GAY AND LESBIAN IDENTITIES: WORKING WITH YOUNG PEOPLE, THEIR FAMILIES AND SCHOOLS

Editorial policy for Educational and Child Psychology

The Editorial Board seeks to publish papers that make significant and original contributions to the field of educational and child psychology. Approaches should be rigorous, firmly grounded within the discipline of psychology and intended to stimulate and deepen understanding of issues in educational and child psychology for professional applied psychologists and others concerned for the education and development of children. Papers may be empirical, theoretical and/or conceptual.

Subscriptions

The annual subscription (for a volume of four parts) is £40 UK rate and £60 for overseas subscribers (including postage and packing). These rates are applicable to non-members of the DECP whether individuals or institutions. (Individual parts are available and details can be supplied on request from the office of The British Psychological Society.)

Subscription enquiries should be made to the Society, and subscriptions made payable to the DECP at the Society's offices.

GAY AND LESBIAN IDENTITIES: WORKING WITH YOUNG PEOPLE, THEIR FAMILIES AND SCHOOLS

Guest Editor
Jeremy J. Monsen

Contents

About the contributors

Helen Barrett & Fiona Tasker are both based in the Psychology Department at Birkbeck College, University of London.

Mairian Corker is a Senior Research Fellow at the University of Central Lancashire.

Colm Crowley is based at the Institute of Education, University of London.

Rom Harré is Fellow Emeritus of Linacre College, Oxford and Professor of Psychology at Georgetown University, Washington DC.

Susan Hallam is based at the Institute of Education, University of London.

Ingrid Lunt was the President of The British Psychological Society at the time of the conference and is currently a Reader at the Institute of Education, University of London.

Jeremy Monsen was conference chair and is a member of the Educational Psychology Group at University College London. He is also a Senior Psychologist with the Kent Psychology Service.

Damian McCann is Principal Family Therapist, Department of Child and Adolescent Psychiatry, Edgware Community Hospital.

Georgia Preece was conference secretary and is currently completing her doctorate.

Ian Rivers is a Senior Lecturer at the College of Ripon & York St John.

Lucy Robertson is a Senior Educational Psychologist in Greenwich.

Peter Walker is a clinical psychologist in training at the University of Exeter.

Editorial

Jeremy Monsen

Ari: "Mum. Dad. I´m gay." You said nothing. Dad stayed silent too. Thick, stifling silence. But then you decided to speak. "Hm, well, Ari love, you´ll be fine." That, of course, was before you gave me all those leaflets about schizophrenia ...

Ari: "Hm, well, Ari love. I think this is best kept to ourselves, for the time being." I hated those words, but that´s exactly what we did. We kept it to ourselves. That meant not telling grandma, not telling dad´s brothers, not telling my own brother, not saying anything to anybody. Silence! ... How could I let you turn my life into a secret ...

(Excerpts from The Perfect Equal, by Felix Bergsson, 1999, personal communication)

Background to the conference

In March 1999, 150 delegates gathered in the South Cloisters at University College London (UCL) for the Inaugural European Conference: 'Gay and Lesbian Identities: Working with young people, their families and schools – improving and informing theory and practice'. The two-day event had been initiated as part of the continuing professional development programme run annually by the Educational Psychology Group at University College London. It was ground breaking in a number of ways: firstly, no conference of this kind and scope had been organised previously within the United Kingdom (or indeed Europe); and, secondly, its sheer size and scale marked a distinct departure for the Educational Psychology Group.

Holding the conference at University College was symbolic in a number of ways. University College was founded in 1826 by Jeremy Bentham to provide higher education for all who could benefit from it, regardless of wealth, religion, ethnicity or class. The college was also the first in the United Kingdom to admit women to higher education on equal terms with men, and pioneered the teaching of many subjects at university level.

Jeremy Bentham was a person of the enlightenment, having written extensively on the place of reason, tolerance, liberty and free will in an open society. A rather overlooked fact is that Jeremy Bentham also wrote more then 500 pages on the place and role of homosexuality within such a society. His ideas appear oddly modern, yet they were written over 200 years ago. Jeremy Bentham used a blend of pragmatic common sense in an attempt to counter the negative views of homosexuality which dominated his century and are still prevalent in society today.

> *… what would have happened to Aristides, Solon, Themistocles, Harmodius and Aristogition … these idols of intellect, of their country and ornaments of human nature? They would have perished on your gallows! (Jeremy Bentham founder of University College London, 1774).*

The conference was aimed at psychologists working with children, young people and their teachers and families, and at educators, social workers, academics and others working with young gay and lesbian clients. It attracted widespread interest and controversy. It was fitting that during a year when the issues of young gay and lesbian people were (and still are) on the national agenda (i.e. gay 'marriages', gay and lesbian parents, age of consent, homophobic bullying, health education and of course section 28) a conference such as this should have been held. The overriding aim of the conference was:

◆ To provide an open forum for a diverse range of practitioners, researchers and interested people to meet so that they would take away ideas and contacts which would be both personally satisfying and professionally challenging and, as a result of this, led to positive changes for lesbian and gay young people and the stimulation needed for quality local research which could then inform policy and practice.

Decision making process

A proposal for a symposium on 'Gay and lesbian identities' was submitted to the Educational Psychology Group late in 1996. The proposal was finalised in January 1998 and a date for the conference was scheduled for spring of the following year. In June 1998 the first announcement and call for papers, workshop and poster presentations was circulated to all educational psychology services, university departments of psychology, as well as all education and social service departments within the United Kingdom and to key organisations within Europe (with Ulrich Biechele providing a very positive link with European colleagues) and in North America (with Steve James, American Psychological Association, and Anthony D'Augelli, The Pennsylvania State University, also providing invaluable assistance).

During July and August 1998 abstracts began to arrive into the educational psychology office at UCL. Many of these were from academics working in university social sciences and psychology departments or psychologists working in health education or primary health care. By September abstracts had been received on a wide range of topics including: AIDS education; homophobic bullying (see River's paper); age of consent; suicide and depression (see Walker's paper); working with parents of gay young people; gay and lesbian parenting (see Barrett & Tasker's paper); support groups for young lesbians and gays (see Crowley, Hallam, Harré & Lunt's paper); identity issues; ethnic minority issues; relationship counselling issues; disability issues (see Corker's paper); worker homophobia; assessment and curriculum issues; and practice issues (see McCann's paper and Robertson & Monsen's paper).

In response to interest shown by workers from outside educational psychology a second announcement and call for papers was issued in October 1998 with an amended title: 'Gay and lesbian identities: Working with young people, their families and schools – improving and informing theory and practice'. Sue Sanders of the London based organisation Chrysalis had suggested that the original title incorporating the word 'psychologists' was too narrow to be of interest to groups working outside this discipline. In line with this change in title, the second announcement carried the following amended statement:

This conference will offer participants the opportunity to:

1. Develop awareness of the affect of heterosexism and homophobia both on hetero-sexuals, lesbians and gays.

2. Sample good practice in dealing with heterosexism and homophobia in service delivery and lesbian and gay issues.

3. Gain confidence and knowledge in dealing with heterosexism, homophobia and lesbian and gay issues.

4. Build up networks to work with heterosexism, homophobia and lesbian and gay issues within our places of education, our families, in social and medical work, in community settings and in the counselling context.

By October very few applications or inquiries from practising educational or child psychologists, to whom the conference was initially directed, had been received. In an attempt to alleviate this situation the conference chair organised a second batch of flyers to be sent to all educational psychology services in England, Wales, Scotland, Northern Ireland and Eire and to relevant health and social services departments. The conference chair also published a letter in the *Association of Educational Psychologists' Newsletter* (General Interest Section) in an attempt to generate interest from colleagues and practitioners working within the child and educational psychology arena and an advert was placed in *The Psychologist* (11, 10, October 1998).

From the outset a number of calls and letters had been received expressing opposition to the conference. About this time the number of such calls and correspondence reached their peak. In a number of cases they were abusive and highly offensive. We received a range of both anonymous and signed letters and phone calls expressing 'disgust' at our 'audacity at putting on such a conference'. Many viewed our attempts as 'political correctness gone mad', asked 'what relevance has the conference to child and educational psychologists?' and claimed it was 'pandering to paedophiles'. In addition, there were concerns about the reputation of University College being muddied by our efforts. There was also a range of unacceptable personal attacks. Such responses from practitioners and academics concerned us greatly and reinforced the need for a conference focused upon the needs of young gay and lesbians and those working with them.

Despite the background of abuse and the initially disappointing response from some child and educational psychologists, inquiries and applications from related workers continued to arrive in the office as the year drew to a close. From this point onwards publicity was targeted at both groups: psychologists, and workers in related fields. In November and December 1998 flyers were sent to organisations and groups listed in the United Kingdom *AIDs Directory*. In February 1999 a flyer was circulated with the *AEP Newsletter* and an advert was placed in the *Time Out* Lesbian and Gay listings section.

Conclusions

The conference met the objectives set by the Educational Psychology Group and in many

ways exceeded its remit. Despite this, the general lack of interest shown from child and educational psychologists indicated that the subject area is in need of further research if its profile is to be improved. This said, over 35 child and educational psychologists attended and participated fully in the conference, with some presenting papers and running workshops. It was gratifying that in the workshop focused upon practice issues for EPs an agreement was reached to set up a special interest group. The idea being that this group would support colleagues in undertaking locally based research, disseminate information, and provide a forum for support, training and development. It is likely that future developments will emanate from this group of practitioners and it represents a very positive starting point.

An analysis of delegate attendance and organisations represented suggested that 'leading edge' work in this field, certainly within the United Kingdom, is being undertaken largely by practitioners and researchers working within the primary health care sector, psychology departments and in non-academic organisations like the Terence Higgins Trust and Stonewall.

The interest shown from journalists employed by the *Daily Mail* and various religious groups further highlighted how far debate on issues of 'Gay and lesbian identities within the education sector' remains contentious, emotional, irrational and controversial. This situation will continue whilst those practitioners and policy-makers responsible for bringing such agendas to the table remain reluctant or frightened to do so.

Guest editor's comments on special edition

> *Ari: When some boys at school were teasing you and called you a queer, you said: No I´m not a queer. My Dad´s queer!*

> *Ari: "He´s the sun. He´s the moon. He is the wind, playing with my body ..." How old was I? 15? No 16 ... You are the only piece of writing that I´ve got left. I burnt all the other stuff. All my poems. All my fantasies. Made them push me back into the closet. Put the lid back on the pot that was boiling, and simply sat on it. Sat on it for 10 years. I would have burnt you too but your hiding place was too good. The Bible. I never find anything there ...*

(Excerpts from *The Perfect Equal*, by Felix Bergsson, 1999, personal communication)

This edition of *Educational and Child Psychology (E&CP)* is one way of celebrating the 'Gay and lesbian identities' conference. More importantly, it provides a means of communicating directly to those educational and child psychologists who did not attend the conference in the hope that they will begin to see the relevance of gay and lesbian issues to the work that they undertake. It is timely to devote an edition of *E&CP* to exploring issues which affect educational and child psychologists and their clients. It is clear that gay and lesbian issues are one of the last 'acceptable' areas for the public expression of intolerance and prejudice in some schools, local authorities and amongst some psychologists themselves.

