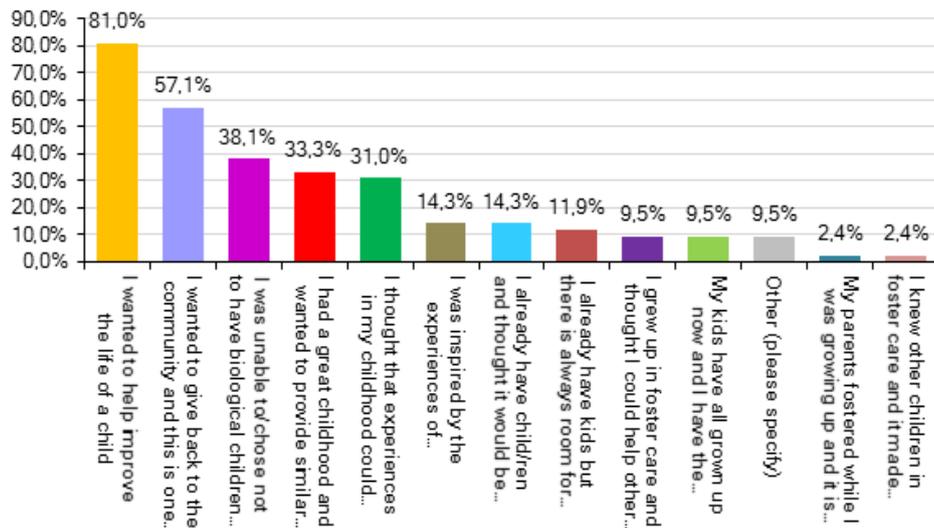
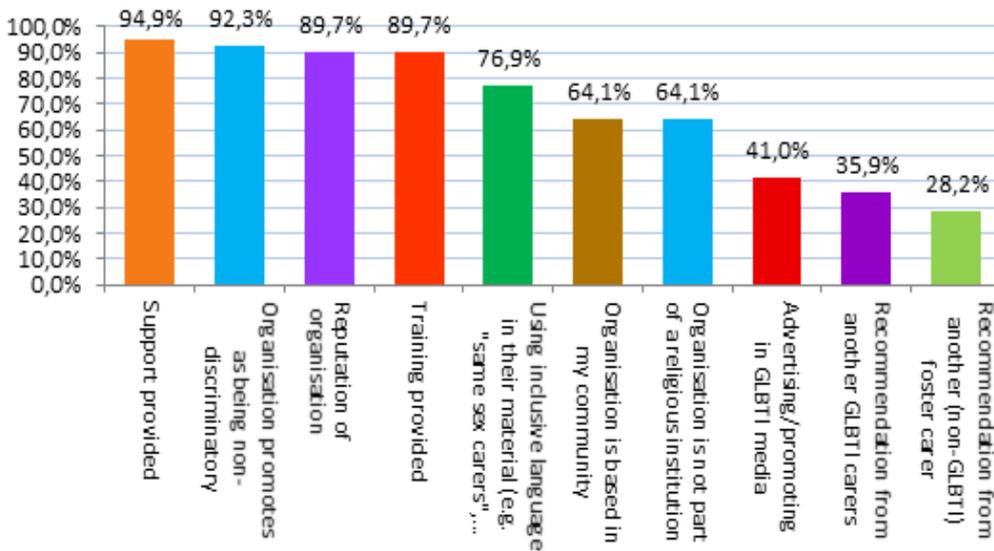


Figure 2: What was your motivation for becoming a foster carer? (n=42)



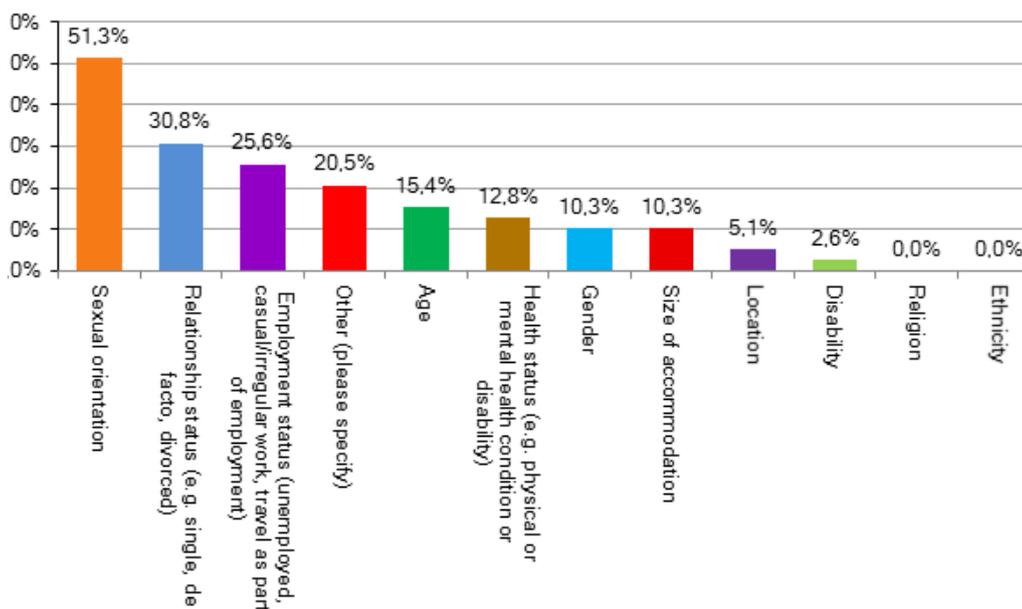
The factors considered the most important among respondents in choosing an organisation to join as a carer (89% and above) included provision of support and training, the organisation promoting itself as non-discriminatory, and the reputation of the organisation (see Figure 3 below). Interestingly, word of mouth was not especially strongly endorsed relative to other factors. It was also noted by 76.9% of respondents that the use of inclusive language (e.g. “same sex”, “lesbian”, “gay”) by organisations in their materials was also important to prospective carers.

Figure 3: What factors were important or very important in choosing an organisation to join as a foster carer? (n=39)



Participants were asked what they thought, prior to applying, might be barriers to being accepted as carers, prior to applying (see Figure 4 below). Just over half of the sample believed that their sexual orientation might be a barrier to being accepted to become a foster carer. Just under a third believed that their relationship status (e.g. single, de facto, divorced) might be a barrier, and one quarter thought that their employment status (unemployment, casual/irregular employment, travel as part of employment) might be a barrier.

Figure 4: Prior to applying, which of the following did you think might be a barrier to you being accepted to become a foster carer? (n=39)

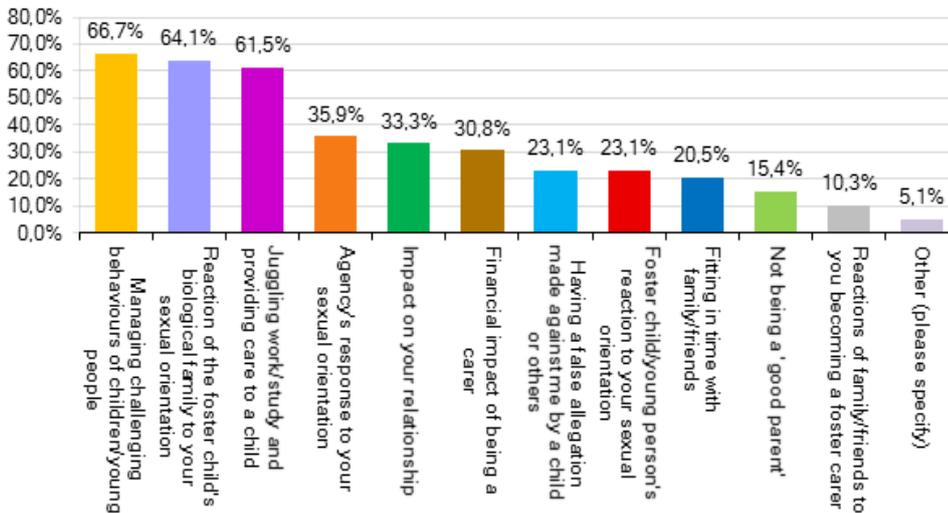


Participants were asked what they thought, prior to applying, might be issues or problems in managing as a carer as carers, (see Figure 5 below). Two thirds of the sample identified managing challenging behaviours of children/young people. Just under two thirds also identified the reaction of the foster child's biological family to their sexual orientation, and juggling work/study with caring for a child as factors that would be problematic for them. One respondent elaborated on how it perceived the issue of homophobia within biological families:

"During assessment at home....we did ask one of the team how often we would be knocked back and she didn't understand the question – we had to explain that we thought that might happen due to being a same sex couple. While it is refreshing that it hadn't even entered her mind....it ...would be preferable if staff assessing same sex couples are more

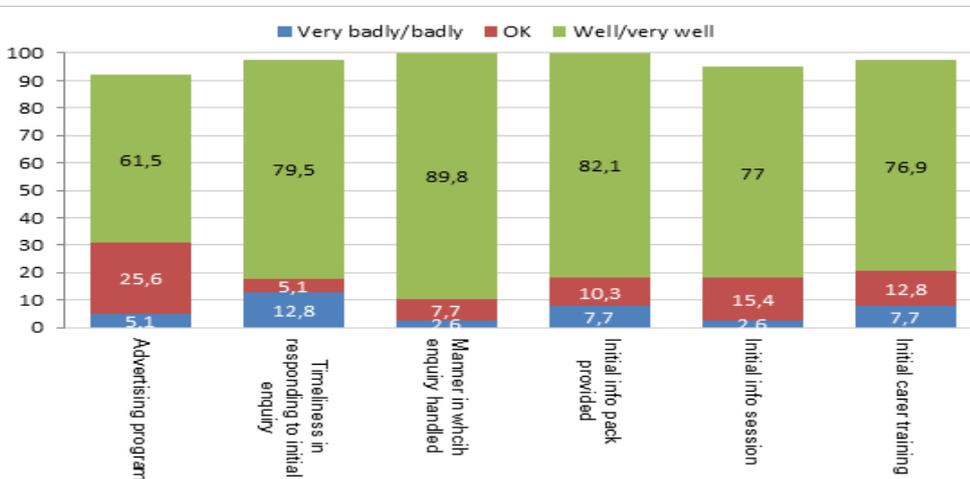
aware that some families might not like their children being placed with a same sex couple”.

Figure 5: Prior to applying, did you think any of the following would be a problem/issue in managing as a foster carer? (n=39)



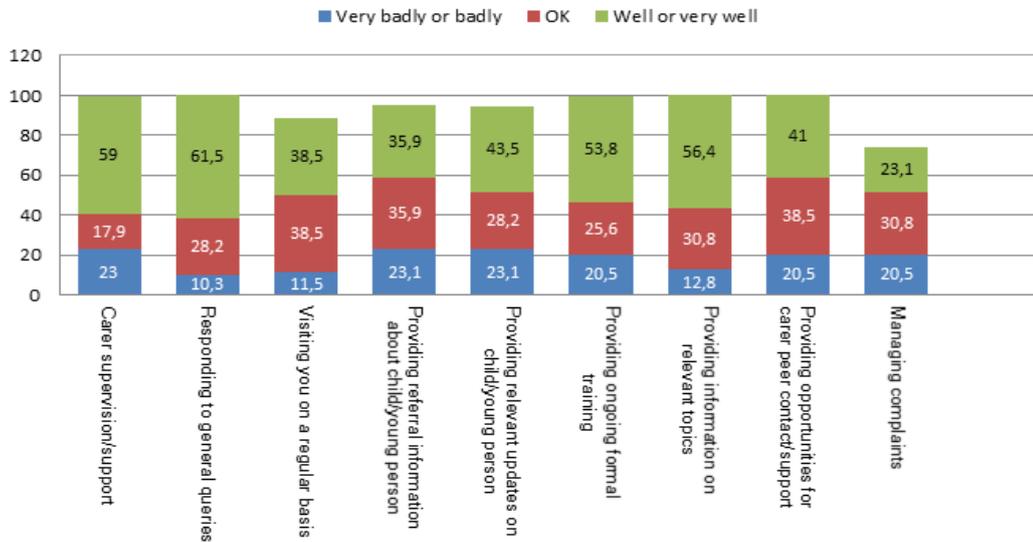
Participants were asked how well their agency managed the initial recruitment phase across a range of factors (see Figure 6 below). Overwhelmingly they reported that their agency managed the initial recruitment phase well or very well. Timeliness in responding to their initial enquiry was identified by 13% of respondents as badly or very badly managed; otherwise there was no factor that was strongly rated as mishandled.

Figure 6: How well did your agency manage the initial recruitment phase? (n=39)



The following aspects of agency support post recruitment of carers were rated as managed well or very well by the majority of respondents: carer supervision/support, responding to general queries, providing ongoing formal training and providing information on relevant topics. Just under a quarter of the sample rated provision of both relevant updates on the child and referral information about the child as very badly or badly managed (see Figure 7 below).

Figure 7: After becoming a foster carer, how well did your agency manage the following?



Respondents were also asked if they would recommend their foster care organisation to other GLBTI people interested in becoming foster carers, and well over two thirds (74.4%) said yes. Many volunteered further comments which were highly mixed. Several felt their sexual orientation was a non issue and that they have had a very positive, supportive experience (“*We have been treated exactly the same as any heterosexual carers I’ve come across during the training and assessment and onwards*”), others stated that the issue was not with how the organisation handled their sexuality but rather the challenges of fostering per se (“*[Y]ou don’t really know what you are in for emotionally, but I don’t think you can really prepare someone for this*”), and the issues in the system (“*[w]e do try to not put people off if they ask us by presenting as balanced a point of view as possible. We do of course realise that workers are generally overworked and....there is the issue of understaffing and underfunding in the area.*”).

The survey invited additional comments, and these were unsurprisingly a mix of comments about fostering per se, and issues associated with carers’ sexual orientation:

- More allowances should be made for carers who work full time e.g. adequate notification of training, organising peer support events after hours, changing methods of communication (i.e. it is not always possible to have telephone discussions during work hours).
- Out of hours support could be improved as well as support during and immediately after a placement.
- Carers should always be included when decisions about the placement are made – especially when it is decided a placement should end.
- It would be good to see examples of same sex foster carers in the mainstream media as well as in the GLBTI media – so that the wider community are also aware that there are same sex foster carers.
- It would be great to have a specifically GLBTI carer group that could communicate online and meet occasionally.

2. Organisational journeys in ‘coming out’ about recruitment of gay and lesbian foster carers: The Benevolent Society and Berry Street.

Although both Berry Street and The Benevolent Society have developed direct recruitment campaigns for the GLBTI community, the organisations are at very different stages of the recruitment journey. The Benevolent Society has been undertaking the campaign for 3 – 4 years, while Berry Street has been actively campaigning for less than 12 months.

Drivers and Timing

In 2009, the New South Wales state government undertook a major reform of their Out of Home Care services and, as a result, outsourced programs to the community service sector. The Benevolent Society successfully bid and were funded for 211 children targeted over a three year period with a six month start up phase. Being newly funded the organisation, therefore, had to build the program from the ground up and recruit large numbers of carers at once. The recruitment strategy centred around how it could target a currently untapped market likely to get a warm response quickly. As such the recruitment strategy focussed on the following key areas:

- People who are in caring roles for employment. This area was seen to provide carers who would be more likely to have the skills and knowledge to commence caring quickly.
- The Benevolent Society's Leadership Alumni Group. The alumni group are people attached to the organisation who can use their knowledge and networks to influence positive social change.
- Community groups (e.g. Little Athletics etc.)
- People who were not able, or for whom it was more difficult, to have a biological family.

The recruitment strategy directed at the GLBTI community came under the last area although other target groups were also included. Through their own networks the project team 'tested' the idea that there was low awareness amongst the GLBTI community that they were eligible to become foster carers. It was also noted that although other non-government organisations did have GLBTI carers, they were not openly advertising to or recruiting them. In addition, there had been some active discouragement of the GLBTI community from some faith based organisations in New South Wales.

Berry Street has been a provider of foster care for many years. The recruitment of carers in the organisation has in the past been more a regionally based activity rather than a centralised one (i.e. each region undertook their own campaign strategies and activities). Programs had GLBTI carers in their program areas, however like many organisations; they had not overtly campaigned to the GLBTI community.

In 2010 The Centre for Excellence in Child and Family Welfare released the *Guidelines for Recruiting and Supporting Gay and Lesbian Carers*. The Guidelines were developed in Victoria as a product of the Foster Care Communication and Recruitment Strategy Project. Berry Street's Senior Manager for Quality Improvement at that time developed an internal summary paper that outlined the guidelines and made several recommendations on how the organisation could proceed with the implementation of the guidelines and recruitment of gay and lesbian carers. It is important to note that at the time there was controversy in Australia as some faith based organisations in New South Wales were threatening to stop delivering adoption services if changes to the Adoption Act allowed gay and lesbian people to adopt children. Therefore, some of the recommendations contained in the internal summary paper addressed the potential risk of negative community reactions to the recruitment of GLBTI foster carers. The paper was distributed internally and the recommendations were agreed to in principle, however, the Senior Manager left the organisation shortly after and this meant that there was no project driver to implement the recommendations. The paper was re-examined in 2012 by the Media and Communications Team as they reviewed foster care recruitment campaigns. As a result, initial contact was made with JOY 94.9FM, the only gay and lesbian radio station in Australia, and a community advertisement was created.

In late 2012 the Senior Manager for Quality Improvement returned to the organisation in a different role within the executive after 18 months away. The summary paper was discussed again with them and a decision was made to implement the recommendations and to develop a broader recruitment campaign directed at the GLBTI community. Key points in this decision were similar to considerations made by The Benevolent Society: the idea that there was low awareness within the GLBTI community that they were eligible to become foster carers, although other non-government organisations did have GLBTI carers, there was little open advertising to the community or, if they had the campaigns were subtle or brief. There was also the belief in the organisation that children primarily required supportive, committed and caring people to look after them and these qualities were not based on a person's sexual orientation. The organisation felt that there would be many people who could and would provide a wonderful care experience to vulnerable children and young people if they were aware that the opportunity was available to them.

The Campaigns

The Benevolent Society's program, *Fostering Young Lives*, developed the campaign slogan, *All Kinds of Kids Need All Kinds of Carers*. A broad foster carer marketing and recruitment plan was designed with CEO and board endorsement, and included specific areas for the GLBTI community. Communication and promotional material was developed which included: Information packs, brochures (general and GLBTI), postcards, kinship care handbook, Q&As (Questions and Answer sheets) for GLBTI community, some 'scripting' material for staff to ensure that clear, consistent and positive messaging was being delivered, an 8 minute DVD, magnets and key rings and outdoor and indoor banners. Appropriate imagery was developed to reflect diverse carers. The materials were positive in both message and imagery. It was a purposeful decision to move away from depicting the "poor, sad child" message (refer to figures 8 – 12).

In addition to developing materials, the campaign also undertook communication activities that included: advertising (radio, print, billboards), online and social media (Facebook and Twitter), GLBTI press (all GLBTI papers/magazines), participation in high profile GLBTI community events (Mardi Gras Fair Day, Gay and Lesbian Business Awards), hosting specific information events within the community, actively sought publicity (e.g. newspaper articles etc) to advertise they were proud to be recruiting GLBTI caregivers and that they recognised how much they had to offer children. The campaign – particularly executive endorsement to participate in high visibility events such as the Mardi Gras - was affirming for staff who were members of the GLBTI community, and energising for the whole organisation.

The materials and campaign were developed by a marketing company with the help of the program establishment funds. Therefore, marketing to that level was not sustainable financially in an ongoing way. Staff attended events, distributed information and supported 'word of mouth' promotion. Throughout the campaign, recruited GLBTI foster carers have also attended targeted information sessions to speak about their fostering experiences. This has often resulted in increased enquiries in the days following the event.

As previously mentioned, Berry Street had been providing foster care services for many years and have had GLBTI carers within its existing programs. The *Fostering with Pride* campaign was, however, the first overt campaign to recruit GLBTI carers specifically and was a whole of organisation campaign rather than a regional campaign. The commencement of developing the *Fostering With Pride* campaign coincided with the upcoming 'season' of events in the Victorian GLBTI community. Therefore, the campaign was initially developed with these events in mind rather than a broader strategy. The events included the Midsumma Carnival, Pride March and the ChillOut Festival. Merchandise was developed for use at these events and included wristbands, tattoos, lollypops and flyers tailored to the GLBTI community (refer to figures 13 – 16). The Midsumma and ChillOut events involved Berry Street having a stall that was manned by Berry Street staffed and foster carers. It was an opportunity to let the community see Berry Street, distribute information and talk face-to-face with interested people. The Pride March was the first time Berry Street had participated and it was an opportunity to show support to the GLBTI community, to contribute to the community through this demonstration of support rather than just take and to demonstrate that GLBTI people will not be discriminated against at Berry Street. These events were also reaffirming for current Berry Street staff and carers who identify as part of the GLBTI community. Foster Care Information Evenings were held specifically for GLBTI people following the above events and were supported by current GLBTI carers and staff.

Primary media promotion of *Fostering with Pride* was through radio sponsorship with JOY 94.9FM which is Australia's only gay and lesbian radio station and is based in Melbourne. Initially the radio promotion was through community service announcements. Over the span of the campaign and involvement with JOY it has developed and grown to include interviews at the GLBTI community events that Berry Street attended, monthly podcasts produced by JOY that involve interviews with Berry Street staff about different programs and topics, on air interviews, having the Berry Street banner on the JOY FM website and JOY distributing foster care flyers to all new JOY radio members.

Following the events, attention was then given to broadening the campaign from the initial events focus that it had started with. Three key decisions were made in the next phase.

1 - Continue to support JOY FM through sponsorship. JOY is a central media channel for the GLBTI community and was a key relationship. Our working relationship is growing and strengthening the longer we are involved and we feel that continuing this beyond the community events was important and could be mutually beneficial.

2 - Training of staff was also identified in the project as important. The intention of the training was to help increase staff awareness of issues experienced by GLBTI people. It was recognised that some staff may not be familiar with issues faced by GLBTI people, some may have personal issues or thoughts in relation to GLBTI people, and that both of these things may result in a lack of sensitivity in their discussions and support of carers. In addition some staff had the view that they 'have no problems if people were gay or lesbian' and they "treat everyone the same". Assumptions need to be unpacked amongst workers through training to be sensitive to the challenges sex and/or gender diverse carers may face with regards to identity, stigma, hostility, isolation, ridicule or discrimination when living in a society that often marginalises their experiences. By treating everyone the same, staff may not recognise significant differences.

3 - Undertake a study of GLBTI foster carers. In order to explore and understand the experiences of GLBTI foster carers Berry Street decided to undertake a small study. Berry Street approached The Benevolent Society to jointly participate for a number of reasons. First, Berry Street and The Benevolent Society have a strong working relationship and have worked together on projects in the past. Secondly, The Benevolent Society has been overtly promoting foster care to the GLBTI community for a longer period of time and so Berry Street was interested in what they had learned from this process. Thirdly, extending the survey into another jurisdiction would strengthen and broaden sampling.

Learning: what the study and campaign have taught us

1 - Hang in there – it can take people a while before carers "take the step". The Benevolent Society reflected that people generally made contact after seeing/hearing the targeted campaigns on print media or events for the 5th or 6th time. Short or inconsistent campaigns may be less effective and can also be met by cynicism in the GLBTI community about whether the organisation is genuine in their desire to recruit and support GLBTI foster carers.

2 - Be overt – developing 'GLBTI friendly' marketing materials was positively received by potential carers and conveys the message that the organisation is serious about recruiting and supporting GLBTI families.

3 - Develop key messages – to ensure staff give clear and consistent information to carers making enquiries and are clear on the organisation's position. The key messages may be in the form of a Frequently Asked Questions sheet, information session plans or in training.

4 - Target AND integrate – recognise the diversity within gay and lesbian communities. Not all GLBTI people access GLBTI community media/websites/events. Therefore, it is important to promote, be present and give clear messages in the GLBTI community AND in mainstream media/websites/events. Using clear and overt language in all material is important.

5 - You need a driver – a campaign such as this needs a person/people to lead and drive it. This is to get the campaign out into the GLBTI community and to also drive organisational change if required. The driver requires an awareness of the GLBTI community and issues relevant to GLBTI people. The driver then needs to demonstrate the required leadership to embed the program development and changes across the organisation, identify champions in the organisation and then 'normalise' the approaches across the board – "this is how we operate in the organisation".

6 - Everyone needs to be on board – this is more than a recruitment campaign so organisational support is needed at all levels. This may include: ongoing funding and staff development, review of NGO policies and processes to ensure they are inclusive of GLBTI staff and carers, education and be prepared to challenge homophobia internally and externally (intentional and unintentional), all staff must have an awareness about needs and concerns of GLBTI carers.

7 - Unspoken or unsaid messaging matters – what you don't say can be more powerful than what you do say. Carers told us that organisations promoting as being non-discriminatory was highly important in their choice of organisation. Carers also told us that an organisation using inclusive language such as 'same sex', 'lesbian', 'gay men' was also very important. Messaging, or lack of messaging, can have a positive or negative impact on a campaign and organisation. By saying nothing at all assumptions can be made and doubts raised. Additionally, positive and inclusive messaging can also have a positive impact on current carers and staff who feel validated, recognised and supported by it.

8 - It's a mutual relationship – it is important to show genuine support for GLBTI community where possible in tangible ways. It is a two-way relationship.

9 - Discrimination is not a thing of the past – many GLBTI people still believe they are ineligible to become foster carers due to their sexual orientation. Carers are also concerned about homophobic reactions of children's biological

parents. Although NGO's can't control the reactions of parents or the broader community, they must recognise that they exist and be ready to support carers, and promote positive messages and images of gender diverse foster caring in the broader community.

10 - Being a carer is challenging – many of the challenges faced by GLBTI foster carers relate less to their sexual orientation and more to the fact that caring for a child can be hard! Be real about this while providing reassurance about how carers will be supported.

11 - It's a delicate balance – NGO's need to be aware of and recognise the differences faced by GLBTI foster carers. At the same time, many carers said that they did not want to be treated differently to everyone else. NGO's need to be mindful of this delicate balance.

Where to from here?

The Benevolent Society will be exploring ways to appropriately support and connect GLBTI carers with each other and establish sustainable networks that are meaningful to the carers. They will continue to support events that connect to existing groups such as Rainbow Babies, intend on running a GLBTI Camp for children/carers during school holidays and will also be starting up a Gay Dad's Group.

Berry Street will be finalising the 2013 -2014 *Fostering with Pride* plan that will include continued support of JOY FM, a redevelopment of the *Fostering with Pride* website, a review of foster care promotional material and organisational policies/procedures and continued participation in GLBTI events such as Pride March. Staff awareness training will be rolled out across the organisation, case studies will be developed out of the in depth interview sample for practice development purposes, and the two agencies will also explore expanding the GLBTI Carer Survey to a national one.

The retrospective study design necessarily only focussed on one side of the equation – the perceptions and views of an established sample of LGBTI carers who *had* proceeded beyond the initial enquiry stage to become carers. It relied on their 'memories' about how they felt when initially enquiring about fostering. Both agencies need to follow up enquiries where possible to increase the validity of findings and have a more informative picture of the marketing challenge.



Figure 8: TBS Fostering Young Lives 1



Figure 9: TBS Fostering Young Lives 2



Figure 10: TBS Fostering Young Lives 3

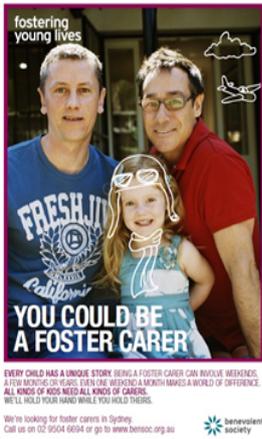


Figure 11: TBS Fostering Young Lives 4



Figure 12 Berry Street Merchandise 1



Figure 13 Berry Street Merchandise 2



Figure 14 Berry Street Merchandise 3



Figure 15 Berry Street Merchandise 4

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Presentation links (as used in conference PowerPoint presentation):

- What R U Having?** June 2013 <http://youtu.be/5VTIt9GamyM> (Campaign launched by PFLAG (Parents and Friends of Lesbians and Gays) in support of marriage equality.
- Q&A (ABC Television)** – Penny Wong and Joe Hockey May 2012 <http://youtu.be/Qasoe3npVas> (Australian Finance Minister, Penny Wong, and Shadow Treasurer, Joe Hockey on ABC Television's "Q & A". Mr Hockey responds to an audience member's question on same sex parenting).

Gender diversification of former sexual partners versus having gynaecological examinations performed and the assessment of their importance among women who have sex with women

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Abstract

The purpose of this research was to verify whether gender diversification of former sexual partners of women having sexual contacts with women is related to the frequency of visiting the gynaecologist, having gynaecological examinations performed and the assessment of their importance. The respondent group included 268 women who have had at least one sexual act with a woman. Women having sexual relations both with women and men 2.8 times more often have already had their first visit to the gynaecologist, 1.9 times more often have had at least one pap smear performed and 1.7 times more often have had their breasts examined by a gynaecologist at least once as compared with women who have never had sex with a man. In comparison with the former group, the latter one ascribed lower importance to HIV test (OR = 1.80, $p = .025$), STD test (OR = 1.90, $p = .025$), information concerning pregnancy (OR = 1.92, $p = .034$), contraception (OR = 3.64, $p < .001$), safe sex (OR = 1.89, $p = .030$) and consultations concerning sexual life (OR = 2.30, $p = .003$). The results show that women who have had exclusively homosexual relations are a group particularly exposed to insufficient gynaecological care.

Keywords: homosexual behaviours, health care, gynaecological examinations, pap smears, SDT testing

Topic: LGBT health and mental health

Introduction

Health service is one of the areas where LGBT people face discrimination and homophobic attitudes (Schatz & O'Hanalan, 1994; Winter, 20012). Most doctors assume that their patients are heterosexual and have sexual intercourse only with persons of the opposite sex (Neville & Henrickson, 2006). A study carried out by the Medical Foundation (1997) showed that 60% of young gays and lesbians had not disclosed their psychosexual orientation to their doctors. Aversion to disclosing the psychosexual orientation or sexual behaviours makes it difficult to build the proper relationship between the doctor and the patient, which on the one hand may have a detrimental effect on treating particular diseases and on the other hand lowers the probability of identifying the habits and behaviours important for the patient's health. It is also one of the factors affecting the way LGB people use medical services. That impact is clearly visible among others in the case of women having sexual contacts with women and their attitude to gynaecological services – direct or covert expression of heteronormative norms and homophobic attitude of health care providers result in those women visiting the gynaecologist or undergoing gynaecological examinations, such as pap smear or mammography, less frequently (Rankow & Tessaro, 1998; Cochran et al., 2001; Grindel, McGehee, Patsdaughter, & Roberts, 2006).

Many studies concerning the health of women with non-heteronormative sexual behaviours use a general category “women who have sex with women” (WSW). Classifying all the women who have sexual relations with women into one category may make it impossible to identify the differences between the groups (Bauer & Jairam, 2008). Some of the studies compare the results achieved by homosexual and bisexual women. It is an important division, as some differences between the groups may be related to the psychosexual orientation. Another division takes into account sexual behaviours. Undoubtedly, sexual behaviours not always match the psychosexual orientation. Studies prove that as many as 80-90% of women describing themselves as homosexual have had at least one sexual act with a man

(Bailey, Farquhar, Owen, & Whittaker, 2003; Marazzo & Stine, 2004). On the other hand, some women describing themselves as bisexual or even heterosexual may have had only homosexual contacts so far. It seems that in the case of selected issues connected with the health of women having had homosexual acts, it is beneficial to concentrate on the history of sexual contacts of the respondents, particularly on the fact whether the woman has had sexual contacts exclusively with women or with men too. One such area is going to the gynaecologist and having gynaecological examinations performed.

Therefore, the main aim of this research was to verify the relationships between the history of former sexual contacts and visiting the gynaecologist, having gynaecological exams done and the evaluation of medical services related to sexual life among women having sex with women.

Method

The respondent group

The study involved women who have had at least one sexual act with a woman, regardless of the declared psycho-sexual orientation. A sexual act between women was defined as a physical relation between them including contact with sexual organs of at least one of them.

268 women aged 18-50 (M = 24.51; SD = 4.35) took part in the study. Socio-demographic characteristics of the analyzed group are presented in Table 1. Most of the respondents lived in towns having from 100 thousand to 500 thousand residents (36.2%) or over 500 thousand residents (36.2%). More than 4/5 of the respondents had secondary (41.4%) or higher (40.7%) education. 3/5 of the women were in informal relationships, 30.6% were not in any relationships and 5.6% were in formal ones⁵⁵.

Table 1.

Age, place of residence, education and relationship status of the respondent group

Examined variables	n	%
Age		
18-23	162	60,4%
24-32	82	30,6%
33-41	18	6,7%
42-50	6	2,2%
Place of residence		
village	16	6,0%
town up to 100 thousand residents	58	21,6%
town between 100 and 500 thousand residents	97	36,2%
town over 500 thousand residents	97	36,2%
Education		
elementary	2	0,7%
lower secondary	32	11,9%
vocational	14	5,2%
secondary	111	41,4%
higher	109	40,7%
Relationship status		
informal relationship	163	60,8%
formal relationship	15	5,6%
no relationship at the moment	90	30,6%

170 (63.4%) of the respondents declared to be homosexual, 83 (31.0%) bisexual, 9 (3.4%) heterosexual, and 6 (2.2%) chose the option "other" ("pansexual", "I don't want to declare anything", "I'm interested in the person's character, not their gender"). 117 women (43.7%) have had sexual relations exclusively with women, 78 (29.1%) mostly with women, 39 (14.6%) with men and women equally, and 34 (12.7%), mostly with men. Table 2 presents the studied sample with division into the declared sexual orientation and the gender of sexual partners.

55 - In Poland, a formal relationship, i.e. marriage, can only be contracted between a man and a woman.

Table 2.

Psychosexual orientation and the gender of sexual partners the respondents ever had

	Sexual contacts exclusively with women	Sexual contacts mostly with women	Sexual contacts with men and women equally	Sexual contacts mostly with men	Total
Homosexual orientation	101	58	8	3	170
Bisexual orientation	13	20	30	20	83
Heterosexual orientation	0	0	0	9	9
Other	3	0	1	2	6
Total	117	78	39	34	268

The research tool

The questionnaire comprised three parts: in the first one, the respondents were asked to provide their age, place of residence, education and relationship status. The second part included questions about their sexual orientation (categories to choose from: “homosexual”, “bisexual”, “heterosexual”, “other” (what?)) and sexual partners in lifetime (categories to choose from: “exclusively women”, “mostly women”, “women and men equally”, “mostly men”). The third part of the questionnaire referred to visits to the gynaecologist, having gynaecological examinations performed and the assessment of importance of medical services related to the sexual sphere. Below, there is the list of questions to which the respondents answered in a 0-1 dichotomous scale where 0 = no and 1 = yes.

- 1 • Have you been to the gynaecologist: a) ever, b) within the last 5 years, c) within the last 12 months?
- 2 • Have you had the following examinations performed: pap smear, breast ultrasound, breast examination: a) ever, b) within the last 5 years, c) within the last 12 months?
- 3 • Please tick the following medical services that you consider important: pap smear, pelvic examination, mammography, breast ultrasound, breast examination, HIV test, STD test, providing information on a) in vitro fertilization, b) pregnancy, c) contraception, d) safe sex; consultations concerning sexual life.

Procedure

Snowball sampling was applied in the research. LGB activists were asked by e-mail to distribute the questionnaire among the potential respondents. Information on the research was also placed on Polish sites for LB women and other women’s websites. Besides, e-mails about the research were sent to people from the LGB environment who had participated in studies before and had expressed their consent to being informed of further projects.

Statistical analysis description

Four categories of answers concerning the gender of sexual partners (“exclusively women”, “mostly women”, “women and men equally”, “mostly men”) were reduced to two (“exclusively women” and “both women and men”). Assuming that division made it possible to balance the number of people in both groups. It was also in agreement with the theoretical assumptions of the study that women having sex exclusively with women would differ from women having sex both with women and men as regards visiting the gynaecologist and having gynaecological exams performed. Thus, the results from 117 women having had exclusively homosexual contacts and from 151 women having had both heterosexual and homosexual contacts were analyzed.

In the beginning, the t-Student test was carried out, which showed that the analyzed groups did not differ in age ($t(266) = .633; p > .05$). In addition, the χ^2 did not show any differences in the place of residence, education and relationship status between the compared groups ($\chi^2(2)_{\text{place of residence}} = 1.008; p > .05; \chi^2(2)_{\text{education}} = 1.594; p > .05; \chi^2(2)_{\text{relationship status}} = 1.255; p > .05$).

The χ^2 test was used to perform statistical calculations. The ϕ (phi) coefficient and odds ratios were also calculated. All the statistical analyses were performed with the use of the SPSS 20.0 program.

Results

Visiting the gynaecologist and having gynaecological exams performed

The relationships between the gender of sexual partners and visiting the gynaecologist and having gynaecological exams performed are presented in Table 3. 184 women (68.7%) have ever had a gynaecologist visit, 172 (64.2%) have had a visit within 5 years and 115, within a year (42.9%). Women having sex with people of both sexes 2.76 times more often have already had their first visit to the gynaecologist as compared with women having sex exclusively with women ($\chi^2(1) = 14.47$; $p < .001$, $\phi = .23$). There were also differences between those groups regarding going to the gynaecologist within five years ($\chi^2(1) = 6.72$; $p = .010$, $\phi = .16$, OR = 1.95) and within one year ($\chi^2(1) = 4.17$; $p = .041$, $\phi = .12$, OR = 1.67).

Table 3.

Gender of sexual partners the respondents ever had versus going to the gynaecologist and having gynaecological exams performed

		Gender of sexual partners		χ^2	p	ϕ	Odds ratio
		Exclusively women	Both men and women				
Visit to the gynaecologist – ever	yes	66 (56.4%)	118 (78.1%)	14.47	< .001	.23	2.76
	no	51 (43.6%)	33(21.9%)				
Visit to the gynaecologist – within 5 years	yes	65 (55.6%)	107 (70.9%)	6.72	.010	.16	1.95
	no	52 (44.4%)	44 (29.1%)				
Visit to the gynaecologist – within 1 year	yes	42 (35.9%)	73 (48.3%)	4.17	.041	.12	1.67
	no	75 (64.1%)	78 (51.7%)				
Pap smear – ever	yes	40 (34.2%)	75 (49.7%)	6.45	.011	.16	1.90
	no	77 (65.8%)	76 (50.3%)				
Pap smear – within 5 years	yes	38 (32.5%)	69 (45.7%)	4.80	.028	.13	1.75
	no	79 (67.5%)	82 (54.3%)				
Pap smear – within 1 year	yes	27 (23.1%)	46 (30.5%)	1.82	> .05	.08	1.46
	no	90 (76.9%)	105 (69.5%)				
Breast ultrasound – ever	yes	29 (24.8%)	34 (22.5%)	.19	> .05	.03	0.88
	no	88 (75.2%)	117 (77.5%)				
Breast ultrasound – within 5 years	yes	26 (22.2%)	31 (20.5%)	.11	> .05	.02	0.90
	no	91 (77.8%)	120 (79.5%)				
Breast ultrasound – within 1 year	yes	15 (12.8%)	20 (13.2%)	.01	> .05	.01	1.04
	no	102 (87.2%)	131 (86.8%)				
Breast examination – ever	yes	40 (34.2%)	70 (46.4%)	4.03	.044	.12	1.66
	no	77 (65.8%)	81 (53.6%)				
Breast examination – within 5 years	yes	40 (34.2%)	58 (38.4%)	.51	> .05	.04	1.20
	no	77 (65.8%)	93 (61.6%)				
Breast examination – within 1 year	yes	27 (23.1%)	30 (19.9%)	.41	> .05	.04	0.83
	no	90 (76.9%)	121 (80.1%)				

115 women (42.9%) have had a pap smear performed at least once in life, 107 women (39.9%) within five years and 73 women (27.2%), within one year. Women having sex exclusively with women have had a pap smear done 1.90 times less frequently in their whole lives ($\chi^2(1) = 6.45$; $p = .011$, $\phi = 0.16$), and within the last 5 years, 1.75 times less frequently ($\chi^2(1) = 4.80$; $p = .028$, $\phi = .13$) in comparison to women having sex both with men and with women. 63 women (23.5%) have ever had breast ultrasound performed. Within 5 years, the number was 57 (21.3%), and within a year, 35 (13.1%). No relations occurred between the gender of sexual partners and having breast ultrasound performed.

110 women (41.0%) have had a breast exam performed at least once in life, 98 women (36.6%) within five years and 57 women (21.3%) within the last year. Women who have never had sexual contacts with a male partner 1.66 times less frequently ($\chi^2(1) = 4.03$; $p = .044$, $\phi = .12$) have had breast exam performed at least once in their lives as compared with women having sexual contacts with both sexes.

Assessment of the importance of medical services connected with sexual functioning

Table 4 presents the relationships between the gender of sexual partners and the assessment of importance of services related to sexual health. More than half of the women (57.5%) regarded pap smear as an important medical service. Breast ultrasound (42.9%) was second: more than 1/3 of the respondents (37.7%) indicated it was important. Nearly 1/4 of the women (24.3%) considered mammography as an important exam. For 22.0% of the respondents, pelvic examination was a significant medical service.

For 36.6% of the women, HIV test was as important medical service, whereas 26.5% of them indicated the importance of STD test. 25.4% of the women participating in the study would like to receive information on safe sex methods and 23.9% of them emphasized the importance of information on contraception. 25.4% of the women are interested in receiving information on in vitro fertilization, and 22.4%, on pregnancy. 31% of the women would appreciate some consultancy concerning sexual life.

Table 4.

Gender diversification of sexual partners versus the assessment of importance of gynaecological services

Kind of medical service	Was the examination regarded as important?	Gender of sexual partners		χ^2	<i>p</i>	ϕ	Odds ratio
		Exclusively women	Both men and women				
Pap smear	yes	64 (54.7%)	90 (59.6%)	.65	> .05	.05	1.22
	no	53 (45.3%)	61 (40.4%)				
Pelvic examination	yes	23 (19.7%)	36 (23.8%)	.67	> .05	.05	1.28
	no	94 (80.3%)	115 (76.2%)				
Mammography	yes	31 (26.5%)	34 (22.5%)	.57	> .05	.05	.80
	no	86 (73.5%)	117 (77.5%)				
Breast ultrasound	yes	49 (41.9%)	66 (43.7%)	.09	> .05	.02	1.08
	no	68 (58.1%)	85 (56.3%)				
Breast examination	yes	39 (33.3%)	62 (41.1%)	1.68	> .05	.08	1.39
	no	78 (66.7%)	89 (58.9%)				
HIV test	yes	34 (29.1%)	64 (42.4%)	5.05	.025	.14	1.80
	no	83 (70.9%)	87 (57.6%)				
STD test	yes	23 (19.7%)	48 (31.8%)	4.98	.025	.14	1.90
	no	94 (80.3%)	103 (68.2%)				
Information on in vitro fertilization	yes	31 (26.5%)	37 (24.5%)	.14	> .05	.02	.90
	no	86 (73.5%)	114 (75.5%)				
Information on pregnancy	yes	19 (16.2%)	41 (27.2%)	4.52	.034	.13	1.92
	no	98 (83.8%)	110 (72.8%)				
Information on contraception	yes	14 (12.0%)	50 (33.1%)	16.22	< .001	.25	3.64
	no	103 (88.0%)	101 (66.9%)				
Information on safe sex	yes	22 (18.8%)	46 (30.5%)	4.73	.030	.13	1.89
	no	95 (81.2%)	105 (69.5%)				
Consultations concerning sexual life	yes	25 (21.4%)	58 (38.4%)	8.96	.003	.18	2.30
	no	92 (78.6%)	93 (61.6%)				

In comparison to women who have had sexual contacts with women and men, women who have had exclusively homosexual relations ascribed less importance to the following medical services: HIV test ($\chi^2(1) = 5.05, p = .025, \phi = .14, OR = 1.80$), STD test ($\chi^2(1) = 4.98; p = .025, \phi = .14, OR = 1.90$), information on contraception ($\chi^2(1) = 16.22; p < .001, \phi = 0.25, OR = 3.64$), pregnancy ($\chi^2(1) = 4.52; p = .034, \phi = .130, OR = 1.92$), safe sex ($\chi^2(1) = 4.73; p = .03, \phi = .13, OR = 1.89$) and consultation concerning sexual life ($\chi^2(1) = 8.96; p = .002, \phi = .18, OR = 2.3$).

Discussion

The obtained results show that women who have had sexual contacts exclusively with women are the group of WSW who use gynaecological services the least frequently. There may be a few reasons for this: first of all, there is still a belief that the key role of a gynaecologist is to prescribe contraceptive pills, and the key motivation to visiting a gynaecological specialist is the beginning of sexual contacts with a man (Tracy, Lydecker, & Ireland, 2010). Therefore, women who have sexual contacts exclusively with women may not see the point of visiting a specialist. What is more, they may feel that the gynaecologist will not provide them with information significant from their point of view, because the doctor does not have the necessary knowledge (Diamant, Schuster, & Lever, 2000). They are convinced (often rightly) that gynaecologists are specialists in heterosexual contacts only. In addition, the women realize that gynaecologists not only do not have the knowledge on homosexual behaviours but also ignore the existence of such relations, assuming that all their patients only have intercourse with men.

Another area analyzed as part of the study was having a pap smear. As regards prevention of cervical cancer, the situation in Poland is alarming: among all the European countries reporting morbidity and mortality rates referring to that disease, Poland is one of the five countries with the highest rates (Nikula et al., 2009). A study published by Siemens, entitled "Why Polish women do not attend cervical cancer screening?", showed that only 58.7% of Polish women have a pap smear performed regularly (Luszczynska, Bukowska-Durawa, 2011). Among women having sex with women, the results are even lower. As proved by this research, 39.9% of women who have ever had a sexual contact with a woman have had a pap smear performed within 5 years, and taking into consideration the last year, the rate was 27.2%. Furthermore, fewer women having sexual contacts exclusively with women have had a pap smear performed (both whenever and within the previous five years) when compared with women who have had sexual contacts both with women and with men.

Studies show that some doctors may not be aware that women who have sex with women also run the risk of developing neoplasms of the reproductive system, including cervical cancer. In comparison with heterosexual women, homosexual women were three times less frequently informed by the doctor of the risk of cervical cancer (Price, Easton, Telljohann, & Wallace, 1996). In reality, the situation may be even worse: some studies indicate that health professionals tell homosexual women that pap smear is unnecessary in their situation (Marrazzo, Koutsky, & Handsfield, 2001). Receiving such information from doctors may result in the women failing to see the risk of the disease, which prevents them from having regular examinations. Yet, it is well-known that not only women having intercourse with men but also those who have only had homosexual contacts but whose partners have had heterosexual contacts are exposed to HPV (*human papillomavirus*) (Carroll, Goldstein, Lo, & Mayer, 1997). In addition, more and more studies show that women who have had exclusively homosexual relations may still have cervical irregularities, which is a risk factor for developing cancer of the cervix (Bailey, Kavanagh, Owen, McClean, & Skinner, 2000). Therefore, current recommendations for cervical cancer screening should not differentiate between women with different psychosexual orientations and different sexual life histories.

In their lives, women who have not had sexual relations with men 1.66 times less frequently have had breast exam performed in comparison with women who have had both homosexual and heterosexual relations. Studies suggest that homosexual women may be more exposed to the development of breast cancer than heterosexual women (Broeders & Verbeek, 1997). Taking into consideration some factors which increase the probability of breast cancer occurrence, i.e., among others, less frequent gynaecological exams, less frequent use of oral contraception, nulliparity, having first puerperium at an older age and less frequent breast feeding (Cochran et al., 2001), it may be hypothesized that among women who have sex with women, those who have exclusively homosexual contacts may be the group with the greatest risk of breast cancer. Further studies are needed to confirm this hypothesis.

The results referring to the evaluation of importance of gynaecological services are also worrying. The respondents most often emphasized the importance of a pap smear, but the number of women who regarded it as important was low, only 57.5%. The other exams (pelvic exam, mammography, breast ultrasound and breast exam) were even less frequently indicated (22.0-42.9%). At the same time, no differences were found regarding the assessment of importance of the listed medical services between women having exclusively homosexual relations in their lives and women having sex both with men and with women. The results show that the respondents, irrespective of their sexual life history, may not be aware of how necessary screening breast exams and pelvic exams are.

36.6% of the respondents indicated the importance of HIV tests, whereas 26.5% of them considered STD tests as important. Women who have had exclusively homosexual contacts less frequently considered those tests as important for them, which proves that the group still perpetuates the stereotype that HIV does not present a danger to women who do not have sex with men and that they cannot contract any sexually transmitted diseases (Fishman & Anderson,

2003). In fact, it is known that transmission of bacteria and viruses between women is possible (Carroll, Goldstein, Lo, & Mayer, 1997).

Women having exclusively sexual relations with women were less interested in receiving information concerning contraception and pregnancy. What is interesting, there was no difference found between the studied groups regarding the will to receive information on in vitro fertilization, which suggests that women having exclusively homosexual relations may be interested in having children with the use of that method just like women who have sexual contacts with men and women. Another interesting finding is that women who do not have sexual relations with men are less interested in receiving information on safe sex. Probably the respondents associate the term “safe sex” with contraception and therefore regard it as insignificant. It must also be taken into account that studies show a very low level of protection used by women having sex with women (Hyde, Comfort, Brown, McManus, & Howat, 2007). Lower interest in consultations concerning sexual life among women who have exclusively homosexual contacts suggests that they are convinced that such medical consultation would not give them any important information. It may result from the belief that doctors do not have sufficient knowledge of that field or from the fear that learning of the patient's homosexual contacts, the gynaecologist would assume the judgemental, moralizing approach (Charzyńska, 2013). For those reasons, going to the gynaecologist may be perceived by such women as appropriate for women who have contacts with men but as stressful and useless for themselves.

Summary

The conducted research suggests that special attention should be given to women who have sexual relations exclusively with women as regards visiting the gynaecologist and having gynaecological examinations done. As the results of this study show, those women less frequently go to the gynaecologist and less frequently have a pap smear and breast exam done. They may also not be aware of the risk of being infected with HIV or sexually transmitted diseases, which is proved by the lower rate of importance ascribed to medical services connected with such tests. These women are also less interested in receiving information on the principles of safe sex and consultations about sexual life.

From the study point of view, the results confirm the justification of specifying the group of women who have never had heterosexual relations among the women who have sexual relations with women, at least for the purpose of studying the way they use gynaecological services. From the study perspective, the research emphasizes the need of providing knowledge to that group of women and making them aware that lack of heterosexual contacts does not mean they do not have to visit the gynaecologist. Such a message could be propagated for example by LGBT organizations. Taking into consideration LB women and their specific needs when preparing social campaigns directed at women is important as well. The basic action, however, should be aimed at increasing the knowledge of doctors, especially gynaecologists, concerning the risk and protective factors characteristic of that group of women and at developing positive attitudes towards non-heterosexual behaviours or psychosexual orientation of their patients.

Limitations of the study

The basic limitation of the study is the selection of the study sample – an announcement of the study was sent to LGBT organizations and placed on LB and women's websites. Besides, LB women who had taken part in previous studies were asked to take part in that as well. Probably a considerable number of the women participating in the study have gone through the coming-out process, which may be significant for the issue of using gynaecological services. Hence the group may not be representative, which is a common problem in studies concerning sexuality, especially among sexual minorities (Catania, Gibson, Chitwood, & Coates, 1990). Another limitation is young age of the respondents. Research is needed to show whether the tendencies found will also be observed among older women.

The research was carried out with the exploratory approach. It proved that women who have never had sexual relations with men make a specific group among women who have sex with women as regards having gynaecological exams performed. Due to the adopted methodology limited to calculating χ^2 and the relation between the variables, currently the attempts of explaining differences between the groups have the character of hypotheses which need to be verified in further (including qualitative) research.

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Género e Vulnerabilidade: Intervenção com Travestis em Contexto de Prostituição de Rua

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Resumo

Objetivo: Conhecer vulnerabilidades em saúde das pessoas transgénero (com identidades e performances de género variadas) em contextos prostitucionais de rua, observar conhecimentos, atitudes e práticas de exposição e controlo do risco, e dificuldades e barreiras sentidas no acesso à saúde. **Método:** *Etnografia* e *observação direta* na zona do Conde de Redondo, em Lisboa, onde existe maior visibilidade da prostituição de rua travesti, sendo a acessibilidade facilitada pelo projeto “Trans-Porta” da Associação para o Planeamento da Família, durante 12 meses (Fev.2012-Fev.2013). **Resultados:** O uso de preservativo é prática presente, existindo desconhecimento sobre a transmissão do VIH/sida e outras IST, e crenças enraizadas relativas à prevenção. A vulnerabilidade socioeconómica, necessidade de angariar clientes e a idealização de relações sexuais mais prazerosas conduzem a práticas de risco. No acesso à saúde verificou-se desconhecimento dos recursos existentes e da forma de lhes aceder. A necessidade de acompanhamento clínico no processo de “transição” (de pessoas transexuais) tornam preocupantes as barreiras a nível organizacional. **Conclusão:** Esta população apresenta necessidades específicas ao nível da saúde, requerendo-se a implementação de políticas não heterossexistas com valores normativos universalizantes, compatíveis com a lógica social que preside a sua organização. Para a população que exerce trabalho sexual justifica-se a necessidade de uma intervenção multidisciplinar de proximidade com uma abordagem holística e integradora.

Palavras-Chave: Travestis, Trabalho Sexual, Saúde, Vulnerabilidade

Gender and Vulnerability: Intervention with Travestis in Contexts of Street Prostitution

Abstract

Objective: To recognize vulnerabilities in the health of transgender persons (with different gender identities and performances) in contexts of street prostitution, to observe their knowledge, attitudes and practices of risk exposure and control, and difficulties and barriers experienced in accessing health care. **Method:** *Ethnography* and *direct observation* in the Conde de Redondo area in Lisbon, where there is a greater visibility of transgender sex workers. The accessibility was facilitated through the project “Trans-Porta” from Associação para o Planeamento da Família during 12 months (Feb.2012-Feb.2013). **Results:** Condom use is usual, there is lack of knowledge about ways of HIV/AIDS transmission and also about other STI, and there are strong beliefs about their prevention. Social-economic vulnerability, the need to cativate clients, and the idealization of more pleasurable sexual intercourse leads to unsafe practices. Regarding health access there is a lack of knowledge about existing resources and how to access them. Their need for clinical follow up during the “transition process” (of transsexual persons) makes the organizational barriers alarming. **Conclusion:** This population has specific needs in terms of health, requiring the implementation of non hetero-sexist policies with universalizing normative values, consistent with the social logic that backs their organization. For sex workers the need for a holistic, integrative and outreach multidisciplinary approach is justified.

Keywords: Transgender, Sex Work, Health, Vulnerability

Introdução

A construção social do género está assente num modelo societário estruturado a partir de uma *masculinidade hegemónica* (Almeida, 1995) e de uma matriz *heteronormativa* (Butler, 1999), cujo “sexo biológico”, o desempenho da “identidade de género” e a “identidade sexual” têm de estar coincidentes. A concordância desta “ordem de género” (sexo/género/sexualidade) (Connel, 2009) transformou-se num esquema classificatório quase intocável, que cria a ilusão de uma ‘norma natural’ da vida humana.

As pessoas ‘transgénero’ [cuja identidade ou a forma de exprimirem o género não se encontram de acordo com as normas sociais tradicionais que definem o que é ser um homem e uma mulher (Whittle, 2000), porque vivem segundo as normas do “sexo oposto” (full/part-time) ou não vivem em nenhuma das categoria de género ou vivem nas duas categoria de género]⁵⁶ são, segundo esta categorização, olhadas pelo prisma da “desordem de género” (Connel, 2009). Por isso, práticas e comportamentos que impliquem qualquer “desvio” à ordem instituída são consideradas “aberrações” ou “perturbações” e os seus protagonistas acabam por ser patologizados (com necessidade de correção) e incluídos no território dos “anormais” (Foucault, 2007), resultando em processos opressivos e de marginalização, por via dos discursos, instituições e políticas que favorecem a sua vivência num contexto de vulnerabilidade social (Monro, 2005; Namaste, 2000).

As pessoas transgénero encontram-se particularmente vulneráveis à discriminação social e familiar assente no estigma baseado na identidade e expressão de género. A sua incompreensão tem contribuído para violentos processos de exclusão social, expressos em baixas escolarizações, em problemas familiares e no precoce abandono/expulsão de casa, e consequente vivência no limiar da pobreza, pela dificuldade de integração profissional e com riscos significativos de se tornarem pessoas sem-abrigo (Mokonogho, Mittal, & Quitangon, 2010; ONU, 2011; Sausa, Keatley, & Operario, 2007; Spider, 2010). Neste contexto de vulnerabilidade económica e social, o trabalho sexual e áreas conexas (como o entretenimento) apresentam-se, especialmente para as *travestis*, como alternativas para obterem rendimentos económicos que lhes permitam sobreviver (Fernandéz, 2004; Loehr, 2007; Kulick, 1998; Pelúcio, 2007; Mallon, 2009).

Todavia, as *travestis* são, de entre o grupo dos trabalhadores do sexo, aquelas que sofrem maiores níveis de opressão, intolerância e violência verbal, física, psicológica e sexual (Sausa et al., 2007; Stotzer, 2009) e, muitas vezes, essa vitimação é repetida ao longo da vida. A exposição repetida a estes eventos potencialmente traumáticos podem resultar em consequências ao nível da saúde física e mental, nomeadamente síndromes depressivo e risco de suicídio (Haas et al, 2001; Shipherd, Maguen, Skidmore, & Abramovitz, 2011).

Outros estudos reportam, ainda, a elevada prevalência de infeção por VIH/Sida nesta população (Edwards, Fisher, & Reynolds, 2007; Inciardi, Surrant, Telles, & Pok, 1999; Kammerer, Mason, & Connors, 1999; Operario, Soma, & Underhill, 2008; ONU, 2011; Sausa et al., 2007).

Em Portugal, os dados preliminares do projeto PREVIH⁵⁷ também revelaram que 15,4% desta população tinha o seu estatuto serológico reportado como positivo. Muito embora este valor contraste com os valores mais baixos dos trabalhadores do sexo masculino (4,8%) e feminino (6,6%), qualquer destes número é muito grave comparativamente aos dados dos restantes países da comunidade europeia, por apresentarem uma *epidemia concentrada*⁵⁸ (Dias et al. 2011), pelo que é proposto a elaboração de políticas de intervenção específica ao nível da prevenção da infeção por VIH/Sida, apropriadas às diferenças encontradas entre géneros.

Embora, a nível nacional, se reconheça o desenvolvimento atual de alguns estudos sobre as pessoas transgénero⁵⁹, a realidade da prostituição exercida por *travestis* continua a ser praticamente desconhecida.

56 - O termo *transgénero* é um conceito abrangente que expressa a existência de uma pluralidade de variações de género, nas quais se podem incluir, em exemplo, homens e mulheres transexuais (operados e não operados), pessoas intersexo, andróginas, cross-dressers, drag queens/drag kings, travestis, entre outras.

57 - O Projeto PREVIH: Infeção VIH/SIDA nos grupos de Homens que têm Sexo com Homens e Trabalhadores Sexuais: Prevalência, Determinantes, Intervenções de Prevenção e Acesso aos Serviços de Saúde, foi um estudo cofinanciado pelo programa ADIS/Sida da Coordenação Nacional pra a Infeção VIH/Sida, com supervisão científica do Instituto de Higiene e Medicina Tropical (IHMT) que pretendeu contribuir para a redução da transmissão da infeção VIH/Sida nesta população

58 - Este termo é utilizado quando há mais de 5% de pessoas a viverem com VIH/Sida dentro de uma população.

59 - Sandra Saleiro, investigadora do CIES – Centro de Investigação e Estudos de Sociologia (ISCTE-IUL), encontra-se a desenvolver a sua tese de doutoramento em Sociologia intitulada *Transsexualidade e Transgénero: Identidades e Expressão de Género*. Nuno Pinto, investigador do CIS – Centro de Investigação e Intervenção Social (ISCTE-IUL) e doutorando em Psicologia Social e das Organizações está a desenvolver o seu estudo intitulado *Identidades Transgénero e Transexuais: Desenvolvimento de Processos Identitários e Expressão de Género Minoritárias*. Jander Nogueira, investigador do CRIA – Centro em Rede de Investigação em Antropologia (ISCTE-IUL) terminou recentemente um estudo comparativo entre Lisboa e Fortaleza subordinado ao tema *(Des)Encontros (Trans)Geracionais: um estudo sobre a velhice travesti em Fortaleza e em Lisboa*.

Tendo em conta que os dados internacionais apontam que as *travestis* trabalhadoras do sexo sofrem múltiplas vulnerabilidades e apresentam riscos, em especial ao nível da saúde, pretendeu-se não só conhecer essas mesmas vulnerabilidades e observar conhecimentos, atitudes e práticas de exposição e controlo do risco, bem como conhecer as dificuldades e barreiras sentidas, por estas, aos cuidados de saúde.

Método

Utilizou-se a *etnografia* e a *observação direta* na zona envolvente do “Conde de Redondo”, em Lisboa, pelas suas características de maior visibilidade da prostituição *travesti* em contexto de rua. A acessibilidade a este espaço prostitucional foi facilitada pela integração no projeto “Trans-Porta” da Associação para o Planeamento da Família (APF), durante 12 meses⁶⁰. Este projeto pretende intervir ao nível da prevenção da infeção VIH/Sida com *travestis* trabalhadoras do sexo. O “Conde de Redondo” – denominado pelas *travestis* como *O Conde* – é caracterizado por ser um local pouco movimentado especialmente a partir de determinadas horas do dia, sendo percebidos pelos transeuntes como associado a fenómenos ‘desviantes’, conotados como ‘perigosos’ e ‘obscuros’ e, consequentemente, evitados. É de salientar que esta é uma zona com uma grande atividade comercial e/ou serviços (que apenas funcionam em regime diurno), o que torna esta população bastante desprotegida no que diz respeito à satisfação de necessidades básicas. Desta forma, este contexto apresenta-se como um meio restrito, fechado sobre si mesmo, com normas e códigos de conduta/comunicação muito específicos, que parecem contribuir para um progressivo alheamento das pessoas enquanto cidadãos e para o agravamento das situações de exclusão em que se encontram.

O acompanhamento desta população no seu contexto prostitucional foi realizado quinzenalmente, às sextas-feiras em horário noturno, entre a 00h e as 5h00 por uma equipa técnica constituída por uma coordenadora, uma enfermeira e um assistente social. A estratégia utilizada nas primeiras abordagens foi a distribuição gratuita de preservativos, com vista a uma aproximação gradual à população. A continuação do contato permitiu que fossem solicitadas à equipa diversas informações, nomeadamente, sobre o agendamento de consultas de sexologia clínica no sentido de dar início ao processo de transexualidade e/ou de alteração do nome, sobre formas de transmissão da infeção por VIH ou outras Infeções Sexualmente Transmissíveis (IST), sobre locais onde pudessem dirigir-se para apoio a nível social, psicológico ou de saúde, bem como encaminhamentos/acompanhamentos a organismos oficiais no sentido de dar seguimento a situações nestas áreas.

Durante o período em estudo abordou-se uma totalidade de 71 pessoas apesar de, com algumas delas, ter havido um único contacto. Destas, 66 identificavam-se como sendo *travestis* e 5 como mulheres cissexuais. Das pessoas que se autorrepresentavam como *travestis* (razão pela qual as denominamos como tal) dividiam-se em dois grupos: 1) *travestis* que não ingerem hormonas, nem aplicam silicone com vista à transformação corporal, mas que usam, exclusivamente com vista à prática da prostituição, o nome feminino, mantêm sociabilidades e adotam a linguagem do meio, ainda que negligenciem certos valores estéticos; 2) *travestis* que, embora mantenham o pénis, apresentam uma imagem corporal feminina – resultado da aplicação de silicone e de intervenções cirúrgicas.

Importa, no entanto, salientar que todas as *travestis* foram previamente homens, anatómica e fisiologicamente falando (e alguns ainda continuam a sê-lo quando se encontram fora do contexto da prostituição por não apresentarem processos corporais de feminização evidentes) mas cuja identidade, subjetividade e corpo é construído por aquilo que é percebido socialmente como feminino.

Resultados

A “tentativa” de proteção nas práticas sexuais com os clientes

No âmbito prostitucional a figura clássica do cliente é a “maricona” – um homem quase sempre mais velho, por vezes bem apresentado, mas que nas práticas sexuais adota posições tidas como femininas. A “maricona” é, geralmente, alvo de escárnio e desprezo por parte das *travestis* na medida em que, segundo Barreda (1993), a masculinidade pode ser recuperada por elas no desempenho do papel ativo na relação sexual com o cliente.

60 - A permanência no campo empírico decorreu entre o mês de Fevereiro de 2012 e o mês de Fevereiro de 2013.

O homem quando vem à procura de uma 'travesti' não vem à procura de cona. Vem à procura do pau. Não querem cá, já 'operadas'. A fantasia de um homem que vem à procura do 'travesti' é o corpo feminino, a maneira de a gente de vestir, calçar, as pinturas e... aquilo que temos escondido [...] Os clientes perguntam "és operada?", "tens picha?". Se tens picha, eles querem. Se não tens, já não querem. Entendes?

[Milan, dia 17.02.2013]

Na prestação dos serviços sexuais com estes clientes verificou-se que todas as *travestis* já tinham ouvido falar sobre a infeção VIH/Sida, pelo que sabiam da importância da utilização do preservativo, como forma de proteção contra IST. Na generalidade, esta é uma prática recorrente e habitual não só nas práticas que envolvam sexo oral e anal, como também em outras que consideram haver algum risco de contágio com os seus parceiros sexuais.

Eu não chupo sem camisinha [...] Até enfiar o meu dedo no cú deles é com camisinha. [Joane, dia 26.10.2012]

Todavia, observámos que o conhecimento que dispõem sobre IST parece ser frágil e inconsistente, baseando-se, não raras as vezes, em crenças enraizadas quanto à forma de proteção e transmissão de infeções. Reconhecemos a existência de: 1) práticas de dupla aplicação de preservativo (com vista a uma, suposta, maior proteção); 2) Permissão de não utilização do preservativo quando é o próprio cliente a realizar-lhes sexo oral; 3) formas "alternativas" de proteção que variam desde "banhos de água quente" à aplicação de pomadas "protetoras"; 4) práticas desprotegidas (especialmente no sexo oral) quando os clientes apresentam uma boa aparência física ou quando, elas próprias, procuram práticas sexuais mais prazerosas.

Além destas práticas, é também desconsiderada a possibilidade da transmissão do VIH através da lactação mamária que é produzido pela toma continuada de hormonas por parte de algumas *travestis*. Na relação sexual, os clientes experimentam a prática de não só beijarem as mamas de uma *travesti*, como também, em alguns casos, de ingerir leite delas, o que, apesar de ser uma prática de risco praticamente desconhecido, poderá permitir a transmissão do vírus.

À semelhança do estudo de Teh (2008), também neste se verificou a recorrente pressão, por parte dos clientes, para a realização dos serviços sexuais "ao natural", sem existência de qualquer tipo de proteção (com especial incidência para o sexo oral). Na maior parte das vezes, as *travestis* negam o acesso a este tipo de práticas por as considerarem de risco. Contudo, a vulnerabilidade socioeconómica em que algumas delas vivem, acabam por conduzi-las à adoção de práticas desprotegidas, na medida em que os clientes oferecem um pagamento de valor extra, geralmente aliciante, por este tipo de serviço sexual.

A desproteção sexual com os *maridos*

É neste contexto prostitucional que, muitas vezes, as *travestis* estabelecem relações afetivas com namorados (geralmente designados por "maridos"). O "marido" é um elemento não só de proteção e de respeitabilidade entre elas, como também lhes concede o sentido de 'normalidade' ao legitimar a sua feminilidade.

– O teu companheiro, à semelhança de alguns clientes, também é passivo?

– **Não! Ele é heterossexual!** Para já vou dizer-te uma coisa. Uma das minhas exigências enquanto meu homem é isso. **Passivos, por favor, não!** Sou só eu. Desculpa lá. Não há direito cá duas pessoas. **Passiva sou eu na cama. Eu é que sou mulher! Esse papel é meu!** Isso é uma exigência [...] Tenho de me tapar. Ele nunca me viu o meu sexo. **NUNCA! NUNCA VIU!** Nunca tocou [...] Nós já estamos juntos há algum tempo. Já lá vai fazer uns seis anos, p'raí. Mas [...] mesmo eu não me sinto bem. Tem de ser com as luzes apagadas...

[Catherine, dia 12.03.2012]

Ao "marido" é comum que estejam interditas práticas que "masculinizem" a *travesti* e, por oposição, que os feminize: ver o pénis dela, tocar nele, procurar carícias anais ou ser penetrado. Por isso, no âmbito doméstico, a relação sexual é desempenhada com rígidos 'papéis' sexuais onde cabe à *travesti* o papel feminino de passividade e ao marido o papel masculino de atividade.

Quanto ao discurso preventivo das IST, se este parece existir com os clientes (mesmo que de forma frágil e com as lacunas de conhecimento anteriormente referidas), o mesmo já não acontece na relação sexual com os "maridos". Por regra, a população *travesti* dispensa a necessidade de proteção, através da utilização do preservativo, nos seus relacionamentos sexuais onde ocorre afetividade.

Por acaso não estava preocupada com os problemas daqui [da rua], porque aqui eu sei o que faço. O problema é com os 'maridos'. Na altura a gente pensa que a relação é para a vida toda, não é? E por isso no início fazemos com preservativo. Mas depois... a gente confia. E o problema é esse. Nós não sabemos do passado deles. E depois de a gente ter terminado, aí fiquei preocupada. Durante 4 anos foi um verdadeiro sufoco. Nossa!

[Raquel, dia 03.03.2012]

Eu costumo fazer sempre sem preservativo com os meus namorados. Mas depois do que aconteceu com o meu ex [descobriu que tinha VIH], eu quero ter a certeza que este [namorado atual], não tem nada. Em princípio não terá, porque saiu do hospital onde esteve internado e lá fez análises, não é?

[Maria, dia 15.02.2013]

Aliada a esta realidade existe, ainda, uma inconstância do número de parceiros considerados, por elas, como “estáveis” e, conseqüentemente, uma situação de maior rotatividade dos mesmos. Isto leva-nos a considerar que é nestes espaços “privados” que se encontra parte da fragilidade da prevenção do VIH/Sida e outras IST.

Consumo de Substâncias: Vulnerabilidades de Saúde Acrescidas

Para além da existência de riscos de saúde ao nível de IST, existem vulnerabilidades de saúde acrescidas, nomeadamente, através da presença da prática de consumo de bebidas alcoólicas e drogas (Dias et al. 2011). Relativamente às bebidas alcoólicas, o seu consumo ocorre em três momentos distintos: 1) em casa, antes da sua chegada à rua, geralmente, de forma individual; 2) na chegada à rua e momentos antes de iniciarem a prostituição. Este tipo de consumo é realizado em grupo, entre colegas, no café. Todavia, existem situações de compra e consumo junto de outros estabelecimentos comerciais existentes no *Conde*, tais como mercearias e bares de *striptease*; 3) durante a sua permanência na rua, havendo quem opte pela compra de latas e garrafas de bebidas alcoólicas em supermercados (por razões económicas), trazendo-as consigo, dentro das suas malas, para consumo próprio ao longo da sua estadia noturna no espaço prostitucional. As bebidas mais consumidas são as cervejas, o *Whisky*, o *Martini Rosso* e o *Moscatel*. Para além do consumo de álcool é prática habitual a existência de consumos de drogas, sendo a *cannabis* aquela que é, visivelmente, mais consumida entre elas. *Mesmo que não tenha dinheiro para mais nada, tenho que ter para fumar, pelo menos um "charro" ao deitar. Isso é certo!* [Samanta, dia 21.12.2012].

Ao longo da nossa intervenção no *Conde* acabámos, também, por perceber que muitas delas tiveram, nas suas trajetórias de vida, envolvidas no consumo regular de *cocaína*. Embora, hoje em dia, esse consumo se tenha tornado esporádico, a sua efetivação continua a manifestar-se em contextos de divertimentos noturnos (bares e discotecas) e em situações em que é solicitado, pelos próprios clientes consumidores de *cocaína*, a presença da *travesti*, para que possam consumir conjuntamente. Nestes momentos nem sempre está associada a necessidade de realização de serviços sexuais.

Ele paga-me para 'cheirar coca' com ele. Ele nem chega a ter relações comigo. Quer é apenas companhia de alguém que cheire com ele. Houve uma vez que eu e a Lia fomos para um hotel em Sintra. Nós as duas também cheirámos, porque ele paga bem e o que ele quer mesmo é a nossa companhia. Mas ele fica alterado. Fica sim, 'bicha', fica maluco! Pede-nos para ver, várias vezes, se está alguém escondido debaixo da cama ou atrás dos cortinados.

[Josiane, dia 31.05.2012]

O Silicone e a Transformação Corporal

Muitas delas recorrem à aplicação de silicone (normalmente silicone industrial, não permitido para o uso em seres humanos) na intenção de alterarem o seu corpo e de o assemelharem àquilo que é percebido socialmente como feminino.

Esta aplicação é, na maior parte das vezes, realizada por “bombadeiras”. A palavra “bombadeira” designa as *travestis* que promovem a transformação corporal de colegas e amigas *trans* (ou não) através da aplicação de silicone (comprado perto de casa, ou caso requeira maior qualidade, importado do Brasil). As bombadeiras fazem parte do imaginário *travesti*, conferindo-lhes uma forte relevância no processo de construção da identidade de género.

Muitas vezes elas são consideradas, pelas mais novas, como “as madrinhas” que as iniciam no processo de transformação corporal, processo esse que representa um simbolismo de morte e renascimento, em que um ciclo de vida termina dando lugar a outro⁶¹.

Na maioria dos casos esta aplicação é realizada, de forma rudimentar, sem formação ou conhecimentos a nível clínico. Aplicam-no, umas às outras, geralmente nos glúteos e mamas. Contudo, a aplicação de silicone também poderá ser efetuada de forma individual (caso a parte do corpo a ser “bombada” não necessitar de ajuda externa), como é o caso, dos joelhos, coxas, nós dos dedos das mãos, braços, maçãs do rosto ou bochechas.

Parecem existir dois tipos de silicone: o de 350 cSt e o de 1000 cSt⁶². O silicone 350 cSt é um silicone cuja aplicação é menos dolorosa porque pode ser aplicado com uma agulha intramuscular. Todavia, por ser um silicone mais líquido (quatro vezes mais grosso que a espessura do azeite – 80cSt) poderá trazer consequências ao escorrer para outras partes do corpo não pretendidas. Já o silicone 1000 cSt, por ser mais espesso, não comporta riscos tão graves nesse sentido, contudo, a sua aplicação torna-se dolorosa por ser realizada com uma agulha de maior calibre e/ou cateter, pelo qual é injetado o silicone. Em ambas as situações, previamente à sua aplicação, as bombadeiras realizam um processo de compressão de partes do corpo, com ligaduras (ou materiais semelhantes) que ajudam a que o silicone injetado não escorra para outros locais do corpo, permanecendo no local pretendido. Posteriormente à sua aplicação, as *travestis* “bombadas” deverão tomar as maiores precauções até à cicatrização dos tecidos. Daí ser necessário permanecerem acamadas, durante um longo período de tempo (geralmente semanas), evitando que o silicone migre para outras partes do corpo e o deforme.

Vocês ainda não repararam nos pés da Martha? Ela tem os pés inchados por causa do silicone! Eu, quando coloquei nos joelhos, fiquei 15 dias deitada, sem me mexer com medo que se espalhasse

[Margarida, dia 26.10.2012].

Em todo este processo há diferentes riscos acrescidos que se relacionam com o grau de incompatibilidade dos materiais, com o risco de infeção, com o risco associado à injeção (em vasos sanguíneos ou feixes nervosos), com a não contenção do material em gel e com a quantidade de material aplicado. As consequências poderão ir desde o surgimento de deformações corporais, incapacidade física e, em casos extremos, a morte.

Em Portugal reconhecem-se lacunas existentes nas consultas de sexologia clínica, onde algumas destas pessoas são seguidas, nomeadamente, no que se refere ao desconhecimento, por parte dos profissionais, face a orientações clínicas internacionais e a, conseqüente, realização de práticas contrárias a estas (Moleiro & Pinto, 2012). Todavia, com este estudo verificámos, ainda, um desconhecimento, por parte das *travestis*, da forma de aceder a estes cuidados de saúde, bem como a existência de barreiras a nível organizacional dentro do Serviço Nacional de Saúde, não só nas consultas de especialidade, mas também ao nível dos cuidados de saúde primários.

Todas estas dificuldades são particularmente preocupantes pelas necessidades de acompanhamento clínico destas pessoas no processo de transexualidade. Estes factos, aliados à dificuldade de aceder monetariamente a clínicas privadas de estética para realizarem o processo de acompanhamento médico, permite que haja, entre elas, este sistema clandestino de injeção de silicone caseiro e artesanal, com todos os riscos, em termos de saúde, a que têm de se sujeitar por ser esta a forma mais acessível de conseguirem, rapidamente, um corpo idealizado e adequado à sua identidade de género.

Discussão

Sabe-se que as desigualdades e, conseqüentemente, as vulnerabilidades, provenientes das diferenças de género, encontram-se presentes em diversos domínios da vida social (Connel, 2009). Todavia, a vulnerabilidade é, ainda, fortemente acentuada quando falamos de pessoas que “transgridem” as normas de género, cuja marca do estigma, lhes restringe as possibilidades de acesso à vivência plena da cidadania. Desta forma, a sua existência e aceitabilidade social é reduzida a específicos espaços públicos e, por vezes, somente a determinados períodos do dia (Namaste, 2000). A ligação entre “género” e “vulnerabilidade” dentro do população *travesti* que exerce a prostituição torna-se, então, indiscutível.

No presente estudo reconheceram-se não só fatores de risco à infeção pelo VIH/Sida e outras IST quer nas relações sexuais com os clientes, quer com os “maridos”, bem como a vivência de riscos que se relacionam com o consumo de substâncias, nomeadamente, o álcool, a cannabis e a cocaína. O estudo permitiu, ainda, observar que estas pessoas

61 - Este universo é espelhado no filme “Bombadeira”, do realizador Luís Carlos de Alencar (vide em <http://vimeo.com/6653323>).

62 - Centistokes é a unidade de medida da viscosidade.

expericiam dificuldades em aceder a diferentes cuidados de saúde, pelo que, acabam por se sujeitar a cuidados considerados ‘menos convencionais’.

Em Portugal, parece continuar a existir um desinvestimento público na intervenção específica com esta população. Por isso, até ao momento, os serviços psicossociais e os cuidados de saúde têm sido assegurados, maioritariamente, por organizações não governamentais ou por instituições particulares de solidariedade social que realizam a sua intervenção no âmbito da saúde sexual e reprodutiva ou do VIH/Sida. Contudo, por se verificar que as *travestis* trabalhadoras do sexo apresentam múltiplas necessidades ao nível da saúde, requer-se, por isso [a par da construção de competências técnicas e académicas dos profissionais de saúde e de serviço social para atender esta população (Cassemiro, 2010; Kenagy, 2005)], a implementação de políticas não heterossexistas e com valores normativos universalizantes. Estas políticas, e a conseqüente intervenção, deverão ser compatíveis com a lógica social que preside a organização desta população, justificando-se a necessidade de uma intervenção multidisciplinar de proximidade que permita, verdadeiramente, uma abordagem holística e integradora.

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Gênero, (Homo)Sexualidades e Envelhecimento: Problematizando Vulnerabilidade Social e o Viver com HIV e AIDS com Homens Gays e HSH

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Resumo

Este trabalho é o resultado parcial de um estudo amplo que objetiva analisar especificidades do/no envelhecimento da população com homens gays e de outros Homens que fazem Sexo com Homens (HSH), residentes na região Nordeste do Brasil - na cidade de Fortaleza e em sua região metropolitana. Os dados desta apresentação oferecem uma análise dos discursos que se encontram em negociação nas experimentações da sexualidade de homens idosos e quais são as representações sobre corpo, gênero e saúde que cercam/regulam suas práticas. O estudo tem caráter qualitativo sendo constituído a partir de uma abordagem etnográfica, tendo como interlocutores privilegiados: a) homens idosos com 60 anos ou mais, sujeitos principais do estudo; e b) interlocutores institucionais – representantes de organizações da sociedade civil e gestores/técnicos de serviços públicos. Os resultados preliminares deste estudo apontam para os processos de vulnerabilidade social na experiência do heterossexismo. Ao considerarmos que o envelhecimento (da população brasileira) é acompanhado de demandas que apresentam desafios específicos para as políticas públicas, nossos resultados indicam as principais formas de interpelações dos discursos habilitantes e debilitantes em relação às experimentações da sexualidade, na sua intrincada relação com o marcador de gênero, acionando vulnerabilidades interseccionadas e específicas; de onde depreende-se dos dados iniciais elementos para a compreensão sobre dos agravos em saúde - para DST, HIV e AIDS – na relação com as práticas e experimentações que se constituem nas tramas da hétero e da homonormatividade.

Palavras-chave: envelhecimento; homossexualidade; HSH; HIV/AIDS; sexualidade.

Gender, (Homo)Sexualities and Aging: Problematizing Social Vulnerability and The Experience of Living with HIV and AIDS with Gay Men and Men who have Sex with Men (MSM)

Abstract

This paper is the partial result of a wide study aiming to investigate the particularities of/at ageing in the population with gay men and other Men who have Sex with Men (MSM), living in the Northeast of Brazil, more specifically in the city of Fortaleza and in its metropolitan area. The data of this report provide an analysis of the discourses that are negotiated in the experimentation of the sexualities of aged men and of the representations about body, gender and health that surround/regulate their practices. This is a qualitative research carried out by an ethnographic approach whose interlocutors were: a) aged men over 60 – the main subjects of the study; and b) those representing organizations of civil society and managers/technicians of the civil service – the institutional interlocutors. The preliminary results of this study reveal the processes of social vulnerability in the experience of heterosexism. When taking into

consideration that the ageing of Brazilian population is followed by demands presenting specific challenges for public policies, our results indicate the main forms of interpellating the discourses that enable and weaken sexuality experimentations in their complex relationship to the gender marker, triggering intersectioned and specific vulnerabilities. From the initial data we can get elements to understand health hazards – for sexually transmitted diseases (STD), HIV and AIDS – in the relationship to the practices and experimentations that are the plots of hetero and homonormativity.

Keywords: ageing; homosexuality; MSM; HIV/AIDS; sexuality.

Introdução: (Homo)sexualidade, envelhecimento e vulnerabilidade social

O envelhecimento da população brasileira é acompanhado de demandas que se produzem no curso das transformações sociais, culturais e tecnológicas, apresentando desafios para as políticas públicas, com forte ênfase na saúde, previdência e assistência social.

Entre os desafios para o campo da saúde (e sua relação com previdência e assistência social) encontra-se a epidemia de HIV/ AIDS. A partir de reflexões e estudos no campo ponderamos a urgência de três grandes desafios na construção de estratégias de enfrentamento à epidemia, que atuem em formas mais eficazes: 1) a necessidade de subsídios a pesquisas e intervenções voltadas às populações de difícil acesso, como os “homens que fazem sexo com homens (HSH), profissionais do sexo (PS) e usuários de drogas (UD)” (Ministério da Saúde [MS], 2011, p. 9); 2) a subnotificação relativa aos agravos de casos de [DST, HIV e AIDS, bem como da especificidade das Hepatites Virais](#), entre homens acima de 50 anos (Brasill, 2011; Ceará, 2011; Souza; BACKES *et al* (2009), Lazarotto *et al* (2008); e, por fim, 3) maior compreensão sobre os impactos geracionais na experiência da epidemia, com ênfase para o envelhecimento da população vivendo com HIV e a vulnerabilidade social da população idosa.

Diante disso, é notória a ausência de produções acadêmicas e científicas sobre a temática do envelhecimento, homossexualidade e AIDS. O que reflete em muito a vulnerabilidade social da população gay idosa. Consideramos ser de grande relevância tal discussão no campo acadêmico, sobretudo por que elas fazem emergir modos de vida silenciados por discursos heteronormativos e homofóbicos, rementendo aqueles que ousam cruzar as fronteiras do que foi estabelecido como normal a posições abjetas, ao status de não-sujeitos. Nosso objetivo é, portanto, reverter a condição de subalternidade e abjeção, trazendo para o centro das discussões sobre saúde e direitos humanos aqueles que ainda ocupam as posições de exterioridade no interior das margens.

Construímos nossas problematizações iniciais, apresentando dados governamentais de 2010 que apontam um aumento na proporção de casos de AIDS entre homens e, com importante recrudescimento junto aqueles que praticam sexo com outros homens. No Estado do Ceará, lócus privilegiado de nosso estudo, o número de casos de DST, Hepatites Virais e de HIV e AIDS entre a população de homens com mais de 50 anos tem apresentado progressiva elevação (Ceará, 2011; Brasil, 2011). Este indicador nos permite inferir sobre uma importante demanda em saúde na projeção do processo de envelhecimento, remetendo-nos a maior circunscrição da idade da população que desejamos atingir em nosso estudo, pessoas idosas acima de 60 anos⁶³.

Segundo o Informe Epidemiológico AIDS de fevereiro de 2013 da Secretaria da Saúde do Governo do Estado do Ceará, tem-se desde o primeiro caso conhecido em 1983, 12.246 casos, notificados até dezembro de 2012. Destes, 70,0% correspondem a infecções em homens e 30,0% em mulheres. No ano de 2012, com dados ainda bem preliminares, foram confirmados novos 800 casos, sendo 430 (53,7%) residentes no município de Fortaleza. Destaca-se que o número de casos notificados pode não expressar a totalidade, ainda pela possibilidade de subnotificação, por problemas relacionados ao estigma trazido pela doença, além de possíveis problemas operacionais da vigilância epidemiológica e assistência.

Considerando o período de 1983 a 2012 a faixa etária de 20 a 49 anos de idade, apresenta as maiores taxas de incidência de AIDS, com 10.551 casos (86,1%); apontando para maior incidência por transmissão sexual. A repercussão em outras faixas etárias foi significativamente menor, sendo 1.169 (9,5%) adultos com 50 ou mais, 298 (2,4%) em menores de 13 anos, 230 (1,8%) em adolescentes de 13 a 19 anos. Verifica-se que o aumento no número absoluto de

63 - Para o Estatuto do Idoso (Brasil, 2003) são consideradas pessoas nesta categoria aquelas maiores de 60 anos. Esta disposição pode ser arbitrária. No entanto, em nosso ponto de vista, constitui um enunciado discursivo e uma materialidade para as políticas públicas (mesmo que as significações para o envelhecimento possam variar na cultura brasileira) e mesmo diante das classificações mais específicas indicadas pela Organização das Nações Unidas: as categorizações internacionais da Organização das Nações Unidas - ONU: pessoas pré-idosas (entre 55 e 64anos); pessoas idosas jovens (entre 65 e 79 anos - ou entre 60 e 69 para Ásia e na região do Pacífico); e pessoas idosas de idade avançada (com mais de 75 ou 80anos).

casos na faixa etária acima de 50 anos pode estar associado à mudança de comportamento sexual nessa faixa etária. A modificação dos costumes e das práticas sexuais seguras talvez ainda não tenha sido absorvida por essa população, por formação cultural, o que faz com que este grupo populacional tenha um risco potencial em crescimento nos últimos e próximos anos.

Assim, depreende-se destes indicadores que, em meio às tensões culturais e diante das tecnologias em saúde sexual e reprodutiva, a população idosa se movimenta entre discursos e tabus das experimentações da sexualidade e nas transformações relacionadas à perspectiva das formas de regulação a partir do dispositivo de gênero (Alves, 2013). Negociam, assim, com os seus referentes geracionais, mas também com marcadores sociais de identidade e diferença que os posicionam socialmente – marcando modos de vida na experiência cultural e política da AIDS.

O aumento na expectativa de vida da população brasileira, as novas tecnologias para o desempenho da atividade sexual e, consideravelmente, as novas configurações políticas e culturais em torno dos significados para as experimentações da sexualidade diante de tensionamentos nas relações de gênero (especialmente sobre suas hierarquias e binarismos), têm sido acompanhados de respostas precárias em termos de políticas públicas. De mesma forma, na experiência do viver com o HIV e a AIDS, a manutenção do tratamento tem encontrado pontos de resistência, algumas delas relacionadas à complexidade própria dos regimes terapêuticos em geral (Silva *et al*; 2012).

Tais indicadores gerais rementem-se à necessidade de reflexão diante das estratégias na promoção e atenção em saúde perante uma epidemia que completa 30 anos interpelando a sociedade civil e os governos em novas perspectivas de compreensão e intervenção (Knauth, Víctora & Leal, 1998).

A história da AIDS é marcada por muitos avanços tecnológicos e político-culturais, mas guarda a especificidade de uma questão de saúde pública complexa, sobretudo diante da fragilidade das políticas públicas, com as quais se relaciona – não somente no âmbito da saúde, mas de forma intersetorial, com a educação, o trabalho, a previdência, a assistência social, a habitação e a segurança pública. Dessa forma, temos nesta epidemia tensões culturais vividas na agonística de uma sociedade desigual. Segundo as contribuições de Wilza Villela (2005), o foco de intervenção para a saúde com populações ditas específicas faz ampliar o campo da saúde em sua dimensão política, cultural e social: “Estas demandas não apenas ajudam a aprofundar as diretrizes do Sistema Único de Saúde - SUS de universalidade e equidade, como também estimulam a crítica ao caráter binário que se atribui ao gênero, e reforçam a proposição de que gênero e sexualidade se constituem em esferas distintas da experiência humana”(p.30).

A (in)visibilidade social da(s) homofobia(s) e seus efeitos nas políticas públicas brasileiras

Desde os primeiros casos registrados no Brasil, em 1982, até hoje, a sociedade brasileira viu-se desafiada em suas moralidades culturais, científicas e governamentais, especialmente na relação entre homossexualidade e AIDS. Como afirma Veriano de Souza Terto Jr (2002), advertindo sobre a entrada da AIDS na terceira década:

As representações sociais que identificavam os homossexuais ora como vilões, ora como vítimas da AIDS, ainda permanecem e fazem com que, individualmente, continuem a sofrer com os estigmas e preconceitos decorrentes da associação AIDS-homossexualidade e pela possibilidade de vir a infectar-se com o HIV, caso não sejam adotadas práticas sexuais seguras. Coletivamente, a epidemia ainda se impõe como um problema que exige respostas de diferentes setores governamentais e demanda mobilização para que recursos sejam garantidos e aplicados na prevenção e assistência, para que a discriminação e o preconceito sejam denunciados e punidos, para que os direitos humanos sejam respeitados. (p.148)

Preconceito, discriminação e hierarquias sociais são feridas abertas de nossa sociedade e adentramos na terceira década da AIDS não somente sem a descoberta de uma cura para o vírus, mas sem respostas efetivas para os impasses e as tensões nas políticas governamentais de enfrentamento à epidemia e as moralidades culturais de nossa sociedade. Andamos em par e a passos com os retrocessos impostos por fragilidades políticas diante de discursividades racistas, heterossexistas, e homofóbicas.

