Avoiding shame: young LGBT people, homophobia and self-destructive behaviours

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Abstract
This paper reports on findings from qualitative research conducted in the UK that sought to explore the connections between sexual identities and self-destructive behaviours in young people. International evidence demonstrates that there are elevated rates of suicide and alcohol abuse amongst lesbian, gay, bisexual and transgender (LGBT) youth. Rarely included in this body of research are investigations into young LGBT people’s views and experiences of self-destructive behaviours. Data from interviews and focus groups with young LGBT participants suggest a strong link between homophobia and self-destructive behaviours. Utilising a discourse analytic approach, we argue that 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. At the centre of the complex and multiple ways in which young LGBT people negotiate homophobia are ‘modalities of shame-avoidance’ such as: the routinization and minimizing of homophobia; maintaining individual ‘adult’ responsibility; and constructing ‘proud’ identities. The paper argues that these 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.

Résumé
Cet article présente les résultats d’une étude qualitative menée au Royaume Uni, dont l’objectif était d’explorer les connections entre les identités sexuelles et les comportements auto destructeurs chez les jeunes. Il a été démontré au plan international que les taux de suicide et d’abus d’alcool sont élevés chez les jeunes gays, lesbiennes, bisexuel(le)s et transgenres (LGBT). Rarement explorés par l’ensemble de ces recherches, sont les points de vue et les expériences des jeunes LGBT en ce qui concerne les comportements auto destructeurs. Les données collectées à partir d’entretiens et de groupes cible menés avec des jeunes LGBT suggèrent qu’il existe un lien important entre l’homophobie et les comportements auto destructeurs. A partir d’une approche analytique du discours, nous avançons que l’homophobie produit l’effet d’une punition à un niveau profondément individuel et exige des jeunes LGBT de gérer leur positionnement, à cause de leurs désirs sexuels ou de leur manière d’être genre, considérés comme anormaux, sales et dégoûtants. Au centre des modes complexes et multiples de négociation de l’homophobie chez les jeunes LGBT, résident les «modalités d’évitement de la honte» telles que: la routinisation et la minimisation de l’homophobie; le maintien de la responsabilité individuelle «adulte»; et la construction des identités «fières». L’article avance que ces stratégies d’évitement de la honte
suggèrent que les jeunes LGBT gèrent l’homophobie individuellement, sans espérer aucun soutien, et que de ce fait, ils seraient vulnérables aux comportements auto destructeurs.

Resumen
Este artículo trata sobre los resultados de un estudio cualitativo llevado a cabo en el Reino Unido cuya finalidad era analizar las conexiones entre las identidades sexuales y los comportamientos autodestructivos de los jóvenes. La evidencia internacional demuestra que existen tasas elevadas de suicidios y abuso del alcohol entre jóvenes de la comunidad de lesbianas, gays, bisexuales y transexuales (LGBT). En este campo de investigación pocas veces se incluyen las opiniones y las experiencias de conductas autodestructivas de los jóvenes LGBT. Los datos recabados en entrevistas y grupos de discusión con participantes de jóvenes LGBT indican un fuerte vínculo entre la homofobia y las conductas autodestructivas. Con ayuda de un enfoque de discurso analítico, sostenemos que la homofobia funciona castigando a un nivel individual profundo y necesita ser capaz de clasificar a los jóvenes LGBT como anormales, sucios o detestables por su deseo sexual o sus tendencias sexuales. Uno de los principales métodos complejos y variados con los que los jóvenes LGBT negocian la homofobia es el modo de evitar pasar vergüenza, por ejemplo, convertir la homofobia en rutina y minimizarla, mantener la responsabilidad individual como ‘adulto’ y construir las identidades de ‘orgullo’. En este artículo sostemos que estas estrategias para evitar pasar vergüenza indican que los jóvenes LGBT controlan la homofobia individualmente sin esperar apoyo alguno y por tanto les dejan en una situación vulnerable a conductas autodestructivas.

Keywords: sexuality, youth, homophobia, suicide, shame

Introduction
The intimate life of the Western developed world is going through a process of transformation and transition that is creating the possibility for sexual/gender diversity to flourish (Giddens 1992, Weeks 2007). Recent UK legislation has enshrined in law same-sex relationships (Civil Partnership Act: UK Parliament 2004) and provided protection against discrimination and homophobia (for example, Employment Equality [Sexual Orientation] Regulations: UK Parliament 2003; Equality Act [Sexual Orientation] Regulations: UK Parliament 2007; and Criminal Justice and Immigration Act: UK Parliament 2008). The British Social Attitudes Survey (Park 2005) shows increasing popular acceptance of same-sex partnerships, especially amongst younger people. Despite this mainstreaming of sexual diversity, there is ongoing marginalisation of and stigma associated with sexual minorities. This is illustrated in the disproportionately high rate of suicidal thoughts and suicide attempts amongst young people who are lesbian, gay, bisexual or transgender (LGBT).