There is no guarantee that practitioners will use enlightened models to guide and inform their thinking and practice around the complex and ill-defined problem situations they are presented with. It is more likely in the gay and lesbian arena than any other for 'lay' frame-

works to masquerade as 'informed practice'. It is likely that stereotypes and characteristics of lesbian, gay, bisexual and transgendered people will be used to inform practice. By doing so practitioners perpetuate myths and fail to adequately acknowledge and identify the needs of this group of clients.

This edition represents a particular challenge for all psychologists (and related practitioners) and questions some of the premises which underpin and guide their work with gay and lesbian clients and the heterosexist environments in which they function. I am aware that some readers may find the views expressed in this edition provocative. I hope in its own small way that this edition highlights themes and starts informed debates which focus attention back to what the research literature has to say about issues rather than relying upon stereotypes, prejudices and untested assumptions. If readers gain nothing else from this edition then I hope it is the clear message that for them to collude with homophobic and heterosexist practices and systems is no longer acceptable nor professionally justifiable.

The various authors in this special edition are all united in their belief that the experiences of gay and lesbian young people are real ones and are a legitimate area for psychological study and reflection. The authors have tested out this belief in the variety of ways open to them. Their contributions report on the research studies they have undertaken and the conclusions they have drawn from them. In some cases they relate their own experiences to a wider body of knowledge (see Robertson & Monsen, McCann, and Walker's papers), in some cases they adopt quantitative frameworks (see Rivers and Barrett & Tasker's papers) and in others more qualitative ones (see Walker, Corker and Crowley, Hallam, Harré & Lunt's papers).

The style of writing is similarly diverse, from those adopting a strictly formal approach to those offering more personal accounts of experiences and reflections. As editor I have made no attempt to impose a spurious uniformity of style or indeed a consistent point of view. The only constraint imposed was that all papers submitted went through a rigorous process of independent peer review (i.e. each paper was blind reviewed by two academics in either Europe or the USA depending upon the topic area). The diversity has created a problem for me in ordering the sequence of papers – there is no single logical progression from one to the next. I have contented myself with the grouping as it currently is.

It follows that this edition of *E&CP* is not necessarily for reading straight through from beginning to end, though having done so many times in the editing stages, I was impressed with the cohesion and consistency of the independent contributions. The alternative is to 'cherry-pick' the papers which seem to hold the greatest interest or relevance for you at a particular time.

I would like to take this opportunity to thank all those who attended the conference without whose support it would not have been the success that it was. I wish to thank all the authors for the time and effort that went into turning their conference presentations into papers for this special edition. Lastly, I would like to thank the following people for their assistance and encouragement: Felix Bergsson, Ulrich Biechele, Sue Bromage, Stewart Clark, Jolanta Cihanovicha, Adrian Coyle, Colm Crowley, Anthony D'Augelli, Norah Frederickson, Beverely Graham, Ashley Hay, Helen Hosier, Steve James, Celia Kitzinger, Ingrid Lunt, Alan MacGregor, John MacGregor, Rafael Mazin, Georgia Preece, Ian Rivers, Simon Rosser, and Sue Sanders.

Acknowledgement

Note on the use of terms such as gay, lesbian, queer and homosexual

There is little agreement in the literature and the gay and lesbian community about the use of words such as: lesbian, gay, or more recently, queer, as opposed to using homosexual. The word homosexual could be problematic because of its association with medical models suggesting pathology and that its root meanings are not totally accurate. On the other hand it has few implications for a person's sense of sexual identity and so could be used as a descriptive label. It could be argued that the words gay, lesbian and queer, describe a particular social and political stance around one's sense of identity that goes beyond mere description. Such terms are not accurate for many homosexually behaving and desiring people and are primarily rooted in the socio-political context of the late 20th century. Gay may also connote frivolousness or, to be more precise, triviality. Lesbian, however, lacks this connotation problem and may well be a more precise and robust label. As editor I have not attempted to impose any 'politically correct' terminology upon the authors; some use gay and lesbian, some use homosexual and some use queer, and others use all four. The reader should be aware that all the words used carry some excess meaning for someone, although lesbian comes closest to being ideal: nonclinical, nontrivialising and has few connotations (Gonsiorek & Weinrich, 1991).

This edition of *Educational and Child Psychology* is dedicated to Stewart, Hiroshi, Nigel, and Philip.

References

Bergsson, F. (1999). *The perfect equal*. Unpublished play first performed in the United Kingdom at the Drill Hall, London, April 2000.

Gonsiorek, J. C. & Weinrich, J. D. (Eds) (1991). *Homosexuality: Research implications for public policy*. Newbury Park, California: Sage.

President of The British Psychological Society's opening address

Ingrid Lunt
  Institute of Education, University of London

I was both honoured and delighted to be invited to participate at this first conference on 'Gay and lesbian identities'. The conference is a cause for great celebration, and for congratulation. I am particularly pleased that it was during my presidential year that The British Psychological Society finally acknowledged the Lesbian and Gay Psychology Section, which was accepted into the structure of the Society in December 1998, and it gave me enormous pleasure to record in the Society's new-style annual report one of the highlights of 1998 as the formation of this new Section. I would like to record here our thanks and appreciation to those who persisted and did not give up despite strong opposition to the formation of this Section (see Wilkinson, 1999); many of them are here in the audience today and I thank you.

The British Psychological Society

You may know that I am one of those currently very involved in the governance of The British Psychological Society who believes not only that we should encourage the formation of new Sections wherever members express the need, but also that the formation in particular of the Psychology of Women Section and the Lesbian and Gay Psychology Section has enhanced and critically informed the Society. On the first point it is clear to me that the Sections and Divisions of the Society form its life-blood, and that a core function of the Society is to support its groups of members as they seek to develop and disseminate the various fields of psychology. I am one of those who would say 'let a thousand flowers bloom', i.e. 'let many Sections flourish and let us celebrate their manifold existence'. On the second point, the influences brought by the more recently formed Sections to discussions on methodology have made a crucially important contribution to a more balanced and integrated psychology which acknowledges the value and rigour of qualitative research methods using constructionist and discursive approaches and which encourages us to challenge taken-for-granted assumptions about the nature of the discipline and its methods.

Gay and lesbian young people

During the past 10 years there has fortunately and finally been a much greater recognition in this country of the issue of lesbian and gay sexuality in adolescence. Public perceptions are changing, albeit too slowly, and we hope that the impact of these changes on families and schools will bring a new dimension to young people's upbringing and education. Research by psychologists such as Adrian Coyle and others has long suggested that young lesbian and gay people often experience particular difficulties through being isolated, having no one to share their feelings, and feeling under pressure to conceal them, often

feeling a sense of stigma and shame. As educators and psychologists we have a key responsibility to take a proactive approach, to contribute to systems of pastoral and emotional support and to work for the inclusion of gay and lesbian issues as part of the curriculum of sex education and education for citizenship.

A case example

I hope you will permit me to talk about a case from my past almost 20 years ago when I was working as an educational psychologist. The work concerns twin 5-year-old boys, referred to me simply because they were obsessed with dressing up as princesses. Every morning when they arrived at school they went straight to the dressing-up corner, put on the most frilly, lacy party dresses they could find, took up their handbags, usually put on bridal veils or at least hats if they could possibly find them, spent time putting on their make-up and lipstick and refused to wear anything else the whole day. They worked very happily provided they could wear these clothes, but were very unhappy indeed if forced to take them off or prevented from wearing them. The teacher was very concerned. I spent time with the twins playing with them, joining with them in their fantasy world and exploring with them their way of making sense of their lives. They were amazingly articulate about their way of being. They had a very coherent account of what they were doing, (remember they were 5), and why they wished to act in this way. It seemed to me that they were fine. Following a couple of sessions with the twins, I met (after school and at the school) with their father and their teacher. The father was large and aggressive. "I will sort this one out", he said, "their mother stays in the home". In the meeting he immediately verbally attacked the teacher. "How can you complain about the boys, when you dress like a man yourself?" The teacher was a woman in her thirties with very short hair who wore denim jeans to work. She was clearly threatened both by the father and by the boys and their behaviour and could not cope with the situation. I visited the family at home a week later. Father did all the talking. Mother was a woman of very slight build with an almost inaudible voice. Neither of the parents was remotely worried about their boys' behaviour and believed that they were doing well at school, as indeed they were. The teacher, however, was clearly not satisfied, in fact deeply worried and upset by the boys. So I spent some sessions working with her and exploring why this bothered her so deeply. This is not the occasion to talk about those sessions though I believe that the conversations I had with the teacher, which were about gender identities, self awareness, confidence and tolerance, gave the teacher a new sense of self and a new ability to cope with herself, the young people she was working with and the range of families with whom she had contact. It is not only gay and lesbian young people who need understanding, but also the professionals working with them who have often not found the space to deal with their own sexuality and identity.

The BPS and the future

As we approach the end of this century, and indeed the centenary of the BPS in 2001, it is my fervent hope that psychologists can take a lead in helping schools and other institutions working with young people to combat prejudice and ignorance and to offer a space and some sanity for people to explore and accept their uncertainties, their vulnerabilities and their ambivalences. Speaking on behalf of the Society, as I said earlier, I am very grateful to those who struggled to form first of all the Psychology of Women Section, countering massive resistance, ignorance and prejudice at the time and particularly in the context

today, those who persisted with their attempts, now successful, to form a Lesbian and Gay Psychology Section. This was not at all an easy task, as some of the people in this room remember, and I have personally experienced extreme embarrassment when the Council of the Society expressed its prejudice in voting twice against the formation of the new Section. Psychology as a discipline is the richer through an ability to embrace diversity, and The British Psychological Society is fortunate that its own psychology and organisation can be enhanced by the methodologies, and epistemological perspective provided by colleagues working in these fields. The diversity of approaches, and inter-disciplinarity is very welcome in an organisation which almost by definition can at times be all too insular, monolithic and intolerant. I hope that the Section will flourish and grow and will be able to interact with and influence other Sections in order to broaden the base, methods and topics of our enquiry.

I would like to thank colleagues at UCL for putting on the conference and particularly to pay tribute to Jeremy Monsen who took the initiative, who persisted with the organisation and to whom we are all immensely grateful for the fact that we are here together today. Finally, I am honoured to be invited to join you and wish you all the best for this inaugural conference, and indeed for the future conferences which I am sure will follow.

Reference

Wilkinson S. (1999). The struggle to found the Lesbian and Gay Psychology Section. *Newsletter of the Lesbian and Gay Psychology Section, Issue 2*, July 1999.

Issues in the development of a gay or lesbian identity: Practice implications for educational psychologists

Lucy Robertson & Jeremy Monsen
London Borough of Greenwich & University College London

Abstract

'Sexual identity' has been defined by Savin-Williams (1995b) as '… the enduring sense of oneself as a sexual being which fits a culturally created category and accounts for one's sexual fantasies, attractions and behaviours' (p. 166). This paper considers some of the ways that an individual arrives at his or her own unique sexual identity. It explores some of the implications for young people of developing a gay, lesbian or bisexual sexual identity and discusses the possible role that educational psychologists (or similar practitioners) may have in challenging some of the causes of the psychological damage endured by gay, lesbian and bisexual young people.