Cabe sublinhar que as homofobias⁶⁴, assim como o sexismo - e como uma associação sem a qual não podemos pensar uma ou outra entre as duas formas de objetificação - referem-se a um prejulgamento e ignorância que consistem em acreditar na evidência e naturalidade da heterossexualidade ou na posição binária que define gênero naturalmente preso ao corpo e as consequentes hierarquias sociais. Este movimento objetificante aciona um regime de ordena-
64 - Podemos distinguir as categorias lesbofobia, transfobia, travestifobia, homofobia, intersexfobia, putafobia, entre outras formas de marcação dos efeitos e hierarquias do heterossexismo e do binarismo de gênero. Estas distinções referem-se às particularidades presentes nas formas e expressão de violência de gênero e sexualidade. De forma estratégica, podemos usar o termo homofobia, porém consideramos que a categoria não contempla a ampla trama discursiva envolvendo as hierarquias de gênero e que ainda é tributária da psicologização que definiu o conceito nos anos 1970, como uma manifestação de medo e hostilidade aos homossexuais. Logo, a questão de uma norma social fica secundarizada aos efeitos sobre o indivíduo psicológico.

mento da sexualidade para qual os comportamentos heterossexuais são qualificados como modelo social e referência sobre todas as outras sexualidades (Borrillo, 2000) – e como forma de manutenção do binômio masculino-feminino. A homofobia, como toda forma de exclusão, aponta Daniel Borrillo (*op. cit.*), não se limita a constatar uma diferença, ela interpreta e tira suas conclusões materiais. Estamos aqui, neste instante, diante daquilo que se denomina como da ordem da constituição da abjeção. Isto é, aquelas zonas “inóspitas” e “inabitáveis” da vida social, que são, não obstante, densamente povoadas por aqueles que não gozam do status de sujeito, mas cujo habitar sob o signo do “inabitável” é necessário para que o domínio do sujeito seja circunscrito (Butler, 2000). E, em se habitando estas zonas, não gozando do status de sujeito, muitas vezes as reações da homofobia se expressam nos atos de vigilância, controle, exclusão, assassinatos de pessoas entre outras articulações de vulnerabilidade social (Pocahy, 2007).

Em versões mais “humanizadoras”, considerar/tratar a homossexualidade doença foi durante muito tempo uma dentre as práticas psis mais recorrentes – afinal, a Sexualidade se constituiu/constitui como *episteme* psi. Note-se que, se hoje uma resolução 01/99 do Conselho Federal de Psicologia regulamenta sobre a não patologização da homo/sexualidade, mas ainda existem contundentes esforços para tratar o gênero. Isto pode significar que, ratificando o amálgama corpo-gênero-sexualidade/prazer/desejo, perpetua-se o “tratamento” a quem não declina à heterossexualidade compulsória (Rich, 2001).

A LGBT/homofobia e o sexismo, como todas as outras formas de exclusão, violência, intolerância e desrespeito (como o racismo), indica Borrillo (2000), se articulam ainda em torno das emoções, crenças, prejulgamentos, convicções e fantasmas -, assim como de condutas, em atos, práticas, procedimentos e leis, dispositivos ideológicos, teorias, mitos, doutrinas e argumentos de autoridade, que se interseccionam às interpelações geracionais e para as idades da vida (infância, juventude, velhice) (Pocahy, 2007; Pocahy, 2012 a, b, c).

Recente levantamento da Secretaria Especial de Direitos Humanos (SEDH) indica “a ocorrência de 6.809 denúncias de violações aos direitos humanos de homossexuais durante o ano de 2012. Também foram constatados ao menos 278 assassinatos relacionados à homofobia” (Rodrigues, 2012). Estes dados refletem as iniciativas governamentais de enfrentamento à homofobia, desde a criação do Plano Brasil sem Homofobia de 2004.

Em levantamento atual, “a maioria dos casos (61,9%), o agressor é alguém próximo à vítima, o que pode indicar um nível de intolerância em relação à homossexualidade. Cerca de 34% das vítimas pertencem ao gênero masculino; 34,5% ao gênero feminino, 10,6% travestis, 2,1% transexuais e 18,9% não informado. Foram identificadas ao menos 1.713 vítimas e 2.275 suspeitos” (*idem op. cit.*).

Em trabalho similar ao registro da SEDH, ação realizada junto ao Centro de Referência em Direitos Humanos da ONG Nuances, em Porto Alegre, de um total de 79 denúncias presencias e casos atendidos no CRDH no ano de 2006, os resultados indicaram a necessidade premente em termos da construção de mecanismos de acesso à justiça e de sua efetividade e da articulação e mobilização social, associadas às pesquisas acadêmicas e ao compromisso e empenho do Estado (Pocahy, 2007).

A partir de outro viés na problematização e enfrentamento à homofobia e heterossexismo, Judith Butler (2005) explicita a fragilidade constitutiva da heterossexualidade (supostamente tomada como algo evidente e incontestável), pelo seu próprio avesso. Assim, as práticas sexuais ditas não normais colocam em questão a estabilidade do gênero como questão de análise na definição do que é ou não “normal” e por isso possível, em termos da sexualidade e de uma vida inteligível. Ao nos propor a desnaturalização do gênero, como estratégia para conter a violência das normas que o governam, Butler (2005) nos oferece a possibilidade de refutarmos e denunciarmos os pressupostos impetrados pelas interpelações cotidianas - populares ou acadêmicas - sobre a sexualidade, as quais atribuem à heterossexualidade um caráter de algo natural e evidente.

Corpo, gênero e sexualidade: dispositivos em ação e a produção discursiva da velhice como abjeção

A sociedade brasileira envelhece expressivamente, refletindo indicadores importantes de aumento na expectativa de vida. Dados do Instituto Brasileiro de Estatística e Geografia - IBGE (2010) apresentam um aumento da população de 65 anos ou mais, no período 1960/2010, saltando de 2,7% para 7,4%. Revelam ainda que a razão de sexo diminuiu de 99,8 homens por 100 mulheres (em 1960) para 96 homens por 100 mulheres (em 2010), fato que se relaciona à superioridade da mortalidade masculina. Os homens tendem, assim, a ter uma menor expectativa de vida (75,15 anos), ao passo que as mulheres tendem a viver em média 80,22 anos.

Em nossa pesquisa buscamos analisar especificidades do envelhecimento de homens que se autoidentificam como homossexuais (ou gays) e de outros homens que fazem sexo com homens (HSH), assumindo a indissociabilidade de tal posição, no que diz respeito à transmissão do HIV, outras DSTs, Hepatites virais e ao viver com Aids. Disto depreende-se a necessidade de analisar as representações de gênero e sexualidade que cercam as experimentações

desses homens idosos, com vistas à ampliação dos modos de compreender e intervir no âmbito dos processos de produção de saúde, diante das significações culturais de saúde e doença (Reis e Hortale, 2004).

Para isso, tomamos como evidência contundente os estigmas e normas que ampliam a produção de vulnerabilidade social⁶⁵ da população de homens idosos homossexuais e outros HSH.

A noção de vulnerabilidade social é entendida aqui em sua intersecção⁶⁶ com os regimes discursivos que instituem modelos de masculinidade influentes (Kimmel, 1998) para os modos de negociação nas práticas sexuais. Tal argumento de base parte da perspectiva de que os jogos discursivos agenciados desde o projeto político da Modernidade instituem epistemologias e pedagogias na produção dos modos de subjetivação, produzindo no campo específico das práticas de saúde uma arena de disputas sobre os significados da vida (Foucault, 1995).

Tais desafios requerem do campo da saúde, mais precisamente da Saúde Pública e das tecnologias em Saúde Coletiva (campo onde se insere de forma ampla a epidemia da Aids e desde o qual Psicologia é convocada a oferecer suas contribuições), o alargamento das formas de compreender as distintas possibilidades e posições de sujeito acionadas no exercício da sexualidade - em sua intersecção privilegiada com gênero, mas também desde outros marcadores sociais na construção de experimentações e de desigualdades sociais (Pocahy e Nardi, 2007; Pocahy, 2011). Considera-se, assim, que estamos nos dirigindo a uma análise sobre os modos pelos quais distintas populações encontram-se posicionadas em situação de vulnerabilidade, no mesmo instante em que criam estratégias de resistência aos discursos de hierarquização social. Espera-se com essa crítica instigadora construir um plano analítico que ofereça elementos indicativos sobre as práticas e representações de sexualidade, corpo e gênero entre os idosos, no mesmo instante em que se permita compreender quais são as possibilidades de abordagem para a promoção da saúde sexual dessa população (Heilborn e Carrara, 1998).

No que diz respeito especificamente à velhice, concordamos com as ideias de Rose-Marie Lagrave (2009), ao considerá-la como um lugar de contestação privilegiado, uma vez que apresenta tensões das normas do gênero e da (homo) sexualidade.

Segundo Julio Simões (2004) “se por um lado as identidades gestadas dentro da ‘cultura gay’ podem ser vistas como aprendizado e desenvolvimento de estilos de vida corporais, (...) por outro elas também só fazem reforçar os contrastes entre a juventude resplandecente e a velhice sombria” (p.419). Assim, pouco restaria aos “idosos homossexuais” que não o niilismo e o recolhimento. Esse argumento pode ser acoplado às ideias de Valérie Daoust (2005), quando afirma que nossas sociedades contemporâneas são obcecadas pela juventude. Ela aponta ainda que a lógica discursiva que define a juventude está ligada a uma concepção de sexualidade que não faz unicamente referência à beleza, mas à atividade sexual e à possibilidade deste corpo novo de um desempenho juvenil.

Outro argumento, nessa produção discursiva sobre o corpo dito homossexual pode ser compreendido, em parte, pela ideia de uma representação de um corpo jovem que parece se arrastar no jogo das políticas de identidade, recusando-se a envelhecer. Segundo Didier Eribon (2003):

O culto da juventude parece ser um dos traços mais constantes da cultura gay (sem dúvida isso é menos verdadeiro na cultura lésbica). [...] De fato, em relação aos discursos e às imagens hostis descrevendo a homossexualidade como um agente de decadência e de destruição da sociedade são historicamente opostos aos contradiscursos e às contraimagens que buscaram legitimar o amor entre homens em momento da beleza dos jovens. O que seguidamente nos dá a impressão ao ler revistas gays que somente os jovens belos podem ser homossexuais. (p. 22)

Em estudo intitulado “Entre vapores e pornô-tapes: dissidências homo/eróticas nas tramas do envelhecimento”, Fernando Pocahy (2011; 2012 b, c) analisa formas de regulação do gênero e da sexualidade em interseccionalidade

65 - Compreendemos a perspectiva de vulnerabilidade a partir dos trabalhos de Francisco José Ayres et al (2003), quando este considera a existência de três tipos de vulnerabilidade (que se associam e se articulam diluindo ou aumentando o risco individual): pessoal, aquela que corresponde aos riscos individuais, a determinados comportamentos que criam condições para a transmissão do HIV ou outras DST; a vulnerabilidade institucional, correspondendo ao âmbito das políticas e programas de saúde públicas, que podem estar relacionados, por exemplo, a dispensação de preservativos, insumos para prevenção, medicamentos, tratamento, testagem, financiamento público para ações de saúde etc.; e, por fim, a vulnerabilidade social que se encontra amalgamada a fatores políticos, culturais e sociais.

66 - Apostamos na interseccionalidade para compreender (de forma ampliada) os discursos normativos e as práticas objetificantes sobre corpo, gênero e sexualidade, buscamos condições políticas e epistemológicas para consubstanciar relações sociais e culturais, tanto em suas formas de dominação quanto nas possibilidades de experimentação e produção de novos modos de vida em seus arranjos éticos, estéticos e políticos. A produtividade desse conceito-prática feminista (Bourcier & Moliner, 2012; Bilge, 2009; Vigoya, 2009; Piscitelli, 2008) é reconhecida por sua capacidade em articular distintas formas de dominação e posições de desigualdade, sejam elas produzidas pelos discursos generificadores, racializadores e/ou sexualizadores, entre outros marcadores. É através dessa forma de articular distintos marcadores sociais, de identidade e diferença que encontramos uma possibilidade na problematização dos processos de subjetivação na contemporaneidade (Pocahy, 2013).

com a 'idade'. Além disso, problematizou os discursos de objetificação dirigidos a homens idosos que exerciam práticas homo/eróticas em espaços ditos orgiásticos (saunas, bares, boates e videolocadoras pornôs), buscando como se produzem estratégias de contestação às significações desqualificantes sobre a (homo)sexualidade e o envelhecimento. Apoiando-nos neste estudo, destacamos as relações de poder em torno das formas de regulação da vida que se interseccionam às 'marcas' e 'habilidades' do corpo, aos discursos de racialização humana, às relações sociais abertamente tarifadas, à classe social, às representações de masculinidade e à 'orientação sexual' como forma de compreender a hetero e a homonormatividade como regimes discursivos que trabalham na produção de uma cultura hetero/sexista e anti-envelhecimento⁶⁷.

Associando-se a outros trabalhos específicos sobre homossexualidade masculina e envelhecimento, como os trabalhos de Júlio Simões (2004); Christian Paiva (2009) e Daniel Kerry (2012), podemos afirmar que muitas são as disputas que envolvem as significações do envelhecer e que a sexualidade talvez funcione como este dispositivo dinâmico da biopolítica (Foucault, 1976; 1997) que opera de forma particular com o 'pesar' da idade, prendendo durante mais tempo este corpo às moralidades médicas, religiosas, educacionais e jurídicas. Neste sentido, consideramos que os discursos de sexualidade e velhice são estratégias descontínuas instáveis, constituindo ao mesmo tempo instrumentos e efeitos de poder (Alvarenga e Meyer, 2013, pp 248).

De alguma forma, poder-se-ia levar em consideração a ideia de que os idosos teriam dificuldades para incorporar certas flexibilizações em relação às condutas de gênero e para o exercício da sexualidade (Alvarenga e Meyer, 2013). Mas isso, acreditamos, oferece-se mais como um fantasma normativo. Evidentemente, como demonstra Michel Bazon: "(...) as gerações idosas de hoje praticam um repertório mais largo do que aquelas de ontem, na medida em que elas passaram sua vida adulta em um contexto de ampliação das possibilidades e de diversificação dos percursos afetivos" (2009, p.125).

Nesse sentido, pode-se pensar que uma norma, suas representações e as performances que se produzem desde seus engendramentos discursivos ficionam formas que procuram conservar perenes os atributos de gênero e sexualidade para cada idade da vida. No entanto, essa regulação e medida deixa escapar na agonística das tensões geracionais formas de contestação e de resignificação da abjeção.

Trata-se aqui, portanto, de uma análise sobre o campo de possibilidades aberto em uma das margens do "grande continente cinza" (Le Breton, 2008) como é representada a sexualidade na velhice e a sua relação com o HIV e AIDS, mais especialmente. Um continente traçado no projeto moderno onde: "a velhice desliza lentamente para fora do campo simbólico, ela se afasta dos valores da modernidade: a juventude, a sedução, a vitalidade, o trabalho, a performance de desempenho, a rapidez." (Le Breton, 2008; p.210).

Outro aspecto a ser considerado nesta reflexão é de que não é possível dizer que todos os "velhos" compartilhem de uma mesma geração ou ainda que não haja idosos de distintas idades - como "velhos jovens" e "velhos velhos" (Lins de Barros, 2006). Múltiplas gerações compartilham espaços, veiculam e contestam as representações da velhice. Entre esta profusão de representações em uma mesma sociedade, aos velhos jovens, afirma Lins de Barros (*op. cit.*), estariam abertos os espaços públicos, ao passo que aos mais velhos entre os velhos, o campo privado (fechado) seria o destino.

No movimento das novas formas de gestão da 'vida velha', ou como aponta Guita Grin Debert (2005) da "velhice reprivatizada", observa-se que os dramas particulares dos idosos transformam-se em responsabilidades individuais, equivalendo a uma ideia de que eles "negligenciaram seus corpos e foram incapazes de se envolver em atividades e relacionamentos motivadores" (p.27).

Esses processos de representação da velhice são ainda determinados por condições econômicas que, evidentemente, podem estar presentes no acesso que distintas "populações de velhos" têm às tecnologias e estilos de vida associados à terceira idade saudável e ao envelhecimento jovem (Motta, 1997; Lins de Barros, 2006). Para Alda Brito da Motta, a concepção de terceira idade é positiva, mas ela também pode carregar consigo o "eufemismo/ escapismo negador da velhice e uma indústria e produção de serviços, com um novo e envolvente mercado" (1997, p.133).

Segundo Le Breton (2008 [1990]), no rastro dos jogos modernos, construiu-se a velhice como grau zero de sedução:

67 - Segundo as contribuições deste estudo produzido a partir de duas entradas de campo: a) uma sauna e videolocadora pornô frequentada por homens idosos e b) um bar onde as relações se organizam em torno do protagonismo de homens idosos e de garotos de programa, podemos considerar a urgência da ampliação das formas de compreender as distintas e variadas formas de viver a (homo)sexualidade nas tramas discursivas da homonormatividade, as quais são consideradas pelo pesquisador (*op. Cit.*) como importante dispositivo na reificação da velhice como uma forma de abjeção (Pocahy, 2012 a, b, c).

“a pessoa idosa porta seu corpo à maneira de um estigma, onde a ressonância do estigma é mais ou menos presente segundo a classe social à qual a pessoa pertence e segundo a qualidade da rede familiar” (p.145).

Le Breton aposta na ideia de um desinvestimento de si, obrigatório, como uma ‘sentença’ social. Mas, seria mesmo assim?

Desafios e perspectivas nas tramas do (homo)envelhecimento: (in)conclusões

Diante desta agonística do envelhecimento temos observado uma lacuna entre a imposição da “aposentadoria sexual” e os desafios das novas tecnologias para o desempenho sexual. O idoso, sacudido pelos discursos que definem o envelhecimento como categoria de pertencimento, se agita e ousa dizer seu nome (e talvez até sua idade) em uma situação que contesta todo esse desinvestimento em relação ao corpo dito velho (Pocahy, 2012). Ao mesmo tempo, aliado aos discursos sobre o desempenho sexual até o final da vida. Nesses jogos discursivos, não podemos desconsiderar os desafios geracionais e mesmo as perspectivas sobre o tempo de vida que o idoso ‘imagina’/projeta. Isto é, de um lado temos uma realidade de sujeitos cujas práticas sexuais não se construíram na lógica da prevenção (para o caso das DST/ HIV e AIDS) e de outra parte temos a consideração de muitos idosos de que qualquer forma de agravo a saúde pode não ser relevante, considerando-se as expectativas para o tempo de vida que lhes resta.

Assim, entendemos essas configurações como “práticas de representação” que “inventam sentidos que circulam e operam, nas arenas culturais onde o significado é negociado e as hierarquias são estabelecidas” (Costa; Silveira *et al*, 2003, p.23). Acreditamos encontrar a possibilidade de entradas de problematização contundentes no campo dos estudos sobre masculinidades, fundamentalmente a partir de interseccionalidades e dos jogos de poder (marcados nos processos de “racialização, precarização e desigualdade social, idade, (d)eficiências corporais, situação político-geográfica e “origem social”).

Ou seja, interessa-nos compreender e evidenciar como esses marcadores se interseccionam nos modos de “tomar corpo” e de “fazer gênero” nos jogos da sexualidade do homem idoso homossexual ou que executa práticas homoeróticas ou que simplesmente faz sexo com outros homens (considerando-se esta como uma categoria epidemiológica, muito mais do que como uma cadeia de significação).

Essas inquietações acompanham a pesquisa em curso, em busca de novas problematizações sobre as tramas discursivas que articulam as biopolíticas de gênero, sexualidade, idade e HIV/AIDS, como os regimes discursivos da gestão da vida (Foucault, [1976] 2006; [1976] 1997). Nosso campo começa assim a se delinear, tomando estes desafios e “perturbações” como entradas de problematização. Juntamente com os interlocutores da pesquisa, homens idosos que se auto-determinam na experiência discursiva da homossexualidade e do viver com HIV/AIDS, seguimos na intenção de acompanhar posições de sujeito em suas micropolíticas do desejo e os efeitos das objetivações da vida cotidiana - na cama da biopolítica - e desde as inusitadas, inquietas, silenciosas ou inquietas e atônitas formas de contestação e dissidência na *homo/erotiCidade* de Fortaleza, uma cidade dos muitos Brasis do Brasil.

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Heterosexual Perspectives on Gay and Lesbian Rights: The Role of Religion, Etiology, and Political Attitudes

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Abstract

Attribution theory and the contact hypothesis may be used to predict anti-gay beliefs and support of gay and lesbian rights. In addition, religious fundamentalism and intrinsic religious beliefs have been positively associated with homophobia. The primary focus of the study was to examine psychosocial factors related to views of gay and lesbian rights. Participants were 295 undergraduate students from a mid-atlantic university. The participants completed questionnaires that included background information, religious fundamentalism, extrinsic and intrinsic religious beliefs, homophobia, and beliefs of gay rights. Utilizing correlational methods, support was found for attribution theory and the contact hypothesis regarding attitudes toward gay and lesbian rights. Significant differences also were found for gay and lesbian rights regarding levels of homophobia, religious fundamentalism, intrinsic religion, and political affiliation. Results of this study suggest that educational programs related to gay and lesbian rights incorporate literature and exercises that may challenge more conservative beliefs.

Heterosexual Perspectives on Gay and Lesbian Rights: The Role of Religion, Etiology, and Political Attitudes

Disputes over gay rights have had a prominent place in the American public agenda in recent years. Of the many factors that may affect an individual's position regarding gay and lesbian rights, some of the most prevalent include attributions of cause, prior contact with gay or lesbian individuals, level of homophobia, and religious beliefs.

Wood and Bartkowski's (2004) attribution theory applies to an individual's view on gay rights. Utilizing this theory, individuals who see homosexuality as a personal choice may blame lesbians and gay men for their own societal issues because it is brought on by their weak character. This blame behavior may result from unfavorable views or stereotypes of the out group (Nagoshi et al., 2008). On the other hand, people who see the etiology of homosexuality as biological may attribute lesbian and gay societal strife on environmental conditions. Furthermore, in a 1993 national survey, Schmalz found that only 30% of people who viewed homosexuality as a lifestyle choice supported legislation for gay and lesbian rights, whereas 58% who said it was biologically caused supported the legislation (as cited in Wood & Bartkowski). Even though this might be one of the best predictors of an individual's attitude towards gay and lesbian rights, it is not the only predictor.

Haddock, Zanna, and Esses showed that an individual's prior contact with gay men and lesbians was also a good predictor of his or her attitudes towards gay men and lesbians (as cited in Mohipp & Morry, 2004). This finding is supported by the contact hypothesis, which predicts that prejudice can be reduced by a more personal mutual understanding (Allport, 1954). In fact, one of the most useful tools reported to lower homonegativity in colleges is to

provide first-hand contact with someone who is gay (Patel, Long, McCammon, & Wuensch, 1995).

Another strong predictor of individual attitudes towards gay men and lesbians is homophobia. Homophobic people perceive homosexuality as a violation of gender norms (Alden & Parker 2004; Nagoshi et al., 2008), and thus are less likely to favor gay and lesbian rights. Religious fundamentalism also has been found to be related to hostility towards gay and lesbian individuals (Nagoshi et al., 2008; Schwartz & Lindley, 2005), and thus may be less likely to favor gay and lesbian rights. Christian fundamentalists believe that the Bible is the absolute truth. These believers tend to live their lives according to their interpretation of the Bible as the word of God. In the modern era, these beliefs tend to contradict many current social issues, including homosexuality.

Another strong component of religiosity is whether the believer holds an extrinsic or intrinsic belief system. Intrinsic religious beliefs tend to be a more deep and mature belief that guides individuals in their lives. These individuals believe in their faith because it is their faith. They need no other motivators. Rosik, Griffith, and Cruz (2007) reported higher levels of homophobia when individuals identified with an intrinsic religious orientation. Similarly, Rowart et al. (2006), found that people who belonged to conservative religious groups and had an intrinsic religious orientation reported more negative attitudes towards gay and lesbian individuals. Extrinsic believers, on the other hand, see their religion as a means to an end. These individuals need external motivators surrounding their beliefs (Rosik et al., 2007), like social acceptance. These individuals are less likely to hold homophobic attitudes.

In the current study, researchers hypothesized that religious fundamentalism, intrinsic religious orientation, perceived etiology of a gay or lesbian orientation, previous contact with gay and lesbian individuals, and homophobia would be related to level of support for gay and lesbian rights.

Method

Participants

Participants were 295 self-identified heterosexual students from a mid-sized university in the US. The majority of participants were female (63%) and non-Hispanic white (93%). The mean age of participants was 19.17 years and a majority were freshman (66%). All participants completed an IRB approved consent form and received course extra credit for their participation in the study.

Materials

Background Information. Participants were asked to self-report race, age, college standing, gender, sexual orientation and political affiliation on the demographic sheet of the survey packet. Participants were also asked what they believed the cause of homosexuality was by choosing one of three choices (i.e., a personal choice, biological or born that way, or I'm not sure, do not have an opinion on it). Participants also were asked if they had any friends or family members that were gay men or lesbians (i.e., yes, and I have positive interactions with them, yes, but my interactions with them were not necessarily positive, and no).

Religious Beliefs. Participants' religious beliefs were measured by the Religious Fundamentalism Scale (McFarland, 1989) and the Age Universal Religious Orientation Scale (Gorsuch & Venable, 1983). The Religious Fundamentalism Scale consists of 6 items designed to measure a person's beliefs for adherence to the Bible. The Age Universal Religious Orientation Scale included 20 items to assess a person's level of intrinsic and extrinsic religious orientation. The higher the score, the stronger the religious beliefs the respondents were for each measure.

Homophobia. Participants' homophobia levels were measured by The Homophobia Scale; a 25-item questionnaire that measures the cognitive, affective and behavioral components of homophobia (Wright, Adams & Bernat, 1999). The higher the score, the more homophobic the participants were.

Gay Rights. Participants completed an 8-item Gay Rights Questionnaire that was designed for this study. This measure utilized a dichotomy of yes or no for each question pertaining to the civil rights of the said population. It included questions such as: "Do you believe gay men and lesbians should have the right to adopt children?" "Do you believe gay men and lesbians should have the right to marry?" The higher the score, the more favorable an individual is of gay and lesbian rights.

Procedure

Participants completed the questionnaires in large groups and received course extra credit for participating in the study. There were no specific inclusion or exclusion criteria.

Data Analysis

Correlations were computed between the variables of interest. For data analysis purposes, etiology of a gay or lesbian orientation was collapsed in two categories, biological (those who selected “biological” or “I’m not sure”) and personal choice. This variable was collapsed because participants who chose “biological” and “I’m not sure” as a response did not significantly differ from each other on the variables of interest.

Results

Intercorrelations among the psychosocial variables are shown in Table 1. Participants who reported lower levels of homophobia, religious fundamentalism, and intrinsic religious beliefs were more likely to favor gay and lesbian rights, $ps < .05$. Furthermore, those who reported previous contact with gay and lesbian individuals, endorsed a democratic political affiliation, and believed that having a gay or lesbian sexual orientation is biological tended to be in favor of gay and lesbian rights, $ps < .05$.

Discussion

The hypotheses of the study were supported by the data. Participants who reported stronger levels of homophobia and religious fundamentalism were least likely to support gay and lesbian rights. These results support previous research that found that religious fundamentalism was related to discrimination and hostility towards homosexuals (Nagoshi et al., 2008; Schwartz & Lindley, 2005). As expected, the data also showed that people who were higher in intrinsic religion also tended to have lower levels of support for gay and lesbian rights. An intrinsic religious orientation is when a person believes his or her religion is central to life and is an end in and of itself. People who are intrinsically oriented may have beliefs that the Bible is to be believed and followed, not questioned. Thus, individuals who are intrinsically oriented may not believe gay and lesbian individuals deserve equal rights because they are “sinners” and are not following the path of God.

Other noteworthy results of the study showed that beliefs about the etiology of homosexuality, political affiliation, and previous contact with a gay or lesbian person were related to level of support for gay rights. Participants who believed that being gay is biological and who had previous contact with a gay or lesbian person tended to support gay rights significantly more than those who believed that being gay is a choice and had no prior contact with gay or lesbian people. These findings have theoretical foundations in attribution theory (Wood & Bartkowski, 2004), and in the contact hypothesis (Allport, 1954). In addition, self-identified democrats also were more likely to support gay rights than did republicans. Lester (2008) reported that beliefs regarding same-sex marriage tend to follow age of respondents, political party lines and frequency of religious worship. Specifically, younger adults, democrats, and those who attended religious services infrequently were more likely to favor same-sex marriage.

Evidence suggests that creating educational programs that include religious discussion, the biology of sexual orientation, and LGBT people’s life stories may help in breaking down barriers to facilitate better understanding of gay and lesbian identities and foster tolerance or acceptance for gay and lesbian equality.

As with any research, limitations of the study must be noted. Participants were college students, in early adulthood, and had little ethnic and racial variation. Future research should include a more representative sample to include adults across the lifespan and more ethnic and racial diversity.

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Table 1

Intercorrelations Among the Psychosocial Variables of Interest

Variable	1	2	3	4	5	6	7	8
1. Gender	---							
2. Support gay rights	.32**	---						
3. Level of homophobia	-.40**	-.55**	---					
4. Religious fundamentalism	.07	-.38**	.30**	---				
5. Extrinsic religion	.09	.10	-.01	.16**	---			
6. Intrinsic religion	.10	-.26**	.16**	.67**	.29**	---		
7. Etiology sexuality	.05	.29**	-.28**	-.33**	.06	-.14*	---	
8. Political affiliation	-.11	-.27**	.30**	.21**	-.08	.09	-.34**	---
9. Previous contact	.35**	.38**	-.41**	-.14**	.04	-.11	.22**	-.24**

Note: $N = 295$. For data analysis, calculable values for Etiology of Sexuality (Choice = 1, Biological = 2); Political Affiliation (Democrat = 1, Republican = 2); and Previous Contact with Gay/Lesbian Individuals (No = 1, Yes = 2). Calculable values for gender are Male = 0 and Female = 1. **Correlation significant at the 0.01 level (2-tailed). *Correlation significant at the 0.05 level (2-tailed).

HIV Knowledge and its Contribution to Sexual Risk Behaviour among Men who have Sex with Men (MSM) in Portugal

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Abstract

This study aimed to describe HIV knowledge among MSM in Portugal and analyse its association with sexual risk behaviour. A participatory cross-sectional study was conducted with a snowball sample of 1046 MSM. GBT associations participated actively in the research. A structured questionnaire was applied by trained peers. Most participants knew about main HIV transmission routes; however, some believed that HIV could be transmitted through insect bite (13.7%), kissing (8.7%) or cough/sneeze (6.5%). Misconceptions on HIV transmission were more frequent among those with lower education and self-identifying as heterosexual. About 13% self-perceived being able to identify a person with HIV; this was more likely among those older, and less likely among those with higher education and with no misconceptions on HIV transmission. Less knowledge and self-perception of being able to identify a person with HIV were positively associated with sexual risk behaviours. Involvement in prevention initiatives had no significant effect on self-perceiving being able to identify a person with HIV. HIV prevention programs targeted for MSM should consider focusing on educational services, especially for those older, who have lower education and have no public homosexual identity. Tackle lack of HIV knowledge in health services and prevention programs settings should be enhanced.

Keywords: HIV; Knowledge; Sexual Risk Behaviour; Men who have Sex with Men; Prevention.

Conference Topic: LGBT Researchers doing LGBT Research

Introduction

Since the early days of the HIV epidemic, gay, bisexual and other men who have sex with men (MSM) have been disproportionately affected by HIV. MSM is a standard term used in the work on HIV and was introduced in the 90's to attempt to include a range of sexual behaviours and avoid characterization of the men engaging in these behaviours by sexual orientation (homosexual, bisexual, heterosexual, or gay) or gender identity (male, female, transgender, queer). MSM include gay-identified men, heterosexually identified men who have sex with men, bisexual men, male sex workers with any orientation, and the wide array of traditional identities and terms for these men across cultures and subcultures (Young & Meyer, 2005).

After more than 30 years of the identification of the human immunodeficiency virus, recent research confirms that HIV infection rates in MSM have been increasing despite the advances in both prevention and treatment (Beyrer et al., 2012). Portugal is not an exception to this phenomenon. HIV transmission in MSM has gained an increasing

relevance on the drive of the Portuguese HIV epidemic. According to official data (Departamento de Doenças Infecciosas do INSA, 2013), 24.1% of the 776 newly notified cases in 2012 were attributed to sex between men. Even in generalized epidemic countries (where the prevalence in the general population aged 15–49 is >1%), there tends to be significantly higher HIV prevalence rates among MSM than among general populations (Baral, Sifakis, Cleghorn, & Beyrer, 2007).

Reasons for these higher prevalence rates worldwide include an increase in high risk sexual behaviours (Chen et al., 2002). In the last decades, programs and campaigns have been designed to reduce the risk of HIV infection including information about HIV transmission and specific methods of prevention as principal components of interventions (Kalichman, 1998). Though increasing HIV knowledge alone is not sufficient to promote sustainable behaviour change, accurate knowledge of transmission and prevention is necessary to adopt risk reduction strategies (Parker & Rützel, 2010).

Previous studies make reference to the need for HIV risk reduction interventions that focus on informational, motivational and behavioural skills that facilitate prevention (Fisher & Fisher, 1992). The UNAIDS report on universal access for MSM and transgender people highlights the global failure in addressing the needs of MSM regarding HIV/AIDS education, prevention, treatment and care, and emphasises the need of increasing access to HIV/AIDS prevention materials for MSM (UNAIDS, 2009a).

Globally, reporting on HIV knowledge among MSM is scarce. Only 33 of 147 low and middle income countries reported consistent knowledge data to the 2008 United Nations General Assembly Special Session (Adam et al., 2009). In Portugal, despite MSM being considered one of the most vulnerable populations (Ministério da Saúde, 2011), there is a lack of consistent data regarding this group, especially about HIV-related knowledge and its association with preventive practices. This study aims to describe HIV-related knowledge among MSM in Portugal, and also analyse its association with sexual risk behaviour. This information may support efforts to remove barriers on HIV prevention, contributing to develop intervention strategies tailored to the real needs of the MSM community, thus maximizing their efficacy.

Methods

The present study was conducted as part of the Project *PREVIH - HIV/AIDS infection in MSM and Sex Workers: Prevalence, Determinants, Prevention interventions and Access to health* (2009-2013). In this project, a participatory approach was used in which governmental and non-governmental organisations, Gay, Bisexual and Transgender (GBT) community associations beside community members were involved as partners of the project and participated actively in the research process. To involve partners in the planning and implementation of project activities a Community Advisory Board (CAB) was formed comprising research and intervention experts, representatives of community-based and GBT associations, and gay men. Additionally, to monitor the project a Scientific Commission was formed involving academics and experts in the fields of social sciences, public health and representatives of community-based organizations.

A cross-sectional study was conducted with 1046 men who reported having sex with men⁶⁸, selected through snow-ball sampling (Sadler, Lee, Lim & Fullerton, 2010). Peers were trained to recruit and apply a questionnaire to MSM in gay social venues and GBT associations. The inclusion criteria were being ≥ 18 years old and report having had sexual relations with another man in the last 12 months. After completing the questionnaire, respondents were asked to indicate peers from their social networks that met the inclusion criteria, that might be interested in participating in the study, and bring them to the interviewers. The instrument consisted of a structured questionnaire with items on socio-demographics, sexual orientation, HIV knowledge, sexual risk behaviours and prevention initiatives. The instrument was developed in collaboration with the community partners, based on the indicators for monitoring the Declaration of Commitment on HIV/AIDS⁶⁹. Participation was anonymous and informed consent was obtained. The study was approved by the Ethics Committee for Health of the North Regional Health Administration. The study procedures were revised and approved by the CAB and the Scientific Commission.

68 - In work on HIV, biological men who choose female identities are generally referred to as transgender, or transgender women if they have undergone gender-reassignment surgery. Transgender people born male might share some biological risks with MSM (most importantly receptive anal intercourse) but their female gender identity places them in quite different categories from MSM; hence, they are not included as a subgroup of MSM in this paper.

69 - www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2009/jc1676_core_indicators_manual_09_en.pdf

Measures

Sexual orientation was assessed using the question *'How do you describe your sexual orientation?'*. The response options were 'Gay', 'Heterosexual', 'Bisexual' and 'Other'; for analysis these options were grouped into two categories: 'Gay/Bisexual/Other' and 'Heterosexual'.

Participants were asked to respond to a set of items relating to knowledge on HIV transmission using the question *'HIV may be transmitted through...?'*. Items about knowledge on routes of HIV transmission (6) included: contact with infected blood; injection material sharing; unprotected sex with an infected partner; sharing of sharps; sexual fluids; oral sex without condom. Items related to misconceptions on HIV transmission (3) included: insect bite; kissing; cough/ sneeze. Respondents were asked to answer 'yes', 'no' or 'do not know'. For analysis, a score was assigned: 1 point for each correct answer and 0 points for each incorrect answer (including 'do not know'). The scores were summed up to generate an overall score for each respondent. Levels of *Knowledge on routes of HIV transmission* and *Misconceptions on HIV transmission* were then re-categorized depending on their total score. Accordingly, higher score of knowledge (correct answers to all 6 items) indicated greater knowledge of transmission routes and lower score (5 or less correct answers) indicated less knowledge. Higher score for misconceptions (correct answers to all 3 items) indicated no misconceptions on HIV transmission and lower score (2 or less correct answers) indicated existing misconceptions. Participants were also asked to respond to the question: *"Do you think you can identify a person infected with HIV?"*, with the response options 'yes'/'no'.

Involvement in prevention initiatives was assessed using the yes/no questions: *"Have you been reached by HIV prevention programs in the last 12 months?"* and *"Have you ever been tested for HIV?"*. Participants were also asked to respond about sexual risk behaviours: *"How frequently have you used condom with occasional partners in the last 12 months?"* and *"How frequently have you had unprotected sex with a partner with unknown HIV serostatus in the last 12 months?"*, with the response options being 'Always', 'Sometimes' and 'Never'. In both variables the response options were grouped into two categories.

Statistical analysis

Statistical analyses were conducted using IBM SPSS 19 software. Descriptive statistics were used to describe characteristics of the participants and items related to knowledge. Chi-square test was used to analyse the association of knowledge on routes of HIV transmission and misconceptions with educational level and sexual orientation, of self-perception of being able to identify a person infected with HIV with prevention initiatives, and of knowledge with sexual risk behaviours. A logistic regression analysis was performed to examine the factors associated with self-perceiving being able to identify a person infected with HIV. The magnitude of associations was estimated by means of odds ratios with 95% confidence intervals.

Results

Overall, 69.5% of the participants were 18-35 years old (Table 1). Only 12.4% had foreign/dual nationality; more than a third had higher education, 71.4% were employed and 58% declared earning >1000€ per month. About 80% self-identified as gay.

Table 1.

Characteristics of the participants.

		n	%
Total		1046	100
Age (years) (n=1045)	18 – 25	293	28.0
	26 – 35	434	41.5
	36 – 45	216	20.7
	≥ 46	102	9.8
Nationality (n=1032)	Portuguese	904	87.6
	Foreign/Dual	128	12.4
	Elementary (≤ 9 years)	218	21.1
Educational Level (n=1035)	Secondary (10-12 years)	407	39.3
	Higher (≥ 13 years)	410	39.6
	Employed	731	71.4
Professional Status (n=1024)	Non employed	293	28.6
	≤ 1000€	427	42.0
Perceived monthly income (n=1017)	> 1000€	590	58.0
	Gay	834	80.3
Sexual orientation (n=1038)	Heterosexual	20	1.9
	Bisexual	170	16.4
	Other	14	1.3

Knowledge on HIV transmission

A high proportion of participants knew about HIV transmission through contact with infected blood (99.8%), injection material sharing (99.2%) and unprotected sex with an infected partner (98.9%) (Figure 1). There was a lack of knowledge about HIV transmission through unprotected oral sex (17.3% incorrect answers, 8.5% did not know). Some participants had misconceptions about HIV transmission, believing that HIV could be transmitted through insect bite (13.7%, 11.7% did not know), kissing (8.7%, 3.5% did not know) or cough/sneeze (6.5%, 4.8% did not know).

Figure 1. Distribution of responses to the question “HIV may be transmitted through...?”.

Overall, 30.7% of the participants had low score for knowledge on routes of HIV transmission and 36.6% revealed having misconceptions on HIV transmission (Table 2). Bivariate analysis showed that less knowledge on routes of HIV transmission was higher among those with lower education ($p < 0.001$). Also, misconceptions on HIV transmission were found among those with lower education ($p < 0.001$) and who self-identified as heterosexual ($p = 0.004$).

Table 2.

Knowledge and misconceptions on HIV transmission by educational level and sexual orientation.

	Educational level								Sexual orientation				
	Total		Elementary		Secondary		Higher		Gay/Bi/Other		Heterosexual		
	n	%	n	%	n	%	n	%	p	n	%	n	%
Less knowledge on routes of HIV transmission	30.7	75	36.6	139	35.6	90	22.9		298	30.7	5	26.3	0.684
Misconceptions on HIV transmission	36.6		50.2	147	37.7	110	28.0		349	35.9	13	68.4	0.004

Of the total sample, 12.9% self-perceived being able to identify a person infected with HIV, more frequently those older ($p = 0.003$) and those with lower educational level ($p = 0.004$). In the multivariate logistic regression analysis (Table 3), self-perceiving as being able to identify a person infected with HIV was more likely among those older [OR = 3.09; 95% CI: 1.58–6.02], and less likely among those with higher education [OR = 0.52; 95% CI: 0.30–0.91] and those with no misconceptions on HIV transmission [OR = 0.51; 95% CI: 0.34–0.77].

Table 3.*Factors associated with self-perceiving being able to identify a person infected with HIV.*

	Crude OR	Adjusted OR
	(CI 95%)	(CI 95%)
Age (years)		
18 – 25	1	1
26 – 35	0.89 (0.54- 1.46)	0.98 (0.57- 1.68)
36 – 45	1.53 (0.90- 2.60)	2.05 (1.15- 3.65)
≥ 46	2.36 (1.29- 4.32)	3.09 (1.58- 6.02)
Educational level		
Elementary	1	1
Secondary	0.54 (0.34- 0.86)	0.60 (0.35- 1.01)
Higher	0.47 (0.29- 0.76)	0.52 (0.30- 0.91)
Perceived monthly income		
≤ 1000€	1	1
> 1000€	0.78 (0.53- 1.13)	0.93 (0.59- 1.44)
Sexual orientation		
Gay/Bisexual/Other	1	1
Heterosexual	1.81 (0.59- 5.56)	1.20 (0.36- 3.96)
Knowledge on routes of HIV transmission		
No	1	1
Yes	1.14 (0.75- 1.75)	1.35 (0.85- 2.12)
Misconceptions on HIV transmission		
Yes	1	1
No	0.51 (0.35- 0.75)	0.51 (0.34- 0.77)

A bivariate analysis was also conducted to examine how self-perception of being able to identify a person infected with HIV was influenced by involvement in prevention initiatives. The analysis showed that having been involved in prevention initiatives such as having been reached by HIV prevention programs and having ever been tested for HIV did not have a significant effect on self-perceiving being able to identify a person infected with HIV (Table 4).

Table 4.*Prevention initiatives and referring being able to identify a person infected with HIV.*

	Self-perception of being able to identify a person infected with HIV (n=994)				p
	No		Yes		
	n	%	n	%	
“Have you been reached by HIV prevention programs in the last 12 months?” (n=1020)					
No	506		86		
Yes	342		39		
“Have you ever been tested for HIV?” (n=1040)					
No			11		
Yes	761		117		

Contribution of HIV knowledge to condom use

The bivariate analysis showed that participants with less knowledge on routes of HIV transmission reported more frequently inconsistent condom use with occasional partners in the last 12 months ($p=0.014$) (Table 5). Also, participants self-perceiving as being able to identify a person infected with HIV reported more frequently having not always used condom with occasional partners in the last 12 months ($p=0.001$) and having had unprotected sex with a partner with unknown HIV serostatus in the last 12 months ($p=0.002$).

Table 5.

Association of knowledge on routes of HIV transmission, misconceptions on HIV transmission and self-perception of being able to identify a person infected with HIV with sexual risk behaviours.

	Condom use with occasional partners in the last 12 months					Unprotected sex with a partner with unknown HIV serostatus in the last 12 months				
	Some-times/ Never		Always		<i>p</i>	Always/ Sometimes		Never		<i>p</i>
	n	%	n	%		n	%	n	%	
Knowledge on routes of HIV transmission										
Greater	58	24.8	75.2	0.014	56	25.5	164	74.5	0.435	
Less	81	17.0	83.0		112	22.8	380	77.2		
Misconceptions on HIV transmission										
Yes	54	20.5	79.5	0.623	68	26.1	193	73.9	0.240	
No	85	19.0	63.4		100	22.2	351	77.8		
Self-perception of being able to identify a person infected with HIV										
Yes	29	31.5	63	68.5	0.001	37	35.9	66	64.1	0.002
No		17.2		82.8		134	22.1	473	77.9	

Discussion

This study aimed to describe HIV-related knowledge among MSM in Portugal, and examine its association with sexual risk behaviour. The findings indicated good awareness about routes of HIV transmission among MSM, as similarly found in other studies with this population (Liu et al., 2010). However, misconceptions that HIV can be transmitted through insect bites, kissing or cough/sneeze still existed, with approximately one third of the participants answering incorrectly to these items. An important finding is that heterosexual sexual orientation was one of the factors most strongly associated with misconceptions on HIV transmission, in line with previous studies (Wagenaar, Sullivan & Stephenson, 2012). Self-identification with heterosexual orientation may correlate with low acceptance of homosexuality and reduced contact with gay social networks through which HIV education is shared. Further studies are needed to understand how gay identity formation may be related to other HIV-associated factors, especially considering the documented relationship between internalized homophobia and risky sexual behaviours (Newcomb & Mustanski, 2011).

In this study, 13% of the participants believed that persons with HIV/AIDS could be detected by their physical appearance. Although in some cases it may be possible to identify a person with AIDS because ARV has caused visible side effects (Holzemer et al., 2007), this is of concern given that one infected with HIV may remain asymptomatic but still transmit the infection. Misconceptions about HIV transmission was a strong predictor of self-perception of being able to identify a person infected with HIV. These findings are especially important considering that less knowledge on routes of HIV transmission was, as expected, related to inconsistent condom use with occasional partners in the last 12 months. Also, MSM who assumed to be able to identify someone infected with HIV were also more likely to not use condom with occasional partners, or having unprotected sex with a person of unknown serostatus for HIV. The relation between misconceptions and risk behaviour can be linked to a lower risk perception which, in line with

the prevailing health behaviour theories such as the Health Belief Model (Rosenstock, Stretcher, & Becker, 1994), can be a major factor in terms of adopting preventive behaviour.

HIV prevention programs targeted for MSM should consider focusing on educational services, especially for those who are older, those who have lower educational levels and are less integrated into gay or bisexual social networks. The finding that having been reached by HIV prevention campaigns and having been tested for HIV had no significant effect on self-perception of being able to identify a person infected with HIV points out missing opportunities to tackle HIV lack of knowledge in health services and prevention programs settings. Also, despite not being the focus of this paper, perceived coverage by prevention programs remains low (only 38,6% of the sample reported they have been reached by HIV prevention programs), which reinforces the need to invest in prevention and information campaigns targeting the MSM community.

This study presents some limitations. Using the snowball sampling method potentially leads to a sample composition that is strongly influenced by the choice of initial participants. The non-random recruitment of participants through their social networks can result in a biased sample by gathering respondents with similar socio-demographic and behavioural features. Indeed, the study sample is, in general, young and has high levels of education and income. Also the initial recruitment of participants based on the social networks of community organizations may have contributed to a bias in the sample, by potentially gathering individuals with access to information and prevention. However, this sampling method has been recognized as effective in reaching hard-to-reach populations (Sadler, Lee, Lim & Fullerton, 2010), which is visible in the large number of MSM who participated in this study. Another limitation relates to the possibility that a social desirability effect has biased participants' responses, and particularly given that the questionnaires were applied by peer interviewers. However, the training of interviewers, where they were explicitly instructed not to apply questionnaires to people they knew personally, and the established procedures for data collection (as ensuring the anonymity of participants and the confidentiality of their participation) contributed to minimize potential constraints associated with using this technique. Also, applying the questionnaire through interviewers allowed ensuring uniform procedures of data collection, maximizing the number of questions answered (thus ensuring a higher quality of information collected), and ensuring the inclusion of participants with lower reading comprehension skills (with low education or foreigner).

As final remark, the involvement of the affected and interested communities and community-based organizations in HIV research initiatives should be supported. In this project, the active participation of GBT community partners in the research process contributed to a more appropriate study design and methodology for MSM, to improve participants' adherence to the study, but also to increase awareness on HIV and enhance communities' capacity-building for HIV prevention.

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Homomaternidade: Visibilizando As Famílias Lésbicas No Brasil

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O advento do feminismo e dos movimentos LGBT consolidou a existência de famílias constituídas por identidades plurais, apresentando outras maneiras de ser família em nossa contemporaneidade, tanto no Brasil, como no mundo. Dentre elas, destacamos as constituídas por duas mulheres que se identificam como lésbicas e suas filhas e filhos, sendo que o presente estudo tem como principal objetivo conhecer então, a Homomaternidade e suas implicações. Sob a ótica dos estudos de gênero, pretendemos compreender como as lésbicas estão vivenciando a maternidade nas suas relações de conjugalidade. Para tanto, analisamos as vivências no processo da maternidade, as dinâmicas familiares e a conjugalidade lésbica associada à maternidade. De cunho qualitativo, foram ouvidas, para a realização da pesquisa, oito mulheres, através de entrevistas narrativas. Após as entrevistas serem gravadas (mediante assinatura do Termo de Consentimento Livre e Esclarecido- TCLE), o conteúdo foi submetido à análise de discurso levando em consideração as teorias feministas de gênero. Os resultados apontaram para a existência de uma dinâmica familiar muito semelhante à heterossexual, chamando a atenção para papéis de gênero bem definidos em masculino e feminino, mesmo em um par de iguais. Além disso, verificamos que as famílias homomaternais estão vivendo satisfatoriamente suas relações de maternidade lésbica, mas que apesar dos avanços dos direitos humanos na busca por uma sociedade com mais respeito e justiça, ainda percebem que a heteronormatividade compulsória é algo fortemente presente. Por fim, podemos pensar em uma ampliação na maneira de ser e pensar as famílias, porém, muitos caminhos ainda deverão ser percorridos.

Palavras-chaves: homomaternidade, gênero, família, lésbicas, feminismo.

The advent of feminism and LGBT movements consolidated the existence of families composed of plural identities, presenting other ways of being a family in our times, both in Brazil and in the world. Among them, we highlight those formed by two women who identify as lesbians and their daughters and sons, and the present study has as main objective to know then, Homomaternidade and its implications. From the perspective of gender studies, we intend to understand how lesbians are experiencing motherhood in their conjugal relations. Therefore, we analyzed the experiences in the process of motherhood, marital and family dynamics associated with lesbian motherhood. A qualitative, were heard for the research, eight women, through narrative interviews. After the interviews were recorded (by signing the TCLE), the content was submitted to discourse analysis taking into account the gender feminist theories. The results pointed to the existence of a family dynamic very similar to heterossexual, calling attention to well-defined gender roles in male and female, even in a pair of equals. Furthermore, we find that families are living homomaternais satisfactorily relations maternity lesbian, but despite the progress of human rights in the search for a company with more respect and justice even realize that compulsory heterosexuality is something strongly present. Finally, we consider an extension in the way of being and thinking families, but many roads still to be traveled.

Key-words: homomaternity, gender, family, lesbian, feminism.

Quando pensamos na definição de família, logo nos vêm à mente aquela idéia que nos é passada ao longo de nosso processo cultural, de um homem, uma mulher, uma ou duas crianças, e um cachorro, talvez. Porém, essa constituição é fruto do mundo contemporâneo em que vivemos, pois se voltássemos no tempo e parássemos no século XV, poderíamos visualizar uma cena do cotidiano das famílias da época, onde em um mesmo espaço físico, se encontravam inúmeras pessoas coabitando, independente de laços sanguíneos. Nesse tempo, as crianças eram criadas por todos e o sentimento de família nuclear ainda não havia sido construído (Ariès, 1981). Concomitante com essas transformações na constituição das famílias, há um sistema socialmente construído, que se manteve e se mantém, o patriarcado, instaurando uma hegemonia masculina, onde o homem- pai, ou patriarca, detém

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o poder e submete a mulher aos seus caprichos e vontades. Mas nem sempre foi assim, estudos discutem que anterior ao patriarcado, existia um outro sistema, o matrilinear, onde a sociedade era organizada de maneira diferenciada, havia uma matriarca que liderava seu povo, principalmente no âmbito político. Porém as religiões monoteístas se impuseram por força e repressão, destruindo povos que cultuavam deusas, crenças politeístas e seguiam costumes matriarcais (Prado, 1986).

Voltemos então àquela idéia inicial da família. Esse contexto também se encontra em processo de transformação, mas para que isso pudesse ocorrer, o patriarcado precisou sofrer abalos. Esses abalos tiveram como principais autores os movimentos feministas, que através de muitas lutas e reivindicações, conseguiram criar leis que asseguravam o direito das mulheres. Logo, algumas mulheres se recusaram a continuar no papel de subalternas de seus maridos e do cárcere privado do lar, e se mantiveram no mercado de trabalho. Além disso, muitas passaram a não aceitar mais serem vítimas de violência físicas e psicológicas, como comumente acontecia, com a violência naturalizada (Scott, 2002, Colling, 2004, Strey, 2004).

Além dos movimentos feministas, os movimentos lésbicos, homossexuais, bissexuais, transgêneros e transexuais tiveram papel de grande importância nesse declínio do patriarcado, principalmente em relação ao apoio para que *gays* e lésbicas assumissem sua orientação homossexual para familiares e sociedade. E lésbicas e *gays* passaram a buscar sua cidadania de maneira plena, onde não fossem discriminadas (os) em função de sua orientação sexual em trabalhos e lugares públicos, bem como não fossem mais consideradas (os) “desviantes” ou com condutas psicopatológicas. Esses movimentos sociais impulsionaram a retirada do rótulo de doença dos manuais psiquiátricos e legitimaram a homossexualidade como uma orientação sexual (Uziel, 2007, Grossi, 2005, Zambrano, 2006).

O processo de transformação da idéia de família, até então constituída, direciona os holofotes para outros tipos de família. Essas transformações familiares são abordadas por Wagner (2002, 2005), que apresenta como a atualidade percebe essas novas configurações. Famílias monoparentais, onde a criança mora somente com a mãe ou com o pai, recompostas, onde após separação, uma outra família se constitui, e junta-se as crianças do casamento anterior com as do novo casamento; famílias *gays* e lésbicas, onde as crianças vivem com duas mães ou dois pais, famílias que optam por não terem filhos, casais que moram juntos, sem casamento civil nem religioso são objetos de estudos de teses e dissertações.

Pensando na constituição da família, os casais de *gays* e lésbicas podem fazer uso de diversas formas para exercerem a homoparentalidade. Dentre elas, através de um casamento anterior heterossexual, no caso da família recomposta. Por adoção, que já apresenta muitas evoluções no caso do registro de ambas as mães ou os pais, através da inseminação artificial e também da co-parentalidade, com um dos membros do casal gerando o filho com uma mulher ou homem, sendo que esse passa a fazer parte do núcleo homoparental (Zambrano, 2006, Passos, 2005).

Entre tantas diversidades familiares, nossa atenção volta-se para as famílias constituídas por lésbicas e seus filhos e filhas. Mulheres que se auto-identificam enquanto lésbicas, que assumiram seus desejos e resolveram contestar a heteronormatividade ainda vigente em nossa sociedade. São mulheres que lutam por sua independência, crescimento profissional, e principalmente, pelo direito de amar outra mulher e não ser vítima de preconceito em função de sua orientação sexual. Essa luta torna-se ainda mais presente pelo fato de, além de irem contra as normas impostas pela sociedade, dizendo não ao casamento heterossexual, ainda são mulheres, fatores esses que ainda, infelizmente, provocam um duplo preconceito na atual sociedade (Anjos, 2000, Gomide, 2007).

Surge então, em 1997, na França, através da Associação dos pais e futuros pais *gays* e lésbicas (APGL), um termo para designar as famílias constituídas por casais de lésbicas e *gays*, as famílias Homoparentais. Para constituir uma homoparentalidade, há a necessidade, então, da situação na qual pelo menos um adulto, que se autodesigna homossexual, é (ou pretende ser) pai ou mãe de, no mínimo, uma criança (Zambrano, 2006). Esse termo, entretanto, é questionado em função de não existir uma nomenclatura semelhante para as famílias heterossexuais, então porque teria que existir uma para as famílias *gays* e lésbicas? Porém, quando algo é nomeado, fica em evidência, auxiliando no aumento da visibilidade dessas famílias (Uziel; Grossi; Mello, 2006, Mello, 2005).

Neste estudo, utilizamos perspectivas teóricas dos estudos de gênero, o que nos faz pensar que homoparentalidade não seria o termo ideal para tratar de famílias constituídas por mulheres. A nomenclatura pai se remete à pessoa do sexo masculino, repetindo a hegemonia masculina e reiterando o poder da dominação em relação ao feminino, que uma linguagem sexista pode exercer (Colling, 2004). Como o masculino não serve para designar as mulheres, logo, o uso do termo Homomaternidade se encaixa melhor em nosso estudo, e então surgem as Famílias Homomaternais, remetendo à mulheres lésbicas e seus filhos e filhas (Palma & Strey, 2012).

Para apresentar algumas famílias homomaternais, analisamos alguns discursos dessas mulheres que vivem com seus filhos e filhas e suas companheiras, coletados através de entrevistas narrativas. Esses discursos são produzidos pela cultura e produzem sentidos, que subjetivam os sujeitos, através das práticas discursivas (Spink; Medrado, 2000).

Conhecer como ocorreu o processo do reconhecimento enquanto lésbica, a maternidade, além de compreender como essa maternidade se relaciona com a lesbianidade nos permite visibilizar a dinâmica dessas famílias contemporâneas e ainda não tão conhecidas. Visibilizar essas questões, com o intuito de que uma sociedade ainda heterossexista e patriarcal perceba que a hegemonia binária está sofrendo rupturas, vem ao encontro de uma sociedade mais justa e igualitária.

O projeto da pesquisa que deu origem à essa pesquisa foi encaminhado à Comissão Científica da Faculdade de Psicologia da PUCRS e ao Comitê de Ética da mesma instituição, sendo analisado e considerado dentro das normas esperadas. Com a aprovação dos comitês, demos início à busca das participantes para a realização das entrevistas narrativas. Os comitês asseguram que a pesquisa realizada irá tomar todos os cuidados e precauções para que as pessoas entrevistadas não sejam lesadas em seus direitos humanos. Logo, todas as normas da resolução 196/96 do Ministério da Saúde, relativas à pesquisa que envolve sujeitos humanos, discriminadas a seguir, foram cuidadosamente discutidas e seguidas.

Em busca da felicidade...

Constituir uma família que vai contra as normas de uma sociedade requer muita estrutura psíquica e redes de apoio. Para isso, seguir os sentimentos, os desejos, sem deixar que eles fiquem escondidos ou à margem foi de suma importância para que muitas participantes chegassem à condição de satisfação pessoal. Nem sempre esse comportamento é conseguido, pois o preconceito existente pode ser tão danoso que faz com que inúmeras lésbicas forcem uma relação heterossexual em função de uma heteronormatividade. O trecho abaixo nos apresenta uma prática discursiva onde seguir a felicidade foi tido como mais importante do que seguir um discurso médico ultrapassado:

“... Eu só acho assim, que as pessoas tem que ter, não ter vergonha do que sentem, não pensar nos outros, do que os outros vão falar, não, em primeiro lugar, que ela seja feliz, e o resto é resto. Que nem falam, ah, o homossexualismo é doença, não é doença, é um sentimento igual aos outros. Todo mundo fala, ah, nasceu doente, eu acho que nós somos bem mais realistas em assumir o que realmente a gente quer, então, não tem problema nenhum...” P1.

Por não representar a “normatividade” heterossexual e não seguir as regras do sistema patriarcal, a lesbianidade convive com preconceitos e sofre com essa invisibilidade. A invisibilidade traz isolamento e sentimentos negativos, pois muitas vezes os homossexuais deixam de frequentar lugares para não passarem por situações constrangedoras (Anjos, 2000). Então, o preconceito existente ainda é tão freqüente que muitas participantes ainda têm que lidar com seus próprios medos e defesas, muitas vezes impedindo e postergando a plena realização do desejo.

Além desse preconceito da sociedade e das próprias lésbicas, a grande maioria das famílias dessas mulheres também apresenta dificuldades em lidar com essa questão dentro de suas famílias. Em pesquisas realizadas com lésbicas no interior e na capital do Rio Grande do Sul, aparecem esses momentos familiares. Esse fator torna ainda mais complexa a convivência com o estigma social que a homossexualidade impõe, pois além de não receber apoio da sociedade, a família, que seria lugar de aceitação e afeto, também se coloca contrária ou indiferente à orientação sexual da filha (Palma; Levandowski, 2008, Piason, 2008).

O seguimento a seguir apresenta essa dificuldade de entender e compreender o desejo por alguém do mesmo sexo, seguido da falta de compreensão da família de origem:

“... Então eu fiquei muito confusa, foi muito difícil, foi a primeira mulher que eu fiquei, e foi tudo muito novo, eu fiquei muito mal, sabe, bem confusa mesmo. Inclusive comecei minha graduação assim, fugindo das pessoas, não sabendo o que dizer quando me perguntavam sobre coisas pessoais, se eu tinha marido, então dava o intervalo eu corria pra biblioteca ou pro bar, pra não ficar junto e não precisar falar dessas questões, tem só duas colegas que falei, que pude ser sincera, com o resto não... P4.

Apresentando a Homomaternidade através de discursos...

A homomaternidade ocorre de diversas maneiras, sendo que cada família é uma e se constitui de modos específicos. Algumas mulheres vêm de um relacionamento heterossexual prévio, talvez pelo desejo por outra mulher ter ficado tão escondido, em função de uma construção cultural, onde a heterossexualidade é compulsória. Nesse relacionamento com um homem, tiveram filhos e/ou filhas, que se juntam em um novo arranjo familiar com outra mulher e constituem uma família homomaterna, conforme seguimento descrito abaixo:

“... Maternidade foi um sonho, eu sempre, desde a adolescência, sempre tive vontade de ter filhos. Me descobri com dezesseis anos, que eu gostava de mulheres, mas mesmo assim quis ter uma relação para ter uma família, faz, na verdade, quatro anos recém que eu sou assumida, e meu sonho sempre foi ter, eu quero ter mais um no final do ano, só que aí vai ser meu e dela, porque eu tenho dois, a Ana Carolina e o Marco Antônio, que foram concebidos casada, com homem, que era sonho mesmo, vontade de ter.” P1.

Porém, muitas mulheres já reconhecem seu desejo por outra mulher desde muito cedo, compartilhando da vivência de uma família através dos filhos e filhas de suas companheiras. Quando nenhuma das mulheres do casal possuem filho (a), a adoção ou a inseminação artificial são modos de constituir uma família homomaterna, como no caso das famílias apresentadas a seguir:

“... A gente trabalha em uma instituição, no abrigo, nós duas trabalhamos lá... então lá no abrigo tinha a A., que fiquei muito próxima à ela, desde que ela chegou, com dois meses. Era sempre eu quem cuidava dela, até que chegou um dia que a mãe perguntou se a gente queria ficar de vez com ela, e desde então a guarda da A. é só minha...” P2.

“... Foi em São Paulo... ele nos disse que era como uma relação sexual, 20% de chances, bem matemático assim, porque a inseminação não tem segredo nenhum, tu tem que ir no período fértil, a única coisa é que tu toma a medicação pra ovulação intensificar né, e pode vir dois, três, quatro, cinco, na fertilização in vitro, mas tinha a possibilidade de ter gêmeos...” P6.

Podemos vislumbrar que aquela idéia inicial sobre família, apresentada nas páginas anteriores começa a se modificar neste cenário contemporâneo, e o conceito de família passa a ter seu significado ampliado, re-entendido e re-inventado. E vem sendo assim desde que a família foi inventada, construída culturalmente. É uma unidade de constante mutação, pois precisa dar conta das transformações que ocorrem na sociedade, e essa, se encontra em um momento de valorização dos direitos humanos, logo, abrindo espaço para a diversidade, para o não-normativo.

Mas, apesar de a diversidade ser palavra de ordem nos discursos, talvez não tenha tanta presença nas práticas. As vivências apresentadas por essas mulheres que moram com suas companheiras e seus filhos e filhas também passam por momentos de preconceito, tanto por parte da sociedade, quanto das próprias famílias de origem. Esse fator aponta que ainda, apesar dos movimentos lésbicos e gays terem conquistados inúmeros espaços, é preciso conviver com construções culturais que são permeadas pelo patriarcado, e principalmente, que seguem uma heteronormatividade compulsória (Palma; Levandowski, 2008, Piason, 2008).

“... É, do sangue. Então com isso a gente teve que lidar, ela veio visitar os bebês meio tarde, tipo com dois meses... então eu diria que foram os próprios filhos, dando o lugar de vó, que ela ocupou o lugar, foi um movimento deles, foram os nossos filhos que convocaram ela, tu é vó...” P6. “... Aqui é assim, todo mundo sabe, mas eu mantenho muita discricção, muito respeito sabe, a gente fala isso, acho que até por isso que a gente tá junto, sabe, porque para a sociedade ainda não é uma coisa ainda liberal...” P5. “... Foi muito complicado, porque pra minha mãe é muito difícil, ela não aceita, nos respeita, mas duvido que foi isso que ela sonhou pra mim, se ela pudesse escolher, ela não escolheria essa família pra mim...” P3.

Para além do preconceito, seguindo o arco-íris...

Apesar de ainda passarem por muitos momentos e situações de preconceito e sofrimento, a felicidade de viverem com quem amam e terem a possibilidade de construir uma família, tendo como base o desejo e o afeto, supera os sentimentos negativos. Essa perspectiva exige vencer os preconceitos internos, da família e também da sociedade, principalmente no sentido de retirar o rótulo do imaginário das pessoas e não somente na escrita de um manual de psiquiatria: “... Olha, é normal, pra mim é normal, somos uma família feliz.” P3 “... Eu acho que as pessoas têm muita necessidade de saber as coisas, de saber como é, e é uma vida normal, como qualquer outra, que existe quando tu tá a fim de transar e quando tu não tá, quando tu tá de saco cheio da pessoa, existe brigar por causa do dinheiro, normal sabe, uma família normal, com filho...” P5.

A maternidade encontrou um espaço para se constituir através dessas novas tecnologias de fertilização, e o que parecia ser impossível se fez possível, possibilitando outras maneiras de ser mãe:

“... Foi tranqüilo, a maternidade apareceu né, comecei a ver que comecei a trocar a palavra psiquiatra por pediatra né, e daí apareceu, uma coisa que eu nem sabia, e aí uma realização minha, eu tenho toda uma representação de coisas boas, apesar de todo o trabalho, todo o reordenamento, de tu é mulher, agora tu é mãe, isso foi muito inter-

essante...” P6.

Essas falas são recortes de um estudo que tem como objetivo principal apresentar à sociedade outras possibilidades de ser família, que divergem das regras e normas de uma cultura em processo de amplificação de sentidos. As famílias homomaternais existem e precisam ser respeitadas em todos seus direitos, possuem uma atmosfera de amor e respeito, bem como um cuidado com suas filhas e filhos.

À medida que os estudos com essa mesma temática se ampliam, maior será o espaço conquistado por essas famílias, pois a visibilização colabora para que exista uma reflexão em cima do instituído e possibilita que os sentidos possam ser ressignificados. Essa ressignificação vai ao encontro de uma sociedade mais justa, onde a diversidade seja respeitada e todas e todos sejam tratados de maneira igualitária.

Não existe uma receita a ser seguida para a busca da “família ideal”:

“... *E eu acho que para pesquisa o principal que eu queria transmitir da nossa experiência é que foi a nossa, que um outro casal pode se organizar de outra maneira...* P6.

E como diz a mensagem da participante, as famílias se organizam conforme conseguem, conforme sua capacidade psíquica permite. A busca sempre será do alcance da felicidade, sem preconceitos e estereótipos, seguindo o caminho do arco-íris até encontrar o pote de ouro, esteja ele onde e na forma que estiver.

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Homosexual Identity: Theorizing a multidimensional concept

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Abstract

Taking on a descriptive and critical analysis based on several models addressing homosexual identity this paper will present a multidimensional and dynamic model that will consider various possible scenarios to explain the formation of homosexual identity among gay and lesbian self-identified individuals. Our proposed model will focus on the following foundation aspects of sexual identity formation: biological sex, gender identity, compatibility or incompatibility in understanding social sexual roles and the recognition of being different. Hence, four different paths will be followed, considering if there is compatibility in understanding sexual social roles or not. If there is compatibility, two pathways will follow: (1) direct internal and external acceptance of identity; (2) or, identity tolerance with low levels of internalized homophobia, internal and external acceptance of identity; if there is incompatibility in understanding sexual social roles, two other pathways will follow: (3) identity tolerance with low levels of internalized homophobia, internal and external acceptance; (4) or identity confusion, identity tolerance with high levels of internalized homophobia, identity tolerance with low levels of internalized homophobia, and finally, internal and external acceptance. This model can also be considered as an alternative to developmental stage models which have traditionally been used to describe the process of identity formation as necessary to arrive at a healthy homosexual identity, since it integrates other components of sexual identity into the broader personal Identity, and allows different possibilities for that construction.

Keywords: Gay, lesbian, homosexual identity.

The homosexual identity has been called the third sex, antipathetic sexual instinct, perversion, inversion, homosexuality, homosexual outlet, homosexual orientation (or preferences), and, more recently, the gay or lesbian lifestyle and the socially constructed gay identity. (...) Whatever the designation, the underlying assumption has been that the individual's sexual identity constituted a core ingredient of spirit, body, mind, personality, or social relations (Shively and DeCecco, 1983).

Constructing Identity

What makes a person consider him or herself a homosexual? Although this is a unique process for each person, there are common aspects in developing a gay or lesbian identity. The formation of an identity is a process of self-classification from where the person recognizes and applies a label (Mondimore, 1998). It is therefore, very important to learn these labels and know where to categorize them; however, the first time one is confronted by homosexual labels these are often negative, and pejorative.

The question "Am I a homosexual?" is usually asked to oneself with extreme anxiety because the answer will most likely have direct implications on all aspects of that individual's life. Still, when trying to answer this question one must be able to distinguish the difference between homosexual behavior, love, and desire, and the role cultural variables play in the formation of this distinction. For example, in Latin countries the type of behavior is more determinant in the label attribution, especially penetration, whereas in Anglo-Saxon countries it is not the act itself that is of most significance, but the biological sex, and the gender of the person who is doing the act (Castañeda, 1999).

Homosexual Identity Models

There is considerable speculation and differing points of view regarding the means by which gay and lesbians achieve their sense of sexual identity. However, it seems that the course of action known as “Coming out of the closet” is central to the formation of the homosexual identity. It involves a process of complex personal transformations that lead to the recognition of one’s sexual orientation (Davies, 1996).

Since the 1970’s a flurry of proposed models to explicate this process emerged. Most of these are considered stage-models, where identity development is construed as a process of learning to name one’s sexual self (Brown, 1995).

This literature categorizes homosexual identity formation into distinct, sequential stages that end with the integration of homosexuality into the broader personal identity (Lemoire & Chen, 2005), but are often too constrained to explain the complexity and fluidity of the process (Robboy, 2002), since they support an overall linear trend from sexual attraction to sexual activity to self-identification (Rosario *et al.*, 2006).

The attention given to this topic, resulted in considerable literature (Cass (1979; Woodman & Lenna, 1980; Coleman, 1981/1982; Minton & McDonald, 1983; Troiden, 1989; Newman & Muzzonigro, 1993; Parker, 1994; Rybicki, 1994; Pett, 1995; Nicholas, 1995; McCarn & Fassinger, 1996; Morris, 1997; Nonn, 1997; Rubio, 1999; Elizur & Mintzer, 2001; Alderson, 2003). Although identity formation is an unique process for each individual, many of the models explored share common components. Listed on table 1, are the stages for each proposed model.

Table 1

List of theoretical models of homosexual identity formation

Authors	Stages
Cass (1979)	(1) confusion; (2) comparison; (3) tolerance; (4) acceptance; (5) pride; and (6) synthesis.
Woodman & Lenna (1980)	(1) denial of one’s homoerotic feeling; (2) identity confusion; (3) bargaining; and (4) depression leading up to healthy integration.
Coleman (1981/1982)	(1) pre-coming out; (2) coming out; (3) exploration; (4) first relations; and (5) identity integration.
Minton and McDonald (1983)	(1) egocentric interpretation of homoerotic feelings; (2) internalization of the normative conventional assumption of homosexuality; (3) critical evaluation of normative conventions; and achievement and maintenance of positive identity.
Troiden (1989)	(1) sensitization; (2) identity confusion; (3) identity assumption; and (4) commitment.
Newman & Muzzonigro (1993)	(1) sensitization; (2) awareness with confusion, denial, guilt and shame; and (3) acceptance.
Parker (1994)	(1) awareness of difference; (2) feelings of being gay; (3) first gay experience; (4) self identification as gay; (5) disclosure to family, friends, work colleagues; and (6) participation in gay community events.
Rybicki (1994), for gay male identity only.	(1) feeling different; (2) closeting; (3) coming out; (4) cruising; (5) experiencing community; and (6) making ideology.
Pett (1995), for lesbian identity formation only.	(1) separation of sexual roles; (2) comprehension of sexual orientation; reconstruction of sexual desire; and (4) reconstruction of self-identity.
Nicholas (1995)	(1) feeling different; (2) defining difference; (3) identity acknowledgment; (4) embracing identity; and (5) advocacy.
McCarn & Fassinger (1996)	(1) awareness; (2) exploration; (3) commitment; and (4) internalization or synthesis.

Morris (1997), for lesbian identity formation only.	(1) sexual identity formation (encompassing the development of a lesbian sexuality and awareness); (2) disclosure of sexuality to others; (3) sexual expression and behavior; and (4) lesbian awareness.
Nonn (1997)	(1) feeling different; (2) exploration of homoerotic sexuality; (3) identity affirmation; (4) homosexual orientation affirmation; (5) love and sex integration; and (6) social identity.
Rubio (1999)	(1) 'before self-definition' (awareness of being different and homoerotic attraction); (2) recognition and self-definition as a homosexual; (3) 'after self-definition' (acceptance of homosexual orientation and integration of homosexuality).
Elizur & Mintzer (2001)	(1) self-definition; (2) self-acceptance; and (3) disclosure.
Alderson (2003)	(1) before coming-out; (2) during coming-out; and (3) after coming-out.

Taken together, these theoretical models describe a process of identity formation that consists in becoming aware of one's unfolding sexual orientation, beginning to question whether one may be gay or lesbian, and becoming involved in sexual and social activities within their communities.

These models, in general, present a narrow perspective on the conceptualization of human sexuality, taking on a linear progression and neglecting to take into account the larger social global context, thus undermining the value of sexual identity itself (Eliason, 1996).

Also, it can be stated that gay and lesbian constructs of identity emerge based on differing circumstances and identity acceptance may not always follow predetermined stages. In fact, many of the developmental issues arise not from being gay or lesbian, per se, but from discovering how to assimilate being homosexual into one's life pattern (Peacock, 2000).

All of the models recognize that individuals may not progress through all of the stages in the suggested sequence underlying a negative implication that an individual who does not adopt an identity that would be described as fitting with the earlier stages of development is considered less gay or lesbian.

In search of a theoretical framework

The notion of personal identity refers to the unity, consistency and continuity of self-perceptions (Erikson, 1959). Most of the models explored come from an essentialist approach (Horowitz & Newcomb, 2001), and according to these theories sexual orientation establishes itself early in life and defines the true self, conditioning the development of sexual identity (Troiden, 1988/1989). In this sense, choosing not to accept one's homosexuality means a less legitimate outcome in the final process.

In fact, it is possible that a person chooses or rejects to express his/her homoerotic feelings (or even label him/herself as a homosexual) because of societal oppressive and heterosexist attitudes (De Monteflores & Schultz, 1978).

The social constructionist point of view argues that people actively construct their identities and perceptions based on their social context. Mary McIntosh (1968) was the first to use this theoretical framework stating that homosexuality should be faced as a social role to be performed and not treated as a condition.

Cox & Gallois (1996) in their theory of gay and lesbian social identity argue that the person interacts with his/her environment to construct his/her identity, i.e., adopts an operative role through social comparison and categorization processes. Social constructionism advocates that homosexual persons play an active role in the construction of their sexual identity through a continuous recurrent interaction between themselves and their social environment.

Therefore, learning to be a homosexual is, to a great extent, a matter of seeing yourself as such (Hart & Richardson, 1981) and logically, this apprenticeship occurs in a very specific social historical context.

When compared to the essentialist point of view the social constructionists attribute a more active role to the individ-

ual in the process of developing his/her sexual identity. According to this perspective, which we corroborate, the individual will have more options and won't depend only on certain biological influences or oppressive environments.

The proposed model

Our proposed model tries to present an alternative approach to the conceptualization of homosexual identity that is not linear, and that take into account other important dimensions of the construct of sexual identity, such as the biological sex, the gender identity, sexual social roles and sexual orientation.

Also, it gives much attention to the influence of larger social global context, namely the quality of significant experiences, such as social support or homophobia.

Finally, it acknowledges the fact that several pathways are possible for the development of an integrated sense of identity, and that these possibilities are, again, closely intertwined with influences

This new model attempts to present several dimensions in relation to the formation of a homosexual identity and departs from the Shively and DeCecco's (1977/1993) models of sexual identity, which assumes that our sense of sexual selves derives from the integration of four components: biological sex, gender identity, social sexual roles, and sexual orientation.

Stage 1 – biological sex and gender identity conformity

Firstly, the person will make an effort to integrate his or her gender identity while at the same time consolidates it with his/her biologically determined sex. Here, both biological and psychosocial determinants play a significant role, because gender identity constitutes the conviction of an individual as being a man or a woman. Also here it is essential to avoid eventual confusion with gender identity disorders.

Stage 2 – Compatibility in understanding social roles

Subsequently, the person is confronted with a set of homoerotic feelings (fantasies, desires or behaviors) and contradictory heterosexual models which will lead to disengagement in two possible directions:

(1) understanding of the compatibility of sexual social roles (understanding of the binary feminine/masculine beyond the heterosexual model);

(2) not understanding the binary and therefore develop certain concerns regarding social roles, namely, what characteristics represent the masculine and/or feminine sphere.

Stage 3 – Recognition of being different

Whether there's compatibility or not the next step will be the emergence of feelings of recognition of being different in relation to others, and feelings of being an outsider leading up to eventual emotional isolation.

Consequently, the continuing path to identity formation will depend on the existence of higher or lower levels of internalized homophobia, as well as on the influence of significant factors, such as: the support of family and friends, the frequency and quality of emotional and sexual relationships, the influence of societal discrimination and the degree of personal inner strength or resilience.

Stage 4 - Confusion

Pathways A and B

When a person is confronted with feelings of incompatibility in relation to his/her social sexual roles and at the same time possesses high levels of internalized homophobia he or she may respond with confusion. These feelings may translate into the following: denial and avoidance of homoerotic feelings, guilt, shame, fear, or an effort is made to embrace a heterosexual identity.

Pathways C and D

Because the person is confronted with feeling of compatibility in relation to his/her social sexual roles and at the same time is more likely to have lower levels of internalized homophobia, chances are that no confusion takes place

Stage 5 – Identity tolerance

Pathway A

With appropriate social support networks and/or counseling, established confusion may diminish and give rise to identity tolerance in individuals who had difficulties in understanding the compatibility of social sexual roles. It is conceivable that individuals with higher levels of internalized homophobia recognize and accept that they are different.

Pathway B

Because of the influence of positive experiences, individuals who had difficulties in understanding the compatibility of social sexual roles may present lower levels of internalized homophobia thus presenting better tolerance of identity.

Pathway C

It is also possible to construct a path where a person doesn't see any incompatibility in understanding social sexual roles but will directly recognize feelings of being different and with lower levels of internalized homophobia will experience identity tolerance.

Pathway D

In another possible scenario, through the recognition of being different without any confusion a person may undergo a process of self-acceptance and thus skip the stage of identity tolerance.

In circumstances A, B and C, the following signs should be present: an individual will consider the 'option' of accepting his/her homoerotic feelings; will be able to negotiate his/her sexuality and begin a process of self-identification as gay or lesbian.

Stage 6 – Private acceptance

Except for individuals who are on pathway A (who do not reach this stage), depending on the quality of significant events the person will be able to: manage his or her internalized discriminatory feelings; consolidate his or her self-identification as gay or lesbian; explore sexually and emotionally within an organized gay and lesbian community, separate from his/her global sphere, namely, the heterosexual context; or opt to omit his/her homosexuality and only disclose it to a few carefully selected friends and relatives.

Stage 7 – Private and extended acceptance

At a more final stage, except for those individuals who are on pathway A (who do not reach this stage) the individual will be able to accept privately and outwardly his or her identity and will be able to integrate his or her homosexuality as a lifestyle; he or she will reflect upon love and sexual choices in a relational context; will have low levels of internalized homophobia and high levels of self-esteem; homosexuality itself becomes less relevant and is viewed as only one more aspect of the global self; there will be no omissions of the homosexual identity. Not to exclude the possibility of a person simply being able to accept the recognition of being different and to immediately project this reality, inwardly as well as outwardly. This of course, will depend on the nature of significant events.

It is also possible for a person to, departing from recognizing his being different, and depending on the nature of significant events, to immediately accept his or her identity on a private sphere, and, eventually, also externally (pathway D).

For each of the above mentioned steps there are several factors that need to be taken into consideration in order to properly examine the possible outcomes: levels of internalized homophobia, family and friend’s support, self-esteem, sexual and emotional relationships, discriminatory events, health concerns and filiations to organizations or religious entities.

This proposed model can be better understood on table 2.

Table 2
Model of Homosexual Identity

Stage	Pathway A	Pathway B	Pathway C	Pathway D
Stage 1 – biological sex and gender identity conformity	↓ Biological Sex ↓	↓ Biological Sex ↓	↓ Biological Sex	↓ Biological Sex
	Gender	Gender	↓ Gender Identity	↓ Gender Identity
	Identity	Identity	↓	↓
	↓	↓		
<i>Homoerotic feelings / confront with heterosexual model</i>				
Stage 2 – Compatibility in understanding social roles	Incompatibility in understanding social sexual roles	Incompatibility in understanding social sexual roles	Compatibility in understanding social sexual roles	Compatibility in understanding social sexual roles
	↓	↓	↓	↓
Stage 3 – Recognition of being different	Recognition of being different	Recognition of being different	Recognition of being different	Recognition of being different
	↓	↓	↓	↓
<i>Homophobic events / higher or lower levels of internalized homophobia (IH)</i>				
Stage 4 – Confusion	Confusion	Confusion	No confusion	No confusion
	↓	↓	↓	↓
<i>Significant events: family and friend’s support, relationships, discrimination, strength of self, health concerns</i>				
Stage 5 – Identity tolerance	Identity tolerance with high levels of IH	Identity tolerance with low levels of IH	Identity tolerance with low levels of IH	No identity tolerance
		↓	↓	↓

<i>Significant events: family and friend's support, relationships, discrimination, strength of self, health concerns</i>				
Stage 6 – Private acceptance	No acceptance	Private acceptance of Identity ↓	Private acceptance of Identity ↓	Private acceptance of Identity ↓
<i>Significant events: family and friend's support, relationships, discrimination, strength of self, health concerns</i>				
Stage 7 – Private and extended acceptance	No acceptance	Private and extended acceptance of Identity	Private and extended acceptance of Identity	Private and extended acceptance of Identity

Conclusion

We have presented a model of homosexual identity formation that represents an advantage in understanding this process, since it gives special attention to its complexity and variance. It argues that not a single outcome is available for all individuals, rather states that different outcomes are possible, depending on the influence and quality of significant experiences that take place in the social context. In this sense, it assumes its social constructionist position in the field of homosexual identity theorization. Also, it represents a broader approach to the understanding of this process because the model derives from the conceptualization of multidimensional components, such as the biological sex, gender identity, the social sexual roles, and sexual orientation.

Apart from this rupture of linearity, the presented model gives great consideration to the influence of significant events that can be determinant in developing an integrated sense of identity as being gay or lesbian, namely, social support (family and friends), internalized and/or institutionalized homophobia, health concerns leading to stigmatization around AIDS and other sexually transmitted diseases, self-esteem or resilience.

Such a dynamic interpretation of the process of homosexual identity formation can also be very useful in the clinical practice, whether counseling or psychotherapy, because it gives the mental health professional a tool to assess and orientate his or her practice, also because better mental health functioning is associated with higher levels of identity acceptance and lower level of internalized homophobia.

While being fit for both genders, this model should recognize that gender, as a social construction, influences the process of identity formation. This means that the categories available for this construction, regarding what is being a man or a woman, masculine or feminine, gay or lesbian, can create socially rigid stereotypes that emphasize the fact that Identity in general is the social construction we make as we interpret reality. That is, according to the presented model, when a person is identifying him/herself as gay or lesbian, is also labeling him/herself as male/female, man/woman, masculine/feminine, and non-heterosexual. The process of labeling can be understood as process identity attribution, and is the result of the integration of the above mentioned components.

Let us not give rise to a certain identity fundamentalism, as we can see from the common intolerance towards sexual diversity. This is to say that other identity categories, such as bisexuality, should also be addressed. Nonetheless, it is not yet clear whether the construct of bisexuality should be addressed as an independent identity category (Cass, 1990; Fox, 1995) or simply a strategy of transition towards a gay or lesbian identity (Stokes *et al.*, 1997). As we recognize bisexuality as a valid identity category we argue that it should be understood as separate phenomenon, and therefore, our model does not apply to it. Therefore, we support the need for reformulation of the criteria of classification of bisexuality, probably based on independent dimensions, and not belonging to a bipolar continuum where bisexuality fits in the middle.

Although it is fundamental to theorize the plan of identity formation in a certain social context, the next step should be to evaluate this model empirically. Having identified stages and pathways, it is our intention to survey individuals who identify themselves as gay or lesbian, or who are in the process of doing so. Through structural equation modeling, it is our objective to fundament this theory with the collected data.

The constructionist vision in which our model is embedded, invites the recognition of different possibilities of homosexual identity affirmation in a complex world. There is not a clear boundary definition of homosexual identity, and

this ambiguity reflects the nature of the process that is more psychosocial than biological. This model should also be considered as a means to act around social change. It's not enough that a society tolerates or protects sexual diversity, but is also essential that it instills mechanisms of positive integration at all levels: personal, social, ideological, political and scientific.

In fact, when society allows homosexuality as a category to disappear as a criterion for the classification of individuals, the construct of homosexual identity should be ready to be deconstructed.

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Immaculate Re-Conceptions: The Ghostly Doubling of a Queer Childhood

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Abstract

Across cultures, an aura of innocence is often attributed to the notion of childhood; an aura that adults may feel compelled to protect. The adult experience of reality is frequently perceived as a realm of harsh truths that finds sharp contrast in expressions of nostalgia for that mystified golden age of carefree play where imagination made us wild and free. But did we ever really inhabit that golden age? Was I ever a child uninhibited by restraints such as sexual shame? How far back in time must I travel in my search for an uncompromised queer self?

In this paper, I draw from scholarly discussions about proto-gay children and the ghosting strategies they adopt to contest traditional notions of proper development. I also rely on queer theories of temporality to gain greater insight into the spectral experience of queer children who willfully deviate from a linear time continuum punctuated by chrononormative rites and rituals.

Via autobiographical means, my paper seeks to confound the aura of innocence that pervades the child-symbol by theorizing the sensual fantasies and spectacular performances of a small boy empowered by a bold self-awareness of otherness; the formative recognition that his/my sexual difference could potentiate paranormal acts of creative defiance.

Keywords: queer theory, childhood, chrononormative time, ghosts, autobiography.

Topic: LGBT Communities.

Immaculate Re-Conceptions: The Ghostly Doubling of a Queer Childhood

The following paper explores the taboo coupling of two terms, queer childhood, and this coupling's symbolic value as a construct that radiates new means for queer theoretical discourse, disrupting the authority of teleological norms via the construct's association with what I will call the spectral spectacular, thus exhuming the child's radical potential as an agent of paranormal activities. Drawing inspiration from C.G. Jung (1961) and, in particular, this author's autobiographical recollection of a childhood talisman, carved from a ruler, called *Atmavictu*, I suggest that the paranormal activities typical of the queer child, parallel to that which Jung identifies as the rites of the "oppressed child" (p. 21), constitute vital acts of creative defiance that confound the temporal constraints implicit to both homonormative and heteronormative order. The common impulse towards normative ordering, as I will show, condemns the child-symbol to the metaphorical realm of death: a passing one may accept, as a fact of life, or even call for, sententiously, as a strategy for achieving queer liberation.

That the child that must die, allegorically, in order for the adult to emerge is a narrative cliché that persists, I claim, in the chrononormative paradigms which inform both developmental theory and queer liberationist thought. Considering Freud's discussion (1966) of the exuberant megalomania and erotic fixation that underscores the childhood daydreams of pathogenic neurosis, I challenge the identification of the child's defiant resistance to "modesty and restraint" as symptomatic of a "backward" introversion into the ideal that leads, almost certainly, if left unchecked, to the subject's neurotic suffering in later years (p. 460-65). The ideal satisfaction sought by the queer child, or Jungian

oppressed child, is not, I contend, a link in a chain that must be broken in order to save the child from backwardness. I theorize, instead, that the erotic surplus attributed to the unreasonable fantasies of the queer child may in fact constitute an important instance of empowering variance; where unruly behavior and unrestrained exuberance find sustainable form as a life-long supply of life-force, in Jungian terms; where the paranormal dimension of childhood fantasy engenders the possibility for spectacular acts of spectral subversion, in creative opposition to normative order and experiences of oppression.

In my elected method for evoking the image of the queer child as an agent of paranormal subversion, I note that I am, as a writer, playing out the provocative strategy of childish counter-hegemonic insurrection that I, as a theorist, attribute to the object of my study: the object, here, being my own spectral reminiscences. This unorthodox methodology can be best understood as an experiment in erotohistoriography, to credit the work of Elizabeth Freeman (2010), in the sense that I treat the authority of the present and the subjectivity of past reminiscences as a hybrid encounter occasioned by “the body as a tool to effect, figure, or perform that encounter. Erotohistoriography admits that contact with historical material can be precipitated by particular bodily dispositions, and that these connections may elicit bodily responses, even pleasurable ones, that are themselves a form of understanding. It sees the body as a method, and historical consciousness as something intimately involved with corporeal sensations” (p. 95-96).

Using my body as a medium, can I again encounter the queer child supposedly buried within me through the act of writing, or is the vitality of this slippage prohibited by the normative structures and rules of language? Can a new queer consciousness permeate the entangled matrix of my mother tongues and create new meaning? To do so, I summon the figure of the ghostly child haunting three moments representing my personal trajectory as a queer thinker. I envision my queer essence as a ghostly embodiment, the spectacular specter of a childish fantasy running parallel to history without ever touching her.

Filling in the _____

Though the majority of my academic work is in the area of Cultural Studies, I still enjoy teaching Italian at all levels of language proficiency. At the outset of an introductory course, I assure my Italian students that, yes, indeed, the hard work involved in learning a foreign language has numerous practical applications but, parallel to these, a cultivated sensibility to the peculiarities of the target language may also engender occasions for meaningful theoretical reflection and discovery. To use the language of metaphor, one might say that the acquisition of knowledge that makes it possible to fill in the blank also necessitates, in my pedagogical approach to foreign language learning, the student’s experience of the blank itself, as a springboard for discovering new ways of seeing, hearing, tasting, touching, reading, writing, loving, hating, thinking and feeling the world.