Youth suicide has received widespread attention as a subject of research, a focus of health policy and a concern of broader public debates (Cantor 2000, Hawton et al. 2006). However, within these discourses, the ways in which young people’s sexual identities may influence mental health have been marginalised (Valentine and Skelton et al. 2006). For example, it is only very recently that the National Suicide Prevention Strategy for England has identified sexual identity as a risk factor for suicide (King et al. 2008).

There is a substantial international body of evidence that highlights the elevated rates of self-destructive behaviours in LGBT youth (e.g. Fenaughty and Harre 2003, Molloy, McLaren, and McLachlan 2003, Savin-Williams, Savin-Williams, and Ream 2003, Wichstrom and Hegna 2003, D’Augelli et al. 2005), as well as the negative effects of homophobia and victimisation on the mental health of young LGBT people (Rivers 1999, 2000, Pilkington and D’Augelli 1995). Existing research on LGBT youth and suicide and
self-harm, which is framed by psychological perspectives and quantitative methodologies, has been important for our understanding of the relationship between sexual identity and mental health. There is rather less qualitative research that has sought to access LGBT young people’s own views about engaging in self-destructive behaviours (King et al. 2008). This paper outlines findings from an original qualitative research study that aimed to access the perspectives of young LGBT people about how non-normative sexual and gender identities are linked to feelings of extreme distress and self-destructive behaviours including suicidal and self-harming behaviours. The study draws upon literatures across sociology, psychology, geography and cultural studies to frame the investigation. The paper focuses upon the ways in which young LGBT people must negotiate homophobia in their everyday interactions and manage being positioned as ‘deviant’. It suggests that important to that process of negotiation is shame avoidance.

**LGBT youth, homophobia and self-destructive behaviours**

International research has demonstrated a clear link between experiencing homophobic abuse, suffering negative psychological consequences and engaging in self-destructive behaviours. Recent North American and New Zealand studies of large populations reveal that young LGBT people can have rates of suicide attempts at least four times those of their heterosexual counterparts (Bagley and Tremblay 2000). In the UK, Rivers’ (1999) work suggests that one out of every three gay, lesbian and bisexual person is victimised during adolescence because of their actual or perceived sexual orientation.

Rivers (2000) also examined how exposure to violence or harassment may be detrimental for psychological well-being. Across LGB respondents in his study, 19% had attempted self-destructive behaviour once and 8% had attempted self-destructive behaviour more than once due to sexual orientation difficulties. For those who reported having been bullied at school, however, this figure rose dramatically, with 30% having engaged in multiple self-destructive attempts.

Valentine, Skelton and Butler’s (2002) research describes self-destructive behaviour as an effect of homophobia:

> homophobia can contribute to young people feeling bad about their own sexuality and developing low self-esteem or even self-loathing. These emotions can trigger self-destructive cycles of behaviour such as drinking, drug taking, unsafe sexual practices [and] self-harm. (p. 13)

They suggest that homophobia can make it harder to access support and the ensuing isolation can contribute to young people’s self-destructive behaviours.

International evidence on suicide risk and young LGBT people has been dominated by psychological perspectives. Fullagar (2003, 2005) argues for more attention to be paid to the social relations that shape young people’s emotional distress and challenges the dominance of normalised discourses about risky individual behaviour in the suicide and self-harm psychological literature:

> Power relations that shape the way that young people are socially positioned and come to feel about themselves are rendered invisible through risk discourses that reify identity and mobilise mental health discourses to explain suicide. (Fullagar 2005, p. 37)

In support of Fullagar’s argument, our study investigates the social and cultural influences on young people’s sexual identities and self-destructive behaviours. In emphasising the
heteronormative and homophobic context within which young people negotiate their sexual identities, we hope to avoid the danger of pathologizing LGBT mental health as inherently fragile.