As Savin-Williams (1995b) observed, sexual identity is in large part a function of a 'culturally created category'. Initially, then, it is important to discuss some of the historical, political and cultural factors which have given rise to current Western categories of 'homosexual', 'lesbian' and 'gay'. Anthropological evidence from contemporary hunter-gatherer tribes and findings from earlier civilisations suggest that in many societies male bisexuality was, and continues to be, regarded as natural, and frequently played a significant role in 'rites of passage' for adolescent boys (Duberman, Vicinus & Chauncey, 1989; Norton, 1997).

The privileged status of male homosexuality within classical Greek society is well documented, and celebrated in both homoerotic art and literature (Duberman *et al.*, 1989). The position of male homosexuality seems to have been similar within other early civilisations, including Chinese, Indian and the Islamic empire. The negative perceptions of homosexual activity which have fuelled contemporary attitudes of 'deviance and immorality' appear to stem predominantly from the Judaeo-Christian religious tradition (Duberman *et al.*, 1989; Norton, 1997).

Many arguments still cited as evidence of the 'perverse and deviant' nature of homosexuality are found in biblical passages within the Old Testament. Such passages derive from the Hebrew view which valued male sexuality within marriage above all else, so that all other forms of sexual activity were banned. It is likely that these passages have been subjected to mistranslation and hence misinterpretation over the millennium, as many passages do in fact portray homosexual love in a positive light (for example, the tender and enduring relationship between Jonathan and David, Samuel 20, verses 41-42). The Hebrews undoubtedly classed homosexual activity as 'unclean', along with all other forms of banned

sexual behaviour. It was probably when the Greek bible was translated into English in the seventeenth century that homosexual behaviour began to be perceived as an abomination.

The status of homosexuality within the early Christian church is still not clear. In some sects homosexual practices were actually favoured (e.g., Manichaeism). It is possibly the existence of sects like these which led St Augustine to associate homosexuality with heresy. The attitude of the Christian church towards homosexuality can be seen to be largely based upon the letters of St Paul. It is possible that his views were fuelled by the increasing power and influence of women within the early Christian church. Hence, he writes about the subjugation of women, as well as giving guidance on proper sexual relations. Penalties for homosexual activity varied depending upon which bishop was presiding at the time – there was no overall doctrine on sexual matters until AD313. The view that homosexuality was 'immoral and deviant' persisted, eventually being codified within Ecclesiastical laws (Norton, 1997).

By the mid-fourteenth century sexual expression, even within marriage, which was not of the 'vaginal-penetration-in-the-missionary-position', was thought to be contaminated by the devil and condemned. This new level of condemnation only served to drive homosexuality underground, and the practice continued throughout Europe at all levels of society. The rise of Puritanism in the mid-seventeenth century increased the systematic, cruel and zealous persecution of homosexuals even further (e.g., burnings at the stake) (Duberman *et al.*, 1989).

In addition to the religious view that homosexual behaviour was deviant and immoral, state legislation also promoted the persecution of those indulging in homosexual activity. Such sanctions, it would appear, were in an attempt to preserve the social, political and ideological 'status quo'. Despite the popular view that Ancient Rome sanctioned homosexual relationships, this acceptance was within strict boundaries (i.e. men were expected to marry, have children and then to consort with younger men teaching them the ways of the male world). Although male bisexuality was celebrated, female homosexuality was not accommodated since it was regarded as an attempt by women to usurp men. Throughout the Roman Empire, sexual dominance was regarded as an opportunity to control inferiors. A law of 226BC forbade relationships with free boys (although in reality such relationships occurred) and in AD342 the death penalty was introduced for 'passive homosexuals' (i.e. those 'taking it' as opposed to those 'giving it'). Active homosexuals were not punished as their behaviour was seen as still being acceptable within the framework of the dominant heterosexual male. Passive homosexuals on the other hand were seen as being inferior and inadequate men who were acting like women and therefore were an affront to manliness.

Harsh penalties for homosexual activities in medieval Europe date from about 1350, immediately after the Black Death had claimed a third of the population. 'Sodomy' (anal intercourse) was regarded as a serious threat to re-populating Europe. In Britain specific state legislation dates from 1533 when the death penalty for 'buggery' was introduced by Henry VIII. By making this a secular rather than an ecclesiastical crime Henry hoped to weaken further the power of the church in England for his own obvious purposes (Norton, 1997).

The death penalty was finally abolished in England and Wales in 1861, and replaced by penal servitude under the new 'Offences Against the Person' act, including the 'Labouchere

amendment'. This was the only act in Europe at the time which penalised homosexual acts in private as well as in public. It was also responsible for increasing further hostility towards homosexuals, as it conveniently played into the hands of blackmailers with many high profile scandals and trials ensuing.

The most profound was undoubtedly the trial of Oscar Wilde in 1895. This trial marked the emergence of a specific social homosexual identity, as opposed to activities, and created stereotypes in people's minds which still linger to this day. Wilde's conviction criminalised homosexuality itself, and led to an era of increased fear for all homosexuals. During the post-war years there was a witch-hunt against many prominent homosexuals within the British establishment. Some of the residue from this period still influences contemporary thinking (Berg, 1959; Dollimore, 1991).

The atrocities committed during World War II also included the systematic extermination of Europe's homosexuals by the Nazi's. Within Nazi ideology homosexual behaviour was seen as a 'perversion' and a denigration of manliness. It was during this era that the pink triangle was used to identify homosexuals, much as the yellow star was used to identify Jews. Ironically, the pink triangle has now been reclaimed as an international symbol of 'Queer Pride'. It has only been in recent years that this aspect of the war has been acknowledged. Even today many governments regard the homosexuals who died in the concentration camps as nothing more that 'common criminals' and have refused any form of recognition or compensation.

Homosexual behaviour between consenting adults was finally decriminalised within England and Wales in 1967 (i.e. consenting sexual relationships with another man over the age of 21 in private with no one else present in the dwelling! This followed the Wolfenden report, Berg, 1959). Other areas of Britain followed, with the Isle of Man being the most recent to decriminalise the offence (1992), albeit under great pressure from the European Union Parliament. The most recent legislation against homosexuality is Section 28 of the 1988 Local Government Act which prevents the 'promotion of homosexuality by local authorities'. Currently there are moves in England and Wales (at the time of writing Scotland has just repealed its legislation) to overturn and replace this law. However, such plans have caused a storm of protest with many of the arguments being aired reminiscent of the decriminalisation and the various age of consent debates (i.e. it's against nature and therefore abnormal, it's sick, it encourages child sexual abuse and makes children homosexual, and so on).

State legislation against homosexuality was often prompted by concerns about maintaining the population (i.e. if we were all homo's humans would die out), protecting children and young people (i.e. these queer's prey on children and make them queer) and retaining the balance of power within society. Restricting any freedom is a means of subjugating rebellious beliefs and peoples. It is possibly for this reason that those who flagrantly broke laws related to sexual conduct came to be viewed as revolutionary, rebellious and most of all dangerous. Homosexuality has been linked with political extremism since the French Revolution, after which it was believed in England that revolutionaries bred sodomites. More recently homosexuality has been linked with left-wing politics (i.e. the so-called 'Cambridge homosexual mafia' of Burgess and Filby and in the United States with the McCarthy trials).

In 1970 the Gay Liberation Front (GLF) arose within the United Kingdom as part of a much wider era of social militancy against the 'old order'. Being more visible and open only confirmed in many people's minds the link between homosexuality, left-wing politics and the belief that homosexuals were a threat to the 'family and society'. The GLF was inspired by the Stonewall riots in New York in 1969, after police raided the Stonewall Inn. The Stonewall was a neighbourhood bar catering for a large 'drag queen' clientele. After years of raids by the police, payoffs and hassles a group of patrons decided enough was enough and held the police at bay for three days. The Stonewall incident represented a psychological turning point in popular gay culture – a point where gays and lesbians became more visible and much more assertive (Duberman, 1994).

GLF hailed less secretive lifestyles, and insisted on members 'coming out' publicly. Any increase in understanding and compassion towards gays and lesbians in the past 30 years is a direct result of the actions of the GLF. However, the increased publicity and political activities led to a strengthening of homophobia and prejudice. The revolutionary nature of the organisation, and close associations with extreme Marxism caused many internal divisions, and by 1972 the organisation had fragmented into many smaller groups. Significantly, women who have often been marginalised within both straight and gay culture were the first group to distance themselves from the organisation and set up their own body.

The AIDS epidemic starting in the early 1980s triggered a huge outpouring of moral panic and hysteria against the gay community ('AIDS Carrying Scum' – graffiti on wall in central London, 1991). It was the catalyst for a revival in religious extremism, many regarding AIDS as the just 'gay plague', God's punishment for an abhorrent lifestyle. The slow response of various governments towards the epidemic, in addition to the hysterical reaction of the general community, served to re-politicise gay men in particular. It brought out a sense of solidarity and a desire to triumph over an indifferent and prejudiced community (e.g., 'Silence = Death' slogan from the mid to late 1980s).

The association of homosexuality with insanity and sickness was of course not new. Such views are inexorably linked to history and socio-cultural prejudices (King & Bartlett, 1999). Although masturbation was linked with insanity and sickness from the beginning of the eighteenth century, it was not until the end of the nineteenth century that homosexuality came to be viewed as an individual's sexual identity, rather than a pattern of behaviour. Ulrichs (1825-1895, cited in Duberman *et al.*,1989) proposed that there were three types of foetus. As well as male and female he termed the third type 'urning' – a foetus with the physical characteristics of one gender, but the sexual instincts of the other. Ulrichs argued that although the homosexual instincts were 'abnormal' they were inborn and therefore natural. He pleaded for humane treatment on these grounds.

Once homosexuality had been identified as pathological, much time and effort was spent (and still is) looking for a cause and cure for the sexual dysfunction in all fields of medicine, psychiatry and psychology. Despite Ulrichs' pleadings for humane treatment, this was not to be the case. Many approaches to treatment have been developed including: hypnosis, castration, electric shock treatment, lobotomy, hormone treatment, life sentence in mental institutions and aversion therapy (all equally unsuccessfully) (King & Bartlett, 1999; Savin-Williams & Cohen, 1996). Homosexuality was eventually removed from the *Diagnostic and*

Statistical Manual of Mental Illness in 1973 (Krajeski, 1996). However, it was not until 1992 that the tenth edition of the *International Classification of Diseases* finally got rid of the term as a diagnosis (World Health Organisation, 1992). The belief that homosexuality is a pathological condition in need of a cure is, however, still prevalent within the ethos of many medical (and related) fields today.

Summary

The previous section has explored some of the socio-cultural influences which have resulted in contemporary attitudes towards gays and lesbians and suggests three important themes. Firstly, although contemporary attitudes arise directly from historical events and prejudices, generally homophobia seems to have increased persistently throughout history, from a time when homosexual behaviour was not distinguished from any other form of banned sexual behaviour (including masturbation and adultery) to the present when individuals may be persecuted for their sexual identity, regardless of the behaviour they indulge in.