Starting *Day 1*, I ask my Italian students to give due consideration to the proposition implicit to my philosophy of language learning. To what extent, I ask them, can a foreign language help us to relativize the cardinal concepts that guide our understanding of the world? To what extent are these cardinal concepts, such as objectivity, subjectivity, space, time, male or female, relative to the linguistic structures and cultures with which we are most intimately familiar? In accepting the possibility of cultural relativity and its relation to the relative authority of any ordering system, I forewarn my students that, in the context of my classroom, the act of learning a foreign language will likely involve a process of self-othering; a crossing over, via a metaphoric void or blank, from one set of rules and structures—the reassuring embrace of one’s mother tongue(s)—into an unfamiliar realm ruled by other systems, crowded with other histories, other paths to understanding.

In the dominant rationale that characterizes most Italian language textbooks, the gender of nouns and adjectival agreement usually count among the first lessons students encounter. From *Day 2*, my students have presumably prepared for class by studying the neatly diagrammed paradigms of Italian gender assigned to them as homework. The more diligent students have sought to master the rules presented to them in their book, filled in blanks, as per instructions, with the letters a, e, i, and o. From the students’ perspective, they’ve “clozed” the loop of learning about Italian nouns and adjectives through a series of reinforcement exercises which, additionally, they’ve been asked to self-check against an on-line answer key. Now, as my students file into my classroom for the second time, I guess from the expressions on their faces that they’re preparing for me to drill them, as my teachers used to do, that is: to solidify their mastery of grammar rules through further repetition, correction, and affirmation.

As a queer thinker, I consciously frustrate the students’ desire for me to perform the role of drill sergeant and enforcer of Italian gender rules and, instead, opt to deviate from the classic language-teaching protocol by further problematizing student expectations about what it means to be a student of Italian and what it means to be a professor of Italian language, literature, and culture. This act of deviance is not performed recklessly, though I realize that the strategy

I choose is a risky one because students tend to resist the idea that before grasping a language through its rules you have to behold it as a dynamic cultural phenomenon of, sometimes, unsettling polyvalence. Assuming this risk, I begin my lesson by engaging my class with the possibility that a native speaker of Italian may, theoretically, gender his sensory perceptions differently, due, to some degree, to the same grammar rules to which my students have been formally introduced by the textbook and which they are, dutifully, striving to appropriate and master. Speaking in Italian, I invite my students to put away their textbooks and smart phones and to rearrange their chairs in a semi-circle while I project, for them, a single color photograph on an immaculately white drop-down screen. <-> "What do you see?" I ask, pointing with my index finger from my eyes to the screen. <-> "The sea." <-> "A child and the sea," adds another student. <-> "And a cat." <-> "Can you describe the cat, the child, and the sea?" I ask. <-> "A black cat, a white boy, the blue sea," says an Icelandic student with turquoise-tinted glasses. <-> "The Mediterranean," says a young Croatian with a football tucked under his chair. <-> "Actually," I say, directing my arms to a giant map of Europe in the far corner of the classroom, "this photograph happens to have been taken on the *Adriatic Sea*." <-> Silence. "And why," I ask, "might the sea be gender masculine in Italian while water is gender feminine?" <-> Silence. <-> "As some of you already know, in French, the sea is feminine. So, if you think about this image of the blue sea as an Italian masculine noun, one could wonder, 'would an Italian child's experience of *il mare Adriatico* be any different from a French child's experience of facing a feminine *mer Méditerranée*?'"

My students respond to my eccentric provocations with blank stares, while a few, including the young Croatian goalkeeper, dart rapid glances at the digital clock hanging on the wall somewhere over my head. <-> I stare back at my students and allow the silence to fill the classroom. <-> "*Il silenzio*," I write in big blue marker, "è una parola profonda quanto il mare." Suddenly, a student from California raises her hand, her posture becoming visibly more erect. One of her electric-orange beach slippers is dangling perilously in mid air from her big toe. The student politely asks permission to use English, her mother tongue, "Excuse me, professor, I would just really like to know, are we going to be tested on this stuff because I'm, like, really, really confused." <-> Silently, I think to myself how the unfilled blank is rarely positively perceived as an exciting, enigmatic encounter of artful suspense. My Socratic soliloquy appears irrelevant, or so it would seem, and my rhetorical questions are, as I read plainly from my students' expressions, simply annoying.

I turn my attention from my Californian student's glaring orange slipper to check the time and then, quietly, begin erasing the whiteboard. Once the board is fully clean, I state, in reassuringly plain English, that there are no tests or quizzes scheduled for several weeks. At this point, nobody seems to be listening anymore. My class has, objectively speaking, dismissed itself. Before I turn out the lights and lock the classroom door behind me I smile at an afterthought that shadows me for the rest of the afternoon. <-> No, not one of my students had said anything about the boy on the beach being nude. <-> And, no, nobody had seemingly noticed that the naked boy in the questionable company of a black cat was me.

Ghosts in the Attic

After many false starts and winding detours, by spring 2005 I had only the final chapter left to finish on my Ph.D. dissertation. The long-awaited conclusion of my lonely thesis-writing years was, at long last, close at hand, but, as I often asked myself back then, what was the point of crossing finishing line? <-> During the previous winter, I had converted my partner's attic in Southern Switzerland into a makeshift workshop and, instead of going anywhere near my laptop, I occupied the majority of my days and nights painting with a kind of frenzied productivity that I had never experienced in my academic endeavors. Over the months that passed, the attic had filled to capacity with my large mixed-media creations. The question that my new Swiss friends insistently wanted me to answer was: "Isn't it about time you and your paintings finally come down from the attic?" <-> In a way, my friendly inquisitors were on to something because, fundamentally, for me, everything had become "about time" in Spring 2005. Time was running out. Time was caving in. Time was ticking. Time was sticking. It was about time, I resolved, to make my first appointment to see a psychoanalyst.

The justification I initially presented for seeking professional help was that I felt confused about the direction my life seemed to be going, or didn't seem to be going. "I'm at a crossroads, with my doctorate hanging somewhere over my head, while my need to paint summons me urgently in other directions. Also, my precious paintings just won't sell. Or, rather, I should say, I just won't sell my precious paintings." <-> "Why not?" asked my analyst. <-> "I don't really know. I've been thinking lately that it's a form of queer narcissism." <-> "So you a doctoral student, a painter, and also a psychoanalyst." exclaimed my psychoanalyst. <-> "I guess," I countered, a little surprised at being teased, "that megalomania is pretty symptomatic of my disorder, right?" <-> Silence. <-> "If you were to see my paintings,

it would be a lot easier for me to explain.” <-> “Would you be willing to show me your work?” was the next question. <-> “Unlikely,” I replied, “I really enjoy keeping my work in the attic and having that secret space feels important. What I can tell you is that there are rituals of resistance involved in this creative process that feel very bound up with both my queer identity and my changing relationship to time. <-> “Changing *how*?” I was asked. <-> “As I grow older, I feel increasingly that I’m expected to, you know, make something of myself, do something with my life. I strive to resist that feeling. It feels confining and familiar.” <-> “Like an attic?” <-> “No, not at all like an attic; like a closet. To me, closets are familiar spaces of confinement. Attics are magical, haunted, otherworldly places. And, when I work in the attic, I feel otherworldly too. This rush is what drives me to paint, if you can even call what I do painting.” <-> “What do you mean by that?” <-> “I mean that my work is painted but I can’t truly describe the process or outcome as painting, exactly. I’m really just amassing colorful debris, cement, plaster, and glue onto slabs of splintery wood; which I then seal with glossy reflective polish. Oh, and there is always a buried text somewhere underneath all the rubble.”

“Would you say there is a theme running through these texts?” <-> “I can’t really say. But in a certain sense, yes, there is a commonality because the texts sealed inside my paintings always end with a question mark. There is always an opening that punctuates the possibility of a new ghostly encounter.” <-> “What kinds of ghostly encounters do you imagine arising from the space you create in your paintings?” <-> “Sensual encounters, I would say, fluid exchanges that slip between the cracks of time, like between one language and another.” <-> *Silenzio*. <-> “I imagine the question marks oozing between here and there, past, present, and future: overflowing backward and forward, inward and outward, up and down, zooming in while spiraling away. The ghostly experience of time coils around me, queerly, lovingly, like a birthday bow, like the tall tale of a proud cat, like the warm waves of the Italian Adriatic, like the seconds hand on your shiny, black clock.”

Queer Time

Queer time can be conceptualized as paranormal time in the sense that, as a portal of temporal confluence, capable of channeling future, past, and present, it haunts the dominant constructs of chrononormativity that impose themselves as boundaries between then and now; troubling the codified notions of regularity and progress ascribed to these sites through bodily acts of paranormal transgression. Chrononormativity in the Christian tradition, for example, casts the distant past as a realm of the immaculately pure and authentically whole; while the present, tainted by the legacy of original sin, is imagined as the site of the impure. In Christian chrononormative time, the future is perceived as contingent on human capacity to either repent and be saved, or be eternally damned, pending a divine final judgment. Christian chrononormativity, therefore, recognizes human agency in the form of free will, but expects a linear progression that is tested by temptations; guided along its forward-directed route by rituals that shepherd the individual on his or her spiritual path from birth to death. These rituals (such as the Catholic sacraments of baptism or communion, marriage or unction) may be experienced, by believers, as reassuring blessings infused with divine love, but, at the risk of stating the obvious, the queer experience of these rituals is necessarily complicated by the fact that unrepentant queers may feel they are, effectively, condemned to damnation by virtue of their choice to digress from the one true path; their sensual indulgence in inversion shadows their development as a forbidden form/direction of knowing. The backwardness of the inverted is not just a sin against God’s law, it is an insurrection against the chrononormative structure from which this law gleams its natural authority and legitimacy.

Speaking for myself, the idea of divine love is not without appeal—even sensual appeal—nor has it ever been. In my recollection of being a queer child, however, I recall when it became clear to me that I stood outside the lines of normal development in the Italian Catholic context in which I was raised. I knew, at age 7, for instance, that I would have to tell lies in the confessional to get the priest to grant me my first communion. I recall how uneasy the prospect of this moral duplicity made me feel. Still, I was obstinate in my desire for communion: a desire that I, childish and boldly, took to be synonymous with my right to have it. Like the irrational wanting typical of children, I just didn’t see why a priest should have stood in the way of me getting what I wanted and thought I deserved. So, in what I interpret as an essentially queer act, I decided to create my own rites: to bypass the sacraments and make myself available to God’s love through an encounter, mediated by nobody or nothing except me and my own corporeal experience. This idea occurred to me quite spontaneously as the only ethical alternative for an unrepentant sinner such as myself. I didn’t like the way of confession. But I did like this new idea of transcending duplicity by cutting out the middleman. I just knew God would fall in love with me as soon as we had the occasion to meet in person. All I had to do was create an opening to occasion this supernatural event.

It was summertime on the Adriatic. And all I did was this: stand naked facing the sea. <-> I just stood there, as far

from my family and other people as I could, crossing my eyes slightly to make my vision blurry. <-> Then, in a more concentrated effort that involved a blurring of my whole body, I raised my gaze to the sky and stared directly at the sun, imagining that beams of sunlight were now shooting from the sun directly into my 7-year-old body; embracing that body so tightly that it bled out into the sea from my lips, my fingertips, my knees, my toes. But, as I stood there bleeding, I didn't imagine suffering in any way. Instead, I imagined the warm blur of what I perceived as salvation, pouring out of me and streaming out from me back to God. This communion felt good and loving, even sexy. Ultimately, I returned to my parents' beach umbrella with a great secret I have never shared until today. I felt immensely satisfied that I had stood before God, naked, without having to lie or compromise myself in any way. I felt that I had connected to God and that his light was now connected to me, in me, not despite the fact that I was queer but precisely because I was queer: exceptionally queer, magically queer, spectacularly and extra-sensually queer.

Part of the magic which I, at 7, believed I was capable, subsequent to my climactic encounter on the Adriatic, was that, I could now navigate through time barriers the way that ghosts are said to move through physical matter. To embark on this navigation, all I had to do was blur the contours of the visible and cross into a blank space, filling it with light, summoning my right to communion. This queer conviction, and my identity as a paranormal actor/agitator, lingered with me for a while. Later, I would forget all about it and then it would come back to me again, and then again. And so it has been always, throughout my lifetime. To me, the most amusing aspect of this childhood fantasy is that I invented a title for myself: as if temporal transgression and queer extra-sensual perception were also linked, in my 7-year-old intellect, to the idea of a professional calling. And the profession with which I identified was that of professor; something I ran around the school playground proudly proclaiming to my schoolmates and teachers, "I am the professor! *Sono il professore!*" <-> Now decades later, I really am a professor. What do I profess exactly? A faith in a different kind of communion is "what," I suppose, though "how" I maintain connected to my profession of faith changes constantly over time, through time, parallel to time: about time.

Blurred not Shaken

It might be said that queer thinkers have become so accustomed to expressing the voice of dissent that consensus on anything at all would seem almost anachronistic in queer theory. If any collective queer identity is hypothesized in queer discourse, the terms of solidarity seem to be predicated on the value of divergence as much as (if not more than) on the principle of rallying together under a celebratory banner of diversity or inclusion. This modality of queer contestation seems to preclude, in the present, the articulation of a common political platform or clear ideological directives. The commonality of dissent that seems to characterize the discourse of contemporary queer thought may be part of the reason why some theorists, such as José Esteban Muñoz (2009), project the full realization of queerness far from the past and present, and onto the utopian horizon of an ideal futurity that we can glimpse, today, but which we cannot yet claim to possess: "Queerness is not yet here. Queerness is an ideality. Put another way, we are not yet queer. We may never touch this queerness, but we can feel it as the warm illumination of a horizon imbued with potentiality. . . . Queerness is essentially about the rejection of the here and now and an insistence on potentiality or concrete possibility for another world" (p. 1).

In accordance with Muñoz's rejection of the here and now, there are also those queer thinkers who categorically refute the symbolic potential of the child as a herald of future illumination or messenger of otherworldliness. In gazing at the horizon of queer utopia, the child-symbol is denied his or her place in queer theoretical space because of his/her unsettling foreignness. The child's exclusion is rationalized in several ways: s/he is too innocent, or too taboo, a symbol tainted by its association with mainstream anxieties about the predatory nature of homosexual sexuality and with bourgeois institutions, like the Church, that pledge to safeguard children from queer corruption. The child's peculiar performances of otherness seem most often to be eclipsed, in queer theory, by his/her value as an unwitting emblem of normative repression. Exposing the consequence of this iconic burden, Lee Edelman (2004) regards the concept of futurity linked to the child-symbol as a cultural heritage that, in Edelman's words, "must die" in order for queer cultures to emerge freely: "Fuck the social order and the Child in whose name we're collectively terrorized, fuck Annie, fuck the waif from *Les Mis*; fuck the poor innocent kid on the Net; fuck Laws both with capital ls and with small; fuck the whole network of Symbolic relations and the future that serves as its prop" (p. 29). Edelman's position may appear extreme but, perhaps, if we pause to consider the contemporary mass media spin on and around gay marriage, adoption, and reproduction and, more specifically, the queer family's recent rebranding as the new normal, our present historical context may help to explain why the network of symbolic relations surrounding the child may give rise to radical queer antagonism on a symbolic plane. If the child is seen as the site of symbolic collusion with a normative system linked to heterosexist oppression, it follows that gay marriage and gay families also serve

to impede the articulation of any truly queer counter-hegemony. Edelman's symbolic exclusions, of course, may also engender real consequences on the evolving concept of queer community. For real-life queer parents or real-life queer children, the child-symbol's death sentencing as a complicit member of the symbolic order that opposes queer liberation may echo the all-too-familiar voice of heteronormative intolerance.

Initially, this tone of radical exclusivity also presents itself in the work of Judith Halberstam (2005). In Halberstam's reworking of the concept of failure, she illustrates how common notions of success and biological succession are culturally interwoven, creating a knot that her work seeks to unbind: "Queer Time," in contrast to chrononormative time, "is a term for those specific models of temporality that emerge within postmodernism once one leaves the temporal frames of bourgeois reproduction and family, longevity, risk/safety, and inheritance" (p. 6). The concepts of reproduction and inheritance mentioned by Halberstam thus become identified, again, as counterpoints that function, again via exclusion, to isolate queer futurity from contamination by the child-symbol. Bourgeois breeders, too, are barred from enacting or embodying queer time because, as genitors of traditional linear succession, they summon up the oppressive presence of chrononormative authority. The essentializing straight line that underscores the notion of family thus appears theoretically incompatible with the kind of LGBT liberation that queer cultural discourse posits as its radical point of departure.

That said, Halberstam's ensuing discussion also raises an important question. Isn't the radical queer banishment of children into the realm of bourgeois dominion rooted in a failure to recognize and value difference? Acknowledging the potential for deviance implicit to the child-symbol, Halberstam subsequently focuses on the inherently radical fantasy life of children as evidenced in made-for-kids pop culture products such as animated film. In "Pixarvolt films," for example, she writes, "children are not coupled, they are not romantic, they do not have a religious morality, they are not afraid of death or failure, they are collective creatures, they are in a constant state of rebellion against their parents, and they are not the masters of their domain" (p. 47). Looked at from this angle, children can be re-conceptualized as queer agents in a perpetual state of moral renegotiation and revolt against established authority. In analyzing the fantasy life of children, now purged of the cliché aura of innocence that makes them at once vulnerable and dangerous, the child-symbol is purged of the cliché aura of innocence that, paradoxically, makes them both vulnerable and dangerous. What emerges, instead, is a spectacular specter of queer deviance; a blank space resonating with radical, counter-hegemonic potentiality.

Kathryn Bond Stockton (2009) further expands on the fundamentally queer nature of the child, which she also locates outside, and beside, the linear logic of bourgeois reproduction and conventional notions of family. Stockton traces the slippery sideways movements of all children and troubles the dominant cultural assumption that every child is straight until proven otherwise. Emerging from Stockton's work is the illuminating shadow of the queerness of all children; a ghostly presence that, she claims, remains curiously absent in historical or theoretical discourse. Further dismantling the cliché of the luminously pure child-symbol, Stockton's work introduces us to the spectral spectacular children that history fails to see but that we learn to recognize through fictional retellings. "Have such children largely eluded us?" asks Stockton: "... They are not a matter of historians' writing or of the general public's belief. The silences surrounding the queerness of children happen to be broken—loquaciously broken and broken almost only—by fictional forms" (p. 2). Adding to Stockton's theory, I contend that these children, children of illuminating shadow, become visible, not only in literature, but also through common experiences in which adults bear witness to children's unique capacity for making spectacles of themselves in grand scenes of conspiracy, staged uprisings, and daily acts of obstinate rebellion. In recognizing these figures as queer provocateurs I also recognize myself in them, zigzagging queerly across a past, present, and future horizon, fusing fact and fantasy, inhabiting and actualizing a blank space where conventional views of reality are blurred, where the audaciously queer will to embody paranormal fantasies will not be shaken by either hetero or homonormative strategies of exclusion. <-> I am the boy in the projection. <-> I am the painter of buried words. <-> I am the queer professor. <-> I am father to two queer children. As a queer father, I marvel at my children's seemingly limitless capacity for creative transgression. The act of spying, daily, on my children's wild behavior constitutes an important aspect of my research. This research, to conclude, theorizes queerness and childhood as ghostly doubles haunting the same normative temporal realm within which these figures have, thus far, been restrained and inhibited. My charge to queer theorists is to look to children, free of sentimentalism, and learn from their extravagant antics, free of prejudice, anxiety, or stigma. Let us study the enigma of their secret attic ateliers and allow ourselves to be inspired by a paranormality which, after all, may already be ours too: queer creatures who sing to the tune of thunderstorms, who giggle devilishly among fireflies, who lavish tender kisses on their dolls, who whisper solemn promises to invisible companions, who demand love and are charming enough to command it, who refuse to imagine according to the rules of grammar or play by the rules of time.

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LGBT Helpline – An Experience With Peer to Peer Support

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Abstract

In order to provide access to information and support for LGBT people living outside main cities the LGBT Helpline was established in 2011. The helpline actively listens, counsels and refers to institutions or organizations, in order to inform LGBT community in terms of health, law and rights, discrimination, leisure, specific services and resources. It functions from Wednesday to Sunday, from 8pm to 11pm with a landline (+351 21 887 39 22) and with Skype ([linhalgbt](https://www.skype.com/pt/linhalgbt)). Calls are answered by 23 peer volunteers (5 women/18 men) that were previously trained by ILGA Portugal staff. Monthly team meetings review call replies, clarify doubts and supports volunteers in their emotional needs. In 2012, 65 calls were registered which upraised 2011 numbers (35). The mean age was 41.6 years old. Considering gender identity, 10 were feminine, 43 masculine, 2 transsexuals, and 4 non-identified. Regarding sexual orientation, 24 were gay men, 3 lesbian women, 3 bisexual people, 2 gay/bisexual men, 1 heterosexual, and 20 non-identified. We recommend systematic evaluation of the service and improvement of data recollection for better focus in promoting the helpline. Specific helplines for the LGBT community have a complementary role of peer support in promoting healthy and positive LGBT live experiences.

Keywords: LGBT Community, Helpline, Counseling, Peer support, LGBT Mental Health

Conference Topic: LGBT Communities

The Portuguese LGBT (Lesbian, Gay, Bisexual and Transgender) community is mainly centered in Lisbon and Oporto – the biggest cities. In the remaining territory, LGBT people live in relative isolation, with little peer social contact and information. Recent legal achievements (on same sex marriage and transgender issues, for example) and greater LGBT social visibility stimulate public debate and personal questioning on these issues. It is, therefore, important to have a source of good and clear information about these debates, both within and outside the LGBT community without geographical constraints.

Portuguese helplines often include subjects such as healthcare access, sexual and reproductive health, HIV/Aids, drug abuse support, suicide prevention, domestic violence, amongst others. So far, LGBT Helpline, an ILGA Portugal Association service, is the only one targeting specifically LGBT issues. Telephone support is a mean of communication that seems to suit an increasing number of people (Bernadette & McLeod, 2000).. The minimal charge, the immediate accessibility, the anonymity and confidentiality, the exclusive nature of the interchange, and the respect and acceptance with which the caller is responded are all of great importance. The caller feels safe and in control of the interchange (duration of call, termination, etc.). Moreover the absence of criticism allows callers to speak freely about their concerns. These features seem to be fundamental to reduce people's resistance to seeking help (Christogiorgos et al., 2010).

When ILGA Portugal Association was founded in 1996, the helpline was one of its first services. It was first created as LAISH (*Helpline for support and information on homosexuality*), but it closed down a few years later due to the lack of resources. In 2011, it was reactivated and renamed *Linha LGBT* to be more inclusive.

72 - ILGA Portugal Association volunteer and Helpline supervisor

73 - ILGA Portugal Association volunteer

74 - ILGA Portugal Association volunteer and clinical psychology trainee

75 - ILGA Portugal Association volunteer and LINHA LGBT Coordinator

76 - ILGA Portugal Association staff and coordinator in community LGBT center

77 - ILGA Portugal Association volunteer

78 - ILGA Portugal Association volunteer

The helpline general goals' are to provide information about LGBT issues, support LGBT people living outside main cities and to empower the LGBT community to cope with specific LGBT life experiences. To this purpose, LGBT Line is advertised mainly through social networks and local media, as well as in the events organized by ILGA Portugal Association. Moreover, leaflets and cards with contacts of *Linha LGBT* are distributed by volunteers in strategic places, such as LGBT friendly venues and events.

The LGBT Helpline project aims' are:

- To inform LGBT people (or other) about relevant laws, discrimination, homophobia and transphobia, health and sexuality issues, leisure and specific general social services and resources;
- To provide peer to peer support for LGBT people regardless of geographical barriers;
- To promote positive values, life models and existing resources for the LGBT community, such as relationships, families and other issues.

The helpline works from Wednesday to Saturday, from 8 pm to 11 pm on a local landline number (+351 21 887 39 22), on a mobile line (+351 969 239 229) and on skype (linhalgbt) which includes an online chat. Calls are answered by 23 peer volunteers (5 women/18 men) working in pairs and previously trained by ILGA Portugal staff .

The volunteer training takes around 32 hours, provides information and increased awareness on sex and gender, homophobic and transphobic discriminations, coming-out processes, LGBT rights, violence and hate crimes, transgenderism and transsexualism, crisis intervention. Specific communication strategies and helpline procedures are also addressed and developed. Volunteers train nonjudgemental supportive listening skills, but not only. Research suggests that listening skills are necessary but probably not sufficient for a telephone counselor to be maximally helpful to callers and efficient in the support provided. For this reason, volunteer also learn techniques to actively explore a problem situation, structuring a help request, assessing the need for information and guidance, and providing relevant information and advice (Bobveski et al., 1997).

LGBT Helpline volunteers actively listen, counsel and refer users to institutions or organizations, which are not necessarily LGBT friendly. When general services or institutions are recommended the volunteers encourage users to feedback on their experience, in order to detect possible homophobic or transphobic discrimination. Users are encouraged to file official reports when facing discriminatory situations, violent crimes or other relevant situations. To guarantee the quality service and the personal development and well-being of volunteers, there are monthly team meetings where calls are reviewed and issues that may come up are handled. Partnerships and training with other organizations are developed to improve the service quality.

Methods

At the end of each call, volunteers register data such as age, gender, location and main call content on a Microsoft Excel spreadsheet. It is also encouraged that volunteers write freely, on a different document, about their own personal involvement and experience with the call.

We analyzed descriptive data using Microsoft Excel Software.

Linha LGBT received 158 calls from 2011 to 2013 (1st Semester). The majority of users are gay men living in an urban area and older than 30 years old. The mean age was 41.6 years old with a standard deviation of 15.5 [min 16; max 58]. Graphic 1 and graphic 2 show gender and sexual orientation of people calling to the LGBT Helpline. Men with a gay sexual orientation are the most frequent.

Results

The most frequent reasons users call *Linha LGBT* are related to psychological difficulties, health/sexuality and legislation. We also receive calls from victims of discrimination and hate crimes which are referred to other ILGA Portugal Association services such as the legal or the psychological support departments and the Discrimination Observatory, an Internet community based reporting system.

Graphic 3 shows an increasing number of calls from the restart in 2011 until the present moment. The origin of the call is one reported in Graphic 4.

The volunteer team and coordination team created and continuously develop a category classification for the requests received in calls (Graphic 5).

Discussion

Our study is pilot in reporting data and classifying requests for this particular LGBT community service. It has a limited sample of users, considering all the missing data from volunteers' reports. Nevertheless *Linha LGBT* is increasing its presence within the LGBT community and aims to increase the number of calls, and the diversity of users in relation to their gender, sexual orientation, age group, and place of origin of the calls.

The helpline is only available on limited days and times, and although calls are cheap, it is not a free call service. Skype is a free option but restricted to those with internet access. We cannot compare skype, telephone calls or interactive chat in their differences or impact in clients. Future research could identify advantages and disadvantages in each channel and compare their effectiveness. The availability of the service will be extended for other days and longer periods to reach more LGBT people.

In the future we hope to reach a significant sample of LGBT people that allows us to undertake more complex statistical operations that will enlighten our users characteristics and differences among their experiences.

The anonymity and confidentiality granted through online chat and telephone calls constitute clear advantages in giving support to social stigmatized groups (such as the LGBT community). However, because of this, we do not always have a clear picture of the users' demographical data, nor do we have a direct link into understanding how the service impacts people's decision making process, problem solving or emotional regulation. The focus on active listening and on the users' needs, also keeps us from being able to gather more data for organizational purposes as it would do in structured interviews. In future trainings and coordination meetings more attention should be focused on how volunteers gather and report data from users.

The higher visibility of gay men in the LGBT community and NGOs' experiences is also present in our users' sample. This may be due to community factors or to the fact that the volunteers are mainly gay men who can attract and better counsel their peers. Such gender effect in users and in our volunteers needs better attention. Future actions should promote the helpline in other channels and events that are focused in female and lesbian women, bisexual people communities as well as transgender and transsexual communities in order to overcome this issue.

When *Linha LGBT* is promoted on the national media, there is a steep increase on the level of calls, but we don't have the financial resources for advertising it regularly in the media. Despite missing data in the origin of the call we can confirm we are reaching our goal in expanding the Association and community reach by contributing to lessen the LGBT isolation in rural areas.

Future directions

We would like to perform a systematic evaluation of helpline services, volunteer counseling, and general quality and impact of the calls. Some suggestions from literature direct us to undertake interviews with counsellors to understand their personal development, their listening and empathic skills, the role of gender with different sex users; and to ask specific evaluation questions to clients at the end of each call during a fixed period.

Funding opportunities are shared with ILGA Portugal and promotion in local media at national level can raise the number of calls. We aim to reach more isolated localities, as well as the most marginalized and discriminated LGBT people. Target identification and empowerment of those people, through peer to peer support, can establish *Linha LGBT* as an important contribution for the quality of life and respect for Human Rights for LGBT people all over the country.

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LGBT trauma in turkey and psychological consequences of working/volunteering with LGBT trauma

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Around the world, LGBT populations are under the risk of having traumatic experiences. LGBT individuals could and do experience physical or sexual assaults, same-sex domestic violence, or bullying. Sometimes psychological/psychiatric/legal interventions could be traumatic instead of alleviating.

In Turkey, albeit being LGBT is not illegal or prohibited, being LGBT makes people vulnerable to exclusion, stigma, isolation, abuse or insult. LGBT organizations have a peculiar importance in this context. In Turkey, LGBT organizations in different geographical locations have different target groups with slightly different political perspectives. These organizations have wide variety of functions, such as creating public visibility, providing role models for young LGBTs, educating and supporting families, offering legal counseling, providing social, emotional and economical support and creating a peer group. Majority of these organizations are working on a volunteer basis. Unfortunately, not only hectic workload and diversity of duties but also continuously witnessing survivors and sometimes non-survivors of trauma could be exhausting for volunteers. Because of this reason, it is essential for LGBT organization members/volunteers to understand the concept of trauma, be familiar with the types of it and be informed about different ways of intervening and coping with it while supporting the traumatized member.

Keywords: LGBT organizations, traumatic experience, intervention, secondary trauma

Conference topic: LGBT Health and Mental Health

Primary Trauma in LGBT Populations

Even though some cultures might be 'tolerant' and accepting on the surface, deep down the hostility toward 'others' generally lies beneath there. In 2007 alone, Federal Bureau of Investigation reported 1,265 LGB-biased hate crimes, which is 6% higher than the previous years (FBI, 2011). However, on the federal level gender identity based bias-motivated attacks are not tracked (Marzullo & Libman, 2009). Latest results demonstrated that in 2011, United States law enforcement agencies documented 6,222 hate crime incidents involving 7,254 offenses. 20.8% of these single hate crime incidents were carried out against sexual orientations (FBI, 2011). Still today same sex sexual activity is illegal in many African, Asian, Indian Ocean states, and Caribbean Island countries. If it is legal, then still very few countries provide citizenship rights to LGBT people such as recognition of same same-sex relationship or marriage, adoption by same-sex couples, and open service in military. Furthermore, very few countries endorse anti-discrimination laws and laws concerning gender identity/expression (Wikipedia, 2013).

In Turkey, only in 2012, 11 hate murders were committed, six trans-person and five gay individuals killed in those murders (SPoD, 2013). According to report by SPoD, which is a national and non-governmental LGBT organization in Turkey, in 2012 only 10 physical attacks (six of 10 were committed by stabbing), three death threats, three cases of torture and maltreatment, one domestic violence case, one rape and one online attack against LGBT individuals appeared in media. Lambda Istanbul, which is an LGBT organization operating in Istanbul, surveyed 166 trans-women, and reported that participants reported notably higher percentages of physical violence. A total of 90% had been exposed to physical violence involving security forces (police, military, etc.) outside of police custody; 73% had been exposed to violence by strangers; 22% had been exposed to violence by siblings and 20% by their fathers. While 79% of the participants had been exposed to sexual violence by strangers, 71% had been subjected to sexual violence by security forces (police, military, etc.) outside of police custody (Lambda Istanbul, 2010).

There are other ways rather than violent acts of showing the heteronormative discontent with LGBT individuals. The results of the 2009 Special Eurobarometer survey revealed that nearly half of EU survey participants (47%) believe that there is widespread discrimination in their country based on sexual orientation. EU average of having LGBT friends and acquaintances and the EU average of comfort with an LGBT person holding the highest political office was 6.5 on a 10 point scale. However, those numbers could drop to 3 in Romania and 3.2 in Bulgaria, respectively (European Union: European Agency for Fundamental Rights, 2012).

Considering hate crimes, violent acts, lack of protective legislations toward LGBT people, unfortunately, even today being gay, lesbian, transgender could be a source of trauma. Shipherd, Maguen, Skidmore, and Abramovitz (2011) pointed out that transgender individuals suffers higher incidence of potentially traumatic events alongside higher symptom levels of depression and posttraumatic stress disorder (PTSD) in comparison to other traumatized populations. Several studies pointed out that being non-heterosexual related with wide variety of psychological problems, such as suicidal ideation and suicide attempts (D'Augelli, Pilkington & Hershberger, 2002; Eskin, Kaynak-Demir & Demir, 2005; Matthews, Hughes, Johnson, Razzano, & Cassidy, 2002), and anxiety (Sandfort, Bakker, Schellervis, & Vanwesenbeeck, 2006). In a study conducted by D'Augelli, Pilkington and Hershberger (2002), 9% of the LGB youth in a community sample reported to have posttraumatic stress disorder following physical harassment based on sexual orientation. Similarly, individuals who describe themselves as two-spirited in Native American community experienced higher anxiety and more posttraumatic stress symptoms, as well as they abuse alcohol to regulate their mood and anxiety (Balsam, Huang, Fieland, Simoni & Walters, 2004). Suicide is another psychological outcome of discrimination based on gender identity. Study conducted by Lambda Istanbul (2010) revealed 36% of the trans-women participants considered suicide as a reaction of other people's negative attitudes towards them or their feelings of hopelessness and desperation. Thirty-three percent of all participants - 84% of the participants who has suicidal ideas- attempted to kill themselves. However, according to the results of a worldwide study conducted by Weisman and colleagues (1999) the percentages of people in general population considering suicide varies between 10-18% and the actual suicide attempts varies between 3 to 5 % (Weisman et al, 1999 cited in Lambda Istanbul Association, 2010). Similarly, several studies have revealed that sexual/gender identity minority status is related with higher rates of suicidality (House, Van Horn, Coppeans, & Stepleman, 2011; Matthews, Hughes, Johnson, Razzano, & Cassidy, 2002; Paul et al., 2002; Remafedi, French, Story, Resnick, & Blum, 1998).

According to the findings of The Gay, Lesbian Straight Education Network (GLSEN) survey in 2003, LGB students experienced serious negative life events during their youth in comparison to their heterosexual peers. For example, while 33% of LGB students reported suicide attempts this number is 8% for the straight student. Furthermore, 84% of LGBTQ students were called names or had their safety threatened as a result of their sexual orientation or gender expression; also 64% of LGBTQ students feel unsafe at school. In the most recent month at the time of survey, 29% missed one or more days of school because they felt in danger. GLSEN survey also demonstrated that 25-40% of homeless youth might be identified as LGBTQ. These high percentages are the result of parents' or caregivers' rejection of their children. When they discover or are told of their child's sexual orientation or gender identity, some might push away their children from home.

Especially for young people, families serve as one the most important social support mechanism. However, for many LGBT youth, their families could be a tremendous source of stress. Perceiving high rejection from one's family increases the likelihood of suicide eight times in comparison to perceiving low rejection between the ages of 21 and 25. Furthermore, high rejection increases both the risk of substance abuse and HIV infections 3.5 times (Ryan, Huebner, Diaz, & Sanchez, 2009). When the typical behavioral patterns of families with high rejection rates are investigated, physical and verbal violence toward LGBT family members, isolation, preventing their access to LGBT friends and resources, blaming them for any incidence of discrimination, forcing them to be more feminine or masculine, and telling them that they will be punished by the God or by religion appear prominent. Typically, majority of the rejecting families tell their children that they are ashamed of them and pressure them to stay in the closet (Ryan, Huebner, Diaz, & Sanchez, 2009). In addition to these, in some cultures, like Turkey, families may pressure LGBT individuals to get married or to have heterosexual sex (Amnesty International, 2001). Forty-five percent of the interviewed trans-women reported experiencing pressure to get married now and in the past and 16.4% of the participants were forced to engage in sexual activities with a female sex worker (Lambda Istanbul, 2013).

Risk of Indirect Trauma in Volunteering with LGBT Trauma Survivors

As the section above summarizes, LGBT individuals in Turkey, just as in other countries around the world, are at risk for trauma and consequently in need of trauma-related services. LGBT organizations have a particular importance in this context. In Turkey, different LGBT organizations serve different target groups offering a number of services. These organizations have a wide variety of functions, such as political activism, creating public visibility, training professionals who come in contact with LGBT youth such as teachers, nurses or lawyers, providing role models for LGBT youth, educating and supporting families, offering legal counseling, providing social, emotional and economical support for LGBT individuals and their loved ones, creating a peer group and even arranging funeral services when an LGBT individual passes away. The majority of LGBT organizations in Turkey can only function with staff

working a volunteer basis due to lack of budget. Unfortunately, not only hectic workload and diversity of duties but also continuously witnessing survivors and sometimes non-survivors of trauma could be exhausting for volunteers. These effects are more pronounced in LGBT organizations as volunteers working there often are LGBT themselves and highly identify with the victims, leading to indirect victimization/trauma.

Psychological consequences of working with trauma may assume many names such as indirect traumatization, secondary traumatization, “vicarious traumatization” (McCann & Pearlman, 1990) or “compassion fatigue” (Figley, 1995), interchangeably for the most part. Indirect trauma can be described as a significant reaction related to bearing witness to the traumatic experiences of individuals the person comes into contact with and includes “profound changes in the core aspects of ... self”, which may negatively affect cognitive, emotional, spiritual, identity and memory systems in people who work with trauma such as firefighters or crisis volunteers (Pearlman & Saakvitne, 1995, p. 152). Compassion fatigue is described as “the cumulative effect of working with survivors of trauma, as part of routine work” (Osofsky, Putnam & Lederman, 2008, p. 91). Irrational irritability or pessimism; developing novel fears, such as about losing a loved one; feeling detached and desensitized; chronic and unexplained dejection; uninvited yet invasive ruminations about victims; trouble sleeping, usually as a result of nightmares; being socially disconnected from loved ones; experiencing changes in one’s spiritual or religious worldview; loss of interest in self-care activities such as eating or cleaning and increasingly suffering from physical problems are considered signs and symptoms of compassion fatigue (Osofsky, Putnam & Lederman, 2008). This paper uses the terms indirect trauma and compassion fatigue as referring to the same phenomenon and the use of terminology here will reflect their usage in literature.

Not all individuals working as helpers with trauma survivors develop indirect trauma or compassion fatigue symptoms, however. There are a number of contributing factors, which relate to the helper as well as the situation itself and/or the organization handling the help that determine whether a helper suffers from indirect trauma or compassion fatigue. According to Figley (1995), individuals whose self-esteem are dependent on how much they help others; holding idealistic yet unrealistic expectations about the nature of helping work; who tend to be self-disparaging and perfectionist; who equate showing of feelings to character weakness; and who have difficulty maintaining work-life balance and overextend as a result are at risk for suffering from compassion fatigue. International Society for Traumatic Stress Studies, (ISTSS, 2010) suggests the person is more likely to be indirectly traumatized when they are new to helping or volunteer work; when the coping mechanisms of the helper are compromised due to fatigue or case overload, or not suitable for helping or volunteers work in the first place; when the helper is personally dealing with stressful situations in their life; and when the helper is a survivor of trauma, specifically of a similar nature.

The latter is often is the case in LGBT organizations as LGBT individuals are more likely to volunteer in such organizations and encounter cases of trauma. As the above discussion outlines, being LGBT in the same culture implies being victims of trauma of a similar nature; what they encounter at their work with survivors may remind them of a traumatic experience of theirs or a loved one’s, or may lead to intrusive thoughts that the same incident could have easily happen to them due to their LGBT identity. This implies that LGBT volunteers working at LGBT organizations are likely to find their ability to help compromised and suffer indirect trauma.

The situation itself may further contribute to the likelihood of developing indirect trauma symptoms (ISTSS, 2010). The confidentiality inherent in working with trauma survivors deprives the helper of sharing the weight of containing the trauma story and usually leaves the helper alone to process the incident. It is also difficult to build a working alliance with the trauma survivor, as trauma usually indicates some form of a violation of trust, deeming the survivor less likely to engage in a relationship based on trust, on which helping or volunteering work relies. Furthermore, the organization responsible for helping work may also contribute to the helper’s experience. The helper is more likely to be indirectly traumatized or develop compassion fatigue when the helping job is too overwhelming for one person to undertake. Even though organizations should assume the responsibility of protecting its volunteers/helpers from indirect traumatization, some organizations do not always honor their duty to support their helpers and such lack of access to organizational support increase the likelihood of indirect traumatization.

ISTSS (2010) further discusses the organizational cost of indirect trauma observed in the helper. When suffering from indirect trauma symptoms, helper may become an ineffective member of the helping staff, compromising the ability of the workforce to serve trauma survivors who apply to the organization for help. The traumatized helper may also experience difficulty maintaining boundaries in the helping relationship. The helper may, for example, offer to help the survivor in a way that goes beyond the helping relationship, such as by offering the survivor a room in an apartment they share with other LGBT individuals or make a promise that is not possible to keep such as by guaranteeing their safety in a LGBT-friendly part of town. Such blurred boundaries are documented to be detrimental to the trauma survivors’ already violated boundaries (Herman, 1997). The helper may also make overall ill-judged decisions in other aspects of the helping work, such as by misplacing records or discussing confidential information in the presence

of service users, risking the psychological and physical safety the helping staff, service users and the organization. Such costs necessitate a system in place at organizations to ensure volunteer safety. In order for the indispensable volunteer support system to function at LGBT organizations, symptoms and risk factors for compassion fatigue and secondary trauma should be identified first, and then physical and psychological care strategies should be made available to volunteers. One measure is to provide volunteers with a guideline in order to help them determine whether they may be suffering from compassion fatigue. For this purpose, the Freudenberger Burnout Scale (1974) can be given as a checklist to volunteers to do a routine self-examination.

However, it is the authors' conviction that the diminished interest in self-care activities and a general pessimism inherent in compassion fatigue deem it difficult if not impractical for the burnt out helper to detect these signs in themselves. Therefore, a checklist regarding colleagues should be made available by organizations so that organization staff can check for signs of compassion fatigue or indirect trauma in each other. The colleagues can be attentive to their colleagues' work attendance, decision-making processes regarding work-related issues, motivation and productivity levels, quality of work, sign of conflict with colleagues and/or supervisors and adherence to organizational guidelines such as meeting deadlines, following a style of reporting, or observation of dress code. Generally, the turnout rate at the organization is a good measure of organizations' caretaking of volunteers (Osofsky, Putnam & Lederman, 2008).

Risk factors for indirect trauma and compassion fatigue are related to the qualities of the helpers as well as the organization, which necessitates recommendations for protection against indirect traumatization and compassion fatigue to be given to individuals and organizations separately.

Individuals volunteering at organizations providing help to LGBT individuals, especially if they possess the aforementioned qualities that make them vulnerable should take care of themselves physically and psychologically. In terms of physical care, they should ensure eating regular meals, especially during work hours, have regular physical activity, sleep regularly and call sick when they are genuinely physically weak to come into work. In terms of psychological care, they should be able to say 'no' to organizational requests that would indicate overextending; create no-phone, no-email, no-internet slots during the day; work at developing awareness into their mental cues, asking the questions 'How do I feel?', 'What am I thinking?', 'What do I want to do now?'; reading materials unrelated to work subjects; and splitting their energy with other fields of life (McCann & Pearlman, 1990). This may be especially difficult when the volunteers/helpers are LGBT themselves; however, being LGBT is not the sole aspect of one's identity, and helpers should ensure nourishing other aspects of their self and identity in order to maintain a healthy distance from their work.

In order to protect their volunteers/helpers, LGBT organizations dealing with volunteer-based help work should instigate measures, when possible, to reduce workload/caseloads of helpers; to promote peer support by organizing activities to bring all volunteers together; to decrease isolation by making sure at least two helpers are in office every day; to decrease fatigue by allowing for frequent breaks for volunteers to spend time away from work and by balancing trauma-related and non-trauma-related tasks; to install peer supervision sessions, perhaps by bringing an outside, impartial mental health supervisor, specifically when the nature of work is confidential; to set firm boundaries between helpers and service users in order to make ethical decision making process clearer for helpers; and most importantly by taking organizational responsibility to care for their volunteers (Osofsky, Putnam & Lederman, 2008).

The above discussion has suggested that trauma is inherent in the LGBT experience, more so in some cultures than others, and that many societal and legal factors contribute to the emergence of trauma. LGBT organizations play an essential role in trying to alleviate trauma in service users and in the larger LGBT community. However, LGBT organizations can only be part of the effort in alleviating or better yet, preventing at the outset the trauma that awaits LGBT individuals in Turkish society. An important responsibility falls on the shoulders of judiciary agents, law-enforcement officers, and legislative bodies to ameliorate the negative experiences of LGBT individuals in Turkey.

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Living Underground – Sometimes, to Lie is Crying Backwards

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Abstract

We intend to reflect upon the implications of living underground in the psychological development and the relationships of those that somehow feel or are forced to live in secrecy. We refer to the kind of secrecy that, sometimes (internally or externally) homosexuality demands. We speak of the existence of a world lived only in “silence” and the internal relationship of such silence with itself as well as others. In the intra and inter-subjective dynamics that occur in each moment, lying/omitting arise as a protective shield, real or imaginary, to be able to survive in the world as known.

Key words: living underground; homosexuality; inter and intra subjectivity; relational identity; shame.

How can I talk about Catarina, who went red each time she feared her desire could be barely visible; as soon as her body guessed her intimacy could come naked before my eyes and in between us, exposing her shame to the world, her underground goods, like a kind of self-boycott or simply as a last gleam of hope of giving up the underground for good? How to talk about Teresa, who thought she had in herself such a flaw that she stepped herself to tell the truth of how she felt, internalizing and mirroring homophobia in the silence and disinvestment on her own body? How to talk about Rita, who dressed in armor, so that there were no doubts, and then, no chance whatsoever she could ever feel them?

How to talk about the identity that is lost in the relationships with other people?

There are plenty, perhaps with no exception, authors in the field of psychoanalysis who acknowledge the importance of the emotional reaction of primary caregivers and, later, the peer group, in assigning internal meaning to the subjective emotional experience of the baby, the child, the teenager and, consequently, the adult. Thus, all human development, inner safety, self-esteem and self-cohesion seem to be inseparable from the mirror each one sees himself reflected on. The lack of sympathetic complementarity in dealing with what we feel causes flashes of emotional breakouts which, when premature and/or traumatic, become indigestible and disruptive to the solidity of the identity coercion. This being so, it sounds odd how so often all these questions are forgotten when what is at stake is the internal structure of someone who has or wishes to have same sex loving relationships.

From Kohut to Winnicott, the affective enhancement of emotional achievements is seen as a priority in any relationship. So, what happens when we are dealing with achievements that point to the likelihood of loving someone with whom we share, not just the same sex issue, but an infinity of complex internal dynamics, only similar in their unmistakable diversity, the same as any other human being? The keynote, if misplaced, keeps us hostage to internal ignorance, and makes us act accordingly.

Coimbra de Matos (2006) argues that a sane relationship is a relationship of complementarity, resisting the classic concept of completeness. Completeness closes the relationship, complementarity opens it. So, why is it that, so often, in the history of psychoanalysis, and, more accurately, in the history of humanity, it is so common to revoke the metaphor and literalize the body each time the issue is someone who likes somebody his/her own sex? Such dis-symbolization seems to come near the most psychotic side of the mind, that in which we are not allowed to have doubts and where we search for a simpler answer – and yet less natural, hiding behind clichés like the jigsaw pieces or electric sockets and so many other types of explanatory-anatomy-boycotts... Maybe all of this remits to our (humanity's) own unconscious underground... our own ignorance...

I cannot forget Rich's (1980) sentence, in which he claimed there was nothing simpler than “a woman calling love the love she feels for a woman”, or that of José António Barata (personal communication, January, 2000), who said that “to dissect love is to pervert it”.

The inquisitive light microscope, so often biased, because badly tuned, tries to find, by means of dissecting, the fealty of homosexual love, trying to understand what kind of love is that of someone who likes someone his/her own sex... but , in the end, finds nothing at all, apart from that which António Gedeão (1961) called “Lágrima de Preta [Black Woman's Tear]”. “No signs of vice, no traces of deviation, love (almost all), the rest multiple personality organiza-

tions.”

In this regard, that which, as alleged by Eisenbud (1982), sets the homosexual patients apart from the heterosexual ones are only the anxieties and clashes attached to being homosexual in a world overwhelmingly homophobic. However, this “only” includes in itself the complexity of the whole dynamics being played out between myself and the other, and is full of the other inside me and the me inside the other. Hence, in the underground nature of what happens at each stage in a relationship, new paths must be endeavored, towards what is to come, between the homophobia that comes from the outside and that which moves underground inside us, the so called internalized homophobia.

Notwithstanding, Teresa is miles away from understanding all of this, and tells me only: “you know, Patricia, sometimes to lie is like crying backwards”. When you are told your love is an hideous place, then there is not much left of us, and we beg that someone loves that little bit that remains... even if we have to pay the price of pretending that we do not feel what we feel, we cry backwards because our tears do not find solace outside us. In Teresa, inner and outer voices whisper that what she feels is not natural and must be silenced, or, in more valiant days, if it is to be felt or lived, then it must all happen in the underground world. We are back to that place where Nature is, once again, abused in order to explain the unexplainable, forgetting that growing up is not a natural process; you “cry backwards” when no one is watching, so that the truth does not tear apart whatever is left of you. In other words, Teresa inner world says “I spare you my truth, so that you (mother, father, humanity, the world) spare me your ignorance, I spare us both (me-world) from myself, from this part of myself which sets me free and smothers me at the same time. While we talk about trivia and I lure you, showing you my other truth, which pleases you narcissistically, flaunting the rest there is of me, there is a boat full of illegal immigrants on board trying to cross the English Channel, while we talk there is, between me and you, inside me and inside you, a group of illegal migrants who dares to search for liberty, crossing, in silence, the Cape of Storms. While we talk, the doubt about my own illegality grows, underground, in me, but I let you have what I know you know how to digest with me. In fact, I could not stand losing my identity in my relationship with you yet, I could not stand you staring at me covered in some kind of mist, “mine”; “yours”, or, at the end of the day, “ours”, that would take away from me what we are sharing – my identity in my relationship with you, with the other, or maybe even with myself... at least as far as the narcissistic injury embedded in me goes. So, there is a part of me that I cannot deliver to the world, at least while I do not know, inside myself, that I am not ashamed of it... while I do not feel deep inside that claiming my (homo) sexuality is not undressing my intimacy, at least not in a way that equals to being five years old and be “caught” masturbating. Teresa tells me how once when she was in her room masturbating her mother found her and made her feel humiliated, saying: “stop that straight away, do not embarrass me...” And she did not even know, Patricia, I mean my mother, who I was thinking about...

How to talk about the identity you fear to lose in your relationship with the others? How to talk about shame? How to talk about the sadness attached to not being able to share the love you feel? How to talk about depression?

And Teresa’s inner world questions... how to talk about myself, you or us, in an “us” where I do not belong, nor am I there as whole, because there is a side you do not know about, which I feel, most of the time, when I am able to argue against an overpowering superego, that is not unlike you at all, but I believe that is something you are not aware of, and thus you will look at me always in a different manner, a manner that impregnates me with the shame you felt when you walked into my room and I was five years old. When your shame and your anguish are mirrored inside me and I feel them as my own... everything blends and muddles and hurts. I prefer to give you, then, that which I know to be feasible between us, so that I do not always feel alone, for the spoken word may not be taken away. Some abracadabra that opens a door you don’t know whether you want to open or not, where you start to lose control over the level of exposure towards others – to be in the ands of the (other’s) ignorance and my own narcissistic injury.

It seems rather common to reduce “homosexuality”, the love between same sex people, to some sort of violent exposure, abusive and superego-based, scavenged by other people, leading to helplessness in terms of the identity construction of the loving relationship, and the shame that thus inhibits or upsets the fluidity of the narcissistically-mediated construction of gender identity. Love, reduced to “impure, ugly and shameful”, love humiliated, hinders the chances of making flow and flower the narcissistically-mediated gender, soaking in shame the identity body that feels it.

When love and sexuality are exposed in public, made available for judgement at the hands of ignorance... the time to go underground may begin.

However, being underground itself keeps those who need it to adjust their self-esteem hostage, expanding the narcissistic injury and enhancing the development of an unfathomable and ruthless superego. Self-esteem and self-awareness remain at surface, but these people hide the secret of what they really are, bombarding with doubts and anxiety a already distressed and frightened inner self. Keefer and Reene (2002) argue that “lies, secrets and shame affect negatively the image a person has of his/herself, as well as his/her ambitions and wishes for the future. This being so,

when one is ashamed of the objectual desire (s)he feels, the probability of an ideal integrated and integrating superego developing is very scant. The strength of the self and its narcissistic appreciation are, from the outset, compromised and in the hands of others.

But this dread of losing one's self-esteem, the other's respect, the identity as a thinking being, the horror of losing the rest (that which remains) when being looked upon by the world, at the end of the day, the fear of losing that same world, stops you from looking peacefully at the hand that props you up and leads you to the fluid development towards true autonomy. And as the people say... it is too good to be true.

I recall Pedro, who used to tell me, never mentioning the desire he felt for that whom he called his best friend, that there were those gays who had a good self-esteem and could come out not giving a damn about the other's aggressiveness and rejection, but that there were also others, with lower self-esteem, who pretended not to be gay, tried to act as heterosexuals, or even tried to be heterosexuals. Then he went on: "if I was gay, I would be one of those... or else I would fight... but I am not gay. Did you know that some parents take their gay sons to brothels to see if it goes away?!... But me, well, I really do not have any special affinity for gays, it is rather the opposite. Just the other day, a bloke down the school, who matches that whole gay stereotype, asked me what would I do if my best friend told me he was gay. And I told him straight away, oh, João, stop that faggot bullshit, and go fuck yourself, will you? What a silly question, and why did he start that conversation with me, to begin with? And he sulked, but he does nothing but hang around at night banging the chicks, he is clearly not gay, I mean, I do not think so, but that question... for instance, if I asked you the same right now, what would you think if a teenager came right here and tell you he was gay, Patricia would at once think I was talking about myself. But I truly hate all that gay scene... it is like a circus, the gay parade, that is not the way to go, at least they could act normal, and it would all be easier. I am pretty sure there must be plenty of gays who hate all that, who feel ashamed. This way, with all that folklore, a person thinks about gays and... if I had to be amongst them I do not even know how I would react if a bloke was staring at me... disgusting. What do I know, and all those effeminate tics, I mean, well, there are those too who go to the gym and are quite macho"... Patricia – "And those who do not go to the gym, those who work on banks and are company directors, those who play football or rugby and those who are afraid of getting hurt at physical education classes... and those who fear to talk about their doubts and yearnings, those who fear to be less men or seen as such if they dare to even consider they might be in love with a friend... and... and..."

Pedro, tore between the chance of talking and summon his desire and the fear of losing the respect (my respect), of feeling ashamed in front of me, if I humiliate him, of finding himself naked in front of me, tries to now beforehand how my eyes see things, to make sure I do not keep some hidden detonator that might make him fall into pieces in front of me and inside himself; that is, ranging between internalizing homophobia, which boycotts thinking and steals his freedom, and the hope of finding some peace in what he feels, through my eyes. Pedro, checking if I too will start looking at him solely through some genitalia supposedly turned backwards. The bewilderment between identities comes about and it seems to abate only when I explain to him that when someone tells us that being gay is being "a girlie", they are simply ripping apart the image of someone who, just like everybody else, needs to see his/her own identity self-image reinforced narcissistically.

If it is pivotal for the developmental development, using Coimbra de Matos' terminology, that the minimal conditions for an emotional gathering are in place, then the mirror should reflect a realist image and not one disfigured by shame and fear, ultimately by projective identification. However, the social mirror seems to break if, by chance, it identifies with the image. So, hiding behind the curtains, one tries to resort to some kind of pseudo-scientific charm to sustain the impossibility to think.

How to turn living underground into privacy? How to move on from humiliated and ashamed sexuality and sexual identity to enjoying it freely and pleasantly?

Naming the feeling of love for someone the same sex, either to one's self or to the others, entails accepting that there was one wave already formed and now all there is to do is waiting to know how it will shatter. If it is going to fall down as a tsunami, sweeping all the the world one has known up until then, meeting the inner horror, and making it strong and totally destroying an already undermined self-esteem, or if the wave hits the armor that will not come undone, keeping it save from the gaze of others, even if rusty, the bleeding that will not stop. Or if the wave is just an ordinary one, which brings about nothing but little motion, causing no changes to the relational identity, or still if it is a refreshing shower of love, reflecting pride in the eyes of someone who did not cease to love despite so much hardship.

To leave the underground behind seems to become real and true only when the inner conscience and the proper narcissistic appreciation help sustaining, resiliently, the eternal conflict with difference which is mainly perceived as pejoratively different. And here is the doubt: to tell or not to tell must underly the respect for the proficiency in

managing the waves; the right to choose whether to tell or not, aware of the internal and external consequences of that choice. The internal impact of the shame for accepting one's own sexuality is directly proportional to the internalized level of homophobia. We know, amongst other things, that shame acts directly on the autonomic nervous system (Anastopoulos, 1997), generating and producing both flushing (too much exposure) and the likelihood of vagal reactions (fainting). Therefore, when the wave is too big, all you have to do is fade away...

Amílcar Correia (2010) wrote about a piece that he and the Photojournalist Bio Nelson Garrido made with illegal immigrants, ... "the boats are occupied by souls in transit, in a timeless and futureless space, which, when it exists, only shows after the longed-for journey... for those fortunate to survive the traffickers' despotism or the shipwreck's misfortune, arriving in Europe means, so often, the beginning of new hardship... all the survivors of the migrations started in the heart of Africa (emotional helplessness injury) share the status of being underground."

So, who is there to help this crossing, from shame to intimacy, from fealty to beauty, from madness to normality? Who is there to help living outside the underground inside?

know-it-all-traffickers, ignorant of their own doubts, or boatmen who only see the sea, ignoring whoever they are carrying? Is it not up to each one of us, therapists, patients, human beings, to be sympathetic boatmen, able to tolerate doubts, uncertainties, respecting fear and expanding opportunities, ours and those from others, knowing how to paddle between the waves, choosing those the boat can cope with on its way towards existing? Who will carry us? Archaic and dictatorial superegos, or automatons who do not feel the cold anymore? Mafaldinha (Quino, 1989) used to say, full of irony: "It is nice to see that, little by little, Man has been able to give his freedom to set limits on himself a free rein."

And so, when tears are tired of crying backwards and dare to fall, we need boatmen mindful that he who passes "beyond Bojador, must pass beyond pain"; boatmen who know that it is only by sailing through the sadness caused by not being understood by the other that we can reach freedom, and, thus, survive all sea storms, throwing overboard the heavy burden of that which is not ours/does not belong to us.

Jokingly, it is like Dolly Parton ("personal communication", 2013) said: "The way I see it, if you want the rainbow, you gotta put up with the rain."

Finally, to embrace freedom means finding enough inner safety to enable us to say, clear and loudly, with the confidence of those who can handle doubt, that, at least, in that moment, we are or we are not gay. You reach freedom when being underground turns into privacy, when choosing to tell or not to tell is no longer a matter of shame or need to belong to some sect or group, but rather something imposed by the unbounded and one-of-a-kind right to intimacy.

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Masculinidades: Psicanálise e homossexualidade masculina

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Resumo

A partir de uma reflexão de diferentes teorias psicanalíticas e de um caso clínico, o autor faz uma abordagem da diferenciação sexual como uma variável, entre outras, no acesso à categoria de sujeito, não sendo possível reduzir-se a organização e a construção do psiquismo à sexualidade.

Tal como nos diz Laplanche a identidade de género antecede a identidade sexual, sendo que o género é plural, o sexo é dual e o “le sexuel” é polimorfo. A sexualidade é demasiado complexa para ser reduzida a uma única descrição com palavras e simplificações como homossexual-heterossexual.

A terapia psicanalítica pode permitir que numa atmosfera de abertura e num ambiente facilitador se explorem todos os aspectos do self dos adolescentes que nos procuram. Enquanto terapeutas, devemos estar atentos a que as nossas preocupações, no que respeita à normatividade, não conduzam a uma excessiva e cautelosa exploração da sexualidade, criando obstáculos ao desenvolvimento da identidade “gay” e ao processo do “coming out”.

Palavras-chave: Psicanálise, masculinidade, identidade de género, identidade sexual, adolescência

Abstract

Symposium: Identity and Affections II

Masculinities: Psychoanalysis and Male Homosexuality

Starting from a reflexion about diverse psychoanalytical theories and a clinical case, the author approaches sexual differentiation as a variable, amongst others, in accessing the category of being, since it's not possible to reduce the organization and the construction of the psyche to sexuality.

As Laplanche tells us, gender identity precedes sexual identity, being gender plural, sex dual and the “le sexuel” polymorphous. Sexuality is too complex to be reduced to a single description with words and simplifications such as homosexual – heterosexual

Psychoanalytical therapy may allow that, in an atmosphere of openness and in a facilitating environment, all aspects of the adolescents' self which seek us out can be explored. As therapists we must be watchful lest our concerns, in what regards normativity, will lead to an excessive and cautious exploration of sexuality, creating obstacles tot the development of the “gay” identity and to the “coming out” process.

Key Words: psychoanalysis; masculinity; gender identity; sexual identity; adolescence.

“Sem circunspeção, sem mágoa, sem pejo; Grandes e altos em redor de mim construíram muros. Porque tantas coisas havia a fazer lá fora por ti... Quando construíram os muros como é que não reparei, ah.” diz Kostandinos Kavafis no seu poema “Muros”. Talvez por isso João vieste ter comigo num dia e me fizeste questionar o que sabia, sobre mim próprio e as minhas teorias, os meus e os teus muros. Referia-me à psicanálise, que desde os primórdios, foi ao mesmo tempo um instrumento para a exploração da experiência humana e uma técnica de possibilitar as pessoas a transformarem as suas vidas. Fizeste-me pensar no meu treino como psiquiatra e psicanalista onde eram reflectidas as ideias predominantes sobre a homossexualidade e identidade atípica de género baseadas em teorias desenvolvimentais defendendo a tese de uma paragem do desenvolvimento psicosssexual. A tua dor e o meu cepticismo sobre essas teorias levaram-me a uma rejeição crescente dos preconceitos moralistas e ortodoxias anti analíticos, por se terem afastado do que deveria ser o pensamento científico e psicanalítico. Ao longo deste nosso encontro pensei que me fizeste crescer e agora que todo o processo terminou talvez te pudesse dizer algo sobre o meu pensamento de que uma terapia focalizada na descoberta da presumível etiologia patológica da homossexualidade distorce inevitavelmente o

processo, reduzindo qualquer conflito que venha a emergir a uma elaboração de uma suposta patologia. Querias que te lesse o livro da psicanálise para falar do teu desejo e perguntavas: - Sou gay? Quis responder-te que o encontrar a origem não era de importância central na compreensão da tua vida, de que a busca activa inevitavelmente implicaria que o ser gay seria antinatural, te confirmaria um sentimento internalizado de vergonha e ódio contra ti próprio. Queria que construísse uma narrativa coerente da tua vida mas não me autorizava a estruturar uma busca centrada na etiologia do que deveria ser o teu desejo erótico.

Alguns psicanalistas “queer” e não só, criticaram fortemente a metodologia de algumas concepções psicanalíticas por serem baseadas na extrapolação de dados de uma amostra enviesada da comunidade homossexual, com argumentações de que somente as pessoas insatisfeitas com a sua condição procurariam a psicanálise. A tua insatisfação era o medo de existir. Sabia que era difícil negar o impacto desencorajador do que os teus amigos diziam da psicanálise mas gostei que me desses a oportunidade para um questionamento livre da tua pessoa. Tinhas vindo com dores físicas que se iniciaram quando tiveste o primeiro relacionamento gay, após muitas namoradas. Não era o meu olhar que te adoecia mas sabia que a presunção da patologia tinha um impacto destrutivo nas tentativas da comunidade psicanalítica em aprender e compreender a natureza da homossexualidade na experiência humana. Querias respostas no imediato mas não sabias que muitos homossexuais e psicanalistas relataram que nas suas experiências de análise, as preocupações com a patologia e cura da orientação homossexual, resultaram em acusações induzindo uma percepção de futilidade e desespero. Falavas do azedume difundido na comunidade gay em relação à psicanálise, ao ponto de declarar a psiquiatria e psicanálise arqui-inimigos do alargamento das liberdades civis dos homossexuais, mas ao mesmo tempo querias que falassem por ti.

Para essa compreensão seria interessante indagar o início de uma teoria que se iniciou no século XIX. Em 1897 Freud colocou a hipótese que a causa das neuroses estaria na sedução infantil, com forças psicodinâmicas na mente ligando esses traumas aos sintomas. Quando soube do abuso sexual a que tinhas sido sujeito não pensei que seria fácil encontrar uma resposta, mas pensei que Freud progressivamente abandonou essa teoria dando visibilidade à sexualidade infantil com um desenvolvimento “natural” que se desenrolava por etapas; de que a neurose seria causada por fixações e conflitos dentro daquele desenvolvimento. Na teoria psicanalítica clássica, a saúde psicológica é defendida como a obtenção do “primado genital”. Seguindo o seu curso natural do desenvolvimento e, influenciado pela natural “atração do sexo oposto” (Freud, 1905,P.227) e a necessidade para a reprodução das espécies, a libido, com os seus vários componentes perversos polimorfos, organizava-se com o objectivo da relação sexual. Desvios do primado genital são devidos a conflitos, traumas, ansiedades, e excessos constitucionais criando uma fixação libidinal pré-edípiana, constituindo uma predisposição à psicopatologia. A suposição é que a fixação evidencia e determina todos os aspectos do funcionamento da personalidade. A acme do desenvolvimento libidinal- o primado genital- é acompanhada por, necessariamente, maturidade psicológica, independência, e a capacidade para a intimidade interpessoal. Seria fácil pensar em ti fixado ao passado, mas ao mesmo tempo tão empobrecedor, não seria genital o teu modo de amar? Eu poderia classicamente desenvolver um processo de raciocinar para trás em que varias formas de “psicopatologia” do adulto correspondiam a fixações libidinais infantis, mas isso era confirmar hipóteses pré-definidas. Fizeste-me rever os meus conhecimentos e ao mesmo tempo esquecer-me deles. O que eu sabia era que a investigação e a compreensão psicodinâmica nasceram dentro dum contexto da indagação das causas do que era entendido serem as entidades doenças. Estavas doente no amor? Desenvolvimentos subseqüentes da teoria psicanalítica aumentaram grandemente a nossa compreensão e o esquema simples da teoria das neuroses e da fixação libidinal foi substituída por uma visão mais complexa do funcionamento da personalidade no qual o desenvolvimento do ego e a riqueza das relações de objecto estando presente no desenvolvimento normal e patológico pode ser ou não correlacionado com o funcionamento sexual. Foram muitas as questões que felizmente outros psicanalistas foram encontrando Ross em 1970 sugeriu que “ não é mais possível manter que o desenvolvimento libidinal e a maturação da personalidade são variáveis dependentes.”

Na minha “rêverie” vários pensamentos ocorriam como se receasses que a origem dinâmica de um comportamento implicasse um julgamento e patologia; como se tendo uma motivação inconsciente “per si” fosse a prova da patologia e da culpa. Sabia que estas suposições partilhadas infiltravam muitas das tuas crenças sobre a homossexualidade e conduziam a um mal-entendido geral no nosso trabalho.

Sabes o próprio Freud formulou dois princípios básicos e específicos da psicanálise que passaram a ser violados por muitos dos seus seguidores.

A) - O conceito da sobredeterminação - Freud (1901) – refere que não somente as imagens do sonho, mas todos os pedaços de comportamentos e experiências são sobredeterminados, isto é expressam muitos diferentes significados. De acordo com este princípio qualquer compreensão do comportamento não devia estar limitada a uma única dimensão dinâmica. Este princípio quando aplicado ao funcionamento homossexual começou a perder-se por excluir a

possibilidade de outros significados e motivações no comportamento, incluindo sentimentos e desejos de intimidade a outros níveis, possivelmente mais colaborativos.

B) - Um segundo princípio da teoria psicanalítica que é também violado por implicitamente equacionar psicodinâmica com patologia é a importância da “falácia genética” - ao equacionar o comportamento com as suas origens. Essa posição defendia que os conflitos e ansiedades precoces determinavam a orientação homossexual. Pensamos que à medida que te foste desenvolvendo os conflitos originais e ansiedades deixaram de ser os motivos principais do teu comportamento, que se tornaram agora secundariamente autónomos, que a tua dor devia assentar na presença de aspectos adaptativos ou defensivos excessivos actuais, na qualidade das tuas relações interpessoais, no grau de desenvolvimento e integração da tua globalidade. Segundo Marmor (1973), chamar uma evolução patológica porque as origens são “patogénicas” é tautológico.

João gostaria de fazer circular na nossa narrativa que todas as idiosincrasias da personalidade são o resultado do passado, de diferenças desenvolvimentais, que todas têm antecedentes históricos específicos, mas erradamente, não queria que assumisses que por existir uma relação prévia perturbada na relação com os teus pais isso era a prova que era a causa e que como dizias, estarias mentalmente doente. Sugeria pois, que qualquer abordagem à tua homossexualidade deveria conservar as hipóteses psicodinâmicas e compreendê-las conceptualmente separadas das considerações da patologia, apesar da tua insistência nos fatores que “produziram a tua homossexualidade”. Não queria ficar preso a posições que trouxeram um efeito restritivo nos psicanalistas que tentaram argumentar a natureza não patológica da homossexualidade no confronto com perspectivas sociológicas e as teorias de aprendizagem social, onde qualquer possibilidade psicodinâmica é vista como sinónimas de presunção de patologia. Os teus amigos e a tua mãe que não aceitavam a abordagem psicanalítica, questionavam com razão, entre outras a condenação e culpa dos pais dos homossexuais, como se de um agente infeccioso se tratasse, mas negar a importância da relação precoce dos pais no desenvolvimento da orientação homossexual num esforço para evitar a procura de falhas é igualmente desadequado e completamente desnecessário. Tinha razão a tua amiga psicóloga de que no pensamento psicanalítico havia presunção da natureza patológica da homossexualidade, complementado pela presunção da “normalidade” da heterossexualidade mas essa também não é uma eflorescência da “natureza” e é influenciada por outros sistemas motivacionais que podem ser sexualizados, aquilo que pode parecer heterossexualidade muitas vezes deriva motivacionalmente não do erotismo mas do poder e de anseios de dependência (de maneira análoga ao conceito de Ovesey’s de pseudohomossexualidade) e que a experiência total do comportamento sexual é profusamente infundido pelos valores sociais, significados e pressões. O que te queria dizer era que na nossa compreensão da experiência humana é essencial que a aproximação psicodinâmica rompa as suas ligações históricas com a psicopatologia clínica de modo que as variedades da orientação sexual, comportamento sexual e anseios sexuais possam ser explorados e apreciados.

Homofobia

A patologização histórica da homossexualidade dentro das teorias desenvolvimentais e as visões psicanalíticas recentes do desenvolvimento homossexual saudável requer que os clínicos psicanalistas considerem a internalização da homofobia e os potenciais efeitos nos seus pacientes e neles próprios. Diversas perspectivas emergiram na literatura psicanalítica sobre a homofobia internalizada e Moss, em 2002, num artigo sobre a homofobia internalizada nos homens, argumentou que “o uso clínico mais poderoso do termo depende da sua aplicação a qualquer homem, sem limitação àqueles cuja escolha objectal primária é homossexual. É um movimento que nasce da experiência pessoal subjectiva de impulsos homossexuais, o qual, se ameaçado é protegido por um movimento no sentido de se identificar com o ódio do grupo masculino contra a homossexualidade.”

A homofobia internalizada tem como objectivo descrever uma identidade sexual caracterizada por uma estruturação persistente de sentimentos negativos. Moss argumenta que a homofobia internalizada é um sintoma também aplicado a pacientes identificados como heterossexuais. Para Roughton o mais importante é a necessidade de terapeuticamente não se descrever os sintomas mas alteração da conceição básico do *self* (Roughton, 2002, citado em Moss, 2002) Moss lembra-nos que o conceito de homofobia internalizada não está relacionado somente a dimensões acessíveis da experiência mas também a dinâmicas profundamente inconscientes e ao modo complexo na qual a internalização de rejeições do social, cultural e familiar se combinam com questões intrapsíquicas.

Harris (1996) expressa o seguinte: “A Homofobia, tal como muitos aspectos da ideologia, está ao mesmo tempo em nós e nós estamos nela.”

Homofobia do terapeuta e os pacientes adolescentes

Denizet-Lewis (2009) cita Eileen Ross, o director do programa Outlet, um serviço de apoio a jovens gays de Montana, em que afirmava que ninguém diz a um rapaz heterossexual: tens a certeza? Tu és muito novo para saberes se gostas de raparigas. É provavelmente uma fase. Mas é o que dizemos frequentemente aos adolescentes gays? Negamos-lhes os seus sentimentos de um modo que nunca faríamos a um rapaz heterossexual. Muitos de nós deveríamos ouvir o que Winnicott disse sobre uma das coisas mais estimulantes que podíamos ver à nossa volta seria o esforço de um adolescente na procura de si mesmo e na procura do seu próprio destino. A adolescência é entre todas as fases onde se estabelece uma luta entre a sexualidade e a identidade, sendo o resultado o seu desenvolvimento ou a defesa nas suas várias formas. Os adolescentes crescem contra as expectativas e preconceitos familiares e sociais, interagindo com os seus desejos, medos, defesas e identidades desenvolvimentais determinados intrapsiquicamente. Os sentimentos exagerados sobre o seu corpo os medos e confusões típicas desta fase podem muito provavelmente rigidificar-se na homofobia internalizada se um adolescente não possuir um meio facilitador que contenha a sua sexualidade. A adolescência é uma fase onde as “coisas acontecem” e elas acontecem no “tempo real” (Brady, 2009) e no corpo real e fantasiado como por exemplo o primeiro sonho molhado, a primeira menstruação, o primeiro namorado ou namorada.

Os indicadores de saúde na adolescência têm menos a ver com a intensidade das imagens ou sentimentos mas mais a ver com o modo como esses sentimentos são integrados dentro do próprio. Neste sentido o medo da homossexualidade pouco difere do medo de outros receios “carnais”. A aceitação dos desenvolvimentos corporais e fantasias são desafiantes para todos os adolescentes e poderão ser elaborados empaticamente na família, na sociedade e na análise se a solicitarem.

A psicanálise poderá oferecer uma oportunidade especial para distinguir a diferença da realidade e fantasia na avaliação do impacto dos estereótipos sociais (fantasias de grupo) e no mundo interno. A experiência de ódio ou rejeição pode ser confundida com as lutas internas, tais como chegar a um acordo com a sua sexualidade, sendo que o “coming out” é um assunto intensamente individual.

A nossa preocupação é que o desenvolvimento do sentido da sexualidade num adolescente gay possa ser encarado com cinismo e como estrutura patológica. O que questionamos é a ausência da alusão à consideração do desenvolvimento homossexual saudável ou o seu significado no amor do mesmo sexo. Muitas vezes os psicanalistas não reconhecem que os seus preconceitos ou o modo como as suas concepções de saúde mental estão em conformidade com os preconceitos da sociedade que os impõem. Os adolescentes gays tem receio de serem tratados de um modo estereotipado em vez de serem tratados como pessoas reais. Por vezes não o são contra os outros gays mas sim contra si próprios. A rejeição leva alguns a se defenderem desse sentimento assumindo comportamentos em que parecem saber tudo sobre o amor e a vida como se não tivessem que lutar contra incertezas e medos, com comportamentos de risco. Isto coloca a questão dos adolescentes que se escondem de abordar a sua sexualidade, apesar da orientação sexual ser apenas uma das muitas partes do sujeito no momento da partilha.

Nos adolescentes os comportamentos agidos devem ser encarados de maneiras diferentes dos adultos. Faz parte do desafio de trabalhar com adolescentes a tensão constante entre sentidos regressivos e progressivos nas suas acções. É pois importante que os psicanalistas que recebem adolescentes oiçam os múltiplos sentidos das acções, quais são os seus esforços de separação e de desenvolvimento. Os adolescentes tentam experimentar as coisas e ver como é que elas se encaixam. A experimentação pode ser mais difícil em adolescentes gays do que nos outros adolescentes, até porque muitos dos amigos serão heterossexuais e também porque potencialmente os grupos de pares poderão estar fora do alcance em termos dos timings do processo de *coming out*.

Por vezes o nosso cuidado em não querer replicar atitudes homofóbicas leva-nos a ter uma atitude receosa na avaliação livre e completa da sexualidade, colocando-nos numa neutralidade abandonada, levando-nos a não inferir significados sobre a realidade de alguns adolescentes. Questionamo-nos se a afirmação da identidade gay num rapaz não é reduzida a formulações tais como passagem ao acto, ao agir fugindo à transferência, e que se o mesmo comportamento apresentado por um rapaz heterossexual não seria valorizado como a consolidação da sua masculinidade, atrofiando o livre jogo das fantasias e acções. A homofobia internalizada ou a externa podem claramente interferir com as tarefas da adolescência levando ao atraso na experimentação, nomeadamente no aprofundar de amizades e dos primeiros romances. Os adolescentes experimentam coisas e ao fazê-lo vem o que de melhor se encaixa à sua pessoa, num conflito com as normas grupais e as atitudes sociais dominantes que muitas vezes são incompatíveis com a formação do processo identitário, levando a um processo bifásico em que a consolidação da identidade sexual ocorrerá somente na altura do “coming out”.

Nas terapias com adolescentes muitas vezes raramente a porta de entrada será a questão homossexual mas quando ela

surge é nosso dever discutir as múltiplas áreas em que ele experimentou a homofobia: com pares, com os potenciais parceiros românticos, com os seus pais, e na sociedade.

Se a sexualidade e o amor são sujeitos a excessiva repressão, como é provável para adolescentes gays em ambientes homofóbicos, experiências de ruptura psíquica podem acontecer (ou rezear que aconteçam), sujeitando esses adolescentes a experiências de desorientação e terror de desorganização interna. A possibilidade de explorar e nomear a sua sexualidade num meio terapêutico contentor faz diminuir o medo de descompensação, pois na construção de uma barreira mais flexível e protectora será possível o adolescente discriminar o que é destrutivo ou protector dentro dele. Não queremos dizer que o medo de olhar para a homossexualidade poderá ser uma das razões do colapso psíquico dum rapaz gay. Os esforços violentos que fazem com que este período da vida seja vulnerável ao colapso psíquico são maiores quando os esforços para “betonar” a sua sexualidade são aumentados pela homofobia interna ou externa.

Conclusão

A diferença sexual é um entre tantos componentes que dão acesso à categoria de sujeito. À medida que um adolescente faz experiências na sua vida, ele necessita que os adultos à sua volta contenham e respeitem a suas descobertas e como uma vez disse Clarice Lispector numa das suas crónicas publicadas na editora Relógio D'Água - A descoberta do Mundo: “Antes de reconciliar com o processo da vida, no entanto, sofri muito, o que poderia ter sido evitado se um adulto responsável se tivesse encarregado de me contar como era o amor. Esse adulto saberia como lidar com uma alma infantil sem martirizá-la com a surpresa, sem obrigá-la a ter toda sozinha que se refazer para de novo aceitar a vida e os seus mistérios. Porque o mais surpreendente é que mesmo depois de saber tudo, o mistério continuou intacto. Embora eu saiba que de uma planta brota uma flor, continuo surpreendida com os caminhos secretos da natureza. E se continuo até hoje com pudor não é porque o ache vergonhoso, é pudor apenas feminino. Pois juro que a vida é bonita”.

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Minha Casa Minha Vida: A Família Homomaterna em Programa Habitacional para Baixa Renda no Brasil

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Resumo

Pelo acesso a compra de moradias subvencionadas pelo governo federal, famílias de baixa renda tem modificado seus processos de interação. Se antes viviam em áreas isoladas ou em situação de vulnerabilidade, através do financiamento essas famílias passam a conviver em condomínios verticais. Essa realidade de espaço implica em uma nova realidade comunitária. Com o olhar voltado para essa nova configuração, a equipe social deste projeto relata as experiências no acompanhamento de uma chefe de família mulher e mãe lésbica, no contexto do Programa Habitacional “Minha Casa Minha Vida”. O principal objetivo desse estudo seria a promoção do entendimento dos processos sociais que permeiam a inclusão da família homoafetiva na comunidade, observando que a maioria das famílias contempladas com o benefício corresponde ao padrão heteronormativo, sendo a família observada uma exceção à regra e potencial vítima de discriminação. A metodologia utilizada para tal foram observações e diário de campo no período de outubro de 2012 a março de 2013. A orientação teórica que nos embasamos foram os estudos feministas de gênero e a Teoria Queer, contando com autoras como Butler (2003); Scott (2012) e Witting (1992); além da teoria sistêmica atravessada pelas questões de gênero, vislumbrada pela ótica de Coelho (1996) em sua dissertação de mestrado.

Palavras-chave: gênero, comunidade, homoafetividade, Programa Habitacional, família

Abstract

By access federally subsidized housing, low-income households have modified their interaction processes. If previously those people lived in isolated areas by financing, these families go to live in high-rise condominiums. This new space implies a new reality in the community. With the eyes on this new configuration, the social team of this project relates the experiences in monitoring a woman, lesbian and mother in the context of the low-income housing policy denominated “*Minha Casa Minha Vida*”. The main objective of this study was to promote understanding of the social processes that underlie the inclusion of homoaffective family in that small community, noting that most families awarded the benefit corresponds to the heteronormative, and family observed an exception to the rule and potential victim of discrimination. The methodology used for this were observations and field diary from October 2012 to March 2013. The theoretical orientation of this study it is based on feminist studies of gender and Queer Theory, with authors such as Butler (2003), Scott (2012) and Witting (1992), in addition to the systemic theory crossed by gender, glimpsed through the eyes of Rabbit (1996) in his dissertation.

Key-words: gender, community, homoaffectivity, Housing policy, family.

Topics: Gender, Lesbian, social relationships.

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Introdução

Este estudo trata das especificidades de uma família homomaternal inserida no Programa Minha Casa, Minha Vida do governo federal brasileiro. Esse programa apresenta como característica atender a demanda por habitações para famílias de baixa renda, definidas pelo Governo Federal como aquelas com renda mensal não superior a €660,00 (seiscentos e sessenta euro). Essa aquisição do imóvel acontece pela subvenção do governo federal de 75% do valor total e fixando um valor mensal da prestação habitacional de 5% da renda declarada pela família.

O Programa obteve destaque por parte da mídia nacional (R7, 2012) ao definir como prioridade à inclusão de mulheres chefes de família. Essa priorização se estendeu pela garantia da posse do imóvel à mulher ao estabelecer entre outras questões que, em caso de separação conjugal a moradia não pode ser incluída em disputa e permanece sob responsabilidade da mulher chefe de família.

Sobre as relações de gênero estabelecidas em nossa sociedade, Scott (2012) nos fala que por vezes gênero pode tornar-se um eufemismo para falarmos de sexo, uma palavra, para muitos, um tanto quanto proibida. O uso mais apropriado, a definição mais aprofundada, seria que gênero corresponde às relações de poder que o sexo acaba por influenciar. Não é apenas uma questão de sexualidade, mas os motivos que o sexo do indivíduo influencia e detém poder apenas por ser quem se é, levando em consideração apenas sua anatomia. Podemos simplificar e definir sexo como a característica biológica, inerente do ser, e gênero como social. Em resumo: sexo são as características biológicas apresentadas pelo indivíduo, enquanto gênero é a forma de apresentação dessa pessoa perante a sociedade, além de sua própria percepção acerca de si mesmo. Essa prioridade conquistada pelas mulheres inseridas no PMCMV é uma alternativa muito inovadora do governo brasileiro, se tratando das relações de gênero estabelecidas. Sendo as regulações normativas que acabam estabelecendo os papéis de gênero, tornando-o uma questão de contestação política e um local de implementação dos interesses do poder, essa troca na hierarquia – visto que os privilégios, de forma geral, são usufruídos pelo homem e não pela mulher – com certeza afeta as relações e configurações familiares desses indivíduos.

A situação de mulheres responsáveis economicamente por um grupo familiar reflete a realidade da maioria das moradias acompanhadas no PMCMV: mulheres sem rendimentos fixos ou assalariadas em €220,00³/mês, inseridas em programas sociais de transferência de renda e mães, sem indicação de companheira ou companheiro.

Essa mudança requer dessas mulheres novos arranjos comunitários e familiares. Ao ingressar em um programa de aquisição de imóvel com subvenção federal, essas famílias podem ser designadas a bairros ou distritos que se encontram longe da atual moradia. Nesse aspecto não se oferecem maiores opções: ou se procede com a assinatura do contrato ou se perde a preferência, sem previsão para nova convocação. As famílias que decidem pela aquisição passam por um intenso processo de mudança na relações intra e extra familiares: situação de trabalho e emprego, frequência escolar, relações com vizinhos, relação com o espaço físico ocupado (mudança de casas para apartamentos). Nesse sentido a mudança não é apenas física mas de modos de vida (Scarparo, 2005).

É nesse cenário de vulnerabilidade social e ressignificação do exercício de cidadania que se passa esta pesquisa. O atual relato de experiência se dá em um município na região metropolitana de Porto Alegre (capital do estado do Rio Grande do Sul), no sul do Brasil. Pelo período de 8 meses, uma equipe de trabalho técnico social composta por 2 psicólogas comunitárias, 1 estudante de direito, 1 administradora pública e 1 auxiliar de pesquisa observaram, interagiram e atuaram na mobilização comunitária de 256 famílias beneficiárias, a maioria composta por mulheres chefes de família, com seus modos de vida, especificidades e histórias. Nesse contexto algumas situações em relação aos arranjos comunitários se destacaram em meio a tantas outras.

O casal homoafetivo que observamos para a construção desse estudo possui boa relação com a comunidade, não aparentando nenhum tipo de desafeto. Uma das mulheres (A1) inclusive foi representante de seu bloco, abdicando de sua função por conta do excesso de trabalho. Informaram que nunca sofreram discriminação e que todos as tratam com o devido respeito e cordialidade, assim como o filho. A outra integrante do casal (A2) tem um menino adotivo, com 11 anos, fruto de seu relacionamento anterior com um homem. A2 no momento está desempregada, usufruindo do benefício que lhe é concedido, enquanto A1 trabalha em dois empregos. A realidade desse casal se mostra bem estereotipada, onde A1 exerce a figura mais masculina do casal – provendo a família e possuindo trejeitos e vestes mais másculas, e A2 exerce a figura da mulher dona de casa, feminina em seus modos e mãe/cuidadora. Podemos pensar em uma atuação do padrão de casal hétero, o que demonstra a força na heteronormatividade mesmo em casais LGBTT.

3 - Valor correspondente ao salário mínimo do Brasil, tendo por base de conversação cambial 1 Euro = R\$ 2,90 (cotação em 29/09/2013).

1. CONTEXTUALIZAÇÃO DA POLÍTICA HABITACIONAL DE INTERESSE SOCIAL

De modo geral a população brasileira apresenta grande crescimento, territorialmente concentrada nas capitais estaduais e suas regiões metropolitanas, no distrito federal e em algumas capitais regionais da região (IBGE, 2000). Historicamente essa concentração acontece de forma desordenada: sem a presença do poder público como mediador entre os cidadãos, o acesso a serviços públicos e urbanização dos espaços ocupados. Esse desarranjo institucional frente a concentração urbana, culminou com um déficit habitacional estimado de 10% em 2007, segundo dados consolidados a partir da Pesquisa Nacional por Amostra de Domicílios (PNAD/IBGE), em números absolutos, o índice era de 8,8 milhões unidades habitacionais (IPEA, 2011).

O Programa Minha Casa, Minha Vida (PMCMV) criado em 2009 pode ser considerado uma estratégia pública governamental para diminuição do déficit social e habitacional no país. Nesse sentido, o Programa atua mediante financiamento da construção de moradias (casas e apartamentos), nos municípios habilitados: cidades pequenas com até de 20mil habitantes e cidades acima de 50mil habitantes (IPEA, 2013). Esse financiamento se dá na contratação de empresas de construção civil pelo Governo Federal e, uma vez assinado o contrato entre o beneficiário e o agente financiador, pela subvenção de até 75% do valor do imóvel no valor mensal da prestação habitacional. O valor dessa prestação não pode ultrapassar os 5% da renda declarada, ou seja, uma família que recebe €660, pagará mensalmente ao governo federal €33,00. No caso de famílias sem renda o pagamento mensal é de menos de €11,00⁴. O financiamento terá como garantia a alienação fiduciária do imóvel, o que implica na retomada desse caso as prestações não sejam pagas como contratado.

Para chegar a entrega do imóvel, existem uma serie de envolvidos nos diferentes níveis governamentais⁵. Nesse sentido, o desenvolvimento do Programa ocorre pela corresponsabilidade de vários atores: Da assinatura de convênio entre Ministério das Cidades, que é o órgão federal que administra o PMCMV e as Prefeituras, da Caixa Econômica Federal que é o agente bancário mediador do financiamento e fiscalizador das obras de construção civil e finalmente as prefeituras conveniadas e suas secretarias de assistência social e/ou habitação, responsáveis pelo processo de seleção das famílias.

Dentre os agentes envolvidos, o papel das prefeituras é de central importância. Como apontado anteriormente, cabe a esse órgão disponibilizar serviços públicos nas redondezas das novas moradias, como forma de garantia social do direito à saúde e educação, preconizados na Constituição do Brasil de 1988. A inclusão das famílias na lista de candidatas ao financiamento habitacional passa por variáveis definidas em Lei (Brasil, 2011) e executadas pelas secretarias municipais de seguridade social e habitação. Portanto todo o processo de identificação, contato, verificação dos comprovantes e inclusão no Programa passa, majoritariamente pelo trabalho local efetuado no município.

Como pudemos observar o Programa apresenta discrepâncias entre o normatizado e o instituído.

2. EXERCÍCIO DA CIDADANIA *VERSUS* A REALIDADE DO PMCMV: DESAFIOS E CONQUISTAS

Por se tratar se uma Política Pública tripartite, vivenciamos a ausência de seguridade dos dispositivos públicos como escolas, unidades de saúde e transporte no entorno das habitações. Essa situação de insegurança social, ocasiona mudança na relações intra e extra familiares: situação de trabalho e emprego, frequência escolar, relações com vizinhos, relação com o espaço físico ocupado (mudança de casas para apartamentos). Nesse sentido a mudança não é apenas física mas de modos de vida (Scarparo, 2005).

Nesse contexto pudemos verificar a falta de preparo dessas famílias em relação ao novo espaço, direitos e obrigações. Mesmo com acompanhamento de profissionais no âmbito social, a maioria das famílias não se sentiram acolhidas nos espaços ofertados, percebendo a falta de estrutura do entorno e a dificuldade do acesso aos serviços. Algumas foram forçadas a retirar seus filhos da instituição de ensino que frequentavam, ou então algum integrante teve de cessar suas atividades ou diminuir a carga horária trabalhada para acompanhar o estudante no trajeto à escola, por exemplo. Muitas mulheres integrantes do condomínio se reorganizaram através da confecção e venda de artesanato, ou recebendo o “Bolsa Família”, um benefício do Governo Federal⁶, como é o caso da família homomaternal objeto de nos-

4 - Que corresponde a 5% do salário mínimo brasileiro.