**Young adulthoods, heterosexuality and mental health**

There is some agreement that the journey into adulthood has become more complicated, extended and uncertain (for an overview of debates see MacDonald and Marsh 2005). In addition, some young people find the transition to adulthood particularly difficult and are at increased risk of homelessness, unemployment, social isolation (Coles 1997) and mental health problems (e.g. suicide, self-harm, eating disorders and depression) (Furlong and Cartmel 1997, Giddens 1991, Henderson et al. 2007). However, rarely included within these debates are LGBT young people and the particular difficulties they may experience negotiating non-normative sexual identities in the transition to adulthood (Valentine, Skelton, and Butler 2002, Valentine and Skelton 2003).

For young LGBT people, sexuality may become an additional aspect of uncertainty and stress. In the UK, for example, Valentine and Skelton (2003) have revealed the hazards some young LGBT people encounter in the process of becoming adults. These include: homelessness; homophobic bullying at school disrupting education; family rejection; and difficulties finding safe spaces to form supportive relationships. Similarly, a recent longitudinal biographical investigation into young people’s transition to adulthood shows that young LGBT people leave home earlier than their peers due to difficulties of coming out and living as LGBT (Henderson et al. 2007).

Young LGBT people must find ways to ‘invent and sustain’ adult LGBT identities within overwhelming heterosexual norms. Epstein, O’Flynn and Telford’s (2003) work on the reproduction of heterosexuality in education argues that ‘normative heterosexuality is promoted, sustained and made to appear totally natural’ (p. 2). They state that the reproduction of heterosexuality requires a

... tremendous amount of work that ... young people, regardless of their own sexual identifications, must do in dealing with, resisting, coming to terms with, negotiating or adopting normative versions of heterosexuality. (p. 145)

Lesbian, gay, bisexual or transgender young people experience many of the problems common to young people in becoming adults, whatever their sexual identity. But they are confronted with the additional challenges of creating LGBT identities within discourses of ‘compulsory’ (Rich 1993) heterosexual and gender normative adulthood and the accompanying risk of homophobia, bullying and social isolation.

**Homophobia, shame and distress**

Shame and pride are powerful emotions (Scheff 1994) that have been historically linked to non-conformist sexual identities (Munt 2000). Cultural and queer theorists have suggested that the pride/shame binary remains strategically essential for LGBT people’s negotiation of everyday life (Munt 2000, Probyn 2000, Sedgwick 2003). Sedgwick (2003) states:

I would say that for at least certain (‘queer’) people, shame is simply the first, and remains a permanent, structuring fact of identity. (p. 64)
Munt (2000) argues that for the ‘homosexual subject’ the increasing consciousness of same-sex desire generates feelings of marginality. An individual may be shamed by their feelings or may refute shame through discourses of pride. What is proposed by such theorists is that LGBT identity, however it is formed, is formed through the shame/pride binary. They contend that pride relies on the ‘erasure of shame’ and shame remains unspoken. Probyn (2000) suggests ‘pride operates as a necessity, an ontology of gay life that cannot admit its other’ (p. 19–20). There is a complex negotiation of both emotions in the construction of sexual identities.

Shame arising from the transgression of social and cultural norms has also been found to be significant in literature on health and illness, for example: suicide (Cottle 2000, Fullagar 2003); lung cancer (Chapple et al. 2004); HIV/AIDS (Duffy 2005); eating disorders (Monro and Huon 2005); and depression (Andrews 1995). Fullagar’s (2003, 2005) work on youth suicide demonstrates the centrality of shame in young people’s accounts of suicidal experiences and argues that the social dynamics of shame are important to understanding young people’s subjectivities. She connects shame to the failed or shamed-self and suggests that suicidal thoughts enable young people to escape those pressures which make them feel unworthy or failed. In other words, it allows them to escape from being positioned as shamed. She gives an example of a young woman who is bullied at school for the ‘fluidity of her sexual identity’ (2003, p. 297):

Shame is very much connected to the embodied performance of identity in relation to cultural norms, as it produces feelings of self-hatred, disgust and loathing that are not easily detached from the self as ‘cognitions’. (p. 299)

Although shame is recognised across a range of disciplines (e.g. anthropology, psychology, sociology, cultural studies) as a powerful emotion, it is one that is ‘invisible’ or ‘hidden’ in modern Western societies (Lewis 1992, Gilbert 1997, Scheff 2003, Probyn 2005). Scheff (2003) suggests that ‘a large part of the cultural defence against shame is linguistic; the English language, particularly, disguises shame’ (p. 240). In this study we did not directly set out to investigate shame, nor did our participants often use shame explicitly to name their emotions, but through a discourse analysis of the data it became evident that shame was the unspoken emotion of the young LGBT research participants’ accounts.