Secondly, regardless of the harsh penalties against homosexuality, it has always existed, either overtly or covertly depending upon the social context. Despite state and ecclesiastical legislation there has always been a huge degree of hypocrisy in relation to implementation of such legislation.

Thirdly, and most importantly, is the general omission and exclusion of women from the history of homosexuality with some important exceptions (Duberman *et al.*, 1989). This omission is symptomatic not of a more liberal or understanding attitude towards women, but of the inability of many generations of men (and women) to perceive women as autonomous sexual beings, and the lack of power of women within society, meaning that their actions were not considered a threat to the 'natural order'. There is currently no legislation against lesbianism. There are about twenty points of law still either explicitly or by omission discriminating against the gay and lesbian community. There is a real need for more home-grown research into the experiences and needs of young lesbians.

While research in the field of psychology has explored the attitudes of individuals towards gays and lesbians, sociology has shifted the focus from the individual to concerns with the social responses to gays and lesbians. Sociologists such as Plummer (1992) have emphasised the importance of viewing gay and lesbian sexuality, not so much within the context of the individual prejudices of 'homophobics', but in terms of the much more powerful concept of 'heterosexism'. Plummer (1992) defines heterosexism as:

> *A diverse set of social practices in an array of social arenas, in which the homo/hetero binary distinction is at work whereby heterosexuality is privileged (p. 19).*

The current 'culturally created category' for a gay or lesbian identity continues to be one informed by negative stereotypes and prejudices derived from historical portrayals of gays and lesbians as deviant, immoral, sick, criminal and politically extreme. These views are held by individuals, but also continue to be sanctioned by society at large through the promotion of implicit heterosexist assumptions about the roles of men and women.

The development of sexual identity

Since the 1970s research into many aspects of gay and lesbian sexuality has proliferated, yet still even the most basic of demographic information on the gay and lesbian community is unknown. A survey conducted in the USA during the 1980s suggested that three per cent to six per cent of the male population were exclusively homosexual, with between about two per cent to three per cent of women being exclusively lesbian (Money, 1988; Savin-Williams & Cohen, 1996). One of the main limitations of research to date on gays and lesbians is that it largely neglects the experiences of lesbians in favour of gay men.

An important, yet still relatively neglected area of research, relates to the developmental processes by which individuals come to identify themselves as having a gay or lesbian orientation. Most classic works on human development have focused almost exclusively upon heterosexual experiences and patterns of development. When not omitted entirely, the existence of same-sex attractions are often acknowledged within the context of pathology or immaturity (Cox, 1983).

A growing body of research suggests that adult sexual orientation (erotic attraction to people of the same, the opposite or both genders) relates in some way to childhood gender identity (that is the ability to identify their own and others' gender) and sex-typed behaviour (or gender-role) behaviour (Green, 1987; Money, 1988). Money was the first to define 'gender role'. It refers to all those behaviours, attitudes, and personality traits that a society designates as masculine or feminine, that is, 'appropriate' for or typical of the male or female social role (Savin-Williams & Cohen, 1996).

Children usually develop an awareness of their own gender between the ages of about two and three years of age and are able to identify correctly the gender of others between the ages of about three to five. At this stage, children usually identify with a gender role (develop an awareness of an 'appropriate' sex-typed behaviour), which is then typically over-learnt (McKnight, 1997; Money, 1988).

There are many different theoretical perspectives relating to the way in which children learn about their gender. Undoubtedly the process begins very early, probably soon after conception, with 'active pregnancies' being perceived as being more male-like and 'passive pregnancies' being more female-like. Certainly within the first couple of days of a baby's birth, boys and girls are treated very differently by their parents (particularly their fathers), and different meanings are attributed to their behaviour depending upon their gender, which immediately reinforces accepted stereotypes (McKnight, 1997; Money, 1988).

Different theoretical perspectives emphasise the roles of biological, cultural, cognitive and emotional processes in influencing a child's identification with a gender role and associated sex typed behaviour (McKnight, 1997). The exact contribution of each is not yet clear, but they would most likely all play a role. Children usually begin to develop an awareness of their sexual orientation during childhood and early adolescence. At this time children are becoming sexually mature, learning facts about their bodies and sex. They begin to make sense of these facts in terms of their own desires, emotions, behaviour and relationships, and at the same time eroticise and give new meaning to familiar feelings. Through this process adolescents eventually establish an individual sexual identity.

Green (1987) found that 75 to 80 per cent of boys who showed gender atypical behaviour later developed a bisexual or homosexual identity, as opposed to 0 to 4 per cent of a control group. Despite this apparent relationship between gender role identification and later sexual orientation and identity, the nature of the relationship is still not fully understood, and some researchers remain sceptical about whether any relationship exists at all (McKnight, 1997; Money, 1988).

At least three possible models have been proposed by those researchers who maintain that a relationship does exist between gender role and sexual orientation. Green (1987) states that adult sexual orientation is the end-state of a developmental process of psycho-sexual differentiation, in which gender identity develops first, then gender role and finally orientation. Others (e.g., Isay, 1989) suggest that this sequence is reversed and that a child's sexual orientation influences the expression of sex-typed behaviour. The third model does not consider the relationship developmentally, but suggests that both sexual orientation and sex-typed behaviour are influenced by the same factors, particularly biological such as prenatal sex hormones (McKnight, 1997; Zucker, 1990).

More evidence that sexual orientation has a biological basis has been provided by Meyer-Bahlburg, Ehrhardt, Rosen, Gruen, Varidiano, Vann & Neuwalder (1995) who demonstrated that levels of prenatal oestrogen may play a role in the development of human sexual orientation, through their effect on structural sex differences within the brain (i.e. the hypothalamus). Other research indicates that a variety of factors may be related to sexual orientation. Blanchard, Zucker, Bradley & Hume (1995), for example, have demonstrated that male homosexuals have a greater than average proportion of male siblings, and a later than average birth order. As yet no sound explanation for these findings has been established. Such research highlights the need for caution in interpreting such results. It is easy to fall into the 'chop-stick' hypothesis, that is the robust finding that there is a very high correlation between having blue eyes and having difficulties using chop sticks! Rather than something biological causing such differences it is highly likely that culture plays its part. Finally, some researchers question the value of attempting to find a common and universal 'cause' of homosexuality.

> *Considering the 'varieties' of homosexuality and the variety of meanings constructed out of same-gender sexual orientation, there seems to be little value in trying to find a common origin of homosexuality. (Boxer, Cohler, Herdt & Irvin, 1993, p. 255)*

A more constructive way forward may be to develop new theoretical models which 'allow' for the development of a gay or lesbian orientation as being a natural part of human diversity within the psycho-sexual differentiation process. New conceptualisations of sexual orientation may need to be developed in response to increasing evidence that, for many individuals, it is not a 'fixed' state. Improved techniques for assessing sexual orientation are necessary, particularly techniques which are sensitive to the needs and experiences of adolescents. Such advances would probably allow a more rational understanding of the experiences of young gays and lesbians from a wide variety of cultures and backgrounds.

Difficulties associated with developing a gay or lesbian identity

An increasing amount of research has been carried out in the United States of America investi-

gating the experiences of young people who have come to identify themselves as gay or lesbian. This research has helped to counteract earlier work which tended to approach the study of gays and lesbians in terms of psychopathology which was assumed to be a direct result of their 'abnormal sexuality'. Research has served to show that many gay, lesbian, bisexual and trans-gendered adolescents lead well adjusted, satisfying and happy lives (Savin-Williams, 1995a; Savin-Williams & Cohen, 1996). Some gay and lesbian youth will obviously suffer difficulties in their social-emotional development, just like any other section of the adolescent population. Generally, however, such work highlights the growing recognition that:

> *Much of the psychopathology attributed to the gay adolescent is a consequence of the stereo-typing and homophobic preoccupations of their peers, teachers and parents, who do not understand the manner in which these gay and lesbian adolescents differ from others. (Boxer et al., 1993, p. 258)*

Despite the evidence that gay and lesbian adolescents do not differ fundamentally from their heterosexual counterparts in any respect other than their sexuality, there are still challenges in belonging to a sexual minority which, as the above quotation illustrates, can in themselves be the cause of additional stress and difficulty.

Self-acknowledgement leading to self-acceptance of sexual identity

> *For the youth struggling with a stigmatising sexual identity, adolescence can be a time of conflict and distress. With pressures from family and peers to be heterosexual, gay male, lesbian and bisexual youths face unique hurdles in their efforts to forge a healthy sense of self. (Savin-Williams, 1995b, p. 174)*

'Coming out' is the term used to describe the process by which an individual incorporates a same-gender sexual identity into their sense of self and so makes a transition to a gay or lesbian lifestyle. The usual steps in this process are firstly self-acknowledgement of their sexuality, then sharing this identity with one other person, and gradually making contacts with other gays and lesbians. In time individuals learns to accept who and what they are. Many gay and lesbian adults report that they felt 'different' from an early age. This feeling of isolation or apartness grows with age, and is given new meaning during adolescence. At this stage, many young people realise that they do not have erotic interest in the opposite sex, but are likely to reject any definition of them being 'gay, lesbian, homosexual, queer, pansy, fag, faggot, poof, poofter' and so on, which peers may have labelled them. A growing awareness that their feelings of alienation may have a sexual component, however, makes it increasingly difficult to deny same-sex attractions.

A study by Boxer *et al.* (1989, reported in Savin-Williams, 1995b) revealed the average age of disclosure to be about 16 years, for both boys and girls, although homosexual activity was likely to have begun at an earlier age (around 13 years for boys and about 15 years for girls). Some youth reported 'relief and joy' when they reached self-awareness, and generally there was a positive association between acknowledgement (and later acceptance) of sexual identity and feelings of self-worth. This is not the case for all young people however.

Gay and lesbian adolescents are very much aware of the prevailing attitudes held within society and in their own families towards 'queers'. Gay and lesbian adolescents are aware

of one of the powerful fears, that of social rejection and isolation. Such feelings act as defences against self-recognition, and delay the process of 'coming out' to oneself and others. For young people from ethnic minorities, the difficulties posed by the task of developing a positive self-image during adolescence may be magnified because of the need to develop not only a robust gay or lesbian identity, but also a healthy ethnic identity. Such young people may be the recipients of racism, in addition to 'homophobic' prejudice (Savin-Williams & Rodriguez, 1993, in Savin-Williams, 1995b).

Particular difficulties in establishing a positive self-image may result for boys and girls who develop awareness of their gay or lesbian sexuality at an early age, since they may lack the maturity, experience and language to cope with this recognition, as well as being relatively more dependent upon their families.

Attitudes of family, school and peers

For many young people, the fear of rejection by parents appears to be well founded. A British survey (Trenchard & Warren, 1984) revealed that approximately 40 per cent of parents reacted badly to their children's disclosure. The most extreme reaction was being forced to leave home (11 per cent). Another common response was to send their son or daughter to a doctor (10 per cent) or psychiatrist (15 per cent). Research suggests that, although boys find it more difficult than girls to disclose their sexuality, parents tend to have more difficulty in accepting a daughter's lesbianism.