5 - Pelo sistema político de organização federalista, o Brasil possui um governo federal e sub-governos estaduais e municipais. Esses três níveis são corresponsáveis pela formulação, execução e sustentabilidade da maioria das Políticas Públicas.

6 - O Programa Bolsa Família é um programa de transferência direta de renda que beneficia famílias em situação de pobreza e de extrema pobreza em todo o país. O Bolsa Família integra o Plano Brasil Sem Miséria, que tem como foco de atuação os 16 milhões de brasileiros com renda familiar per capita inferior a R\$ 70 mensais e está baseado na garantia de renda, inclusão produtiva e no acesso aos serviços públicos. Fonte: <http://www.mds.gov.br/bolsafamilia/> Acesso em: 29/09/2013.

sas observações. Para manterem certo padrão de vida, A1 teve de ingressar em outro emprego, totalizando uma carga horária de 16h de trabalho entre os dois empregos, para que A2 fique com as responsabilidades domésticas. É A2 que recebe o benefício e administra as despesas, contando com os dois empregos de A1 para aumentar a renda e tornar suficiente para o pagamento de contas e despesas com alimentação, dentre outras. O benefício só se tornou possível, pois legalmente somente A2 mora no apartamento com o filho, e como esta encontra-se sem renda, conseguiu acesso a tal auxílio governamental. O peso de prover de A1 é igualmente sentido em outro aspecto por A2. A relação com seu filho pré-adolescente está complicada e A2 solicita ajuda de uma das psicólogas do programa para lidar com o menino. O filho rouba dinheiro de suas mães de forma recorrente, e A2, sem saber o que fazer, muitas vezes esconde todo o dinheiro da casa e, até mesmo, tranca o filho no quarto a noite para que ele não furete. O preconceito e a discriminação podem não ser um dilema para essa família, mas certamente outros conflitos atingem a configuração familiar. A2 atribui o comportamento delinquente ao fato do garoto ser adotado. Não pudemos tirar conclusões quanto a isso. Apesar dos impedimentos geográficos e de infraestrutura encontrados, o papel de liderança que o condomínio atribui a cada representante de bloco é muito benéfico. É perceptível o quanto isso gera uma mobilização social e empodera cada representante e alguns moradores que são de certa forma militantes. As assembleias que são realizadas não contam com a presença de todos os moradores, mas a maioria dos representantes de bloco e a síndica acabam se mobilizando e trocam ideias, sugestões e críticas. Desta forma, tornou-se possível a construção de relações de confiança e respeito, auxiliando a construção de práticas sociais coletivas que se encontram perpassadas pela ética e solidariedade (Scarparo, 1996).

Ao nos depararmos com a proximidade dessa configuração familiar com o padrão de casal heterossexual podemos nos questionar sobre os motivos dessa norma ser seguida num contexto aparentemente tão diferente. Fica a dúvida: para ser considerado um casal de verdade, está imposta uma conduta heterossexual? Wittig (1992) comenta sobre a questão da heteronormatividade e tenta fomentar tais questionamentos no leitor, abordando categorias que o social impõe ao indivíduo e que colaboram na construção da ideia de que o “normal” e “aceitável” é ser heterossexual ou imitar a conduta heterossexual, pois para ser homem e ser mulher é reforçado de forma implícita e até mesmo explícita a imitação de comportamentos estereotipados ligados à conduta heterossexual. O compromisso do encaixe em categorias como feminino e masculino já seria a repetição compulsiva dessa norma heterossexual. Podemos perceber a posição forte de Witting (1992) neste trecho:

“Essas categorias funcionam como primitivos conceitos num aglomerado de toda a espécie de disciplinas, teorias e ideias correntes a que chamarei o pensamento hétero (Ver o Pensamento Selvagem de Claude Levi-Strauss). Dizem respeito à “mulher”, “homem”, “sexo”, “diferença”, e a toda a série de conceitos que carregam esta marca, incluindo conceitos tais como “história”, “cultura”, e o “real”. E embora tenha sido aceito em anos recentes que não existe semelhante coisa como a natureza, que tudo é cultura, permanece dentro dessa cultura um cerne de natureza que resiste a ser examinado, uma relação excluída do social na análise - uma relação cuja característica é inescapável na cultura, assim como na natureza, e que é a relação heterossexual. “ (WITTING, 1992).

Na mesma linha de raciocínio vem Butler (2003) problematizar a questão da legalização das uniões homoafetivas - uma possível imitação da conduta heterossexual para a autora, com intuito de legitimizar os laços entre essas pessoas, o que muitas vezes acaba por acontecer de forma inversa ao que se espera. A relação que se espera é a heterossexual, um parceiro feminino e outro masculino, gêneros binários. Como legalizar a homossexualidade como modelo de família? Afinal, o que a sociedade espera e impõe como modelo de família é o vínculo eterno entre os pares diferentes, héteros, e, então, o resultado dessa relação, ou seja, o fruto dessa relação: o filho legítimo, aquele gerado e concebido por ambos. O que foge da norma convencionalizada pode ser considerado como um núcleo familiar? A família homomaterna desse estudo pode ser considerada, já que apresenta filho adotivo e filha gerada apenas por uma das mães? Sendo lésbicas, elas representam um casal (mesmo cada uma tentando representar os papéis considerados masculinos e femininos)? Afinal, o que é a mulher? Para Witting (1992) este é um problema que as lésbicas não têm por conta de uma perspectiva que não as inclui e seria incorreto dizer que as lésbicas se associam, fazem amor, vivem com mulheres, pois “mulher” tem significado apenas em sistemas de pensamento heterossexuais e em sistemas econômicos heterossexuais. As lésbicas não são mulheres (Witting, 1992). E o modelo atuado por essa família não está seguindo o padrão hétero? Onde se encaixariam, então?

Os estudos da Teoria Sistêmica de casal e família ainda estão muito centrados no modelo tradicional de família, com pais de sexos diferentes e filhos biológicos. O próprio material pesquisado para embasar teoricamente foca-se na pesquisa com casais heterossexuais. O conceito de gênero fica definido como contrato social, mas fica implícito o

foco nas diferenças entre os papéis e representações de cada sexo (Coelho, 1996). Essas identidades de gênero são fundamentais para o entendimento da atuação do sujeito enquanto parte de sua configuração familiar, bem como na comunicação que esse casal vai estabelecer. Não é a toa que a família homomaterna instituiu papéis tão estabelecidos e próximos da regra, afinal existe toda uma cultura e todo um reforço para sermos atores da heterossexualidade. Talvez possa ser esse o motivo de não discriminarem esse casal enquanto família, pois sua configuração não foge tanto a regra. São apenas hipóteses para fomentar no leitor questionamentos e aguçar a visão crítica dos fatos relatados.

Resultados

Foi encontrado um contexto integrativo, onde a família conta com apoio e aceitação. O fato de ser um casal constituído por duas mulheres não é fator impeditivo, dentro da comunidade, para que essa família desempenhe qualquer papel social que uma família heterossexual desempenharia. Não foram observados comportamentos lesbofóbicos advindos da comunidade, porém a família observada é muito reservada e exerce papéis dentro da heteronormatividade – fatos que podem corroborar para tal.

Conclusões

Podemos concluir que, por se tratar de uma comunidade com viés aberto e integrativo, essa família pode relacionar-se de maneira livre de preconceitos e desenvolver suas potencialidades dentro desta comunidade, sem as pressões sociais tão presentes na sociedade.

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Minority stress and mental health of Polish LGB people

Preliminary results

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Abstract

The concept of minority stress stems from several sociological and psychological theories, and refers to the situation of social groups that are stigmatised because of their social status. According to Ilan Meyer, minority stress is a unique, chronic, and socially based stress.

The purpose of this article is to present preliminary results from the first Polish survey of minority stress and mental health among Polish people who are lesbian, gay, or bisexual (LGB). The first research aim is to measure three minority-stress processes that can affect LGB individuals: internalised homophobia, expectation of rejection, and concealment. The second aim of this study is to examine the relationship between minority stress and depression and anxiety, since previous research has reported that high levels of minority stress are associated with depressive and anxiety symptoms.

The measures used in this research were: 1) the Sexual Minority Stress Scale; 2) the State-Trait Anxiety Inventory (STAI); and 3) the Centre for Epidemiological Studies – Depression Test (CES-D). Statistically significant correlations were found between two minority-stress processes (internalised homophobia and expectations of rejection) and two mental health outcomes (depression and trait anxiety). Differences between homosexual and bisexual participants are discussed.

Keywords: minority stress, homosexual, bisexual, anxiety, depression

Introduction

There is currently a polarisation of attitudes toward homosexuality in Poland. On one hand, there is a growing number of formal institutional gatherings of people who are lesbian, gay, and bisexual (LGB), such as organised parades that are a manifestation of sexual equality. The first parade was held in 2001 in Warsaw, and started a public debate in Poland about the rights of LGB individuals. At that time, the first non-governmental organisation, Kampania Przeciw Homofobii (Campaign Against Homophobia), was established to eradicate discrimination against LGB individuals, and to organise social education about non-heterosexual orientations. The Lambda Association, which was established a few years earlier, has worked on behalf of the LGB community, and has organised support groups, workshops, and therapeutic services for LGB individuals. On the other hand, a considerable part of Polish society has been reluctant to accept homosexuality, and hostility has been shown towards homosexually oriented people. The reaction to LGB individuals not only involves homophobic beliefs and attitudes, it also is expressed through acts.

According to a 2005-2006 survey of LGB individuals, 18% have experienced some kind of physical abuse (such as being hit or kicked) because of sexual orientation, and 51% have experienced psychological abuse (such as verbal aggression, humiliation, ridicule, or threat) (Abramowicz, 2007). A similar survey that was conducted by the author six years later reported a noticeable, but slight decrease in the number of people experiencing violence: 12% reported physical abuse and 44% reported psychological abuse (Abramowicz, 2012). The data from another study (Krzemiński, 2009) showed similar results in that physical abuse was experienced by 11% of respondents and psychological abuse was experienced by 43%.

Meyer's concept of minority stress (Meyer, 1998; 2003a; 2003b; Kertzner, Meyer, Frost, & Stirratt, 2009) offers a theoretical framework for understanding the situation of LGB individuals. The model is based on social stress models that attempt to explain the relationship between social stressors and mental health (Meyer, Schwartz, & Frost, 2008; Schwartz, & Meyer, 2010). LGB people are subjected to social stressors that range from anti-homosexual attitudes,

which are widespread in society, to discrimination and violence. Meyer (2003b) proposed that there are three main processes involved in minority stress: external stressful events, expectation of these events, and internalisation of negative social attitudes. However, it appears that an additional factor is also important – i.e., concealment of one's sexual orientation. In the minority stress model, mental health problems are not caused by orientation, per se, but are rooted in the social circumstances.

The results of multiple studies support the idea that the most important minority stress process is probably internalised homophobia, which Meyer and Dean (1998) have described as the most insidious process. Internalised homophobia occurs when LGB individuals internalise society's anti-homosexual attitudes. Internalised homophobia has been found to correlate with psychological distress, poor mental health, lower self-esteem, a lower level of community integration, and a lower quality of intimate relationships. The odds of experiencing lifelong mood and anxiety disorders are twice as high for LGB individuals than they are for heterosexuals (Bostwick, Boyd, Hughes, & McCabe, 2010; Frost, & Meyer, 2009; Iniewicz, Grabski, & Mijas, 2012; Meyer, 2003b). The most important factors that may protect against the problems associated with social stress have been described as group identity and social support (Meyer, 2003b; Frost, & Meyer, 2012).

In the present article we present preliminary data from our research, which attempts to measure the minority stress processes related to being an LGB person. Correlations were found between three minority stressors (internalised homophobia, expectation of rejection, and concealment), and two measures of mental illness (depression and anxiety). These findings are consistent with prior research reporting that high levels of minority stress are associated with depressive and anxiety symptoms (e.g. Bostwick, Boyd, Hughes, & McCabe, 2010). Thus, the data from our Polish sample generally confirm the results of previous research, although they also take into consideration the specific social circumstances of Poland.

Sample

A total of 207 participants (89 male and 118 female) took part in the study. The participants, who were 15-58 years old ($M=24.02$; $SD=6.14$), were recruited using the snowball technique, as well as the Polish LGBT social networking service - Queer.pl.

Table 1.

Participants' sex and sexual orientation.

Sexual orientation	Male N (%)	Female N (%)	Total N (%)
Homosexual	65 (73.03)	86 (72.88)	151 (72.95)
Bisexual	24 (26.97)	32 (27.12)	56 (27.05)
Total	89 (100)	118 (100)	207 (100)

Approximately half ($N=99$, 47.8%) of the participants were in a relationship. The mean duration of their relationships was 1.43 years ($SD=3.5$; $Mdn=1$); excluding six of the longest relationships, which had lasted 5 years or more ($SD=0.86$).

Measures

The Sexual Minority Stress Scale (SMSS) is an unpublished scale from CLEAR at Palo Alto University, USA (Goldblum, Waelde, Skinta, & Dilley, unpublished text). It measures those factors described by Meyer that increase or decrease the risk of minority stress. The SMSS consists of the following subscales: Internalised Homophobia, Expectations of Rejection, Satisfaction with Outness, Concealment, and the Sexual Minority Negative Events Scale. We used three of the subscales that were included in Meyer's (2003a) original conceptualisation of minority stress: the Internalised Homophobia Scale (IH), which measures the extent to which LGB individuals reject their sexual orientation; the Expectations of Rejection Scale (ExR), which measures the degree to which an individual finds the presence of others aversive because of an expectation of rejection; and the Concealment Scale (Clm), which measures the degree to which an individual intentionally hides his/her sexual orientation from others. The adaptation and translation of the scales into Polish was done with the permission of the authors.

The State-Trait Anxiety Inventory (STAI), which was developed by Spielberger (1989; Spielberger, Gorsuch, Lush-

ene, Vagg, & Jacobs, 1983), is a 40-item inventory that uses a 4-point Likert scale to measure the intensity of feelings of anxiety. It distinguishes between state anxiety (i.e., a temporary condition experienced in specific situations) and trait anxiety (i.e., a general tendency to perceive situations as threatening). The inventory was translated and adapted to Polish circumstances (Wrześniewski, Sosnowski, & Matusik, 2002)

The Centre for Epidemiological Studies – Depression Test (CES-D) is a screening tool for depression and depressive disorders (Radloff, 1977). It measures symptoms defined by the American Psychiatric Association’s Diagnostic and Statistical Manual (DSM-IV) for a major depressive episode. It is designed for use in the general population to study relationships between depression and other variables in population subgroups. The test was translated and adapted to Polish circumstances (Dojka, Górkiewicz, & Pająk, 2003).

Results

Statistically significant correlations (Spearman’s rank correlation coefficient) were found between scores on the CES-D and the SMSS subscales (IH and ExR) in the group of bisexual respondents (Table 2).

Table 2.

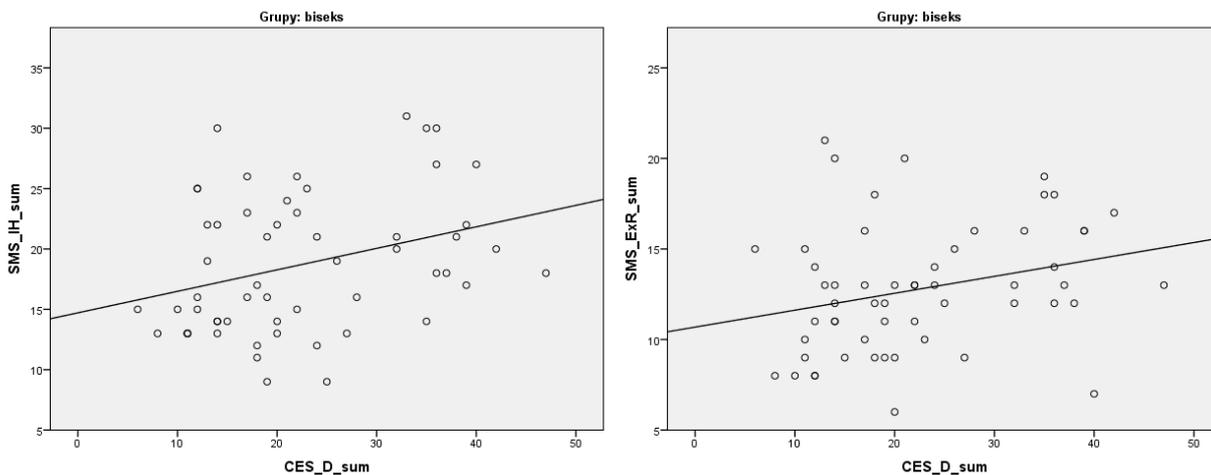
Correlations between SMSS scales and depression and anxiety in the group of bisexual respondents.

SMSS	CES-D	STAI X1 (state)	STAI X2 (trait)
IH (Internalised homophobia)	.313*	-.180	.246
ExR (Expectations of Rejection)	.311*	-.038	.095
Cm (Concealment)	.171	-.202	.244

* $p < 0.05$

Figure 1.

Correlations between scale of depression (CES-D) and Internalised Homophobia as well as Expectations of Rejection (SMSS) in the bisexual group.



Scores on the SMSS IH and ExR subscales also exhibited statistically significant Spearman correlations with the STAI (trait anxiety) and the CES-D in the group of homosexual respondents (Table 3).

Table 3.

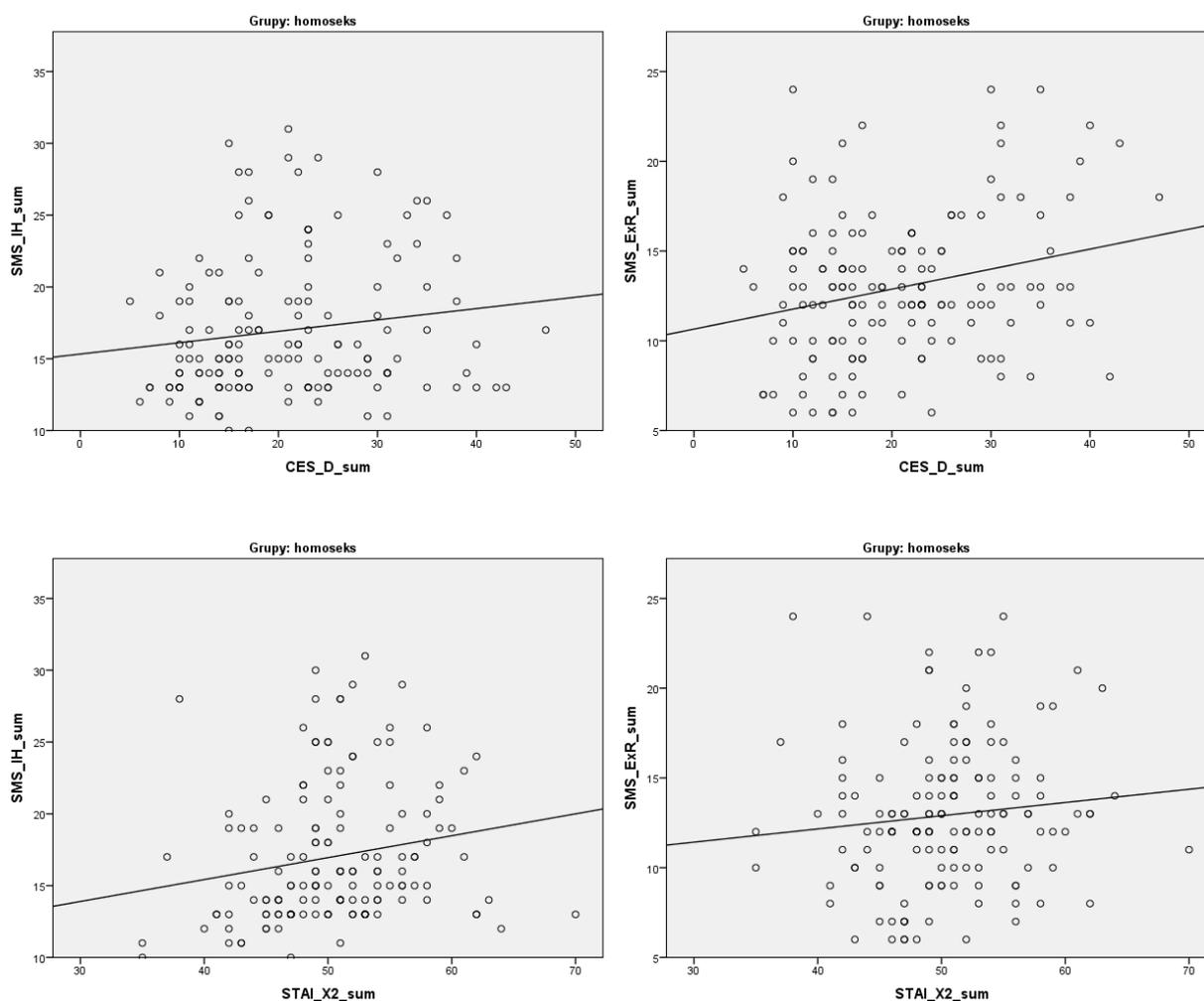
Correlations between SMSS subscales and depression and anxiety in the group of homosexual respondents.

SMSS	CES-D	STAI X1 (state)	STAI X2 (trait)
IH (Internalised homophobia)	.190*	-.049	.265**
ExR (Expectations of Rejection)	.180*	-.085	.167*
Clm (Concealment)	.012	-.021	.072

* $p < 0.05$, ** $p < 0.01$

Figure 2.

Correlations between scale of depression (CES-D) and Internalised Homophobia and Expectations of Rejection (SMSS), and between scale of anxiety as trait (STAI X2) and Internalised Homophobia and Expectations of Rejection (SMSS) in the homosexual group.



Discussion:

We observed positive correlations of internalised homophobia and expectations of rejection with depressive symptoms in groups of bisexual and homosexual individuals.

The correlation between internalised homophobia and depression seems to be particularly important, since research by Frost and Meyer (2009) indicates that depression, which is aggravated by internal homophobia, influences intimate relationships. This is important because intimate relationships are a protective factor against mental health problems. If such relationships are poor they can have a negative impact on health. Approximately half of our study participants were in relationships, and the mean duration of their relationships was approximately one and a half years. Roughly half of the participants in the Frost and Meyer (2009) study also were in relationships, but their

mean duration was over three years ($M=3.21$). This difference may be related to the specific situation in Poland that affects LGB individuals and their relationships. The legal safeguards available to LGB individuals in Poland are not as robust as those afforded by the regulations of other European countries. It is difficult to know whether the duration of the relationships is related to internalised homophobia or is characteristic for this stage of life, although both are probably important. We suspect that LGB individuals in Poland are only partly protected by close relations, and that they experience structural stress, which reflects social structure, according to the model described by Meyer, Schwartz and Frost (2008).

Internalised homophobia and expectations of rejection correlate with both depression and trait anxiety in the group of homosexual individuals who were surveyed. These results suggest that rejection of sexual orientation, suppression of same-sex attractions and sexual feelings, in addition to negative social attitudes towards non-heterosexuals, may cause expectations of rejection that could contribute to depression and anxiety. However, the possible cause and effect relationships are far from clear, and require additional evidence.

The lack of association between internalised homophobia and anxiety in the group of bisexual individuals in the study may result from the fact that it is easier for people to hide their orientation if they are attracted to people of both sexes than it is for people who have a homosexual orientation. Homosexual individuals may be afraid of “coming out” because of the potential consequences.

There was no significant correlation between any of the SMSS subscales and state anxiety. This may be due to a specific protective factor, or the close relationships and/or support received from the internet community. The nature of the recruited participants also may have some influence, since the individuals who volunteered to participate in the study could be different from the general LGB population.

It is interesting that there was no correlation between concealment and depression or anxiety in any group. The explanation for this might be related to the young age of respondents, and the fact that their sexual orientation may have been concealed from certain individuals only. In any case, internalised homophobia seems to be much more destructive than concealment, as indicated by its relation with depression.

This article presents only preliminary data. The entire research presentation also will include consideration of protective factors from Meyer’s Sexual Minority Stress Model, such as attachment style, quality of close relationships, coping mechanisms, and social support.

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Moving Beyond Heterosexism? Interrogating others' reactions to important life events

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Abstract

In recent years the psychology of sexualities has diversified. There has been increased engagement with queer theory and a heightened focus on sexual practices alongside continued interrogation of heteronormativity via analyses of talk-in-interaction. In this article, I offer an argument for juxtaposing the incongruent in order to further interrogate manifestations of heterosexism in lesbian, gay, bisexual, trans and queer (LGBTQ) people's lives. In this case, accounts of others' reactions to a happy event and to a sad experience. By drawing on two contrasting data corpuses – 124 people planning or in a civil partnership and 60 women who had experienced pregnancy loss – there is increased potential for understanding variation in 'normative' and/or heteronormative interpretations of LGBTQ lives. I suggest that, despite significant legal and structural gains for LGBTQ communities in a number of Western countries in recent years, and lively internal debates within the psychology of sexualities field, critical examination of manifestations of heterosexism should remain a central focus.

Key words: heterosexism, qualitative methods, pregnancy loss, miscarriage, civil partnership/marriage

Topic categories: LGBT Families, Minority Stress, Oppression, and Homo/Bi/Transphobia, Same-Sex Relationships

In recent years there have been moves towards 'queering' the psychology of sexualities and LGBTQ psychology. While other disciplines across the social sciences, arts and humanities have been quicker to embrace queer theory, the intellectual potential of the psychology of sexualities has been invigorated through engagement with the theoretical opportunities offered by Foucault (1978) and Butler (1990), amongst others. There has also been a concomitant shift to research on sexual practices and behaviours – partly reflected in the change of the British Psychological Society (BPS) Section name from Lesbian and Gay Psychology to Psychology of Sexualities in 2009. These developments are very important, not least because they have facilitated the explicit widening of the field beyond lesbian and gay identities to include bisexual, trans, intersex, cisgender, asexual and heterosexual individuals and groups as well as psychologies which reject heteronormative conceptions of sex/gender and sexuality⁷. A second trend has been a sustained focus on examining the operations of heterosexism and heteronormativity at the more 'mundane' or everyday level of ordinary discourse (Kitzinger & Peel, 2005; Land & Kitzinger, 2007; Peel, 2001; Speer & Potter, 2000). One of the interesting, and important, contributions of this body of work is its capacity to capture the subtle, and problematic, aspects of prejudiced talk, *despite* the positive structural and legal change which has occurred in some countries and jurisdictions over the last decade or so. Psychologists working in the sexualities field have much to continue contributing at both the more 'macro' and more 'micro' levels of analysis. Positive change must remain a key focus of the field. Mainstream psychology, by and large, remains resolutely heteronormative, if not out and out heterosexist

7 - Although the inclusion of diverse communities was always implicit, if not previously visible, in the previous Section name of Lesbian and Gay Psychology (Kitzinger et al., 1998).

(Clarke, Ellis, Peel, Riggs, 2010: 20) – and inroads here need to be extended and consolidated. Psychological practice warrants ongoing scrutiny and, no doubt, improvements in many specialities and services: the recently published BPS guidelines for those working therapeutically with sexual and gender minority clients are a welcome contribution (Shaw et al., 2012). Working towards a world which is free from prejudice and discrimination on the grounds of sexual and gender identity remains as pressing now as ever.

So far I have told a story of both development and progress, and one of continued oppression and adversity. Both of these are necessary and contingent for the field to attract new scholars and ongoing research, guard against either the wholesale ‘ghettoising’ of the Psychology of Sexualities or, equally problematic but for different reasons, ‘mainstreaming’ of the field. I am mindful of a discussion that I collected and analysed in a sexuality diversity training session (then known as lesbian and gay awareness training) with clinical psychologists whereby a participant articulated her decision for voting against the establishment of the original BPS Lesbian and Gay Psychology Section in 1998. She asked ‘why should they be marginalised’ and voiced that the Section ‘robbed the general group of the richness of experience and knowledge that we need’ (Peel, 2001). As we know, the original establishment of this Section received the largest ‘anti’ vote than ever before recorded in any parallel BPS ballot. It is crucial not to forget this history, or what a precious and hard won space this field is in the UK and elsewhere.

Pursuing research and scholarship which speaks to, and engages, ‘insiders’ and ‘outsiders’ whomever they be, is critical for the continued vigour of the field. In the spirit of this, in what follows, I offer an argument for juxtaposing the incongruent⁸ in order to continue interrogating manifestations of heterosexism in lesbian, gay, bisexual, trans and queer (LGBTQ) people’s lives: in this case, accounts of others’ reactions to a happy event and to a sad experience. By drawing on two contrasting data corpuses – LGBT people planning or in a civil partnership and LBQ women who have experienced pregnancy loss – there is increased potential for understanding variation in ‘normative’ and/or heteronormative interpretations of LGBTQ lives. What is conceptually interesting about juxtaposing accounts of these two, very different, forms of experience is their broader cultural (normative) meaning. It is not simply that marriage-like relationship celebration is ‘happy’ or ‘positive’⁹ and pregnancy loss is ‘sad’ or ‘negative’, it is that the former demands, or there is a cultural expectation of, a reaction from others; whereas the latter is shrouded in cultural silence. The broad question I ask of these two, divergent, data-sets is – what are other’s reactions? In considering other’s reactions I conceive of other in its usual sense (family, friends, people at large) and also Other and ‘Othering’ in the feminist sense¹⁰. In the following section I outline details of these studies in terms of their aims and those who participated in them, before moving on to analyse accounts of how LGBTQ people’s news was received by others.

The Studies: Civil Partnership and Pregnancy Loss

Following University ethical approval, in both studies, like most LGBTQ psychological research strategic opportunistic and snowballing sampling were used to recruit participants. The first study explored same-sex couples’ views and experiences of British civil partnership. One hundred and twenty-four lesbian, gay or bisexual people participated in the study from October 2005 to January 2008. Fifty-two of these were interviewees, 72 were questionnaire respondents. There were 12 pre and 18 post civil partnership interviews and seven pre and 29 post civil partnership questionnaires¹¹. Therefore there were data on 19 couples before and 48 couples after civil partnership, see Table 1.

8 - I use the term incongruent here to mean – in its straightforward sense – things which are not alike, so two different data-sets focusing on divergent topics. But I also use the term to signal a lack of harmony or inkeepingness when adopting this approach. In other words, if we bring together and explore contrasting data-sets (in this case data about ‘happy’ and ‘sad’ events) there may be enhanced potential to generate insights that may challenge taken-for-granted assumptions about sexualities and the operations of heteronormativity and heterosexism, for instance, as well as offering a novel approach in psychology of sexualities research.

9 - Of course whether same sex marriage or marriage-like frameworks are positive or desirable for diverse LGBTQ communities has been a source of much academic debate (e.g., see Peel & Harding, 2004, 2008; Jowett & Peel, 2010; Rolfe & Peel, 2011).

10 - Simply put the capital ‘O’ is used to indicate that there are larger forces at work, usually connected to particular identity categories and axes of marginality and privilege. Harmful asymmetries between groups are signalled through the use of Other and Othering. So, for example, women are Other in a male-dominated culture.

11 - A small minority of these data were paired pre and post civil partnership interviews with the same couple.

Table 1:*Civil Partnership Study Demographic Information*

Gender	41% (50) men, 59% (72) women (including 1 trans woman)
Sexuality	100% of the men identified as gay, 94% of women identified as lesbian
Age	Average age 42.6 yrs (range 20- 83 yrs)
Ethnicity	99% (121) White, 1 Thai Chinese
Class	85% (95) self-identified as middle class, 15% (17) as working class
Disability	96% (115) not disabled
Religion/Belief	49% (19) Christian, 44% (17) non-religious, 8% (3) 'spiritual'
Children	76%(88) had no children, 24% (28) had children
Relationship status	Average relationship length 11 yrs 4 mths (range 1 yr 6 mths – 36 yrs); 98% (61) co-habiting
Education	75% (72) University level education, 9% (9) A Level, 6% (6) GCSE or equivalent
Employment status	78% (97) employed, 12% (15) retired, 4% (5) student, 2% (2) unemployed

The other study was an online questionnaire examining non-heterosexual women's experiences of pregnancy loss, i.e., miscarriage, stillbirth and neonatal death. Sixty women from four different Western countries completed the questionnaire between November 2008 and March 2009, see Table 2.

Table 2:*Pregnancy Loss Study Demographic Information*

Sexuality	Lesbian (77%, 46), Bisexual (15%, 9), other (8%, 5) e.g., queer, butch dyke
Age	Average age 35 years (range 22-55 years)
Ethnicity	92% (55) white, 5% (3) Black, 1 white/Hispanic, 1 Sri Lankan
Class	78% (47) self-identified as middle class, 15% (9) working class, 7% (4) other
Disability	95% (57) not disabled
Children	55% (33) had children, whose mean age was 4 ½ years (range 4 days –17 years)
Relationship status	82% (49) in relationships with women - 45% (22) of which were legally recognised, 8% (5) were single, 5% (3) were in polyamorous relationships, 3% (2) were married to men, 1 in a relationship with a transman.
Location	Britain (43%, 26), the USA (28%, 17), Canada (18%, 11) and Australia (10%, 6)

The majority of the losses participants' experienced were early miscarriages (up to 13 weeks gestation, 76%, 32). Most had been pregnant (78%, 47), while 13 (22%) participants had experienced loss as the non-pregnant expectant parent. In the analysis that follows I take a broadly discursive psychological approach to these data (Edwards & Potter, 1992), being mindful of the types of actions (i.e., justifying, complaining) participants are accomplishing as well as the topical focus of their discourse.

Analysis

LGBTQ people have a complex relationship with marriage and marriage-like institutions, not least because of the heterosexism associated with weddings and the reification of the coupledom norm. Nevertheless, many members of LGBTQ communities greatly value the legitimacy and recognition afforded by marriage and/or marriage-like frameworks (Harding & Peel, 2006), and for those couples entering into a civil partnership this, invariably, constitutes a personally important event in their lives. While research about LGBTQ parenting – especially lesbian mothers and the 'adjustment' of their children– has been a major focus in the psychology of sexualities (e.g., Patterson, 2000) this work has largely told a tale of successful parenting. By contrast, the loss of a pregnancy is a physically and psychologically distressing event that constitutes a form of (often socially unrecognized) bereavement that is 'amplified' in

non-heterosexual contexts (Peel, 2010). Therefore, although these two types of experience (same-sex 'marriage' and pregnancy loss) constitute elements of same sex relationships, the former is 'public' and positive; the latter is 'private' and painful.

Most (85%) participants in the pregnancy loss study felt that their loss or losses had had a 'significant' or 'very significant' impact on their lives. Data on the personal significance of embarking on, or having, a civil partnership was not systematically collected, but as we will see in the analysis of the interview data below civil partnership was (unsurprisingly) constructed as a salient event by participants. When examining the participants' accounts of these two events what we see, however, is that reactions to the news of these events were varied and there were some explicit and implicit 'tensions' in the ways participants talked about their family and friends' reactions, two of which I explore in detail here: 1) muted reactions; and 2) invoking heteronormativity. Many participants reported feeling that their civil partnership facilitated conversations that they would not have ordinarily had with their family and friends, and that often their reactions were more positive and supportive than they had anticipated. In the civil partnership study there was no attempt to quantify participants' views about other people's reactions to their civil partnership. In contrast, many participants (69%) in the pregnancy loss study reported that their family and friends reactions to the news of their loss were 'supportive' or 'very supportive', although seven reported that other people's reactions were 'neutral' and three participants indicated that their reactions were 'unsupportive'. None of these participants claimed that friends and family were 'extremely unsupportive'.

In what follows I explore the ways that the issues of muted reactions and displays of heteronormativity are played out in these data. In considering these issues with respect to accounts of these two very different forms of experience we will see how both a sense of being treated differently is produced as problematic, but also how, in the case of pregnancy loss, being treated the same (as the implied heterosexual norm) is similarly produced as troublesome. I argue that it is in the nuances of the presentation of o/Other's reactions that we can see the continued operation of heteronormativity. In the final part of this paper I consider some of the implications of this analysis for continued consideration of manifestations of heterosexism and heteronormativity in the psychology of sexualities field.

Muted Reactions

When we reflect on the marked enthusiasm and, to risk overstating the contrast, glee with which the news of different sex couple's impending nuptials are greeted by their nearest and dearest the implicit contrast in Ben and Martin's account below is thrown into relief.

Extract 1: Interviewer: How did people react when you told them?

Martin: I think people were a bit unsure about how to react. And mainly what people said was 'congratulations' erm and then I think they thought- although honestly I don't know, but I think they thought 'oh I don't know what the right thing to say is'. But it was a very positive, you know, reaction.

Ben: It will be interesting at some point, I don't know whether we want (to get) to it now or maybe later but it was interesting the response we got from family and friends. It raised some issues with us didn't it. Do you remember?

Martin: Did it?

Ben: Yeah. Telling Sally and Anita.

Martin: Oh your friends.

Ben: Yeah my friends. Do you want me to?

I: Yeah, yeah do.

Ben: They obviously didn't know what to say either and it seemed to generate some mixed emotions so telling two of my very close friends didn't really say anything. They were obviously- well I don't know really what they were thinking

Martin: Well we think the expectation was that they thought you'd always be on your own.

Ben: Yes so I've been a very reliable close friend and the expectation is that you'll be around forever I think in that context and it was clearly, it was clearly a shock actually. Particularly Sally my closest friend, she couldn't really say very much at all which- [...] And then my family on the main part, my parents were supportive but my brother didn't really say very much either. He was a bit like 'Oh okay', 'Oh that's good'.

Martin: But that's a whole other story let me tell you.

Ben: So erm it is interesting actually and I found that- that was a bit upsetting wasn't it about my friends in particular, I expected them to be really pleased.

We can see in this extract that, despite Martin's initial assessment that others' reactions were 'very positive', Ben constructs an account that positions the response of their significant others as one of a lack of certainty and ambiguity around the 'appropriate' response to their news ('a bit unsure about how to react') and uses active voicing and the surprise particle 'Oh' (Wilkinson and Kitzinger, 2006) to bolster the lack of intelligibility of their impending marriage-like ceremony. Later in their account Ben similarly ventriloquizes the muted reaction from his brother ('Oh okay', 'Oh that's good') in a way that implies that his brother merely receipted their exciting and happy news rather than upgrading it (for instance by saying 'that's wonderful!') as would be expected as the preferred response in ordinary conversation (Pomerantz, 1984). Ben also provides an assessment of his emotional reaction to this sub-optimal and unexpected reaction from family and friends in a way that strengthens the 'upset' evident in his talk. He does so by cutting off at the word 'that' when saying 'I found that' to self-repair and make his talk stronger 'that was a bit upsetting' (Schegloff et al., 1977).

His account, therefore, is built to signal the gap between their expectation of others reactions ('really pleased') and the less than ideal reality. We know that gay men and straight women's relationship are interesting and complex (Shepperd et al., 2010) and it is interesting here too that Ben's 'closest friend' (a woman, who it is clear from elsewhere in their interview is heterosexual) is described as not saying 'very much at all'. Not merely because she 'didn't' or 'wouldn't' but because she 'couldn't'. Arguably the use of the word 'couldn't' suggests not simply a lack of will on her part, but something more pervasive and significant about a broader lack of intelligibility for the two men entering a marriage-like framework that, in effect, renders her without the ability to speak. Arguably, here we are encountering the realm of 'unspeakability' and 'unthinkability' in the Foucauldian sense (Foucault 1991).

In the pregnancy loss data, by contrast, participants often employed extreme case formulations (Pomerantz, 1986), in this instance 'everyone', to highlight the universality and assert the strongest case regarding other's appropriately sympathetic reaction to their loss: 'Everyone was devastated. We received a lot of flowers and a lot of people came to the memorial we held for him a few weeks after his death (Lesbian, Australia, stillbirth); 'Everyone was sorry for our loss and we received lots of cards and some flowers' (Lesbian, USA, miscarriage); 'Everyone was gutted and very supportive' (Bisexual, UK, miscarriage). However, in other extracts from these data there was evidence of the more normative cultural silence and discomfort around pregnancy loss experiences: 'They were supportive but quiet, in general.' (Lesbian, Canada, miscarriage); 'They were generally not that supportive. Some said nothing. People were very uncomfortable discussing the issue.' (Lesbian, USA, miscarriage). What is particularly interesting about the characterisation or intent behind others' reactions here is that, in some cases, participants were orientating to an assumption of homophobia within a lack of reaction, or support. For instance, 'Most of our families just didn't really know what to say but they weren't negative' (Lesbian, USA, miscarriage). We see here that the participant is explicitly rebuking any negativity in the not 'really know[ing] what to say' reaction from her and her partner's family. The claims I am making about these types of accounts of 'mutedness' in other's reactions are somewhat different. In the civil partnership example the way that the 'mutedness' is produced by the participants displays an orientation to it being both inappropriate and (arguably) heterosexist. In the pregnancy loss data, however, first there was not always descriptions of muted reactions (quite the reverse). When there were mentions of muted reactions from others they intimated a more generic discomfiture with responding to bad news rather than the relational context the loss occurred in – that is the same-sex relationship - being problematic (cf., Peel & Cain, 2012). We could see the civil partnership example as Othering but perhaps not the pregnancy loss examples. In the next analytic section I push this theme a little further by considering how, in the participants' accounts, heteronormativity is made problematically relevant in different ways.

Invoking Heteronormativity

In this section I focus on the ways in which participants allude to a heteronormative cultural framework when discussing others' reactions to their news. Broadly speaking, we will see that in the civil partnership data it is the construction of difference from heterosexual relationship celebrations that creates a space where heteronormativity becomes visible, whereas in the pregnancy loss data the opposite occurs. In extract 2 the interviewer directly asks Mary whether there was a 'different' parental reaction to the news of her brother's heterosexual engagement from her announcement of her civil partnership to Jane.

Extract 2: Interviewer: Do you think your parents' reaction was different to his?

Mary: I'm sure it was yeah. I'm sure. I mean it was- I dunno two to- two or three minute discussion on the phone and I'm sure it- Well there's no sort- (It's amazing) my mum didn't actually ask where it would be did she. Maybe she knows. Maybe she knows I don't know but there was no=

Jane: They've probably been on the internet.

Mary:=oh how lovely a church will it be you know obviously so erm I don't know, I mean I was thinking that when I was telling her, I was thinking would we then be moving on to what we'll be doing at the weekend so quickly if it was you know I were getting married to a man cos it's difficult, I mean there's certain things like, they always send us separate Christmas cards so there's certain things in their head that can't click over onto this joint thing

Mary here provides certainty ('I'm sure') of the differential parental reactions and then offers an account which positions this difference as problematic. First, she constructs the ensuing telephone conversation with her mum as short ('two or three minute') and then lacking in the sorts of content that might be appropriate when a significant other receives important news (such as asking for more contextual information about the venue). She constructs the lack of asking as remarkable and highly significant through the phrase 'it's amazing' and the positioning of the word 'actually' in the phrase 'didn't actually ask', before signalling that her mum's lack of questioning engagement could, perhaps, be due her already having that knowledge ('maybe she knows'). Mary also produces this account in a manner that suggests that she was aware that the conversation was in some way problematic when set against (hetero)normative expectation as it was unfolding ('when I was telling her, I was thinking'). Finally, she then broadens the "difficulty" out to a more pervasive issue, constructing her parents as having a vague internal inability ('certain things in their head') to treat her and Jane as a couple ('joint thing'). So, while there is no direct imputation of parental heterosexism or prejudice in Mary's account (in fact Mary - and Jane - generously proffer that Mary's parents may already have sufficient information about their impending civil partnership thus further engagement with their plans is not required) we can see that heteronormativity is invoked. By contrast, in the pregnancy loss data heteronormativity is invoked by the problematic similarity in treatment by significant others.

Extracts 3: 'Almost everyone said right after they were sorry that don't worry we can try again. It made us very upset.' (Lesbian, USA, miscarriage)

'The ones with kids tried to normalize it: they said, "don't worry, just relax and it will happen" or "i had a miscarriage too..." (Lesbian, Canada, miscarriage)

'People were very kind. Close friends sent flowers. I did not want to talk about the loss with anyone except my partner and people were able to honor my request. My mother talked about losing "her grandchild." I know that hearing my mother take emotional possession over our child hurt my partner deeply.' (Bisexual, USA, miscarriage)

In these examples, the (hetero)normative response from others to miscarriage, especially the notion of "trying again", was produced as problematic in respondents replies to the question: Please describe how those you told about your pregnancy loss reacted to the news. (Include as much or as little detail as you wish. For example, What did they say? Did you receive cards/flowers? Did they say "never mind you can always have another one"? etc.). In the first two examples, the implied lack of understanding of the relational and situational factors involved in "trying again" for women who do not have easy access to sperm, signals problematic heteronormative assumptions. The 'upset' conveyed in response to the - presumably well-meaning and empathetic - 'don't worry we can try again' displays a lack of contextual understanding. To "try again" is markedly different in different-sex and same-sex relational contexts; for the former it is a euphemism for heterosex. For lesbians, and other women in same-sex relationship or single women, there are multiple and complex meanings attached to the, rather blasé, phrase 'try again'; none of which involve the pleasurable, and comparatively easy, experience of coitus. Admittedly, fertility problems arise in different-sex relationships, but they are not the norm and heterosexuals' 'unintended pregnancy rates linger at about 50%' (Wojnar, 2007: 483). A non-heteronormative journey to conception includes (re)negotiating access to semen either through a known donor, clinic or other supplier, transporting and/or storing the sperm, and/or having the financial resources to access assisted reproductive technologies such as intrauterine insemination (IUI), in vitro fertilization (IVF) or gamete intra-fallopian transfer (GIFT). Similarly, the "normalization" referred to in the second example belies the heteronormativity and heterosexism embedded in the notion ('don't worry, just relax and it will happen') - the antithesis of the un-restful, un-calm, intense, often emotionally and financially challenging process achieving conception in this context is. In the third example, the unintelligibility of the non-biological mother and problematic claims about biological connection are signalled in the account that 'My mother talked about losing "her grandchild."

I know that hearing my mother take emotional possession over our child hurt my partner deeply'. We see here that the (often precarious) role of 'the other mother' is created by the (hetero)normative claiming of grandparental status¹².

Concluding Remarks

This article contributes to the small, but growing, literatures pertaining to British civil partnership (Goodwin & Butler, 2009) and non-heterosexual peoples' experiences of pregnancy loss (Peel, 2010; Wojnar, 2007). It also contributes to sexualities work on 'intergroup relations' (Peel, 2009) through focusing on 'sexual minority' constructions of other groups, and the heteronormative mainstream. Leaving aside implicit differences in epistemic position, I would agree with Rostosky and colleagues that: 'Exploring the often tenuous and ambivalent nature of familial support as perceived by same-sex couples emphasizes the powerful impact that families of origin relationships continue to have on same-sex couples...same-sex couples' conversations about family support illustrate the complex nature of this important interacting social context' (Rostosky et al., 2004: 52).

In offering this analysis focusing on LGBTQ people's accounts of o/Others' reactions to two forms of important event in their lives I have made two key points. First, that if we combine data-sets we can generate empirical analyses that can highlight (potentially) new and novel ways of understanding LGBTQ experiences. Second, that in so doing, we should continue to interrogate the construction, operation and fracturing of heteronormativity and heterosexist discourses and practices. Furthermore, by offering this analysis I have drawn attention to some (enduring) heteronormative dichotomies: marriage as normative/intelligible and civil partnership as unintelligible/queer; and (hetero)normative parenthood as normal/natural; assisted reproduction as unintelligible/different. The psychology of sexualities has yet to comprehensively map the shifting terrain of the language of heterosexism (to borrow from Wetherell and Potter, 1992) and I would like to see a renewed focus on this important project as part of the diverse field that is the psychology of sexualities. I end with some observations about the field and some suggestions for the future.

First, could we radically re-envision 'mainstream' psychology by placing the theories, concepts, and empirical insights generated by the psychology of sexualities at the heart of the discipline? What would the psychological landscape look like if it genuinely encompassed a diverse range of experiences, rather than simply 'adding-in' LGBTQ people and leaving the heteronormative framework of mainstream psychology intact? Second, LGBTQ-specific research and comparative research should continue to be generated and valued. In other words, there should be the continued promotion of LGBTQ-specific research that explores the lives of LGBTQ people on their own terms. However, the benefit of comparative research which avoids treating heterosexual people as the benchmark, and seeks to identify and explain differences between groups needs to be acknowledged (e.g., the disparities between LGBTQ and heterosexual and cisgender people on key health indicators). Interrogating multiple and intersecting axes of marginalisation and privilege (das Nair and Butler, 2012) should become a more central component of research in this field. Finally, and importantly, the sexualities field should concentrate on embedding impact in research. While there is prejudice and discrimination on the grounds of sexuality and gender there is pressing need for us to think creatively about maximising positive social change outcomes from our research – combining data-sets and conducting secondary analyses could form a useful component of this bigger picture.

12 - Of course, the 'precariousness' of the non-biological parent in planned lesbian families is dependent on the broader social and legal context. In this particular example the participant resides in the USA, which has less progressive regulatory frameworks for same-sex families than elsewhere in North America and Europe. This means that often the non-birth mother has to apply to adopt her own children – a lengthy and financially and emotionally costly process. For some families who live in states that do not allow same-sex second parent adoption, this can sometimes involve moving to another state or country to attain legal parental status. In Britain by contrast, since 2009 a non-birth mother is automatically entitled to be listed on the child's birth certificate as 'parent' if the couple are in a civil partnership or received assisted reproduction services at a clinic. Therefore, it makes sense that the assertion of grandparental status (which is "next of kin" to a child after her/his parents) could be deeply hurtful when the status of one of the parents is tenuous or non-existent.

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Neither Marginalisation nor Incorporation: Gay and Lesbian Parents as a Case for Anti-Assimilationist Citizenship

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Abstract

Care is a fundamental component of people's life, with significant implications in terms of status and power dimensions, social justice, equality and citizenship. Nevertheless, care related policies tend to be defined in neutral terms, reinforcing inequalities based on gender, class, race/ethnicity, age, able-bodiedness and sexual orientation. Moreover, the literature on care tends to be focused on its costs and responsibilities, while less attention is paid to the *right to care* and its consequences in terms of *citizenship*.

Rethinking the phenomenon of parental care in a broader perspective, by offering a qualitative analysis that also includes non-conventional parents is the aim of the study here presented. This study builds on the findings of an empirical research on informal care conducted in the USA between 2005 and 2007 and based on a multi-method, phenomenological approach. The theoretical framework draws on those aspects of the psychology and sociology of emotions that, in explaining how feelings motivate conformity and social stratification, connect micro- and macro-levels, making care, emotion and sexual orientation central to understand how situated interactions reproduce social structure. Contemporary Western cultures incorporate aspects of same-sex parenthood that fit with neoliberal, capitalist and homonormative agendas while excluding the rest. Whether LGBT parents are interested in embracing such political agendas is questionable. Nonetheless, LGBT parental care possesses crucial implications in terms of social change and LGBT citizenship. Situating the debate of LGBT citizenship within the context of parental care allows us to overcome the misleading dualism between marginalisation and incorporation and to look for anti-assimilationist strategies of inclusion.

Keywords: LGBT parents, emotions, inclusion/exclusion, homonormativity, anti-assimilationist citizenship.

Topic category: LGBT Families

Introduction

One of the challenges contemporary capitalist societies face has to do with the seemingly irreconcilable tension between the necessity to create more caring, more just and more inclusive societies¹³ and a whole set of neoliberal principles¹⁴ which currently characterise these societies. While care is a fundamental component of our everyday lives, relationships and intimacies, with important philosophical and moral implications, it also possesses considerable implications in terms of status inclusion/exclusion, social justice, equality and citizenship. The literature on care, however, tends to pay more attention to its 'costs' and hence to define care in terms of *duties* and responsibilities rather than in terms of *rights*, neglecting the potential implications in terms of exclusion that those who are denied such rights might face. As a corollary of this, care related policies tend to be defined in neutral terms, reinforcing inequalities based on gender, class, race/ethnicity, age, able-bodiedness and sexual orientation. Among the aims of the study here discussed was to reframe the phenomenon of care¹⁵ in a more inclusive perspective, by offering a qualitative analysis that also includes non-conventional caregivers, and to challenge taken for granted assumptions about care, such as its automatic association with the idea of burden, or the assumption that gender is mostly what makes

¹³ - Based on the principles of solidarity, social justice and collective responsibility.

¹⁴ - Such as: economic freedom, individual freedom and personal responsibility.

¹⁵ - We are talking here about informal care, defined as unpaid and non-professional care work of a physical, psychological and social nature that is provided by relatives, partners, or friends.

a difference and produces inequality within the context of care. In other words, the research was aimed to propose a more reliable *phenomenology of care* and to examine its multiple implications by adding LGBT parents to the analysis and looking at the feelings of inclusion/exclusion revolving around care. Parenthood and parental care, in fact, are conventionally constructed and thought as quintessentially heterosexual and heteronormative, leaving LGBT people out of the picture. Thus, one of the research aims was shedding light into the interactional and emotional dynamics through which care can produce forms of inequality which are not (so much) related to the care activity in itself, but rather to the feeling of *entitlement to care* or its lack thereof. The complex relationships between *sexual orientation*, *parental care* and *citizenship* discussed in this paper are based on the findings of an empirical research on informal care conducted in the USA between 2005 and 2007. The sample of gay and lesbian parents on which this discussion is built was part of a larger purposive sample of 80 informal caregivers, 40 men and 40 women, involved in childcare and/or elderly care. Based on a multi-method, interpretivist approach, the research instruments and techniques included semi-structured in-depth interviews, participant observation, diaries, online discussion forums between members of LGBT parents' associations, interviews with key-informants and stakeholders, secondary sources on LGBT parental care collected from local associations, extensive literature reviews on care, emotions, gender, sexuality and parenthood, newspaper articles, and the web. From the theoretical point of view, the study drew on those aspects of the psychology and sociology of emotions that, in explaining how feelings induce conformity and social stratification, connect micro- and macro-levels, making care, emotion and sexual orientation central to understand how situated interactions reproduce social structure (Barbalet, 2001; Clark, 1990; Collins, 1990, 1993, 2004; Gordon, 1990; Hammond, 1990; Hochschild, 1979, 1995; Katz, 1999; Kemper, 1978, 1990; Scheff, 1990; Smith-Lovin, 1993; von Scheve & von Luede, 2005). More specifically, it was based on Collins' theory of *Interaction Ritual Chains* (2004), according to which the essential mechanisms defining both the individuals' interconnections and their positions in society possess an *emotional* nature rather than a merely cognitive, cultural, economic, social or political one. Collins claims that the emotional dynamics underlying the social structures—such as inequality—are based upon feelings of status membership or inclusion in groups or coalitions. This sense of status membership is described in terms of *emotional energy* (EE), which is similar to the psychological concept of drive but with a specific social orientation: it is a long-lasting emotion that builds up across situations and makes individuals initiate or fail to instigate interactions. Emotional energy comes from various chains of interaction, and it ranges from the highest heights of enthusiasm, self-confidence and initiative, when the interaction between people is successful, to the deepest depths of apathy, depression and retreat from action when the interaction is unsuccessful. Let now have a closer look at how the theoretical model exactly works and helps clarifying the crucial links between care, emotions, sexual orientation and inequality.

Emotions, heteronormative definitions of parenthood and social exclusion

The theory is based on the hypothesis that situated actions and interactions constitute the micro-foundation of macro-structures (Goffman, 1959, 1967). Every interaction generates different *status* and *power* effects according to the characteristics of the interacting social actors and the ingredients of the interaction itself. In brief, if the interaction is successful, there will be an increase along the dimensions of status and power, if it is unsuccessful there will be a decrease of them. Successful interactions generate EE (initiative for action, enthusiasm, etc.) which becomes part of people's supply of *emotional capital*. It is a similar mechanism to earning money: successful transactions make people earn money and money increases their financial capital; the difference, here, is that we are dealing with emotions rather than money. People's choices, behaviours, and decisions regarding daily-life issues are based on their emotional outcomes and inputs; their chance to gain or lose emotional energy is strongly affected by the success of their interactions and by the supplies of EE accumulated through their ongoing chains of interactions. We can look at parental care in terms of chains of interactions. I am talking here about a particular kind of interaction: that is the on-going internal dialogue between the subject carer and a whole network of generalized others or what Norbert Wiley (1994) calls *permanent visitors*, all those "others" who are variably present in our thinking processes and with whom we all are in a constant internal conversation. Heteronormative definitions of parenthood, constantly reproduced and transmitted by different types of permanent visitors (media, peers, families, institutions, etc.) decide who is entitled or not to the status of 'legitimate parent'. As a consequence, during their internal dialogue(s) with all these 'permanent visitors' same-sex parents constantly verify or disconfirm their status inclusion and/or membership to a wider imagined community of 'entitled parents'. *Am I acknowledged as a legitimate, fully entitled and good parent?*—same-sex parents ask constantly themselves. *Do our parental experiences belong to or can they be included into conventional, normative definitions of parenthood?*

The internal processes of thinking and feeling care and the ongoing process of reflexivity, I claim, are what mostly make the difference in terms of experiencing parental care as a source of inclusion or exclusion. Parental care, therefore, is not only about tending to or caring for someone but it also involves important consequences in terms of status inclusion/exclusion, entitlement and citizenship. Without necessarily being aware of it, all parents participate in this invisible process of inclusion/exclusion through their care activities. The difference—and therefore inequality—connected to parental care comes to be redefined as a difference between those who are deemed by society as ‘fully entitled’ to care and those who are not. Parenthood, thus, becomes a crucial site to observe the unceasing reproduction of *emotional (and social) stratification* that is at the basis of social inequality. Put in these terms, one might intuitively think that gay and lesbian parents are condemned, almost by default, to feel excluded and/or marginalised as same-sex parenthood is still not recognised as ‘legitimate’ and culturally acceptable everywhere. However, as we shall see in what follows, this is not always the case.

From “being gay/lesbian” to “being parent”

Interestingly enough, and differently from what one might expect, for the majority of the same-sex parents I met and interviewed during my research gay and lesbian parenthood seems to produce unexpected consequences in terms of status inclusion and/or status membership. Indeed, parenthood can become “*an easy way to connect with people*” as one of the interviewees highlighted; it seems to open the doors to a sort of universal language or common lexicon connected to child rearing and to facilitate bridging elements and dialogues which would probably not occur otherwise between gay/lesbian and heterosexual people. The connecting power of care and its consequences in terms of gender/sexuality neutraliser are underlined for example by Stacey, who also emphasises the social implications implied in the realisation that, in the end, same-sex parents and heterosexual parents are “just parents” and they share similar experiences:

...You have to wake up in the middle of the night and feed the kid and you have to change the diapers and you have to figure out what you're gonna do about day care or after-school programs and all the tensions and all the issues for any family [...] are the same regardless of whether the parents are opposite or same genders. And that's very, once again, it's very educational and enlightening to people, many of whom, probably, just it never occurred to them to think about before.

The dynamics of status membership/inclusion seem to be particularly evident in the following excerpt, where Kendrick, a single adoptive father, clearly describes his parenthood as a sort of gateway allowing him to access to the “club of heterosexual parents” and—as he says—to be “accepted into a totally different society”:

You have a different level of credibility with straight couples... I coached my son's baseball team, I was a baseball coach, you know. And... I didn't come out and say I was gay or anything, I just did my job as a baseball coach. Most of the people in the urban setting are not stupid. I'm a white man with a black child, they're gonna figure out I'm probably gay. But I would have never had those relationships with those parents without a child [...] And it's like you belong to their little club and you talk about the same things and you talk about struggles at school and your kid and oh, it's like being accepted into a totally different society.

These examples support the hypothesis, in line with other recent research on same-sex parenthood (Clarke, 2007, 2008; Nelson, 2007; Patterson & Riskind, 2010; Pratesi, 2012), that the difference (aka inequality) connected to care responsibilities is not merely related to people's gender, marital status or sexual orientation, but rather a difference between *being or not being a parent*. In other words, it is the difference between those who have child care responsibilities and those who have not such responsibilities that mostly determines the unequal distribution of status, emotional capital, and entitlement to care; in other words, unequal types of citizenship. Citizenship, in fact, is a controversial concept that can be understood in a variety of different ways. The entitlement to the *right to care* or to the right to love and develop relationships with whomever people feel like is one of those.

Sexuality, Parenthood and Citizenship: moving towards ‘ordinariness’?

During the 1990s, LGBT movements and activism have been characterised by a gradual move towards identity and relationship based rights claims contrasting with freedom of sex based rights claims of earlier political campaigns (Richardson, 2000). Parallel to this, a new emerging literature has highlighted the links between citizenship discourse and sexualities discourse (Wilson, 2009) and the necessity to develop broader definitions of citizenship, including cultural dimensions and new forms of belonging, beyond the traditional contexts of law, politics and welfare (Turner, 1993; Pakulski, 1997; O’Byrne, 2003; McLaughling et al., 2011; Richardson and Monroe, 2012). One of the aspects of this broadening out of the concept of citizenship has precisely to do with the extent to which (hetero-)normative assumptions about sexuality constitute the basis of the existing notions of citizenship. A number of scholars have argued that hegemonic forms of heterosexuality socially construct the idea of ‘normal citizen’, said differently, that heterosexuality is the necessary (if not sufficient) condition for full entitlement of rights and obligations (Phelan, 1995; Richardson, 1998; Bell and Binnie, 2000; Cossman, 2007) and socially constructed notions of citizenship are both reflected and reproduced by a dominant heteronormativity (Richardson, 2000_b).

The arguments presented in this paper are more in line with those scholars (Turner, 1999, 2008; Richardson and Turner, 2001) who claim that, at least in Western societies, (heterosexual) *parenthood*, rather than (merely) heterosexuality, is the condition for a full social entitlement as a ‘normal citizen’. Social changes have shaped new forms of citizenship which, at least in some parts of the world, have led to the emergence of a new citizenship discourse asserting the ‘normality’ of being gay and lesbian (Seidman, 2002; Richardson, 2004). However, the process of ‘normalisation’ of lesbian/gay citizens seems to take place primarily through their adherence to hegemonic heterosexual norms defining appropriate forms of relationships and intimacies. It is ‘the monogamous couple’, within a particular domestic and domesticated context, that is increasingly becoming the banner of lesbian and gay claims to citizenship (Seidman, 2002; Richardson, 2004; Richardson and Monroe, 2012). The broadening of citizenship has not only involved the ‘making’ of LGBT people rights, but also their (re-)definition as ‘ordinary’. Within such a context, parenthood is playing a crucial role, by fostering a separation of gays and lesbians from their sexuality (Pratesi, 2012). ‘Being gay’ or ‘being lesbian’ is increasingly constructed as a *social* rather than a *sexual* identity (Warner, 1999). The fact the ‘being a parent’, regardless of one’s sexual orientation, almost automatically involves significant identity shifts redirecting towards ordinariness and normalcy is also supported by one of the lesbian mothers I interviewed who described her parenthood as something that made her feel as “*being part of the mainstream*”. If it is true that citizenship is a process of identity-making which is simultaneously co-constructed and shaped by both the State and its subjects, by broadening and intertwining the borders of sexuality and citizenship we also redefine the notions of gay/lesbian identity; said differently, what it means (or is meant to mean) being gay and lesbian. In other words, implicit in this process of normalisation, there is a risk of heterodirected identity adaptations or changes, which would involve the *assimilation* of LGBT citizenship into mainstream heteronormative (and heterosexist) notions of citizenship rather than an *affirmation* of equal rights within the reciprocal acknowledgment of diversity and otherness.

“New homonormativity”: the sexual politics of Neoliberalism

Duggan (2002) describes this risk in terms of “new homonormativity”, which “...does not contest dominant heteronormative assumptions and institutions but upholds and sustain them, while promising the possibility of a demobilised gay constituency and a privatised, depoliticised gay culture anchored in domesticity and consumption” (Duggan, 2002, p. 50). While the civil recognition of same-sex partnerships and the right to care for our children are crucially important, by claiming such recognition recent lesbian and gay politics are drawing on what the Neoliberal State also desires in the forms of state-sanctioned, heteronormative, domesticated and regulated relationships and intimacies. Neoliberal acceptance and recognition of lesbian and gay rights might be interpreted as an additional form of social control and regulation aiming to ‘domesticate’ and neutralize any presumed threat to social order (Phelan, 2001). Besides, there might be other hidden agendas and interests behind neoliberal state practices which have to do with the functional and/or instrumental aspects of such recognition.

As emphasised by Brown (2012, p. 1066) “Neoliberalism is not just an economic theory, but a form of governmentality” that creates and fosters commodified and marketized interpretations of the relations between public and private spheres (Weiss, 2011) promoting personal responsibility and individual choice and autonomy in contrast with collective and equally distributed obligations and responsibilities. If we look at the main principles of neoliberalism we mentioned at the opening of this article—economic freedom, individual freedom and personal responsibility—it is not difficult to understand the implicit advantages for Neoliberal states of incorporating and/or assimilating (some)

lesbian and gay people—possibly White, educated and upper-middle class—into state projects and agendas, particularly in a context of constant withdrawal of the state from many areas of welfare provision. Within such a context, the civil and legal recognition of lesbian and gay relationships and care responsibilities might well go hand in hand with neoliberal policy agendas to the extent that “these are seen as a form of private welfare, providing economic interdependency and support” (Richardson and Monro, 2012, p. 82) in times of austerity and global financial recession. Put it simply, the argument of neoliberal states might be: you are welcome to become part of our club of ‘normal citizens’, as long as you accept our rules, our ways to define ‘respectable and legitimate’ forms of sexual citizenships and, most of all, as long as your personal responsibility covers those areas of care and welfare provision of which we are not and we do not want to be responsible.

Opposite to this assimilationist and heterodirected notion of citizenship, the concept of *cultural citizenship* (Pakulski, 1997), involves the idea of full inclusion in the culture of a specific society. “Cultural rights”, according to Pakulski (1997), represent a new set of claims including the right to symbolic presence and visibility vs. marginalisation; the right to dignifying representation vs. stigmatisation; and the right to affirmation and propagation of identity vs. assimilation (Pakulski, 1997, cit. in Richardson and Monro, 2012). Following Pakulski’s argument, if in some contemporary Western societies lesbians and gay men are more socially and culturally visible and in less stigmatised ways, certain forms of citizenship tend to be ‘assimilationist’ rather than portraying sexual and gender diversity as a value in itself. This risk becomes particularly evident and salient with same-sex parenthood, i.e. with the right to be acknowledged as a “legitimate carer.” One thing is affirming a different (acknowledged, legitimate, dignified and valued) model of parenthood and another thing altogether is being co-opted within a pre-existing and hegemonic model of parenthood. This is a critical distinction which has to do with the ideas of toleration and/or acceptance of difference and otherness, on the one hand, and appreciation and/or valuing of difference, on the other (Richardson and Monro, 2012).

Whilst the risks described above are real, Brown (2012) emphasises how, by representing capitalism, neoliberalism and homonormativity in terms of unquestionable and all-encompassing entities, we might actually overlook the micro-dynamics and everyday practices that can significantly contribute to either the maintenance of the status quo or to social change. Monolithic, external and unalterable representations of these macro structures fail to take into account the specificities of contexts (metropolitan/urban vs. rural/peripheral), socio-economic conditions (social class, social capital, cultural capital), and perspectives (the vast diversity involved into the concept of LGBT community, for example, or the different, intersectional issues related to the concepts of race and ethnicity). In other words, without denying the inherent risks of homonormative, hegemonic forces shaping the complex relationship between sexuality and citizenship, we need to acknowledge the not-so-visible power of situated action and interaction, particularly in light of Collins’ theory (Collins, 2004) and its Goffmanian notion that it is precisely at the level of individuals’ interaction that the (micro-)foundation of macro-structures occurs.

The aims of the study illustrated in this paper were highlighting the centrality of emotions to routine operations of social interaction (Barbalet, 2001) and their explanatory role in producing social change. More specifically, this paper has discussed and unfolded the micro- (interactional) and macro- (structural) dynamics through which the complex relationships between sexual orientation, parenthood and citizenship are constantly shaped and constructed and through which social change occurs. Shedding light on the emotional dynamics revolving around lesbian and gay parenthood and their implications in terms of status inclusion or exclusion is crucially important not only to explain, but also to facilitate such change. Lesbian and gay parents are accelerating this process of social change, also in terms of *cultural citizenship* (Pakulski, 1997). In fact, by gaining social visibility through their care responsibilities, enriching and changing the possible definitions of family and parenthood, challenging stereotypical gender roles and fighting against hegemonic sexualities, gay and lesbian parents carry on a ‘peaceful battle’ involving simultaneously *social* and *cultural* aspects. A battle based on their unique and undisputable ability to *be* and *feel* included without being and feeling incorporated or assimilated into pre-existing models of parenthood. No matter how contemporary Western cultures might try to incorporate and control aspects of same-sex relationships and intimacies that fit with neoliberal, capitalist and homonormative agendas, gay and lesbian parents claiming their ‘rights to care’ represent a momentous, radical historical change which can be seen as a model of anti-assimilationist citizenship.

Their (private) stories and experiences are not only relevant to them, but also to the wider communities of LGBT people and to their civil, legal, social and *cultural* rights. Perhaps—so I would like to think—not only to LGBT communities, but also to other stigmatised and excluded minorities, such as, for example, national, racial or ethnic minorities. The right to visibility, the right to dignifying and dignified representation, the right to affirmation of identity, and the right to appreciation and valuing of differences also apply to many other forms of cultural citizenship currently denied. Thus, the nonviolent, macro-situated and emotion-based model of social change inadvertently but

bravely proposed by these *cultural entrepreneurs* can perhaps be exported to other social groups, contexts and settings, creating the foundations for more caring, more just and more inclusive societies.

Affirmation or. Assimilation? Concluding Remarks

Both my research and the now growing literature on LGBT parenthood support the argument that same-sex parenthood provides a fertile opportunity to explore possible avenues of resistance against macro-structural forces while at the same time avoiding marginalisation (Jones and Calafell, 2012). While the risk of assimilation and/or incorporation is real, by elaborating their own rules and regulations, gay and lesbian parents simultaneously distance themselves from homonormative definitions of parenthood and marginalising definitions of cultural/sexual citizenship based on hegemonic heterosexuality. In other words, despite the ‘normalising’ attempts of the state regulation, same-sex parents represent something completely different, intrinsically and ontologically different, which could therefore be taken as an example of anti-assimilationist (and non-violent) way of breaking the rules and inventing new definitions of citizenship from within the system.

The phenomenological analysis of the multiple implications of care discussed in this paper sheds light into important and yet less visible and still unexplored aspects of parenthood concerning status inclusion/exclusion, social justice, equality and citizenship. Whilst these unexplored or less visible aspects are relevant for all kinds of parents, regardless of their sexual orientation, the social and cultural implications of same-sex parenthood are also eminently *political*. Paraphrasing Marcuse (1955), who long time ago described the ways in which capitalism flourishes and maintains its hegemony through a process of “resistance through incorporation”, we could say that same-sex parents resist to the hegemonic attempts to incorporate aspects of same-sex parenthood that fit with neoliberal, capitalist and individualist agendas through a process of inclusion and affirmation of equal rights (to care) within a context of mutual acknowledgment and valuing of diversity.

Inclusive approaches to the concept of ‘care’ can help developing its theoretical and empirical relevance but also its transformative potential in the context of growingly complex and multidimensional political and social challenges. The implications of more inclusive approaches to care extend to current debates within social sciences, but also to the wide areas of social policy and LGBT citizenship. Situating the issue of LGBT citizenship within the context of the ‘rights to care’ and highlighting the enormous potential for social change represented by same-sex parenthood allows us to overcome misleading dualisms between marginalisation and incorporation and to look for anti-assimilationist (non-violent) strategies of inclusion which can be exported and applied in different contexts to different social groups.

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O sujeito político lésbico-feminista: Construções nas militâncias sociais no Sul do Brasil

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Resumo

O presente trabalho é resultado da pesquisa realizada no curso de Especialização em *Ética e Educação em Direitos Humanos* (UFRGS). Tem como proposta dar visibilidade ao processo de construção do sujeito político lésbica em sua trajetória de inserção nas Marchas Lésbicas e Jornada Lésbica Feminista no Sul do Brasil. Buscamos compreender as concepções sobre a constituição do sujeito lésbico - feminista, através das mulheres responsáveis por ações de militância política. Analisamos o processo de empoderamento frente à afirmação da identidade sexual como bandeira de luta sociopolítica. A pesquisa qualitativa, utilizou-se de grupos focais em que as participantes, mulheres que pertencem ao movimento social brasileiro de lésbicas feministas, foram convidadas a trazer suas falas e percepções acerca das ações políticas como militantes sociais. Foi possível considerar que a trajetória enquanto sujeito lésbico-feminista, desde a sua constituição até a visibilidade em espaços públicos, perpassa pelo entendimento de estágios distintos que configuram a constituição desse sujeito. Verificou-se que a compreensão da constituição do sujeito político lésbica no Sul do Brasil pressupõe um exercício de militância, em que a visibilidade dos sujeitos é condição necessária para a sua representatividade. Por essa razão, as participantes entendem que esse sujeito só existe através do movimento social.

Palavras chave: Lésbica, Sujeito político, Marchas, Jornada Lésbica, Movimento social.

Tópico da Conferência : LGBT e Direitos Humanos.

The lesbian-feminist political subjects: social constructions in militancy in southern Brazil

Abstract

The present essay is the result of a research conducted at the Graduate Specialization in *Ethics and Education in Human Rights* (UFRGS). Its purpose is to give visibility to the constitution of the political lesbian-feminist subject as part of the Lesbian March and the Feminist Lesbian Journey in Southern Brazil. We strive to comprehend the constitution of the lesbian-feminist subject, by way of the women responsible for actions of political militancy. We analysed the process of empowerment through the affirming of the sexual identity as a sociopolitical flag. The qualitative research had focus groups in which the participants, women who belong to the social movement of lesbian feminists, were invited to talk about their perceptions about political actions as social militants. It was possible to consider that the path as a lesbian-feminist subject, from its conception to the visibility in public spaces, runs through the comprehension of distinct stages that constitute said subject. It was verified that the comprehension of the constitution of the lesbian political subject in Southern Brazil presumes an exercise of militance, in which the visibility of the subject is necessary to its representation. Therefore, the militants understand that it only exists through the social movement.

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Palavras chave: Lesbian, Political subject, Marches, Lesbian Journey, Social movement.

Conference Topics: LGBT and Humans Rights.

1. SUJEITO LÉSBICA: SUJEITO DO SEU DESEJO

A construção do sujeito político é um processo contínuo, não existe desse modo, um sujeito pronto, acabado, mas um sujeito em constante construção de si mesmo. Este processo não é apenas individual, se dá dentro de um coletivo, na interação com outros que de alguma maneira interferem no modo de percepção de cada um/a. As entrevistas com as militantes durante este trabalho nos permitiram perceber que a condição de sujeito político explicita-se a partir das vivências histórico-culturais possíveis nas experiências de vida das mulheres lésbicas. Quando saem do seu espectro de indivíduo, materializam a existência do sujeito lésbica, perpassando subjetividades (PINHEIRO, 2012) que constroem as lesbianidades. Importante salientar que não há uma única representação para as lesbianidades, pois como definiu Carbonari (2010), “cada sujeito é singular em sua trajetória pessoal” (p.180).

Nessa perspectiva, o que significa a constituição de um sujeito lésbica? Como caracterizar este sujeito, que implica necessariamente traços identitários comuns e, ao mesmo tempo, construções pessoais, singulares, de sujeitos que vão se autodefinindo como lésbicas? De acordo com as posições expressas pelas mulheres da Liga Brasileira de Lésbica/RS, é necessário que as lésbicas tenham compreensão da existência do sujeito lésbica para a possibilidade de constituir-se como sujeito da ação política (PINHEIRO, 2012) e, publicamente, referendar o sujeito político lésbica, dando significado e visibilidade a essa identidade sexual.

Buscou-se refletir, nessa pesquisa, acerca da constituição do sujeito a partir da perspectiva dialética proposta por Paulo Freire, presente fundamentalmente em sua obra *Pedagogia da Autonomia* (FREIRE, 2011). Para tanto, questionamos sobre “quem é esse ser- lésbica?”¹⁹ Essa reflexão foi importante para pensar o sujeito lésbica que reflete sobre a sua condição de ser sujeito como um “estar sendo” (FREIRE, 2011) alguém que está em constante processo de construção de si mesmo.

Nesse contexto, não há outra possibilidade de constituição do sujeito, ou de ser, que não passe pela vivência desse cotidiano lésbico, nas palavras de Freire (2011, p.34): “você só é, por que está sendo[...]”. Observou-se, então, a dinâmica orquestrada da vida de mulheres que, *a priori*, são só indivíduos e, ao se constituírem como sujeitos rompem com o *status quo* e afirmam as lesbianidades (Pinheiro, 2012). Ratificam “o sujeito de direito lésbica” [sic], a partir do direito de exercer as suas sexualidades, conforme declaração feita por *Helena*, participante da pesquisa.

Esta pesquisa de campo foi realizada através da organização de grupos focais composto por 6 mulheres integrantes da organização que idealiza e executa as Marchas e a Jornada Lésbica Feminista no Sul do Brasil. Foram realizados três encontros filmados, tendo como dinâmica o lançamento de questões (pela pesquisadora) que instigaram a reflexão livre sobre os seguintes pontos: a constituição e compreensão do sujeito lésbico; a participação nos dois eventos citados e sua contribuição na formação do sujeito político lésbica nessa região do Brasil; o enfrentamento da lesbofobia através das duas ações realizadas por estas militantes.

A participante *Helena* comentou que não se afirma como lésbica e hesita ao responder a pergunta sobre orientação sexual, afirmando que “no início da minha vida de lesbianidade, mesmo, eu era uma bissexual” [sic]. Quando questionada sobre o que seria o início da vida de lesbianidade, Ela responde que foi “antes da minha relação conjugal” [sic]. Assim, sua fala mostra que a relação pessoal é um dos pressupostos para a conscientização do sujeito lésbica. Percebeu-se que, para as mulheres da LBL/RS, a expressão “lésbica” traz consigo muito mais do que a revelação da sua orientação sexual, mas uma condição de comportamento que, segundo a participante *Deise*, “agrada a sociedade” [sic]. A participante *Mary* afirmou que, tanto hoje como naquela época (anos 80/90), ser chamada de “sapatão não é tão agressivo” [sic] quanto assumir “ser lésbica” [sic].

Pode-se notar, nesse contexto, que as mulheres lésbicas ao assumirem a condição de sujeito lésbica “se libertam dos inúmeros cativos” (PIASON, 2011, p.05) que ainda cercam milhares de mulheres em nosso país. Ao assumirem sua orientação sexual como um modo de vida configuram, publicamente, o que revelou a participante *Ana* como o “exercício do sujeito lésbica, que é sujeito do seu desejo” [sic].

2. LÉSBICAS COMO SUJEITOS DA AÇÃO POLÍTICA

19 - Professora Aline Hernandez questionando a pesquisadora Aline Piason quando esta apresentou Projeto de Pesquisa na Pontifícia Universidade Católica (PUC/RS), Porto Alegre, Brasil, março de 2012.

De que maneira é possível pensar a vivência da lesbianidade como uma ação política? Assumir publicamente a orientação sexual traria em si mesmo uma dimensão política desta vivência? Será a partir destas interrogações que traremos algumas compreensões do que significa falarmos em um sujeito político lésbica.

A caracterização do sujeito político lésbica, nesse trabalho, foi pensada a partir da constituição dos sujeitos políticos inseridos na realização das Marchas Lésbicas e da Jornada Lésbica Feminista na região Sul do Brasil. Sujeitos/as inseridos/as e organizados/as em movimentos sociais, que através de um processo dialético, criam possibilidades de intervenção e transformação social no meio em que vivem.

Pensar em sujeito político significa, pensar além de uma pessoaalidade, para tal é necessário considerar além das singularidades de cada ser também as inter-relações que se dão na coletividade. Dessa forma, analisamos a concepções das participantes a respeito do conceito de sujeito político lésbica no Sul do país.

Segundo a compreensão das mulheres da LBL/RS²⁰, quando as lésbicas não militantes saem às ruas durante as Marchas, “há um exercício do sujeito lésbica para o sujeito político” [sic], como afirmou a participante *Ana*. Isto caracteriza a passagem do indivíduo à composição do sujeito coletivo, indicando que, quando os/as mesmas se qualificam, criam “alternativas ao que existe” (PINHEIRO, 2012, p.154), confirmando que o sujeito político “não tem a sua subjetividade capturada pela dominação ideológica”, aquela que submete o indivíduo a uma lógica capitalista. Ao serem questionadas sobre qual a compreensão que têm sobre a categoria sujeito político, as participantes respondem que essa compreensão surge em suas vidas quando passam a integrar a LBL/RS. A participante *Ana*, foi a única a afirmar que já se percebia como sujeito político lésbica antes de integrar a LBL/RS, pois Ela tem a compreensão do fazer político ou agir político. *Ana* entende que esse ato pode estabelecer a transição do sujeito lésbica para a possibilidade de constituição do sujeito político lésbica no Sul do Brasil.

A participante *Helena* acrescenta que a construção de um sujeito político diz respeito ao exercício do sujeito de direitos, que ocorre “quando tu assume essa posição desse sujeito de direito lésbica e passa a assumir o movimento em todos os sentidos, na militância” [sic]. Desta forma, segundo a participante, “tu te constituí como do sujeito político lésbica” [sic]. Para Ela, a mulher que representa, esse sujeito está diretamente comprometida com o movimento. Esta afirmação aproxima-se da análise de Hannah Arendt (2009), que discute sobre a ação e o discurso, enfatizando que o sujeito se caracteriza não só pela ação que executa, mas pelo discurso que pratica, “anunciando o que fez, faz e pretende fazer” (ARENDRT, 2009, p.191).

Helena (participante), questiona se o fato de não assumir o movimento publicamente pode ainda assim configurar a existência do sujeito político lésbica. Isso decorre do fato de que Ela relaciona a caracterização desse sujeito “à participação no movimento” [sic]. Nas palavras de *Helena*: “é necessário ter consciência do sujeito político que se visibiliza; que se dá pelo reconhecimento do espaço público” [sic]. É nesta direção que Arendt (2009, p.193) aponta que “a ação só é possível na esfera pública”. Para *Helena*, “a grande massa que vai à Marcha ou a Parada²¹ não tem consciência do sujeito político” [sic].

Assim, a participante *Helena*, conclui que “não assumir o movimento” [sic], ou seja, não assumir publicamente a posição de integrante da Liga Brasileira de Lésbicas/RS²², “não faz da participante sujeito político lésbica” [sic]. Talvez isto se aproxime do que expressou a participante *Ana* quando revelou a sua compreensão de que as mulheres da LBL/RS configuram um “sujeito político distinto” [sic].

A partir da fala das participantes da pesquisa, foi possível explicitar a ideia da constituição do sujeito político lésbica como um processo que ocorre em três estágios.

O primeiro estágio é marcado pelo cenário das discriminações e dos preconceitos que impedem mulheres lésbicas de tornar pública sua identidade no contexto social, ainda que elas próprias tenham consciência de sua identidade sexual. Elas evitam a publicidade de sua identidade sexual em ações como a Marcha e a Jornada Lésbica, negando a representatividade dessa orientação sexual. A negação surge em muitos momentos de forma explícita através da lesbofobia como um fator impeditivo para a expressão do sujeito político lésbica. Como relatou *Virgínia* (participante), advogada que atua como profissional liberal e tem 63 anos de idade, três dos quais participando da LBL/RS. Ela disse que ainda não tem condições de visibilizar-se como sujeito político lésbica em função dos problemas que essa atitude lhe ocasionaria profissionalmente. Com relação a isso, *Virgínia* expressa sua preocupação com a lesbofobia que circunda a vida das mulheres que assumem publicamente essa identidade sexual.

O segundo estágio definimos como um momento transitório e por isso, tênue, que marca a passagem de um sujeito que não nega mais a representatividade de sua identidade sexual. Portanto, é um sujeito que participa da Marcha, sem contudo inserir-se organicamente no movimento. Este momento demarca uma compreensão pedagógica de mulheres

20 - LBL/RS, sigla de Liga Brasileira de Lésbicas do Rio Grande do Sul, fundada em 2003, no Fórum Social Mundial, em Porto Alegre, capital do Rio Grande do Sul, Brasil.

21 - A participante refere-se à Parada do Orgulho Gay no Sul do país, que é conhecida como Parada Livre.

22 - LBL/RS já citada como a rede que idealiza e executa a Marcha Lésbica nessa região do Brasil.

que se expõem publicamente mas não possuem uma discussão política sobre esta exposição e suas implicações sociais. Neste sentido, como afirmou a participante *Ana*, as mulheres que saem às ruas estão “*no agir, no fazer político*” [sic], mas sem um comprometimento maior com a construção dessa identidade. Na mesma direção, a participante *Helena*, nos diz que isso implicaria um “*assumir o movimento*” [sic], em que o sentido pedagógico desta ação se concentraria na reconstrução de um saber sobre si mesmo que perpassa pelo coletivo.

O terceiro estágio caracteriza-se pela necessidade e exigência da publicidade da identidade sexual como pressuposto para a constituição do sujeito político lésbica. Isto implica um fazer diário, cotidiano, compartilhado dentro do coletivo, que define ações de militância, caracterizando mulheres comprometidas politicamente com a liberdade e defesa do direito à livre expressão da sexualidade. Compreende-se que esse sujeito só existe através do movimento em que os compromissos e responsabilidades da militância quanto à visibilidade da identidade são imprescindíveis para a construção do sujeito político lésbica.

3. IDENTIDADE SEXUAL COMO FATOR DE EMPODERAMENTO

Como consequência do processo de formação dos sujeitos políticos dentro das lutas feministas, na década de noventa o movimento de lésbicas no Brasil passa a se autoidentificar como tal para referenciar suas próprias pautas, já que o movimento feminista não as pronunciava publicamente (FERNANDES, 1994). A autora observa que “o movimento feminista não politizava a lesbianidade, tratando-a como preferência sexual, portanto assunto privado e não como ato político” (FERNANDES, 1999, p.09).

Marylúcia Mesquita (2006) registra que o VI Seminário Nacional de Lésbicas (SENALE), organizado em 2006 pelo movimento de lésbicas que atua desde 1996, anunciava “o crescimento do movimento de lésbicas brasileiro, enquanto sujeito político lésbica, seu fortalecimento e empoderamento” (p.10). A autora referenda, ainda, que foi a partir desse espaço de aprofundamento teórico-político e de construção coletiva que passamos a utilizar a expressão pública como estratégia central para romper com os estigmas sociais.

A partir desse resgate histórico, problematizou-se junto às mulheres entrevistadas a compreensão que as militantes da LBL/RS têm sobre a construção da identidade sexual como forma de empoderamento. Questionadas se as ações realizadas na Marcha Lésbica e na Jornada Lésbica Feminista criam referências de identidade lésbica ou de/as identidades lésbicas no Sul do Brasil, a resposta das participantes foi categórica: *Sim!* a participante *Helena* respondeu que “*Sim! Se não fosse isso, esse blog não teria tanto acesso. O acesso à rede é extremamente importante porque elas podem não querer se pronunciar, mas podem, Elas estão fazendo um exercício do sujeito de direitos lésbica*” [sic]. Nesta afirmação, a participante refere-se ao blog mantido pela rede, hospedado no link lblrs.blogspot.com.br, o qual chegou a marca de cinquenta mil acessos em 2012.

A participante registra o blog como uma referência para as mulheres. Nessa fala, a pesquisada referenda a observação de Almeida e Heilborn (2008), as quais consideram que “um elemento indissociavelmente vinculado ao fortalecimento do movimento de lésbicas nasceu de um aspecto cultural da globalização: o aumento do fluxo de informações” (p.3).

Nesse caso, o blog serve como um importante recurso midiático utilizado pela rede para informar, agregar e socializar ações deste movimento, além de divulgar informações sobre as conquistas de direitos pela população, em especial, que tratem das mulheres e da comunidade LGBT no país e no mundo.

*A participante Ana respondeu que “não há dúvidas. Somos a única referência no movimento de mulheres lésbicas no Rio Grande do Sul”*²³ [sic]. A explanação feita por Ana revela a consciência que a militante tem do papel que representa na sociedade, assim como os compromissos decorrentes dessa condição política.

Observa-se que o empoderamento coletivo passa pelo crescimento e pela evolução de cada uma, principalmente pela “sensação de pertencimento” [sic] descrita pela participante Ana como decorrente da participação na rede. Tal condição é evidenciada também quando a participante Deise, que está na LBL/RS desde 2009, registrou a importância do contato com as militantes para sua autoidentificação. O relato de Deise é exemplar desta questão, pois Ela relatou, sorrindo, que ao ver a manifestação da militante Rose [da autora deste trabalho] em um evento da Jornada Lésbica, em 2008, pensou: “pô! Eu quero ser como Ela quando crescer”. Imediatamente, questionei: “tu vieste falar comigo?” [sic], ao que Ela respondeu: “não, eu não estava preparada” [sic]. Nesta resposta, observa-se a constatação feita por Almeida e Heilborn (2008) de que

23 - Rio Grande do Sul, Estado brasileiro referenciado nessa pesquisa.

a identidade lésbica “é uma identidade que projeta os sujeitos numa luta por vezes exaustiva e dispendiosa [...] as militantes argumentam que, por esta razão, torna-se uma identidade frequentemente rejeitada por mulheres que mantêm relações homossexuais” (p.6-7).

Destacamos aqui a manifestação inicial de nossas entrevistadas durante a discussão sobre o sujeito lésbica, quando Elas registraram o “*peso*” que a autoidentificação lésbica acarreta. Nesse importante cenário, pode-se visualizar concretamente o quanto a denominação da identidade sexual lésbica interfere na ou sobre a representação dos sujeitos, das mulheres que assumem essa condição. Seja na sua caracterização de feminilidade (de que forma ela se apresenta), ou nos enfrentamentos socioculturais necessários para a assunção dessa identidade.

Ao longo da nossa discussão, ao questionar se a identidade sexual era fator de empoderamento, desenvolveu-se uma questão interessante para investigação. Quando a participante Ana afirma “*questiono essa questão da orientação sexual, penso que de fato optamos por essa identidade*” [sic] Ela sugere que, talvez, do ponto de vista político, a identidade sexual seja um pressuposto e não uma orientação. Nesse caso, afasta-se o desejo do sujeito político.

As participantes da pesquisa caracterizam a constituição da identidade sexual como empoderamento político e social. Desta forma, assumem sua identidade sexual como bandeira de luta política. Referendam as manifestações públicas como um espaço de afirmação do sujeito lésbica e da sua caracterização como sujeito de direitos em decorrência de suas “ações e do discurso” (Arendt, 2009, p.31), o que ocorre no contexto do movimento que afirma o sujeito político lésbica no Sul do Brasil.

5. Conclusão

Durante o processo de pesquisa, percebemos a riqueza das falas destas mulheres que trouxeram questões para pensarmos a ideia do sujeito político lésbica e conseqüentemente o próprio movimento social. As militantes apresentaram a constituição do sujeito lésbica como parte de um processo complexo de aprendizagens e resistências culturais que perpassam suas vivências até assumirem publicamente a lesbianidade.

As participantes relataram que, ao se autoidentificarem como lésbicas sofreram, imediatamente, as conseqüências sociais advindas da afirmação da identidade sexual. Manifestaram que assumir a orientação sexual distinta da heterossexualidade traz em si o peso sociocultural dessa condição, que é representada pelas variadas ações de lesbo, bi ou transfobia na região Sul do Brasil.