This paper considers connections in the data between homophobia and self-destructive behaviours. It then explores the most prominent ways in which the young LGBT participants avoided the shaming of homophobia. The paper argues that these strategies of shame-avoidance might lead young LGBT people to manage homophobia individually, without expectation of support, and as such may make them vulnerable to self-destructive behaviours.

Methods

The research involved thirteen interviews and eleven focus groups with young people aged 16–25 years, in the North West of England and South Wales, with 69 young people participating. For three of the eleven focus groups we specifically recruited young people who identified as LGBT and for the other groups we did not specify sexual or gender identity. We aimed for diversity in terms of the ethnicity and socio-economic circumstances of participants, as well as collecting data in both rural and urban locations.

The findings presented here draw on a subset of data consisting of interviews and focus groups with specifically lesbian, gay, bisexual and transgender young people (n = 27). We
did not aim to recruit young people to the study who had experiences of suicide or self-harm, but participants may have been motivated to take part because of their own experiences. In this sub-sample, at least half (n = 14) had themselves attempted suicide or self-harmed. The LGBT participants were all white and were recruited via LGBT support groups. The young people may have been referred to a support group through professional networks (social services, education, health) or found the group themselves via the Internet, leaflets or word of mouth. They are, therefore, not a representative sample of all LGBT young people in the regions where we conducted the research.

The research employed ethical practices to ensure young people were not harmed by participating. We paid particular attention to ensuring that the young people were carefully informed and understood the nature of the research. Confidentiality was maintained by anonymising the data and utilising pseudonyms for the name of participants, youth organisations and their location. At each interview or focus group we arranged for a support worker, whom the young people trusted, to be available if necessary. We also provided an information sheet with support contacts. The research proposal was reviewed by the relevant university ethics committee.

This paper presents data analysed using a Foucauldian discourse analytic approach drawing upon the work of Gavey (1989), Hook (2001) and Willig (2003). Language and discourse are understood as social practices through which meaning, knowledge and beliefs are produced. The authors worked with the texts to: identify key discourses through which self-harm, suicide, homophobia and sexuality are understood; describe the relationship among those discourses; identify points of tension and resistance; and identify silences and contradictions. Following Willig (2003), where key steps in the analytic process are detailed, the discourse analysis was guided by questions about the effects of the discursive constructions, the subject positions that are offered as a result and the consequences for participants of taking up those subject positions.

In the following section we discuss the connections the LGBT participants made between homophobia and self-destructive behaviours (we use the term ‘self-destructive behaviours’ to mean suicide, self-harm or other risky practices). Then we present an analysis of the ways in which young LGBT participants attempted to negotiate homophobia through strategies of shame-avoidance. We focus upon the three most prevalent strategies: the routinization and minimizing of homophobia; maintaining individual ‘adult’ responsibility; and constructing ‘proud’ identities.

Homophobia and self-destructive behaviours

The young LGBT participants in this study drew a strong link between homophobia and self-destructive behaviour. In the following extract, David and John, two young Welsh gay men, talk about the connection between homophobia, suicide and being gay:

David: I know of a few people who’ve well rumours were going round that they were supposed to be gay although they didn’t, they hadn’t come out if they were or, you know, they could just have been straight but their life was made such a misery that they actually did kill themselves […] he was about 18 to 19, so he’d left school but that was when he actually killed himself.

Researcher: What was it about him that made him kind of not fit in?

David: Um, yes, eh, he had a feminine voice, eh, and he did look, he did look gay.
John: It's just like the guy from East Enders the one who used to play I think it was Spencer.

Researcher: Oh yeah.

John: In East Enders, he tried to commit suicide 'cause people said he was gay and like. So some people say you're gay just tell them to piss off.

Researcher: [...] he had a feminine voice, what else?

John: People think people are gay just because they've got feminine voices, it's not really true some people just do.

David: Well the thing is this this boy he's actually, down here he had quite a few girl friends as well. (focus group: city, South Wales)

David and John connect the labelling of an individual as gay (David's friend and the East Enders actor) with homophobia and suicide. The two important points in this exchange are that, firstly, they present an implicit understanding that being labelled 'gay' is a term of abuse, which, potentially, can cause an individual considerable distress which may lead to suicidal behaviour. Secondly, while people who carry out suicidal acts may be either straight or gay, the significant fact is whether others judge them as gay. They consider this judgment to be based upon visible and/or audible markers of sexuality and gender normativity such as voice tone ('feminine'), appearance ('he did look gay') and the gender of sexual partner ('girlfriends').