As well as experiencing rejection from their families, and general 'heterosexism', many young gays and lesbians receive direct abuse from prejudiced and intolerant peers. There is particular pressure to conform to certain stereotypes during adolescence and, as Gonsiorek (1988) has observed, that failure to do so can result in cruel behaviour from peers (see Rivers' paper in this edition).

> *Adolescents are frequently intolerant of differentness in others and may castigate or ostracise peers, particularly if the perceived differentness is in the arena of sexuality or sex roles. (Savin-Williams, 1995b, p. 116)*

Although peers are responsible for the majority of abuse (64 per cent in a study of American college students by D'Augelli in 1992) abuse is also received from teachers and other staff in schools and colleges (this accounted for 23 per cent of the abuse experienced in the above study – see Crowley, Hallam, Harré & Lunt's paper in this edition). The majority of gay and lesbian young people appear to have received abuse at some time. In D'Augelli's (1992) study up to 72 per cent of the sample had been the recipients of either verbal or physical abuse. Trenchard and Warren's 1984 survey of London adolescent homosexuals revealed similar figures, with 58 per cent of respondents reporting verbal abuse and 21 per cent reporting having been beaten up (for gay men this figure was 27 per cent).

Another study conducted within the United Kingdom by Stonewall (Mason & Palmer, 1996) reported that 48 per cent of respondents aged under 18 experienced violence, with 90 per cent having experienced name calling because of their sexuality. Of the violent attaches reported 50 per cent involved fellow students and 40 per cent actually took place within school. These figures are high, and confirm that the fear of violence, intimidation and rejec-

tion reported by many young gays and lesbians is indeed justified.

Lack of an accepted framework in which to form relationships

As well as receiving overt hostility from some peers, many gay and lesbian young people experience more subtle difficulties in the area of peer relationships. Because of the fear of rejection and hostility, many young gays and lesbians will not have disclosed their sexuality at school or amongst friends. The term 'passing' or 'in the closet' are used to describe people who have acknowledged their sexual identity themselves, but have not disclosed it publicly. Lesbian and gay adolescents who are 'in the closet' frequently terminate same-sex friendships if erotic feelings are aroused, rather than reveal their secret. Many consequently find other-sex friendships easier because in this way they avoid physical and sexual intimacy, and if their friendships are viewed as demonstrating heterosexual 'interest', this may enhance their status with their peers.

For those adolescents who are openly gay or lesbian, the possibility of dating somebody of the same sex is often so remote that many never consider it a realistic possibility. This is not always the case, as is seen in Fricke's (1981) book about his experiences of taking his boyfriend to the school prom. However, in most cases, gay and lesbian adolescents are presented with many problems which do not confront their heterosexual peers. Initially they face the difficulty of actually locating another gay or lesbian young person in a society where such relationships are not sanctioned. If they do find a friend or partner, they are even more susceptible to harassment from various quarters, and must accept that their relationship will never be publicly recognised or celebrated.

In fact our own experience as psychologists has shown us that such relationships are often seen as 'deviant' by teachers and parents and have been sufficient in themselves for a referral to be made to an educational psychologist. The adoption of a same-sex sexual identity, then, is likely to affect all of the important interpersonal relationships in a young person's life: with their family, their friends, peers, teachers and potential partners. The next section illustrates how such experiences can have serious consequences upon the development of self-acceptance in some gay and lesbian adolescents.

Some of the negative consequences of being a gay or lesbian adolescent

Adolescence can be a time of great anxiety for most young people. For gay, lesbian and bisexual teenagers, the stresses of adolescence are significantly increased by internal turmoil over sexual identity, the reactions of family and friends, the fear of violence and abuse and the lack of opportunity to form and experiment with meaningful same-sex friendships and relationships. As we have already highlighted, it is important to remember that by no means all young gays and lesbians experience negative consequences. Yet for a significant proportion of gay, lesbian and bisexual youth, the effects of such stressors can be detrimental to mental health, and lead to a variety of damaging outcomes.

Internalised homophobia

Perhaps the most common negative consequence of being gay, lesbian or bisexual and one which results from the 'culturally created category' of 'homosexual', is internalised homo-

phobia. This occurs when the individual incorporates negative attitudes towards gays and lesbians as part of their own self-image. Varying degrees of internalised homophobia can result, but the most extreme form involves over-generalisation of negative feelings about their sexual orientation which encompasses the entire self image. An individual may perceive that they are really 'deviant, sick, mentally ill, emotional unstable, will never be able to sustain a long-term relationship, and have difficulty with promotion and being accepted at work'. The ultimate damage being an overwhelming sense of wishing that they could have been born straight ("If I had my life over again I wished I had been straight … it would have made work and promotion easier … I never felt that I belonged … I always felt an outsider at the rugby club, the pub … male cliques … the pressure to pass as straight the fear of rejection losing out career wise." Excerpt from an interview with a 40-year-old gay man).

Internalised homophobia may be overt or covert. In its covert form, internalised homophobia leads to self criticism and self doubt in the face of prejudice. Discrimination is frequently tolerated, and may extend to critical and irrational views of other members of the lesbian and gay community. Overt internalised homophobia is more destructive, and probably accounts for most of the mental health problems seen within the gay and lesbian community. Overt internalised homophobia takes the form of extreme self-hatred. This can result in depression and self-destructive behaviour, such as substance abuse and suicide.

> *I lie awake tense and dream that there are other's like me out there – young men like myself who I can talk with, laugh with, do things with, be myself with. What about at school? But Mum and Dad must never know, never. I know what they would do. Why can't I find other's like me to talk to, to be with, I'm lost, am I going to be alone for ever. Will I ever meet someone like me to love or will I end up like Quentin Grisp destined to a life of loneliness and rejection, a pathetic Queer. (An extract from a 1977 suicide letter of a young gay male aged 18 years who attempted to kill himself).*

The rate of completed suicides among gay and lesbian young people is unknown, as is the percentage of gay and lesbian adolescents of the total number of completed youth suicides. Although a review of research by Gibson (1989, reported in Savin-Williams & Cohen, 1996) suggests that they could account for as many as 30 per cent. This finding is supported by Remafedi, Farrow & Deisher (1993) and Trenchard and Warren (1984) who report that between 20 per cent and 30 per cent of young gay men have attempted suicide (also see Walker's paper, this issue).

Hershberger and D'Augelli (1995) found that self acceptance was the single best predictor of current and future mental health among lesbian, gay and bisexual youths, rather than level of victimisation or level of family support. However, perceived victimisation and negative family support were associated with suicides or attempted suicides in gay and lesbian adolescents. Hershberger and D'Augelli concluded:

> *A general sense of personal worth, coupled with a positive view of their sexual orientation, appears to be critical for the youths' mental health. (p. 72)*

Responses to rejection and victimisation
Most adolescents can usually rely upon the support and understanding of their family and

friends when they experience feelings of self doubt and anxiety. For many young gays and lesbians, this 'buffer' zone of family support is not so readily available. This leaves them more susceptible to their own negative self-talk, and also to the effects of victimisation by peers, teachers and others. The experience of rejection by family and peers can have very damaging and long lasting effects on gay and lesbian adolescents. As well as the direct consequences of victimisation by peers, Martin and Hetrick (1988, reported in Savin-Williams, 1995b) found that such experiences can lead to poor school performance, behavioural and emotional difficulties (both acting out and withdrawing), truancy, or dropping out of school altogether.

School related problems can have damaging consequences, as young gays and lesbians will be unable to fulfil their academic aspirations, which will affect later employment, social and life opportunities. One of the most extreme reactions to rejection by peers, especially when accompanied by family rejection, is running away. In some cases, gay, lesbian and bisexual adolescents may actually be compelled to leave home. In Trenchard and Warren's (1984) study 11 per cent of the sample reported that they had been thrown out of their homes. These young people, and those who run away from home, are obviously particularly vulnerable.

Martin and Hetrick (1988) found that American adolescents in this situation were at increased risk of substance abuse, prostitution and suicide. The situation within the United Kingdom is very similar, and Trenchard and Warren (1994) observe that many of these young people remain homeless as they are not seen as a priority for housing. Homeless adolescents are likely to be involved in criminal activity, but the real dangers lie in their involvement in prostitution (i.e. 'rent-boys') which in turn puts them at risk of contracting AIDS and other sexually transmitted diseases, and of sexual abuse and assault. Accurate statistics related to the number of homeless gay and lesbian adolescents involved in prostitution are not available, but it is likely to be a significant proportion of those (11 per cent) who are thrown out of their homes.

Difficulties in forming relationships

Whilst many young gays and lesbians are involved in satisfying relationships (Boxer *et al.*, 1993; Trenchard & Warren, 1984) many lesbian, gay and bisexual adolescents encounter great difficulties which may result in damaging consequences. The separation of what these young people feel is erotic, from what is seen as socially and emotionally acceptable, can increase self doubt and cause anger and resentment, compounding negative self perceptions. Distortion of development during adolescence may occur if young people are not able to give expression to their sexuality, since sexuality provides far more than instinctual satisfaction: It is a means of dealing with and expressing feelings of love, caring and support. If adolescents are not able to explore some of the implications of their sexuality, they may develop a misperception about the nature of intimacy and relationships.

For those who have acknowledged their sexual identity, but are unable to find opportunities to date other young gays or lesbians, a common response is to seek alternative sexual encounters. Adolescent gays and lesbians (particularly males) may seek out specific public places (i.e. toilets, parks and so forth) in search of sex if they are not able to form romantic relationships. This may result in inappropriate sexual partners (i.e. abuse by older men), and an increased risk of catching AIDS and other sexually transmitted diseases.

Research by Rotheram-Borus, Reid, Rosario, Van Rossen & Gillis (1995) has found that gay and lesbian young people may follow fundamentally different developmental pathways from heterosexual youths with respect to their sexual behaviour. Whilst in heterosexual youths increased sexual behaviour is often associated with other risk taking behaviour, in gay and lesbian youth this may not be the case (Jessor & Jessor, 1977). Their sexual behaviour is not linked to other 'problem' behaviours in the same way, and therefore appears to be more a result of circumstances. As well as the risks directly associated with casual sexual encounters, there are also less direct consequences. Young gays and lesbians may lack the opportunity to explore and develop affection and intimacy, and this can have serious consequences for relationships in adulthood.

Summary

In summary, gay and lesbian adolescents are more likely to experience different types of stressors and difficulties than their heterosexual counterparts. This is mainly due to the stigma attached to developing a gay or lesbian identity. Such pressures make the task of developing a positive self-image more challenging for most gay and lesbian young people. This fact, in addition to the extra stress caused by family attitudes, victimisation and ostracism by peers, puts gay, lesbian and bisexual adolescents at significantly greater risk of depression and suicide, as well as forcing them into situations where they are particularly vulnerable to many other risk factors. For these reasons, the well-being of gay and lesbian young people should be an important consideration for all those who work with them, including educational psychologists.

Issues in assessment and intervention

It is difficult to assess someone's sexuality other than through candid self-report. Individual sexual identities appear to exist along a continuum from exclusively same-sex to exclusively opposite-sex attraction, and do not necessarily remain in the same part on the continuum throughout a person's lifetime. Another important factor to consider is that, as Remafedi *et al.* (1992) found, homosexual sex is not the exclusive domain of people who self identify as bisexual, lesbian or gay, and there are also people who adopt a same sex orientation without same sex activity. Another difficulty in assessing sexuality is that many people do not publicly declare their sexual identity for obvious reasons (i.e. rejection, abuse and so on).