As integrantes da Liga Brasileira de Lésbicas da região Sul do Brasil, referem-se à compreensão da existência do sujeito lésbica a partir da exposição pública de suas relações afetivo/sexuais frente à comunidade em que estão inseridas. Dessa forma, apresentam a relação pessoal como um pressuposto para a conscientização do sujeito lésbica. Entendem que essas atitudes de enfrentamento ao que está estabelecido socialmente é pré-condição para a constituição do sujeito político lésbica.

As militantes afirmaram que todas as mulheres que comparecem à Marcha estão num processo político-pedagógico que definem como um “fazer, ou agir político” [sic], entendem que esse ato pode estabelecer a transição do sujeito lésbica para a possibilidade de constituição do sujeito político lésbica.

Conforme a percepção das entrevistadas, além das que se identificam como sujeitos políticos lésbica, todas as participantes que atuam junto à LBL/RS nas ações de rua, criam referências para essa identidade sexual, portanto, constituem o sujeito lésbica no Sul do Brasil. As entrevistas revelaram que as militantes da LBL/RS compreendem a constituição do sujeito político lésbica como um exercício de militância em que a visibilidade dos sujeitos é condição necessária para a sua representatividade. Por essa razão, Elas entendem que esse sujeito só existe através do movimento social.

As militantes identificaram três estágios distintos para a constituição do sujeito político lésbica. O primeiro ocorre quando as mulheres assumem suas relações com outra(s) mulher(es) em seu meio social; o segundo, quando transitam entre a manifestação dessas relações e a exposição pública da sua identidade sexual, entretanto, diferente das militantes não têm o compromisso com a construção dessa identidade. O terceiro exige a publicização da identidade sexual na esfera pública como pressuposto para a configuração do sujeito político lésbica. Percebe-se a existência desse estágio na vida das mulheres que organizam, idealizam e executam as Marchas Lésbicas e a Jornada Lésbica Feminista no Sul do Brasil.

As mulheres da LBL/RS foram convictas ao explicitarem que o empoderamento do sujeito político lésbica é consequência da sua interação junto ao coletivo. Elas entendem que a afirmação da identidade sexual como bandeira de luta política faz parte da construção da identidade coletiva e que essa é a forma possível de enfrentamento das exclusões provocadas pela sociedade heteronormativa.

Ao longo da análise das falas das entrevistadas, pude perceber que a construção do sujeito lésbica se estabelece antes

mesmo de que sua identidade sexual torne-se pública e possibilite uma atuação política.

Foi possível, através dessa pesquisa, constatar que para as mulheres assumirem o sujeito político lésbica, é necessário o “rompimento das amarras”²⁴ que ainda circundam a vida das mulheres que não vivem a heterossexualidade. Além disso, é necessário romper com os “silenciamentos”²⁵ para ocupar um lugar no mundo (PIASON, 2011). Portanto, a construção do sujeito político é um exercício cotidiano, como afirma Martinelli (1998): “é movimento incessante, é ato político”(p.145).

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On The Just And Accurate Representation Of Transgender Persons In Research

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Abstract

Transgender people deserve representation in population-based research, particularly health research, whether the research is programmatic or academic. The academic literature includes little about the health burdens and risks particular to transgender people, such as anti-transgender discrimination. Transgender individuals can seldom self-identify as such in interviews and on surveys, both because sex and gender are typically collapsed into a single question (e.g. 'Sex: male or female. '), and because change in sex or gender is typically not represented. This paper argues for just and accurate representation of transgender individuals in research, and attends to the special challenges facing researchers because gender variation and its language may be labile and contested. We emphasize special difficulties in identifying transgender children and youth. We outline six principles for soliciting gender identity during research in a manner that is inclusive of transgender identities. Because survey questions are expensive, we conclude by moving from these principles to recommendations for a minimal set of questions soliciting gender identity, prioritized according to the number of questions about transgender permitted on a survey. Researchers can be more inclusive and respectful of transgender persons in research, that health experiences of transgender individuals and populations may be better known, understood, and improved.

Keywords: soliciting transgender identity; survey design; anti-transgender bias; inclusiveness; just research

Topic: Gender Identity and Transgenderism

Transgender people deserve representation in population-based research, including epidemiology (Boehmer, 2002; Feinberg, 2001; Lombardi, 2001). The existing literature includes little about the burdens and risks experienced by transgender people, such as institutional or interpersonal anti-transgender discrimination (Davis, 2001; Feinberg, 2001; Grant et al., 2011). Several prevalent biases limit how transgender populations are represented in the health literature. First, transgender individuals are often studied as vectors of sexually transmitted disease by focusing on small segments of the population engaged in higher risk behaviors. For example, as of April 18, 2013, 17.7% of search results returned from Google Scholar (<http://scholar.google.com>) including the terms 'health' and 'transgender' OR 'transsexual' also referenced 'prostitution.' This contrasts markedly with the 4.5% of search results including the terms 'health' and 'women' OR 'girls' which also referenced 'prostitution,' and the 3.5% of search results including the terms 'health' and 'men' OR 'boys' which also referenced 'prostitution.' Another form of misrepresentation,

which extends at least as far back as Hippocrates, has been treating gender variance itself as a disease (American Psychiatric Association, 2000; Cauldwell, 1949; Hippocrates, 400 B.C.E.). A third bias exists in that transgender individuals seldom have an opportunity to self-identify as such because sex and gender are typically collapsed into a single question in interviews and on surveys (e.g. 'Sex: male or female.'). and because change in the individual's sex is typically not represented.

The authors write as queer and transgender health professionals. We seek just and accurate representation of transgender individuals in research. Meyer wrote "'Transgender' refers to such a variety of individuals, from intersexed^{26†} newborns to heterosexually identified transvestite men, that any discussion of transgender people as a group would distort the group's diversity," (Meyer, 2001) but we are optimistic that representing transgender in research will provide meaningful insights into both shared experience, and the extent of transgender diversity, just as the representation of age, immigrant status, or educational attainment provides insights into both shared experiences and diversity within these categories.

Soliciting transgender identity and history, especially among youth, provides particular challenges because gender variation and the language used to describe it are occasionally labile and often contested. We offer several principles for designing questions pertaining to sex and gender on surveys to facilitate representation of gender diversity, and make several recommendations about question specifics. One problem is that 'transgender' can mean different things to different people. At the most narrow, it refers to the experience of someone whose internal sense of masculinity or femininity doesn't match their body, or doesn't conform to rigid stereotypes of masculinity and femininity. Much more loosely, the term may refer to variance in gender presentation and choice and encompass identities such as 'tomboy,' 'hard butch,' 'high femme,' or androgyny without specific labels, in addition to more clinical terms like 'post-operative transsexual,' or 'cross-dresser' (Bornstein, 1997). For researchers and public health professionals who wish to represent transgender populations in interviews or surveys, we offer the following principles to assist in designing survey questions to be inclusive of transgender people.

Transgender should not be subsumed within a question about sex. Most transgender people are *also* male or female. Placing transgender people into an effectively non-sexed category (i.e. 'Are you: male, female, or transgender?') invites exclusion of transgender people from analyses of male and female experiences, and more importantly, may unjustly exclude transgender experience from study (because many transgender individuals will select either male or female in such cases, and therefore not be represented as transgender).

Do not include transgender identity in sexual orientation questions. Gender identity is different from sexual orientation; every person has *both* a gender identity *and* a sexual orientation. Gender identity intersects with sexual identity (as do age, family relationships and a host of other signifiers). However, conflating gender and sexuality may perpetuate blindness toward the broader health concerns of transgender people. It also directs attention away from the health needs of transgender and gender non-conforming children, for whom gender is often salient long before sexual orientation.

The timing of transgender identity and transitions in gender identity during an individual's life should be represented. The diversity of gender variance includes diversity in when during the life course gender shifts. Transgender experiences occurring as small children, as opposed to transgender experiences developing during adolescence or adulthood, may bear in important ways on health. Detailed research into the life-course of transgender individuals should also accommodate the timing of multiple transitions in gender; examples include transitions in medicalized treatment (e.g. non-concurrent surgeries, puberty-inhibiting treatment, or hormone therapy), transitions in covert vs. overt, or strongly typed vs. androgynously typed outward gender expression, and transitions in social relationships (e.g. legal change of sex or name, or pronoun change).

Do not prioritize any mode or direction of gender transition/transgression. Building tacit assumptions about a transgender individual's developmental trajectory may subtly exclude some transgender individuals from representation. Transgender individuals do not necessarily desire hormonal or surgical changes in sex. Wanting to not be a woman does not necessarily equate with wanting to be a man.

Although inclusiveness is desirable, avoid "select all that apply" modes of soliciting different flavors of transgender identity in structured surveys. Although many gender-variant terms have formal definitions, there is a rich descriptive language for transgender experiences (e.g. 'third gender,' 'gender-queer,' 'pink boy' or 'boy-girl'), these vary widely in significance, and it is unlikely such a 'menu' format will capture the full range of language in use, or even capture them in an analytically useful fashion.

Simple and straightforward language is desirable. Clarifying language helps, because 'transgender' and other terms

26 - We are concerned by Meyer's assumption that the intersex population would, in general, be comfortable with being absorbed under the transgender "umbrella".

pertaining to gender variance may not be known or understood by respondents whom researchers would label as transgender.

Recommendations

We recommend the following minimal set of questions pertaining to gender identity, prioritized according to the number of questions about transgender permitted on a survey.

(0 questions about transgender) *Ideally two questions should be asked to identify the respondent's sex over the lifetime.* Researchers should ask 'What was your sex at birth,' and 'What is your sex currently?' These questions may also be expanded to be inclusive of individuals with *both* male and female sexual characteristics. Survey designers should consider whether to make explicit what they mean by sex, for example 'What sex is designated on your birth certificate' would provide a legalistic insight (not necessarily correlated with other aspects of social roles, sexual biology, and personal identity). Medicalization and self-identity of transgender makes clarification desirable: how should a transgender individual who is taking hormones but has not had surgery answer the sex question? How should a post-operative transsexual answer it? What about intersex individuals?

(1 question about transgender) *A straightforward yes or no question asking if the respondent self-identifies as transgender should be included. This question should be separate and in addition to a question about the respondent's sex.* This question should likewise be prefaced for clarity. For example, 'People may describe themselves as transgender if they do not conform to other people's expectations based on their birth sex.' Age-appropriate language is important.

(2 questions about transgender) *A follow up question for those answering 'Yes' to transgender self identity: When were you first aware that your gender identity either did not match your body or other people's perception of your gender?* This question will facilitate the differentiation of the 'As long as I can remember' and those transgender individuals who developed transgender identity in adolescence or later (in fact, there should be an option for 'as long as I can remember,' in addition to numeric year responses).

It is our desire to see epidemiologists and other population researchers engage in more inclusive and respectful research relating to transgender persons, that the health experiences of transgender individuals and populations may be better known, understood, and improved.

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Psychological problems of LGBT people

Psychological Problems and Support for LGBT People

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Abstract

Research identified what psychological and interpersonal problems LGBT people experience in relation to their coming out process and disclosure of their sexual orientation and identity. The most common feelings among respondents in connection with awareness and presenting their identity or orientation were - sadness, fear, anxiety, and stress. They often perceived prejudices, inappropriate comments, problems with parents, hate, intolerance, social isolation, but also physical violence from their environment. Besides friends, family and partners, psychologists were those whom LGBT people addressed when they were seeking help. 27% of our respondents visited psychologists because of problems connected with their sexual orientation/identity. The survey showed that psychologists need to be better prepared and informed about specific problems of LGBT people, for whom they are an important source of support and help.

Keywords: LGBT people, psychological problems, quality of help

Psychological Problems and Support for LGBT People

American Psychiatric Association has moved homosexuality from the list of mental disorders long time ago, but LGBT people still have to overcome stigma, minority stress, and feelings of alienation, isolation in their everyday life. They face it in their families, social environment – schools, jobs, and friends but also from helping professions specialists.

They meet denial of rights protection, non-equal legal position, sometimes even brachial violence. As Blumenfeld (2001) says “sexual minorities...are among the most despised groups in the United States today” (p.3). For example on the question if they personally felt discriminated against or harassed on the grounds of sexual orientation in the FRA survey Slovak LGBT answered in 54% positively ([FRA, 2013](#)). Respondents also confirmed offensive language used by politicians (very and/or fairly widespread - 43%), and expression of hatred and aversion in public (very and/or fairly widespread - 52 %).

It has often harmful effects on their psychological functioning, so they frequently try to seek support and help among friends, parents or psychologists, social workers, etc. (e.g. APA, 2009, Kort, 2008, Bowers, Plummer, Minichiello, 2005). Prejudice, hate, discrimination manifested towards LGBT people is a major stress factor requiring personal strength, resilience, effective coping strategies to overcome its malicious power. All these elements embody homophobic attitude which can be internalized by them and decrease their self-esteem, positive perception or acceptance of self and identity. As current research shows LGBT people need psychological/therapeutic services more frequently than heterosexual clients, and this trend persists (Bieschke, Paul, Blasko, 2010). This pattern stays concerning experienced prejudice, stigma, minority stress (Garnets, 2010), unique couple difficulties (Long, Young, 2007), discrimination (FRA, 2013). Psychologists still show in the therapy sessions prejudices, stereotypes (Smitkova, Kuruc,

2012), heterosexism, homophobia, biphobia, transphobia (Blumenfeld, 2001, Bowers, Plummer, Minichello, 2005, Hill, 2009). There is a lack of special academic education or continuing education for practitioners in Slovakia, and this circumstance influences attitudes towards LGBT people either consciously or without awareness of this stance. Delivery of ethical psychological service is thus problematic, and sensitive and informed psychologists are quite rare. The objective of our survey was to map, for the first time in Slovakia, if LGBT people have problems with which they decide to visit psychologists and how do they perceive the quality of their help. We explored psychological needs of LGBT people, what are their psychological problems, problems in interpersonal relationships, how they experienced coming out, if/why they needed psychological help and what should practitioners change in their practice and if there are psychological services specifically tailored and accessible to LGBT people.

Method

Participants

The target group included people who identify themselves as LGBT people. They were approached by an online questionnaire, which was completed in Google Docs or distributed during Film Festival of Inakost (LGBT organization which organizes the festival). Total number of respondents was 253 people - 51 % identified themselves as female, 45 % male, 2% transpeople, 2% other; sexual orientation – 42% feel attracted to female, to male 40 %, female and male 16%, other 2%. More women participated in the survey, it may be due to the fact that LGBT women are more willing to share their experience and problems, while men at regards to gender-stereotyped socialization, may feel uncomfortable presenting personal issues. Most respondents were at the age of 19-25 years (35%), subsequently 30-40 years (29%), followed by age 26-30 (25%). Aged over 40 years was only 6% respondents. Larger number of younger participants may be due to the fact that they are more open to debate, they have more information about coming out, have easier access to the internet - they are its more frequent users.

Method and Procedure

We created questionnaire with 18 questions (12 closed, 6 opened) that was distributed via social networks, internet and during Film Festival of Inakost. Closed questions were quantitatively analyzed via frequency tables on Google Docs. Open questions were subject of qualitative analysis; afterwards we selected representative responses.

Results

Psychological problems of target group. When asked respondents about their psychological problems and difficulties with his/her sexual orientation and/or transgender

identity (they could answer 3 most common problems) 49% answered that they were sad, 40% had fear, 35% felt anxiety, 28% have frequently experienced stress, 22% were mentally ill (mostly depression or anxiety disorder), 11% tried to overcome difficulties with alcohol, or other drugs and 7% got through eating disorders. 19% reported other answer, 18 respondents indicate they had no psychological problems, some of these reported positive feelings. Other respondents described their problems rather as a fear of rejection, homophobic speech, and loneliness and also talked about states of crises such as apathy and a suicide attempt.

Interpersonal problems of the target group. Respondents mentioned that in terms of interpersonal problems associated with the perception of their LGBT identity (they could list 3 most common problems) they most often experienced prejudices and bias (54%). 49% perceived inappropriate remarks, slurs, 29% had problems with parents, 21% perceived intolerance, hatred, 9% were socially isolated, they did not know anyone who may be trusted and who could talk to them, 8% had problems with classmates, 6% were physically assaulted, 5% had problems at their jobs and 4% perceived bad treatment. Most of other 21% responses answered that they had no problems. The reason stated here was that their surroundings has positive attitude towards their orientation/identity and on the other hand, some of them they told it to nobody, or they present themselves “safely”, so it can hardly someone know about them. We also asked respondents to name the first person whom they told about their sexual orientation and/or transgender identity - answers were (one answer was possible) that in 42% it was their female friend, 29% male friend, 12% mothers, 12% siblings, 2% other relatives, 2% still not told anyone, 1% fathers and 1% psychologist (3 respondents). 6 % indicated other response such - other LGBT people, partner, priest, some expressed it through chat to strangers,

classmates, and close people, or anyone who asked.

Psychological help – target group needs. When we inquired respondents where they sought help in solving their problems they replied (they could name 3 persons), in 80% from friends, in 40% from partners, 21% mothers, 15 % psychologists (38 respondents), 11% siblings and 3% fathers. Other respondents reported that they didn't look for help as they helped themselves, or sought help for example from teacher, other close people, daughter, God, etc.

Visit of a psychologist by respondents. When inquired whether respondents visited a psychologist in relation to their problem with sexual and /or transgender identity, 27% answered yes and 72 % no. Respondents who visited psychologist, answering the question what experience they had with psychological service: more than 59% of them felt accepted, understood. 40% of psychologists knew the issues, 36% of respondents consider psychologists helpful with solution of the problem. But only 2% of respondents obtained qualified information dedicated to LGBT issues and 21% of the respondents had negative experience with psychologists. More than 11% confessed they lacked information from psychologists, who were not sufficiently informed. 5% of respondents noticed that psychologists have prejudices, which were mainly religious and attempts to start reparative therapy. 3% did not want to work with them as clients, 3% of psychologists condemned them and only 2% provided them with information about LGBT organization.

Barriers that felt respondents visiting psychologist. To the question, why our respondents didn't visit psychologist they responded (they could give 3 answers) as follows: 39% said they had no problem. Barriers to visit a psychologist had about 55 respondents - of these, more than 17% could not identify which psychologists work with LGBT people. It is assumed that if this information was in their information materials and web sites it would facilitate visit and also reduce fear and worries, which had 13% of the respondents if they wanted to visit a psychologist. 13% of respondents lacked information on troubleshooting LGBT people through psychological services or information online. They also could not reach any information in their close social environment. 9% had no information about psychological services at all, 2% have heard of bad experience visiting psychologists; hence a negative experience of someone else may discourage others to visit someone from helping profession.

Discussion

Almost half of the respondents stated that in connection with awareness, presenting his/her sexual orientation and/or transgender identity they felt sad. We assume that one part of their sorrow could be that they are not heterosexual, as the family and society would prefer and their life could be easier. On the other hand, it could be that sadness is associated with fact, that they can't live their lives fully mainly due to society prejudices and being not understood and accepted. Furthermore, they reported that they feel fear (40%) and anxiety (35%). Both of these strong negative emotions may be associated with consequences of living in homophobic environment, especially if such attitudes are perceived from their close persons, or after a long period of generalized anxiety of worrying what they will do in life, how others will react to who they are. 28% respondents said they often experience stress in conjunction with their orientation and/or identity. We expect that they experience stress especially in contact with other people, because they have to hide their orientation and they are afraid of disclosure of their partnerships. Up more than 40% of the respondents said they had serious difficulties connected with accepting and presenting their LGBT identity. More than 40% respondents admitted they suffered from mental disorder, we assume in particular depression and anxiety disorders; they tried to overcome difficulties with alcohol, or other drugs and got through eating disorders. If LGBT people are not treated with respect and non-judging attitude, but with contempt and hate these problems can occur as a consequence and have serious negative effects on their mental health. There is connection between homophobia in their surroundings and their mental health problems especially depression. Our respondents connected majority of their interpersonal problems with the perception of their identity and prejudices from their social environment. We suppose that the prejudices that respondents meet were either covert or indirect, have not been made directly toward them as individuals, but about the LGBT people as a group. 49 % of the respondents perceived inappropriate remarks, slurs (hate speech), and one fifth intolerance, hatred, that reflect the particular form of expression of prejudice. In a further examination it would be useful to find out what is the content of those remarks, hatred whether it was related to respondents directly or indirectly.

We suppose that sometimes these remarks were a generalized form of insults that people stereotypically associate with LGBT identity, in order to humiliate the other labeling he/she as LGBT and to gain power over the humiliated person. It could also be interesting to explore if there is a connection between hate speech of LGBT person and his/her internalized homophobia as a result of his/her psychological conflict.

In case of intolerance and hatred, we assume that these statements already talk about how to dispose of a group of LGBT people. There was reported high number of physical attacks (6% of respondents) which are very serious form of homophobia, opened oppression with adverse effects on mental health (PTSD, anxiety disorder, etc.). There is a need to prevent LGBT people from these kind of attacks and offer them also high quality specialized services for overcoming them. We can therefore say that more than one-fifth of the reported cases appeared clear manifestations of homophobia. In relation to environments where these problems occurred, the most common response (one third) was that they had problems with their parents, 8% reported troubles with classmates and 5% at work. Family and parents are for LGBT people the closest persons, who they often love, rely on and expect their help with problems, but they often react badly to minority sexual orientation or identity of their child, that can have strong negative influence on them. Parents make very often the strongest pressure on hiding LGBT identity of their children to keep "a family secret"; they suppress, limit their child in being authentic and do not support the development of positive identity, self-acceptance, healthy self-esteem, etc. It is annoying especially at the time when LGBT people are still financially and emotionally dependent on their parents. Providing support to relatives in this demanding family situation is an important contribution to solving difficult circumstances. Bullying in schools, possible loss of work and career in the job can be associated with the feeling of being socially isolated due to its orientation and/or identity, having no friends, anyone they whom could trust, sense of being stigmatized (about 9% respondents). All these influences can lead to apathy of LGBT person, learned helplessness and suicide attempts.

Coming out. The first coming out made most (71%) of our respondents to their friends ; as it is in accordance with several other studies - that LGBT people make their coming out more commonly to friends than their families (f.e. Blumenfeld, 2001). Often those are friends from the LGBT community, or their first partners. We suppose that there are more opened to do coming outs to female friend than male friends. On one hand it can be because more women participated in the survey, and on the other hand, it's probably caused by a gender-stereotyped socialization. They are more careful to disclose to man (f.e. Bowers, Plummer, Minichiello, 2005), as it is expected that all "homo" and feminine elements men reject, fewer men share intimate emotional issues and are more homophobic. Third person they did first coming out were mothers , but only to 1% of fathers. This may also be due to the above mentioned role-gender socialization, as well as the fact that most children have a closer relationship to mother. We received similar results to question where our respondents sought help.) In terms of further analysis we could concentrate on the differences between men and women. Only 2% (5) told it anyone, which probably means that inner pressure for disclosure minor orientation/identity was very strong and suppression of who they are could not stop them. In some cases respondents made their first identity disclosure to psychologist. Therefore, we believe that psychologists should be prepared to this situation and should react very sensitively, be competent in their professional skills, without biases and to be able to relate to these clients and their issues. Outside the close relations in the most cases - 15% respondents looked for help from psychologists, which demonstrates the importance of this topic for psychological counseling and psychotherapy as well as the necessity for psychologists to be educated, informed about the LGBT issues. They are often the first adults to whom LGBT people make coming out about their sexual orientation/ identity. Most of those respondents who visited the psychologist had positive experience with them, appreciating them as experts in the field of psychology. Thus, we assume that psychologists were empathic and accepting respondents in relation to their identity. Still the question stays if the quality of counseling skills was high, and if the real understanding, respect and acceptance were present and communicated. 40% of psychologists knew the issues, although it could be interesting to examine the quality of this information in further analysis – how recent, up-to-date was. 36% of respondents perceived that psychologist helped them with the solution of the problem. But only 2% of respondents were provided with information about LGBT issues – as it occurred in responses psychologists didn't have sufficient information especially about LGBT organizations or community centers providing relevant services in particular regions. Therefore it is necessary to raise the awareness and interest among psychologists about LGBT issues, to establish contacts with LGBT organization and to widespread informational materials. One third of respondents said that they had a negative experience with psychologists. They perceived that psychologist were confused in the context of LGBT subjects; he/she didn't know what respondents speak about because of the lack of information. There is still not enough attention paid to LGBT clients/topics during the studies, or professionals avoid them, do not pay attention or/and they didn't question this subject at least during their supervision. 5% respondents felt that psychologists had prejudices, which were mainly religious and they also perceived attempts to provide reparative therapy. The number of such experiences is relatively low, but on the other hand, any counseling intervention that is perceived as intruding, non-accepting, biased can have re-traumatizing effect on the mental health of LGBT client (and can discourage him/her from next visit of psychologist), who has no possibility to complain, because there are no official ethical standards how to work with LGBT clients covered relevant professional asso-

ciation. Psychologists refused to meet 6% of respondents because of their orientation/identity and condemned their identity, what was an overt sign of homophobia, which is unacceptable viewpoint and behavior for the psychologist. More than 99 respondents answered that they didn't have any problem to share with psychologist. Previous responses indicated that another 99 respondents visited psychologist, we estimated that barriers in visiting him/her had about the rest of respondents (55). Of these, more than 17% could not find information, which psychologists work especially with LGBT clients. We assume that if the psychologist had this information in his/her information materials, on websites it would help LGBT people to visit them and also alleviate fears, which had 13% of the respondents when they wanted to visit a psychologist. It is very important to emphasize that visiting psychologist is for LGBT person typical coming out situation in which he/she experiences fear and anxiety when they have to disclose his/her orientation. The information that the psychologist addresses the problems of LGBT people can reduce the stress from coming out and as Bowers, Plummer, Minichiello (2005) say "serve to proactively suggest to clients, that it is OK to disclose" (p.476). 13% respondents missed information that/how could be problems of LGBT people solved with a help of psychological services or information online, there were no such information in their milieu. 2% have heard about bad experiences with psychologists, so also negative experience practice has bad impact on their decision to visit a psychologist. It would be useful for further analysis to examine specific responses of those who said they have no problems accepting/presenting their orientation/identity and those who said they have experienced severe mental health problems (mental disorders, addiction, eating disorders). In further research, we could also focus on positive feelings associated with the fact that the respondents accepted their LGBT identity and on analysis of those who probably hide or do not admit their problems. The answers to the open question – What suggestions respondents have to improve psychological services and to help overcome barriers, reported the following solutions: improve the education of professionals (e.g. during university studies, training programs) because they have outdated information and do not understand the essence of the problems LGBT people in social context, reflect and eliminate prejudice, biases - especially some religious beliefs should not be applied in psychological practice; psychologists should have permanent supervision, they should create gay-friendly net, pointing out, that they provide services to LGBT people, establish specific services for LGBT people, whether in the form of centers, online counseling, etc., ensure the availability of psychological services in other regions than in the capitol city, indicated many respondents from other regions (40%), improve awareness about psychological services at all levels of education, also via internet and leaflets, guarantee safety (often also referred the anonymity) of psychological services, ensure the professional ethics of members of professional associations, bodies, while working with LGBT clients, express support and understanding commenting LGBT issues publicly and via recommendations to their members.

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Psychologist Working with Gay and Lesbian People and Families in México

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At this meeting we will present the analysis of the experience of ten Psychology professionals who have worked with families, couples and homosexuals in their clinical practice in order to know which are the references that they currently use for psychological work with this community and to describe how their speeches determine their practices. For this purpose we enquired about the positions from which Psychology professionals attend in their offices, schools and adoption institutes. At first, we will present some of the most representative testimonies of what was found around the conceptualization of professionals toward homosexuality and homoparentality. Secondly, we will present a general discussion about this issue and some final thoughts.

Method

This work was based on qualitative research because it allows a closer approach to cultural and relational meanings of the professional relationship. The methods used were semi-structured interviews in three modes: a) individual, b) couple and c) family, and were chosen as they represent a device that allows the interviewees abound as free and as long as the aforementioned deem necessary. The transcribed interviews were analyzed thematically in order to understand the assigned meanings to the experience of working in therapy with homosexuals or homoparental families. All interviews were returned to each of them to confirm what was said, clarify or modify any idea before their interviews went through the process of analysis, so that the cited testimonies were not only part of what was said in the interviews, but also ratified and confirmed by themselves.

Participants: Psychology professionals

Participants were psychologists trained in different schools of Psychology: Systemic Family Therapy, Cognitive Behavioral, Psychoanalysis, Narrative, Psychiatry and Social Psychology, and they worked in schools, adoption institutes and private practice, or were teachers from public and private universities in Mexico. To preserve their anonymity, they were assigned a number for identification purposes.

Conception of Homosexuality and Homoparentality

We will present the most common ideas of the professionals in their interviews about homosexuality and homoparentality. One repeated feature in the speeches was the pathological theory of homosexuality. In two of the interviewed professionals we found references in which homosexuality was comparable to other diseases (neurosis, alcoholism or disability). Thus, for example, professional number 9 stated:

“Freud said it, namely, that the homosexual as neurotics have the same capabilities to be happy, of course, there are some that are much more tormented than others.”

This statement found similarities in the speeches of other professionals who added the comparison to other disabling diseases. For instance, professional 5 added:

“In the DSM III homosexuality is already considered a variant of normal, since homosexuals can do all the activities that heterosexuals do. For instance, a disabled person on a wheelchair, as scientist Stephen Hawking, who -with multiple sclerosis- was able to write great books; however, he is still a disabled person.”

And regarding homoparentality, in two professionals we found references to homoparental families often did not have a family support network because it was common that their members had been expelled from their nuclear families.

Professional 8 declared:

“Behind some cases of people who applied for adoptions there were traits of homosexuality, but we did not capture that in the study nor on the record. What we did report was: that they had no family support network, that they were

highly dependent people, that they had major difficulties dealing with the stressors of everyday life and so on”.

We found the idea that children raised in lesbian and gay families tended to identify with them and imitate their homosexual behavior. Professional 5 affirmed:

“The problem (of homosexuals) comes when they want to adopt, for example. Or when they raise a child, because it has been determined that children, in their psychological process, shall identify with them.”

In two professionals we found the idea that children often face social adjustment problems since their schoolmates would not accept them. Professional 6 said:

“I do not think society is ready yet. (Children) are not going to avoid scorn, how come they have two moms or two dads? I think that is a strong challenge for the child.”

This statement is confirmed by the speech of another professional who stated:

“(The boy or girl) Facing the fact of having two moms instead of father and mother generates rejection of other children and their parents, even worse, it limits their socialization.”

To which professional 9 added:

“I think that having a homoparental family should have an impact on children’s life, and not necessarily a favorable impact. Not necessarily because it is raised by a gay couple, but how would people see that their child goes to a party or spend the night in that house?”

In the case of a professional we found the idea that homosexual couples sexually abuse their children.

Professional 5 claimed:

“The problem (of homosexuals) comes when they want to adopt, for example. The problem is that they end up abusing the children.”

In five out of the ten interviewed professionals we found references to homosexual couples could not insure children differentiated gender models.

In one case, the professional from the adoption institute said that children themselves did not wish to be adopted by homosexual couples, as they needed a mom and a dad.

Thus, professional 8 declared:

“It makes me laugh when children complain: ‘oh you brought me parents who cannot speak Spanish!’ In case of international adoptions. They also complain and say to me: ‘oh hey, I asked you for a mom and a dad, not just a mom!’ Now imagine I tell them I brought them two moms. That will be more complicated.”

This statement is complemented by another of the same professional, who added:

“As children grow, they usually have inadequate childhood memories if they are raised by a homosexual couple. Many children adopted by such families, as adults, have many inappropriate memories and adaptation problems.”

However, in seven interviews there were also positive references to homoparentality. Some of them were linked to the theory that what is important in a child’s psychological makeup is to have an adult to fulfill maternal and paternal roles, regardless of biological sex or sexual orientation. Three professionals referred to this theory to explain why homoparentality is not a parentality that damages the child’s psychic life.

Professional 6 stated:

“Lacan was the first to say that it is not necessary the presence of the biological father, but somebody who fulfills the role of the father. What I frequently say to my students is that the family composition does not matter as long as there are several essential prerequisites: the prohibition of incest, hence the separation between mother and child, someone to make the separation, whether the mother herself or another, a concern for the child, a desire for that child without swallowing him.”

Regarding homoparentality we found that some professionals had contradictory positions throughout their speech, for example, the professional who said:

“A child does not have to be ashamed of having two women or two men at home, I think that children can endure many things, because children in a heterosexual marriage endure physical abuse and they get ahead, I think the human being is very plastic. Very plastic.”

He also said:

“I had a patient who was always heterosexual and had a daughter or a son, I do not know how many children she had, she did not get along well with her husband for sure. After a while, when she turned forty-five, she met a woman, fell in love with her, happy. The problem they had were children, then suddenly the children who live with her saw that their mom had a female partner!”

We found that in only three out of the ten cases, the interviewed professionals had a clear stance toward homoparentality that was consistently manifested throughout their speech, both in the conceptualization that they made of it as well as how eventually this took part in their practice. In the rest of the interviews with professionals we found either clear heteronormative conceptions or discursive mixtures between human rights and homophobic references that hampered the consistent work with homosexual individuals or families they attend.

Discussion

The data found in this study is consistent with what has been found in other studies, when Psychology professionals and their prejudices about homosexuality have been observed. In 1999 Crawford, I., McLeod, A., Zamboni, BD and Jordan, MB conducted a study in Chicago with 388 Psychology professionals, they were asked to assess the records of heterosexual couples, lesbians and gays, which had identical profiles among them and were applying for an adoption. It was found that Psychology professionals tended not to recommend gay and lesbian couples when assessing the eligibility for adoption, even though these couples had the same conditions of age, gender, social class, religion and education as the evaluated heterosexual couples (Crawford, et al., 1999:396).

On the other hand, Brodzinsky, D. M., Patterson, C. and Vaziri, M (2000), in their research on adoption agencies around the world, found that of the total number of the agencies in their sample, only 63% had accepted requests for gay and lesbian couples to adopt and of these only 38% had materialized homoparental adoption in two years.

The presumption that children will have a failed development is rooted in psychological epistemology, which links sexual orientation to one of the most important pillars of field theory: the Oedipal triangulation. The foundational premise in Psychology of an irreplaceable need for a mother and a father to a child is currently in force, although it has been questioned by authors such as (Biblarz, TJ and J. Stacey, 2010, p. 14), who have found that children can have a harmonious development with a father or a mother. Homoparentality is not considered a problem for the most important associations of mental health that set the standard for both psychological work clinically and socially. The most recent of these affirmative statements comes from the American Academy of Pediatrics (April 2013), which updated its firm position, previously published few years ago, regarding the health of children raised in homoparental families.

It is understood that welcoming studies that challenge some of the most important pillars of the discipline of Psychology (Goldfried & Goldfried, 1994; Golombok et al., 2002) requires the American Psychological Association (2004),

American Psychiatric Association (2002), Nacional Association of Social Workers (2004), American Psychoanalytic Association (2004).

openness; however, maintaining conservative beliefs against the current empirical data decreases the health possibilities of broad collectives, including professionals themselves, still locked in traditional references that are no longer valid for the world of Psychology, Psychoanalysis, Psychiatry and even Pediatrics and Social Work.

Final Thoughts

According to the review made by González (2005) two are the arguments where prejudices hide behind and that Psychology professionals subscribe to: a) one related to the necessity of the presence of maternal and paternal figures at home as a prerequisite for children to have a healthy and harmonious development, and b) the other one related to pathological structure of the psyche of gays and lesbians: it states that they have built their identity upon problematic or deviant ways, being characterized by egocentrism, narcissism or emotional immaturity (González, 2005:18).

These two ideas characterized the discourses around homoparentality and homosexuality in professionals' speech in Mexico with different nuances and depth. This is because it is part of a discourse constructed and disseminated in the field of Psychology (Lucas et al., 2004; Toro, 2005).

What we have found in the interviews in Mexico in 2012 is the coexistence of attitudes toward homosexuality and homoparentality characterized by the complexity and ambiguity of beliefs where mainly heteronormative prejudices persist, along with minority positions that approach to respectful frameworks for diversity.

Finally some professionals also talked about the lack of training and the theoretical void they thought was present in training in Psychology, necessary to do useful work with individuals, couples and / or homosexual families. Some of them also recognized that their reaction to these diverse realities was more influenced by this lack of theoretical references and training, rather than being convinced of the pathology of these individuals and families.

The fact that it is common that professionals do not have in their decalogue of resources tools to deal with diversity assertively and respectfully reflects an urgent need to change the training in psychological disciplines in order to speed up the process by which we have increasingly practices that do not turn into pathologies the difference of those who incarnate other normalities (Canguilhem, 1986). Hopefully this work and the wider movement of LGBT Psychology contribute to this purpose.

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Psychosexual function of intersexed individuals with genital surgery: A Cuban study

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Abstract

Introduction.

Current clinical practices favor surgical intervention during infancy to reconfigure ambiguous genitalia with the goal of achieving sexual and reproductive health later in life.

Aim.

The purpose of the study was to assess the impact of early genital surgery on psychosexual function among individuals born with ambiguous genitalia from the patient perspective.

Methods.

This cross-sectional study was conducted at the National Institute of Endocrinology (INEN) in Cuba. Recruitment was performed in the Outpatient Center. We recruited eighteen consecutive intersex patients. We used two questionnaires to assess sexual behaviors and sexual identity/preference. Hospital records were also reviewed to assess clinical diagnoses and standards of care for each case.

Results.

Fifteen patients were assigned to the female sex during infancy. Vaginal reconstruction led to vaginal atresia in all cases. The most frequent surgical complications after clitoridectomy were urinary sepsis and fistulae. Ten patients required surgical revisions mostly during adolescence. All patients assigned to the female sex self-identified as females. However, three of them reported a gender identity with male and female features. Ten of them were sexually abstinent or had never had coitus. Of the three cases assigned to the male sex all self-identified as males. Two of them reported having a sexual partner. Self eroticism is absent in most patients. Seven individuals reported unsatisfactory sexual life.

Conclusions.

Our data show that intersexed individuals, especially women who have undergone surgery are sexually impaired. Given the degree of sexual dysfunction identified, a moratorium on surgery should be considered until a control group can be identified and studied or, if not possible, then a prospective study should be designed to address this issue.

Key Words. Intersexuality, Disorders of sexual development, genital surgery, sexual function, psycho-

sexual development.

Introduction

Surgical management of ambiguous genitalia during infancy remains controversial [8-11] in spite of significant progress in surgical techniques [1, 2, 12]. Unfortunately, there is a scarcity of reports on the effects of early genital surgery on long-term psychosexual function among individuals that were operated on in infancy. It has been argued that early genital surgery can lead to reduced genital sensitivity, chronic irritation and pain, reduced orgasms and genital pleasure, dissatisfaction with genital appearance, and psychological and emotional problems [12-15]. Opponents of early genital surgery argue that surgical intervention is cosmetic and does not result in sexual and reproductive health, nor psychological well-being in adulthood [16-18].

In the past six decades, the health care paradigm in Cuba has followed the early intervention approach originally developed at Johns Hopkins University where early diagnosis and surgical intervention between 1 and 2 years of age are of paramount importance [19-20]. It was not uncommon to assign most intersex cases to the female sex largely based on the surgical difficulties in creating functional male genitalia with a normal appearance [15, 21, 22]. Although it is now rare for undervirilized males to be reassigned to the female sex with the surgery this entails, it is not uncommon for 46, XX overvirilized females with ovaries to undergo vaginal reconstruction and repeated clitoral reductions. Most of these patients have congenital adrenal hyperplasia (CAH). CAH is the most common cause of ambiguous genitalia. Therefore an analysis of psychosexual functioning among adolescent and adult females with CAH who have undergone vaginoplasties and clitoral reductions is important.

In this study, we investigated the psychosexual function of six adolescents and twelve adult individuals born with ambiguous genitalia in Cuba who had genital surgery during early infancy.

MATERIAL AND METHODS

Participants

Inclusion criteria included: > 15 years of age, a diagnosis of a Disorders of sexual differentiation, ascertainment of ambiguous genitalia in clinical records, having had at least one genital surgery during infancy as part of clinical treatment, and consent to participate in the study. Records were obtained from the Cuban National Institute of Endocrinology (INEN), and from the two principal children's hospitals in Cuba (Cerro University Pediatric Hospital and the Willian Soler Pediatric Hospital). Eighteen subjects met inclusion criteria: Seven individuals were recruited in the outpatient clinic at the National Institute of Endocrinology, five during hospitalization and six at during their outpatient with their pediatric endocrinologist consultations.

Questionnaires

Questionnaire on Sexual Response and Behavior.

The questionnaire used to evaluate sexual behavior and sexual response in this study was designed and validated by the principal investigator (AA) with a different patient population (27). The questionnaire is self-administered questionnaire and comprises 49 questions. Most questions were closed and the subject was asked to select the statement that best described his/her case. The questionnaire inquired about sexual desire, sexual practices, orgasm, sexual partners, sexual dysfunction, and perceptions about the influence of physical and psychological state on sexuality. The instrument also surveyed occupation, place of residence, level of education and other social variables.

Self-Administered Sexual Identity Questionnaire (SAQ).

The SAQ is a self-administered questionnaire on sexual identity and orientation, designed by S.E. Prevé, [28] based on previous work by Chively et al [29, 30], and that we adapted to the Cuban setting. It consists of five questions, four of which are related to sexual orientation. These explored attraction, preferences and sexual fantasies. The fifth question asked the subject to self-identify as a man, a woman, or other. Gender identity was confirmed via in-depth personal interviews conducted by the principal investigator (AA).

Ethical Aspects

Approval by the Research Ethics Committee at INEN to conduct this study was obtained. Informed consent was obtained from each participant and confidentiality of information was guaranteed throughout the study. Access to collected data for the study was provided to each participant. Biosafety measures were observed when working in hospital wards and mechanisms were in place to allow suggestions and opinions from co-workers with regard to the data collection process. Professional resources were used to provide emotional support to participants whenever needed. Participants were also referred to specific health care services whenever appropriate.

Results

Table 1 shows the socio-demographic profile of participants. The mean age was 26.6 [with intervals 16-49], a third of the sample was under 18 years of age. At the time of the study, eight individuals had a sexual partner, six of which were above 18 years of age. Most of participants referred having completed senior high school, four participants under 18 years completed junior high school. Three participants were undergoing university education at the time of this study. Two participants were not workers or students. Two thirds of the sample resided in the capital city, Havana, and the rest resided in provinces throughout the island.

Table 2 shows the medical conditions related to genital ambiguity as indicated in the clinical records. These diagnoses were corroborated with pediatric endocrinologists. In this sample of 18 participants, Congenital Adrenal Hyperplasia (CAH) was the most frequent diagnosis (n=8), followed by Partial Androgen Insensitivity Syndrome (PAIS, n=3), Partial Gonadal Dysgenesis (n=2), Total Gonadal Dysgenesis (n=1), 46XY Ovotestis (n=1), and Bilateral Cryptorchidism (n=3). Thirteen participants (72.2%) were originally assigned to the female sex and five participants were originally assigned to the male sex (27.7%). Two participants were reassigned to the female sex (participants 8 and 17), one of them at one month of life and the other one at two years old. It is noteworthy that participant 8 was diagnosed with CAH whereas participant 17 was diagnosed with PAIS and that gender reassignment was performed before the first year of life.

Clinical outcomes of genital surgeries

Clinical outcomes of genital surgeries are depicted in Table 3. Most of participants assigned to the female sex underwent partial or total clitoridectomy (n= 14/15), one of them underwent several clitoral reductions. The average age for the first clitoridectomy was 2.6 years. Close to half of the female group underwent vaginal reconstruction (n= 7/15). The average age at the first vaginal reconstruction surgery was 17.5 years.

Participants who were assigned to the male sex underwent orchiopexy during infancy (n=3/3). Two of them required 4 to 6 surgical interventions to include orchiectomy due to malignance or testicular atrophy, gonadectomy, and testicular prosthesis procedures. The exact age for these procedures was not registered in the clinical records.

Surgical complications were apparent in close to half of the sample (n=10/18). The most frequent complications associated with clitoridectomy procedures included urinary sepsis and fistulae whereas vaginal reconstruction surgeries eventually led to vaginal atresia as a consequence of vaginal-, urethrovaginal-, or urorectal- fistulae, discontinuity of the urethra, or jejunal necrosis (n= 5/7). Similarly, surgical complications were apparent among participants assigned to the male sex (see Table 3 for details).

Sexual response and behavior

The majority of participants (83%) considered having received sexual education but 44% of them reported having the necessary conditions for sexual intimacy. Upon evaluating the transcendence and importance of sexuality in personal life, 10 of 18 participants (55%) considered sexuality “very important”, 6 considered it “fairly important” and 2 participants did not consider it an important aspect of life. However, 10 participants with female sex assignment and 1 participant with male sex assignment had no coital experience and reported sexual abstinence (n= 11/18). The female group includes 4 participants who were less than 18 years of age at the time of this study.

In evaluating their sexual life, none of the participants considered that their sexual experience was “very satisfactory” in a Likert scale even though two of the participants reported having anal coital practices as part of their sexual repertoire.

We noted that close to half of participants who identified themselves as female (n=7/15) did not respond to some of the items in the questionnaire that were related to sexual life. Not surprisingly, most of these cases coincided with those who did not have a sexual partner and had never had a coital experience. For those who provided answers to these items, 5 participants reported having high or very high sexual urges and desires whereas 2 participants reported having very low or null sexual urges and desires. Eight participants reported having experienced orgasms, (n= 3/3 males, n= 5/15 females), and half of participants reported not knowing of or never having experienced an orgasm (n=9/18). Female participants favor the kiss and caressing the skin of the partner in their affectionate-erotic relationships as part of their sexual repertoire, including during sexual foreplay. Self-eroticism is almost absent in this sample.

Table 4 shows the data on psychosexual development. Fifteen participants self-identify as female, which includes 13 participants who were assigned to female sex at birth and 2 participants with initial assignment to the male sex but who were clinically re-assigned to the female sex at one year of age. Twelve of these participants expressed preferences and affectionate-erotic disposition towards males exclusively. Three female participants, all with CAH, reported having male and female features with androgenic behavior, and expressed being equally attracted to men and women. The three participants assigned to the male sex self-identify as males and reported having a sexual orientation towards women exclusively.

Table 5 describes sexual dysfunctions and their origin or cause according to participants. These include; dyspareunia, reduced vaginal lubrication, longer time to reach vaginal lubrication, reduced genital sensitivity, longer time to reach an orgasm, vaginal irritation and dryness, changes in the clitoris (pain, distress), difficulties in maintaining an erection, loss of erection and difficult communication with the sexual partner. The most frequent sexual dysfunction was absence of orgasm (n=9/15 females). Even though 3 females diagnosed with CAH considered their sexual life to be satisfactory, 2 of them never had coital experience. According to participants, reasons for having a limited sexual life include: the clinical condition (n= 5), difficulties in having coital relations due to their sexual anatomy (n=4), not having a sexual partner (n=5), a direct consequence of genital surgery (n=3), and negative psychological and emotional state (n=3). Other factors include: going through a difficult period in life (n=2), fear of inadequacy in performance during sexual intercourse (n=2), and fears and doubts regarding sexuality in general (n=2). Noteworthy, half of the females who underwent clitoridectomy procedures singled out the anatomical configuration of the genitalia or genital surgery as the underlying cause for their reduced or null sexual experience. Half of females with CAH reported absence of orgasm (n=4/8) and one reported loss of clitoral sensitivity (n=1/8). Similarly, all participants assigned to the female sex with PAIS (n=3) reported lack of orgasm and incapacity for vaginal coitus; two of them considered their sexual life “unsatisfactory” or “very unsatisfactory”, while the other considered it “moderately satisfactory” in a Likert scale.

Discussion

Current standards of care champion early diagnosis of the underlying cause for genital ambiguity at birth, early and accurate sex assignment based on diagnosis, and surgical reconfiguration of the genitalia during infancy with follow-up surgeries during adolescence whenever required. However, long-term outcome studies of genital surgeries on sexuality among intersexed individuals are scarce. This study aimed to contribute to the field by inquiring about the psychosexual function of eighteen individuals born with genital ambiguity in Cuba, where the Johns Hopkins University's standards of care for these patients are followed.

The long-term outcome of feminizing genital surgeries has not been systematically documented. In this study, vaginal reconstruction and clitoridectomy procedures compromised sexual function and quality of sexual life in most women. In fact, all vaginal construction and reconstruction procedures eventually resulted in vaginal atresia, which resulted in surgical revisions in most cases. The great majority of female subjects in our series were submitted to these surgeries without any previous psychological preparation or having expressed interest and wish for being able to sustain coital sexual relations. Participant 2 commented that "reiterated dilations resulted painful, and I was not prepared for those." It is our opinion that these type of surgeries should be considered elective procedures where consent must be obtained from the patient.

Other surgical complications found in our series include: urethro-vaginal fistulae, urinary sepsis, pain, urethral stenosis, prosthesis rejection, suture dehiscence, sectioned urethra, intestinal atrophy and/or necrosis. Surgical revisions that included colostomy, colostomy closure, fistula suture and sphincter cosmetic surgery reinforce the position consistently sustained by many experts in the field who argue that genital surgery is an invasive procedure that can cause physical and psychological damage and severely affect the quality of sexual life [10, 15-17, 31, 32].

A previous Cuban study identified the psychological processes associated with genital surgery. We found that the genital appearance created by surgery negatively impacted sexuality and the quality of life in general as medical procedures altered body image [33]. Mazur and col [34] have reported satisfactory results on sexual function among most women who were submitted to surgery of the clitoris, while other studies refer to adverse results. For instance, Minto and col [17] found that all women who were sexually active had difficulties with regard to sensitivity and incapacity to experience an orgasm as compared to subjects without genital surgery. Alizai and colleagues [35] also reported unsatisfactory results for reduction of the clitoris. In their study, most patients also required vaginal reconstruction surgery. In our study, a high proportion of subjects who underwent clitoridectomy as the only surgical procedure, reported inability to experience orgasm and referred to reduced genital sensitivity.

It is our opinion that the lack of sexual self-gratification as an intimate and private behavior constitutes a substantial self-limitation in this group of human beings that restrain their possibilities of sharing an erotic experience with another individual. The absence of self-gratification limits the opportunities for self-learning about the responses of the sexual body, its erotic capacity, and establishment of a fully integrated body image.

Our finding on sexual abstinence among this group deserves a special remark. It is noteworthy that in different Latin American settings, the initiation of sexual activity takes place at earlier ages when compared to former generations [36]. According to a recent study, sexual initiation among women in Cuba is 15.6 years of age [37]. Therefore, the lack of sexual experience among a subgroup of participants cannot be explained by age. It is of critical importance to conduct future studies to determine the relationships for each congenital condition, psychosexual development, and sexual initiation.

Management of Congenital Adrenal Hyperplasia in Cuba

It is noteworthy that half of women who report sexual abstinence are CAH. If the ultimate goal of sex reassignment and surgical management of genital ambiguity is to promote the patient's quality of life, we wonder, to what extent have the current practices adversely affected the main goal in the first place? We consider that our results uphold the recommendation by all those who in the field advocate for a revision of elective genital surgery and for the need to consider the patient's participation when refraining from surgery does not represent a threat to the newborn's life.

In fact, a description of the Cuban model for the management of intersex individuals was recently published [38]. The study reveals the gaps between clinical services and the needs and expectations of patients with regard to health care. It also recommends a review of our “Guide of Good Practices in Pediatric Surgery” and it stresses on the need to replace the current paradigm of health care for one that is more flexible and levelheaded with the diversity of the human experience. The results of the current study reinforce our recent call to introduce transcendental changes in the clinical management of intersexuality in Cuba [38].

Recent publications argue that 46,XX CAH individuals with a “masculinized” phallus (Prader Scale IV-V) should be allowed to be assigned to the male sex [39, 40]. Unfortunately, we do not have enough data available on the level of genital masculinization at birth in our sample to allow us to look deeper into this issue. All CAH subjects in our sample were assigned to the female sex following current standards of care. We support more recent views about being open minded with regard to sex assignment in cases of 46,XX CAH [41] especially when genitals are strongly “masculinized” [40]. As reported in the scientific literature, gender dysphoria or gender change among this patient population occurs in subjects assigned to either female or male sex, in the range of 5-12% [42]. We found that 25% of our CAH sample showed combined male-female identity. This more fluid gender identity was not found in other clinical diagnoses. Therefore, it is of critical importance to continue studying the complex relationships between gender identity, sexual orientation, and satisfaction with sexual life in the presence of CAH.

Limitations of this study

The recruitment of participants was carried out in various sites: adult endocrinology outpatient consultation, registers of pediatric endocrinologists collaborators linked to other health institutions, and subjects institutionalized at INEN (which is the main center for Endocrinology Services and Research in Cuba). However, we believe that our diverse sources of participants reduced biases in our findings. It is a challenge in this field to find willing participants for research studies as other researchers have reported that intersex individuals keep away from health services as reiterated treatments have turned them distrustful and fearful [14, 28]. In addition, we adapted questionnaires to the specific conditions and cultural context in Cuba. It was unexpected for us to find that participants provided no answers to items related to sexual responses as many did not have sexual partners and were engaging in sexual abstinence for many years.

Conclusions

Our data show that sexuality is experienced with limitations, restrictions and/or absence of sexual activity in a high proportion of study subjects. The quality of sexual life is adversely affected in the great majority of these individuals. Given the degree of sexual dysfunction identified in intersexed individuals, especially women who have undergone surgery, a moratorium on elective surgery should be considered until a control group can be identified and studied or, if not possible, then a prospective study should be designed to address this issue.

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Table 1.

Socio-demographic characteristics

Participant #	Age (Yrs)	Completed education	Occupation	Sexual partner	Duration of couple relation
1	27	Technician	Worker	No	-
2	17	High School	Student	No	-
3	28	Technician	-	No	-
4	49	Technician	Worker	No	-
5	35	Technician	Worker	No	-
6	19	Technician	Worker	Yes	3 yrs
7	20	12 th grade	Student	Yes	(?) mos
8	29	12 th grade	Worker	Yes	9 yrs
9	16	High School	Student	No	-
10	16	High School	Student	No	-
11	21	12 th grade	Student	Yes	1 month
12	17	High School	Student	No	-
13	31	12 th grade	Worker	Yes	(?) mos
14	45	Technician	Worker	No	-
15	46	12 th grade	Worker	Yes	1 yr
16	16	Technician	Student	Yes	(?) mos
17	22	12 th grade	-	No	-
18	17	Technician	Student	Yes	(?) mos

Table 2.

Clinical record

Participant #	Endocrine diagnosis	Karyotype	Assigned sex at birth	Clinical sex reassignment
1	Ovotestis XY	46XY/ 47XXY ^o	Female	-
2	CGD	46XY	Female	-
3	PGD	46XY	Female	-
4	PGD	45XO/46XY	Female	-
5	CAH	46XX	Female	-
6	CAH	46XX	Female	-
7	CAH	46XX	Female	-

8	CAH	46XX	Male	Female
9	CAH	46XX	Female	-
10	CAH	46XX	Female	-
11	CAH	46XX	Female	-
12	CAH	46XX	Female	-
13	Bilateral Cryptorchids	46XY	Male	-
14	Bilateral Cryptorchids	46XY	Male	-
15	Bilateral Cryptorchids	46XY	Male	-
16	PAI	46XY	Female	-
17	PAI	46XY	Male	Female
18	PAI	46XY	Female	-

CAH: Congenital Adrenal Hyperplasia, CGD: Complete Gonadal Dysgenesis, PGD: Partial Gonadal Dysgenesis, PAI: Partial Androgenic Insensitivity

Table 3.

Surgery history

Participant #	Genital Surgery Type	Age at reconstructive surgery	Surgery complications registered in clinical records
1	- Clitoridectomy Genital Plastic Surgery	2 yrs.	- Urinary sepsis
2	- Clitoridectomy - Vaginal plastic surgery Urethral plastic surgery	3 yrs. 16 yrs.	- - Atresia of new vagina and urethro-vaginal fistulae
3	Vaginal plastic surgery	29 yrs.	- Recto-vaginal fistulae and intestinal atrophy or necrosis
4	Clitoridectomy	?	No
5	- Clitoridectomy Urethral plastic surgery	1 yr.	- Urinary sepsis and urethro-vaginal fistulae
6	- Clitoridectomy - Vaginal plastic surgery	2 yrs. ?	- vaginal atresia
7	- Clitoridectomy	2 yrs. and 8 mos.	No

8	Clitoridectomy (4) Vaginal plastic surgeries (2)	1, 4, 6 and 9 yrs. 16 and 22yrs.	- vaginal atresia, vaginal fistulae and urether discontinuity
9	Clitoridectomy Genital Plastic Surgery	2 yrs. 8 yrs.	No
10	Clitoridectomy Vaginal plastic surgeries (2)	1 yrs. 14 yrs. and 15 yrs.	- atresia of new vagina and urethral stenosis
11	Clitoridectomy Genital Plastic Surgery	16 yrs. 16 yrs.	No
12	Clitoridectomy	2 yrs.	No
13	Orchidopexies (6) Orchiectomy Testicular Prosthesis	? ? ?	- Suture dehiscence and prosthesis rejection
14	Orchidopexies (4) Orchiectomy Testicular Prosthesis	2 yrs. 15 yrs.	No
15	Orchidopexy	12 yrs.	No
16	Clitoridectomy	?	No
17	- Clitoridectomy - Genital Plastic Surgery - Vaginal plastic surgery	1 yr. 1 yr. 19 yrs.	- fistulae and atrophy or intestinal necrosis
18	Clitoridectomy Bilateral Orchiectomy Vaginal plastic surgeries (3)	1 yr. 11yrs.	- vaginal atresia

Table 4.*Psychosexual development data*

Participant #	Sexual identity	Gender identity	Sexual preference	Sexual difficulties	Sexual life valuation
1	Woman	Combination	Ambiphilic	Yes	Very unsatisfactory
2	Woman	Female	Androphilic	Yes	Unsatisfactory
3	Woman	Female	Androphilic	Yes	Unsatisfactory

4	Woman	Female	Androphilic	Yes	Unsatisfactory
5	Woman	Combination	Ambiphilic	Yes	Unsatisfactory
6	Woman	Female	Androphilic	Yes	Satisfactory
7	Woman	Female	Androphilic	Yes	Satisfactory
8	Woman	Female	Androphilic	No	Satisfactory
9	Woman	Female	Androphilic	Yes	Satisfactory
10	Woman	Female	Androphilic	"No response"	"No response"
11	Woman	Combination	Ambiphilic	Yes	Fairly satisfactory
12	Woman	Female	Androphilic	Yes	Fairly satisfactory
13	Man	Male	Gynecophilic	No	Satisfactory
14	Man	Male	Gynecophilic	Yes	Fairly satisfactory
15	Man	Male	Gynecophilic	Yes	Fairly satisfactory
16	Woman	Female	Androphilic	Yes	Unsatisfactory
17	Woman	Female	Androphilic	Yes	Very unsatisfactory
18	Woman	Female	Androphilic	Yes	Fairly satisfactory

Sexual identity: identification of the individual as a man, a woman or other

Gender identity: identification of the individuals as male, female or a combination of both

Sexual orientation: affectionate-erotic preference or disposition towards other people. Described as, gynecophilic (preference for women), androphilic (preference for men), ambiphilic (preference for men and women)

Table 5.

Sexual difficulties and perception of its cause

Participant #	Sexual difficulty	Perception of the cause/s of the sexual difficulty
1	Absence of orgasm	Not having a partner, lack of love and caress, fears and doubts in relation to sexuality

2	Absence of orgasm	Physical state, going through hard times, not having a partner, negative state of mind
3	Absence of orgasm	“No response”
4	Reduced vaginal lubrication Reduced genital sensitivity	Not having a partner, negative state of mind, fears and doubts related to sexuality
5	Absence of orgasm Dyspareunia (‘intense pain and vaginal closure at coitus’)	Suffering from a disease, not having a partner, due to genital surgery
6	“No response”	Physical state
7	Absence of orgasm	Physical and psychological state
8	—	—
9	Absence of orgasm	Suffering from a disease
10	“No response”	“No response”
11	Vaginal irritation, dryness Changes in clitoris sensitivity (pain, distress)	Due to genital surgical (‘during surgery the clitoris was removed’)
12	Absence of orgasm	Suffering from a disease, not having sexual relations (partner)
13	---	---
14	Difficulties in maintaining the erection Loss of erection	Suffering from a disease, not taking the medicament to feel sexually active
15	Longer time to attain an orgasm	Suffering from a disease, difficulties in the partner-relation (loss of sexual attraction), fear of sexual-relation failure
16	Absence of orgasm	Physical state, not having a partner
17	Absence of orgasm	Physical state
18	Longer time to attain an orgasm	Going through hard times in life, not able to have vaginal coitus (physical state)

Psychosocial Risk Factors Related to Cigarette Smoking: A Comparison of Gay and Heterosexual Identities

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Conference Topic: LGBT Health and Mental Health II

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Abstract

Research has shown that gay men and lesbians have higher cigarette smoking rates than heterosexual men and women possibly due to psychosocial stressors related to their sexual identity. This study examined psychosocial risk and protective factors associated with smoking among a gay and lesbian sample. Participants were 38 gay smokers/33 nonsmokers, 36 heterosexual male smokers/41 nonsmokers, 40 lesbian smokers/31 nonsmokers, 41 heterosexual female smokers/ 40 nonsmokers. Participants completed several questionnaires that examined various psychosocial factors such as coping, anxiety, depression, self-esteem, sex-roles, body image, friend and family support. Stepwise discriminant analysis revealed two significant linear discriminate functions for males and females. Avoidance coping, masculinity, weight preoccupation, and family support were salient loadings for females, and femininity, anxiety, self-esteem, depression, avoidance coping, and family support were salient factors for males. The findings suggest that gay and lesbian smokers have disparate risk and protective factors in comparison to their heterosexual peers. Thus, tailoring smoking cessation and prevention programs to the gay and lesbian community is needed.

Keywords: smoking, gay, lesbian, risk factors, protective factors

Psychosocial Risk Factors Related to Cigarette Smoking: A Comparison of Gay and Heterosexual Identities

Research has shown that smoking rates among youth and adult gay and lesbian populations are twice as high, on average, than the US general population (for review see Ryan, Wortley, Easton, Pederson, & Greenwood, 2001). Although the health risks of smoking are similar among gay men, lesbians, and the general population, a higher rate of tobacco-related diseases among sexual minorities, as compared to heterosexuals, is likely because of higher rates of smoking (Silenzio & White, 2000). In addition, exposure to secondhand smoke may be higher among the gay and lesbian population than their heterosexual peers because of the social focus placed on attending gay bars and dance clubs or other smoking venues (Remafedi, 2007; USDHHS, 2010). Tobacco companies also have marketing campaigns targeted at the gay and lesbian population (Goebel, 1994; Ridner, Myers, Hahn, & Ciszewski, 2010). The problem of cigarette smoking among sexual minorities has been recognized; reducing tobacco use among this population was a Healthy People 2020 objective (USDHHS, 2010). Healthy People 2020 emphasizes that little is known about tobacco use among the gay and lesbian population, and that research is needed to explore psychosocial, cultural, and societal factors related to use (USDHHS, 2010). Researchers assert that gay men and lesbians are at a higher risk

for smoking than heterosexual men and women because of psychosocial and societal stressors related to their sexual minority status. Some of the stressors identified are the process of “coming out,” low support from parents and peers, and feelings of isolation (Ryan et al., 2001). Furthermore, depression and anxiety (DeAngelis, 2002; Gilman et al., 2001; Gonsiorek, 1988), body image (Beren, Hayden, Wilfley, & Grilo, 1996; Hertzog, Newman, & Warshaw, 1991; Hertzog, Newman, Yeh, & Warshaw, 1992; Siever, 1994), sex-roles (Fichter & Daser, 1987; Remafedi, 2007), and mechanisms of coping (Crocker & Major, 1989; Kessler, Price, & Wortman, 1985) have been identified as important psychosocial factors in gay and lesbian health outcomes.

The aim of the proposed study is to identify psychosocial risk and protective factors associated with smoking among a gay and lesbian sample. Identifying risk and protective factors will provide essential information to develop a culturally sensitive smoking cessation program for this population. Risk factors may include mental health issues, low social support, low body image, atypical sex-role behavior, and maladaptive coping styles.

Method

Participants

Participants were 304 college students and 6 non-college woman from two mid-Atlantic universities in the United States. Participants' ages ranged from 18 to 28 years. Forty-seven percent of the sample included sexual minorities (71 gay men, 72 lesbians) with a mean age of 21.13 ($SD = 2.07$) years, and 53% heterosexual males ($n = 80$) and females ($n = 81$) with a mean age of 19.32 ($SD = 1.40$) years. The six non-college women were lesbians and retained because data analysis revealed no differences in outcomes when computed with or without these participants. The mean age gay and lesbian participants reported starting smoking was 13.70 years, and mean age for the heterosexual sample was 14.19 years. The sample was largely Caucasian (90.8%) and representative of the student population at the two universities. A majority of the gay and lesbian sample (84.6%) was recruited from one university and surrounding gay/lesbian bars because of a larger campus population. An equal number of the heterosexual population was recruited from both campuses.

Participants were screened for inclusion/exclusion by sexual orientation and smoking status. Those who self-identified as heterosexual or gay or lesbian were included in the study. Bisexual, transgender, and questioning college students were excluded from the study.

Regarding smoking status, potential participants who smoked at least 1 cigarette a day in the past 30 days were considered a smoker. The nonsmoker groups included those who never smoked or those who experimented at one time but did not smoke in the past month. However, it was discovered during data analysis that 24.3% self-identified non-smokers reported that they “sometimes smoke when they drink alcohol,” and 3.4% reported they “often smoke when they drink alcohol.” Potential participants who regularly smoked but quit were excluded.

Materials

As part of a larger study, the following measures were used to assess the variables of interest:

Individual Information and Substance Abuse History.

All participants completed a background information sheet that included demographic questions (e.g., age, race), smoking status, and number of cigarettes smoked on weekdays and weekends. Nonsmokers were asked if they ever tried smoking and at what age they experimented with cigarettes (if applicable).

Anxiety and Depression. The Beck Depression Inventory - II (BDI-II; Beck, Steer, & Brown, 1996) was used to assess depression levels in all participants. The Beck Anxiety Inventory (BAI; Beck, Epstein, Brown, & Steer, 1988) was used to measure general anxiety levels in all participants. Both scales are comprised of 21 items that are rated on a 4-point scale (0 = not at all to 3 = severely, I could barely stand it).

Self-esteem. The 10-item Rosenberg Self-esteem Scale (Rosenberg, 1965) was used to assess self-esteem in all participants. The items are measured on a 4-point scale (1 = strongly agree to 4 = strongly disagree). The lower the score,

the higher the reported self-esteem.

Stress. The Perceived Stress Scale (Cohen & Williamson, 1988) was utilized to measure all participants' perceived stress levels. The scale consists of 10 items rated on a 5-point scale (1 = never to 4 = very often).

Coping. Participants' coping strategies were assessed using a modified version of the Coping Strategies measure (CS; Holahan & Moos, 1987). Participants were asked to respond to each item based on what they typically do when they are stressed about a problem or an emotional event. Some items were slightly modified to match college student life. The measure consists of 32 items rated on a 4-point scale (0 = not at all to 3 = fairly often). The CS measure consists of three subscales: (1) active-cognitive strategies, (2) active-behavioral strategies, and (3) avoidance strategies.

Sex-roles. The Bem Sex-Role Inventory (BSRI; Bem, 1981) was used to measure perceived masculine and feminine traits in all participants. The BSRI consists of 60 items rated on a 7-point scale (1 = never or almost never true to 7 = always or almost always true).

Body Image. Multidimensional Body-Self Relations Questionnaire (MBSRQ; Cash & Pruzinsky, 1990) was used to measure body image in all participants. The subscales used included: appearance evaluation, appearance orientation, subjective weight, and weight preoccupation. The items are rated on a 5-point scale (1 = definitely disagree to 5 = definitely agree).

Social Support. The 12-item Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Gordon, 1988) was utilized to measure social support from family and friends. The items are rated on a 7-point scale (1 = very strongly disagree to 7 = very strongly agree).

Nicotine dependence. Nicotine dependence was measured by the Fagerstrom Tolerance Questionnaire (FTQ; Fagerstrom, 1978). The FTQ is a widely used and reliable 7-item scale for adults. The total score for each participant may be categorized into five nicotine dependent categories: (1) very low - 0 to 2, (2) low - 3 to 4, (3) medium - 5, (4) high - 6 to 7, and (5) very high - 8 to 11.

Procedure

Participants were recruited from two college campuses and surrounding gay and lesbian bars using various means of recruitment. The questionnaires were presented in the same order for all participants.

Data Analysis

A Multivariate Analysis of Variance (MANOVA) and a stepwise discriminant analysis were computed separately by group membership (gay male/heterosexual smoker, gay male/heterosexual male non-smoker, lesbian/heterosexual female smoker, and lesbian/heterosexual female nonsmoker) and the psychosocial variables of interest.

Results

Gay and lesbian smokers smoked significantly more cigarettes on the weekdays ($M = 14.98$, $SD = 8.42$) and weekends ($M = 21.62$, $SD = 11.90$) than did heterosexual smokers ($M = 9.26$, $SD = 6.05$ and $M = 14.60$, $SD = 7.42$), respectively. In addition, gay and lesbian smokers reported higher levels of nicotine addition ($M = 4.15$, $SD = 1.97$) than did heterosexual smokers ($M = 3.10$, $SD = 1.46$).

A multivariate analysis of variance was computed separately for males and females to determine the psychosocial variables to include in the discriminant analyses. Coping style was dichotomized into active (cognitive/behavioral subscales) and avoidance strategies. The independent variables were coping style, masculinity, femininity, and levels of depression, anxiety, body image, self-esteem, perceived stress, and social support from family and friends. For males, the significant psychosocial variables were femininity, avoidance coping, weight preoccupation, family support, self-esteem, and depression and anxiety, $ps < .01$. For females, significant variables were masculinity, avoidance coping, appearance evaluation, body satisfaction, weight preoccupation, and family support, $ps < .05$. Only significant variables were included in the discriminant analyses.

The results of the descriptive discriminant analysis for females revealed two significant linear discriminant functions. The overall Wilks' lambda was significant, $\Lambda = .49$, $\chi(18, N = 152) = 103.62$, $p < .01$, indicating that the predictors differentiated among the four groups. The second discriminant function, $\Lambda = .81$, $\chi(10, N = 152) = 31.30$, $p < .01$, indicated the predictors differentiated among the four groups. Table 1 displays the female within-groups correlations between the predictors and the discriminant functions as well as the

standardized discriminant function coefficients.

The means of discriminant function 1 showed that lesbian smokers ($M = .97$, $SD = 1.14$) had the highest mean scores followed by heterosexual smokers ($M = .43$, $SD = 1.00$), lesbian nonsmokers ($M = -.48$, $SD = .91$), and heterosexual nonsmokers ($M = -1.03$, $SD = .92$) and accounted for 73.6% of the variance. For function 2, heterosexual smokers ($M = .54$, $SD = .94$) had the highest mean scores followed by heterosexual nonsmokers ($M = .16$, $SD = 1.11$), lesbian smokers ($M = -.29$, $SD = .89$), and lesbian nonsmokers ($M = -.55$, $SD = 1.05$) and accounted for 20.1% of the variance.

For males, the results of the descriptive discriminant analysis revealed two significant linear discriminant functions. The overall Wilks' lambda was significant, $\Lambda = .51$, $\chi(24, N = 147) = 94.75$, $p < .01$, indicating that the predictors differentiated among the four groups. The second discriminant function, $\Lambda = .75$, $\chi(14, N = 147) = 40.99$, $p < .01$, indicated the predictors differentiated among the four groups. Table 2 displays the within-groups correlations between the predictors and the discriminant functions as well as the standardized discriminant function coefficients.

The means of discriminant function 1 showed that gay male smokers ($M = .91$, $SD = 1.10$) had the highest mean scores followed by gay male nonsmokers ($M = .13$, $SD = 1.04$), heterosexual smokers ($M = -.02$, $SD = 1.10$), and heterosexual nonsmokers ($M = -.93$, $SD = .75$) and accounted for 60.2% of the variance. For function 2, heterosexual smokers ($M = .65$, $SD = 1.06$) had the highest mean scores followed by gay male smokers ($M = .07$, $SD = 1.20$), heterosexual nonsmokers ($M = -.03$, $SD = .83$), and gay male nonsmokers ($M = -.74$, $SD = .87$) and accounted for 30.2% of the variance.

Discussion

The results of the study highlighted the importance of tailored smoking cessation programs for the gay and lesbian community. Interestingly, gay men and lesbians differed on risk factors associated with smoking, with men having more risk factors than women. In addition, gay and lesbian smokers reported smoking more cigarettes during the weekday and weekend days and had higher scores for nicotine addiction than heterosexual smokers. Thus, the data suggest that gay and lesbian smokers differ from each other and from their heterosexual peers in various ways.

An often overlooked variable in research on smoking behavior is that of gender role. Femininity emerged as a significant risk factor for gay male smokers. As Remafedi (2007) reported, smoking is seen as a masculine behavior, and gay males may smoke to increase masculine perceptions from others. Similarly, lesbian smokers reported higher levels of masculinity than the other groups and may be more likely to smoke in effort to appear more masculine or tough. Preoccupation with weight was a more pivotal predictor of smoking for heterosexual women than for the other groups and weight concerns were lowest among lesbian nonsmokers. These results provide partial support for previous research indicating lesbians tend to prefer a higher ideal weight and have more positive attitudes toward their bodies (Hertzog et al., 1992).

As expected, avoidance coping was found to be a significant predictor for smoking, irrespective of gender or sexual orientation (cf. Schleicher, Harris, Catley, & Nazir, 2009) and successful cessation programs would do well to incorporate alternative coping methods.

For lesbians, avoidance coping and masculinity were salient traits for smoking. Lesbian smokers had the highest mean score followed by heterosexual female smokers, lesbian nonsmokers, and heterosexual female nonsmokers. It is not surprising that avoidance coping was a significant factor in smoking. Smokers often use tobacco as a means to cope with negative affect or situations (Schleicher, Harris, Catley, & Nazir, 2009).

Family support and weight preoccupation also were significant predictors. Consistent with past research, lesbian smokers and nonsmokers reported lower levels of family support than their heterosexual peers. Of note, however is that many of the potential risk and protective factors previously reported in the literature as correlates to smoking (e.g., depression, anxiety, self-esteem, stress) were found to be nonsignificant. (Patton et al., 1996; Ryan et al., 2001; Sheahan & Garrity, 1992; Silenzio & White, 2000). Future research is needed to more carefully examine causal associations across a broader array of affective variables in the context of smoking behavior.

As with all investigations the potential limitations must be noted, particularly the limited ethnic diversity of the college student sample and the geographic location in which the study was conducted. Replication is warranted among more urban and ethnically diverse populations.

Further, 27.7% of the participants who stated they were nonsmokers reported that they socially smoke or are phantom smokers. Phantom smokers are often not examined in research as smokers because they do not self-identify as regular smokers (Choi, Choi, & Rifon, 2010). To date, phantom smoking has not been examined in the gay and lesbian population. It is speculated that phantom smokers may be more prevalent in the gay and lesbian communities than in the

general population because of the smoking venues that gay and lesbian people may frequent (Remafedi, 2007). Thus, including phantom smokers as another variable may be necessary to fully investigate psychosocial factors related to gay and lesbian smoking.

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Table 1*Female Within-Groups Correlations and Standardized Coefficients with Discriminant Functions*

	Correlations		Standardized Coefficients	
	<u>Discriminant Functions</u>		<u>Discriminant Functions</u>	
	Function 1	Function 2	Function 1	Function 2
Avoidance coping	.64*	.32	.99*	.27
Masculinity score	.40*	-.33	.57*	-.13
Family support	-.08	.62*	.11	.71*
Appearance evaluation	.27	-.16	.01	.16
Body satisfaction	.29	-.17	.39	.04
Weight preoccupation	-.16	.64*	-.20	.73*

Note. When predicting group membership, 57.9% of the individuals were classified correctly with a statistically significant kappa coefficient of .44 ($p < .01$).

Table 2*Male Within-Groups Correlations and Standardized Coefficients with Discriminant Functions*

	Correlations		Standardized Coefficients	
	<u>Discriminant Functions</u>		<u>Discriminant Functions</u>	
	Function 1	Function 2	Function 1	Function 2
Avoidance coping	.60	.65*	.45	.71*
Femininity score	.55*	-.23	.62*	-.20
Anxiety	.53*	.34	.25	.31
Depression	.45*	.11	.02	-.07
Self-esteem [#]	.46*	-.01	.12	-.12

Perceived stress	.44*	.05	-.08	.01
Family support	-.44	.50*	-.38	.57*
Weight preoccupation	.38	-.28	.15	-.38

Note. *The lower the score, the stronger the self-esteem. When predicting group membership, 55.1% of the individuals were classified correctly with a statistically significant kappa coefficient of .40 ($p < .01$).

Queer psychology - Let's focus on the theoretical approach instead of preserving identities

Author: Julia Scholz

Topic: Queer Theory

Abstract

The label “LGBT Psychology” does not automatically give an indication of the conceptualization of identity which is applied when engaging in such research. Nevertheless, the label, through listed identities, seems to represent a perspective that does not include queer theory critiques. This paper argues that when we build a new LGBT Psychology paradigm, it is important to exercise great care in configuring the *theoretical approach* to gender and sexual identities, rather than naming identities that are studied in this paradigm. Hence, I will outline the problems of using LGBT categories—especially as a researcher—such as reinforcing minority world (sometimes called Western) perspectives. The main problem is that such labels do not explicate their presuppositions and, thereby, pose to have a larger scope than they actually do. Instead, I will argue for an approach which treats all gender and sexuality concepts as local, temporary and situational. I will report the advantages of adopting queer perspectives in psychology like including more diversity, less regulation of people through our practices, and the subversion of pathologizing concepts.²⁷

Keywords: queer theory, queer psychology, non-identity psychology, labels, theoretical approach

This paper demands that, in science especially, we should try to dismantle the systems of domination. One important point of my argument will be that we never deal with pre-existing categories. Rather, we reconstruct them as a function of the mode in which we refer to them. This is particularly important when it comes to categorizing practices in terms of sex, gender, sexuality, and also ethnicity, class, ability, and age. I will argue that we should concentrate on language and settings which do not stabilize, but rather subvert, knowledge systems of oppression—particularly heteronormative ones—although we can never communicate without the replication of former categories and, therefore, no setting is totally free of domination. With this book, we take another step to institutionalize LGBT Psychology. Hence, I think, we have a heavy responsibility—especially at this point of formation of a discipline and the work we do as researchers and activists—about how we conceptualize the phenomena we are dealing with. I have to stress that I'm talking about psychological science and not about therapy since my argument might have different implications in the latter field.

Regarding sex, gender and sexuality, our European/North-American culture was unmasked as heteronormative by Butler (1990, 1993) and Warner (1993). Heteronormative means relying on the idea of sex and gender being binary, separated from one another but connected to the form of desire an individual displays. Certain normative judgments accompany this dichotomous scheme. For example, according to this logic, a “normal/healthy” man would be masculine and desire a feminine woman. If he desires men, heteronormative thinking leads to the belief that he is not masculine, or if a man is not masculine, he is suspected to be gay. Still, within a gay couple, one is assumed to be “the man” in the relationship and the other to be “the woman”.

Nevertheless, we can think of a lot more diversity between the endpoints, feminine and masculine, and even between the sexes, female and male. Let us consider a woman who displays more male expression and is attracted to an ftm transperson with a male-gender expression, who calls herself “fluid transboi.” We can also think of an intersex person, who perceives herself as a female and is attracted to androgynous people of all sexes. For sure, if we have such options in mind, then we do not show these rigid heteronormative assumptions like the ones described above, when encountering, for example, a feminine man. Throughout history and across countries, not only sexual minorities have been successful in achieving rights and acceptance they were denied before. Identity politics gained remarkable success towards emancipating aims for a lot of people. Here is one exemplifying result: In some places identity categories which were once pathologized, like homosexuals, are now mostly perceived as a common variant of human nature. Still, some identities are privileged by law (e.g. marriage), some others are still pathologized (e.g. people who

²⁷ - This work is funded by Graduiertenfoerderung Thueringen, Germany.

are described as showing a *gender identity disorder*; *GID*).

Queer theory based politics requires another way of thinking about identity categories. The important critique here is that as long as I work with this schema of sex, gender and desire between male and female endpoints, I remain within the heteronormative matrix. As long as we use labels which refer to this binary—even in a creative way—we stabilize the binary. We can think of queer critique as asking us, “Do we really agree with the ideas on which these categories are based?”—and, if not, let us deconstruct them. A queer theoretical approach would accept that a person calls *himself* “fluid transboi” but would oppose a person being called anything according to some definitions to which this person himself may not subscribe to. Sex, gender and desire categories as well as categories related to ethnicity, class, ability and age are seen as culturally constructed. From a queer perspective they are not per se in the world, rather, some people in special places invented names and definitions. It was—and it is still actuality—that humans define the criteria of these categories. Furthermore, regulatory practices (*sensu* Butler, 1990) within cultures reinforce some meanings and inhibit others. For example, the definition of gay varies across cultures. If a culture holds that, among two men (defined as so for having a penis) having penetration sex, only the penetrated is gay, and not the penetrator, then this will have different practical consequences for them as against when both are perceived as gay. Additionally, being labeled by others can have serious practical implications for someone (like being arrested for being gay), irrespective of whether self-labeling matches the denomination of the others. This shows that a person can be ruled and dominated by the categorization of others independent of whether the person shares the belief about herself_himself. Accordingly, power relations present themselves within these connections. Not all people have the same power to identify themselves or other people. Specific situational configurations privilege only some people. For example, Anzaldúa reminds us: “For me the term lesbian *es problemón*. As a working-class Chicana, mestiza—a composite being, *amalgama de culturas y de lenguas*—a woman who loves women, ‘lesbian’ is a cerebral word, white and middle-class, representing an English-only dominant culture, derived from the Greek word *lesbos*” (Anzaldúa, 1998, p. 263, *italics in original*). This shows that categories such as lesbian and gay are problematic if not used as self-characterization. Any label does not work for an individual who does not share the basic assumptions related to the label. Likewise, Wittig stated: “If we, as lesbians and gay men, continue to speak of ourselves and to conceive of ourselves as women and men, we are instrumental in maintaining heterosexuality” (Wittig, 1992, p. 30). Although these authors prefer different words, both quotes can be characterized as the queer critiques, that we have to be careful about what effect the application of a word has, rather than think we would just name what is there. Anzaldúa resists the label lesbian, since she does not share ideas that are connected to this word, because these ideas seem her too white and wealthy to suit her. Wittig uses the label lesbian as a self-description but reminds us that we stabilize the idea of heterosexuality when we go on to speak of women and men. Even the label lesbian would stabilize it, but only if it is used with the reference to the category “women”, what is not true for Wittig. Both authors subvert the dominant definitions and call for a break with them. In our culture, a lesbian is only a lesbian in comparison and delineation to a heterosexual woman or to a gay man. Therefore, this category is repeating the heteronormative white sex-gender-desire matrix. Hence, if we would really question this heteronormative idea then we should not replicate this belief-system with our own notation.

Concerning research, from a queer theoretical perspective, there is no objective truth for us researchers to discover; rather, through the specific approach we choose, we take part in (re-) constructing the phenomena we deal with. My approach (see Scholz, 2013) is that we can still engage in research, which tries to describe a causal relationship (like psychology does, when setting stimuli conditions to study how these elicit certain psychological processes) but we have to conceive such phenomena as being *local*, *situational* and *temporary*. “Lesbian” can be a meaningful and appropriate label in specific situations, but it is never a neutral description of a human condition; rather, we, as researchers, participate in the dominating regulatory practices (*sensu* Butler, 1990). We always move only within a certain frame of understanding, and we must be careful about this, especially because we obtain a position of high power, since science is ascribed to discover objective facts. However, concerning current psychological research, while trying to say something about human nature, our knowledge, most of the time, only speaks about the WEIRD people, i.e. Western, educated, industrial, rich, democratic (Henrich, Heine, & Norenzayan, 2010)—a group which is only a minority in the world. Henrich et al. (2010) describe this group as: “this particularly thin, and rather unusual, slice of humanity” (p. 61). So, Psychology is not used to look *at its own conditionality*. A queer approach would stop trying to detect knowledge about humanity per se. Rather, we must think of every causal link as working only locally and can then question how far *this local causality* is reaching. Thus, our label LGBT Psychology will not reach out to include Anzaldúa, *representing an English-only dominant culture*.

Does that mean that we should not use these gender and sexuality labels? I claim that we have to have good reasons *when* we use them, and that we cannot maintain the assertion that we just study what is “already out there.” Note that

I speak to psychologists as actors in powerful positions. This call for caution does not apply to individual persons who situationally manage to subvert their surrounding belief-system by naming themselves lesbian, gay or anything. But, as a white European academic psychologist, I am in a position of high power and, therefore, have the high responsibility of breaking the norms white European dominators once established. I claim that we should give up using gender and sexual identities *as if we knew* what a lesbian or a transsexual or a transvestite *is*. We could still use the description “people who call themselves transsexuals” or “people who are called transsexuals by XYZ”. We would, thus, make clear that this is just one possibility of categorization, rather than implying that there are essential traits that make a transsexual objectively a transsexual.

However, this insight is not supposed to silence any research, rather it asks to take responsibility. A starting point might be to avoid using person labels from the outside: Avoid labels which are not chosen by individuals themselves. Respect the self-description of a person, but don't apply any outsider definitions to conclude the determination of a person. A further point is to be careful that our used categorization matches the research question. For example, if you're studying “not fitting heteronormativity” do not only study LGBTTQQI (Lesbian, Gay, Bisexual, Transsexual, Transgender, Queer, Questioning, Intersex) people—what would be an identity based approach—because a self-defined heterosexual cis-woman, who grows substantial facial hair would be excluded, although she matches “not fitting heteronormativity” in a lot of her live experiences. As another example, when you are interested in what discrimination against lesbians can be like, do not study the experienced discrimination of lesbians, rather, study the experienced discrimination of *perceived lesbians*. It is a specific situation, with a lot of pre-conditions, in which “discrimination of a lesbian” happens—and it might be interesting to know something about these configurations—but that does not require lesbians to be defined in a *weird* (as defined above) mode like “a woman who loves women”²⁸ (leading us back to the former desideratum).

Connected with that is the call to explicitly name the assumptions on which any categorization is based. For example, even if we study internalized homophobia to be able to strengthen people who suffer from it, we should reflect on and explicate if our idea of “homophobia” rests on presuppositions which are “white and middle-class, representing an English-only dominant culture, derived from the Greek word” (see above; Anzaldúa, 1998, p. 263) *homós* (i.e. same). This would require that we ask critically under which conditions a concept works. That would include to look at a larger cultural context and not only at the experimental conditions we set. As psychologists we have to reflect on the norms we bring in our research.

Coming back to a new LGBT Psychology paradigm, if we want to deal with categories as local, situational and temporary, then it is somewhat disadvantageous to use the name LGBT Psychology, since it does not explicate the conditionality of these labels. I claim that Psychology should not continue to repeat and stabilize regulatory practices of domination, rather, concentrate on the conditionality of all knowledge. Thus, we should not formulate which—very local and temporary—identities (such as LGBT) are in focus of this paradigm. Rather, we should exercise more care in configuring the *theoretical approach* to gender and sexual identities, which, I hope, will be not an essentialist one, but a queer approach. I wish all of us a lot of success in bringing forward queer psychology, or whichever non-labeling label you may have.

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28 - It is a nice point that Anzaldúa of all people uses exactly this phrase as a self-description suitable for her, so again we can distinguish between the acceptable self-labeling of a person and the criticizable defining through others.

Queerisation of psychoanalysis?

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The psychoanalytic anthropology face transgender's pratics: Memory and genealogy in the construction of transgender identities

The research is in a trans-disciplinary theoretical space where the main representatives are psychoanalytic anthropology and the genre studies, especially the post-feminism queer. This approach deals with common questions of the two parts, even if they are approached in different ways, such as genre, sex, sexuality, and the sexualized bodies, focusing on the transgender practices and the dimension which we can find in Drag King performances.

As we (like feminists) use to say that the personal is political and international and the international is queer... we can relate this assemblage of queer(s), international(s) and feminism(s) to bring into question the psychoanalysis. Call into question face to personal and social problems of internationals and queer(s) subjects. Call the psychoanalysis into question as an instrument of feminist(s) and queer(s) micro-politics. So we can start off to wonder: psychoanalysis is (I'm) possibly queer, international and feminist? How we can do it a possibility of these and also desirable for these? Finally, for what reasons and for whom?

The research is structured in three parts:

1) the historical and theoretical debate among feminism and psychoanalysis starting from the sixties until now. This allowed us to contextualize the queer theory of the last French and American vague species and the Lacan post-structuralize thought in the fifties and that we found in some followers even today. Staring from this two concepts I analyzed their differences and their common points proceeding on three levels: action and intervention on reality, theoretical level, and linguistic level. From a general result I understood that an analogy is impossible, but that there is a possible meeting point among the two.

2) The next step was to understand how psychoanalysis explained those subjects and their practices and what was the mutual approach. The semantic field of

psychoanalysis referred to pathology and cure concepts, while the queer theory showed the difference, hostility and criticism toward the whole psychoanalysis.

3) From here the hypothesis of finding a meeting point between the two extremes of "medicalization" and criticism: a meeting point to start from and through which propose an alternative reading which could be accepted by both. I asked myself then how some notions of psychoanalysis could be translated into the queer logic and how they could be applied to the reality of subjectivity and sexuality. From here the title: queerisation of psychoanalysis?

This theoretical thoughts brought me to the specific argument of my research: the practical and dimensional question of transgender through which trying out the theories and the practices aiming at verifying a meeting point and mutual usefulness. Among the transgender practices, I focused on the Drag King performances for both personal and research purposes... a research, in fact, is never impartial, but it is linked to our desire.

Reflecting on this I asked myself one first question: "where could I find a potential meeting point?"

The thesis is that we should start from the daily practice of the subjects; more specifically from the therapeutic relation and the queer micro-politics. As a matter of fact, among the two academic theories is hard to find a meeting point because they can always be criticized, interpreted differently, and above all is not the theory which drives the practice, but the subjects acting.

Starting from this level I presumed a meeting point based on three general axis:

- Subversive position of queer and psychoanalysis, both theories that rebel to the straight-normative structures of power;
- A joined intervention in the contemporary system of sex/gender though queer's micro-politics supported and reinforced by the analysis;
- A therapeutic alliance between the psychoanalyst and the queer subject in order to realize their claims and desire on

both a personal and common level.

But how can we make the transgender practices an intervention and relationship space for the psychoanalytical clinic without making it a medical, psychiatric and straight-normative instrument? How can we make the psychoanalysis and instrument of consciousness, support, action and realization for those subjects?

Even though in agreement with many post-feminist critics toward psychoanalysis, I would be very cautious in totally condemn it. It is necessary to deeply examine and contextualize the psychoanalysis starting from Freud and to distinguish their theoretical streams, as much as we do between theory and practical psychoanalysis. For example, in his "retour à Freud", Lacan immediately distrusted the presumed "scientific myth" of Oedipus' complex and criticized their psychic consequences. So much as he always considered "men", "women", "femininity", "masculinity" etc. as "meaningful" positions, which have nothing to do with the biological nature. They are useful only to lead people towards a restroom or another.