Homophobia is discursively constructed by our research participants as punishment for the transgression of heterosexual norms. The punishment was through physical and verbal abuse, rejection or isolation but this went beyond the immediate hostility of, for example, a physical attack in the street. Homophobia works to punish at a deep individual level to create psychological distress; it shames the self and requires a young person to deal with being positioned, because of their sexual desire, as abnormal, dirty and disgusting. In the above extract, in response to homophobia, David and John offer two possibilities for action: suicide, which is a result of extreme distress and a shamed-subject position; or defiance ('tell them to piss off'), which involves a subject position that refuses the shaming of homophobia.

Some of the young LGBT participants explained their own self-destructive behaviours as resulting from the emotional distress caused by homophobia. Paul explained:

Just before I left school I got myself in really a bad state ... I got myself really down because I was having a load of trouble with people at school. And I think everybody thought they could take the piss because they got away with it. I was a right mess, I couldn’t move some days, I just felt like, argh, and then I started cutting myself on my arm and I was just a mess. I was upset because of the way people were with me because I was gay and it just aggravates me so much. (16, gay, interview: small town, North West of England)

Cutting is presented as a coping strategy for the distress Paul experiences as a result of homophobia. This method of coping, as distinct from other coping strategies, such as drinking, avoidance, seeking safe space and resistance, which he also describes in his interview, is for when he is very distressed. ‘The way people’ are with him, ridicule him, because he is gay ‘aggravates’ him and anger is one of the emotions he names when describing self-harming through cutting:

It’s [cutting is] weird, it distracts everything going on in your head really, at the time you are doing it you are angry but after you just like, argh, you are thinking why did you do that? You were stupid but ... I don’t want to punch walls as much anymore.
Anger is associated with shame (Gilbert 1997). It is argued that when shame is unacknowledged by individuals they can become withdrawn or angry (Scheff 1994). Lorraine appeared very angry throughout the discussion on homophobia and self-destructive behaviours. She explains her way of coping with homophobic bullying at school:

... the only reason I didn’t kill myself is because when I got bullied I started taking drugs and I was so high off cocaine I just didn’t care what people said about me anymore ... (19, lesbian, focus group: small town, North England)

The strong relationship articulated by some of the young LGBT people between homophobia, emotional distress and self-destructive behaviours was not straightforward; not all young people who are subject to homophobia try to take their own life. Our interpretation of the data suggests that an important factor to negotiating homophobia in everyday interactions is avoiding being shamed. In the following sections we explore the complicated, contradictory and multiple ways in which young LGBT people negotiate homophobia. We argue that what we are uncovering are possible ‘modalities of shame-avoidance’ (Munt 2000, p. 534).

Avoiding homophobic shaming

Our participants’ accounts suggest they used various strategies, tactics and manoeuvres when negotiating homophobia. These were influenced by individual personal factors, their own economic and social circumstances and the setting in which the hostility occurred (e.g. family home, public street, school). Cherie, for example, a 17-year-old lesbian from the North West of England, managed homophobia in diverse ways such as moving schools, avoiding eye contact and tackling hostility in public spaces through fighting, as well as coping through self-harm in private spaces. In the following section we focus upon some of the most prominent ways in which the young people negotiated the shaming spotlight of homophobia.

Routinization and minimization

The participants’ accounts indicate that homophobia was both expected, and constructed as ordinary and routine:

Jane: ... I got bottled actually in a homophobic attack and, eh, ended up in hospital a few years ago which is nothing you know really serious, plenty of people get bottled anyway ... (laughs) (gay, 25, interview: city, South Wales)

Cherie: I used to get beaten up on the way back and like, are you a boy as well? The usual stuff ... (lesbian, 17, interview: small town, North West of England)

Cherie’s ‘the usual stuff’ constructs a routinization around the verbal and physical abuse she has experienced. She expects the hostility and knows what form it will take. Similarly, Jane’s description of her attack as commonplace (‘plenty of people get bottled’) posits homophobia as a mundane fact of life. Our interpretation proposes that constructing homophobia as routine or mundane reduces the significance of the attack/abuse to an individual, in Jane’s words, ‘nothing [...] really serious’. This minimizing strategy may enable the young LGBT participants to position themselves as unaffected by the abuse and deflect the shaming effects of homophobia. Clarke, Kitzinger, and Potter’s (2004) research on lesbian and gay families also found that
parents minimized homophobia that was directed towards their children. The parents were conscious of the negative discourses around same-sex parenting and wanted to avoid feelings of failure and guilt that their sexuality may have a negative impact on their children's wellbeing.