The extent to which it is necessary or ethical to 'assess' sexual identity, especially that of adolescents, is highly questionable. In the past, assessment of sexuality has often resulted in sexual orientation becoming the focus of consultation, rather than the presenting problem such as feelings of rejection or depression. This has led to interventions designed to modify sexuality. Attempts have been made to justify clinical intervention around sexual orientation in order to eliminate peer ostracism, to treat underlying psychopathology, and to prevent homosexuality and transsexualism in adulthood (Savin-Williams & Cohen, 1996).

In the authors' experience it has been very rare for issues of sexuality to be used by teachers or psychologists as possible hypothesis to help explain emotional or behavioural difficulties. In most cases 'safer' within–person or family based hypotheses have been offered (i.e. learning or emotional difficulties, poor parenting and so on).

The two most common forms of 'treatment' are behaviour therapy and psychotherapy. There is little evidence, however, for the effectiveness of either treatment approach. Green (1987) found that the proportion of 'feminine' boys in his study who went on to develop gay sexual identities did not differ as a function of involvement in therapy. However, the boys who had been involved in therapy had higher self concept scores as adults, and looked back favourably on the treatment experience. This suggests that, whilst treatment appears powerless in interrupting or changing the development of sexual identity, it can be successful in increasing the development of self acceptance (King & Bartlett, 1999).

Although there are many ethical reasons not to assess sexuality, the fact remains that many young people are referred to psychologists and psychiatrists by their parents and schools, due to concerns about their gender identity or sexual orientation. There are many more young people who are referred due to emotional or behavioural problems which could be related to their developing sexual identity. For these adolescents it is important that practitioners are aware of the possible contributions of internalised homophobia and other negative responses (i.e. school environment and ethos, peer group, family attitude) to sustaining the presenting difficulties which the young person brings.

Many more young people, however, may suffer the negative consequences of society's responses to gay and lesbian identities without ever consulting a doctor, psychiatrist, psychologist or counsellor. For these young people, assessment of their sexual orientation is not an issue. Intervention needs to take the form of raising understanding and awareness about sexuality within the educational and psychological communities in order to challenge the many untested and irrational assumptions being made about gays and lesbians.

It is, in the final analysis, homophobia and heterosexism which contribute much to the unnecessary suffering that gay and lesbian young people experience. It is argued that interventions by educational psychologists need to be related to reducing the negative experiences of young gays and lesbians and need to take place at a number of different levels within the educational establishment (i.e. individual, group and systemic levels).

The response of educational psychology services

Educational psychology services and all the individuals within them need to ensure that they are fully aware of the issues related to psycho-sexual development in childhood and adolescents and that they have developed appropriate policies and codes of practice. But above all educational psychologists need to demonstrate competence in working with sexuality issues in children and young people. As yet, the Association of Educational Psychologists and The British Psychological Society have not yet issued any guidelines or discussion papers (though, see Comely, 1993). The practice of heterosexism is not confined to any specific portion of society. All social institutions can and frequently do communicate bias, mostly in subtle ways. It is important that psychologists and educational psychology services recognise that they too are liable to this form of prejudice, and need to take steps to reduce the risk of discrimination much as they now do around issues of racism, gender and disability.

Further local research

Far too little is still known about the experiences of gay and lesbian young people within

the United Kingdom. More locally based primary research is needed, particularly to widen our knowledge of issues including a more representative sample of the population, especially women, ethnic minorities and those living in more rural locations within the United Kingdom. Such research will help to inform the development of responses and services for young gays and lesbians. Research by educational psychologists could be particularly useful in serving to link interventions from health and social services departments with those from educational institutions. This would enable a far more comprehensive response to the needs of gay and lesbian adolescents.

Working with individual young people, their families and teachers

There is little or no information available regarding the incidence of requests for consultation or referrals to educational psychology services for gay and lesbian adolescents, and little in the way of specific recommendations for suitable interventions (although a paper by Monsen is currently in preparation). It is unlikely (although not unknown) that a pupil will be referred to the educational psychology service due to concerns regarding their sexual identity. Educational psychologists are perhaps more likely to encounter gay and lesbian adolescents who have been referred due to concerns regarding their behaviour, emotional well-being or schoolwork.

When adolescents are referred due to concerns about self acceptance, behaviour or a sudden decline in school work, it is essential that educational psychologists are open to the possibility that sexual identity may be a relevant aspect of the presenting difficulties, even if this is not explicitly mentioned (Monsen, Graham, Frederickson & Cameron, 1998). Some adolescents may not yet have fully acknowledged their sexuality and would therefore be unlikely to disclose it to anybody else. In this case an educational psychologist would not know the extent to which it is associated with the difficulties the young person is experiencing. Other adolescents may disclose their sexual identity to an educational psychologist, in which case the psychologist must be sensitive to issues of confidentiality, especially as in some cases the pupil will not yet have 'come out' to their family, school staff or peers.

Some young people may be open about their sexuality and the role that their sexual identity plays in the range of difficulties they are currently experiencing. In any of these cases, being gay or lesbian cannot itself be seen as a problem dimension any more than ethnicity, gender or any other personal attribute which can lead to discrimination and prejudice. Whilst not regarding sexual identity as a problem aspect in itself, it is important that educational psychologists are aware of the unique pressures and problems which are associated with developing a gay or lesbian sexual identity.

The problem most likely to be responsible for emotional or behavioural difficulties in gay and lesbian adolescents would be internalised homophobia. This is likely to manifest itself through poor self-image and low self-acceptance. In terms of interventions at an individual level, evidence suggests that working with gay and lesbian adolescents to increase their feelings of self-worth is more likely to reduce self-destructive attitudes and behaviour. Educational psychologists are unlikely to have the time to work closely with one pupil over an extended period, so it is vital that they work carefully through those adults who have daily contact with the adolescent to develop supportive groups (i.e. after school homework support groups are a good example – see Crowley, Hallam, Harré & Lunt's paper in this

edition). Educational psychologists can assist individuals by providing access to information and services designed for young gays and lesbians such as youth groups and helplines.

For educational psychologists, the most effective way of increasing the self-acceptance of individual pupils is to consider the whole ethos of a school, and so assist the young person to become more accepted by their teachers and peers. The next section discusses whole school interventions.

Working with educational institutions

Much of the prejudice, discrimination and victimisation which leads to many of the difficulties associated with developing a same-sex sexual identity are encountered at school. Many schools do very little to counter such experiences either directly through mentoring, counselling and equal opportunities policies, or indirectly through the curriculum and general ethos of the school (Douglas, Warwick, Kemp & Whitty, 1997). In fact the authors' experience has been that most schools either ignore such issues or react in predictably negative ways.

Many schools use Section 28 of the 1988 Local Government Act as justification for their failure to address issues of homosexuality within their schools. This section of the Act demands that a local authority must not 'promote homosexuality' or 'promote the teaching in any maintained school of the acceptability of homosexuality as a pretend family relationship'. However, the Department of Education and Science circular 12/88 points out that 'Section 28 does not affect the activities of school governors nor of teachers. It will not prevent the objective discussion of homosexuality in the classroom, nor the counselling of students concerning their sexuality'.

This information was reiterated in the DES circular (5/94). Manchester City Council's guide to Section 28 for workers in the Education Service also points out that no court has yet defined exactly what 'promoting homosexuality' entails, but that legal advisers suggest it would involve 'encouraging people who are not homosexual to become lesbian or gay' (p. 3). Promoting equal treatment, and understanding of the needs of this minority group cannot therefore be regarded as 'promoting homosexuality'. More recently the DfEE (1999) clearly states:

> *The emotional distress caused by bullying in whatever form – be it racial, or as a result of a child's appearance, behaviour or special educational needs, or related to sexual orientation – can prejudice school achievement, lead to lateness or truancy and in extreme cases end in suicide … Head teachers have a legal duty to take measure to prevent all forms of bullying among pupils. All teaching and non-teaching staff, including lunchtime supervisors, should be alert to signs of bullying and act promptly and firmly. (DfEE, 1999, p. 24-25)*

It is important then that schools are aware that their activities are not as restricted as they might have believed, and educational psychologists should work with schools to ensure that the needs of gay and lesbian students are fully met. Of the students who participated in Trenchard and Warren's (1984) study, 60 per cent said that homosexuality had never been mentioned in any lessons at school, and only five per cent said that their school library had stocked any useful books on the subject.

Educational psychologists can work to improve provision for gay and lesbian pupils through providing advice, consultation, individual, group and family-based work and training related to:

◆ raising awareness among school staff, governors and parents of the needs and difficulties of sexual minority students;

◆ developing comprehensive equal opportunities and pastoral care policies which challenge homophobia and intolerance;

◆ addressing pupils' needs through sex education lessons and the general curriculum;

◆ supporting pupils through the availability of relevant literature; and

◆ encouraging the school to work with available support groups.

In this way educational psychologists can work with school staff to ensure that not only the needs of gay and lesbian pupils are catered for, but also that other pupils are less likely to develop prejudiced and intolerant attitudes and beliefs.

Conclusion

The very real concerns of gay and lesbian children and adolescents have only recently been publicly aired and discussed. Research from the United States has provided much information about the experiences of American gay and lesbian adolescents, but much of this now needs to be replicated and extended within the United Kingdom and Europe and related to the development of rational policies and services.

Educational psychologists have much to contribute to the growing understanding of adolescent sexuality. Through action research educational psychologists can find out more about the experiences and needs of Britain's gay and lesbian young people. Educational psychology services are in a unique position of being able to bridge the gap between the services provided by public health and social services agencies and educational institutions, thus ensuring that these combine to meet the needs of gay, lesbian and bisexual youth.

By working closely with agencies specifically devoted to meeting the needs of young gays and lesbians, educational psychologists can provide individuals with opportunities to gain further advice, information and support. Within schools, educational psychologists can raise awareness of important issues, challenge attitudes and practices and discuss how schools may best respond to these at individual, group and systems levels. It is possibly through this later approach that educational psychologists can do most to increase the positive experiences of developing a lesbian, gay or bisexual identity.

References

Berg, C. (1959). *Fear, punishment, anxiety, and the Wolfenden report*. London: George Allen & Unwin.

Blanchard, R., Zucker, K., Bradley, S, & Hume C. (1995). Birth order and sibling sex ratio in

homosexual male adolescents and probably pre-homosexual feminine boys. *Developmental Psychology, 31*(1), 22-42.

Boxer, A. M., Cohler, B. J., Herdt, G. & Irvin, F. (1993). Gay and lesbian youth. In P. H. Tolan & B. J. Cohler (Eds.), *Handbook of clinical research and practice with adolescents*. New York: Wiley.

Comely, L. (1993). Lesbian and gay teenagers at school: How can educational psychologists help? *Educational and Child Psychology, 10*(3), 22-24.

Cox, K. (1983). Sex, adolescents and schools. In G. Lindsay (Ed.), *Problems of adolescents in secondary schools* (pp. 126-160). London & Canberra: Croom Helm.