Finally, the fact of recognize themselves "fighting trans ... that today move to have the courage to fight for their identities and lives," as Boucier defines them, does not prevent them from using their analytical sessions to strengthen and re-elaborate those fights. Even though it is a "device", the analysis does not stop on the identity categories which are redundant on the therapeutic relation. For sure, though, there still is a power relation, but its efficiency lies on the ability to strengthen the potential of the personal word. Therefore, the psychoanalyst should embrace the subject question as "full word" without reinterpret it or divert it into diagnosis or norm frameworks. Finally, we often ignore its ethical dimension and its subversive charge.

From this path was born my hypothesis to try psychoanalysis out for politics and queer subjects, and re-counting its ethical and subversive potential in the light of more contemporary exigencies: in a word, its "queerisation".

The developments of the research – having considered the limits of an MA 2 thesis – proceed towards theoretical methods rather than a real ones.

First of all, I tried to psychoanalyze the books at their limit between queer theory and lacanian psychoanalysis. In particular, I took into consideration the text on trans by Marie-Hélène Bourcier where the queer theory brings out a critic on the traditional reading models of "femmes travesties" – medical-psychiatric and feminist model of freedom, but also the psychoanalytical one. These models drive sexuality towards feminine disguise and reification of dualism in general. Bourcier offers an alternative reading through the queer performance method, and propose the denomination of "pratiques transgenres". It would be a way to destabilize the genre borders and re-program the identities and sexual practices. Finally, it would question beforehand the biological sex which to adequate clothes and behaviors.

The second text I used has been the Butler's interpretation of transgenres. In an essay, in the book of the French psychologist and philosopher Monique-Ménard¹, Butler reads their requests and their sufferance as a "fantastique demande relationnelle". Moreover, he points out the difference and interaction among an internal and psychological pain and a form of "engénérée par l'extérieur" derived from historical-social power conventions².

Crossing and letting these voices speaking, a number of questions have become object of reflection. Moreover, I tried to find the dimensions of transgender and their practices, in order to see if and how it could be possible to convey them toward an intervention field of psychoanalysis practice.

Taking as a specific example the Drag King performances, I would like to schematically sketch five dimensions:

- "interactional and collective" since the long process that leads to the King's realization before the going out on the stage is done through a "body socialization". Very often it's a sharing of tools, practices, behaviors, expressions, objects and advices within the working group. The result it is always a unique character different from others, but the transit is done always considering the community and on their own and others' bodies.

- secondly, the "category" aspect, which means the importance of language. The language is an essential element in the construction of the self: a plural self which shrinks from any dichotomy, but that it is inevitably linked to linguistic categories that he himself, with his presence or existence, puts in crisis.

1 BUTLER Judit. Le transgender et « les attitudes de révolte » in Monique-David Ménard « Sexualités, genres et mélancolie » Paris. Campagne Premier 2009, pp. 13-33 ;

2 - Ibid. p. 20 ;

- following, the "political dimension", which is very strong in all the practices and the queer micro-politics that assert themselves against our straight-normative system.

- another aspect could be named "waken up", that is the consciousness of the personality which is built and imposed by norms linked to genre and sexuality. The discovery of a different reality, made of unexplored genre, sex and sexuality potential. Finally the re-meaning of themselves and others.

In this sense the DK performances represent an efficient way of waking up from social conditionings which influ-

ence gestures, habits, clothes, speeches, places and people they hang out with, choices, studies, jobs and every single “spontaneous” behavior of our life. Nothing more artificial. This, nonetheless, doesn’t imply a detachment or destruction of the former reality.

-finally, the “genealogical” dimension, which is the link between subjects and transgender practices with past history and the socio-familiar inheritance. It is on this point of view that the researched is focused.

It is important to understand what I am proposing you with the concept of “genealogical”, how far it is from the concept of “normal” and how it has been related to transgender practices. The meaning that it takes from this research refers to a construction of the self which offers the subject the chance to reinvent himself confronting his past and to be a resistance point to the family context.³ It is a different way to think about everyone’s relationship with their roots, tradition and inheritance of their “family novel” (Freud). Moreover, it is outlined as an horizontal identity construction which starts from the past influences to get rid of them and re-invent a self that is not a reproduction of the social, familiar and cultural production. It is more a discontinuous “a posteriori”, plot of multiple and unpredictable paths.

This problem has even more relevance if approached from a psychoanalytical and queer prospective and it becomes more complex when we talk about transgender subjects. Their answers, as a matter of fact, escape and demystify the limits of transmission and renew normative forms of transmission. However, if we break the straight-normative inheritance, there could be a chance of suffering and inadequacy when facing the public

3 BALSAMO Maurizio. « Psychanalyse et subjectivité ». Paris. Campagne Première 2010 p. 14 ;

disqualification and genre dualism. For this reason, it is necessary to re-think the psychoanalytical prospective through which to interpret the “genealogical dimension” of the self. A renewed conception would encourage an alternative approach in both the diagnosis and the assistance. Moreover, it would deprive the psychoanalysis and the clinic from an authoritative and normative word.

Through this reread of the genealogical, the transgender should be seen as rebels and instigator rather than a manifestation of alienation forms, depersonalization and mental disorders. On the contrary, they would be positive manners to face the authority of transmission, distress, impossibility of being themselves and the refusal that cause the social norms: cages of genres and sexuality.

Their existence, even though very difficult, witnesses the possibility of manage sufferance caused by the transmission and deploy it for a reconstruction of the identity in a spontaneous and creative way.

(“After all,” as Butler says, “the origine of sufferance is different from the uses that you have for it or the effects it produces⁴”).

Anyway, the recreation work remains linked to the social dimension and the genre and sexuality inheritance, as the transgender – and I might say the queer subjects in general – remain linked to tradition, genealogy and the “familiar novel”. This legacy gets changed and deformed; it is, in fact, understood as a framework which must be destroyed and reformulated in a creative and individual way.

METHODS

The thesis I presented stands in the convergence point where psychoanalytical anthropology crosses post-feminist and queer approaches. The data and hypothesis are part of an epistemological corpus built starting from a multi-situated research, conducted

4 BUTLER Judit. Le transgender et « les attitudes de révolte » in Monique-David Ménard « Sexualités, genres et mélancolie » Paris. Campagne Première 2009, pp. 13-33 ; citazione p.20 ; at first at a theoretical and bibliographical level. Since I had a multidisciplinary approach, I turned to several libraries and documentation centers.

Other useful material comes from seminaries, conferences, atelier and courses on genre, sex and sexuality attended during the last two years in Italy and France, where I am actually enrolled in an MA 2 of research in psychoanalytical anthropology. Moreover, it was essential for me the participation to some festivals and events both feminist or queer and within the psychoanalytical community. In both the contexts I had informal conversations with psychoanalysts, researchers on genre and sexuality, and subjects who define themselves as queer – in its multiplicity of identity and out-of-norm practices.

Finally, a big part of my sources comes from personal experience. In addition to being part of groups of research and feminist and queer associations, in the last two years I experienced several Drag King ateliers both in Italy and

France, taking part of them as a performer and researcher. From the psychoanalysis side, instead, my experience consist of an analysis that is lasting since four years with a young lacanian psychoanalyst. Moreover, I started from the academic point of view a pre-PhD in psychoanalytic anthropology supported by a personal study on the genre studies.

RESULT AND CONCLUSIONS

For what concerns my results, even though small in my research, I firstly tried to answer to many feminists and queer critiques who blame psychoanalysis of being a static theory and a unique corpus unable to listen and comprehend the needs of transgender and queer subjects, if not only to place them in a diagnostic frame. From my point of view there is or there should be a necessity to retrieve a psychoanalysis meant as continuous construction practice, able to intervene without “pathologize” in every dimension of these subjects. Psychoanalysis could become a useful instrument for their work on “out-of- norm” identity reconstruction and rebellion to the genre authority. This conclusion is supported particularly by the proposal of a renew prospective through which interpreting the “genealogical dimension”.

What is the range of my hypothesis is hard to foresee now. It is hard to know what will be the effects and reaction both into psychoanalysis and in queer theory such as in the “model of performance” and the Lacan psychoanalysis. Finally, I would like to asked the question in such a way: “What marks, fractures or openings, obstacles or liberations could produce on transgender and queer subjects the recognition of a fact that psychoanalysis could efficiently support the realization of both their collective claims and their biographies, both reason of fights due to a system which stigmatizes them and is often source of pain?”

From my own perspective, the analytical “knowledge” it is not something fixed and it does not stop from being re-written from who practices it based on the subjects he meets. Moreover, psychoanalysis cannot be blind when facing social changes or it will be itself to pay the consequences. It is necessary that it starts facing the real world on which it pretends to intervene. Psychoanalysis cannot be indifferent to what concerns the difference among genre, sexes and sexuality.

On the other side, what would be so scandalous in starting an analysis path and relate to a psychoanalyst if he becomes an ally in the fight against more important battles with forms of authorities and impositions on genre and sex? And moreover, what is this becomes a help in taking care of themselves or facing the consciousness path to build up their own identity?

In this case, the analytical space would become a place where a subject could willingly and strategically enter. Moreover, if well managed, the therapeutic relation would make the convergence between the practices and the theories of both sides no more only an hypothesis of research, but also a perspective to aspire to and a hard but necessary work to start.

Finally, without aiming at the normalization of everything that is foreign, out-of- norm, we could strive for transforming what today is unthinkable, weird, incomprehensible, and odd, into an abnormal normality ... an (im)possibly queer!

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Real and virtual group: A square meeting in the fight against homophobia

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Abstract

The main aim of the project, which was carried out in a High school of Naples, was to promote students' wellness, by fighting homophobic bullying with awareness activities on the issues of gender stereotypes, homophobia and homophobic bullying, and also by creating both real and virtual inclusive spaces for meeting and discussing.

A group of students, representing the classes involved in the project, was engaged in activities and experiential workshops, aimed at making them and their friends aware of homophobic bullying. During this training, a virtual group was created on Facebook, the famous social network. It has represented a virtual “space/time” place in addition to the real one. On this group, students have exchanged news, information, curiosity and materials on the topics of the project.

All the activities were observed with a psychodynamic non-participant observation. This type of observation showed how the virtual space, which is parallel to the real group, has helped in achieving the awareness and inclusion hoped, becoming not only a communication tool, but also a relational and emotional space-time place.

Keywords: Homophobic Bullying, social network, peers, virtual groups

Introduction: schools against homophobic bullying

Homophobic bullying has been described by Platero & Gomez (2007) as made up of aggressive behaviors as a student is usually repeatedly exposed to exclusion, isolation, threats, insults and aggressions on the part of the group of peers. All this is configured in an asymmetric relationship of power; in which the bully uses homophobia, sexism and values associated to heterosexism to disqualify and dehumanize the victim. He/she can be either a young gay, a lesbian, a bisexual, a transsexual person, or anyone who is not recognized as adherent to the stereotypical gender models. This kind of bullying characterized by the disgust towards homosexuality can show off in many ways, from verbal negative behaviors to physical violence. Furthermore, it is important to state that the overall dynamic of homophobic bullying is directed not only towards the LGBT population, but also towards heterosexual adolescents who are perceived as out of the gender stereotypes of the group, or people who have gay parents, relatives or friends.

So, it can be said that homophobic bullying consists of verbal, physical or relational abuses against people because of their sexuality or their perceived sexuality.

Many episodes of violence connected to homophobic bullying occur in school, which, in fact, seems to be one of the most homophobic institution of all. For this reason, it appears very important to carry out awareness interventions, involving students, teachers and janitors in fighting homophobia and promoting the well-being for everyone.

These reflections, together with the literature studies, gave life to an action-research project carried out in a High School of Naples, which was aimed at fighting homophobic bullying involving the school actors and using both classic and new methodologies, such as laboratorial activities and also the use of internet and virtual groups.

The project

A High School of Naples was involved in an action-research project, aimed at promoting the well-being of all the students and fighting any kind of violence and discrimination based on gender differences.

These complex goals were reached by performing awareness activities on the issues of gender stereotypes, homophobia and homophobic bullying, and using different kinds of methodologies. In fact, during the training session dedicated to the students, the use of a new communication tool such as Facebook, the social network, was promoted together with the classic training methods to support the group's work in fighting homophobia.

The use of this technology represents an innovation as compared to the methodologies usually used in these kinds of projects; for this reason, it was important to observe the progresses made by using the psychodynamic-oriented observation method.

The innovative methodology has the role of creating both real and virtual inclusive spaces for meeting and discussing. A group of students, representing the classes engaged in the project, was then involved in laboratorial activities and experiential workshops on the topics of the project. During this training, a virtual group was created on Facebook. This group, named "*The Thursday's guys at Comenio*" has represented a virtual "space/time" place in addition to the real one.

On this group, the students have exchanged news, information, curiosity and materials regarding the topics of the project. The outliving of this group after the end of the project is the evidence of the engaging power that virtual groups have for peers, underlining then the importance that the use of new technologies can have in fighting homophobia in schools.

New technologies: the use of the web to involve adolescents

New technologies have an immediate and decisive impact on human relationships in our society today. The Net is, therefore, a place: a communication environment for education and information. A cultural environment that determines ways of thinking, creates new territories, new forms of communication, helping to redefine a way to stimulate the intelligence and build knowledge and relationships. The dynamics of real life can prove to be insufficient and inadequate as compared to those of a life on the Net, which is completely to be invented. Virtual communication is characterized by hypertext, hypermedia, high velocity, substantial anonymity, games identity, overcoming of the normal spatiotemporal constraints, equalization of social status, access to multiple relations, occurrence of unpredictable emotions, anarchy and freedom of transgression: all extraordinary ingredients able to transform the cyberspace into a fascinating dimension of our own living. On the Internet, then, it is possible to love, study, buy, dream, it is possible, in other words, to live.

In young adolescents, the difficulty of growing up in a complex world which is in continuous evolution and have no reference points, adds to the needs and problems which are typical of this delicate period of life. The early teenage years are the most permeable to influences of all kinds such as the action of the mass media and the use of new media (such as Internet), which the youngest are frequent users of. A survey of the Italian Society of Pediatrics on the "Habits and lifestyles of adolescents", conducted on a sample of 1,300 Lower middle school students (aged 12-14 years) showed that the 77.5% of them often make use of Youtube and Facebook.

Social networks are in this regard a powerful aggregator of people who is looking for contacts, sharing and approval. Safety, visibility, and self-esteem are soon reached, even if everything is virtual and has little impact on real life. An important role is played, in fact, by the anonymity, since it allows one to introduce oneself to others with an identity which is completely invented and based on the deepest desires of all the strangers in real life. More than a few kids have multiple profiles on various social networks, almost as they want to play on multiple fronts, ready to re-launch their identities depending on the satisfaction and excitement achieved at times. The possibility of being "another person" online can weaken moral hesitations: often people do and say things online that would not do or say in real life. Over the last few years, the spread of information technology has contributed to make significant changes in the lifestyle of every individual and represented an important element of innovation, support and prevention in schools of all levels. The use of the PC and of all the technology gizmos (first of all smartphones) has become a featuring element of the daily life of all of us. Adolescents, who become owner of these communication tools at an increasingly early age, have made the use of them indispensable means for their interpersonal dynamics. Net and social networks on Internet have become an unlimited extensions of the means of communicating and relating with others for them. These multimedia technologies have also become an important resource to learn more about the subjects they study

at school and to be used in that context to enhance the effectiveness of their cultural background.

It is clear that the use of chat rooms, forums and text messages has resulted in a new type of communication, which is normally synthetic, smart and easy. This means then that, rather than an extension and a support to address the difficulties of relating with others, they become a tool for habitually managing relationships. In this way it is possible that “telephone or electronic communication” become a substitute for “real communication”.

School, with the aim of a holistic education of the individual, must try to answer this modern educational emergency. What can be done is trying to prevent the risk of impoverishing personal communication and interpersonal relationship skills that the use of technological means can provoke in reckless kids.

Starting from various studies on the use of Web 2.0 applications in prevention, interesting experiments based on social networks have been conceived and performed in Italy. The micro-blogging, for example, has proved to be adapt to develop the communicative and cultural skills in foreign languages learning. More generally, it has proved to be functional to promote a Constructivist teaching and learning method based on the interaction among peers, and then on the entering and sharing of contents on the part of the students. On the other hand, it must not be forgotten that in other more specific areas, such as social, educational, and health ones, new technologies are spreading rather slowly. Especially those particular educational activities, such as the promotion of health in the school environment and the prevention of risky behaviours, still do not see the web as a potential source of enrichment. In Social-health, scholars have talked about the importance of developing a good interaction with adolescents, while respecting their habits and modes of communication for years. These practices which combine media-education with the fundamentals of teaching Peer education as an educational practice, are so well established that they may suggest the use of new social media in health promotion projects almost naturally.

Web 2.0, by its nature, can promote self-expression and open discussion, thanks to the sharing of the users who can also be provided with an instant feedback among themselves. Even if more strictly therapeutic experiences based on the support of the Web, which are also known as e-therapies and were first activated in the 90s, gave rather contradictory results in terms of effectiveness (perhaps due to the limited capacity of non-verbal expression and emotional interaction at a distance), it can be assumed that, in other fields such as Primary prevention, the network proves to be an effective and engaging resource for teenagers, especially with regard to the increase of knowledge and the active participation of the recipients of the intervention. Starting from this, it can be considered that, in the future, social networks can become an original space for the health education of adolescents, as long as it forms part of an appropriate path, a path which should be methodologically structured and well founded.

The role of virtual group in supporting peer group

The design process to which the present work refers to took place in a High school of Naples and lasted two years. During these years, various activities introducing the issues of the project have been held in several plenary meetings open to the entire school first, and then, after that, numerous experiential groups and workshops have been carried out on a weekly basis out of the school hours. Pupils from different classes strongly interested in the activities and topics joined the project. The goal of the course, organized and conducted by two psychologists and a non-participant observer, was not only that of training, educating and making the students involved aware, but also that of extending the project action to the greatest number of school actors possible. Along the way, in fact, the constituted group has often reflected on the intervention, communication and awareness modalities to be taken to spread the news and the experience learned throughout the school. Many meetings, in fact, were held addressing issues related to the production of commercials or events that had as their objective that of involving and making the greatest number of people aware of the topics of the project. During the experience, the group involved has been set up as a “working group” with the aim of organizing a final event day that would show and spread among the whole Institute “a culture of differences” as opposed to prejudices, stereotypes and sexist and homophobic-style discrimination. And it was in the last part of the path, in the last 5 months, that the group, from an isolate and closed unit progressively and slowly turned into a “working group” strongly willing to open to the outside and communicate with the rest of the school. The introduction of new ways of communicating and meeting was crucial in facilitating this slow process. At the gates of a period of separation, the group of kids, pushed and supported by the operators, created a virtual group on FB, an open group, which has been used as a common place, a meeting place, where, in the absence of the real one, it could be possible to exchange news and communications service. Slowly “*The Thursday guys at Comenio*”, the name given to the Fb group has become a virtual space where news, gossip and exchanges of views have been multiplying. The Fb group as a live space has been slowly constituting first as a surrogate of the real group in a period

of interruption of the activities, and then it has acquired its own specificity and become a meeting place where it is always possible to access.

The “attendance” of the virtual group has accompanied the kids in a more and more pronounced movement towards autonomy that has led them to be more active not only in the search of ideas and news, but also in the involvement of their classmates .

In the last phase of the project, the one that led the group involved in organizing a final event day on the topics, the Fb group has come to be a place of reference and support where to return to and “stay” in the organizational and creative moments. This space has, then, been set up as a “secure base” to refer to in times of trouble, a bit like the “secure base” mentioned by Bowlby (1969), from which the kid, and in this specific case the components of a group that looked at the rest of the school, can start to explore the world, being able at any time to return to the mother/operator or to the “container-group” that offers support and protection.

Returning to the experience, it is from this moment, from the setting up and “attendance” of the virtual space, that there has been a more direct and independent involvement in the activities proposed by the project, an even more spontaneous participation. The Fb group, created to allow the entire group to keep in touch during Christmas’ holidays, has slowly become a space in which interests and friendships have been able to fortify and then sustain a group- identity in the making. The kids slowly “took over” the virtual space: in fact, they have always more and more shared news, photos and videos, stimulating the exchange of comments and conversations. The same kids have, then, embraced the mode of stimulation of the psychologists/conductors. The Fb group seems, therefore, to have been constituted not only as a point of reference, such as a “virtual square” in which meeting extemporaneously, but also as a “transitional space”. According to Winnicott (1965) the “transitional space” function, having the characteristics of both the subjective and the objective reality, allows the access to an objective reality but without living this experience as overwhelming and traumatic. In the work of the author, the “transitional space” is not only an evolutionary phase of development, but it is also , and most importantly, the potential space between the individual and the environment in which all forms of authentic mental and creative process are modeled, and which allows to develop the potential sense of existence from past social and cultural experiences. The virtual group represented a potential space in which the students were able to act as active agents of change, to express and test their potential, their critical thinking, their creativity. They were able to communicate and, then, to engage their classmates, in an “open group” mode, in which everyone could browse and participate. This all happened at a border area in and out of the group, a space that has allowed the development of the autonomous impulses of the students.

Results and Conclusions

The activities described above and which were carried out with the group of students involved in the project, were observed with a psychodynamic non-participant observation method. This observation has been important to recognize the weaknesses and the strong points of the work done. Moreover, the supervision of the educational path, carried out thanks to the reading of the observations’ notes, has allowed a constant monitoring and also improvements *in progress* of the work done.

With the use of this kind of observation method, it was possible to recognize the fundamental role of new technologies in the awareness and formation activities of adolescents on the topics of the project. In fact, the reflections about the work done showed how the virtual space, which is parallel to the real group, has helped in achieving the awareness and inclusion hoped, becoming not only a communication tool, but also a relational and emotional space-time place.

Referring to the theories described above, it is possible to state that the Fb group has become a potential space for each participant, a space in which every student has experienced him/herself and tested his/her creativity and his/her capabilities in relation with the others.

The particular relationship instituted among the peers and also between them and the operators has been made possible thanks to this group, which has become a connection point, together with the face to face meetings. However, the permanent group has been a datum point where to ask information, expose doubts, exchange ideas and materials and construct a sort of permanent community about the topics of homosexuality, homophobia and homophobic bullying in the school and also in the world. All this has been made possible at a “border area”, created simultaneously in and out of the real group of students. Actually, in spite of the end of the project, the virtual group has continued to exist as a space of exchange, comparison and meetings. This appears important to underline the real potentialities of virtual groups, conceived as meeting squares for the young adolescents and continuously used by them to remain in contact.

The reflections done about the achieved project and, in particular, about this new methodology used for the first time has emphasized that the virtual group has helped to create a network of support in the school. The network created has been very important to raise awareness and to fight homophobic violence, but also to create a more inclusive school climate. Moreover, it has created strong relationships among participants. In fact, the relationships, reinforced by the simultaneous participation to both real and virtual groups, have supported a cognitive but also an emotional involvement in the project. This involvement has, then, arisen a real interest in promoting wellness in the school and in fighting homophobia.

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Resilience in Lesbians and Gay Men: Findings from an Australian Nationwide Online Survey

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Abstract

There is a need for greater understanding of resilience in lesbians and gay men. This study identifies demographic and psychosocial factors related to resilience in gay and lesbian Australians. A nationwide online survey was conducted involving 1,479 gay-identified men and 1,314 lesbian-identified women aged 16 years and older. Using the Brief Resilience Scale (BRS), gay men were found to be significantly more resilient than lesbians. Separate multivariable linear regressions were conducted for each group. For both lesbians and gay men, factors significantly linked to greater resilience included older age, a higher income, and not concealing one's sexuality for fear of harassment or violence in the past 12 months. There were also some differences between the two groups. For gay men, resilience was significantly greater in those who were not unemployed. For lesbians, resilience was significantly greater in those who felt able to draw emotional support from family and heterosexual friends. In all, Australian lesbians reported lower resilience than their gay male counterparts. While some factors for resilience are shared by both groups, there are differences that may need to be taken into account when developing strategies for building resilience and improving the mental health of these populations.

Conference Topic: LGBT Health and Mental Health

Keywords: Resilience; mental health; lesbians; gay men; men who have sex with men

Individuals who identify as either lesbian or gay are known to be at greater risk of depression and anxiety than the general population (King et al., 2008). In Australia, the National Survey of Mental Health and Wellbeing found 41% who identified as homosexual met the criteria for a mental health condition in a 12-month period, most of whom were suffering anxiety and depression, compared to 20% of those who identified as heterosexual (Australian Bureau of Statistics, 2007). The higher rate of mental health problems in the non-heterosexual population is generally thought to be an outcome of stigma and discrimination, typically referred to as minority stress (Meyer, 2003). Experiences of discrimination or prejudice and lack of social support are at least two forms of minority stress that have been linked to poorer mental health (Detrie & Lease, 2007; Fredriksen-Goldsen et al., 2012; Lyons, Pitts, & Grierson, 2012, 2013a).

Despite this, there are many examples of resilience in lesbians and gay men (e.g., Scourfield, Roen, & McDermott, 2008). Improving resilience – commonly defined as an ability to bounce back quickly from adversity (Smith et al., 2008) – ought to be an important part of prevention and treatment initiatives for the mental health of lesbians and gay men. So far, some studies have identified various protective factors for mental health problems among lesbians and gay men, such as social support (Kwon, 2013). Others have focused on measures related to a positive sexual identity to infer resilience (e.g., Moradi et al., 2010) or on specific aspects of resilience, such as adaptive functioning (e.g., Gwadz et al., 2006). However, a search of the literature found no published data on factors related to overall resilience, such as that measured by the Brief Resilience Scale (Smith et al., 2008) or the Connor-Davidson Resilience Scale (Connor & Davidson, 2003).

Knowledge is needed of demographic and psychosocial factors related to resilience in lesbians and gay men. Such knowledge can assist in the development of targeted and effective programs for building resilience in these groups, and may inform counseling strategies and other forms of support. Theorising around the mental health of sexual minorities may also benefit from a focus on resilience (Kwon, 2013). To provide further knowledge on resilience in lesbians and gay men, the present study examined demographic and psychosocial factors associated with resilience in Australian lesbians and gay men aged 16 years and older. Utilizing data from a large national online survey, the study had three main aims: 1) to compare resilience levels between lesbians and gay men using a standard measure of resilience; 2) to identify factors for resilience in gay men, and; 3) to identify factors for resilience in lesbians.

Method

Participants

A total of 2,793 participants took part, including 1,479 men who identified as gay and 1,314 women who identified as lesbian. Participants were aged between 16 and 89 years of age. The mean age for the sample was 38.8 years (SD=13.2 years).

Measures

Data for this study came from a larger online survey on the health and well-being of Australian lesbians and gay men (Leonard et al., 2012). Survey items for this article included:

Demographics. Participants indicated their sexual identity, age, education (later coded as having or not having a university degree), employment status, weekly pre-tax income, whether they were born in Australia or overseas, whether they were in an ongoing relationship, and whether they lived alone.

Psychosocial items. Participants indicated the proportion of friends they had who were gay, lesbian, bisexual, or transgender (GLBT; later coded as all or almost all of their friends, some, and few or none), and whether they participated in GLBT community groups and events. They were also asked whether they would be willing to seek emotional support from GLBT friends, heterosexual (straight) friends, family, or a relationship partner. Separate questions were provided for each of these four groups. They were then asked whether there were any situations in the past 12 months where they hid their sexuality for fear of violence or harassment. For this, a list of eight different life domains was presented, such as the workplace and family. For each domain, participants indicated how often they hid their sexuality for fear of violence or harassment (never, occasionally, or usually). To simplify the measure, a single variable was computed to indicate whether participants hid their sexuality in at least one of the listed domains in the past 12 months.

Brief Resilience Scale (BRS). The BRS is a 6-item scale. It specifically measures the capacity to bounce back quickly from stressful life events and has high reliability and validity (Smith et al., 2008). Examples of items include “I tend to bounce back quickly after hard times” and “I usually come through difficult times with little trouble.” Responses to each item are made using a 5-point scale, which is averaged to produce a score between 1 and 5. Higher scores indicate greater resilience.

Procedure

The survey was conducted online from January, 2011 to April, 2011. Recruitment was achieved through advertising, including advertisements on the websites of gay and lesbian community organizations and on Facebook and YouTube. Advertisements were also emailed to gay and lesbian community organizations, government departments, and HIV/AIDS organizations to be forwarded to their members or contacts lists. At the start of the survey, participants read some background information and were reminded that their responses would be anonymous. The typical time to complete the survey was 14 minutes. No identifying information was collected. All participation was voluntary. The study was awarded ethical approval from the La Trobe University Human Ethics Committee.

Results

Sample profile

Table 1 displays numbers and percentages for each demographic and psychosocial variable, separated by sexual identity. Chi-square analyses conducted for each variable found lesbians and gay men differed significantly on age, $\chi^2(2, N=2672)=10.50, p=.005$, education, $\chi^2(1, N=2791)=15.35, p<.001$, employment status, $\chi^2(6, N=2786)=51.63, p<.001$, income, $\chi^2(2, N=2774)=14.12, p=.001$, relationship status, $\chi^2(1, N=2770)=105.15, p<.001$, living alone, $\chi^2(1, N=2783)=35.79, p<.001$, proportion of GLBT friends, $\chi^2(2, N=2776)=7.49, p=.02$, GLBT community participation, $\chi^2(1, N=2774)=72.66, p<.001$, and seeking support from a relationship partner, $\chi^2(1, N=2786)=82.88, p<.001$. Prior to conducting further analyses, all demographic and psychosocial variables were tested for multicollinearity. No

problems were found, with all tolerance scores above .20 and variance inflation factors below 5.0 (O'Brien, 2007).

Resilience between lesbians and gay men

A one-way ANOVA was conducted to assess differences in resilience across three age groups (16-29, 30-49, 50+) and between lesbians and gay men. BRS scores comprised the dependent variable and sexual identity and age were independent variables. A significant main effect was found for sexual identity, $F(1, 2602)=10.24, p=.001$, with scores higher for gay men ($M=3.42$) than lesbians ($M=3.32$). A significant main effect was also found for age, $F(2, 2602)=27.34, p<.001$, with scores across both groups higher with greater age (16-29: $M=3.20$; 30-49: $M=3.40$; 50+: $M=3.54$). Although differences in scores between lesbians and gay men were less with greater age (see Tables 2 and 3), the age x sexual identity interaction was not quite significant, $F(2, 2602)=2.62, p=.07$.

Factors for resilience in gay men

Table 2 displays BRS means and standard deviations for gay men according to all demographic and psychosocial variables. Separate univariable linear regressions were conducted for each of these variables, with BRS scores as the dependent variable. As displayed in Table 2, resilience was greater in men who were older, $F(2, 1364)=8.24, p<.001$, had a university degree, $F(1, 1434)=11.82, p<.001$, were employed full-time, self-employed, or were retired, $F(6, 1429)=10.38, p<.001$, had a higher income, $F(2, 1424)=37.43, p<.001$, were in a relationship, $F(1, 1424)=30.69, p<.001$, had some or all of their friends who were GLBT, $F(2, 1425)=3.44, p=.03$, participated in GLBT community groups and events, $F(1, 1411)=10.68, p=.001$, felt they could seek emotional support from family, $F(1, 1431)=4.73, p=.03$, or a relationship partner, $F(1, 1431)=31.05, p<.001$, and did not report hiding their sexual identity in fear of harassment or violence, $F(1, 1434)=25.88, p<.001$.

To identify independent factors for resilience, variables that were associated with BRS scores at $p<.10$ in the univariable regressions were entered into a multivariable linear regression. As displayed in Table 2, only age, $F(2, 1307)=3.37, p=.03$, employment, $F(6, 1307)=2.98, p=.007$, income, $F(2, 1307)=11.28, p<.001$, and fearing harassment or violence, $F(1, 1307)=15.59, p<.001$, were significant independent factors for resilience in this sample of gay men.

Factors for resilience in lesbians

Table 3 displays BRS means and standard deviations for lesbians according to all demographic and psychosocial variables. Again, separate univariable linear regressions were conducted for each variable. As displayed in Table 3, resilience was greater in women who were older, $F(2, 1238)=20.50, p=.03$, had a university degree, $F(2, 1285)=28.87, p<.001$, were employed other than casual or were retired, $F(6, 1276)=10.83, p<.001$, had a higher income, $F(2, 1277)=49.02, p<.001$, were born in Australia, $F(1, 1286)=6.24, p=.01$, were in a relationship, $F(1, 1274)=19.31, p<.001$, had some or all of their friends who were GLBT, $F(2, 1277)=9.13, p<.001$, participated in GLBT community groups and events, $F(1, 1261)=7.07, p=.008$, felt they could seek emotional support from straight friends, $F(1, 1284)=9.88, p=.002$, family, $F(1, 1284)=10.85, p=.001$, or a relationship partner, $F(1, 1284)=14.94, p<.001$, and did not report hiding their sexual identity in fear of harassment or violence, $F(1, 1286)=19.45, p<.001$.

To identify independent factors for resilience, variables that were associated with BRS scores at $p<.10$ in the univariable regressions were entered into a multivariable linear regression. As displayed in Table 2, only age, $F(2, 1168)=3.93, p=.02$, income, $F(1, 1168)=12.09, p<.001$, seeking emotional support from straight friends, $F(1, 1168)=7.52, p=.006$, and family, $F(1, 1168)=5.57, p=.02$, and fearing harassment or violence, $F(1, 1168)=15.47, p<.001$, were significant independent factors for resilience in this sample of lesbians.

Discussion

Gay men were found to have somewhat higher resilience, as measured on the BRS, compared to lesbians. Given that several studies of the general population have not found greater resilience in men compared to women (e.g., Netuveli, Wiggins, Montgomery, Hildon, & Blane, 2008; Smith et al., 2008), comparatively lower resilience in lesbians may not necessarily be a result of general gender differences. These findings do suggest, however, that lesbians may

need additional support from health agencies and other support organizations to help bridge the disparity in resilience compared to gay men. That said, overall BRS scores for both lesbians and gay men in the present study were not substantially lower than those found in general populations (Smith et al., 2008). Resilience was also greater with age for both groups. Other studies have similarly found many lesbians and gay men adjusting relatively well to aging (e.g., Lyons, Pitts, & Grierson, 2013b; Reid, 1995). One explanation is put forward by Crisis Competence Theory (Friend, 1990), which predicts that lifelong exposure to minority stress can lead some to develop coping skills and other strategies for protecting their mental health, therefore building resilience.

In addition to age, the multivariable regression identified other factors linked with greater resilience in both lesbians and gay men, namely higher income and feeling a need to conceal their sexual identity for fear of violence or harassment. Although a cross-sectional study precludes conclusions about causality, studies point to individuals with a greater socioeconomic status having more resources at their disposal for overcoming a range of life challenges that help to protect their well-being (Cummins, 2000). With regard to sexual identity concealment, a fear of harassment, victimization, and other forms of prejudice is known to be a strong motivator to conceal (Quinn & Chaudoir, 2009), and is likely to result in considerable stress for some individuals (Pachankis, 2007). It is perhaps not surprising that those living with such stress might experience greater difficulty bouncing back from challenging life events. Initiatives aimed at building the resilience of lesbians and gay men will therefore need to address the impact of stigma, perhaps by helping individuals develop specific strategies for coping with fear of “coming out”.

Some differences were also found in the present study between lesbians and gay men. Feeling that they could draw support from either straight friends or from family independently predicted greater resilience in lesbians, but not in gay men. Having the acceptance of heterosexual people, including their families, may be particularly important to lesbians, although this needs to be examined more closely in future research. Interestingly, neither group seemed to benefit from feeling that they could draw support from GLBT friends. There is strong evidence for the role of social support generally in the psychological well-being of lesbians and gay men (Kwon, 2013). Based on the present study’s findings, it appears that the source of support may also be critical with regard to resilience. Having support from outside the GLBT community may be one important source. On another note, employment status was independently linked with resilience in gay men and not in lesbians, which may suggest that the men rely more on the benefits of a greater socioeconomic status than do women. Of course, much of this is speculative. Clearly, in-depth studies are required to further investigate the role of social support, sources of support, and other resources in the resilience of lesbians and gay men.

Future studies should also consider longitudinal approaches. As mentioned above, one limitation of the present study is its cross-sectional design. Longitudinal research would enable causal links to be identified, such as examining the effect of particular forms of social support on changes to resilience over time. A second limitation of the present study is that it was conducted online and may not have been accessible to everyone. Although almost all Australians have Internet access (Australian Bureau of Statistics, 2013), including a majority of older people, the fact is that not all do. Future studies on the resilience of lesbians and gay men ought to consider using additional offline survey modes, especially for those without Internet access. That said, a particular strength of the study was its large sample size, which meant that the categories of all variables were well represented. Although we cannot claim that the survey is representative of all Australian lesbians and gay men, a large sample size and a national focus are both likely to have strengthened the reliability of the findings.

Despite these limitations, the present study’s findings provide guidance to future research on resilience in lesbians and gay men and ought to inform resilience-building strategies. For example, gay community organizations wishing to implement support programs aimed at building resilience may be more effective if they are targeted toward lower income areas and younger people. Additional focus on lesbians may also be important. With greater resilience strongly linked to better mental health (Davydov, Stewart, Ritchie, & Chaudieu, 2010), prevention strategies, such as online therapy and counseling programs, may need to address the impact of stigma. Providing skills to cope with the fear of prejudice that are specifically tailored to the experiences of lesbians and gay men is perhaps one potential avenue. That said, overall resilience across the sample, as measured by the BRS, was not substantially lower than in the general population. It would appear that many lesbians and gay men have strengths and skills to thrive. Learning from those with high resilience may be especially helpful when formulating strategies to prevent and treat depression and anxiety in lesbians and gay men.

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Table 1

Sample profile (N=2,793)

	Gay Men		Lesbians		χ^2	p
	No.	%	No.	%		
Age					10.50	.005
16-29	431	31	337	27		
30-49	654	46	667	53		
50+	322	23	261	21		
Have a university degree					15.35	<.001
No	750	51	568	43		
Yes	729	49	744	57		
Employment status					51.63	<.001
Full-time	789	53	650	50		
Student	220	15	195	15		
Part-time	114	8	177	13		
Casual	80	5	70	5		
Self-employed	97	7	72	5		
Unemployed	84	6	108	8		
Retired	94	6	36	3		
Income (Australian dollars per week)					14.12	.001
0-599	434	29	414	32		
600-1299	469	32	476	36		
1300+	566	38	415	32		
Country of birth					.36	.55
Australia	281	19	238	18		
Overseas	1198	81	1076	82		
Relationship status					105.15	<.001
Not in an ongoing relationship	778	53	437	34		
In an ongoing relationship	691	47	864	66		
Live alone					35.79	<.001
No	1045	71	1060	81		
Yes	426	29	252	19		
How many friends are GLBT?					7.49	.02
All or almost all	525	36	505	39		
Some	586	40	536	41		
Few or none	360	24	264	20		
Participate in GLBT community events					72.66	<.001
No	576	40	313	24		
Yes	880	60	975	76		
Seek support from GLBT friends					.34	.56
No	395	27	364	28		
Yes	1080	73	947	72		
Seek support from straight friends					.62	.43
No	481	33	446	34		
Yes	994	67	865	66		
Seek support from family					.47	.49
No	693	47	599	46		
Yes	782	53	712	54		
Seek support from a relationship partner					82.88	<.001
No	753	51	445	34		
Yes	722	49	866	66		
Hid sexuality in fear of violence or harassment in past 12 months					1.08	.30
No	428	29	357	27		
Yes	1051	71	957	73		

Note. Table reports the results of chi-square analyses. These were conducted separately for each demographic and psychosocial variable to assess whether differences in percentages of lesbians and gay men on each variable were significant.

Table 2*Demographic and psychosocial factors for resilience in Australian gay men*

	Resilience Score		Univariable	Regressions	Multivariable Regression	
	M	SD	B (SE)	p	B (SE)	p
Age				<.001		.03
16-29	3.30	.83	-.06 (.05)*		.03 (.06)	
30-49 ^a	3.43	.91	-		-	
50+	3.57	.79	.07 (.06)*		.08 (.07)*	
Education				<.001		.57
University degree ^a	3.34	.85	-		-	
No university degree	3.50	.87	.09 (.04)**		-.02 (.05)	
Employment status				<.001		.007
Full-time ^a	3.53	.82	-		-	
Student	3.26	.82	-.11 (.06)***		.04 (.10)	
Part-time	3.32	.94	-.06 (.09)*		-.05 (.09)	
Casual	3.21	.82	-.08 (.10)**		-.01 (.12)	
Self-employed	3.52	.91	.00 (.09)		.00 (.10)	
Unemployed	2.87	.99	-.18 (.10)***		-.09 (.12)**	
Retired	3.48	.87	-.02 (.09)		.02 (.12)	
Income (Australian dollars per week)				<.001		<.001
0-599	3.14	.85	-.17 (.06)***		-.14 (.08)**	
600-1299 ^a	3.46	.84	-		-	
1300+	3.61	.84	.08 (.05)**		.09 (.06)**	
Country of birth				.15		-
Australia ^a	3.49	.87	-		-	
Overseas	3.40	.86	-.04 (.06)		-	
Relationship status				<.001		.94
Not in an ongoing relationship ^a	3.30	.88	-		-	
In an ongoing relationship	3.55	.83	.14 (.04)***		.00 (.10)	
Live alone				.47		-
No ^a	3.43	.85	-		-	
Yes	3.39	.88	-.02 (.05)		-	
How many friends are GLBT?				.03		.51
All or almost all	3.42	.92	-.03 (.05)		-.03 (.05)	
Some ^a	3.47	.80	-		-	
Few or none	3.32	.88	-.08 (.06)**		-.01 (.06)	
Participate in GLBT community events				.001		.10
No ^a	3.33	.88	-		-	
Yes	3.48	.85	.09 (.05)**		.05 (.05)	
Seek support from GLBT friends				.11		-
No ^a	3.36	.86	-		-	
Yes	3.44	.87	.04 (.05)		-	
Seek support from straight friends				.18		-
No ^a	3.38	.89	-		-	
Yes	3.44	.85	.03 (.05)		-	
Seek support from family				.03		.25
No ^a	3.37	.89	-		-	
Yes	3.47	.84	.06 (.05)*		.03 (.05)	
Seek support from a relationship partner				.02		.07
No ^a	3.30	.89	-		-	
Yes	3.55	.81	.15 (.04)***		.10 (.10)	
Hid sexuality in fear of violence or harassment in past 12 months				<.001		<.001
No ^a	3.60	.85	-		-	
Yes	3.35	.86	-.13 (.05)***		-.11 (.05)***	

Note. Results are from univariable logistic regressions conducted for each demographic and psychosocial variable and a single multivariable logistic regression involving those variables that were associated with resilience at $p < .10$. Variables that were significantly associated with resilience scores are indicated by boldface. ^a Reference category; M = mean; SD = standard deviation; B = standardized beta coefficient; SE = standard error; * $p < .05$ ** $p < .01$ *** $p < .001$

Table 3*Demographic and psychosocial factors for resilience in Australian lesbians*

	Resilience Score		Univariable	Regressions	Multivariable Regression	
	M	SD	B (SE)	<i>p</i>	B (SE)	<i>p</i>
Age				<.001		.02
16-29	3.07	.87	-.15 (.06)***		-.03 (.07)	
30-49 ^a	3.37	.85	-		-	
50+	3.51	.86	.06 (.06)*		.07 (.07)*	
Education				<.001		.58
University degree ^a	3.17	.88	-		-	
No university degree	3.44	.85	.15 (.05)***		.02 (.06)	
Employment status				<.001		.08
Full-time ^a	3.45	.82	-		-	
Student	3.04	.89	-.16 (.07)***		-.01 (.10)	
Part-time	3.36	.95	-.04 (.07)		-.01 (.08)	
Casual	3.21	.88	-.06 (.11)*		-.01 (.12)	
Self-employed	3.59	.82	.03 (.11)		.05 (.11)	
Unemployed	2.93	.86	-.16 (.09)***		-.08 (.11)*	
Retired	3.28	.81	-.03 (.15)		-.01 (.16)	
Income (Australian dollars per week)				<.001		<.001
0-599	3.06	.90	-.11 (.06)***		-.05 (.08)	
600-1299 ^a	3.28	.84	-		-	
1300+	3.64	.79	.19 (.06)***		.15 (.06)***	
Country of birth				.01		.18
Australia ^a	3.45	.83	-		-	
Overseas	3.29	.88	-.07 (.06)*		-.04 (.06)	
Relationship status				<.001		.21
Not in an ongoing relationship ^a	3.17	.89	-		-	
In an ongoing relationship	3.40	.86	.12 (.05)***		.08 (.12)	
Live alone				.66		-
No ^a	3.33	.88	-		-	
Yes	3.30	.84	-.01 (.06)		-	
How many friends are GLBT?				<.001		.09
All or almost all	3.33	.90	-.05 (.05)		-.03 (.06)	
Some ^a	3.41	.82	-		-	
Few or none	3.13	.92	-.13 (.07)		-.07 (.07)*	
Participate in GLBT community events				.006		.18
No ^a	3.21	.92	-		-	
Yes	3.36	.86	.07 (.06)**		.04 (.06)	
Seek support from GLBT friends				.07		.86
No ^a	3.25	.90	-		-	
Yes	3.35	.86	.05 (.05)		.01 (.06)	
Seek support from straight friends				.002		.006
No ^a	3.22	.91	-		-	
Yes	3.38	.85	.09 (.05)**		.08 (.06)**	
Seek support from family				.001		.02
No ^a	3.24	.90	-		-	
Yes	3.40	.85	.09 (.05)**		.07 (.05)*	
Seek support from a relationship partner				<.001		.76
No ^a	3.19	.89	-		-	
Yes	3.39	.86	.11 (.05)***		-.02 (.11)	
Hide sexuality in fear of violence or harassment in past 12 months				<.001		<.001
No ^a	3.50	.84	-		-	
Yes	3.26	.88	-.12 (.05)***		-.11 (.05)***	

Note. Results are from univariable logistic regressions conducted for each demographic and psychosocial variable and a single multivariable logistic regression involving those variables that were associated with resilience at $p < .10$. Variables that were significantly associated with resilience scores are indicated by boldface. ^a Reference category; M = mean; SD = standard deviation; B = standardized beta coefficient; SE = standard error; * $p < .05$ ** $p < .01$ *** $p < .001$

Sexual Orientation Perception: Which Implications?

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Abstract

The present essay is part of a qualitative research whose main goal is to understand, how seven homosexual male subjects perceive their own sexual orientation. This investigation was carried out through interviews, using the “Free Association Narrative Interview”, a method of psychoanalytical inspiration. Analyzing the narratives of each individual, we try to understand the psychic dynamic of the subjects in the (re) construction of their own identity along with the perception of sexual identity. On the basis of the material analyzed we were able to identify several types of inner dynamics.

Keywords: male homosexuality, sexual orientation, identity, internalized homophobia, inner dynamics.

Bernardo claims he has been aware of his sexual orientation “*ever since*”, remembering a time, still at primary school, when he “*used to fantasize I was kissing a boy who was Francisco*”, or “*around that time, a juvenile band cassette came out, with a blond kid on the cover, and I recall having weird thoughts about it*”.

Although he only noticed “*... relatively later than my friends...*”, at 15 he was “*attracted to boys, not girls*”, according to his own account, around 13/14, Carlos already felt he did not identify with the boys at school, who “*could only talk about motorbikes, ... cars [...] I did not want a motorbike [laughs] and... I did not play rugby nor did I enjoy bullfighting.*”

As for Duarte, he begins by telling us that “*... well, the way it progressed, you see, me, when I was very little, when people would crack the ‘Ah! the faggot’, ‘Ah! the faggot’ joke [...] I cannot say I ever really loathed the idea ...*” Nevertheless, he adds that “*... I would not play along with them, I was not aware that I was anything at all...*” At 13, he met the first homosexual boy, and that prompted him to consider the possibility, again, that he might be gay as well. Around 16/17, he came out as bisexual, since he recounts feeling attracted to and falling in love with girls.

On the other hand, Filipe, like Bernardo, states that “*from an early age I felt there was something... I did not feel odd, perhaps only by comparison, at certain times, like when it was time to play football and I did not want to toss the ball around but play with the girls instead... or feel an urge to kiss a girl when you are five years old, I have never had that (...)* And... *when I realized what sexual orientation was, I understood that was where I fitted in. Of course, I went through denial stages, obviously (...)* but that was also due to other factors, the outside background and the like.”

Henrique avers that “*... I guess I have always been... it was not something I had trouble accepting within myself, maybe with outsiders it was more complicated but [...] I know I always knew, that I always had this kind of orientation, not only in terms of sexual preferences but also in terms of this inner feeling, of being different [...] when I was a child, as soon as primary school, I recall perfectly the moment when my friends or their brothers started to ... to tease me because my gestures were somehow more feminine, or so, while playing or of... or of playing more with the girls, I guess I already felt different then and there was something... in pure sexual terms I think it started when I was about 11 or 12...*”

Through these young adults’ accounts, using the “Free Association Narrative Interview” (Hollway & Jefferson 2000), we inferred that not all of them worked out their sexual orientation at the same time. It transpired that, although two of them, Bernardo and Filipe, claim to feel attracted to same sex people “*ever since*”, even before they knew what being homosexual meant, the remaining individuals, despite not having come out straight away, report feeling attracted to same sex people since the beginning of adolescence, that is, when they were 12/13 years old. Thanks to the life stories of the seven individuals we interviewed – although we only have introduced the words of five of them – we found strong ties between the perception of homosexuality and a feeling of awkwardness and isolation, often described as connected to a childhood characterized by behaviors and activities depicted as typically feminine. Going through these accounts, we get the idea that the feminine is labelled as something negative, combined with a feeling of indifference, that the individuals themselves link to masculine homosexuality. According to Corbett (2001), historically

and from a more subjective point of view, male homosexuality has been theorized around the allegory of loss – of masculinity and power. Therefore, homosexuality is linked to the experience of passivity towards other men, while passivity equals to womanliness which, in turn, implies loss. Power is renounced in the relationship with another man, whereupon passivity means smallness and, consecutively, womanliness.

According to Corbett (1996), homosexual individuals who display cross-gender behavior are usually regarded by those around them as “weird”, and are frequently gazed upon with animosity. Such hostility is manifest in the way some people compare these boys to girls, diminishing them. On the current study, Bernardo, Duarte, Henrique and Filipe all complain that they were submitted to narcissistic abuse. Bernardo remembers, as a child, an uncle telling his mother her son was very much a “sissy”, as well as recalling his brother always calling him “a fag”, when he was still living at his parents’. On the other hand, Duarte recalls being bullied and shunned by his school colleagues for being effeminate, likewise Henrique, while they called him “gay”. Amongst them all, Filipe seems to have endured the most, remembering that “... *I was known down my street for all the bullying I had to put up with because of that, for being the most sensitive boy and the more... and the little faggot [...] I was that child who was at the bus and got thrown papers at the head, every single day, those days were rare, and indeed, on the days that did not happen I was so very happy, in those days*” From this point of view, feminine is regarded as a negative symptom (Corbett, 1996). Loughery (1998) mentions a group of homosexuals who, as boys, reports feeling ostracized due to the rejection of those around them, even before they were even slightly aware they were gay. That means they started life experiencing themselves as different, a feeling they associate with building a gay identity. If as of before puberty some individuals did not know how to deal with the typically masculine code imposed on them and demanded by their own parents (Loughery, 1998), such uneasiness remains throughout adolescence, and, in some instances, adulthood, when becoming aware of one’s own sexual orientation may mean, for some individuals, like they have told us, risking becoming females. And, from this perspective (for the feminine is regarded as second best in our society, because it is traditionally tied to passivity and loss) these individuals feel their whole masculinity is threatened (Frommer, 2000). Traditionally, men seem to be forbidden to identify consciously with women or the feminine, notwithstanding the massive fascination in western culture with men who represent or are transformed into women, much more than with women who represent or are transformed into men. Some modern movies show it, such as “Mrs. Doubtfire” (1993), “Anything for Love” (1993), and “Junior” (1994), amongst others (Frommer, 2000). Corbett (2001) argues that, in the spirit of “boys will be boys”, quarrelsome protest, disruptive behavior and deceptive phallic narcissism have become defining attributes of masculinity. Throughout childhood, games considered as typically masculine – fighting, car racing, football, amongst others – are early ways for little boys to experience themselves through the power of being male. And, from this point of view, masculinity must be won and, typically, proven again and again (Diamond, 2006). Corbett (2001) advocates, based on his clinical experience with boys, that the issue at stake is not so much who owns a penis and who does not, but who has a big and potent penis, suggesting that the concept of penis envy is much more operative when thinking in terms of masculine development than in its feminine counterpart.

Most of the boys we have interviewed describe themselves as “effeminate” in childhood, and seem to have some kind of tussle with aggression, which many interpret as a sign of their emotional sensitivity (Corbett, 2009). According to the same author, these boys fall very little and feel too much. Traditionally the way these boys often avoid to wrestle, fight and risk injuries is interpreted as a diagnostic, seen as an utterance of compromised masculine identity and, thence, as failed heterosexuality.

Thereby, it seems to us that all these individuals are discriminated against – starting in childhood, when they are bullied by their peers, who call them “girlies” and “faggots”, or shun because they do not play football or get on extremely well with girls. For all of them, this label of “feminine” (perceived as negative) is the leading cause for early exclusion, which, little by little, switches to a feeling of deviation and isolation.

What happens in the end, for most individuals we interviewed, is some kind of disavowal of themselves, to a greater or lesser extent. A wish to be and feel differently, the pain of the punishment they impose on themselves, the humiliation, the shame, a pain that comes from the outside but lodges inside. Filipe describes the impact the outside has in the way he feels when he states that “... *from an early age, I felt there was something... it was not that I was strange as such, only in comparison, maybe, at certain times, like playing football and me not wanting to and wanting to go and play with the girls instead... I have felt that awkwardness from an early age, in comparison*”.

So, while growing up, the feeling of deviance and awkwardness increases, mostly when they start to realize that, besides being barely masculine, they also feel attracted to same sex people. As teenagers, they fancy a kind of togetherness and love that most of their male colleagues live with girls (Lougherty, 1998). Carlos seems to be a major

example of the power of the outside over one's inner being and feelings; he tells us that, throughout adolescence "... socially I almost felt compelled to fall in love with girls, and when I felt it it was kind of forced. If you want me to be honest with you... I think I lived a little bit in dread... I was answering to behavior patterns and it felt like... Deep inside, it feels like I knew it was happening and I did not think that way and knew I was going to get away from it all some day, but that was not the right time and today I even think it was for the best, that it did not happen then, because in that background it would, it could have got me into trouble. I guess it was a good thing that... I guess it was tough at the same time, it was hard, but I protected myself a bit and made the most out of what those teen years had for me, but those were not great times". Also Bernardo, like Carlos and Duarte, first came out as bisexual, because, in his own words, "... society's prejudice is so large, so large, that you think, and your own prejudice, you think: well, perhaps we do not totally discard the likelihood of liking women". In this statement, Bernardo displays not only external but also internal homophobia, his own prejudice. Indeed, all the individuals we interviewed seem to have, at first, rejected their sexual orientation. Then followed an effort to change it, until, finally, after a couple of fruitless attempts, they accepted it, although, in some of them, only partially. António, for instance, illustrates this process quite well, claiming that "... on seventh grade I tried really hard and had plenty of girlfriends [...] and felt I was deceiving them [...] almost like an attempt to force my [...] heterosexuality. I did not want to be an homosexual [...] it was painful and I did everything I could [...] I used to read naked women magazines and ... really push it... but I just could not and it all got to a point of frustration".

Brady (2011) explains that, just like any other rejection based on something intrinsic to the individual, such as race, religion or gender, the ordeal of homophobia is keenly painful. Its internalization affects the individuals' psyche, and sometimes they feel forced, although in different ways, to take protective measures in order to deal with it. In the case of Henrique, for instance, we reckon that the use of narcissistic defenses becomes clear when, talking about the isolation and the feeling of deviance he felt all his life, he says that "... now I am realizing that maybe I even enjoyed feeling different from the others, which was a means to, I do not know, being unique". In this specific case, the feeling of omnipotence disguises the helplessness, and is used as a narcissistic defense. Filipe, in turn, tells us how he was always afraid of being rejected, and the how feeling remained with him throughout adolescence. He always felt frustrated and a façade, avouching that, therefore, "... had to stand apart, take a distinct stance, had to come up with some kind of mask...", something to protect him narcissistically, despite inhibiting him from feeling and acting according to his real self.

Resorting to defensive formations is justified by the homophobia these individuals suffer and sometimes internalize, as well as by the lack of enough care for their needs in their background – school, family (Brady, 2011). If we look at Bernardo's and Duarte's nuclear families, for instance, we can understand the power they wield over both of them, more precisely over their identity. If, as children, they were bullied by their peers for not fitting in the binary gender compliance system, it was certainly not inside the family that these boys found the approval and back up they long for so badly. Instead of acting as guarding fortresses, these families become compressor chambers, vulnerable to external social forces (Corbett, 2009). Let's look at Bernardo's situation: amongst all the interviewees, he seems to have endured the most at home. His mother reacted very violently when she found out her son was gay, denying it "because it was not possible, and it was a disease and I had to go to the doctor; for things were far from OK with me", trying to convince herself for a long time that her son was not an homosexual, and "that there was not even such thing". From the time he disclosed his sexual orientation, Bernardo describes the way he was ostracized, outlining that, notwithstanding the several toilets at his parent's home, "I could only wash in one of them, which was mine. I had my own glass, just for myself, hence I could only drink from that glass. I could not touch my brother, just in case I could contaminate him with something; it was all like that. She withdrew my pocket money, she took the car, the only thing she did not take away was the computer because I was studying, and needed it". While all of this was going on, Bernardo avows that his father, often away at work, never once asked him what was in fact going on, and that his youngest brother, a teenager at the time "was like the worst, when I would get home and he was like 'look, here comes the queer' or 'here comes the faggot'". A few months after he had told his mother that he was gay, Bernardo left home, because the situation had become unbearable. As for Duarte, he claims that, regarding his nuclear family's reaction to his homosexuality, "it is... negative. You see, they never accepted it". When he told his mother, after being confronted by her, she herself said it was disgusting, and she still could not believe her son was a faggot. Duarte depicts what happened with his parents thus: "... they do not react to my homosexuality, it is about all homosexuality, it is zero and it is disgusting and it is against nature". In both cases, it makes sense to us, once again, to mention Corbett (2009), who argues that, sometimes, society, the outside, is inevitably "inside" the family.

Regarding derisive words such as "faggot", Corbett suggests it is through its use that some male individuals uplift and increase their own masculinity, while breaking away from any identification whatsoever with those boys they regard

as losers, including those they believe to be homosexual. The same author even suggests that, depending on the anxiety caused by their own inner homosexual desire, or even the heterosexual desires they associate with homosexuality, such as giving in and passivity, some boys learn to deal with that same anxiety by means of what Moss (1992) has identified as a “phobic solution”. Homosexual urges are felt as threatening and, therefore, projected upon the other, who becomes hated (Corbett, 2001). As for Bernardo, for instance, it seems to us that his brother’s own homosexual urges cause him (the brother) some anxiety, from which he protects himself narcissistically, abusing Bernardo and employing terms such as “*queer*” and “*faggot*”. When, on the other hand, Duarte’s parents label all homosexualities as “*zero*”, “*disgusting*” and “*against nature*”, they identify with a “hate” group against homosexuality, as if, by doing so, they could keep refrain their own sexual urges – for some reason, those urges are felt as wrong, forbidden and threatening, and, therefore, must be at bay away and discharged on others (Moss, 2002).

According to Roughton, (2000, cited by Moss, 2002), internalized homophobia plays a major role in shaping the forging of identity and self-perception. And, since all these individuals were victims, to a greater or lesser degree, of external homophobia, which each one of them internalized, we came to the conclusion that the perception of one’s own sexual orientation impacts the most at, and deeply stirs with, one’s own identity. Maylon (1982) suggests that some kind of disruption (sometimes temporary, but often lasting for a decade or more) in the identity process is rather common in the development process of adolescents. Bearing everything in mind, we believe that this disruption did take place for most of (but not all) the individuals we interviewed, and for a couple of years only, not a decade. Maybe it was worse before. Still, we would like to stress the importance of working towards trimming the island that grows inside each one of them (and so many others!), so that homosexuality is less and less attached to a period of isolation, feelings of awkwardness, as they put it, and pain. And perhaps we should keep on thinking about what gender is, after all – that men cry is no longer news for anyone.

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Siblings in the « coming out » process²⁹

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If sibling studies are generally rare in the field of family research and therapy, in the study of LGBT families it has to be noted that they are virtually non-existent. However, the sibling sub-system represents an area of investigation that is extremely rich, and useful for clinical psychology. For this reason, qualitative research based on semi-structured interviews has been piloted during a preliminary phase (2011-2013) on a Belgian sample of 102 subjects (25 gays, 19 lesbians and 58 siblings). The research aimed to understand the impact of the coming-out process on the sibling relationship, as well as the role of the siblings during this process. In this study, siblings turned out to be a major potential resource in the coming out process of LGB persons, concerning in particular disclosure to parents and self-acceptance. Several factors seem to determine the way that it will be experienced amongst siblings, order of birth being the most salient.

Keywords: siblings, coming-out process, specific experience.

Introduction

The coming out process is the recognition, the acceptance and then the social sharing of a sexual orientation or gender identity. Several authors have described a staged gay identity developmental process that begins with an emerging awareness and proceeds to self-acceptance and disclosure to others (Cass, 1979; Troiden, 1989).

During this process, the family has a central place. The family has an undeniable impact on the individual coming out process of the lesbian or gay family member, but the family also faces its own adjustment process (Savin-Williams, R.C. & Dubé, E.M., 1998; LaSala, M., 2000, 2010).

In this study of the crisis and reorganization of the families, there are indications that siblings may also have an important unacknowledged role that has yet to be studied. Siblings are recognized as having a very special place in a person's life, and this relationship is the longest we experience. Unlike parent-child and romantic relationships, we evolve with our siblings from the cradle to the grave. In the coming out process, largely described as generating stress as well as family transformation (Green, R.J., 2000; LaSala, M., 2000, 2010), the sibling sub-system must be considered for its specific and unique features, in particular because the LGB person may find in his/her brothers and sisters specific interlocutors. Indeed, siblings share the same family, which is not the case for friends, while being of the same generation, which is not the case for parents. It is important to get a better understanding of the role that siblings may play in the family crisis and reorganization, as they are likely to help as well as to impede the family adjustment process.

A series of studies have shown that the suicide rate amongst sexual minority youths is two or three times higher than amongst heterosexual youths (Bontempo & D'Augelli, 2002; Marshal & al., 2011). In their book, Beck, Firdion, Legleye & Schiltz (2010) map out most of the studies dealing with the subject and relate that in New-Zealand, Australia, Guam, Japan, Turkey, Amerindians, and in several European countries, all the investigations have led to similar results: sexual minority youths present higher levels of suicide attempts. In Belgium, Van Heeringen and Vincke (2010) note a doubled risk for homosexuals and bisexuals youths, related to depression symptoms and unsatisfactory homosexual friendships.

Moreover, sexual minority youths are more inclined to use and abuse several substances, and show more eating disorders and depressive symptoms. In this context, positive relations, at school and within the family in particular, con-

²⁹ - Research is in a pilot phase and the results presented here are preliminary.

stitute high potential protective factors (D'Augelli, Grossman & al., 2005; Marshal & al., 2011; Baiocco & al., 2012).

So a link has been established between the quality of social and family support for homosexual youths and suicide and/or psychological symptoms risk. From this, it becomes clearer how important it is to study sibling relationship's quality in the coming-out context.

Several authors have showed the protective effect of siblings. Bank and Kahn (1975) and Cicirelli (1982) show that most of the siblings provide psychological support to each other throughout the life course. Similarly, in the longitudinal studies of Gass, Jenkins & Dunn (2007) and Feinberg, Sakuma, Hostetler & Mc Hale (2013), siblings are recognized to have a very special place in a person's life and to support and protect them. It has been demonstrated that sibling affection can serve as a moderating factor between stressful life events and psychological symptoms.

For this reason, the research presented in this paper aims to understand the impact of the sibling relationship on the coming-out process, and the potential resource that it could represent.

But the research is also about the impact of the coming-out process on the siblings, in terms of family dynamic as on a more personal level. A. Gottlieb (2005), one of the few authors to consider siblings in the LGB context, has collected and published stories of brothers and sisters of gays and lesbians. These siblings talk about the impact of their sibling's disclosure on the whole family system but also on themselves, as well as the questions that cross their mind, in a mirror effect, regarding sexuality or difference.

Most of the time, when the sibling system is studied, it is through the representation, the view of a single member, by the administration of a questionnaire. Fewer studies take the sibling sub-system as a research unit, choosing appropriate tools and methods and applying them to all members in order to collect data regarding a sibling *organization*.

One of the reasons why siblings are virtually non-existent in the study of LGB families is that they are perhaps considered as having the same reaction as the parents, which would be a terrible oversimplification. Although siblings may sometimes think and act as their parents do, in a mirror effect and/or out of loyalty, we will see in the present paper how siblings, most of the time have their own personal view and experience.

METHOD

Research questions

- How is coming out to siblings experienced by LGB persons?
- How is it experienced by the siblings of LGB persons?
- How is it different/similar to coming out to parents?
- What kind of impact does coming out have on the siblings' relationships?

Sample

25 gays and 19 lesbians aged 18 to 40 (Mean age=26.34 years, St. Dev.=d 5.07) and their siblings.

Participants were Belgian. They were recruited by the "word-of-mouth" method and have responded on a voluntary basis.

The average age for the coming-out (viewed as a process) to a member of the family is 19.54 years. Most of them had already told a friend.

The homosexual participants included 21 later born subjects, a pair of twins and 21 elders.

Instruments

After receiving informed consent, participants were asked to take part in a semi-structured interview which would involve the whole sibling group if possible, otherwise with available members. The framework was composed of ten questions encouraging narration on the following themes: coming-out process, announcement steps, sibling's role during the process, a comparison of coming out to parents and coming-out to siblings, and impact on siblings' relationships.

The interview also allowed observation of the sibling's dynamic through the interactions, the "ambiance"³⁰ and the contact between members.

The sibling groups were also asked to complete the ASRQ questionnaire (Stocker, Lanthier & Furman, 1997), in order to have their own appreciation of their relationships.

L'ASRQ (Stocker,C., Lanthier, R. & Furman,W., 1997) was kindly transmitted to us from Pr Furman, with his agreement for its French translation.

The questionnaire assesses qualitative features of sibling relationships in young adulthood and beyond. The ASRQ consists of 81 items spread over 14 scales. The items on the 14 scales are combined to form 3 higher-order factors: Warmth, Conflict, and Rivalry. We use unit weighting of items for the majority of the scales and factors, which results in factor scores that range from 1-5. The exception to this general scoring strategy is that the rivalry scales are scored as the absolute value of deviations from the mid-point of the scale. Scale and factor scores have shown high levels of internal consistency, test-retest reliability, and low correlations with measures of socially desirable responding (Stocker, Lanthier, & Furman, 1997).

Homosexual participants were asked to complete a different questionnaire for their relationship with each participating sibling, and each participating sibling was asked to complete a questionnaire regarding their relationship with their homosexual sibling.

30 - Concept introduced by E. Dessoy (1997).

Data Analysis

Thematic data were processed according to the content analysis model of L. Bardin (2007). Interviews were analysed for the presence of themes that reoccurred in discourse.

Emergent themes are described, examples are used to illustrate these themes and issues are discussed.

Regarding the questionnaire, we have calculated separate scores for each scale. These scores are based on homosexual participants' answers on one hand and for their siblings' answers on the other hand, in order to compare any potential differences of perception, in particular concerning the acceptance, the similarity or the support.

Results

The disclosure

54.5%³¹ of the participants *came out to a sibling before coming out to a parent*.

The **later born** participants are more inclined to disclose to a sibling before disclosing to a parent. This suggests that later born participants tend to search for support and approval from their elders, as a first announcement step.

When disclosure is first made to a parent, in most of the cases (73%) the mother is chosen, which corresponds to the literature (LaSala, 2010; Green, 2012).

Coming-out to siblings versus coming-out to parents

Most of the participants relate an easier disclosure to siblings than to parents. How do they explain this fact?

1) Participants are emotionally and financially dependent on their parents, which induces a fear of being kicked out of the home. According to them, this fear is not present with siblings.

2) There is more fear of *judgement* with parents, such as more fear of disappointing them by not matching their expectations. Several participants relate the mourning that has to be done by their parents, mainly regarding the heterosexual marriage and parenthood. In this mourning process, some parents experience a "question phase", as if they wanted to "test" the choice of their child, or like an attempt to make them change their mind. Several participants relate that they were asked the question: "Are you sure?", a response they understand but is hard to hear.

This corresponds to what Savin-Williams (1998) described as an initial parental reaction to the disclosure.

Most of the homosexual participants relate that they didn't have this kind of fear or experience with their siblings, *except some later born participants towards their elders*.

It is therefore important to keep in mind that the fear of disappointing might also exist in the sibling relationship, especially for those born later. Indeed, as described by literature about siblings, the elder might represent a figure at the "interface" of the parental and the sibling sub-systems, in terms of identification for instance. Several authors have shown in their identification models that those born later, tend to make a combination between parents and elders (Adler, 1949; Toman, 1987).

3) Homosexual participants evoke a relational responsibility towards their parents. They mention a fear of hurting them and an uncomfortable feeling of generating guilt. Many of them have been asked questions like "What did I do wrong?" or "What have I missed?" This parental guilt is largely related to a stigmatisation of homosexuality, which leads to an experience of shame, but also to a fear for the child and their future.

All participants underline that the risk of guilt is not the same amongst siblings, which are not concerned in the same way.

31 - Percentages mentioned have no particular statistical validity in view of the size of the sample, but give an indication of proportion.

Sibling's relationships

In some contexts, siblings can reveal themselves as a major resource for LGB persons, especially in terms of reassurance, acceptance and support towards parents.

1) Reassurance.

Many participants, mostly those born later, asked a sibling to be present for the announcement to parents.

François: *"If Thomas would not have been in the room at that moment, I don't know if I would have disclosed to my parents, because without eye contact with him I would perhaps have just moved on. I'm not sure if, at that present time, I would have told them"*.

In this family, Thomas has done the most of the work; François told his parents about his sexual orientation and then went quickly to his room, while Thomas stayed with their parents and try to ease the tensions.

2) Acceptance.

Elders and later born seem to be a support for acceptance, in different ways.

* **Later born individuals** tend to disclose first to an elder who then participates to the parents' acceptance as well as to self-acceptance.

Elders might be asked by their later born siblings to play such a role towards parents, or might choose spontaneously to play it.

Elise: *"If she (elder sister) had not accepted me, it would have been terrible for me. I would have been disappointed and very insecure. I don't know if I could have told my parents, and I don't know if I would have accepted myself"*.

To her sister: *"And you have also helped them to accept me more easily"*.

In this example, it is clear that siblings might represent a major support in homosexual identity building.

However, this statement must be nuanced because the help that siblings might bring for the *parent's acceptance* is not automatically accompanied by help for *self-acceptance*.

Elders, as we have seen previously, might constitute an identification model for those born later. They are aware of it, especially if parents contribute by exhortations like "You are older, you must create a good example". This role model is likely to give to elders some expectations towards their younger siblings, expectations similar to the parents, and might lead to disappointment and rejection.

* Some **elders** disclose first to a sibling but many are afraid of disturbing their young brothers and sisters. This reservation of the elders towards those later born seem to be linked to several factors such as the age of the youngsters, their sense of protection, or the role model they play, notably at the request of parents.

In addition, M. LaSala (2010) evokes the parent's fear that the homosexuality of an elder influences some younger siblings to take their turn at being gay.

Some of the participants' parents have indeed specifically asked the elder not to tell the youngsters, for this reason. This fear of contagion could be previously known by elders who then would be more likely to disclose to a parent, asking the permission to tell their younger sibling.

Justin came out to his parents at 16 years old. His brother was 10 years old. Before coming out to his brother, Justin wanted to talk with his mother: *"I needed the agreement of my mother, he (his brother) was a child. I wanted to inform my mother of my desire to disclose to my brother; to see what she thought of that. Because it might disturb the family organisation"*.

In fact, Justin's brother was aware of his homosexuality, for having seen him by stealth with his boyfriend.

As a whole, when later born siblings have less possibility to have an impact on the parent's acceptance, they offer their own acceptance which emotionally moves and helps the elders.

3) The "go-between".

In the family "crisis" and the necessary adjustment, brothers and sisters may play a "go-between" role, which is not always very comfortable.

Elise has waited for her sister's return from holiday before coming out to their parents. Sophie knew it and was very anxious to get back, as she was afraid of the consequences of the disclosure on the family system.

Sophie: *"I was freaking out. I was on my way home when I received a message from my sister: « It's ok, I told our parents » (mother and step-father). According to the fact that my step-father is old and not very open-minded, I was afraid to get back and pick up the pieces. I still lived at my parent's house at this time"*.

In the end, it didn't go too badly, although Sophie had to ease the tensions, with their step-father in particular.

As we have seen previously in another family, Thomas has to some extent made the announcement for his brother. Given their parent's reaction and their difficulty with acceptance, Thomas proposed family therapy, which was accepted by the family and helped with the reorganization and adjustment process.

Laura has an elder brother, Lionel, who came out at 18 by sending a letter to his sister and parents, just before going on holidays. Laura remembers that when she came home, her parents gave her the letter and asked her if she was aware of her brother's homosexuality. She says: "*What was important to them was to know if I was part of the secret. When I said that I didn't know anything, they sent me away and talked together*". At this moment, Laura felt abandoned not only by her parents, but also by her brother who wasn't there "*You passed the buck to me*", says Laura to Lionel during the interview. She also relates some difficult moments for a period, when their father came to her room to complain and talk about the parental couple's disagreement regarding their son's homosexuality. She remembers: "*I was afraid that Lionel could hear him because he spoke loudly. At this time, I felt like an **emotional punching-ball**. Nobody spoke to the right person and I was in the middle*".

Her experience has led Laura to set up with her brother some focus group sessions for parents of LGB people. According to these testimonies, the sibling's fears of the shock and crisis generated by the announcement shouldn't be underestimated, nor should their feelings be ignored.

In my opinion, this underlines the importance of focus groups, not only for parents but also for siblings. If Laura had found such a group, it could have helped her. Instead of this, she found support in setting up a group for parents.

The ASRQ questionnaire

The average scores of the sample for the factors are (brought to 20): Warmth 12.74/20; Conflict 6.74/20; Rivalry 3.3/20. These scores suggest that the sibling relationships of participants are more characterized by warmth than by conflict, rivalry tending to take very little place, evident by their own comments alone.

It has to be noted that siblings have a perception slightly more important to the emotional support within the sibling sub-system, and a stronger feeling of maternal rivalry.

The Acceptance, a scale of great importance for our study, has the highest rate with an average of 15 out of 20. The items of this scale concern the level of acceptance for personality, life style and ideas. Each item asks for the homosexual participant's acceptance towards their siblings, such as the sibling's acceptance towards the homosexual participant.

This scale being significant in relation to the theme of the study, it must be considered that participants may have responded in a particularly positive way to the items evoking acceptance. It must also be considered that acceptance is simply good in this sample and/or that the sample, composed on a voluntary basis, is particularly acceptant. One more explanation is related to the fact that siblings have, in most of the cases, completed their questionnaires at the same time and in the same place. They could have feared that their siblings take a look at their questionnaires, and then have answered in a positive way.

Anyway and as a whole, the scores in the questionnaires tended to confirm the findings of the semi-structured interviews with participants.

In the next phase of the research, a statistical analysis will be carried out, an ANOVA with multiple regression. The ANOVA will permit a comparison of the homosexual participants' perceptions and those of their siblings, taking into account variables like gender and order of birth.

Discussion

Generally, the impact of the coming out process on their relationships was considered by siblings as void (unchanged situation) or as positive, in the origin of a closer relationship.

The fact that a few sibling groups mention having experienced a distance in their relationship might underline the sample selection. As said previously, participants were recruited on a voluntary basis. We could then suppose that siblings who agreed to participate were those who had quite a good experience of coming-out. Indeed, in certain sibling groups, when one or several members were absent from the interview, it was said that they were busy, abroad *or* not comfortable with the subject. Nonetheless, this has to be nuanced.

For most of the sibling groups, the main reason to take part of the study was a desire to *communicate and exchange on the theme*. They took the chance to open a dialogue and to ask some questions they had never dared to ask. The fact that it was neither usual nor spontaneous to speak about it within the sibling group was perceptible notably by some overuse of laughter, suggesting an uncomfortable situation.

Sometimes, humour helps to put words on a difficult subject in a more admissible way:

"I don't like faggots (laughs)", "I was afraid that you would try to seduce me". For other ones, it is by highlighting

a difference between their sibling and "the others" (homosexuals) that a difficulty is tangible: "Why do they do the Gay Pride? Why this public demonstration? They have no decency"; "I was afraid, I didn't want my brother to have a debauched life, it doesn't fit with him. And I was thinking 'If my brother is homosexual, he'll never lead this kind of life, he'll have his boyfriend and that's it'". In this way, some limits or even a certain homophobia are expressed more or less directly.

As we have seen above with Laura, there are focus groups for parents but siblings for their part are not taken into consideration. However, setting up focus groups for siblings could encourage and sustain a dialogue on various questions generated by the homosexuality and the coming-out of one or several members. By helping siblings to share their experiences and to take into account each other's feelings and point of view, this dialogue could constitute a major activating factor of siblings' resources.

According to siblings, closer ties after disclosure are linked to a greater complicity and more authenticity due to what siblings perceive as a vote of confidence when their LGB brother or sister speaks from their heart.

M. LaSala (2010) calls "sensitization" the first stage of the coming-out process within the family. During this period, the parents and the homosexual child experience a distance due to the fact that the child has discovered and accepted that they are different but are not ready yet to share it with their parents. The child thus hides their life in order to avoid all questions/confrontations. In the next stage, called "the discovery", parents and child come closer.

These steps identified in the family process could also take place in a sibling's process, with a distance followed by a closer relationship after disclosure. We must then try to have a better understanding of the coming out *process within the sibling group*, in terms of dynamics but also in terms of stages. The issue is about knowing if the steps experienced by siblings are similar to those experienced by the whole family or not. In the same way, it would be important to compare the process that takes place amongst siblings and the one that takes place with *friends* (Baiocco, 2012). It would also be interesting to get a deeper understanding of the sibling's impact on the individual process as well as the favourable contexts to develop positive sibling relationships.

As V. Mitchell (2008) noted: « *Coming out culminates, for many lesbian women, in positive self-regard and a comfortable, welcoming social network. For others, self-disclosure may be too dangerous; or important individuals, communities or institutions may fail to accept us or our relationships. (...) In these situations of chronic or recurrent distress, a family member's ability to affirm our lesbian self (through the mirroring function), to soothe the shamed or rejected lesbian self (through the idealizing function), and to stand side-by-side as a companion in life (through the twin ship function), may be essential to us for many years* ».

V. Mitchell then mentions the importance of the « family of choice » (Weston, 1991; Dewaele & al., 2011), a set of relationships that can be counted on to perform the self-functions, failing to find in blood-family members the needed support.

A question emerging of the foregoing is: might siblings be these family members that could sustain the self-functions of the LGB person? If so, what kind of family environment is the more conducive for developing such resources? Conversely, what leads gays and lesbians to search for that support outside the siblings' group, looking then for what we could call « siblings of choice »? These questions will guide a further step of the study.

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Social Support Received by LGB People in Poland: Presentation of a New Scale

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Abstract

Social support is an important part of the Sexual Minority Stress Model developed by Ilan Meyer. Research has shown that social support can moderate the effect of minority stress on mental health outcomes. To date, research on minority stress has used the same general social support scales that have been used in other research. However, it is a reasonable presumption that the essence of social support among lesbian, gay, and bisexual (LGB) individuals also involves the nature of their sexual identity, and neglecting this factor in research affects the validity of the results. The current article describes a new scale called the Scale of Social Support for LGB People. The scale consists of six subscales related to two different types of support (emotional and instrumental), and two areas of social support (general support, and social support related to one's sexuality). A total of 207 participants took part in the study. This article presents the reliability of the new scale and the correlations between the social support subscales and two mental health outcomes – depression and anxiety.

Keywords: social support, LGB, minority stress, mental health

Introduction

Recent research on mental health in non-heterosexual populations often refers to the sexual minority stress model that was introduced by Ilan Meyer (1995, 2003). The concept of minority stress proposes that people who belong to sexual minority groups (e.g., homosexual or bisexual people) are exposed to more social stressors than people who belong to the majority, heterosexual society. Stigmatization of sexual minorities and negative attitudes towards them result from their assignment to a lower social status (Meyer, 2003). In addition to describing the minority stress processes that affect the mental health of sexual minorities living in a heteronormative society, previous research has tried to find factors that buffer the negative effects of this stress, such as social support, positive coping strategies, resilience, and group identity (Meyer, 2003). On the basis of accepted theory, we propose a new scale of social support specifically designed for LGB individuals, which may prove to be better than general support measures. This new instrument will enable researchers to measure the whole range of social support in future LGB studies.

Social support refers to the experience of positive social relations that are characterized by approval and acceptance. It has been found to influence the effectiveness of coping strategies (Drageset i Lindstrom, 2005; Holtzman, Newth, & DeLongis, 2004) and to alleviate stress (Pearlin, Aneshensel, & Leblanc, 1997). Social support is linked to mental (Leavy, 1983) and physical health (House, Landis, & Umberson, 1988), and it moderates the effect of sexuality related stressors on mental health (Savin-Williams, Montemayor, Adams & Gullotta, 1994). Previous studies, which have used general support scales, have demonstrated the role of social support as a mediator of mental health among sexual minorities (e.g. Graham, & Barnow, 2013; Lehavot, & Simoni, 2011; Shilo, & Savaya, 2012). The beneficial effect of social support may be explained by two hypotheses: the direct-effects model, and the stress-buffering model. The first model assumes that social support has a direct effect on one's well-being and levels of distress (Graham & Barnow, 2013), whereas the second model treats social support as a buffer between the individual and the effects of existing stressors (Cohen, & Wills, 1985). Meyer's model of sexual minority stress assumes that social support has a stress-buffering effect; i.e., that social support protects individual from the negative effects of stress.

Research indicates that there are different effects of social support in the case of sexual minorities, depending on the source of support. Graham and Barnow (2013) provide evidence that family support is positively associated with relationship quality in heterosexual couples, whereas support from friends seems to be more beneficial for same-sex

couples. These results are consistent with another study (Kurdek, 2006) that found same-sex couples received less of their social support from families and more of their social support from friends than did heterosexual couples. The role of support from friends is particularly important for LGB young adults who are rejected by families. In this case, friends are often called “the family of choice”, since they act as a substitute for the family of origin (Goldfried, & Goldfried, 2001). Family rejection may mean that families have less direct influence on LGB individuals and, thus, the importance of family support for individual functioning is reduced (Graham, & Barnow, 2013).

As already mentioned, previous studies of LGB individuals have usually made use of general measures of social support that have been used in other research. However, Doty, Willoughby, Lindahl, and Malik (2010) measured sexuality related social support, because this specific kind of support may be critical for lesbian, gay, and bisexual people, since they are exposed to many stressors related to their sexuality (Meyer, 2003). Acceptance of their sexual orientation is an especially important expression of support in the case of non-heterosexual people, and a recent study found that bisexual people who rated their family and friends as more accepting showed less internalized homonegativity (Sheets & Mohr, 2009).

The aim of the study was to investigate the recently developed Scale of Social Support for LGB People. On the basis of prior research, and the present sociopolitical situation of sexual minorities in Poland, the new scale includes general and sexuality related social support measures. Three subscales were created to measure: (1) support in accepting one’s sexual orientation; (2) support in changing one’s sexual orientation; and (3) general support. This classification of support is derived from assumption that, for some people, support in changing their sexual orientation may seem to them to be significant and helpful, although it may have a negative effect on mental health. In each subscale, half of the items measure emotional support in the form of caring, love, listening, and similar behaviors, and the other half measure instrumental support, such as any kind of tangible aid (House, 1981). The scale measures eight sources of support (mother, father, siblings, friends, other people belonging to sexual minority group, mental or physical health professionals, spiritual guide, and other persons) and, for every source, the same support categories are measured by the same items, which allows us to directly compare the support received from different people.

The study is part of the first Polish research project on the sexual minority stress model. The article presents the reliability of the Scale of Social Support for LGB People, and the relationships between social support and two mental health outcomes – depression and anxiety. A subsequent phase of our research will examine other stress ameliorating factors, such as coping strategies, resilience, and group identity.

Sample

A total of 207 participants (89 males and 118 females) took part in the study. The respondents were 15-58 years old ($M= 24.02$, $SD=6.14$). Participants were recruited using a snowball technique, as well as using the Polish LGBT social networking service - Queer.pl.

Table 1.

Sex and sexual orientation of participants.

Sexual orientation	Male	Female	Total
	N (%)	N (%)	N (%)
Homosexual	65 (73.03)	86 (72.88)	151 (72.95)
Bisexual	24 (26.97)	32 (27.12)	56 (27.05)
Total	89 (100)	118 (100)	207 (100)

Measures

The *Scale of Social Support for LGB People* is an unpublished scale created at the Institute of Psychology at Jagiellonian University in Krakow, Poland by a research team led by Dr. Grzegorz Iniewicz. It consists of six subscales: (1) emotional support in accepting one’s orientation (EmAcc); (2) instrumental support in accepting one’s orientation (InsAcc); (3) emotional (EmCh) and (4) instrumental (InsCh) support in changing one’s orientation; (5) emotional (EmG) and (6) instrumental (InsG) support in general matters. The original scale had 29 items: 5 in the subscale EmAcc (e.g., *I feel that this person entirely accepts my sexual orientation.*); 5 measuring InsAcc (e.g., *This person recommends sources of information to me which could be helpful in accepting my sexual orientation.*); 4 measuring EmCh (e.g., *I feel this person would prefer me to be heterosexual.*); 5 measuring InsCh (e.g., *This person persuades me to contact people who could help me to become heterosexual.*); 5 measuring EmG (e.g., *This person always understands what I feel.*); and 5 measuring InsG (e.g., *This person always provides me with solutions to my problems.*).

These same items were used to measure social support from eight people or groups of people who could be sources of social support: mother, father, siblings, friends, other people belonging to the sexual minority group, mental or physical health professionals, spiritual guides and other persons. Items referring to each person/group of people were listed on a separate sheet of paper, and each participant indicated whether any of these categories were not relevant to them (e.g. if they had no siblings), or if any people in these categories were unaware of the participant's sexual orientation. The *State-Trait Anxiety Inventory (STAI)* (Spielberger, 1989; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) is a 40-item inventory measuring state and trait anxiety. The adaptation and translation of the scale into Polish were performed by Wrześniewski, Sosnowski and Matusik (2002).

The *Centre for Epidemiological Studies – Depression Test (CES-D)* (Radloff, 1977) is a screening tool for depression that measures symptoms of a major depressive episode, as defined by the Diagnostic and Statistical Manual (DSM-IV) of American Psychiatric Association. The Polish translation and adaptation were performed by Dojka, Górkiewicz and Pająk (2003).

Results

Reliability. Prior to the final statistical analyses, 7 of the 29 items were deleted from the scale to increase its reliability. The Cronbach alphas for all the six subscales of social support received from one's *mother* range between .66 and .89, with values below .80 for the InsAcc (.72) and EmCh (.66). The Cronbach alphas for the subscales of social support received from one's *father* range between .36 and .90, with values below .80 for the InsAcc (.65), EmCh (.36) and EmG (.64). The Cronbach alphas for all the six subscales in social support received from *siblings* range between .49 and .90, with values below .80 for the InsAcc (.76), EmCh (.74) and EmG (.49). The Cronbach alphas for social support received from *friends* range between .67 and .85, with values below .80 for the EmAcc (.74), InsAcc (.77), EmCh (.73), EmG (.67) and InsG (.74). The Cronbach alphas for support received from *other people belonging to the sexual minority group* range between .22 and .86, with values below .80 for the EmAcc (.62), InsAcc (.77) and EmCh (.22). The Cronbach alphas for support received from *mental or physical health professionals* range between .22 and .84, with values below .80 for the EmCh (.64), InstCh (.52). The reliability indicators for support received from a *spiritual guide* and *other person* were not assessed because of the small number of participants who completed these items.

Correlations with depression and anxiety. The correlations of depression and anxiety with social support received from one's mother, father, and siblings are presented below. The only significant correlations were: EmCh from mother and trait anxiety ($r=.29, p<.01$); EmG from mother and trait anxiety ($r=-.23, p<.01$); InsAcc from father and state anxiety ($r=.29, p<.05$); EmAcc from siblings and depression ($r=.19, p<.05$); and EmCh from siblings with trait anxiety ($r=.25, p<.01$).

Discussion

The newly developed Scale of Social Support for LGB People consists of six subscales measuring eight possible sources of support. The Cronbach alpha's support the reliability of each subscale for each source of support, although there is one subscale that had lower reliability— i.e., the subscale of emotional support in changing one's orientation. One explanation of this effect is that the items are not accurate, and they are similar to the reverse-scored items of emotional support to accept one's orientation. Another explanation, which is also a general drawback of the study, is that lesbian, gay, and bisexual individuals were treated as a single sample in the statistical analyses, although there may be important differences between these groups in terms of their functioning. For example, research has shown that bisexual individuals are often rejected by both the heterosexual majority and the homosexual minority populations (Marshal, Friedman, Stall, & Thompson, 2009).

The insignificant and generally low correlations between the social support subscales and the mental health outcomes do not support the direct-effects hypothesis that social support is directly related to positive mental health (Graham & Barnow, 2013). Further research will test the stress-buffering model, in which social support is hypothesised to have an indirect effect on mental health by providing protection from the negative effects of stress.

However, three out of the five significant correlations were predicted: support for changing one's orientation was positively correlated with anxiety (in scales of support received from mother and siblings), and general support was negatively correlated with trait anxiety (in the scale of support received from mother). The other two correlations were different than we expected: (1) instrumental support in accepting one's orientation was positively correlated

with state anxiety, and (2) emotional support in accepting one's orientation was positively correlated with depression. Nevertheless, all the correlations were low and further research is needed.

The Social Support Scale for LGB People may be particularly useful in research related to sexual minority stress theory (Meyer, 2003). This article presents only preliminary results, and the role of social support as a stress buffer will be examined by the entire project, along with other protective factors.

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Taking Parental Leave from Work: Experiences of Gay and Lesbian Employees in Canada

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Abstract

The legalization of same-sex marriage in Canada brought new obligations to extend parental leave benefits to gay and lesbian parents. Research on heterosexual parents suggests that leave-taking employees are negatively perceived by employers and are penalized at work. Our goal was to address the gap in the literature with respect to the experiences of gay fathers and lesbian mothers. This study investigated: (1) factors influencing decisions regarding which parent within a couple would take leave from work; (2) perceptions of how leave-taking affects both formal workplace evaluations and informal social interactions at work; and (3) coping strategies used to deal with any negative leave-related work outcomes. Nineteen mothers and twelve fathers were interviewed using a semi-structured format. Overall, most respondents had positive experiences with respect to parental leave-taking, reporting no negative consequences in formal workplace evaluations and/or informal social interactions with co-workers. However four people reported very serious work-related penalties in the realm of promotions, benefit eligibility and job loss. Two of these cases involved gay fathers wherein workplace rules and regulations seemed to disadvantage same-sex parents more so than heterosexual parents, suggesting that further research is warranted on the ways in which parental status and sexual orientation interact.