A closer examination of Andrew's account of his experience of a violent homophobic incident at university highlights this minimizing strategy:

I was just in my room one night and they came back in and one of the guys was drunk, and he was quite violent anyway and he started grabbing a chair from the kitchen and banging it against my door telling me that he wanted to ... swearing and saying how he wanted to kill me, because, like, 'you gay fucker' Um, 'you gays are blah, blah, blah' and I was just like OK, what's your problem here? … I didn't report it or anything because I was just used to how he was because he was quite a violent person anyway. But that was probably the scariest thing that happened in the first year of uni[versity]. (bisexual, 19, interview: university, small city, North of England)

Andrew attempts to reduce the severity of the attack by normalising the behaviour of the perpetrator ('he was quite a violent person anyway') and presenting the abuse as mundane ('you gays are blah, blah, blah'). Then he positions himself as virtually unaffected by the incident through his rational and emotionally controlled response ('what's your problem?'), although he does admit it was a frightening experience. Finally, he justifies not reporting the incident by minimizing the effect on him ('I was just used to how he was').

The problem with attempts to minimize homophobia by undermining it or constructing it as an unlucky occurrence is that it closes down the opportunities for taking action beyond the individual level. Andrew did not report his homophobic attack to the university. To have done so may have drawn attention to the incident and turned the shaming-spotlight of homophobia towards him.

Our concern is that young LGBT people, in their efforts to minimise homophobia, may be hesitant to seek help. It was clear from the young people that they did not expect support either from education and welfare services or their families (although some received support). Furthermore, it is a shame-avoidance strategy that relies on individual resources and resourcefulness. Andrew had the support of the university LGBT group. He says 'I had seen how strong they were, reacting, it gave kind of an idea'. Other participants with fewer resources may be less able to undermine the significance of homophobia and avoid the shaming effects. This in turn may make them more vulnerable to self-destructive coping methods.

Adult identities and individual responsibility

Deborah: I'm not 10 years old anymore I’m 16, I’ve grown up and I’m leaving home soon so just get over the fact that I am what I am, that I like girls as well as lads, and just say, tell him, ‘fuck off’. (bisexual, 16, focus group: small town, North West England)

Deborah is describing how she manages her father’s hostility to her sexuality. She positions herself as an adult ('I’ve grown up’) as a way of asserting the legitimacy of her bisexual identity. She constructs her emerging adult identity by drawing on both discourses of independence ('leaving home’) and maturity (declaring her sexual desire). We suggest that a significant influence on the young LGBT participants’ attempts to negotiate homophobia was their desire to position themselves as adults. In the following extracts, Jane and Andrew describe how they manage homophobia
I'm quite outwardly gay and ... when people make homophobic comments then I will let them know that I'm actually gay and because I don't think attitudes will ever change unless they're challenged. (Jane, gay, 24, interview: city, South Wales)

Similarly, Andrew, states after his homophobic attack:

I think I probably made it worse because I think I made a point of being even more open about it [...] Because I was like they need to be personally made aware of it. (Andrew, bisexual, 19, interview: university, small city, North England)

Jane and Andrew, both university-educated, draw upon individualising discourses of the neo-liberal self that demonstrate adult status by being rational, self-reliant and responsible (Rose 1989, Moran and Skeggs 2004). Through managing homophobia in an emotionally controlled and responsible manner, they are able to position themselves as adult. Our analysis suggests that, important to the young LGBT people’s sense of adult self, was an individual responsibility to cope with homophobia. Fullagar’s (2003) research on youth suicide found that feeling worried or ashamed about not coping was a key factor in understanding young people’s suicide. In the following extract, David describes how homophobia led to a very difficult period in his life:

David: [...] I can remember lying back on my bed in October thinking oh my life's all sorted out, and the next day I get kicked out of my house so I had to leave college, the course that I loved more than anything ... and then I had to come down (CITY) and I was in the YMCA and it was just the people in, in the YMCA weren't very nice people as well so on top of all that, you know, being kicked out, not speaking to your mother.

Researcher: When you say kicked out of your house. Was that your family home [...]?