Department for Education and Employment (1999). *Social exclusion: Pupil support* (circular 10/99). London: DfEE.

D'Augelli, A. (1996). Enhancing the development of lesbian, gay, and bisexual youths. In E. D. Rothblum & L. A. Bond *Preventing heterosexism and homophobia*. California, Thousand Oaks: Sage.

D'Augelli, A. (1992). Lesbian and gay male undergraduate experiences of harassment and fear on campus. *Journal of Interpersonal Violence, 7*, 383-395.

Douglas, N., Warwick, I., Kemp, S. & Whitty, G. (1997). *Playing it safe: Responses of secondary school teachers to lesbian, gay and bisexual pupils, bullying, HIV and AIDS education and section 28*. Health and Education Research Unit, Institute of Education, University of London.

Dollimore, J. (1991). *Sexual dissidence: Augustine to Wilde, Freud to Foucault*. Oxford: Clarendon Press.

Duberman, M. (1994). *Stonewall*. New York: Plume.

Duberman, M., Vicinus, M. & Chauncey, G. (Ed.) (1989). *Hidden from history: Reclaiming the gay and lesbian past*. New York; Meridian.

Fricke, A. (1981). *Reflections of a rock lobster: A story about growing up gay*. Boston: AlyCat Books.

Gonsiorek, J. C. (1988). Mental health issues of gay and lesbian adolescents. *Journal of Adolescent Health Care, 9*, 114-122.

Green, R. (1987). *The sissy boy syndrome and the development of homosexuality*. London: Yale University Press.

Hershberger, S. K. & D'Augellia, A. R. (1995). The impact of victimisation on the mental health and suicidality of lesbian, gay and bisexual youths. *Developmental Psychology, 31*(1), 65-74.

Isay, R. A. (1989). *Being homosexual: Gay men and their development*. New York: Farrar Straus Giroux.

Jessor, R. & Jessor, S. L. (1977). *Problem behaviour and psychosocial development: A longitudinal study of youth*. New York & London: Academic Press.

King, M. & Bartlett, A. (1999). British psychiatry and homosexuality. *British Journal of Psychiatry, 175*, 106-113.

Krajeski, J. (1996). Homosexuality and the mental health professions. A contempoarary history. In R. P. Cabaj & T. S. Stein (Eds.), *Textbook of homosexuality and mental health* (pp. 17-31). Washington, DC: American Psychiatric Press.

Manchester City Council (1992). *Section 28 of the Local Government Act: A guide for workers in the education service*. Manchester City Council.

Martin, A. & Hetrick, E. S. (1988). The stigmatization of the gay and lesbian adolescent. *Journal of Homosexuality, 15*, 163-184.

Mason, A. & Palmer, A. (1996). *Queer bashing: A national survey of hate crimes against lesbians and gay men*. London: Stonewall.

McKnight, J. (1997). *Straight science: Homosexuality, evolution and adaptation*. London & New York: Routledge.

Meyer-Bahlburg, H., Ehrhardt, A., Rosen, L., Gruen. R., Veridiano, N., Vann, F. & Neuwalder, F. (1995). Prenatal estrogens and the development of homosexual orientation. *Developmental Psychology, 31*(1), 12-21.

Money, J. (1988). *Gay, straight, and in-between: The sexology of erotic orientation*. England: Oxford University Press.

Monsen, J. J., Graham, B., Frederickson, N. & Cameron, S. (1998). Problem analysis and professional training in educational psychology: An accountable model of practice. *Educational Psychology in Practice, 13*(4), 234-249.

Norton, R. (1997). *The myth of the modern homosexual: Queer history and the search for cultural unity*. London & Washington: Cassell.

Plummer, J. (Ed.) (1992). *Modern homosexualities: Fragments of lesbian and gay experience*. London and New York: Routledge.

Remafedi, G., Farrow, J. & Deisher, R. (1993). Risk factors for attempted suicide in gay and bisexual youth. In L. D. Garnets & D. Kimmel (Eds.), *Psychological perspectives on lesbian and gay male experiences*. New York: Columbia University Press.

Rotheram-Borus, M. J., Reid, H., Rosario, M., Van Rossem, R. & Gillis, R. (1995). Prevalence, course and predictors of multiple problem behaviours among gay and bisexual male adolescents. *Developmental Psychology, 31*(1), 75-85.

Savin-Williams, R. C. & Cohen, K. M. (1996). *The lives of lesbians, gays, and bisexuals: Children to adults*. Fort Worth: Harcourt Brace.

Savin-Williams, R. C. (1995a). An exploratory study of pubertal maturation timing and self esteem among gay and bisexual male youths. *Developmental Psychology, 31*(1), 56-64.

Savin-Williams, R. C. (1995b). Lesbian, gay male and bisexual adolescents. In A. D'Augelli & C. Patterson (Eds.), *Lesbian, gay and bisexual identities over the lifespan*. New York: OUP.

Savin-Williams, R. C. (1990). *Gay and lesbian youth: Expressions of identity*. Washington DC: Hemisphere.

Trenchard, L. & Warren, H. (1984). *Something to tell you*. London: London Gay Teenage Group.

World Health Organisation (1992). *The ICD-10 classification of mental and behavioural disorders*. Geneva: WHO.

Zucker, K. J. (1990). Gender identity disorders in children: Clinical descriptions and natural history. In R. Blanchard & B. W. Steiner (Eds.), *Clinical management of gender identity disorders in children and adults* (pp. 1-23). Washington, DC: American Psychiatric Press.

Address for correspondence: Dr Jeremy Monsen, Educational Psychology Group, Psychology Department, University College London, Gower Street, London WC1E 6BT. E-mail: j.monsen@ucl.ac.uk.

The bullying of sexual minorities at school: Its nature and long-term correlates

Ian Rivers
College of Ripon & York St John

Abstract

Over the past 10 years, there has been a great deal of research activity exploring the nature and frequency of peer victimisation and bullying behaviour. This paper reports on a three-year study focusing upon the experiences of a sample of lesbians, gay men and bisexual men and women who were bullied at school, and the long-term impact it has had upon their lives. Data collection consisted of three elements: A survey of lesbian, gay, bisexual and transgendered adults' experiences of bullying at school (N = 190); a survey of the psycho-social correlates and long-term effects of bullying with a sub-sample of 119 participants; and, finally, a small number of in-depth interviews with 16 participants. Participants' experiences of bullying in school were long-term (mean: 5 years) systematic, and were perpetrated by groups of peers rather than by individuals. Participants were unlikely to report incidents of bullying either to teachers or to someone at home. In the survey of psychosocial correlates and long-term effects over 50 per cent of participants reported contemplating self-harming behaviour or suicide with 40 per cent making one or more attempts. As adults, they were found to exhibit some symptoms associated with negative affect when compared to controls. However, participants did not suffer from low self-esteem and had a positive attitude towards their own homosexuality/bisexuality and homosexuality/bisexuality generally.

Introduction

Researchers in the field of developmental psychopathology have argued that negative experiences in childhood and adolescence can have an impact upon psychological well-being in later life (see Parker & Asher, 1987, for a review). For example, Kovacs and Devlin (1998) have recently suggested that many depressed adults can trace the onset of their affective disorder to an event or series of events occurring in childhood or early adolescence (see also Newman, Moffitt, Caspi, Magdol, Silva & Stanton, 1996). Indeed, Rutter (1989, 1996) has proposed that it is necessary to consider life-span development in terms of both the continuities and discontinuities that exist from childhood, through adolescence and on into adulthood. By continuities, Rutter (1989) has suggested that links exist between factors such as social isolation, peer rejection, dysfunctional behaviour and attention deficits in childhood, and psychosis in adulthood. He has also suggested that adult vulnerability is a result of not being able to come to terms with earlier stressful experiences. In terms of the discontinuities, he has suggested that the physiological changes a young person undergoes during puberty, and the new experiences s/he encounters as s/he grows will have a significant impact upon her/his psychological functioning as an adult. Thus, while he has

acknowledged that the process of ageing can lessen the long-term effects of childhood trauma, he also argued that they do not disappear entirely.

By way of contrast, research conducted in Scandinavia by Olweus (1993) has suggested that, in terms of bullying behaviour, heterosexual former victims show none of the internalising characteristics often associated with exposure to violence or trauma. In his study of 71 young men whom he followed through school until the age of 23, Olweus found no systematic association between experiences of bullying at school and bullying in early adulthood. Similarly, in terms of affect, he found little evidence to suggest that former victims were highly anxious, introverted, unassertive or susceptible to stress. He argued that former victims had, in fact, 'normalised' in adulthood (p. 1179), and thus he suggested that bullying was a situational phenomenon, and not one grounded in the personality or individual characteristics of victims.

However, in an earlier study of 'love-shyness' among heterosexual men, Gilmartin (1987) found associations between peer victimisation at school, poor socialisation skills in adulthood (particularly an inability to form or maintain intimate relationships), and low scores for extroversion. Although Gilmartin did not consider the impact of intervening factors that could have had a confounding influence upon participants' scores or behaviour (e.g., life events), his results were generally in line with the traditional view of developmental psychopathology.

While Gilmartin's (1987) retrospective study, and Olweus' (1993) longitudinal study present conflicting evidence of the impact of victimisation at school, both have methodological problems. The absence of any consideration of discriminant factors such as ethnicity, disability, gender (both studies used all male samples) or actual/perceived sexual orientation means that their results are not entirely applicable to either the school population generally, or those who carry with them the representation of their stigma (be it physical or behavioural in origin). Equally, the predominance of all-male studies of the long-term effects of bullying may be seen as implying that girls and young women neither engage in or are affected by bullying, and it would be inappropriate to consider this to be a true representation of school experience. In addition, both researchers have taken for granted that all methods of intimidation have the same effect upon an individual, whereas recent research by Hawker (1997) has suggested that the long-term outcomes for victims of bullying may vary as a function of the behaviour to which they were exposed.

It would also be fair to say that most of the current research focusing upon bullying at school has ignored its 'sexual' nature. As early as 1988, research conducted in Manchester schools following the Burnage Report (Macdonald, Bhavnani, Khan & John, 1989) found that children were far more upset by names that were 'sexual or anal' in nature than names relating to the colour of their skin (Kelly, 1988). More recently, one Australian researcher has suggested that the advent of HIV/AIDS has resulted in names relating to a person's sexual orientation taking on a more prominent and potent role within school-yard culture (Rigby, 1997). While previous studies of sexism have often noted the homonegative nature of male banter, there has been a general lack of recognition that these names have an added meaning and negative potential, and are rarely accepted as being jocular or good humoured (see Askew & Ross, 1988).