Keywords: parental leave, gay and lesbian employees

Taking Parental Leave from Work: Experiences of Gay and Lesbian Employees in Canada

The legalization of same-sex marriage in Canada brought new governmental obligations to extend parental leave benefits to gay and lesbian parents, a group that had not typically been considered in familial policy-making in this country. Taking a leave from paid employment to care for one's children after birth or adoption can entail a long absence from the workplace, especially in Canada, where employees who meet eligibility requirements can take up to a year of leave while continuing to receive a portion of their regular pay. The literature on heterosexual parents' workforce experiences suggests that employees who take parental leave are negatively perceived by employers and are penalized at work. A phenomenon labeled the "maternal wall" (Crittenden, 2001; Crosby, Williams, & Biernat, 2004; Williams, 2001) has been identified, whereby female employees with children are evaluated less favourably, are seen as less committed to work and less competent than other workers, are less likely to be hired, promoted or selected for training, and receive lower wages than do comparable female employees who do not have children (Correll, Benard & Paik, 2007; Crosby, et al., 2004; Cuddy, Fiske & Glick, 2004; Fuegen, Biernat, Haines, & Deaux, 2004;

Peplau & Fingerhut, 2004). The few studies that have been conducted on heterosexual male employees who take longer parental leaves (i.e., absences that go beyond use of vacation time and/or very brief unpaid leaves) suggest that, like working mothers, these men are perceived to be less serious about their careers and are penalized in terms of promotions and rewards (Barnett, 2004; International Labour Organization, 2004; Rudman & Mescher, 2013). But while there has been research done with gay fathers and lesbian mothers that documents the processes and challenges involved in becoming parents, and experiences of resistance and support from family, friends and health-care providers when taking on the parenting role (e.g., Gartrell, Rodas, Deck, Peyser, & Banks, 2006; Johnson & O'Connor, 2002; Patterson, 2004, 2006), the phenomenon of parental leave-taking from work and how gay fathers and lesbian mothers experience that event has not been examined in depth. The goal of this project was to address this gap. A qualitative interview study was conducted, investigating: (1) factors influencing decisions regarding which parent would take leave from work; (2) perceptions of how leave-taking affects both formal workplace evaluations and informal social interactions at work for gay and lesbian parents; and (3) coping strategies used by respondents to deal with any negative leave-related work outcomes.

Method

Participants

Thirty-one parents were interviewed, 30 of whom were currently in a same-sex relationship. There were 19 mothers (9 individuals + 5 couples = 14 lesbian families represented) and 12 fathers (8 individuals + 2 couples = 10 gay families represented). In none of the seven couples interviewed was it the case that both partners worked for the same employer, thus each interviewee provided unique information about parental leave experiences. All were living and working in the province of Ontario at the time when their children joined their families. The parents' average age at time of interview was about 38 ($M = 38.13$, $SD = 5.48$). Most participants had a university education ($n = 28$), and almost all were working at jobs that would have placed them at or above the mean income for Canadians. Some interviewees ($n = 11$; 9 mothers, 2 fathers) took parental leave on more than one occasion. The parental leave experiences described by interviewees involved 33 children. All of the women interviewed had their children through insemination; the mothers in the sample accounted for 20 of the 33 children for whom leave experiences were described (6 children conceived with known donors, 14 conceived with anonymous donors). The 12 fathers interviewed accounted for 13 of the 33 children for whom leave experiences were described. Three fathers had children through surrogacy (4 children, including one set of twins) while one was involved in a co-parenting arrangement with a lesbian woman in which he was the biological father of her child. The remaining fathers adopted using the public child welfare system (8 children, including 2 sets of siblings). In all cases, the children arrived into a gay- or lesbian-headed family unit (i.e., they were not the product of heterosexual unions prior to coming out).

Leave-taking – The amount of leave available to parents under the federal Employment Insurance plan in Canada is 35 weeks parental leave for adoptive and non-biological parents and up to 50 weeks for biological mothers (i.e., 15 weeks maternity leave in addition to the 35 weeks of parental leave). The 35 weeks of parental leave may be shared by partners in any way they wish whereas only biological mothers can claim the 15 weeks of maternity benefits (Service Canada, 2012). About two-thirds of the parents interviewed took the full allotment of leave available to them under the Employment Insurance plan ($n = 21$, with some sharing of leave time as described in an upcoming section), whereas 6 did not do so. Three of the parents had not yet completed their leave when interviewed, although two of these individuals indicated that they intended to take the entire time available to them. One participant had been fired upon sharing news of their impending parenthood at work and as such did not take parental leave, but an interview was conducted with this person in order to learn more about the negative repercussions that can befall employees who become parents.

Employment settings – Many participants worked in white collar jobs and/or unionized environments where both pay grades and policies around parental leave entitlements are firmly established and enforced. In this sample, 10 people worked in assorted types of business settings (e.g., banking, insurance, retail/service), 8 worked in education (includes both universities and primary/secondary schools), 5 worked in social services, 5 worked in government/civil service and 3 worked in other types of nonprofit environments. Seventeen participants worked in unionized environments. While the Canadian federal leave program provides a basic benefit rate that is 55% of average insured earnings, some workplaces provide a “top up” of these funds such that employees on leave continue to have salaries that are closer to what they usually make. This salary “top up” is more likely to be available in the public sector than in the private sector. In our sample, 15 of the participants received some form of financial “top up” whereas 15 did

not. For those who did receive it, the length of time and amount of money received was quite variable, ranging from 2 weeks to the full 50 weeks of leave, and from 60% to 97% of the individual's original salary.

All participants indicated that they worked in an environment where it felt safe to them to be out at work and all of them were out to their supervisors and colleagues with whom they had regular contact, although a few indicated that they waited a short period of time after their hire in order to "test the waters" before divulging their sexual orientation. Many of the participants worked in settings where embracing diversity was actively encouraged (i.e., universities, social services and governmental workplaces that had anti-oppression programs and policies in place). A unique situation arose for participants who worked in the primary school system; while they were out to their colleagues, it was sometimes the case that they did not come out to their pupils, especially if they were teaching in younger grades. Sometimes this was a personal decision, other times this course of action had been subtly suggested by coworkers in the interests of avoiding the potential for confrontations with devoutly religious parents.

Procedure

Recruitment occurred through parenting groups (both formal agencies and peer support groups), sport and leisure groups for LGBTQ participants, attendance at LGBTQ Pride events in various communities, and advertisement in publications/listservs/newsletters geared toward LGBTQ audiences. Participants also assisted in the recruitment process by spreading the word about the study through their own networks of personal contacts. Interviews lasted between 30 minutes and 2 hours; a semi-structured format was used. A content analysis was performed in order to identify recurring themes and their frequency.

Results

Factors influencing decisions regarding which parent would take leave from work

Several participants indicated that they considered the possibility that leave-taking could yield negative repercussions at work with respect to promotion, raises and/or performance evaluations, but none of them were concerned enough to refrain from taking leave. Participants were also probed about other types of work-related issues (e.g., desire to be promoted quickly, desire to present oneself as ambitious, etc.), but no one reported that these types of considerations played a role in their leave-taking decisions.

All of the interviewees reported that financial considerations weighed heavily in determining which partner took the 35 weeks of parental leave. Seven participants indicated that financial considerations relating to reduced salaries while on leave contributed to their decision to refrain from taking the full amount of parental leave available to them. It should be noted that not all workers in Canada are eligible for the maternity and/or parental leave benefits administered via the Canadian Employment Insurance plan. For instance, part-time and seasonal workers are ineligible, as are people who have not worked for a full 52 weeks prior to making a claim. This eligibility played a major role in parents' decisions regarding which partner would take the parental leave. Furthermore, given that the maximum benefits paid by the Canadian government for those who are eligible is 55% of one's original salary, it was almost always the case that the partner who made less money took the leave so that the reduced income would be less noticeable. Exceptions occurred for three mothers who had experienced difficult pregnancies/deliveries and/or had given birth to infants with health issues; in these situations, the biological mother usually took all or most of the parental leave even if she was the higher paid partner, and sometimes also took some sick leave as well.

For mothers, the decision to take leave was also influenced by personal/biological factors in addition to financial factors. Most often, lesbian couples made the decision that the older partner would carry the first child if at all possible, given that there was more leeway for the younger partner in terms of planning any subsequent pregnancies. Of the 14 lesbian families represented in this sample, 7 had one child and 7 had two or more children. For 6 out of 7 lesbian families with one child, the older partner was the biological mother. Similarly, for 2 of the 7 lesbian families with more than one child, the older partner carried the first child and the younger partner carried the second child. For the remaining 5 lesbian families with more than one child, the same partner carried all of the children.

For 5 of the 7 couples interviewed it was the case that both partners shared the available leave time for at least one of their children. All parents who did so indicated that their rationale in splitting the leave was so that the child could foster a strong bond early in life with both parents. Sometimes this decision created temporary economic hardship, but the knowledge that these financial challenges would only last a few months led them to conclude that the sacrifice would be worthwhile. In some cases, the amount of salary lost while on leave was offset by income tax breaks available to parents in Canada.

Perceptions of how leave-taking affects formal workplace evaluations

The great majority of interviewees reported that they had supportive employers/supervisors and experienced no negative career-related repercussions as a result of having taken leave (e.g., failure to obtain promotions and/or pay raises). Indeed six people reported applying for and receiving promotions at their place of employment during or close to the time of their parental leave. However three participants reported that they thought they should have been eligible for raises that they did not receive, as a result of their regularly scheduled periodic performance evaluation falling during the timeframe when they were on parental leave. The explanations received when they made inquiries tended to cite company policy whereby eligibility for promotion/raises was suspended while employees are on active leave. None of these participants pursued the issue through internal and/or legal channels, stating that the positive aspects of their workplace outweighed this one negative event, and that they were not interested in incurring the potentially high psychological, social and/or financial costs of challenging company policy.

Four participants reported suffering very serious negative workplace consequences in the wake of their decision to become parents – two participants reported losing their jobs, another person was passed over for an internal promotion, and another interviewee reported great difficulty in accessing pregnancy-related health care benefits offered by the employer. One participant working in a small business environment was let go while still on parental leave; this person's absence during leave was very acutely felt and the employer felt the need to hire someone new in order to complete the work, as none of the few remaining employees could be deployed to assume the leave-taker's responsibilities. Moreover, the organization's finances were said to be too tight to permit salary payments to both the leave-taker and the replacement (nor did the company follow through with paying the "top up" that had been promised to the leave-taker). The other participant lost his job soon after announcing impending parenthood; the explanation given was that the person had violated rules regarding dual relationships at work (i.e., sperm donation to a lesbian woman who was a close friend but also a co-worker, and involvement with her in co-parenting arrangement), although neither of these situations was specifically covered in workplace "code of conduct" documents. Yet another participant had been passed over for a job in an internal competition because the hiring committee knew that the person would be taking parental leave in a few months and would not be available to fulfill the job duties, at least temporarily. Finally, one interviewee experienced difficulty in claiming employer-administered healthcare benefits that would easily be claimed by heterosexual couples, but benefit plan administrators following the "letter of the law" were not applying these policies flexibly to LGBTQ parents (e.g., male employees making claims for fertility drugs for their surrogate).

Perceptions of how leave-taking affects informal social interactions at work

As was the case for employers/supervisors, participants reported that relationships with coworkers were on the whole quite positive. Most interviewees indicated that colleagues were very supportive, even if the participants' upcoming parental leave absence meant that the coworkers would assume some additional job duties. Some participants ($n = 12$) also reported finding themselves acting as "information giver" to colleagues, both gay and straight, who wanted to learn more about adoption and/or reproductive technologies.

The negative social experiences reported usually involved situations that were at worst awkward or uncomfortable; no one reported bullying, isolation or other types of problematic interactions. The negative experiences were most often comprised of curious, sometimes intrusive, questions from coworkers about how the child came to join the family. For women using insemination, an added negative impact was having to reveal at the workplace their intention to start a family, and their success or lack thereof in getting pregnant, earlier than they had wanted to because of the need to be occasionally absent from work in order to attend at medical appointments for insemination. Non-biological mothers sometimes reported that they perceived less recognition/celebration of their parental status; they reflected that this was probably much like the experience of heterosexual fathers.

Seven people indicated that they encountered co-workers who indicated that they not entirely comfortable with the participant's sexual orientation and/or decision to have children (e.g., co-workers who were devoutly religious or "old-fashioned"). In a few cases, participants reported that relationships with those co-workers actually improved after the children arrived – an unexpected development that they attributed to the shared common ground of being a parent.

Coping strategies used by respondents to deal with any negative leave-related work outcomes

The relative lack of negative workplace outcomes meant that few participants had information to share about coping strategies. In fact, only the individuals who experienced the most serious negative events (i.e., job loss, lack of pro-

motion, difficulty accessing health-care benefits) had any input on this issue. They described a range of strategies that they used to deal with what happened to them, including relying on their friend and family networks, as well as more structured social support groups for LGBTQ parents, accessing health practitioners in order to obtain relief from physical symptoms of stress, and participating in exercise and stress reduction activities (e.g., yoga).

Discussion

It seems that the predominantly positive outcomes obtained in this study can be attributed at least in part to the legislation of equality in the Canadian context. The passing of legislation that made same-sex marriage legal in Canada, together with human rights legislation preventing discrimination on the basis of sexual orientation and parental status in employment settings, made it possible for many LGBTQ individuals to feel comfortable about being out at work and to permit them access governmental parental leave benefits when starting a family. The legislation may have had a positive impact on workplace norms, making it clear that differential treatment of individuals based on sexual orientation is unacceptable. While the existence of laws and policies that state that equal treatment is mandated do not guarantee that said equality actually does occur, and there certainly are many ways in which discrimination can be expressed covertly and subtly, the participants in this sample had relatively few negative incidents to report. Overall, most people in this sample had quite a positive experience with respect to parental leave-taking; they reported either no negative consequences at all, or negative events that they described as fairly minor with respect to formal workplace evaluations and/or informal social interactions with co-workers. Social penalties in the form of negative experiences with co-workers were very rare, consisting mostly of mildly uncomfortable situations. Unfortunately, four people reported very serious work-related penalties in the realm of promotions, benefit eligibility and job loss. In two cases, the negative workplace consequences experienced had more to do with parental leave absence than with discrimination on the basis of their sexual orientation/preference. In other words, their parental status was the characteristic that resulted in problems at work, a phenomenon already well-documented in the maternal wall literature (see Biernat, Crosby, & Williams, 2004). However, there were two cases, both involving gay fathers, in which workplace rules and regulations seemed to disadvantage same-sex parents more so than heterosexual parents (e.g., reluctance to pay health care benefits for surrogate mothers employed by gay fathers; reluctance to recognize the unique nature of a co-parenting arrangement) such that there seemed to be an interaction of parental status and sexual orientation. These findings suggest that further research on the ways in which parental status and sexual orientation interact is definitely warranted.

In future studies, it would be important to ascertain whether the mostly positive experiences reported by participants in this sample are partly a function of having the protection that comes from union membership and/or from being employed in an environment where valuing gender and sexual orientation diversity is a core workplace goal. Additional fruitful avenues for future research would be to access more parents who work in non-unionized environments, as well as in settings where traditional masculine sex roles are prevalent (e.g., settings where adherence to hyper-masculine norms is expected may be more punitive of men who take on the stereotypically feminine care-giving role).

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Taught to reject and to be rejected. LGBT issues in Polish educational system.

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Abstract

The purpose of this paper is to illustrate the ongoing struggle for introducing to Poland ideologically neutral sexual education where LGBTQ issues would find their place. The aim itself is to stress the link between the content of school books and the psychological (un)well-being of LGBTQ teenagers. Three major national reports will be analyzed: the first one, basing on the data collected in 2010 and 2011, elaborates on the social situation of LGBT people in Poland. The second one summarizes a major 2012 study on teachers' and LGB teenagers' feelings about the presence of homophobia at schools. Finally, the third one published this year is a result of meticulous analysis of 51 school books used in Poland due to find out whether the manner in which LGBT issues are presented (IF they are) is prejudice-free and in accordance with present knowledge. According to one of the surveys, over 63% of Polish LGBT teenagers has recently thought of suicide. This figure in comparison with five times smaller percentage among the heterosexual respondents, urges to seek harmful factors in the environment. Most school books are silent when it comes to discuss sexual and gender orientation. Those which are not, are heteronormative, homo- bi- and transphobic. The vast majority of physical and psychological violence in schools is based on non-normativity, especially connected with gender and sexual orientation. Having in mind that school is the place where teenagers spend most of their time, even small changes in the content of what they learn could diminish the level of hatred and prejudices towards LGBT people.

Introduction

School, by its statutory definition, is a place where children are being both educated and taken care of, where special effort is being made in order to provide pupils with up-to-date interdisciplinary knowledge, and to secure the conditions necessary for the development of each student. It is supposed to support parents in raising their children to be responsible, patriotic citizens open to the European and world values. Finally, school is defined as a place where students are being prepared to fulfill future family and civic obligations based on the principles of solidarity, democracy, tolerance, justice and freedom³². Based on this description one could imagine Polish school as a diversity-friendly, supportive institution providing equal opportunities for all students regardless of their social or individual characteristics, among them of course sexual and gender identity. Well, if that were the case this paper would have never been written.

Last year we were all shocked with the data published by Campaign Against Homophobia (KPH) – one of the oldest NGOs working for the equal rights of LGBT community in Poland – in research report on social situation of LGBT people for years 2010 and 2011 (see: Abramowicz, 2012). The shocking rate was that nearly 63% of LGB teenagers (15 to 18 years old) revealed having been recently thinking about suicide (comparing to 12% of their heterosexual peers)! What school has to do with this? Schools and universities were listed by respondents among the places where they most often experience both psychical and physical violence based on their sexual orientation, usually from other pupils/students (see: Abramowicz, 2012). It turns out that Polish educational institutions, including universities, are not so friendly after all and obviously fail to support those who are in need. Let's then have a closer look at how Polish educational system deals with the issues of gender and sexual variance starting from diversity in general.

The diversity 'problem'

Comparing to other Western European countries, Polish society is very homogenous in terms of ethnic, national and religious diversity. According to data obtained during the National Census of Population and Housing conducted in 2011 94,8 % of the respondents declared only Polish ethno-nationality³³ (96,2 % spoke only Polish at home) and 87,58 % of respondents declared belonging to Roman Catholic Church (95,95 % of those who answered the ques-

32 - Law on the Education System. Online access: <http://www.prawo.vulcan.edu.pl/przegdok.asp?qdatprz=akt&qplikid=1>

33 - It's significant that there was no separate question for ethnic identity.

tion). No wonder, therefore, that practical dimension of tolerance and respect for diversity is virtually absent in Polish school which demographic structure reflects the social statistics (por. Buchowski, Chlewińska, 2012). Maybe this is the reason why although *'both the curriculum and relevant guidelines to teachers strongly emphasize the need for promoting the ideas of intercultural education and acceptance of diversity, little is done in practice to implement these principles in Polish school life'* (Buchowski, Chlewińska, 2012, p. 1). Despite numerous reforms adjusting Polish educational system to fit the needs of modern society and EU legal recommendations for protection of minority rights, adjusting curricula to ethno-cultural or religious diversity is still an area characterized by huge gap between theory and practice (Buchowski, Chlewińska, 2012). Authors of the report *'Tolerance of Diversity in Polish Schools: Education of Roma and Ethics Classes'* cited above conclude their research with the grim diagnosis according to which not only the promotion of tolerance for ethno-cultural and religious diversity is neglected issue in Polish schools but also school practices with regard to it *'are mainly shaped by the personal views of the school principal rather than by the official curriculum'* (Buchowski, Chlewińska, 2012, p. 1). Not surprisingly, therefore, that the issue of sexual and gender diversity brings us to even higher level of neglect and abuse.

Discrimination in this case takes place on the two levels: on the basis of merit and on the basis of implementation. The first is the content of the school books, mainly for *biology*, *civic education* and *education for family life* classes³⁴. The second one consists of what is being said during the classes, how LGBTQ issues are addressed by the teachers (if they are at all) and what kind of support from adults do teenagers have if witnessed or suffered from homophobia at school. *'The results of the research allow us to deduce about the worrying dissonance between what school faculty thinks and what LGBT youth sees and experiences. LGBT teenagers estimate the scale of homophobia substantially higher than teachers. Moreover, they [teenagers] complain on the inability to talk about LGBT issues at school and on teachers doing nothing when it comes to dealing with discrimination. Being silent about problems does not make them vanish. What is ignored by teachers and parents, children are painfully experiencing'*³⁵ (Świerszcz, 2012, pp. 7-8). Suicidal ideation statistics among LGBT youth proves the latter without a doubt.

Let's start our analysis with the level of implementation. Reports published every second year since 2003 by the Campaign Against Homophobia and Lambda Warsaw, shedding a light on the social situation of LGBT people and the violence motivated by homophobia experienced by them, should prove useful here. In addition to being an excellent source of 'hard statistics' further major benefit of having such reports is that they challenge the mantra, being repeated in almost every primary, secondary and high school: *'this >>problem<< doesn't affect us'* (e.g. Świerszcz, 2012). Obviously, by saying 'problem' teachers do not refer to discrimination, but to 'gayness', as all LGBTQ issues are usually labeled by people who do not know and do not care.

The very recent report, titled *The Lesson of Equality - Attitudes and Needs of School Staff and Youth Towards Homophobia in Schools*, published last year by the Campaign Against Homophobia was entirely related to the functioning of LGBT people in educational institutions (Świerszcz, 2012). Report has been prepared as the result of two surveys conducted in 2011. The first one aimed at teachers, the second was directed to non-heterosexual and transgender students. The study of school staff was subordinated to the three objectives: how teachers perceive homophobia in schools, are they willing to introduce the issues related to homophobia to their classes and do they have any needs when it comes to learning about gender and sexual diversities (Świerszcz, 2012). Despite the best efforts of researchers to invite to the study as many Polish teachers as possible (among them: online questionnaire, email invitation sent to 1500 schools, recruitment through the national union of teachers) only 211 questionnaires suitable for the analysis were obtained. Far more LGBT youth decided to participate in this study – together 585 questionnaires were analyzed. Some crucial findings of this research will be presented and discussed below.

One of the most striking results of this study is the gap between opinions expressed by the teachers and those given by the students. Among the teachers 83% declared, that such thing as anti-peer violence politics exists in schools they work at. 68,4% of the teachers stated that this policy also applies to sexual orientation. 78% claimed to address the subject of homophobia and homosexuality during their classes. Interestingly, as a comparison to the above, almost 60% of LGBT youth said that they witnessed a complete silence as far as sexual orientations and related violence are concerned. Similar gap between teachers and students appears when it comes to the perception of violence motivated by homophobia at school. Homophobia expressed in the form of verbal aggression is noticed by 47,5% of the teachers comparing to 76% of the students. In case of the physical aggression rates are 15,5% for teachers and 26% for students. 91% of the teachers declare that they would react in case of homophobic verbal attacks by talking to the perpetrator.

34 - Education to family life is a non-obligatory school subject which theoretically is supposed to prepare young people for responsible sex life but practically focuses exclusively on behaviors accepted by the catholic church.

35 - All citations come from the Polish reports. Translation is made for the purpose of the following paper.

Only 36,4% of the students expects such behaviors from teachers and about 40% expects such incident to be ignored by teaching staff (Świerszcz, 2012).

One must admit that these are two completely different pictures of Polish schools. Which of them reflects reality better? One explanation for obtained difference is that the students and teachers who participated in the study learn and teach in different schools. It seems reasonable to expect on the one hand that teachers who completed the questionnaire instead of refusing to participate, may be simply more open-minded and aware of LGBT topic which makes them more prone to discussing such issues with students and react to manifestations of homophobia. On the other hand it is also reasonable to claim that students who recognize the problem of violence motivated by homophobia at school will be more willing to describe the problem in the survey than those who do not. Even if the truth lies in the middle it is still a matter of great concern.

Interpreting these results Marzanna Pogorzelska (2012) suggest that described difference may be also due to criteria applied by teachers and students to assess school reality with those applied by students being more realistic and diagnostic for what actually happens. Taking into consideration a simple psychological regularity that that we're more sensitive to what affects us personally this interpretation seems reasonable. These results thus illustrate not only the severity of the problem but also its disregard by the school staff. We'll refer to this problem further.

Both students and teachers were also asked which of the school subjects is the most adequate to include LGBT content. Also here strong differences occurred. Teachers marked *education for family life* and *weekly class meeting* as the most appropriate (78,2 % and 77,2 %), while teenagers ranged *civic education* as the most (87,2 %) and *education for family life* as the least important schools subject (16 %) when it comes to discussing sex and gender. Again, what was the reason why youth did not want to see LGBT issues being addressed on the course of the subject which was (at least theoretically) designed to teach about sexuality? To understand this peculiarity one should know what *education to family life* actually is. In 1997 Ministry of National Education introduced to primary and secondary schools a subject called *sexuality education*. A year later it was withdrawn to be replaced by something less 'sexual' and more 'appropriate'. Since then, *education to the family life* has existed as a non-obligatory and not evaluated subject lasting only 14 hours annually with a signed permission written by child's parents. The subject is being conducted by a teacher from the same school, usually a secular religion instructor, which effectively minimizes already limited comfort of discussing sexuality issues. Of the given 14 hours over half is spent on talking about emotions, feelings and gender roles (binary, heteronormative and stereotypical). The rest is spent on brief mentioning of anatomical and biological differences between man and woman, accounted solely in terms of reproduction, and pacing through contraception as an existing, yet not recommended measure (MEN, 2008). *Education to the family life* is what it is created to be – a reminder that bodies we have are designed to one purpose: procreation. And such can only exist among two heterosexual, adult, catholic, married individuals who know their gender roles and do not question them. Simple as that. Not surprisingly LGBT youth cannot find a place for themselves there. Instead, they would rather discuss gender and identity issues during obligatory classes, with qualified teachers (Świerszcz, 2012).

'Gay' is just another label for 'different'

Despite differences described earlier respondents appeared to agree on at least one case - who is the most often a victim of homophobic violence at schools (Świerszcz, 2012). Again we can notice a clear dispersion in how is such violence assessed but the main point of such evaluation was rather consentaneous. Both teaching staff and LGBT youth interviewed pointed at those who were not falling into the gender binary as the most common victims of homophobic violence (Świerszcz, 2012). Among them most often boys 'behaving girly' (according to 50,5% of teachers and 83,6% of students), followed by pupils suspected of being homosexual (according to 44,3% of teachers and 73,9% of students) and those who actually had the courage to come out at school as lesbian, gay or bisexual (according to 20,1% and 64,2% of students). It is clear that not only LGBT youth actually become victims of violence motivated by homophobia: *'in the respondents opinion, those belonging to subcultures, boys who dress fashionably and any other behavior which differs from socially accepted, like caring for one's physical appearance and defending the rights of homosexuals, are persecuted the most'* (Świerszcz et al., 2012, p. 58). Paradoxically, this regularity results in underestimating the role of homophobia as a cause of discrimination by at least some of the teachers. They tend to interpret it as motivated simply by otherness undermining the sense of introducing education on homophobia as a separate issue. In their opinion 'gay' is just another label for being different and introducing special school policies against homophobia would be an indication of special treatment, privilege contrary to the principle of equality (Świerszcz, 2012). These arguments clearly indicate both lack of understanding of the experiences of discrimination, and the needs of those who are subjected to it. They also allow to question both the competency of teachers to respond to

discrimination motivated by homophobia and ability to provide sufficient support for the victims. In our opinion this underestimation of the homophobia phenomenon by teachers is one of the main barriers that must be overcome in the process of transforming the Polish school to become LGBT-friendly space. A teacher who is not able to address the true source of violence or discrimination not only will not be able to stop such acts from happening but also will reinforce homophobic and heteronormative beliefs of the perpetrators.

One more thing requires noticing in this context - even more intense marginalization and downplayed situation of transgender youth whose presence in the Polish education system was previously unnoticed. As a group that do not follow binary gender expression transgender youth is usually more prone to violence and various forms of discrimination – their situation is even more complicated and difficult to solve due to unresolved legal issues affecting transgender people in Poland in general. The core curriculum for primary and secondary schools, as well as the educational standards for the faculty members, lack information on the diversity of gender identities. Most often this subject appears in the context of the terms ‘diversity’ or ‘otherness’ of sex, which not only values ‘the norm’ and ‘the average’ but is also inconsistent with the position of science in this case. In the report published in 2012 (*Social situation of LGBT people*) authors say that 75% of transgender respondents who had studied in school or university during their transgender disclosure, felt the need to hide their gender identity. Among the main reasons given by the respondents were the belief that they would experience no social acceptance, a complete lack of understanding not to mention rejection and humiliation (Kryszk, Kłonkowska, 2012). It should be emphasized that transgender youth fears to disclose their identity both to their colleagues and the teaching staff for well-founded fear of being misunderstood and ridiculed.

Schoolbooks

Let's move in with the analysis to the level of merit. Even if skipping the content of non-heterosexual orientation or transgender identity is due to discomfort experienced by school personnel, these issues should be addressed by the content of school textbooks approved and recommended by the Ministry of National Education. Unfortunately, textbooks are mostly silent about LGBT people, and if some of them mentions homosexuality, bisexuality or transgender, they present it in a manner inconsistent with the findings of science.

In 2013, the Foundation ‘Pracownia Różnorodności’ published a report which resulted from the analysis of 51 textbooks for *education for family life*, *civic education* and *biology* used in 34 Polish secondary and high schools. The aim of the analysis was to verify the contents in terms of sexology, gender studies, sexuality education and psychology. Findings are upsetting, but not surprising. Manuals do not address LGBT issues where they should, they show non-heteronormativity not only contrary to the findings of science, but also in judgmental way (Szkoła milczenia, 2013). Non-heterosexuality, often mistakenly labeled as ‘homosexuality’ is presented in terms of undesired difference and problematic diversity, often in the same chapters as issues related to the pathology and sexual violence. In several books the concept of the ‘homosexual lifestyle’ is presented. A lifestyle which can be changed by force of will and perseverance. Homosexual orientation appears as wrong and unnatural selection or identity disorder as a result of lack of education or pathological family relationships (Kowalczyk, 2013). There are also suggestions of reparative therapies, promoting the ‘treatment’ of homosexuality. The official standpoint of the American Psychiatric Association, that this type of therapy is not only ineffective but also harmful, schoolbooks ignore (Kochanowski, 2013). In one of the books, transsexuality has been listed with pedophilia, as an example of psychosexual development disorder. Family relationships and intimate relationships are presented as existing solely among heterosexual people.

Concluding remarks

The reports describing the situation of Polish LGBT youth clearly show that the Polish school is a place where the problem of non-normative gender and sexual identity is addressed very rarely and even if, it usually happens in the manner of wrongness, otherness or peculiarity. Especially alarming figures show various forms of violence experienced by LGBT youth being below 25 years old, which indicates that both the school and the university are among the places where LGBT people face discrimination the most often, including such coming from their colleagues (Abramowicz, 2012). This unquestionably depressing information can be however a source of guidance of how to help LGBT people (Abramowicz, 2012).

School and university which are the scenes of violence motivated by homophobia gather both victims and perpetrators, giving a unique opportunity for a comprehensive actions and educational activities aimed at both. In the first

place however, the group which is supposed to be taken care of, are teachers – to help them understand the spectrum of violence and proper ways of handling it. Without such adequate and comprehensive support of the teaching faculty, Polish school will never become a place described in the first paragraph of this text.

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The effect of marginalization on the healthy aging of LGBTQ older adults

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Abstract

The intersection of sexual orientation, gender identity/expression, healthy aging, and community resources can be framed as a human rights issue that affects the psychological well-being of people within the aging lesbian, gay, bisexual, transgender and queer (LGBTQ) population. Depending on the country and/or culture in which one resides, being an older adult can be celebrated or stereotyped as chronically ill, useless, or uninterested, as well as by other demeaning characteristics. Members of the LGBTQ community may have arrived at stages of older adulthood after experiencing life-long marginalization within a heteronormative environment, geographical location and/or social groups throughout their development. Thus, older LGBTQ adults can be subject to varied levels of bias and oppression which may ultimately impact their “aging well.” This paper will explore the role of marginalization on the aging-well process among older LGBTQ populations as well as underscore resilience, coping and adaptation within this rapidly expanding and diverse community.

Keywords: Older adults; marginalization, healthy aging, LGBTQ

Introduction

This paper explores the role of marginalization on the aging-well process among older LGBTQ populations while underscoring resilience, coping and adaptation within this diverse and expansive community. Sijuwade’s (2009) work on attitudes towards older adults conceptualizes the context and dilemma of aging:

Aging occurs in an environmental context, ranging from the micro scale of the family system to that of the macro scale of community and society. This context provides the attitudes, stereotypes and age norms which determine age appropriate behavior for the aged (i.e. social-image). (p. 1)

Using Sijuwade’s (2009) social-image concept, the LGBTQ aged can be seen as having at least two images of themselves (i.e. self-image) - LGBTQ and an older adult - and an image of how they feel that ‘others’ in society perceive them (i.e. image of social image) as both LGBTQ and as an older adult. Thus for all sub-cohorts within the older adult population, interactions of the aged within the social environment results in their self-image being reinforced by the social image, in positive or negative contexts. Understanding and examination of the critical role of adaptation, coping and resilience is essential, as such skills afford the ability to handle adversity and challenges successfully, while maintaining good physical and mental health behaviors. (Fredriksen-Goldsen, Kim, Emler, et al., 2011).

Ageism and Homophobia

Grant (2010) defines ageism as "...prejudicial feelings or actions based on beliefs about the limitations of abilities due to age...institutional ageism manifests in the policies that do not address the needs of older adults or treats older adults with demeaning attitudes and disempowerment" (p. 13). Societal examples of ageism can include: 1) a lack of focus on elder issues; 2) invisibility within society; 3) limited media content such as a "speciality" section; 4) paternalistic treatment; and 5) a focus on shortcomings and illness rather than strengths and contributions (Anguera, 2005).

The practice of ageism has significant consequences for those impacted. These consequences are evidenced by practical and psychological reactions. Stereotypes may become self-fulfilling prophecies, while those suffering ageist attitudes may be "forced" to conform to the stereotypes in order to gain visibility or recognition. The subsequent loss of freedom and self-efficacy due to exclusion from normal social interactions and social relationships can lead to loss of essential social supports, lowered self-esteem as well as personal happiness. The implications of ageism as it pertains specifically to the aging LGBTQ community has yet to be fully explored throughout the literature.

The World Health Organization in many of its publications refers to the concept of "healthy ageing" as the development and maintenance of optimal mental, social and physical well-being and function among older adults. This is most likely achieved when communities in which older LGBTQ adults live can provide safety, promote health and well-being, health service access and utilization as well as community programs to increase socialization and prevent or minimize disease. Physical and mental health issues among older adults may be a reflection of the consequence of lifespan healthcare disparities. According to the World Health Organization (WHO), social determinants of health include the conditions in which people are born, grow, live, work and age. Such circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

Members of the LGBTQ community may have arrived at stages of older adulthood after experiencing marginalization within a heteronormative environment of "pervasive and invisible norms of heterosexuality" (Warner, 1991), geographical location, and/or social groups during their younger years. Marginalization refers to non-inclusion of a group within mainstream society that is denied both concrete goods (i.e. housing) and/or social goods (i.e. the ability to express their voice and participate actively within society). (Young, 2004) The denial or inhibition of such rights is evidenced in discrimination and oppression that relocates a group's ability to participate within normal societal activities. For the aging LGBTQ population it is often homophobia, defined as "the feelings and/or actions based on hatred, aversion or fear of same sex attraction and sexual behavior...that creates the barriers between groups" (Grant, 2010, p. 13). Homophobia can be expressed by individuals, groups, communities, and societal institutions via systemic discrimination related to public policies including employment, housing and marriage equality, among others. Depending on the country and/or culture in which one resides, being an older LGBTQ adult can be celebrated or stereotyped as chronically ill, useless, uninterested, as well as by other demeaning or derogatory characteristics. Thus, older adults in the LGBTQ community are often subject to varied levels of ageism, bias and oppression, which may ultimately impact their "aging well." The intersection of gender identity/expression, sexual orientation, healthy aging, and community resources can be framed as a human rights issue that affects the psychological well-being of people within the aging LGBTQ population. This becomes a human rights issue because aging well should be open to all human beings "equally and without discrimination" (United Nations Human Rights, Year?)

Marginalization

Like with all groups that are marginalized, the impact of marginalization among older LGBTQ adults is problematic as it prevents individuals and groups from full participation within society. On the social level, marginalization prevents members of such marginalized groups from obtaining necessary resources for everyday living. Among the areas in which LGBTQ older adults may be affected are health, housing, social participation, civic engagement, and employment – the areas identified by the World Health Organization as key for healthy aging (2002). Responses to marginalization vary, and among the positive psychological consequences is resilience in the face of adversity, which can lead to personal and social action, hardiness and coping. Author, year find that such resistance can change an individual's psychological mindset from hopelessness to an increased sense of worthiness and inclusiveness within society. Members of the LGBTQ aging community that are marginalized are often perceived as and treated as "others" creating a system of subordination and power leading to many psychological effects such as dehumanization and feelings of powerlessness over one's own life. Marginalization can also be structural and enforced through mandatory retirement ages, policies regarding same-sex marriage and/or inheritance laws.

In addition to the social isolation marginalization can cause, the psychological effects can be as devastating. Hohler (2010) examines the impact of marginalization as a painful and traumatizing experience for many older LGBTQ adults. When affected by marginalization, individuals often feel excluded, are not taken seriously or valued, have no right or opportunity to speak out or be heard. Marginalized groups such as the aging LGBTQ community often express frustration that they are never asked directly about their life situation or needs. Systematic elimination of a group's voice or a failure to think about what a group may offer to the discussion can cause despair, altered states, serious illness, chronic exhaustion, and/or suicide ideation (p. 7).

Intersectionality: Walsh (2011) examines individuals as a composite of their particular demographics which creates intersecting forms of oppression for many members of the LGBTQ community. For many LGBTQ older adults, the oppression encountered with regard to age and sexual orientation or gender identity is even more complicated by race, ethnicity, or socioeconomic status, among other factors. An additional challenge is that many LGBTQ elders face significant barriers to aging in safe and affirming environments whether with family members or in assisted living facilities or nursing homes. As older adulthood presents new challenges, such as needing specialized facilities, LGBTQ older adults may be forced to reconsider their identity and status in society and at times may be forced to "re-closet" their identities. Additional challenges such as an HIV positive status may create even more of a differential acceptance both within and outside of the LGBTQ community. What is most significant to assess with regard to all of these matters is the older LGBTQ adult's level of resilience relative to their prior experiences and resources they may have had access to across the lifespan.

General concerns of the older adult population may be substantially exacerbated for LGBTQ older adults. As previously stated, ageism is a constant concern that may impact social and civic participation and employment for those older LGBTQ adults who are able to work and choose to work. Barriers to appropriate age-friendly services include the absence of such services and access issues. LGBTQ older adults should receive age friendly services that are LGBTQ competent and appropriate to meet their needs. Furthermore, financial security is a major focus for most older adults. The heterosexual population has more opportunities for access to financial security through marriage benefits, whereas LGBTQ older adults in the U.S. and in most non-Western societies have limited marital opportunities and thus no survivorship rights to social security, pensions and other financial resources granted to heterosexual spouses. Housing is another area in which there is a lack of affordable supply for older adults in general in the United States. Access to senior housing can be more limited for LGBTQ older adults due to marginalization on the basis of their sexual orientation and/or gender expression. Some LGBTQ older adult friendly housing is being built in the United States but there will be far fewer units than needed. Less so than in other countries, immediate and extended family members are considered a source of support for older adults. While rifts can occur in any family, those that identify as LGBTQ may have less harmonious family relationships due to their coming out and negative reactions. The role of birth families and families of "choice" provides yet another area for further examination related to the extent of support - or lack thereof - across the lifespan for members of the aging LGBTQ community.

Solutions

Solutions related to the resolution of marginalization for LGBTQ older adults must emanate from: 1) the mutual responsibility of both the LGBTQ and non-LGBTQ communities to provide a supportive environment and (2) through the opportunity for marginalized groups and individuals to seize every available opportunity to create positive and affirming change (Sargric, 2007). This notion fits firmly within the definition of a "healthy community". According to The Community Toolbox, (2013) "Healthy communities are described as: "...one where people take care of one another; where people from diverse backgrounds mix comfortably and work together for the good of the community."

In short, a healthy community is one in which all citizens can be assured of a decent quality of life.

Solutions do not appear automatically even when there is agreement that a "private issue" has become a "social problem." (Mills, 1959) Solutions to identified social problems at the public level begin with the perceived problem being raised to the level of public awareness through public activities (i.e. gay rights march). When a majority of the general public finds agreement that something is a problem it generally becomes labeled a "social issue." The issue then finds a place on the public agenda. Depending upon the nature of the problem and needed solutions, the problem may be treated locally, at the state or federal levels of government. At the point concern for the problem reaches the governmental level, if accepted as a problem, it starts down the road of the formal policy making process. This is no guarantee however that solutions will be created. Problems are eliminated from the public agenda at any point in the process. The state turns the problem over to the federal government or the federal government decides it is a state issue or the problem is pushed so far down the policy agenda that it becomes buried in either ideology and/or process.

But perhaps more important than the policy making process itself are the people involved in the process. While marginalized groups tend to suffer from powerlessness (Young, 2004), which is both determined from the outside but also can be internalized, if they can be roused to action for common issues they will be compatible through their shared values and interests to hold them together or find capacity for consensus. National and international groups focusing on LGBTQ issues may have locally specific issues but all agree on the necessity of insuring the rights of this population receive equity in their different societies. The National Gay and Lesbian Task Force Policy Institute recommends that LGBTQ organizers and advocates “build holistic, strategic approaches to advocacy.” (Grant, 2010, p. 114) The same is equally true for older adults as well as when the groups consist of older LGBTQ persons.

Given the social and health political and service structures in the United States, solutions needed to be framed at the micro, mezzo and macro levels and range from service provider competency to policy changes. Typically the micro level is focused on programs and services with the people themselves as individuals, families and/or groups. A hallmark of social work interventions is to move towards client empowerment where they feel the need to attempt to remedy or change the oppressive situations. How individuals and groups respond is dependent on a variety of factors past and present. Sometimes the act of rebelling itself can change feelings of oppression and increase self-efficacy. (Burton & Kagan, 2005). Strength-based services facilitate empowerment.

At the mezzo or programmatic level there are a variety of ways that organizations can serve the LGBTQ older adult population. Not every LGBTQ person will want to receive specifically “LGBTQ” programming. It may be helpful if organizations provide more generic older adult programs, as well as older adult programs specifically for tailored for LGBTQ members, ultimately providing a full range of programming opportunities. Historically whenever group specific discrimination and marginalization occurs, those being affected often create their own sub-groups. This continues today in the U.S. with specific LGBTQ groups and organizations being developed. However, even these LGBTQ organizations have to assess themselves for their level of competency and age friendliness in order to accommodate the subgroups within both of these cohorts. Another strategic is to “create meaningful partnerships with aging agencies.” (Grant, 2010, p. 115) This recommendation can be applied in any country with an aging network.

Macro level solutions can be both generic and apply across the globe such as in being “age affirming” as well as being country specific given the social, political and economic context. In the United States the Older Americans Act refers to “vulnerable senior constituencies” reflecting “those with the ‘greatest social need.’” LGBTQ elders could be considered a specific subgroup

under this category. In addition, research supports the notion that the various subgroups under the LGBTQ heading have different experiences and needs. For example, bisexual and transgendered old adults are typically more underserved than the more largely recognized gay and lesbian groups. (Fredriksen-Goldsen et al., 2011) Same sex marriage laws and redefinitions of “family” at the policy level would eliminate a number of barriers that create difficulties in social and financial support.

Evolving competency: Service providers working with vulnerable or minority communities should continually audit themselves regarding whether or not they are “elder affirming” as well as culturally competent to work with older adults across the LGBTQ spectrum. The United States through the Department of Health and Human Services and the National Institute of Mental Health has compiled years of data (National Health Disparities Report, 2012) on healthcare disparities among groups including people of color, the poor and women, and has been expanding such research with regard to disparities among the larger LGBTQ community as well as for those that are older LGBTQ adults. Non-profit organizations in the United States such as Services & Advocacy for Gay, Lesbian, Bisexual & Transgendered Elders (SAGE) also have databases that can be used in planning solutions better assuring LGBTQ and older adult affirming healthcare could potentially improve the overall physical and mental health of individuals as well as affect healthcare costs over time. To reduce disparities in medicine, a workforce is needed that is knowledgeable about LGBTQ issues, inclusive of comprehensive assessment of the specific challenges related to the healthcare of LGBTQ older adults, and evaluate the propensity to provide culturally competent work with such individuals. Social inclusion or its opposite – social isolation – affects both mental and physical health. Thus funding and developing programs that reduce isolation, increase access to care, as well as provide quality care, will ultimately have a positive effect on many areas of concerns (Grant, 2010) related to LGBTQ older adult health.

The education and training of practitioners in these areas often falls to colleges and universities. However, no one discipline can or should have sole investment in the care of LGBTQ older adults. The field of social work focuses on a “person in environment” perspective calling for attention not only the individual yet also those forces within their communities which are helpful or harmful to their well-being. “Strength-based” practice is evidenced through empowering practice which leads to individual and group self-advocacy and efficacy. Community psychology also takes a “transactional view” considering the interrelations between the personal, relational and societal planes. (Burton &

Kagan, 2005). Within the field of medicine, “geriatric medicine” focuses on the maintenance of functional independence into late life. (Brummel-Smith, 2006). Perhaps the discipline that wraps the other disciplines together is that of public health whose goal is the promotion of the health and well-being of individuals as they age. (American Public Health Association).

Continued research is suggested with regard to aging in general, especially as the first cohort of American baby boomers is now 67 years old. The integrity of aging related research can only be maintained if members of the LGBTQ older adult community are included in research samples acknowledging the subgroups within the larger LGBTQ community. In addition to their inclusion in aging research, measures related to sexual orientation, gender identity, sexual health and behavior must be incorporated in order to allow accurate information to emerge. (Fredriksen-Goldsen et al., 2011). At the programmatic level, evaluation research is needed to focus on specific programs and interventions that are useful to the healthy aging of LGBTQ older adults. Establishing participatory methods as well as evidence-based intervention protocols will better ensure more effective and competent programs.

Conclusion

While the world typically focuses on younger age cohorts, the older adult population is the fastest growing segment of all societies, inclusive of members of the LGBTQ community. As science and medicine continue to produce breakthroughs that support, maintain and extend physical health, the social aspects of aging must receive attention also. LGBTQ older adults regardless of any demographic, have common needs and issues. As practitioners and researchers continue to examine this cohort, there are also differences and disparities that do not necessarily begin in one’s later years, but certainly follow one as they age. Many of The World Health Organization’s publications focusing on aging duly note that ageing is the success of the 20th century and the on-going challenge of the 21st century and that the growing presence of older persons in our increasingly urban and globalized world reminds us of our common humanity in which we must be sensitive to meeting their diversity needs while promoting solidarity.

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The prohibition of discrimination on the basis of sexual orientation and its protection in Serbia

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Abstract

In Serbia, any kind of discrimination is prohibited by the Constitution, but sexual orientation is not explicitly listed as a special ground. According to the Constitution, everybody is equal before the Constitution and the law and has the right to equal legal protection without discrimination. Any kind of discrimination, direct or indirect, on any ground is prohibited, especially on the grounds of race, sex, nationality, social background, birth, religion, political or other opinion, financial condition, culture, language, age, mental or physical disabilities. In 2009 the Serbian National Assembly passed the Act on the Prohibition of Discrimination, which listed sexual orientation and gender identity as separate and specific grounds for the prohibition of discrimination. This Act regulates various protection mechanisms, some of which are completely new in the Serbian legal system, such as the institution of the Commissioner for the Protection of Equality. However, the LGBT population in Serbia still suffer from different forms of discrimination and violence. For example, many rights in the fields of family and inheritance law are not recognized to homosexuals and some human rights and fundamental freedoms guaranteed by the Constitution are not fully applied. This topic is still a taboo. The Serbian society is very traditional and is seemingly not ready to accept the changes occurring in the social reality and legal systems of many European and non-European countries, even though non-discrimination and the respect for human rights are proclaimed by many European and UN conventions ratified by Serbia and prescribed by domestic law. Moreover, there are many judgements of the European Court of Human Rights (ECtHR) that had a significant impact on the legislative and regulative measures in many European countries. Serbia is a member state of the Council of Europe and is obliged to respect the decisions of the European Court of Human Rights. In this paper, the author presents some of the systems of legal protection against discrimination according to the positive law in Serbia and some legal cases dealing with discrimination of the LGBT population, especially the case law of ECtHR.

Keywords: discrimination, sexual orientation, LGBT population, legal protection, ECtHR.

THE PROHIBITION OF DISCRIMINATION ON THE BASIS OF SEXUAL ORIENTATION AND ITS PROTECTION IN SERBIA

1) Introduction: The Legal Framework for the Prohibition of Discrimination on the Basis of Sexual Orientation in Serbia

Every modern society adheres to certain foundational legal and moral principles and rules and one of the most important ones among them is the principle of equality. This means that everyone is equal no matter the difference that may exist between them and everyone is equal in dignity and their enjoyment of rights. Many international conventions incorporate the principle of equality as fundamental and so does the Constitution of Serbia. According to the provisions of the Serbian Constitution, which was adopted in 2006, everybody is equal before the Constitution and the law and has the right to equal legal protection without discrimination³⁶. However, sexual orientation is not explicitly listed as a constitutional ground for the prohibition of discrimination. Any kind of discrimination, direct or indirect, on any ground is prohibited, especially on the grounds of race, sex, nationality, social background, birth, religion, political

³⁶ - Article 21 of the Constitution of Serbia (The Official Gazette of Serbia, No. 98/2006).

or other opinion, financial condition, culture, language, age, mental or physical disabilities³⁷.

An important change took place in 2009 when the Serbian National Assembly passed the Act on the Prohibition of Discrimination³⁸, which established a comprehensive system of protection against discrimination. As general and basic anti-discrimination legislation, this Act defines the forms and types of discrimination, regulates the general prohibition of discrimination and the procedure of protection against discrimination. Various protection mechanisms are also regulated by this Act and some of them are completely new in the Serbian legal system, such as the institution of the Commissioner for the Protection of Equality. According to this Act everyone is equal before the law and enjoys equal status and legal protection regardless of personal characteristics³⁹. The legal forms of discrimination are direct and indirect discrimination, violation of the principle of equal rights and obligations, gathering for the purpose of exercising discrimination, hate speech, and disturbing and humiliating treatment. Discrimination also exists if a person or a group of persons is unjustifiably treated worse than others, exclusively or predominantly because they sought or intend to seek protection from discrimination or because they proffer or intend to proffer evidence of discriminatory behaviour. Direct discrimination occurs where an act, action or omission results in an individual or a group of individuals being, having been or potentially being placed in a less favourable position on the ground of their personal characteristics than another person in the same or similar situation⁴⁰. On the other hand, indirect discrimination occurs if an individual or a group of individuals, on the account of their personal characteristics, are placed in a less favourable position through any act, action or omission that is ostensibly based on the principle of equality and prohibition of discrimination, unless it is justified by a lawful objective and the means of achieving it are appropriate and necessary⁴¹. In the Serbian anti-discrimination Act, sexual orientation and gender identity are listed separately and specifically. Sexual orientation is defined as a private matter of each individual and nobody may be called upon publicly to declare his or her sexual orientation. Moreover, everyone shall have the right to declare his/her sexual orientation and any discriminatory treatment on the basis of such a declaration is forbidden⁴².

Serbia is a party to many international agreements and conventions, such as the European Convention of Human Rights, the UN Charter, the International Covenant on Civil and Political Rights and many other. International and European standards and principles are incorporated in the Serbian anti-discrimination Act, especially because of the EU integration process and Serbia's endeavour to join the European Union. Yet no matter how good and modern Serbian laws are, in real life there are still a lot of violations of legal norms and provisions on the position of the LGBT population and discriminatory treatment towards them persists. This is a consequence of the traditional patriarchal society, conservatism, stereotypes and prejudices that dominate the Serbian society. The prejudices are caused by the lack of information and knowledge stemming from the scientific research and evidence. The LGBT population in Serbia still suffer from different forms of discrimination, hate speech and violence. For example, the freedom of peaceful assembly, proclaimed and guaranteed by the Constitution, has often been violated by the Pride parade ban and the lack of protection against hooligans who demonstrate their force by beating LGBT activists and supporters⁴³. The latter are subjected to condemnation, threats, intolerance and lack of understanding on a daily basis without a sharp and serious reaction of the state and competent authorities. This problem does not only occur in Serbia, but also in many other countries, especially those in which the traditional patriarchal legacy is still very deeply rooted. Human rights and fundamental freedoms, regardless of the overall acceptance of the basic and universal values, are still violated and this happens systematically and massively more or less in all parts of the world. In Serbia, for instance, homosexuality used to be a criminal offence until 1994 when it was decriminalized. Therefore, it could be expected that, in a fairly conservative and traditional society such as the Serbian one, more tolerant and flexible views

37 - Article 21 of the Constitution of Serbia.

38 - The Act on the Prohibition of Discrimination (The Official Gazette of Serbia, No. 22/09).

39 - Article 4 of the Act on the prohibition of discrimination.

40 - Article 6 of the Act on the prohibition of discrimination.

41 - Article 7 of the Act on the prohibition of discrimination. In the official translation of the Act the word apparently is put instead of ostensibly and it changes the meaning, so the meaning is wrong.

42 - Article 21 of the Act on the prohibition of discrimination.

43 - The first Pride parade was scheduled to take place in Belgrade on 30th June 2001, but it was unsuccessful. There was a lot of violence and many participants and spectators were injured. The police did not react properly until hooligans attacked them. The next Pride should have been in 2004. The organizers were preparing several months for that day, but at the end the Parade was cancelled due to safety and security reasons. The following scheduled Belgrade Pride should have occurred on 20th September 2009. It was that year that the Parliament adopted the Act on the Prohibition of Discrimination. A lot of public figures supported the event, but in the same time there were many instances of threats, hate speech and graffiti threatening the organizers and potential participants. A day before the Pride it was cancelled by the organizers because the state authorities changed the venue of the Parade due to safety and security reasons, which was interpreted as a ban. Finally, the next Pride parade, which was successful, took place in the centre of Belgrade on 10th September 2010. Although numerous police officers secured the event, hooligans were still very violent. This first successful Pride parade was held after ten years of its first attempt.

on this matter cannot be fully adopted and accepted within a relatively short period of time. The issue of homophobia is thus bound to exist for some time. For a very long time, homosexuality was considered a psychological disorder of identity until 1990, when the World Health Organization adopted the tenth revision of the International Classification of Diseases, Injuries and Causes of Death⁴⁴ and removed it from the list of illnesses. Although it is medically and scientifically proven that homosexuality is not an illness or mental disorder, it is still a taboo in many countries and societies. The main reasons for this are the lack of information about homosexuality, the ignorance of many people about the very core of this phenomenon and, certainly, the many prejudices that continue to surround homosexuality. In this regard, a particularly important role is played by non-governmental organizations dealing with human rights, fundamental freedoms and the prohibition of discrimination. They often represent victims before the courts and competent authorities and promote anti-discrimination through various reports, analyses, campaigns, meetings, and specialized publications. They put great effort into protecting rights and interests of homosexuals as well as into raising the awareness thereof and tolerance towards the LGBT population. The problem of discrimination and violence against this population is a consequence of the state and authorities ignoring the problem, which facilitates an increased homophobia among the people. The Serbian Constitution states that Serbia is a state «based on the rule of law and social justice, the principles of civil democracy, human and minority rights and freedoms and commitment to European principles and values»⁴⁵, but in practice it is not fully applied. In many cases discrimination is tolerated and even excused without any argumentation being provided for such an attitude.

2) The Legal Protection Against Discrimination in Serbia and the Institution of the Commissioner for the Protection of Equality

In order to fully apply the principles of equality and non-discrimination, it is essential to establish an effective and efficient remedy and a system of legal prevention and protection against discrimination and not only to proclaim its prohibition in the law. Without such protection, without monitoring the respect for these principles in practice and without ensuring the enforcement of decisions against discrimination, these principles are only dead letters. According to the Serbian Act on the Prohibition of Discrimination, everyone has a right to effective protection against all forms of discrimination before the courts and other competent authorities⁴⁶. This Act prescribes various mechanisms of protection and some of them are totally new in the Serbian legal system, such as protection before the Commissioner for the Protection of Equality. The Commissioner is an independent and specialized state body responsible for the protection of discrimination and for the improvement of protection⁴⁷. One of the main tasks of this institution is, first, to deal with complaints against discrimination and violation of the provisions of the Act and, second, to provide opinions and recommendations in specific cases. Information about the rights laid down in the anti-discrimination Act and about the possibility of initiating court proceedings or any other proceeding are provided to the complainant by the Commissioner, who can also recommend reconciliation. If the court proceedings have not already been initiated or finally completed, an important task of the Commissioner is to file an action against the violation of the Act, in the name of the discriminated person, with his or her consent and on his or her behalf. This state body is also empowered to press misdemeanor charges for violations of this Act. The Commissioner must furthermore submit annual and special reports on the situation in the field of equality to the National Assembly, which appoints the Commissioner. Moreover, the Commissioner warns the public of the most common, typical and severe cases of discrimination, recommends measures to achieve equality to public authorities and other persons. The Commissioner also monitors the implementation of the relevant laws and regulations, initiates the adoption or amendment of regulations aimed at implementing and improving the protection against discrimination, and gives his or her opinion on draft laws and regulations on the prohibition of discrimination⁴⁸. It is very significant for the Commissioner to establish and maintain cooperation with the authorities responsible for the realization of the principle of equality and for the protection of human rights. A person who claims to be a victim of discrimination shall file a complaint to the Commissioner in writing or, in exceptional circumstances, orally. There is no duty to pay a tax or any other fee in order to duly file such a complaint⁴⁹. An organization for the protection of human rights or any other person may also file a complaint on behalf of and with the consent of the person whose rights have been violated⁵⁰. The Commissioner shall submit

44 - See: www.who.int/classifications/icd/en/.

45 - The Article 1 of the Constitution of Serbia (The Official Gazette of RS, No. 98/2006).

46 - The Article 3 of the Act on the prohibition of discrimination (The Official Gazette of RS, No. 22/2009).

47 - Petrušić, N. and Beker, K, *The Practicum for Protection from Discrimination, Belgrade (2012)*, p. 59.

48 - The Article 33 of the Act on the prohibition of discrimination.

49 - The Article 35 of the Act on the prohibition of discrimination.

50 - *Ibid.*

the complaint to the person against whom the complaint was filed within 15 days of the receipt of the complaint⁵¹. The Commissioner does not act on complaints if it is clear that no rights have been violated, if the Commissioner has already taken action in the same matter without receiving new evidence, or if it is impossible to achieve the purpose of the complaint because of the time that has passed since the violation of rights was committed⁵². The Commissioner shall give his or her opinion on whether there has been a violation of the provisions of the anti-discrimination Act and, subsequently, recommends a way to redress the violation to the person against whom the complaint was filed⁵³. If the latter person does not act upon it or does not redress the violation, the Commissioner shall issue a warning and then inform the public about the violation⁵⁴.

3) Judicial Protection against Discrimination

According to the Act on the Prohibition of Discrimination, anyone who has suffered discriminatory treatment shall have the right to initiate a lawsuit. The proceedings aimed at providing protection against discrimination are urgent. The plaintiff may demand the imposition of the following measures: a) a ban on an activity that poses the threat of discrimination; b) a ban on proceeding with a discriminatory activity or on repeating such an activity; c) establishment by the court that the defendant has treated the plaintiff or another party in a discriminatory manner; and d) steps to redress the consequences of discriminatory treatment, compensation for material and non-material damage and the publication of the court's decision⁵⁵. Moreover, the plaintiff may demand that the court hands down a temporary measure in order to prevent discriminatory treatment with a view to eliminating the danger of violence or some major irreparable damage⁵⁶. This can be demanded when initiating a lawsuit, in the course of the proceedings, after the termination of the proceedings, and at any time before the enforcement of the court decision. The proposal for a temporary measure must prove the likelihood of the necessity of doing so in order to eliminate the danger of violence or irreparable damage. The court is obliged to decide on the temporary measure forthwith or within three days of receiving the proposal at the very latest.

Besides the person who claims to have been discriminated against, the legal action may also be filed by the Commissioner and by an organization dealing with the protection of human rights or rights of a certain group of people. Two other potential plaintiffs may only initiate a lawsuit if they have obtained a written consent of the victim of the discriminatory treatment. Thus far, there has been almost no case law in this matter in Serbia. Following the entry into force of the Act on the Prohibition of Discrimination, there has been only one final decision and this was rendered by the Court of Appeals in Novi Sad. According to this decision the plaintiff had suffered severe discriminatory treatment based on sexual orientation at his workplace⁵⁷. Namely, he suffered discrimination by a fellow employee during a period of several months in the private company where they were employed. He was insulted and threatened, and sometimes he even suffered physical violence. Such behaviour by the perpetrator began after he took the victim's cell phone without his knowledge and read his private messages, whereby he found out about the latter's homosexual orientation. The final judgment of the Court of Appeals rendered in January 2013 ruled that the discriminator had to pay to the damaged party 180.000 Serbian dinars (around 1650 €) for mental suffering due to violation of personal rights, dignity and honour as well as the reimbursement of the court's costs amounting to 99.000 Serbian dinars (around 900 €).

4) Criminal Protection against Discrimination

In Serbian legal system, criminal protection of discrimination is provided by the Criminal Code. Two offences laid down in the Code concern discrimination.

The first offence is the violation of equality and the punishment is imprisonment of up to three years⁵⁸. If the criminal offense is committed by an official in the discharge of his or her duty, then the person shall be punished with impris-

51 - *Ibid.*

52 - *The Article 36 of the Act on the prohibition of discrimination.*

53 - *The Article 39 of the Act on the prohibition of discrimination.*

54 - *The Article 40 of the Act on the prohibition of discrimination.*

55 - *The Article 43 of the Act on the prohibition of discrimination.*

56 - *The Article 44 of the Act on the prohibition of discrimination.*

57 - *Final decision from the beginning of January 2013.*

58 - *Article 128 of the Criminal Code of Serbia (The Official Gazette of RS, Nos 85/2005, 88/2005, 107/2005, 72/2009, 111/2009 and 121/2012).*

onment of three months to five years⁵⁹. However, sexual orientation is not explicitly mentioned.

The second offence refers to racial and other discrimination. The Code states that whoever violates fundamental human rights and freedoms guaranteed by universally accepted rules of international law and ratified international treaties on grounds of race, colour, nationality, ethnic origin or other personal characteristic, shall be punished by imprisonment of six months to five years⁶⁰.

Throughout the Criminal Code, sexual orientation is not explicitly listed as a ground for the prohibition of discrimination. However, since the list is not exhaustive but leaves space for other grounds to be implied, it can be argued that sexual orientation is subsumed under the category of "other personal characteristics".

5) Case Law of the European Court of Human Rights in Strasbourg

There are many judgements in the case law of the European Court of Human Rights in Strasbourg that deal with the prohibition of discrimination on the basis of sexual orientation. These decisions have had a great impact on the legislation and regulations in many European countries. In the following paragraphs, we analyse only those decisions that were of primary importance for these developments.

For instance, the applicant in the case *E.B. v. France*⁶¹ claimed to have suffered discriminatory treatment based on sexual orientation when applying for the adoption of a child. The applicant was a nursery school teacher and in a stable relationship with another woman, who was a psychologist. She wanted to adopt a child because she decided not to have a child herself. At first, the authorisation to adopt, which was a condition under French law, was refused. As she and her partner did not regard themselves as a couple, her partner did not want to be committed and have any obligations or parental rights towards the child, but agreed to help if necessary. The application to adopt was refused under the explanation that all the studies on parenthood showed that a child needed both the male and the female parent and the absence of a male role model was an obstacle. The main reasons for refusal were the lack of a paternal referent and her partner's commitment to her adoption plans. She then initiated the proceeding before the European Court of Human Rights. This Court declared the application admissible and found that there was a violation of the Articles 8 and 14 of the European Convention on Human Rights and Fundamental Freedoms. The ECtHR decided that the France was to pay the applicant EUR 10.000 in respect of non-pecuniary damage and EUR 14.528 for costs and expenses, plus any tax that may be chargeable. Several years after this decision, the French Parliament passed a statute on homosexual marriages and this statute entered into force on 18th May 2013. This statute gives equal rights to homosexual and heterosexual couples and permits homosexual couples to adopt a child. However, there were numerous demonstrations and riots against this statute.

One of the most important cases regarding discrimination on the ground of sexual orientation is *Karner v. Austria*⁶². The applicant lived with his partner with whom he had a homosexual relationship. They lived in a flat that his partner rented and they shared the expenses. A few years later, his partner discovered that he had been infected with HIV, so the applicant was nursing him. After some time, his partner died and designated the applicant as his heir. However, the landlord of the flat initiated a court proceeding against the applicant in order to terminate the tenancy. The District Court dismissed the landlord's action, because it considered that the law also applied to homosexual relationships⁶³. The landlord appealed and the Regional Civil Court dismissed the appeal too, because the intention of the law was to protect persons who had lived together for a long time without being married against sudden homelessness. Yet, upon another appeal, the Supreme Court granted the landlord's request and terminated the lease with the explanation that the legislature's intention was not to include homosexual partners under the phrase of "life companion". Consequently, the applicant claimed to have been discriminated against on the ground of his sexual orientation, because the Supreme Court had denied him the status of "life companion" of his partner and therefore prevented him from continuing his partner's tenancy. For its part, the Government accepted that in respect of succession to the tenancy the applicant had been treated differently on the ground of his sexual orientation. The main argument justifying such treatment was that the aim of the Austrian Rent Act was to protect the traditional family. The applicant died after a few years and his mother had waived her right to succeed to the estate. When the Government requested that the application should be struck out of the list, the ECtHR refused to do so because the difference in the treatment of homosexuals under Austrian law was of general interest and of great importance not only for Austria but also for other States Parties to the Convention and could as such contribute to the development of standards of protection.

59 - *Ibid.*

60 - Article 387 of the Criminal Code of Serbia.

61 - The case of *E.B. v. France*, application No. 43546/02, final decision from 22 January 2008.

62 - The case of *Karner v. Austria*, application No. 40016/98, final decision from October 2003.

63 - The then applicable Austrian Rent Act stated that family members had a right to succeed to a tenancy.

The Court decided that there has been a violation of the provisions of the Convention and that Austria was obliged to pay for the applicant's estate EUR 5.000 in respect of costs and expenses. The Court dismissed the claims for just satisfaction. This decision had a huge impact on Austrian legislation concerning the LGBT population and the cohabitation of same-sex partners. Homosexual cohabiting partners in Austria now have the same rights as heterosexual cohabiting partners. Registered same-sex partnerships have been legalized in Austria since 1st January 2010⁶⁴.

There is also a case against the Russian Federation before the European Court of Human Rights known as *Alekseyev v. Russia*⁶⁵. The applicant, who is a gay rights activist, claimed to have suffered a violation of his rights to peaceful assembly and he also complained of not having the effective remedy against the violation of his rights and freedoms. Namely, the state was repeatedly banning public events he had been organizing in 2006, 2007 and 2008 and Moscow authorities were acting in a discriminatory fashion. He was actually organizing the Pride March to draw attention to discrimination against sexual minorities and to promote tolerance and respect for human rights and fundamental freedoms, which was the very reason why the competent authorities banned this public event. The state's argument for the ban was that homosexuality is unnatural and that such event would be contrary to health and morals and stated that 99.9% of the population of Moscow supported the Pride parade ban. The European Court of Human Rights declared the application admissible and found that the applicant had been denied an effective domestic remedy in respect of the breach of his freedom of assembly. The Court also found that there has been a violation of the European Convention of Human Rights and Fundamental Freedoms and that the applicant had suffered discrimination on the ground of sexual orientation. Therefore, the Court awarded the applicant EUR 12.000 in respect of non-pecuniary damage and obliged the Russian Federation to pay EUR 17.510 in respect of costs and expenses. Apart from this decision, the LGBT population in Russia is still suffering discrimination on the ground of sexual orientation, especially when the freedom of peaceful assembly is concerned.

As far as Serbia is concerned, there are no cases before the ECtHR regarding discrimination on the basis of sexual orientation. This issue is still new since the Act was enacted in 2009 and there is almost no domestic case law. From my point of view, there will be more and more cases and it is up to courts to do their job correctly bearing in mind our legislation and ratified conventions. Otherwise, people would submit applications to the ECtHR. If this would be the case, such judgements of ECtHR would surely have an impact on the legislative in Serbia. However, time is necessary for every substantial and huge change.

6) Concluding Remarks

In this paper, we furnished an overview of the legal and practical situation in Serbia regarding discrimination on the basis of sexual orientation. When we talk about LGBT and sexual minorities, the situation is not quite enviable. In Serbian legal system, there are only few legal acts that regulate and explicitly list sexual orientation as a discriminatory ground. Even so, the main problem is the application of the law. The system for the protection against discrimination does not operate satisfactorily in practice, because of the lack of implementation and enforcement of both domestic law and ratified conventions. Although the Act on the Prohibition of Discrimination has been in force since 2009, the case law is still very poor. Serbia ratified many international conventions but judges as a rule do not pay much attention to this fact. When there are laws and regulations in force and when acting on the behalf of the state, there is no space for individual opinions and arguments.

Every individual should try to change the situation in their environment in order to make changes in the whole society. First of all, the system of education should be changed in a way that would emphasize mutual respect and appreciation no matter the personal characteristics or differences. In particular, much more attention ought to be paid to entrench tolerance among the people and the principle of equality without discrimination. Thus, if pupils were educated to be tolerant towards differences and intolerant towards violence, a social climate for a life without violence and discrimination could be created. Second, it is also very important for the state to react strongly and properly every time when a breach of these principles happens so as to send a message to the society that the authorities have zero tolerance towards aggression, violence and discriminatory behaviour.

64 - Gajin, Saša, *The Model of the Law on Registered Same-Sex Cohabitations*, The Center for Advanced Legal Studies, Belgrade, 2013, p. 19.

65 - *The case of Alekseyev v. Russia*, application Nos 4916/07, 25924/08 and 14599/09, final decision from 11 April 2011.

Together against homophobic bullying: Peer education as a tool to raise awareness in school

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Abstract

Various studies demonstrate how acts of violence and discrimination based on homophobia between peers make an hard scholastic life for many adolescents. The attention about this problem increased in the last years, and so results fundamental to directly involve adolescents in sensitization activities. The main aim of our intervention was to provide students with the necessary knowledge about the topics of gender stereotypes, homophobia and homophobic bullying, and, in particular to engross them actively and emotionally in the promotion of all students' wellness. The experience with adolescents has been divided into two phases: the first one has addressed reflection through the methodology of psychodynamic group counselling, and the second one, that we are going to describe here, based on peer education methodology. The peer educators were engaged in activities of reflection and sensitization organized into six meetings of two hours, with the purpose of sharing their learning and experiences with their classmates. The classes, behind peer educators' guide, has analyzed the group dynamics and the relationships existing in their school and also the homophobic feelings under this dynamics. The work with peer educators has emphasized the crucial role of everyone to favourite a culture of differences.

Keywords: Homophobic bullying, wellness, health, school, peer education.

Homophobic Bullying in Italy and the role of schools

The term “Homophobic Bullying” indicates all that acts of presumption and abuse founded on homophobia and addressed to people perceived as gay or gender atypical.

It is a phenomenon based on an homophobic matrix, or rather on the idea that homosexuality is a negative and undesirable characteristic (Pietrantonio e Prati, 2011). It can include verbal aggression, physical violence, negative relational paths and use of homophobic epithets.

Several studies (Olweus, 1993; Fonsi 1997; Smith, et al.1999; Bacchini, 2000; Gini, 2005) show how schools are the places chosen for violence among peers. Acts of violence and discrimination based on homophobia between peers make an hard scholastic life for many teenagers (Meyer, 2003; Lingiardi, 2007).

Usually, all those involved in bullying phenomenon are (Maggi, 2010): the bully, that is who invent abuses; the gregarious, participant on abuses under bully's guide; the supporters, present to the violence, without an active participation, inciting it actively with sentences or laughing; the defender, who console the victim; the neutral onlookers.

Homophobic bullying can display itself in various forms; most frequent ways are:

Direct way: insults, teases about homosexuality, physical threats or gay violence.

Indirect way: publicizing stories about presumed or real homosexuality of the victim.

When we talk about Homophobic bullying, we talk about a form of aggression, discrimination and violence different from the classic bullying.

It's possible to spot substantial differences between classic bullying and homophobic bullying; in fact, in case of bullying based on homophobic matrix: The assault is addressed not only to the subject, but also to a private and personal dimension, such as own sexuality and gender identity (Lingiardi, 2007);

- The abuses always refers to a nuclear dimension of psychological and sexual Self;
- Victim can have many difficulties to ask help to adults, because he is worry to call attention to his own sexuality,

and also to disappoint the expectations of his parents;

- Victim can have difficulties to identify support and protection figures between peers, because the number of “victim’s defenders” is extremely scarce in the case of homophobic bullying: defending a gay have the risk to be considered gay.

There are many *significant adults* believing that verbal or physical aggressions are only a caper, life events in the adolescents’ growing. Other people thinks that these events are important in the breed of adolescents. Actually, when aggressions acquire the form of bullying, psychological and physical damages are many important (Prati, Pietrantonì, Buccoliero & Maggi, 2010).

Bullying causes a deep unease; consequences can be devastating, and so should not to be underestimated; they can have variable intensity and duration.

Bullying episodes causes the development of guilt-feelings and shame; personal disesteem, depression and powerlessness feelings; fear for other aggressions and so impossibility to return at school; an increase of post-traumatic stress symptoms; drop of scholastic performance; social exclusion and use of drugs (Maggi, 2010).

Negative consequences of bullying concerns not only the victim of abuse, but also the aggressors (Fedeli, 2007).

Consequences for bully are in particular short-run. We can observe: a lower scholastic performance; behavior malaises and inability in the respect of rules; relational difficulties. It’s also possible to observe long-run consequences, such as frequent flunking and scholastic desertion; antisocial and perverted behaviors like crimes, thefts, acts of vandalism and abuse of drugs; violence in family and aggressiveness on work.

Homophobic bullying often originate from illiteracy and from fear of the “other”: he frighten because force us to ask we usare. For this reason a powerful antidote can be an accurate information and knowledge, especially in a critical and complex phase like adolescence.

Surely school is an important and fundamental environment, where boys and girls can learn how relate with others and how behave with different people. For this reason it appears necessary to intervene in scholastic contests with the aim of educate to tolerance, comparison and non-discrimination. This need results more and more urgent, also because the increase of denunciations of episodes of homophobic and transfobic bullying. (Batini & Santoni, 2009).

Education on sexual differences and prevention of homophobic bullying should start in secondary schools of first grade. In fact, also by this age, students feels to be conformed to the gender stereotypes to be part of the social context and to socialize with peers; they also start exclusions and discriminations of peers perceived as different in these areas.

Prati, Pietrantonì, Buccoliero and Maggi (2010) discerns three paradigms in educative interventions about homosexuality and homophobic bullying.

- Paradigm of silence. Homosexuality is a taboo theme, considered too much fine and so not engaging. In line with this reasoning, the presence of gay people or their relatives is denied in educative environments, producing at times a discrepancy between scholastic and extra-scholastic reality.
- Paradigm of equality/difference. Educative interventions aims to promote equality, to value human differences, to facilitate social inclusion processes and to fight marginalization and separation.
- Paradigm of security/legality. Educative interventions have to contrast violence and bullying against sexual minority, because they infringes upon law code and school’s duty of protecting personal security of everyone.

The Neapolitan reality: fighting homophobia to promote well-being

Starting from the study of the *state of art* in Italy, and analyzing the literature studies, many interventions have been promoted in schools among these years, in order to aid a homely school for all. In these interventions, it has become fundamental to involve directly adolescents in sensitization activities.

In particular, the group named “Homophobic Bullying”, of Naples, realized many action-research works on the topics of gender stereotypes, homophobia and homophobic bullying.

This working group refers to “*Antidiscrimination and Culture of Differences*” Service, from the “SInAPSi” (Services for the active and participate inclusion of university students) Centre of the University of Naples “Federico II”. From different years it works to prevent homophobia and homophobic bullying, to share knowledge about gender identity, sexual orientation, transsexuals, homophobia and transphobia themes, and also to divulge National and International materials about these themes.

To reach these goals, the “*Antidiscrimination and Culture of Differences*” Service has undertaken many intervention actions:

- The managing of the psychological web platform www.bullismoomofobico.it;
- The realizing of prevention projects for homophobic bullying in different schools;
- The realizing of awareness, formation and information seminars with university students;
- The Implementation of a psychological space;
- The organization of scientific and educational events.

In recent years, the second of these actions has been particularly increased, promoting the realization of projects in schools of every order, involving students in promoting wellness for everyone.

The increasing of this particular action can be motivated with the believing in adolescents’ power of changing unease in well-being. The importance of these kind of projects in school is related to the Italian homophobic situation: to share knowledge and to make peer protagonists are the fundamental steps to create a Culture of Differences and a welcome school climate for everyone.

One of the most well-done projects has been carried out in a superior school of Naples, involving students of 16 classes. It has been a two-years action-research work, aimed to provide students with the necessary knowledge about the topics of gender stereotypes, homophobia and homophobic bullying, and, in particular to engross them actively and emotionally in promoting of all students’ wellbeing.

In this article we are going to describe this two-years work, that has been divided into various phases with specific goals, and for each one has been used a different methodology.

In particular, one of the phases has been dedicated to students, using peer education methodology to give them the instruments to involve all the school in fighting homophobia.

The peer education methodology: a literature review

The term “*Peer education*” literally means “education between peers”, but, according to some authors it is correctly translatable like “prevention between peers” (Croce, Lavanco, Vassura, 2011).

These educative activities aim to empower knowledge, attitudes, competences of adolescents, allowing them to accomplish chooses responsible and mainly aware about their health.

Therefore, peer education is determined to increase the range of actions of each one, and also to help people to develop a critical think about behaviors that can obstruct their physical psychological and social wellness and also their quality of life.

Intervention of peer education lever on connections between perceived similarity and social influence (Turner & Shepherd, 1999). So, peers seem to be models of knowledge and various competences acquisition, efficient models in equal or superior measure than sector professionals (Mellanby, Rees & Tripp, 2000).

Why these helping models seems better than the models offered from experts? For different causes:

- Because they make guys responsible, and so adolescents became protagonists of a changing process;
- Because they ask boys and girls to identify themselves with them they are helping;
- Because increase self esteem and self efficacy sense, and it is positive for both operators and clients.
- Because they influence climate and rules of peers group.

The first step in planning a peer education intervention is the analysis of beneficiaries’ needs and of available resources. The going over of starting conditions, conducted, if is possible, together with intervention’s beneficiaries, makes possible to calibrate the intervention on the specific context and to make it relevant and appropriate for its beneficiaries (Di Cesare & Giammetta, 2011).

During this preliminary phase aims and objectives are established, and also criteria to recruit peer educators are decided.

After the selection of peer educators, the group is formed with highly interactive modalities; the activities consent an experiential learning (Le Boterf, 2000): psychodrama, role playing, brainstorming, cooperative games, fishbowls, etc. help to one side peer educators to increase their knowledge about risks connected to intervention's themes and to the other side help them to increase their affective, relational and communicative abilities, necessary to reach their peers, beneficiaries of the project.

On the basis of the formation experience, of the competences matured during the same experience, of the knowing about the local context, peer educators project and realize initiatives connected to health themes inspiring the project. In this work they use communication tools they think are more adapt to their peers.

In this phase (called implementation), peer educators realize, for example, a blog or a video, they distribute leaflets, organize laboratories or animate a cycle of conferences, draw murals, etc.

Quoting Freire, these initiatives of prevention and health promotion aim at promoting the increasing of a critical awareness (Campbell & MacPhail, 2002); this fact confer to peer education a politic and community dimension.

Guys elected as peer educator have marked social abilities. The specific training they have to carry out is usually based on pre-existing capacities, connected to variables such as, for example, I.Q. and scholastic achievement, but also social and relational abilities.

The role of peer educator consists of:

- Being well inserted in the group and also capable to move like “a fish in the water” between peers;
- Being adapt to acquire a leadership role emotionally accepted and recognized from coetaneous;
- Being capable to report and present contents to debate in the group of adolescents in an adolescent form, passing the experiences matured.

This methodology refers to many different models (Pellai, Rinaldin e Tamborini, 2002). We used an integrated model between a “psychodynamic oriented” point of view: not only cognitive and emotional techniques, but also a thought about these technicalities through an “emotional thinking” (Freda 2008).

So, this revolutionary method that turns students into “change agents” (Boda, 2001), has been implemented through the enhancement of Life Skills, understood as personal and interpersonal skills. It has been also oriented on giving students intra-psychic resources, to make action in the service of thought and emotion.

The project: “Let’s Promote a Culture of Differences”

The main purpose of the two-year intervention project has been to involve 16 classes of students(aged between 16 and 19 years) and their teachers in preventing the insurgence of homophobic phenomenon in the school. In particular the project has aimed to prevent homophobic bullying phenomenon, promoting an inclusion culture and an esteem for differences.

To reach these important goals, it has been important to increase the decisional capacities of all the scholastic actors, enriching their competences and giving them the opportunity to understand and revise their general action model.

The main purpose has also been divided into the following specific objectives:

- To explore the bearing of bullying episodes, and in particular of homophobic bullying in the scholastic system;
- To Informandsensitize(students, teachers and, indirectly, janitors and parents) on themes of bullying and, in particular, homophobic bullying;
- To pinpoint, together with scholar actors, some teen-aged issues connected to sexual identity development, sexuality and sexual orientation, and to implement various educational paths about them;
- To increase the capacity of an emotional reading of the context;
- To put the basis for an approving scholastic climate, in which is possible to recognize disease phenomenon and to offer an adequate support, if it appears necessary.

To reach the proposed goals, the work with the school actors as been divided into different activities, realized with various methodologies:

- At first, it was realized a reflective activity, through the methodology of psychodynamic group counseling; it has been important to focus the attention of the protagonists on the project's themes, and also to share ideas and reflections about them;
- Participant has been involved in participatory and formative activities on the themes, using peer education methodology (an in-depth analysis of this phase will be done in the next paragraph);
- Finally, students under teachers supervision has been involved in a creative activity, aimed to the creation of a final product on the themes of the project. The assignment of peer educators was to engage their school-friends in this activity, to sensitize the entire school.

Involving students with the Peer Education

To identify the Peer educators, two for each class, a questionnaire known as *the appointment of peers* was administered. This is a tool aimed at identifying the most suitable subjects for playing the role of peer-tutor within the project. Once notified the results, the same kids were left with the choice of joining or not the new role and, therefore, to give way to a new candidate.

Specifically, referring to the specific experience described in this paper, it is important to state that, both during the recruitment phase of the Peers and during the first training sessions, most of those who had been elected by their schoolmates abdicated their role of peer educators in favor of classmates who significantly reported their motivation, willingness and interest in participating in the experiential path. During the latter, it emerged that the participants then involved in the project declared their interest to be connected to experiences of a strictly personal nature.

After the "recruitment" phase, the different Peer educators (two for each class) representing the classrooms involved in the project, were engaged in reflection and awareness activities with the purpose of sharing their learning and experiences with their classmates. Therefore, the students, behind the peer educators' guide, have analyzed the group dynamics and the relationships existing in their school and also the homophobic feelings underneath these dynamics. The educational path has been organized into six meetings of two hours each:

During the first one, we reflected on the stereotypes of "man" and "woman" circulating in the group and in society; In the second one, we worked with an activity inspired to Platero's "Work with dictionaries. What dictionaries say about homosexuality, bisexuality and transsexuality?" (2007), with the aim of addressing all the possible gender stereotypes and myths associated with homosexuality and heterosexuality;

During the third meeting, we used Pietrantoni's "papers of homophobic bullying and homosexuality" (2010) stimulus material for a discussion;

In the fourth meeting, we reflected on the phenomenon of exclusion and homophobic bullying in schools completing comics and watching the video-spot "Stand Up! Do not Stand for Homophobic Bullying" (Dublin, 2011);

In the fifth meeting we watched few videos produced by students of some schools involved in similar projects to encourage the development of creative ideas to involve the whole school in the project;

During the last meeting the peer educators interpreted the characters of some scripts that depicted scenes of homophobic bullying, in a variation of the role playing methodology. We also proceeded in discussing about them and about their "feelings" in interpreting these characters

All these activities have evolved into the creation of artistic products (short films, paintings, photos, letters and so on), which were achieved through the involvement of all the classes.

During this phase, the Peers, independently choosing the time and space to devote to this final task, designed and ultimately created a work which was representative not only of the topics learned and of the messages perceived, but also of the entire original processing that the class group involved did about the research topics of the project. During this phase, in fact, the kids have moved independently in a setting created by them for them, a setting that often stood outside their classrooms, beyond the curricular time. Intermittently, they have used, in addition to the regular supervision of "educators," the support of their teachers, who have been similarly involved in a similar and adapted process of awareness on issues related to gender identity, to gender differences, to homophobic and discrimination bullying. The transition from the first to the second phase, i.e. from the "educational path" to the time dedicated to the creation of autonomous products, represented an extremely delicate and complex change for all the peer educators involved. During this time, metaphorically riding this transition, the Peer educators, in the task and in an effort to involve their classmates passing them information, interest and motivation, assumed their role as educators. This was not easy, of course. Very often, especially in the early stages and considering the position of the same peers within the group class, the kids have expressed frustration, anger and resignation in relation to their task. Operators were often given

descriptions of a group class which was stranger, disinterested, shallow and utterly different from the working group formed exclusively by the peer educators, a group that was instead represented and described as highly idealized. All that was reported and expressed in emotional terms has been the subject of consideration not only by the operators, but also by the same kids. The operators (educators), in these moments of supervision, in fact, have tried to teach and show the peer educators how to “stop and think”. Reflecting on their own emotions and reactions, as well as on those of their classmates, was an important means of self and others’ knowledge, functional to the same role of educator and useful for the work and the union of the working group. Slowly, thanks to the support of the operators, their teachers and tutors and also to the constant confrontation with the same companion peer educators, the kids, in most cases, were able to return to their classes, to involve their classmates and to transform what had been learned and experienced personally in a product that represented the entire class group.

All the products have then paraded during the “final day” provided at the conclusion of the entire path, an event organized by all the school actors involved. The same organization of the event, after which a jury specifically built for the purpose voted the more relevant and more communicative product, was a sign of the close involvement of all the school actors. The day initially designed and proposed as a brief final conference to represent and further spread the contents presented during the project, was held as a time of celebration, the celebration of a journey which students, practitioners and teachers had crossed along with fatigue, but also, and especially, with much satisfaction for the results obtained.

Conclusions

The work made with the peer educators aims at turning the experience into learning. This type of training, in fact, does not provide an immutable and defined schedule of content: it conceives learning as a “generative process” (Montesarchio, Venuleo, 2010) based on group’s dynamics. So, we have tried to give voice to the “unthinkable” emotional experiences of the group of the peer educators to help them in their role.

The work made with the peers has emphasized everyone’s key-role in encouraging a culture of differences in schools. In fact, every peer has been a promoter of a new point of view in his/her class, attempting to involve all school actors in fighting homophobia.

The commitment of each student has been evident during the “final day” of the project, when each peer presented a creative product achieved in collaboration with his/her class. The core message we got from the school at the end of this two-years project has been the importance of working in group and subsequently involving everyone in the circulation of a respect climate in the school. Also, every peer, little by little, highlighted the growing interest of his/her classmates in the themes of the project.

It can be argued, therefore, that the path had multiple consequences on the group-classes and the entire school. In the first place it was possible to observe a gradual improvement in the climate of the class and then of the whole school. At all levels of the school system there has been a slow but steady movement of mutual understanding and cooperation among young people of different classes, groups of kids of the same class, between students and teachers and among teachers of different sections.

The specific methodology/practice of the Peer education has enabled and facilitated not only the transmission of information and learning, but also the development and intensification of communicative exchanges across the school network and this is going to represent a fertile opportunity for the socialization and improvement of the already existing relationships. Secondly, considering that the quality of the school and the peer group is a determining factor for the onset and perpetuation of homophobic bullying and discrimination (Phoenix et al., 2003; Poteat & Espelage, 2005, Poteat, 2007; Poteat et al, 2007), it has come ahead of the main objective of the project: to raise awareness of, prevent and fight homophobic bullying and to promote a culture of differences.

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Transphobia and Prejudice towards Trans* Individuals: The role of context, participants and target factors

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Abstract

Although there is considerable evidence that trans* individuals are victims of discrimination, social psychologists have rarely explored prejudice towards this group. The purpose of this research was to investigate possible links between empathy and prejudice towards trans* individuals and transphobia, and to explore possible gender differences in terms of attitudes toward MTF (male to female) and FTM (female to male) individuals. First, empathy and anger expression was measured as individual difference variables by State - Trait Anger Expression Inventory (STAXI) and Empathy Quotient (EQ) that may affect the results. Next, participants were requested to read vignette (empathy evoking, not empathy evoking) about a trans* individual (MTF or FTM) and then fill a prejudice scale and attitude transphobia scale.

Keywords: transphobia, trans*, prejudice, empathy, attitude

Introduction

Hate crime also known as bias crime refers to hate motivated violence and it is personal in nature, pertaining to one's race, ethnicity, religion, disability or sexual orientation. (Hudson, 2009). On the other hand, non-criminal incidents toward target groups involving hatred against victims point to complex social problems and fit to the broader definition of bias motivated crimes. Non-criminal incidents involve negative attitudes to all insiders of a stigmatized target group. Similar to hate crimes, they are socially structured dynamic processes during which minority members are left vulnerable to systematic violence (Perry, 2003).

However, it is important to distinguish hate crimes and non-criminal hate incidents in terms of occurrence of physical violence and assault. In non-criminal hate incidents there is no physical violence but bias remains, because it includes "name-calling, verbal harassment, teasing & bullying without any physical incident" (Perry, 2003, p.102). Research on hate crime has not focused on complex factors, motivations and social psychological mechanisms by which transitions are made by perpetrators from name calling, verbal harassment and teasing as expressions of hate to criminal expressions like physical assault, rape and murder. On the other hand, cycle between prejudice, discrimination, verbal harassment and their reflections on criminal expressions of hate is obvious (Willis, 2004). What makes a crime a hate crime is the existence of bias or prejudice of the perpetrator who committed the crime against an individual based on the victim's real or perceived social grouping which requires the non-criminal hate incidents before the existence of hate crime (Cogan, 2002). In short, both of non-criminal and criminal hate incidents include prejudice, discrimination and hostile attitudes toward one's race, ethnicity, religion, disability or sexual orientation and identity.

Sexual identity refers to all LGBTTQI individuals, who often face with hate motivated crimes. Additionally, whether the person is transsexual, transvestite or cross dresser, the labeling process and the act of discrimination and prejudice toward him or her are under the title of transphobia, i.e. "emotional disgust toward individuals who do not conform to society's gender expectations" (Hill & Willoughby, 2005, p. 533). This definition is consistent with Weinberg's (1972) definition of homophobia as the fear, hate, and lack of tolerance towards homosexual men and women. Hill (2002) conceptualized prejudicial and discriminatory behavior towards trans* individuals in terms of genderism. According to Sugano, Nemoto and Operario's (2006) definition, such discriminatory behavior can also be considered as part of transphobia which refers to societal discrimination and stigma of individuals who do not conform to traditional norms of sex and gender. Just like genderism, transphobia and its consequences are the products of the political context which first starts with prejudice among individuals and affects sociological and

psychological structure of the individuals who belong to the target group, perpetrators and their social environment. Just like hate crimes, effects of non-criminal hate incidents are not momentary and any kind of harassment which is a product of prejudice and discrimination cause many psychological problems on victims and on their social environment. In a questionnaire-based survey study about the psychological impacts of sexual identity based hate motivated acts, Herek, Gillis, and Cogan (1998) compared psychological well-being of lesbian and gay individuals who had experienced hate motivated acts with those who faced non-biased acts. The study concluded that antigay hate motivated acts are associated with greater psychological distress for lesbian and gay sample than victimization in nonbiased acts. In addition, the reactions of the individuals who are akin to victims have a vital importance on the psychological condition of them. Sometimes, bystanders, who are defined as people within the victim's social environment, react more negatively towards the victims. This, may lead to more psychological suffering on the part of the hate crime victims.