David: Yeah. And, and then having people say horrible stuff ... it was really, yeah it was stressful. [...] I didn’t deal with it at the time I would take it out on my partner at the time ... as well so ... eventually ... me and my partner broke up as well which got really bad ... [...] and it was a time in my life where I had to like ... you know get up and do things as well like, em, you couldn’t you know lay in bed and get over it that way. I had to ... you know, sort housing out and, em, well, be an adult. (17, gay, interview: city in South Wales)

David describes the cumulative effects of homophobia. He is thrown out of his family home and as a consequence is unable to pursue his college course and his imagined future. He is therefore made homeless and seeks refuge in an unfamiliar city at the YMCA where he encounters further hostility to his sexuality. The psychological stress eventually causes his relationship to end. David was in temporary hostel accommodation, in a new city without any obvious forms of support or financial income. Coping with the situation he states he had to ‘be an adult’, he positions himself as individually responsible for managing the emotional distress (‘I didn’t deal with it’). Later in the interview David describes the physical and psychological effects:

David: At the time I was, [...] getting really bad chest, you know like, bad chest pains. It was like as if I was holding my breath and then all of sudden just letting go of it and it would be a sort of rush from my chest. Like a rippling feeling or something. [...] I didn’t have the money to drink a lot but I, I did. Whenever I found it I would drink ... And because of the, because I was in a hostel I wouldn’t go to the ... to the canteen to get food so, I wouldn’t eat because there was, there was people who might have said things ...
Clearly David was finding it difficult to cope and later in the interview he admits contemplating suicide. Fullagar (2003) argues that the failure of young people to manage their emotional self can induce profound shame. In David’s very distressing circumstances and with few resources but his own personal capacities he feels he has failed to cope (‘I didn’t deal with it’).

We would suggest that David’s construction of the adult LGBT self as responsible for coping with homophobia, his failure to do so, the ongoing homophobia and his few resources create psychological distress and a shamed self where self-destructive behaviours, in this case, alcohol abuse and suicidal thoughts, become a viable option. Our concern again is that young LGBT people like David feel that, as young adults, they must take individual responsibility for negotiating homophobia and they may be reluctant to seek support.

**Proud identities**

In addition to discourses of adulthood, the young people drew upon discourses of pride in order to position themselves with a positive gay identity. The following short extract is taken from a longer conversation between Cherie and the interviewer about her ways of managing homophobia, and the transphobia directed at a close relative:

Cherie: I have always been about ten years ahead in my head than what I actually am.
Researcher: It sounds like you’ve had to take responsibility.
Cherie: Yeah, you learn quickly. It was really strange because my [close relative] was twenty-four and I was fourteen when she died, but she looked up to me rather than me looking up to her and whenever she had a problem she rang me up. So I’ve always learnt, I look after my friends that way as well, because a lot of my friends are gay. Um, and I’ve always learnt to stand up for people and I would never tell anybody I wasn’t gay or disown her … (17, gay, interview: small town, North West of England)

Cherie’s identity and coping strategy pivots upon the notion that she is mature (‘ahead in my head’), responsible (caring for others) and proud (not denying her sexuality). She constructs coping with distress through individualising ‘adult’ discourses that invoke rhetorics of responsibility, emotional maturity and personal autonomy. As well as positioning herself as mature and responsible, Cherie draws upon gay pride discourses (‘I would never tell anybody I wasn’t gay’) to position herself with a positive gay identity that is unashamed about her sexuality. It is an individual refusal to be shamed by homophobia.

Our data suggest that the proud LGBT subject position can be a strategy of resilience in the face of homophobia. In the following extract, the participants are discussing whether a young man who wants to be a ballet dancer is normal and the level of distress he may feel. At the beginning of the extract, Lorraine gives the example of her gay male friend, an arts student, who suffers homophobic abuse, including homophobic graffiti on his home:

Lorraine: He is completely comfortable with who he is. He’s not bothered by what people say. But when they’re getting to the stage that they are, doing things to his family home and stuff, it is very distressing for him ...
Researcher: […] Do you think a young man wouldn’t find it distressing?
Stuart: If a young man actually wan...
Samuel: I think if they’ve reached that […] themselves they won’t find it distressing.
Lily: They don’t find it distressing themselves. The stress comes from external sources from people who are giving them hassle because of it.
Samuel: Yes, yes.
Lorraine directly connects a positive gay identity (‘comfortable with who he is’) and a type of ‘immunity’ to distress arising from homophobia (‘not bothered by what people say’). Sexual identity is constructed by the group as an individual, internal dialogue and personal choice that is unproblematic in terms of causing distress (‘if they feel normal … it doesn’t really matter about what everybody else thinks’). Distress is constructed as arising when homophobia is ‘external’ to the self; it is directed at others (e.g. family) by ‘other’ perpetrators. Queer cultural theorists (Munt 2000, Sedgwick 2003, Probyn 2005) have argued that counter-discourses of gay pride are intrinsic to a community movement dealing with shame. Within these pride counter-discourses, an individual ‘in the closet’ is hiding their sexual identity and must, therefore, be ashamed. In other words, ‘outness’ is constructed as the proud subject position and a ‘closeted’ sexual identity is the failed, shamed LGBT subject position. Our analysis suggests that young people drew upon gay pride discourses to position themselves as unashamed sexual-subjects and refuse the shaming of homophobia. In the previous extract, the participants are constructing and inventing a proud young LGBT adult as able to cope with homophobia (‘even if it is distressing they can still feel themselves’).

The proud sexual-subject can provide resilience against homophobia. It allows young LGBT people to position themselves positively in regard to their sexual and gender identity. However, some of the focus group participants had talked about their own suicide attempts, self-harm practices, excessive drinking and drug-taking resulting from homophobia. As this suggests, the proud subject position which can inoculate against distress from homophobia is, in reality, more difficult to maintain than perhaps is presented by the young LGBT people.

Our interpretation suggests that, by drawing upon shame–pride discourses, a binary is established that appears to allow for only two subject positions: the successful, proud-self who can cope with homophobia; and the failed, ashamed-self who is distressed by homophobia. This binary tends not to allow for more nuanced and complex manoeuvring within these discourses to subject positions which may be proud in some spaces, but less so in other situations. Sustaining a proud sexual identity requires resilience, experience, expertise (of the self) and resources that go beyond the individual’s capacity to hold their head high.

Conclusion

This research is one of the few UK studies to investigate young LGBT people and self-destructive behaviours. By eliciting the perspectives of young LGBT people, it sought to understand why young people with sexual and gender identities that do not fit with heterosexual and gender norms may consider engaging in self-destructive practices. Our findings indicate a complex relationship between young LGBT people’s sexual identities and self-destructive behaviours. The participants connected (although not exclusively) the distress arising from homophobia to suicide attempts, self-harm practices, risky sexual practices and excessive drinking and drug-taking. We acknowledge the potential for research on this topic to pathologize LGBT identities, but to guard against this we have tried to emphasise the context of hetero-normative (and homophobic) sexual and gender
relations within which this issue needs to be understood. So, for example, recent research findings demonstrate that the difficulties young LGBT people may face can be overcome by the right support (Stonewall 2007).

Our concern about the effects of homophobia on the mental health of young LGBT people is deepened by these findings, which suggest that young LGBT people may employ individualistic shame-avoidance strategies to negotiate homophobia which closes down the opportunities for taking action beyond the individual level. They may reduce the possibility, or expectation, of action or support at community, institutional or national levels.

In a wider context, the construction and reproduction of heterosexuality as the most legitimate sexual orientation seems to remain persistent in the face of major transformations associated with advances in acceptance of sexual diversity. For example Henderson et al.’s (2007) research found that almost all the young people that took part in their study ‘imagined’ a heterosexual future. They assert:

What is surprising in this time of change is the power of the normative model and how few young people are pushing against the constraints, and imagining a different future. (p. 25)

Savin-Williams (2005) argues that LGBT identity may no longer be the risk to young people’s mental health it was twenty years ago. Our research is limited by size and scope (the participants were all members of LGBT youth groups) but it suggests that for some young LGBT people who transgress the heavily enforced heterosexual norms, they still, despite evidence of the widening acceptance of different sexual identities (Weeks 2007), must learn to manage homophobia. Some of the participants in our study struggled to find ways to refuse the shaming of homophobia, which might potentially have made them more vulnerable to self-destructive practices. It is only recently that the UK government has begun to take seriously tackling health inequalities for LGBT people (Department of Health 2008). More research is required to develop understanding of the mental health consequences, for young LGBT people, of negotiating everyday settings framed by the normative discourses, institutions and structures of heterosexuality.

Acknowledgements

We are grateful to all young people who agreed to take part in the research, which was funded by ESRC grant reference RES-000-22-1239.

References