In addition, according to the report of Trans Respect vs. Transphobia (2010), the effects of non-criminal hate incidents and physical assault are not relevant only for the victim who faces the incident and the bystanders. Hate incidents have a wider impact on the family and/or the friends of the victims who are likely to suffer from Post-Traumatic Stress Disorder (PTSD) and fear that they or their families would be physically injured. Also, behavioral changes which include moving out of a neighborhood, decreasing social participation are likely to happen to individuals subjected to hate motivated acts (Barnes & Ephross, 1994).

When people are unaware of what is really happening inside the groups, intergroup differences create high levels of fear and threat; however, empathy can play an important role in eliminating these negative attitudes (Stephan & Finlay, 1999). The impact of empathy in intergroup relations can be explained by the Self-Categorization Theory (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). It states that individuals differentiate themselves and others in terms of being a member of in-group or out-group. With the emphatic experiences, individuals' social categorization schema gets affected and individuals might see that there are some similarities and mutual characteristics between in-group and out-group members (Tarrant, Dazeley, & Cottom, 2009). Literature on attempts to establish empathy shows that it is possible to form empathy on out-group members. According to literature on empathy, in order to experience it, individuals need to know some detailed and emotionally evoking stories of the member of the target group through face to face communication, audio, video or a written source or target group should be perceived to be in need (Batson, 1991). Another research suggests that vignettes which are used to give information about a person in an emotionally evocative situation, might increase both emotional and cognitive aspects of empathy (Mayberry & Espelage, 2007). Another research by Cowan and Khatchadourian (2003) reveals that cognitive empathy may reduce prejudice, because it helps people to see that they are less different from members of the other groups.

The aim of the present study is to reveal the impact of empathy on attitudes towards trans* individuals. To reveal the attitude differences towards male to female (MTF) and female to male (FTM) individuals and also to show the impact of gender as an individual difference factor on these attitudes are in the framework of this study. In the light of these aims the present study has two main hypotheses:

1. Prejudice towards FTM and MTF individuals will vary as a function of the context of the vignette. More specifically, prejudice and transphobia scale scores of participants who read empathy evoking vignettes of either MTF or FTM individuals might be less than participants who read provocative vignettes.
2. Gender of the participant might play a significant role in the variation of prejudice and transphobia scores.

METHOD

Participants

Two-hundred thirty six participants without a history of clinical diagnosis with a mean age 26.9, participated in the present study. Hundred and eighteen participants assigned to each group of empathy evoking and not empathy evoking vignettes. Convenient sampling was used for the selection of the places in which participants study or work. In one group, workers in Zet Farma Lojistik Business attended to the study (N = 104). The other group formed by students from Istanbul Bilgi University who study Advertising, Media and Communication Systems departments and English Preparatory Program (N = 132). Then quota sampling used for the identification of participants who did not show attitudes like extremely high or low empathy and anger expression scores measured in the first phase of the study. None of the participants excluded from the data because of revealing extreme high or low levels of anger expression and/or empathy scores.

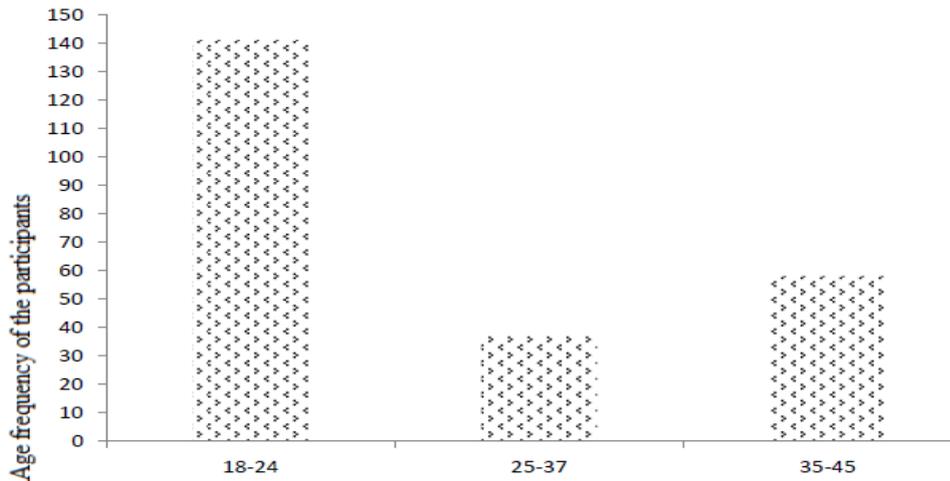


Figure 1. Age distribution of the all participants that attended to study.

Measures

Demographic Form: It is used for the assessment of age, income, region, education and also department and year of education if the participant is a university student.

State-Trait Anger Expression Inventory (STAXI): It is originally developed by Charles Spielberg (1983) and has 44 items with a four point Likert type scale (1= Almost Never, 4= Almost Always). The present study contains the 9 items (12, 17, 19, 22,

24, 29, 32, 33) of anger expression subscale that involves in-ward, out-word anger expression and anger control subscales. The scores rated between 20 and 60 the higher results interpret as higher anger expression. The STAXI manual presents correlations of the State Anger and Trait Anger scales with other personality scales. Internal consistency reliability has a value of α ranging from .73 to .95 for the total scale and from .73 to .93 for the subscales. Construct-related validity is reported for the scales and subscales by the author.

Empathy Quotient (EQ) : Empathy Quotient scale originally developed by Baron-Cohen and his colleagues in the context of their Empathizing-Systemizing theory. It includes 44 items with a four point Likert type scale (1= Almost Never, 4= Almost Always). The present study contains 13 items according to the factor loading analysis. Higher scores indicated higher empathic level and lower scores indicated lower empathic level. The test-retest correlation coefficient between EQ is $r = 0.835$. Positive correlations between the EQ and three sub-factors of perspective taking, empathic concern is $r = 0.76$.

Vignettes : Vignettes were formed by the researcher based on informal interviews with transsexual persons from Istanbul LGBT Association and Human Resource Development Foundation. The interviews included questions about the difficulties that transgendered persons may faced during daily life and about serious and dangerous situations that they themselves experienced and found themselves in. In two vignettes, the trans* individual in the story was a FTM individual and one scenario involved empathy evoking patterns and the second scenario aimed to be provocative. The other two vignettes included a story of MTF individual and again, one scenario involved empathy evoking patterns and the other did not.

Prejudice Scale : Prejudice scale involved 9 different adjectives with their opposite as calm vs. hostile, healthy vs. unhealthy. Participants rated the scale 1 to 7 between those adjectives. Lower points showed less negative prejudiced attribution however higher points showed positive prejudiced attribution towards the trans* individual mentioned in the vignette.

Transphobia Scale : The transphobia scale was constituted by the short form of Herek's (1995) Attitudes to Lesbians and Gay men scale (ATLG) and Swim, Aikin, Hall, Hunter's (1995) Modern Sexism scale (MS). It contained 23 items with a Likert type scale (1= Strongly Disagree, 2= Disagree, 3= Neither Agree nor Disagree, 4= Agree, 5= Strongly Agree). Higher scores showed less transphobic attitudes and lower score showed more transphobic attitudes towards transsexual individuals. Internal consistency for this measure in standardization samples exceeds 0.80.

Procedure

The procedure of the present study included 2 parts. During the first part, participants asked to sign a consent form, and requested to fill anger expression and empathy quotient scales. In the second part, participants selected based on their scores on the empathy quotient and anger expression scales given one of 4 different scenarios (FTM individual empathy evoking scenario, FTM individual provocative scenario, MTF individual empathy evoking scenario and MTF individual provocative scenario) along with a transphobia scale. Participants instructed to read a short story about individual's experience and to fill the following scale which includes different statements about trans* individuals.

Results

Data analyses were conducted with the data from a sample of 236 participants. One participant from university students and 4 participants from Zetfarma workers group had incomplete data for the Empathy and State Trait Anger Inventory. Those participants were excluded and data analyses were done with total of 130 women and 106 men. Table 1 shows the distribution of participants in each group of the study.

A 2 (Gender) x 2 (Gender Status of Trans Individual) x 2 (Vignette Type) ANOVA was used to explore the main effects and interactions of vignette type and gender status of the trans* individual on the scores of prejudice towards trans* individual. Results showed that the type of vignette had a main effect on the prejudice scores of the participants $F(1, 228) = 81.7, p < .05, \eta^2 = .264$. Participants who read the empathy evoking vignette ($M = 29.7, SD = 11.5$) showed less prejudice than participants who read provocative vignette ($M = 42.7, SD = 11.8$). This finding supported the hypothesis of the present study that empathy evoking vignettes would reduce the participants' prejudice towards trans individuals (see Figure 2).

Separate independent-samples t-test were run to test the effect of gender on prejudice scores. Results revealed that there was a significant effect of gender on prejudice scores for MTF individuals $t(117) = -3.2, p < .05$. Male participants ($M = 41.4, SD = 1.4$) showed more prejudice to MTF trans individuals than female participants ($M = 32.7, SD = 1.4$). This supported the second hypothesis that male participants would have more prejudiced attributions toward MTF individuals regardless of vignette type.

Discussion

The findings of the present research revealed that participants who read empathy evoking vignettes had lower prejudice and transphobia scores towards trans* individuals regardless of sexual identity of trans* individual. One possible explanation for this can be that the reading an empathy evoking vignette made the trans* individual seem like an ordinary person instead of a member of an out group. Having positive rather than provocative information about a person who is a member of an out group weakens stereotypes, and according to Social Categorization Theory, decreases prejudice (Kenworthy & Turner, 2005; Yzerbyt & Corneille, 2005). In addition, any type of contact which informs both groups about each other helps individuals to make comparisons and understand that there is no real difference and it might help to reduce prejudice. In short, higher levels of out-group information contribute to lower levels of prejudice (Pettigrew, 1989).

Female participants showed less prejudice and lower level of transphobic attitudes towards MTF trans* individuals than male participants. This result may be interpreted in relation to the Social Dominance Theory, that is based on the idea that some groups in societies have more dominance than others. In this case we can think about heteronormative hegemonic instruments in the societies that silence groups who do not obey to hegemonic forms of the society. According to this theory, dominant groups maintain their power over subordinate groups by threat or violence and humiliating discourse. Meta-analytical research reveals that men who identify themselves as heterosexual, are more likely to exercise power, violence and humiliating discourse over subordinate groups including LGBTTI individuals (Sidanius & Pratto, 1996). The hostile and prejudiced performance towards trans*

individuals might arise from the fact that the holder of these attitudes may have an urge to represent him/herself as not belonging to LGBTTTQI groups in the eye of others (Messner, 2004). Upon following this theory, a heterosexual man who shows less prejudice and less transphobia towards trans* individuals may be interpreted as accepting sexual identities other than heterosexism and this can be perceived as a threat for masculinity and manhood. Therefore, higher transphobic and prejudiced attitudes towards MTF trans* individuals -regardless of the content of the vignette- from participants who identify themselves as man, could be interpreted as a reaction towards violation of masculinity. In regard to this issue, MTF trans* individuals show stronger threats to the value of manhood and masculinity in the society.

The present study had some limitations especially on the issue of representation. For this reason, interpretations regarding the present study should be evaluated accordingly. Secondly, the sample of the present study did not focus on the impact of participants' different sexual orientations and identities on their attitudes towards trans* individuals. Consequently, limiting sexual identity item as "male" and "female" can be counted as another limitation. Additionally, absence of sexual orientation item might create a perception on the side of the readers of this article that participants of the present study identify themselves as heterosexual.

The Intergroup Relation, Social Categorization (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987) and Social Dominance Theories (Sidainus & Pratto, 1996) have been recent developments in the study of prejudice towards LGBTTTQI individuals. However, invisibility of trans*, intersex and queer individuals is still a vital issue in the field of social psychology. Also, the studies on transphobia and transgender studies mostly focus on MTF individuals. Thus, for further research, it is important not to reproduce already existing stereotypes through silencing and connivance. Many people including social science researchers generally take a dichotomous approach to gender. Therefore, there should be more studies about the idea of masculinity, femininity and the reflection of these ideas on attitudes towards LGBTTTQI individuals.

As a conclusion, the present study reveals that representation of trans* individuals plays a vital role on attitudes. Thus, apart from studying prejudice towards this group, an urgent action is needed to fill the gap on the issue of changing structured heteronormative representations.

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Sexualidade e Comportamento Sexual ao longo da vida

Memória travestida: lugares e movimentações a partir da escrita publicada

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RESUMO

Este artigo objetiva suscitar a produção acadêmica acerca do conceito de travesti e seu envelhecimento, especificamente no site Scielo, como proposta para análise e reflexão da produção relacionada a esses grandes eixos. As análises imprimem as elaborações teóricas dos autores acerca de fenômenos sociais, o que implica no recorte de situações muitas das vezes positivas, desvelando a problemática da teorização relacionada ao campo do gênero. As travestis permeiam os espaços, sobretudo os urbanos, onde percorrem, se relacionam, se modificam, se ressignificam, sentem e são sentidas, contudo, sua invisibilidade parece ser potencializada com a chegada do envelhecimento, que aparenta ser natural, *a priori*, revelando-se sociocultural *a posteriori* no contanto com o outro.

Palavras-chave: travesti; corpo; envelhecimento; corpo; Scielo.

Sexuality and Sexual Behavior throughout life

Cross-dressing Memories: places and movement from published writing.

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Abstract

The proposal of this paper is to analyze the scenario of academic production, found online at Scielo website, related to *cross-dressers* and what kind of connections proposed by authors or books reviews or even political associations as forms of support in order to make a positive view about *cross-dressing*, and also, according to a theoretically approach, connect the concepts of *cross-dressing* and aging. This research was conducted during the first fifteen days in January of 2012, that is, between January 2nd and January 16th in the year of 2012. At first, the categories designed to be analyzed were: body, types of violence, prostitution, politics, health, and the process of getting old. The amount of 44 (forty four) articles carefully chosen were then distributed into four different countries: Argentina, Brazil, Chile, and Portugal. The encounter between the *cross-dresser* and the process of ageing results in actions concerned much more with sanitation and disease control policies towards the debates on infections and/or contagion which repel people who should be assisted, heard, and comprehended, and are forced to carry their own burden all alone. It is worth pointing out that even though the *cross-dressing* category cannot be stagnant, it still reveals that its nomadism lifestyle does not suggest that *cross-dressers* may migrate until they are wiped out or vanished. On the other hand, their aged bodily borders are lacking visibility or even gathered in one piece that does not indicate what they are.

Keywords: cross-dresser; body; aging process; Scielo.

O presente artigo é parte da pesquisa de minha dissertação de mestrado acerca da travestilidade, e como proposta inicial em pesquisei o verbete 'travesti' na plataforma Scielo, uma vez que se trata de uma ferramenta respeitada no âmbito acadêmico. A intenção era a de analisar o cenário acadêmico em relação às travestis, quais as conexões propostas pelos autores, ou resenhas de obras, ou ainda colaborações políticas como subsídio para positivar a travestilidade.

O período da pesquisa se deu no intervalo das duas primeiras quinzenas de janeiro de 2012, entre 02 e 16 de janeiro de 2012, e as categorias dispostas, a princípio, para a análise foram: corpo, violências, prostituição, política, saúde e

envelhecimento. Os 44 (quarenta e quatro) artigos encontrados foram separados em quatro países: Argentina, Brasil, Chile e Portugal.

Como a pesquisa parte de um acesso a artigos via verbete, não significa que a mesma trará exclusivamente artigos relacionados à travestilidade, ou mesmo a conexão entre a travesti e seu envelhecimento, meu interesse maior. Não quero, ou não pretendo, delimitar a existência ou inexistência de trabalhos que correlacionem os âmbitos da travestilidade e os processos de envelhecimento, a fim de que seja justificada a legitimidade de uma pesquisa como essa, no entanto, as análises podem indicar quais os caminhos percorridos pelas e pelos autores. Penso que os processos observados poderiam explodir com as meras pretensões biomédicas, uma vez que suscitaria pensar em cultura ou antropologia do envelhecimento, talvez como mote para desestigmatizar os conceitos de decrepitude corporal, de gênero, de cultura.

Os artigos argentinos, por exemplo, tratam de conceitos ligados ao corpo (CIRIZA, 2007; MARTÍN, 2006; MENDIARA, 2006; TOIBARO *et al*, 2009), a travestilidade, a prostituição e mesmo uma política de discussões feministas (CIRIZA, 2007). Apenas um não elabora uma discussão acerca desses termos, pois se trata de uma resenha de **Conjugalidades, parentalidades e identidades lésbicas, gays e travestis** (2007), onde os autores retratam as discussões acerca dos direitos da comunidade LGBT (GROSSI *et al*, 2009). Contudo, os demais artigos espraiam para discussões em outras esferas, como os corpos frente à cidadania, os movimentos feministas, conceitos de tolerância e de igualdade, como indica o excerto abaixo:

La expansión de derechos, esto es, la igualación formal y abstracta para mujeres y minorías sexuales, así como la contemplación legal de iguales derechos para los diferen-tes, tiende a la licuación de las especificidades de etnia, cultura, orientación sexual que, despojadas de su capacidad de ofensiva política, pueden ser consideradas como insignificantes bajo condicio-nes que conllevan el dominio directo de la eco-nomía sobre la política. Al mismo tiempo que se expanden e internacionalizan derechos, se restrin-gen de manera brutal las posibilidades de su ejer-cicio. Es el mercado el que “decide” debido al ahondamiento de la brecha entre ricos y pobres, entre Norte y Sur, así como a la mercadorización de antiguos derechos en sociedades en las cuales el estado operaba como regulador y garante de los derechos económicos y sociales (CIRIZA, 2007, p. 27).

Há uma marca que tangencia um interesse pelo viés político, como já citado, nos artigos argentinos, seja ao tratar de políticas públicas da área da saúde, seja ao discutir como o feminismo orienta as identidades de gênero (CIRIZA, 2007; MARTÍN, 2006; MENDIARA, 2006; TOIBARO *et al*, 2009), todavia, inexistente uma discussão entre geração e gênero, em como o envelhecimento marque um ícone emblemático para a travesti. A leitura e análise revelam o que, *a priori*, parece comumente difundido: trabalhar com travestis implica, na maioria das vezes, trabalhar com as doenças infectocontagiosas (MARTÍN, 2006; TOIBARO *et al*, 2009), o que limita compreender outros processos também de importância para as pessoas travestis.

No Brasil a soma atinge 33 artigos associados ao termo travesti, no entanto, apenas 04 estruturam uma discussão que correlaciona às pessoas LGBTs e o envelhecimento (CARVALHO, 2011; MINISTÉRIO DA SAÚDE, 2008; PELÚCIO, 2005; PELÚCIO, 2011), porém, apenas 03 estabelecem um diálogo com a estrutura do envelhecer travesti (CARVALHO, 2011; PELÚCIO, 2005; PELÚCIO, 2011). Vale salientar que o Ministério da Saúde elabora uma discussão que soma “duas décadas de atenção à população de gays, lésbicas, bissexuais, travestis e transexuais (GLBT)”, todavia, o mote aqui se refere às questões exclusivas à saúde, como a própria sentença indica ao afirmar que “partiram do enfrentamento da epidemia da Aids” (MINISTÉRIO DA SAÚDE, 2008, p. 571). Não há uma orientação acerca das identidades, ou dos processos em si do ser travesti, nem mesmo existe a referência teórica da qual partem para construir o artigo, parece, então, patente afirmar que a preocupação se limita a

projetos nas áreas da prevenção das infecções sexualmente transmissíveis (IST), disponibilizado assessoria jurídica e fortalecimento de redes, desenvolvido campanhas de comunicação e ações para visibilidade da população GLBT como estratégia de promoção da saúde e promovido a participação do movimento GLBT em instâncias consultivas (MINISTÉRIO DA SAÚDE, 2008, p. 571).

Ainda que exista uma indicação clara sobre o atendimento aos idosos GLBT⁶⁶ de forma humanizada, integral no SUS (Sistema Único de Saúde), dos incentivos a centros endocrinológicos para o atendimento de travestis e pessoas trans

66 - A sigla aqui se refere a Gays, Lésbicas, Bissexuais e Transexuais, contudo, o termo fora modificado para LGBT, uma vez que ela preteriria um processo histórico feminista, deixando as mulheres lésbicas em segundo plano, desta forma, ao mover uma sigla, repensa-se as posições sociais, binárias e de estruturação do poder falocêntrico.

e qualificar um apoio mais detido à saúde mental em “todas as fases de vida da população GLBT prevenindo os agravos decorrentes dos efeitos da discriminação, do uso de álcool e outras drogas e da exclusão social” (MINISTÉRIO DA SAÚDE, 2008, p. 573), o conceito geral do artigo se encerra na estigmatização ao associar pessoa travesti, ou trans, à drogadição, à prostituição e vulnerabilidade à epidemia da AIDS. Políticas públicas são necessárias, porém, vinculá-las a tais conceitos promove ainda mais o distanciamento de se compreender como se dá o envelhecimento travesti, ou mesmo trans: angústias, medos, vontades, memórias e o corpo.

Carvalho (2011) retrata apenas de forma rápida sobre a travesti velha associando-as ao conceito de *glamour* da década de 1980, onde diversas, conforme seus relatos, foram à Europa, e reelaboraram suas plasticidades com esse conceito mítico e vestido de poluição de gênero, mas que gradativamente esvanece por conta de um processo de “politização da identidade travesti ou transexual” (CARVALHO, 2011, p. 40). O autor estabelece uma etnografia a fim de suscitar uma “estratégia de transformação (simbólica e política) de “não pessoas” em “pessoas”” (CARVALHO, 2011, p. 38), partindo da medicalização, patologia, militância e performance. Os atores sociais se reinventam para obterem acessos aos espaços e políticas específicos, requerendo a “igualdade de direitos e o reconhecimento da liberdade de autodeterminação” (CARVALHO, 2011, p. 58). Carvalho se envereda no campo, acompanha as militantes e militâncias, dá luz às falas, todavia, não amplia a discussão de corporalidade das travestis frente ao tempo. Não é seu foco. Mas dá indícios para se pensar a memória associada ao *glamour*, à valorização de tempos idos e áureos das travestis com mais de 50 anos.

As bases etnográficas também estão presentes nos trabalhos de Larissa Pelúcio (PELÚCIO, 2005; 2011), com inserções constantes no campo, contatos físicos ou virtuais (2005). No artigo de 2005, **Na noite nem todos os gatos são pardos: notas sobre a prostituição travesti**, após revelar ao leitor o mundo da travestilidade e prostituição em São Carlos (SP), os termos êmicos, as transformações e etapas para se chegar ao produto final travesti, além de inferir um cenário geral do ser travesti para além de São Carlos, suscita um contraste importante entre a memória da travesti velha e das chamadas “ninfetinha”, ou seja, as mais novas. Há um pesar nas falas das mais velhas em relação às mais novas, como se estas destituíssem a historicidade daquelas em relação às violências e dificuldades vividas. O que as aborrece é o fato das jovens não admitirem sua inexperiência e “esnobam aquelas que “abriram as portas para elas”” (PELÚCIO, 2005, p. 228). Porém, uma situação assola a ambas, veteranas e mais novas, a violência: “até pegar a “manha”, medo e insegurança são situações de ameaça enfrentadas pelas travestis que se prostituem. Mesmo as veteranas não estão isentas de sofrerem violência” (PELÚCIO, 2005, p. 230).

No entanto, entre ambas não parece existir uma relação de afetividade, ainda que sofram dos mesmos algozes, ou as mesmas violências, talvez como forma de naturalização social, ou mesmo um suporte psicológico, ficam indiferentes ao saber o que a outra sofreu:

A indiferença parece estar relacionada à rivalidade entre as veteranas – escoladas, já não tão atraentes – e a travesti “ninfetinha” – inocente, mas apetitosa –, mas também uma forma de criar uma carapaça, ante a fatos corriqueiros, para aturar a vida na noite (PELÚCIO, 2005).

No entanto, a autora salienta que quando há uma proximidade afetiva entre as gerações que parecem antagônicas, quando, por exemplo, a mais velha se torna ‘mãe’ da mais nova, a fim de ensiná-la a se portar como uma travesti, a indiferença inexistente, implicando em respeitabilidade, uma vez que “era mais vivida e, supostamente, tinha muito a ensinar” (PELÚCIO, 2005, p. 233). E mesmo que as mais jovens tenha uma relação de antagonismo, elas mesmas precisam aprender a

parecerem mais velhas driblar as situações de violência que podem vir tanto dos clientes como da polícia, e não raro de pessoas do seu grupo de convivência. Aprender os códigos da rua e da noite significa sobrevivência, e isso não é coisa de criança nem de adolescentes (PELÚCIO, p. 236).

A autora não pretende categorizar a travesti, o que pode criar uma generalização simplificada por demais, sem considerar as variáveis existentes em cada tempo e espaço. Porém, revela caminhos para se pensar as relações da travestilidade, a venda do corpo no mercado do sexo e o desejo de modificações corporais por cada travesti, indiferente do tempo e do espaço. Nesse artigo, ainda que diluído, existem elementos para pensar o envelhecimento e algumas cargas que ele carrega e acarreta. Já no artigo, **Marcadores Sociais da Diferença nas Experiências Travestis de Enfrentamento à AIDS**, de 2011, foca os processos de doenças como o HIV/AIDS e do corpo ao longo dos anos das travestis que se lançaram ao mercado do sexo, mas vai além, revela que os programas de saúde não levam em conta

outra doença que as assolam: a depressão (PELÚCIO, 2011, p. 78). A vulnerabilidade de doenças não parece preocupar as mais novas, o que preocupa as mais velhas, as “veteranas”, que as chamam de “abusadas”, “arrogantes”, ao tentar acelerar o processo de hormonização, ou expor o corpo às intempéries do clima. Segue um raciocínio pautado nos conceitos de gênero de Butler (2003), de uma escrita feminista e de como a diferença figure em si como chave analítica, de Avtar Brah ((PELÚCIO, 2011, p. 80). O que me importa no texto são os relatos costurados aos processos de memória ou reflexão das travestis e da pesquisadora no tocante ao envelhecimento. Pelúcio, apesar de não estabelecer uma conversa com o artigo supracitado do Ministério da Saúde (2008), nem mesmo o traz no rol de referências, acaba por responder o que lhe falta:

Acredito que, para se entender a relação das travestis com a aids e com o sistema oficial de saúde, é preciso que se pense o fenômeno da travestilidade a partir da proposta antropológica de ouvir o que as pessoas têm para dizer de si mesmas. E, a partir daí, buscar o potencial analítico das categorias classificatórias que servem para descrever os outros e a si mesmo (PELÚCIO, 2011, p. 83).

Talvez estas categorias analíticas sejam deixadas de lado por não se pensar na categoria de travestis efetivamente como política, sendo pensadas quase que exclusivamente sob os égide de planos da saúde, especificamente em relação às doenças sexualmente transmissíveis e sua vulnerabilidade quando se traça com a prática da mercantilização do sexo.

Interessante observar que, apesar de poucos artigos chilenos, 05 ao todo, revelam um viés identitário (KULAWIK, 2008; SOLÍS, 2009) e/ou tratam de questões literárias (BARCELLOS, 2007; CALDERÓN, 2006; KULAWIK, 2008; ROBLES, 2004), seja para analisar um conto ou novela. Kulawik (2008) mescla a identidade e política para defender que a insígnia travesti representa a inconformidade com sistemas governamentais, além de suscitar o ‘travestismo’ como uma

(...) expresión artístico-política de inconformismo y oposición; primero al régimen de Pinochet en los años 1970 y 1980, luego al proceso de la transición democrática neoliberal de los años 1990. El travestismo, a menudo asociado con la homosexualidad, se convirtió en una categoría epistémica opuesta al binarismo heterosexual, sancionado por la tradición patriarcal de la cultura hispánica y occidental, en general (KULAWIK, 2008, p.101-102).

As quebras paradigmática, envolvidas pela ludicidade da representação de si com roupas do gênero oposto (KULAWIK, p. 102), do sistema heteronormativo e binário perturbaram os cânones burgueses e neoliberais, incitados pelos movimentos literários de escrita sexualmente explícita. O mesmo se pode afirmar em relação à nomenclatura travesti, opondo-se em igual medida

En consecuencia, los “sin nombre propio” que no se integran al orden social permanecen inhabilitados para obtener beneficios sociales y culturales. Uno de ellos es el travesti que no se sujeta a una identidad concreta debido a que en su nominación utiliza de un modo inadecuado los códigos de su propia cultura (SOLÍS, 2009, p. 157).

Contudo, também nos artigos chilenos inexistente uma escrita relacionada à travestilidade e como se dá seu envelhecer, mas não exclui afirmar que o campo político e/ou literário transporta as discussões para além de um academicismo formal, analítico, suscitando uma plasticidade distinta tanto à forma como ao conteúdo dos demais textos lidos.

Portugal traz apenas um trabalho associado ao Scielo, que nada mais é do que uma resenha elaborada por Brighente (2009) a partir da dissertação de Hélio Silva, intitulada **Travesti, a Invenção do Feminino**. A resenha apenas perpassa os trajetos dispostos pelo enveredar no/do campo travesti: indumentária, problematização de ideias, identidades, vivências em geral, não sob a égide de uma nova cultura, porém, com, talvez, o desejo de desvelar a aura crua da travesti nos espaços urbanos, seus sofrimentos e agruras cotidianas.

As categorias analisadas ao longo de todos os artigos refletem que pouco se elabora discussões acerca do processo do envelhecer travesti na referida plataforma, não que sua inexistência por si só justifique, ou ainda legitime, tal pesquisa como válida, inédita, emblemática, porém, que o debruçar sobre esse lago de possibilidade não implique em letargia narcísica, mas em observar como o fluxo de tempo espelha suas corporalidades. Outros autores⁶⁷ elaboram estruturas para se pensar quais relações podem ser mediadas, ou bricoladas, como sugere Le Breton (2012) ao falar do corpo na modernidade:

Cada autor “bricola” a representação que faz de seu próprio corpo, de maneira, individual, autônoma, mesmo se

67 - Confira, p. e., PONTES, 2011; ANTUNES, 2011.

retira, para tanto, no ar do tempo, o saber vulgarizado das mídias, ou a causalidade de suas leituras e de seus encontros pessoais (BRETON, 2012, p.21).

Corpo esse que, como categoria de análise, reflete a lógica do processo de transição do masculino para o feminino, mas não a fim de atingir a similitude do feminino, como se desejasse ser uma mulher, e sim ressignificar a estrutura feminina assimilada, agregando objetos, hormônios, silicões, plasticidades. Contudo, paira sobre seus corpos as violências sofridas social, política, física e simbolicamente, seja por romper com os arquétipos apolíneos heteronormativos e agregar o 'caos' prazeroso dionísio, seja por subverter o corporalidade 'natural' e (re)elaborá-la a partir de signos e símbolos outros.

Fica patente, sob essa análise, que, correndo o risco de uma repetição enfadonha, o cruzamento do ser travesti e do envelhecer resulta em processos mais envoltos em políticas sanitárias, de questões infectocontagiosas, rechaçando as cargas próprias da pessoa que deveria ser assistida, ouvida, compreendida. A categoria travesti, ainda que não possa ser estanque, uma vez que a fluidez lhe seja, por si, uma característica de sua plasticidade nômade, sugere sua existência, suas necessidades pontuais, políticas, econômicas, físicas e psíquicas. Seu nomadismo não sugere, vale salientar, que migrem até o desaparecimento, mas forçosamente suas fronteiras corporais envelhecidas são destituídas de visibilidade, ou ainda agregadas num todo que não traduza o que são.

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Travestite: The construction of being...

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Abstract

Our study wish to contribute to the understanding of being a transvestite prostitute, while individuals belonging to the group of transgender people that operates in the sex market. Our subject was a group of twenty transvestite prostitutes who work in the streets in Lisbon. This research try to demonstrate that the travestites have their own characteristics of gender and represent themselves in their subjectivities. We use an ethnography as a methodological orientation, where the researcher is the primary instrument through participant and non-participant observation, providing opportunities for social actors to determine further action.

Key-Words: Travestite, sex, gender, identity and prostitution.

Introduction

Our study was conducted between 2009 and 2010, in Lisbon, with a group of travestites that are prostitutes in the Conde Redondo Street and the surrounding area, in Lisbon. We made an ethnography study where the researcher was the primary instrument. Through participant and non-participant observation the researcher collected the data. The results were presented for description and interpretation.

What are they?

Travestites. What are they? Trough the eyes of some people, inversions that roam the streets at night, trough the eyes of others, strange and attractive beings, trough our eyes human beings who break the classical conception of feminine and masculine, giving place for new sexual identities and gender. Beings. Different beings but with the same characteristics as mine and just like of every human being. Feelings, anatomy, behavior, and a great desire to be free. Free to explore their intimacy, their sexual being and their femininity without taboos or preconceptions.

Travestite prostitute means cross-dresser gay prostitute. However, disguised in a more complex term, masquerading as values, representations and identity. Travestites are men in the physiological sense, because they have a penis, but relate to the world as women (Peres, 2005). They are not men in a false skin of women, because they assume themselves like homosexuals, but unceasingly seek this femininity that is characteristic of females (Pelúcio, 2005). Travestites are not and the vast majority does not aim to change sex, but need to feel as a women (Kulick, 1997)

Travestites, and we refer to them as belonging to the feminine grammatical gender, because there is a valuation of the construction of female gender on the body and subjectivity of travestites, as well as respect for the identity of the group (Benedetti, 2000). They refuse the superiority of the woman's vagina during intercourse as they consider that the penis has much more potential. The vagina can only be penetrated, the penis can penetrate and, if they want, they can take a passive role and also be penetrated without even having vagina.

Sexual flexibility of travestites allows them to have access to a whole spectrum of sexual behavior and gender. For them the distinctive attribute of women is the vagina, everything else is not owned by the women, neither their curves, their breasts, their clothes, their hair, or the social roles assigned to them.

Travestites consider themselves the real homosexuals and they are assumed because they like men who engaged in behavior with a certain heteronormativity, men who like women and them too. Travestites modify the body in relation to sex and personal relationships that have or expect to have with these men (Kulick, 1998). Thus invest about bodies, articulating the physical, the psychological and social, allowing to consider the plans of the symbolic and empirical able to guide a set of practices structuring of human experience (Pelúcio, 2005). They provide a definitive change, or difficult to reverse in their bodies, and compete with each other in these changes, arguing the amount of silicone injected, the plastic made, the makeup, the clothes, etc. .. These changes are aimed at the transformation of gender, go to be identified as belonging to the female gender, regardless of

retaining the male sexual organ. In this sense, the sex of travestite is male, with no doubts about his anatomy, but his gender is female, we can say that the first belongs to the physical domain and the second to the symbolic. The gender is constructed from other ways, giving a special sense to the social relationships and culture, as the social importance for defining patterns of behavior specifically suited for each gender (Butler, 1999). The incorporation of gender roles and gender identities configuration, there are not just only physical or biological issues, but also a process of socialization. It is in the street that travestites build their bodies, subjective and socially (Benedetti, 2000). It is in the street that they learn to be female, which can display the bodies by which battled all their life. It is also in the street that they conquer their husbands, this space is to be held as complete and accurate travestites (Kulick, 2008). These groups develop identity ties, a set of rules of conduct directed to the territory and the behavior as travestite.

The territory of travestite prostitution, are places of fundamental importance in the construction of this being.

Spatial experience of travestites develops by prohibitions and practices of appropriation of certain urban spaces. It is in these spaces that can impose standard protocols in the group and thus establish the territory of travestite prostitution. Here we can get a kind of group organization who can be recognized and identified socially (Benedetti, 2000). To go to the street means to be part of a group, an identity and a territory (Ornat, 2008). The street is an hierarchical territory, where older travestites have some rules and rights to be respected.

Building an identity

For a travestite, a beautiful female body have a direct relationship with a good financial performance in prostitution. For her the femininity appears within reach of those who really want, and therefore to feel woman does not need to lead a life of real woman, because all she needs is to acquire the appropriate attributes and the appropriate relations (Kulick, 1998).

A travestite is in permanent construction, the transformation process is an unfinished process. The experiences and conceptions that lead a travestite to take the decision to start the process of transformation occur and are formed in childhood.

Travestites recall a period of life marked by erotic games with other boys and sexual attractiveness of males, always culminating in a series of sexual experiences, in which the future travestite ends up having sex with older males.

It is during adolescence that these children develop the preliminary requirements for physiological growth, mental maturity and social responsibility, in order to try and get through the crisis of identity, understood as the psychosocial aspect of adolescence (Erickson, 1972).

Youth is a period of consolidation of identity, the identity does not acquire a definite shape, but a fund set to be sexed and social person. A fund organized and an organization that sets the role of the individual inserted in their circumstances. This identity, a dynamic center of experiences, to think and act, builds up in the oscillation between objectal and narcissistic investment. There is a need to approach each other and assimilate their qualities, in contrast with the statement itself.

During the period of adolescence, there is the issue of parental imagos, of grief and change the subject, there is a revival of the pre-genital conflict and childhood dependence that torments the teenager (Coimbra de Matos, 2002). Identity can be seen as a constructivist process, in which society allows the individual to develop and integrate the different stages of psychosocial development, and as the position that the adolescent adopts these steps will build his identity, and identity and identification can be apart. The rejection of the parental objects and discovering sexual object for the individual will determine the choice of sexual orientation, which is also part of their identity. Therefore, these new object relations will serve to support the new internalizations and identifications, although the subject only identify some characteristics of the object. When interacting, for example, by the group of peers with which it identifies itself, this will serve as an intermediate for other interactions, and new objects with which can identify himself. This constant contact with the outside, allows the individual to reconnect, reshape and restructure their identifications, which implies redefine his identity (Erickson, 1972).

Being a travestite is more than a boy fantasy where he identify himself with the maternal imago, leading him to a role in the construction of identity. Being a travestite points to some confusion between sexual identity and the individual's identification with the body who belongs that identity. However, this is not a transsexual psychic, because there is no dissonance between that sexed body and mind. It seems to be a cross identifications or probably related to a weak identification, leaving the subject to drift, in a constant search for an identity (Garcia, 2009). After the first sexual experiences, future travestites begin to feel a very strong desire to dress like women increasingly and explicitly give thus beginning the differ-

ent body modifications in order to become more feminine (Janelli & Albuquerque, 1995). When these transformations are becoming increasingly evident, the boys are often expelled from home or leave it for free will. Far from the family and critical perspectives, they are free to explore what they feel to be their feminine nature.

Eventually meet older travestites and experienced people who will advise and assist in the task of improving and completing it as being female (Kulick, 2008). Older travestites often encourage the youngest ones to take hormones, knowing that sooner they start, better will be the results. Hormones establish a kind of border line between the real travestites and what they call cross-dressers. Adoption of silicon as a mean of transforming the body, is a very important milestone in the life of travestites, it allows them to stay with shapes of woman. Travestites take names, clothes, hair and female body practices to increase their desirability with the male community. The affective space of travestites is filled by men who they consider interesting and endowed with the right qualities, so they like to please them and mobilize all their efforts to it, including its gains from prostitution. Boyfriends of travestites are commonly called husbands (Kulick, 2008).

The travestite prostitution is not only a source of income but also a source of pleasurable and rewarding experiences. Travestites do not see prostitution as a form of degrading sexual exploitation, but as a job that gives them a lot more money than a regular job. Prostitution makes them feel attractive. They refer to themselves as prostitutes or whores and use the word prostitution to talk about their job. Many travestites have a favorite costume to work considered fashion and appealing to the males. The makeup used is also highly valued and may also be a target of a joke or a bad comment (Kulick, 1997).

Results

“This black girl is ugly and doesn’t put makeup.” – Claudia said.

“You know, I was a Miss, considered the most beautiful travestite in Portugal!” – Patricia said.

“They want our cock, but they want your cock in a woman. They want to enjoy and have pleasure and we enjoy with them. With clients we enjoy, with husbands we feel woman!” – Paula said.

“- (...) I’m a cross-dresser, do a show at the bar X. I’m not a travestite, if i wanted to i could be, but no. I like to be a man and get dressed like a woman (...) they are there with their tits out and i sit at the stop with my cock out to show customers and they stop right away. They want a big cock like mine. Do you see here the hair (down the neck of her dress and showed me his chest) they do not realize the breasts and also didn’t care about it, they want what i have down here.” – Cassandra said.

Me:

- So you’re different from them. They are here every day to make money.

- Yes, I only come here once in a while, once a month to earn some more.”

- So your clients are different from them?

Yes they are, mine are queers who want to have sex with men and can’t do it, so...they have sex with someone dressed as a woman. Don’t have to look like a woman, they are having problems in having sex with men. “

Me talking with another travestite:

- “So you want to change sex is it?

I want, I do and I go to Brazil for another life as a woman.

Do you feel like a woman? Girl...I always felt like a woman.”

To years later she remains in prostitution in Lisbon and didn’t do any reconstructive surgery to have a vagina instead of a penis.

Me talking with Sandra: *- “But you don’t want to operate the sex?*

- God of course not ... look at me! I born man so I will always be a man, I can’t change that. Now the rest i can change and modify, put silicone ... (grabbed the breasts to show me). “

Having another conversation:

- *“You have a really nice hair.*
- *Like it?! Are extensions! I like to have long hair. (moved in long, straight and blonde locks)*
- *They are very beautiful, you are really fine.*
- *Thank you.”*

Some transcripts from the research Diary:

“A little further on, we saw a black travestite, Sandy, and went to talk to her. Sandy is a person full of opinions. She talked to us and talked for a long time.

She talked about men and said that it was easier to have a boyfriend who had met in the street than a boyfriend known in social contexts outside of prostitution, because when it came time to reveal her profession was quite difficult and embarrassing for her.

If she had a boyfriend or husband on the street everything was easier because then he knew what she did for a living. However, the pain was large in both cases.”

Discussion

The travestite culture is an individualistic and young culture produced by individuals who want to stay young. A culture constituted and perpetuated by individuals whose beauty is more important than a splendid social skills, a culture based on attraction, sex appeal and femininity, being the product of a conscious effort and intense physical manipulation that in most cases has beginning in youth and remain throughout life.

Being a travestite in Portugal, means being a prostitute because they are hardly accepted in another job due to taboos and prejudices that still exist in our country. Being travestite involves intense body modifications, assuming a female identity twenty four hours a day, even being aware of their male sexual identity, because in terms of sexual orientation they are homosexual. For them, homosexuality is lived to the extreme, they have the courage to shape their desires, assuming different gender roles for convenience (Kulick, 1998).

The husband is part of their emotional space much more than sex. For ambiguous relationships, there is a street, scene of secret meetings and trade, where they feel desired by young boys “vices” looking for a casual relationship. On the street travestites are constructed subjectively. They need prostitution to be real travestites, need to be sought after, to be commented and envied by others. They do not mix with women in the street, occupy a defined area, recognized by who pass there overnight.

At certain times we can watch a parade of travestites, each one works in her point without interfering with each other. There are several rules and a hierarchy in the street, where there has to be some respect otherwise they can go home without sustenance.

The older, the Portuguese take over the territory and make sure that everything will run more or less well. Say the more experienced that in the street there are no friends, only interests, complicity or tolerance.

Conclusion

Being travestite is to cultivate a youth ambitious body, a body so perfect that is the envy of women who pass on the street, is working to acquire subjective forms of a gender that does not exist yet, a gender in permanent construction, a gender that meets the aspirations of the modern woman, without taboos and without prejudice.

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Understanding same-sex couple dynamics through systemic clinical intervention^{68*}

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This article is based on a study that sought to understand the dynamics of the relationship of same-sex couples that attend therapy, and to develop a systemic model for clinical intervention. Constructivist premises and concepts regarding couple dynamics, couple therapy and sexual diversity were reviewed. The methodology of this intervention research with a mixed design included the review of ninety-eight clinical charts and the analysis of the therapeutic process with six couples. Two different couple profiles were established according to their predominant features regarding five analytic areas associated with couple conflict. The proposed therapeutic approach required a complete evaluation of couple dynamics, in order to connect the reason for consultation and to introduce strategies that promoted a clear positioning of each couple member regarding other alternatives for the relationship.

Keywords: same-sex relationships, homosexuality, sexual orientation, psychology, systemic approach

Topic: Same-sex relationships

Introduction

Nowadays, sexual diversity appears as an interesting subject in several disciplines, including psychology, because of the greater visibility of individuals, couples, families and communities with non-heteronormative experiences that question legitimized paradigms about the dynamics in relationships (García, 2009). On an international scale, recent legal developments have guaranteed human rights to all individuals pertaining to the LGBTI community in several countries (ILGA, 2012). Specifically in Colombia, same-sex couples that live together in a free union manner have the same civil rights as heterosexual couples, except for the right to adopt a child as a couple (Colombia Diversa, 2010).

This study seeks to understand the dynamics of same-sex couples that attend therapy in Bogotá, and to develop a systemic model for clinical intervention. Previous studies have proposed general guidelines for therapeutic work with ind LGBT individuals (Ardila, 2007; Sanders, 1993; Sanders, 2009; Asociación de Psicología de Puerto Rico, 2008), but they do not assess the particular dynamics of clinical intervention with same-sex couples and most of them do not include intervention research methodologies. Furthermore, most of these studies compare heterosexual and homosexual dynamics (Atkinson & Hackett, 1998; Bailey and Zucker, 1995; Cardell, Finn, & Marecek, Cochran & Peplau, 1990; 1981; James & Murphy, 1998; Loulan, 1987; MacDonald, 1998; Ossana, 2000), which could be seen as important but insufficient. Despite the fact that there are common references for all human bonding modalities, a characterization of same-sex couples, in which their particular dynamics are recognized, is absolutely necessary. This investigation is based on the ecosystemic paradigm and the constructivist epistemology (Maturana, 1995) and therapeutic processes are structured according to strategic brief therapy (Hernández, 2004).

68 - * This article is the result of a Master's thesis in clinical psychology developed in 2010-2011 by Carolina Herrera Small and Juliana Andrea Torres Orozco under the direction of Ángela Hernández Córdoba, Ph.D

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Method

Design

The methodology of this intervention research with a mixed design included the review of ninety-eight clinical charts, comprised of thirty same-sex couples and thirty-eight individuals, as well as the analysis of the therapeutic process with three female and three male couples. Non-probabilistic convenience sampling was used, due to the fact that all participants in this study sought couple counseling in LIBERARTE (www.liberarte.co), the first independent therapy organization in Colombia working with sexual and gender diversities from a systemic approach and offering individual, couple and family psychotherapy as well as therapeutic support groups.

Participants

Participants in this research were middle and upper-middle class same-sex couples and LGB individuals with ages that varied from 20 to 52, who sought counseling in LIBERARTE due to conflicts in their relationship during the period of October 2008 and April 2011. Participation in this study was voluntary and an informed consent was obtained for each case.

Instruments

All the quantitative data used in this study was obtained by reviewing the patient's clinical chart. Results were statistically analyzed, using the Chi-Square test on the Statistical Package for the Social Sciences. The resulting double-entry categorical matrix allowed the characterization of these couples and this guided the development of the model. The instrument used for collecting qualitative information was the recorded audiotape of the psychotherapy sessions, which was later transcribed, preserving the participant's anonymity.

Procedure

The analysis of the patients' clinical charts resulted in a first description of social and demographic characteristics of same-sex couples who seek counseling, as well as a general comprehensive understanding of the dynamics of their relationship and the therapeutic approach that could be useful in these cases.

Results

The characterization of the couple dynamics and the therapeutic approach was developed through the formulation of eight interactive and deductive categories, from which five analytical axes emerge. The five analysis axes follow a chronological order according to the establishment and consolidation of the couple's bonding, which also matches the logical organization of the proposed therapeutic approach.

(1) *Establishment of the relationship and vicissitudes that contribute to the emergence of couple conflict*: circumstances under which the relationship emerges and moves forward that are associated with the actual conflict, including starting off in a triangular relationship, the prevailing tendency to triangular relationships, insecurities at the beginning of the relationship, previous heterosexual relationships, long-distance relationships and fusion.

(2) *Reasons to remain in the relationship*: can be explicit or implicit and relate to economic reasons, family acceptance of the relationship, sharing the life project, being in a serious relationship for the first time, company, sexual gratification, emotional needs, fear of loneliness, partner's threats of suicide and of revealing one's sexual orientation to the boss.

(3) *Sources of tension*: changes during the lifespan, conflict-prone relationships and individual stressful events that fuel the couple conflict, such as job loss, conflicts with the family of origin or with the family-in-law, conflicts with one's or one's partner's sexual orientation, financial difficulties, departure from college, conflicts with one's children, partner's infidelity, conflict with shared time, housing changes, coming out process and social or cultural differences between the partners.

(4) *Motive for consultation*: the consultants' definition of the situation that is generating difficulties in couple dynam-

ics and has led them to attend counseling, such as ongoing conflicts between partners that find no resolution, constant break-ups or threats to break-up the relationship, jealousy because of insecurities about the emotional bond, infidelity, poor communication, physical and psychological abuse, the need of making final decisions about the relationship or the need of a personal strengthening process.

(5) *Intervention effects*: progress and changes that become evident to the consultants and the therapists during the therapeutic process, which include an increase in mutual trust, better communication, the acceptance of individual differences, decisions about the continuity of the relationship and about the personal stand towards one's life, the definition of the relationship through an explicit statement of the spousal commitment and the relational possibilities, the end of violent interactions between partners, the rupture of the prevailing relational pattern, less and lower-intensity confrontations and the recognition of individual strengths.

Other dimensions of couple dynamics that are associated with couple conflict are:

(6) *Prevailing relational pattern*: the pattern that connects the couple's interactions. The most striking trends are (a) the ambiguous pattern, in which both partners are doubtful about the spousal commitment but these doubts are not expressed openly and feed prevailing patterns of abuse or emotional blackmail in order to force one's partner's commitment to the relationship and hold him/her accountable for one's own satisfaction; b) the symbiotic pattern, which relates to the fusion of both partners who feel incomplete and not able to function effectively without the partner's psychological or real presence (Brown & Woollams, 1979).

(7) *Beliefs and values*: relate to religious or heteronormative beliefs, internalized homophobia, sense of vulnerability when expressing emotions and the legitimization of the relationship through cohabitation.

(8) *Relationship agreements*: explicit or implicit agreements between the partners about their couple relationship, which refer to traditional gender roles, division of labour and management of financial resources.

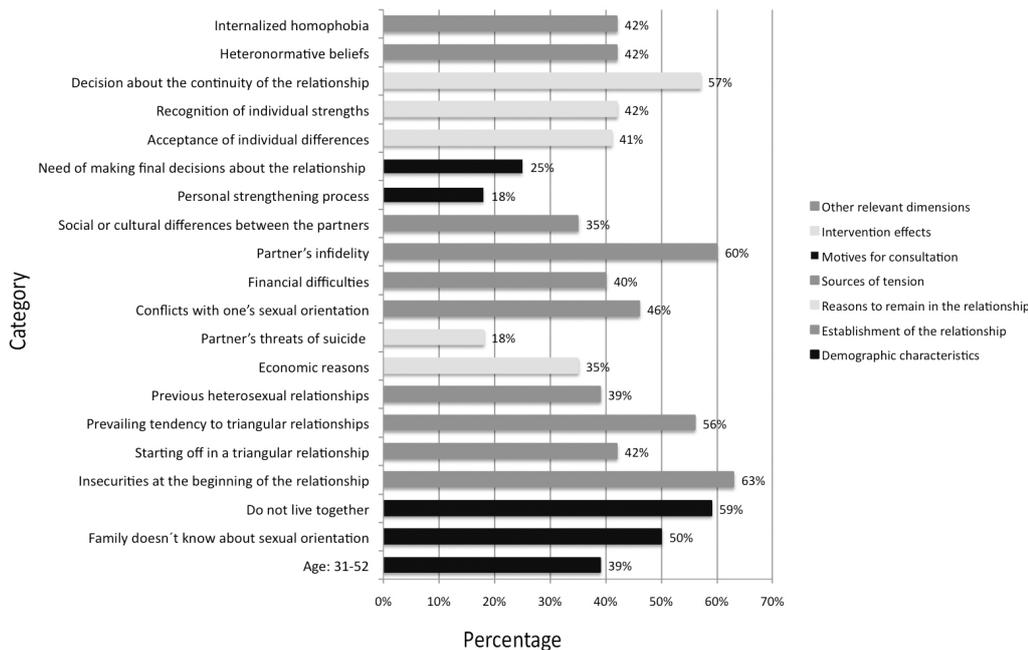


Figure 1. Characterization of couples with a prevailing ambiguous pattern (group 1).

Figure 1 shows that the group of couples with a prevailing ambiguous pattern is constituted by couples with members aged 31 to 52 who do not live together and whose families do not know about their sexual orientation. They often have individual conflicts with their sexual orientation, based on heteronormative beliefs and an internalized homophobia, which leads them to engage in unclear and triangular relationships. These couples usually have difficulties during the initial adjustment because of both partner's uncertainties and interference from third parties. These relationships move forward with a great deal of tension for the individual and for the couple and the partners tend to decide to remain in the relationship on grounds that seem more mandatory than optional. The motives for consultation refer to the need to take a clear personal stance and the need to make final decisions about the couple's relationship. The intervention effects refer to making decisions about the continuity of the relationship and about the personal stand towards one's life, as well as acknowledging individual strengths and accepting individual differences.

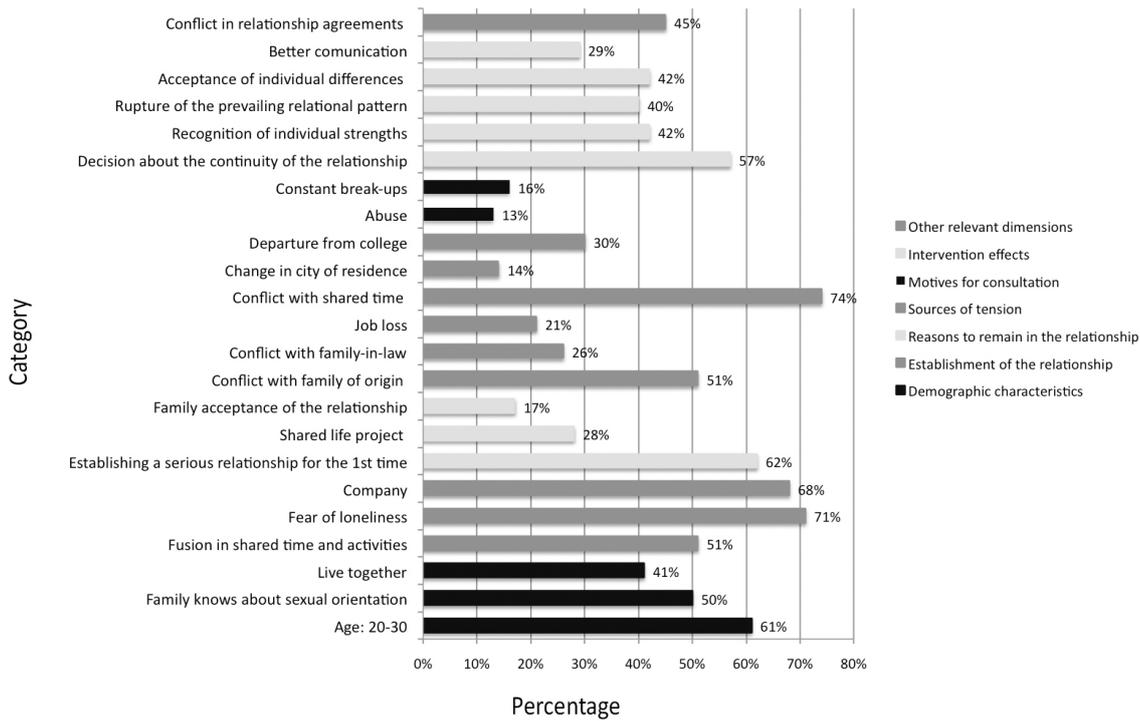


Figure 2. Characterization of couples with a prevailing symbiotic pattern (group 2).

According to figure 2, the group of couples with a prevailing symbiotic pattern is constituted by couples with members aged 20 to 30, who live together and whose families know about their sexual orientation, although this doesn't mean that they necessarily acknowledge the couple's relationship. One member of the couple has lost most of the sources of support and personal validation because of conflicts with his/her family or due to external sources of tension, which leads to an emotional attachment to the partner. These relationships have a better initial adjustment and move forward with great emotional expectations, but ultimately with the progressive weakening of one member. Then the conflicts regarding the agreements of the relationship arise due to exhaustion when partners don't receive the expected emotional validation or when they do not want to delay their personal projects in order to remain in the relationship. Conflicts and tensions get exacerbated and reach the level of abuse and threats to break-up the relationship, which are frequently the motives for consultation. In these cases, the intervention will usually have to deal with making decisions about the continuity of the relationship and about the personal stand towards one's life.

Description of the therapeutic process

Couples that sought counseling were assisted by one therapist and the decision to work with a therapeutic team was taken when it was required by the complex nature of the couple dynamics and the issues involved in the case, in order to ensure the best possible results. The systemic strategy of the reflecting-team was used when it was considered appropriate, according to the intervention strategies employed.

Table 1.*Characterization of the therapeutic process.*

Case	Motive for consultation	Number of sessions	Joint sessions	Individual sessions	Intervention effects	State of the case
Female						
1	Ongoing conflicts	6	1, 2, 5, 6	3, 4	Decision making and rupture of prevailing pattern	Closed
2	Jealousy	4	1, 4	2, 3	Acceptance of individual differences	Closed
3	Ongoing conflicts	5	1, 4, 5	2, 3	Better communication, acceptance of individual differences, decision making and rupture of prevailing pattern	Closed
Male						
4	Constant break-ups	2	1	2	Better communication, decision making and recognition of individual strengths	Closed
5	Abuse	4	1	2, 3, 4	Recognition of individual strengths, decision making and rupture of prevailing pattern	Closed
6	Poor communication	6	1, 2, 3, 4	5, 6	Better communication and rupture of prevailing pattern	Closed

According to the general characterization of the therapeutic process presented in table 1, the different stages of this process are described below with the employed interventions, and the effects on the members of the couple are highlighted:

(1) *Telephone reception*: The primary goal during the first contact with the members of the couple was to establish the composition of the therapeutic system and to develop initial case hypotheses. Both couple members were requested to attend the first appointment and the therapist avoided alliances with one member of the couple.

(2) *First session*: the therapist established rapport and assessed the couple dynamics. This process was continued during the second session in cases 1 and 6. The session started with a *social phase* and then continued with a *contextual understanding* of the case, ensuring *therapeutic neutrality*. The *definition of the problem* presented by each partner and the emergence of couple conflict was then explored. The therapist inquired about the motivations to seek counseling and the *expectations of the therapeutic process*. This intervention allowed the couple to state the fear of being separated by the therapist and gave her the opportunity to explain that the continuity of the relationship could not be considered the therapy objective, because this decision should be taken by both partners and should result from the evaluation of their spousal commitment and their relational possibilities. Then followed an *assessment of the couple dynamics*, retaking the mentioned analysis axes and focusing on the sources of tension related to the emergence of couple conflict, in order to characterize the consulting system.

Finally, the *problem was redefined* in four of the cases, in which the therapist could point out the hypothetical links between the motive for consultation, the couple dynamics, their personal needs and the desired change. In cases 1 and 6 the therapist did not have enough elements for the redefinition of the problem and the session was ended with a *positive connotation* of the way the partners were handling the problem. In all cases the therapist *recognized the couple's interest* in finding a solution to their discomfort.

3. *Individual sessions as a distinction factor*: The main goal of the individual sessions was to offer a *distinction factor* that would help break the symbiotic or the ambiguous pattern and would as well allow the members to take a clear personal stance on the relationship through a more detailed review of each member's life, projects, personal interests, reasons to remain in the relationship as well as beliefs and values that contribute to the emergence of couple conflict. Personal experiences were explored in order to clarify the prevailing relational pattern connected to the emergence of couple conflict and each partner's participation in this pattern. In case 6, four couple sessions preceded the individual sessions because of a communicational pattern in which the partners avoided conflict and a progressive distancing between the partners. In case 5, the individual sessions were carried out with a therapeutic team and the *reflecting-team*

strategy was used. As a result, both members of the couple decided to end the relationship and one of them decided to continue with an individual therapeutic process in order to accept the situation.

4. *Therapist's feedback and positioning of the couple members*: In four cases a joint session was carried out, in which the therapist presented the full acquired understanding of the case according to the assessed dimensions of the couple dynamics in order to point out the couple's dilemma.

5. *Exploring relational possibilities*: The final phase of the therapeutic process involved an exploration of relational possibilities under clarified conditions and personal needs. Minimum changes during the therapeutic process were taken into account as an indicator of the potential changes in the relational dynamics. This allowed an open conversation about other relational alternatives that had already been introduced by the partners or that could be explored from that moment on. The four couples that reached this phase reasserted themselves in considering their relationship as their best option. The therapist made specific suggestions to keep the changes accomplished by the couple and *recognized their achievements and clarified positions*.

Discussion

According to the goals of this study, it was possible to identify the relational patterns that define at least two types of couples with different prevailing features and to develop an intervention model for same-sex couples that is based on clinical criteria.

The conceptual implications of these findings are based on the need to help bridge the gap in scientific knowledge on relational dynamics of same-sex couples stated by McNair & Spitalnick (2005), Malley & Tasker (1999) and Clark & Serovich (1997). These results allow a complex and ecosystemic perspective on the prevailing features of these couples, in order to address their specific characteristics and propose adjusted intervention strategies that activate the change potential within therapeutic processes. These intervention strategies connect the different dimensions of the couple dynamics with relevant social and demographic characteristics, motives for consultation and broader relational patterns. This perspective avoids the risks of analyzing the relational dynamics of these couples with fragmentary or heteronormative frameworks (McNair & Spitalnick, 2005), because sexual orientation is conceived as a subjective, interactional and contextual condition with specific implications on the relational dynamics and conflicts.

From the constructivist epistemological frame of reference, it is crucial to point out the importance of a systemic understanding of the individual dimension, because it allows an expanded perspective of the relationship establishment and acknowledges the subjectivity of each person and his or her positions, experiences, questions, conflicts and beliefs. Moreover, the links between the social and demographic characterization of these couples and the emergence of couple conflict has not been addressed in previous studies. Prior references only account for the relevance of couple relationships as a motive for consultation among sexual diversities (Murphy, 1991) and establish partial connections between the partner's sex and the most frequent interactional conflicts (McNair & Spitalnik, 2005; Sandfort & de Keizer, 2001; Ossana, 2000).

On the other hand, one of the contributions of this study refers to a general characterization of two groups of couples with different prevailing relational patterns, which acknowledges the interactional dimension. The researchers' hypothesis about how the symbiotic and ambiguous pattern emerge and are maintained in a significant group of same-sex couples is underpinned by contextual, interactional and subjective dimensions, which in turn questions some of the previous explanations, such as the ones developed by Blumenstein & Schwartz (1983), Boyle & Cove (2002), Sandfort & de Keizer (2001) and McNair & Spitalnik (2005). These authors' conclusions are based on gender stereotypes and state that male couples face more difficulties in their sex lives while female couples face greater dissatisfaction in the emotional area. These generalizations don't recognize the multiple aspects that must be taken into account in order to understand the conflicts that arise in same-sex relationships.

Additionally, the ambiguous pattern is not defined in scientific literature and is one of the most important contributions of this study, because its description allows an ecosystemic understanding of abuse and emotional blackmail in couple relationships. This description of the ambiguous pattern is also useful because violence inside same-sex couples has not been directly addressed by other researchers or by the social movement in the Latin American context, due to the fear of pathological interpretations of these findings that could result from heteronormative perspectives. However, the acknowledgement of these dilemmas is precisely the first step to transcend the polarities between romantic versus demonized versions of same-sex couples and to address their specific needs.

Finally, betting for clinical evaluation axes for same-sex couple's dynamics that go beyond the use of non-homophobic language, the validation of these relationships or the appreciation of their resources for facing social challenges, implies conceptual rigor on this controversial topic. Regarding the implications for the therapeutic approach, the

proposed intervention model is based on clear clinical criteria that keep the psychological dimension as the central feature and highlight the relevance of a complete and precise evaluation of the relational dynamics. This is important, because many authors such as McNair & Spitalnick (2005) and Murphy (1991) have already observed the lack of specific training for therapists regarding useful therapeutic approaches with same-sex couples and the need of scientific studies that review the usefulness of the different therapeutic approaches.

The proposed model helps clarify the criteria that can guide a well-founded approach that doesn't seek to fit useful interventions with heterosexual couples to same-sex couples nor is it solely based on the validation of sexual diversity. From this perspective, it is important to point out that the therapeutic setting can't become an ideologizing setting. On the contrary, it should allow the consultants to exercise their autonomy regarding their definition and experience of their own sexuality, without necessarily labeling themselves or enrolling in certain social groups. In this sense, new questions arise regarding affirmative therapy for homosexuals as proposed by Ardila (2007). Although the researchers of this study share the value of personal positioning and accordingly the possibility to make independent decisions on the different aspects of life, including the couple relationship, they do not consider it necessary to direct this positioning to a permanent definition of one's sexual orientation according to labels that restrict one's autonomy and don't recognize the diversities and the multiple subjective experiences around one's sexuality. Nor could be stated that the clinical criterion that connects the interactional, subjective and contextual particularities could be replaced by a lineal hypotheses in which the consultants' well-being or suffering depends on the reaffirmation of homosexual identity, because the personal identity is conceived as an analytical abstraction of a changing and nuanced relational experience throughout the lifespan.

Gurman's (2001) arguments about the redundancy of speaking about brief couple therapy are considered valid, because the duration of the therapeutic process did not exceed twelve sessions and the rupture of the prevailing relational pattern was accomplished in the cases where eight to twelve sessions were conducted. The principles of economy and parsimony, as well as the focus on the couple's strength and on the present dynamics are key elements for an effective intervention model.

Finally, the limitations of this study refer to the non-probabilistic convenience sampling used to select the participants. Therefore, couples residing outside Bogotá did not participate in the study. On the other hand, the therapeutic intervention with same-sex couples developed in this study did not include a long-term follow-up in order to evaluate the permanence of the intervention effects.

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Use of psychodynamic-oriented group counselling to prevent homophobic bullying: A research with teens and preadolescents

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Abstract

Introduction

This paper tends to share a committed research-action meant to prevent and contrast homophobic bullying in the Region Campania's schooling context. Referring to a wide project proposal which contemplated the implementation of a mixed methodology (socio-cognitivist and psychodynamic) in two different schools – this research work aims at introducing and describing the psychodynamic-oriented Group Counselling as a specific tool for awakening awareness of and preventing violence among peers.

Aims

This model was proposed to offer the students involved a space for reflecting, meeting and confronting on sex-identity topics, gender issues, stereotypes, homophobia and homophobic bullying and all the emotional meanings awakened by those topics.

Methods

Three classes of a *Liceo Classico*, which is a High School, (two II° year classes and one IV° year class; number of participants: 20 students; range of age: 14-18 years) and three classes of a *Scuola Media*, which is a Middle School (two II° year classes and one III° year class; number of participants: 25 students; range of age: 11-14 years) were involved in the project. The Group Counselling model schedules three meetings of an hour and thirty minutes each, which are led by a psychologist and a non-participating silent observer in charge of reporting the experience

Results and Conclusions

During the meetings, the kids were able to share experiences and difficulties, discuss diversity, change and relationships. It was therefore possible to create an opportunity in which the students were able to recognize and reflect on their own feelings and behaviours, all that supporting the development of a group-friendly environment in which emotions, roles and positions were able to circulate freely.

Keywords: homophobic bullying, prevention, psychodynamic-oriented Counselling, non-participating observation.

Introduction

The Anti-discrimination service centre of the Synapse Service Centre belonging to the University of Naples “Federico II”, has recently promoted various measures to investigate and prevent the phenomenon of homophobic bullying within the schooling context in the Region Campania.

During the year 2011/2012, the intervention design was proposed to and accepted by two schools located in the area nearby Naples. In both, a plenary meeting, a cycle of psychodynamic-orientated Group Counselling was conducted afterwards.

This tool was introduced to provide the students involved a space for reflecting, meeting and confronting on the issues covered by the project, on themselves in relation to those issues and on the emotional meanings underlying the dynamics of discrimination and violence among peers.

Introducing and addressing issues such as sexual identity, gender stereotypes, homophobia, homophobic bullying in an educational context arouses all the different emotions related to embarrassment, fear and curiosity in the students and the teaching staff (Santoni B., 2009). Introducing these issues is not only equivalent to transmit content and information, but it means also moving different emotional flows which are even more powerful considering the average age of the group concerned and the developmental tasks which it is called to confront itself with.

It is precisely in the perspective of receiving and containing these emotional flows that the Counselling Group was introduced as the cornerstone methodology of the intervention.

Within this “research-action”, this method, already used in contexts of institutional education with a specifically training and preventive aim, was introduced and “tested” in an specific educational context and aimed at young kids at the very early stages of adolescence.

Homophobic bullying, then, certainly acquires specificity when considering early adolescence as a period of consolidation and intensification of gender behaviours to which the preadolescent becomes more and more sensitive even under the influence of family, school, peers and the media.

The methodology

The psychodynamic-oriented Counselling Group model (Amodeo, Liccardo, Tortono, Valerio, 2008; Nails, Di Fratta, Valerio, 2009), inspired by the experience gained in Individual Counselling with adolescents and young adults, was conceived as an attempt to combine the principles of psychodynamic Counselling with the group discussion techniques.

The group, understood as subject, tool and method of intervention (Margaret G., 2003), is configured as an elective “place” where to perform a clinical and preventive action in an institutional context. The group dimension allows for an easy and convenient access to a space for reflection by stemming the resistances and the risks associated with the individual intervention, which in the school context may awake ghosts such as discrimination and stigmatization of the users involved (Salvatore, 2005). In a determined and circumscribed temporal boundary of three sessions of an hour and fifteen minutes each, the peculiar setting offers the subjects involved the opportunity to explore the understanding of one’s own psychic functioning in certain areas and in connection with specific relational experiences and change. All this is based on a specific model of development provided by the psychoanalytic theory of the object relations, enriched by the thoughts of authors (such as Blos, H. Deutsch, Kohut and the operators at the Tavistok Clinic and the Brent Center) who, coming from a psychoanalytic training, got interested in and dedicated to counselling with young people.

Aims and Objectives

The main objective of Counselling Group is to provide the young participants involved a space for confrontation and containment, a protected space and time for mutual listening and communication in which experiencing, reflecting and discussing together on the issues covered by the project and on the subjective emotions evoked by them.

The psychodynamic-orientated Counselling Group may ask the participants to make the observation of their own emotions a daily working tool, almost a form of emotional education to revitalize their relationships with communications which are less automatic and more open to change.

The objectives of this intervention are multiple:

- Containing and alleviating the anxieties evoked by the issues covered by the project
- Activating the psychological resources which are internal to each participant

- Helping them to become aware of their own difficulties and tolerating their own limits, as well as fostering awareness about their own emotions and behaviours
- Supporting the development of a group-friendly environment in which emotions, roles and positions can circulate freely.

The literature concerning the risk and protective factors about the phenomena of homophobic bullying has emphasized that the school environment and the peer group, besides the individual personality and the defensive behaviours, are determinant in the onset and perpetuation of homophobic bullying and discrimination (Phoenix et al., 2003; Poteat & Espelage, 2005; Poteat, 2007; Poteat et al, 2007). Because of these assumptions, the methodology of Counselling Group was designed, chosen and included as a strategy able to act on these dimensions through a supportive / preventive synergy.

Administration and subjects of the intervention

The project is divided into three weekly meetings. These meetings last one hour and fifteen minutes each. The experience is driven by two psychologists, a conductor psychologist and a non-participating observer, who has the task of writing a report of each meeting held. This report, which shows in detail the events, the dynamics and the central topics of the meetings, is discussed during supervision moments in which the story of the meetings is processed and thought by the operators and by the same supervisor according to the referring theory.

Subjects

- Three classes of a *Liceo classico*, i.e. a High School, located in the province of Naples: two II year classes and one IV year class; number of participants: 20 students; age range: 14-18 years.
- Three classes of a *Scuola Media*, i.e. a Middle School, which is located in Naples: two II year classes and one III year class; number of participants: 25 students; age range: 11-14 years.

Retracing an experience: analysis of the results

Throughout the supervision of the observational material, it was possible to examine, process and identify some relationships of similarity and discontinuity among the groups involved in this path; and also at the outset it was possible to assess the impact of this treatment in alternative conditions in an attempt to investigate more deeply how the variables of interest operate.

For the purpose of more detailed references, the two paths of Counselling, conducted respectively in the High School and the Middle School, are separately described. This “division” is substantiated by the different functioning that the intervention has taken in the different schools since the negotiation of the setting.

The intervention in the *Liceo Classico*, High School (14-18 years)

From the very first meeting, despite having previously negotiated the setting of intervention, operators had to deal with the verbally and physically acted rejection of the school staff in welcoming a new setting and a space where issues such as homophobic bullying, sexuality, gender identity were faced. The first meeting with the kids well represented the rejection and the reluctance already expressed by the headmaster and the teachers.

“*There is no homophobic bullying here*”: these were the words with which the space for Counselling often opened, a beginning which was frequently characterized by silence, giggles and embarrassment.

“*And now, what do we do? What should we say?*” With such a request the kids expressed not only the difficulty to access a different and new space, but also the embarrassment, the confusion and the perplexity regarding the topic of homophobic bullying, a topic which seems to pick up a series of taboos for the kids involved. The lack of interest, the disinvestment expressed for the issue of homophobic bullying was, then, connected to the fear, the tension that this topic evoked in kids who were facing a moment of search, of experimentation, of growth, a time when the unknown, the different can become highly disturbing.

After the first moments of silence, in the group discussions homophobic bullying became “a metaphor for all kinds of differences”: geographical and age differences, differences between small groups, differences that often became a

reason of non-contact, of separation within the group class.

The kids had the chance to wonder about their differences, to wonder about their choices on friends, on the unions and exclusions, they had the chance to think about the implicit operational dynamics of their class group.

The diversity understood and recognized in the same class group gave way to the discussion on “the different”, the one who acts, who speaks, who appears in a different way, that is on an ambiguous and not yet understood part that the group often projected outside of itself.

In some discussions, diversity, as all that goes out of the heterosexist logic, was connected to ambiguity, perversion and confusion.

But the kids, expressing and often overcoming fear, embarrassment, stereotyped and defensive logics, had the opportunity to reflect on topics, meanings and feelings, which often had never been disclosed before. Sexuality, gender identity, “different sexualities,” were addressed and explored in a group setting increasingly perceived as a safe and welcoming place to be.

Intervention in a *Scuola Media*, Middle School (11-14 years)

Since its first presentation to the school board, the project raised a strong concern in teachers, administrators and parents. Especially with regard to the proposed topics, the Counselling group represented “a dangerous chance”, a significant risk for the entire institution as the kids were let alone in the company of a psychologist who could trigger “deviant discussions”. All this resulted in the intrusion of the teacher in the classroom and then, inevitably, in the renegotiation of the setting and the reinsertion of the teacher within the group. The intrusion, the presence of the adult in the classroom led to the structuring of a disturbed and persecutory environment. The kids, therefore, lived the space for counselling as “the negative moment of the lesson,” a prolonged interval, where, however, the authority and judgement of the adults loomed.

From the first moment, it was difficult to trigger a circular communication. Euphoric outbursts, physical as well as verbal agitation made it difficult to keep the setting quite. Moreover, the kids always communicated by interfacing themselves with the figure of the conductor, an adult figure covered with power and authority. Towards this figure, the participants expressed ambivalence of behaviours such as regressive, dependant, and autonomous instances.

The search for a new position, a new place between being dependent children and autonomous adolescents engaged in the search for their own identities seems, in fact, to be the main topic of the several discussions at these meetings. The discomfort of feeling to be in a moment of search for their own identities which is tight and uncomfortable brought together the experiences of these young people, their feelings, their worries, especially regarding the arising of new developmental challenges. The expression of all that resulted in the complaint about the judgment coming from the other, in the rejection of being labeled, which was felt as something intolerable and unjust. In this sense, the label, the epithet, and often the nickname, were experienced as a threat directed against one’s own identity formation. This resulted in persecutory and violent experiences, experiences connected to the idea of traumatic bullying.

What had proved to be a confusing space, a non-protective space because of the continual intrusion of the teachers, a prolonged interval in which the chaos and excitement of the students was difficult to contain, progressively became a container which received narratives, which upheld a thought process, a space in which the students were able to go through their own experiences, where they could express feelings and talk about experiences and issues they felt frightening and destructive.

It is recognized that, within this process, homophobic bullying as the main topic covered by the project, gave way to issues which were felt as far more urgent by the kids.

The meetings were experienced by children as protected space where to express their weak parts, to experiment and show themselves to others outside of their usual behaviors, beyond every label.

Conclusions

By retracing the experience of intervention, it was possible to recognize the difficulty, concerning each group, in accessing a setting which subverted the normal school asset. Above all, it was possible to identify the initial resistance and reticence to discuss homophobic bullying and topics related to it.

But, along the meetings, the students became able to share experiences and difficulties, to debate about diversity, change and relationships. It was, therefore, possible to create a useful occasion for the students to recognize their own feelings and meditate on their own behaviours; all this supporting the development of a pretty welcoming group environment in which emotions, roles and positions could circulate freely.

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When I felt homosexual

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Abstract

Within the scope of a qualitative study, we explored the perception of sexual orientation of four homosexual women, aged between 37 and 44 years.

The method, based on the performance of interviews, allowed us to obtain life narratives and access these experiences from the point of view of the subject, on a dynamic perspective.

The narrative analysis, based on the “Free Association Narrative Interview” (FANI), a psychodynamic inspired method, aimed to access the latent meaning and to understand the subjective nature and emotional experience in each life-story.

We found a great diversity of pathways and psychic dynamics, confirming the contemporary way of thinking, that there isn't a single and unique way of being homosexual, and therefore, we should avoid a simplistic understanding of it.

KeyWords: female homosexuality, psychodynamics, identity, internalized homophobia, life narratives

At the beginning of the 20th Century, Freud (1905), while advocating that aim and object of sexuality ought to be considered separately, defines homosexuality as an inversion instead of a degeneracy. Freud does not reckon that homosexuals form a special nature group, or that they are essentially different from heterosexuals, and is against any attempt to separate them from the rest of humankind (Freud, 1905). For most authors, Freud's stance on homosexuality is “ambiguous” (Harris, 1991; Roughton, 2002). After Freud's death, his followers' propensity was to pathologize homosexuality (Roughton, 2002; Blechner, 2007). For many anti-psychoanalytic authors, accepting a psychodynamic model meant acknowledging the pathology, as well as blaming the homosexuals' parents (Roughton, 2002, 2002b; Mitchell, 2002, 2002b; Chodorow, 2002, Hodges, 2011).

In an attempt to avoid the pathological overtones of justifications based upon the etiology of homosexuality, many homosexuals have tried to assert its natural and biological origin - so that they can claim they were “born that way”, instead of having “become homosexuals” (Chodorow, 1992; Magid, 1993). This is an unnecessary and mistaken solution for the problem, regardless of the merits of the underlying genetic hypothesis, because it shuts down the subjective emergence of the individual, mostly as far as the emergence of his sexual identity is concerned (Magid, 1993). It took several years for psychoanalysis to change its approach to homosexuality, or, in other words, for it to “come out of the closet”. In this regard, and according to authors like Mitchell (2002, 2002b), Isay (1989), Drescher (2002), or Roughton (2002) what concerns us is not to pathologize homosexuality, but to understand it. And the first step towards getting away from the pathologizing point of view was the acknowledgement of the different routes that can lead to adult homosexuality (Magid, 1993).

Psychoanalysis is thus a tool to explore human experiences and a technique which enables people to change their lives (Auchincloss & Vaughan, 2001; Mitchell, 2002b). We need to understand the psychodynamics of homosexualities devoid of pathological implications. The work of many authors, such as Mitchell (2002), Stoller (1985) Friedman (1986) and Isay (1989), amongst many others, was an appeal to bring about a model of multiplicity, which takes into account the differences between the distinct homosexualities and heterosexualities (Burch, 1993, 1993b).

Our aim with the psychodynamics approach is to help breaking down the connection still in place with *clinical psychopathology*, so that the several kinds of sexual orientation, as well as sexual behavior and sexual desire, may be exploited and enjoyed *freely and naturally*, and truly analytical. We regard homosexuality, akin to Mitchell (2002), as being a natural kind of spontaneous expression of a multi-shaped sexuality, a possible outcome amongst several others, equally healthy and rewarding. Therefore, it must be highlighted that what is at stake here is not the etiology. Indeed, as it is acknowledged and outlined by several authors, there is no etiology or cause behind homosexuality (Drescher, 2002), but a great variability of paths that shape the lives of these people (Stoller, 1985, Fisher, 2002; Drescher, 2002; Kirkpatrick, 2002, Roughton, 2002, 2002b). Thus, gathering people under the label of their apparent sexual orientation, and put forward theories about what they could have in common as far as etiology and evolution

are concerned, demonstrates that psychodynamics simply bred bad science and, simultaneously, ignored the shared experience embodied in the social regulation of homosexuality (Ryan, 2001; Hodges, 2011).

Hence, for us, it only makes sense to think and understand homosexuality, inasmuch as we need to think and understand heterosexuality (Chodorow, 1992), highlighting, though, that often the assumption of the pathological nature behind psychoanalytical thinking was complemented with an assumption of “normality” with regards to heterosexuality (Chodorow, 1992; Corbett, 2001; Roughton, 2002, 2002b). As if homosexuality was built in contrast to heterosexuality, despite the past few year’s growing awareness that heterosexuality is not a type of natural flourishing of being (Mitchell, 2002). It must be said that there is still quite a lot we do not know about homosexuality, as well as heterosexuality (Chodorow, 1992; Mitchell, 2002b).

But we must not forget either, and are not allowed to, that all sexual experience is instilled with values, meaning and social pressure (Fromm, 1956; Simon and Gagnon, 1973; Corbett, 2001; Mitchell 2002b). And, as mentioned by Flax (1990), that which is socially allowed is closely linked to power relationships socially established. And these do not change easily, although there is always someone on the borderline, who will put pressure on such premises, until a new social law comes about. Homosexuality will thus destabilize received gender concepts, while challenging what was thought to be at the bedrock of their construction. Consequently, it will “shake up” the social law in place (Wilson, 1984; Burch, 1993).

However, all of us live, to a certain extent, according to the same social rules, (Goldner, 1991) and those who challenge, deny or ignore them are heavily penalized (Burch, 1993). Regarding gender and sexuality issues, we can say that challenging the normative relies at the basis of homophobia (Person, 1988).

We believe it is worth looking at this issue of homophobia a little closer, namely external and internalized homophobia.

According to Roughton (2002) internalized homophobia concerns not only the sphere of sexuality, but does reach the subject’s inner self and self-esteem.

External homophobia, it will always be a painful experience, since it consists of rejection based upon something intrinsic to the self, such as gender identity or sexual orientation (Brady, 2011). With regard to this issue of gender identity and sexual orientation, it is consensual amongst most living authors to separate gender identity from sexual orientation. While both can develop in parallel tracks, and might eventually intersect or interweave, there is no cause-effect relationship (Goldner, 1991, Burch, 1993, Schuker, 1996, Kirkpatrick, 2002; Reed, 2002).

We cannot take the person out of context, and, thus, both gender identity and sexual orientation are experienced in a given social, historical and cultural context, which becomes, in itself, part of that experience (Harris, 1991).

Let us think then about a woman who chooses another woman for a partner. She will definitely have to be aware that such choice entails a non-traditional life project, which challenges social norms and the conventional role assigned to females (Burch, 1993).

The stereotype associated to homosexual women and the social marginalization of those who are frequently seen as not being a “true woman” aim at warning all women to the dangers of gender non-conformity (Burch, 1993).

For some authors, sexual identity is socially constructed, through a mechanism in which each one of us self-identifies as heterosexual, bisexual, lesbian or gay (Cass, 1984).

From this point of view, an homosexual or heterosexual identity does not necessarily coincide with choosing a same sex or opposite sex object, since, for many people, behavior, fantasy and desires do not accurately match their self-labeling as heterosexual or homosexual (Burch, 1993b). Like Kinsey’s studies have shown (Kinsey, Pomeroy, Martin and Gebhard, 1953), many lesbians acknowledge some interest in men, and many heterosexual women concede to some interest in other women. There are also women who claim: “I am not a lesbian, it only happened that I fell in love with this woman”, or women who identify as lesbians but have relationships with men. Other women are essentially asexual, but identify as heterosexual or lesbian (Burch, 1993).

This way, we are increasingly aware that there are people who change their sexual orientation when they are going through middle age (Notman, 2002) as we have seen in the instances of Sandra, Miriam and Inês - three women we’ve interviewed by the FANI method (Hollway & Jefferson, 2000; Hollway, 2004, 2009;) - who felt heterosexual for many years, kept stable and happy relationships with men, one of them got married, two of them had children, and who, when they were about 30, realized they were in love with women, and felt homosexual. For two of them, that did not seem too heavy a burden: they are in loving relationships with women and felt they found their way, leaving an open door to fall in love with a man, someday. One of these women, however, lived all this process she herself described as of “self-discovery” with great anguish and loneliness, and lives, up to nowadays, all her love relationships underground.

Such acknowledgement of the fluidity of sexual orientation throughout life may not reflect a growing trend, but

merely a wider public exposure of something that might have always existed. Such changes can turn out both ways, although turning from heterosexual to homosexual seems to be more common (Notman, 2002).

Nowadays, it is perceived that homosexual women are not an unitary group, and that different psychological dynamics that come together while choosing an homosexual object must be taken into account (Downey & Friedman, 1998; Fisher, 2002; Kirkpatrick, 2002; Reed, 2002).

Kirkpatrick (2002) draws attention to the diversity of life backgrounds shared by women in homosexual relationships. Some are aware of the coexistence of homosexual and heterosexual desires throughout life, others may find new passions in adulthood, and some live happy lives with no feelings of sexual desire. There is no recognizable or consistent route to lead to such orientation, and its internal conflicts are equivalent to those found in heterosexual women.

We will next introduce the story of Rosa, a middle-aged woman, who guides us and shows us that the only way to live our sexuality in freedom is finding someone able to understand us in that which we regard as the expression of the deepest diversity and authenticity within each one of us, our life path.

Clinical vignette

Rosa - Living on the left

Rosa lives her homosexuality as yet another instance of feeling apart. She told us she has always belonged to minorities, and links such experience to being left-handed, having lived an urban-depressive adolescence, and having always identified as antisocial.

Despite having told us she was aware of her homosexuality as far as she can remember, in primary school, because she “found one of her girl classmates quite cute”, she also mentions that, at the time, she did not find it quite relevant, although nowadays she looks at it as a sign. The grasp of understanding, in her own words, “happened gradually”. Between 17 and 18, she lives her first infatuation, absolutely platonic, but she tells us “she got scared, and ran away”. As an exit strategy, she goes interrailing. From this experience, she withholds the feeling of “belonging to nothing at all and yet simultaneously belonging to everything, and not belonging to no one or nothing at all”, “of being able to breath and not getting into friction with anybody”.

She also tells us that she identified with the homeless, meaning with those who lost their benchmarks and have nowhere to go for shelter. Some cities convey a sense of belonging: when she gets there, it feels like she has always been there. In such places, she “feels a deep anguish, and just wants to cry her heart out”, but she never gets lost, even if she has no map, because this anguish, loneliness and helplessness are the feelings she has always been most familiar with. Her first childhood memory is breaking her right hand and hiding the unbearable pain she must have felt from her parents. They do not realize the pain she is going through, because she is left-handed and does everything with her left side. She tells us that when she went to school her parents always refused to repress her and never tried to force her to write with her right hand. They always wanted her to be “a happy lefthanded girl”, like she herself recalls. Regarding her homosexuality, Rosa says “it is all the same to them”, they never subdued her. There is no repression, but a total absence of acknowledgment of the pain of being different and invisible. No matter what happens, her experiences are always trivialized, and her feelings belittled. When she breaks up a significant relationship, after living together for near a decade, her family does not understand why she is not fine, now that she is back home. Her mother devalues her, accusing her of “lacking a backbone”, and warns her that she risks “ending up in a madhouse”. Notwithstanding, Rosa rushes to reassess the affection, which she does not dare to question: “They love me... If I told them I had cancer, I am sure they would worry.”

At 23, she has her first relationship, her first real passion. Soon after the first date, the first kiss, she feels the need to tell a friend, but still hesitates, “I am not sure I can tell you this: we have kissed last night”. The friend reacts saying “ah, I thought you had taken drugs”. To a college friend whom she lied for quite some time, she discloses that “that boyfriend you think I have, it is not who you devised, it is a girlfriend”. The friend’s answers “ah, I thought it was someone disabled”. So, once again, she has to face a comparison that evokes difference. This relationship lasts for less than a year, but Rosa cannot get away from this loss for a long time. She feels they fell victims to her girlfriend’s parents’ repression. When the relationship is over, she has her first anxiety crisis, with panic attacks and agoraphobia. After she becomes aware of her loss, she claims she “would rather not having another relationship ever again to going through such painful experience again”. With no room for mentalization, nor anyone to help her control her distress, she goes through a swift somatization: an acne breakout, as if she was going back to puberty, refusing to live

as an adult. “It looked as though I had been stung by a bee, only I had not seen any bees”. Such account reminds us of a paper in which Magee and Miller (1992) mention how important it is for homosexual women to become “bee charmers”, meaning, being able to get close to a beehive and collect the honey (of the relationship), avoiding being stung by the bees (rejection). What Rosa seems to lack is precisely such capacity.

As far as disclosing her sexual orientation to other people is concerned, Rosa compares the experience to a talk-show, in which a woman talks about her coming out and everyone reacts asking “and so, what else is new?” Such comparison with a talk show depicts the lightness, the fake nonchalance, the slight touch of exhibitionism Rosa conveys to the whole of her narrative, in which she exposes herself to us and talks about serious and painful stuff as if it meant nothing at all. Hiding the pain once again, it nevertheless comes to the surface when she tells us about, for instance, how she reacted when she first took part in a “gay pride”: “well, there are so many of us, after all... and we all look so ordinary”.

She figures everybody reacted naturally... “it is just like that... me coming here and saying... ah, today I am wearing these red ballerina flats... ok, everyone had already noticed.”

We cannot help thinking: “how do you spot anyone’s sexual orientation?”

Red ballerina flats are flashy. She feels exposed, every single time she had to mention her intimacy, or every time someone infers it, with a knee-jerk readiness, associating it, perhaps, to gender attributes. Mentioning the shoes brought to our minds a Depeche Mode song: *Walking in my Shoes* (Gore, M.L, 1993). Such was the message Rosa passed on to us, which we want to share with you all:

Try to walk in my shoes, and you will realize that you would have stumbled in life too, just like I did. I will tell you my stuff, my pain, but I do not want you to “acquit” me, I want you to understand me. Before you come to any conclusions, try to walk in my shoes. Morality disapproves my behavior, decency looks down on me, fate has turned me into a scapegoat, but to you, who are here to judge me, I will tell you my intentions were pure, I do not wish to clear my conscience, not do I seek peace of mind after what I have gone through, but it is not possible to talk about any regrets at all. For you to understand it, you will have to walk in my shoes.

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