In more recent years there have been a number of studies focusing specifically upon the incidence of homonegativism both in society and more particularly in those institutions that make up society. As early as 1984, research conducted by the London Gay Teenage Group identified bullying as a serious problem for over one third of the 416 lesbian, gay and bisexual youth who participated in the survey (Warren, 1984). More recently, D'Augelli and his colleagues at Pennsylvania State University have explored both the nature and long-term effects of victimisation for American lesbian, gay and bisexual youth (see Hershberger & D'Augelli, 1995; Pilkington & D'Augelli, 1995). Not only did D'Augelli and his colleagues report young lesbian and bisexual women experiencing more harassment than young gay and bisexual men (35 per cent and 30 per cent respectively) – a finding that does not conform to more generalised research on aggression – they also reported that 42 per cent of their sample had attempted suicide on at least one occasion as a result of being victimised or alienated by their peers, family or community. According to the survey by the London Gay Teenage Group, about one in five lesbian and gay young people had contemplated or attempted suicide.

Research relating to lesbian, gay and bisexual young people often relies upon non-probability sampling and, as demonstrated by Gilmartin's (1987) study, a degree of retrospection. Within the social and behavioural sciences, there have been a number of peer commentaries and small-scale studies criticising such methodologies. Until currently-marginalised groups are allowed to be 'visible' within society, unconventional research strategies have to be employed to allow researchers to gain access to otherwise hidden populations.

The current study falls into the category of unconventional research. It is retrospective and like many other retrospective studies relies upon the accuracy of participants' memories. While criticisms have been levied at research methodologies that do not focus upon the 'here and now', research on autobiographical memory has demonstrated that retrospection is not subject to the many inconsistencies critics have suggested (see Brewin, Andrews & Gotlib, 1993, for a review).

The Luton Study began in 1994 and is linked theoretically to the work of D'Augelli and his colleagues in the US. Its primary goal was to develop further some of the ideas and theories explored by researchers working specifically in the field of bullying behaviour, paying particular attention to the impact of bullying behaviour on lesbians, gay men and bisexual men and women.

Method

The Luton Study consisted of three related empirical investigations exploring the nature and long-term impact of bullying and victimisation at school which followed a pilot investigation conducted in 1994 (see Rivers, in press). It consisted of a survey of lesbian, gay, bisexual and transgendered adults' experiences of bullying at school (N = 190); a survey of psycho-social correlates and long-term effects of bullying with a sub sample of 119 participants; and, finally, a small number of interviews (n = 16). As the data from the survey of bullying at school were primarily retrospective, an additional study of reliability was incorporated into the project in 1996 and 1997 (n = 60) to assess the stability of participants' recollections of homonegativism within educational settings.

Survey of bullying at school

For the survey of bullying at school, participants were asked to complete a revised version of the survey instrument used in both the United Kingdom and Scandinavia to assess the level of bullying at school (Olweus, 1991; Whitney & Smith, 1993). A multi-method sampling strategy was employed using media advertisements and networks of community organisations and helplines. Overall, 464 surveys were distributed to individuals, community organisations and lesbian and gay penfriend associations over a three-year period. A power analysis suggested that a return of 150 surveys would be adequate for statistical analysis (Neuman, 1994). Of the 464 surveys distributed 216 were returned (47 per cent), of which 190 were eventually included in the study. Participants were 150 gay and bisexual men, one male-to-female transgendered person, and 39 lesbian and bisexual women. Ages ranged from 16 to 66 years (mean: 29 years). In terms of ethnicity, the majority of participants were white European (185), four were Asian or South East Asian and one was African-Caribbean. Eighty-four per cent had attended state schools and 16 per cent had attended private or public school.

Reliability of memory study

Concurrent with the survey of long-term effects, 60 participants (52 men and 8 women) received a second copy of the bullying in schools survey following a 12-14 month interval. Between 1995 and 1997, those participants who agreed to participate further in the study were sent a second survey instrument which included a number of standardised measures covering bullying at work, relationships, susceptibility to affective disorders, internalised homonegativism, possessiveness within relationships, sexual behaviour and post-traumatic stress disorder (PTSD). In addition, they were also asked to complete a life-events checklist (see Dohrenwend, Krasnoff, Askenasy & Dohrenwend, 1978). One hundred and forty-two surveys were returned of which 119 were used. Data came from 92 gay and bisexual men and 27 lesbian and bisexual women. Ages ranges from 16 to 54 years (mean: 28 years). In terms of ethnicity, 116 were white European, two were Asian or South East Asian and one was African-Caribbean. Eighty-four per cent had attended state schools, and 16 per cent had attended private or public school.

Interviews

A series of interviews were conducted with 13 gay and bisexual men and three lesbian and bisexual women. The interview schedule, which was devised using open-ended questions, covered recollections of school, adolescence, personal relationships, and work. Transcripts were analysed using the grounded theory technique developed by Glaser and Strauss (1967). For the purposes of this paper, selected parts from each section of the study will be reported.

Results

Survey of bullying at school

Types of bullying experienced at school: The most frequent form of bullying experienced at school, as shown in Table 1, was found to be name-calling (82 per cent) and being ridiculed in front of others (71 per cent). Teasing was also reported by a large number of

participants (58 per cent) while slightly more (60 per cent) reported being hit or kicked at school. Forty-nine per cent recalled having their belongings stolen by their tormentors as a form of bullying. Indirect or relational bullying was also frequently reported by participants. In total, 59 per cent said that rumours had been spread about them, while 52 per cent said they were often frightened by the way in which a particular person looked or stared at them. Twenty-seven per cent reported being isolated by their peers and 11 per cent (21) admitted being sexually assaulted either by peers or by teachers while at school.

Contingency table analysis (x^2) with post hoc Cramér's V test of association ($\emptyset_c$) indicated that there were significant associations between gender and specific types of bullying behaviour experienced by participants at school. Being hit or kicked was found to be most strongly associated with gender, with gay, bisexual and transgendered men recalling such behaviour more frequently than lesbian and bisexual women (χ^2 [1] = 17.47, p≤ .0001; $\emptyset_c$ =. 30). Gay, bisexual and transgendered men were also more likely to recall being ridiculed publicly (χ^2 [1] = 6.57, p≤ .01; $\emptyset_c$ =. 19) or being called names at school (χ^2 [1] = 5.53, p≤ .02; $\emptyset_c$ =. 17). However, lesbian and bisexual women were more likely to recall that no-one would speak to them than men (χ^2 [1] = 4.61, p≤ .03; $\emptyset_c$ =. 16). All other comparisons were found not to be significant at p = .05 (see Table 1).

Table 1. Types of bullying experienced by participants at school

Types of Bullying Behaviour	GB&T Men		L&B Women		Total in Study	
N =	151	(%)	39	(%)	190	(%)
I was called names	129	(85)	27	(69)	156	(82)
I was teased	88	(58)	22	(56)	110	(58)
I was hit or kicked	102	(68)	12	(31)	114	(60)
I became frightened when a particular person looked in my direction	82	(54)	17	(44)	99	(52)
No one would speak to me	36	(24)	16	(41)	52	(27)
Rumours were spread about me	86	(57)	26	(67)	112	(59)
I was ridiculed in front of others	113	(75)	21	(54)	134	(71)
I was sexually assaulted	19	(13)	2	(5)	21	(11)
They took my belongings	71	(47)	12	(31)	93	(49)
Other	53	(35)	10	(26)	63	(33)

Note: GB&T Men (Gay, Bisexual and Transgendered); L&B Women (Lesbian and Bisexual)

Name-calling and stereotypical representations of homosexuality: Comparable with Kelly's (1988) study, participants were asked to recall the names they were called at school. As Tables 2 and 3 demonstrate, participants often recalled names that were sexual in nature, together with a number of other names which related to behavioural characteristics, features or attributions identified by perpetrators. Those names that are reported as not being homonegative were recalled by participants who had also been called names about their sexual orientation, or had recalled one or more homonegative experiences at school. As the previous Table identifies, 82 per cent of participants (N = 156) reported being called names at school (129 men and 27 women).

As Table 2 demonstrates, gay, bisexual and transgendered men were called numerous (31) names that were sexual in nature or related specifically to sexual orientation. Names such as 'Mummy's Pet' were also thought to be related to effeminate behaviour, but were included in the list of those names within an alternative or uncertain origin. The most common names or labels gay, bisexual and transgendered men were exposed to at school included 'poof/poofter/puff' (45), and 'queer/queer boy' (33). Several names related to perceived homosexual sexual practices ('arse licker', 'bummer/bum boy/bum bandit', 'cock sucker', 'shirt lifter' and 'shit stabber'), while others emphasised gender atypicality ('fag/faggot', 'girly', 'mary', 'queen', 'sissy/sissy boy' and ''woman'). For some participants, the names they received related to various negative stereotypes: These included names such as 'AIDS victim', 'perv/pervert/pervy' and 'rapist'.

Table 2. Names and labels used by perpetrators to bully gay, bisexual and transgendered men at school (N = 129)

Homonegative name	N	Other/Uncertain Origin	N
AIDS victim	1	Bastard/Dirty Bastard	2
Arse Licker	1	Big Bum	1
Batty Boy	2	Big Nose	1
Bender/Bent	11	Brown Shit	1
Blossom	1	Creep	1
Bummer/Bum Boy/Bum Bandit	5	Fat Boy	1
Cock Sucker	1	Four Eyes	4
Fag/Faggot	10	Freak	1
Fruit	2	It	1
Gay/Gay Boy/Gay Lord	7	Mange	1
Girly	2	Mo	1
Him-She-Geezerbird	1	Mister Dandruff	1
Homo	6	Mummy's Pet	1
Mary	1	Posh Git	1
Nancy/Nancy Boy	3	Scabby	1
Pansy	5	Shit Head	1
Perv/Pervert/Pervy	1	Sick	1
Ponce	1	Sieve Head	1
Poof/Poofter/Puff	45	Smelly	1
Queen	1	Snob	1
Queer/Queer Boy	33	Spotty	1
Quentin (Crisp)	1	Square	1
Rapist	1	Stain On Toast	1
Sailor	1	Swot	1
Shirt Lifter	1	Thing	1
Shit Stabber	1	Weed	1
Sissy/Sissy Boy	2		
Twat	1		
Wanker	2		
Wanky Piss	1		
Woman	1		
Total	152	Total	30

Note: Each participant could list more than one name

In contrast to gay, bisexual and transgendered men, those names used to describe lesbian and bisexual women were few in number (4). As Table 3 demonstrates, the most common name women remembered being called at school was 'lesbian/lesbo/lessie' (15) followed by 'dyke' (6). In addition, they were also called 'lemon' (a derivative of lesbian) or 'queer'.

Table 3. Names and labels used by perpetrators to bully lesbian and bisexual women at school (N = 27)

Homonegative name	N	Other/Uncertain Origin	N
Dyke	6	Hippo	1
Lemon	2	Smelly	1
Lesbian/Lesbo/Lessie	15	Slag	1
Queer	4	Tart	1
Total	27	Total	4

Note: Each participant could list more than one name

Correlational analyses of types of bullying by location: Table 4 provides the phi coefficients and significance levels for the correlational analyses relating to types of bullying behaviour by location. As the results show, direct-physical behaviours such as hitting or kicking were significantly associated with outdoor locations such as the school yard (ϕ = .25, p$\leq$ .01) or on the way home (ϕ = .23, p$\leq$ .01). By comparison, sexual assaults were associated with bullying taking place in the changing rooms of the school, most likely before or after sports lessons (ϕ = .20, p$\leq$ .05); while reports of personal belongings being taken were related to recollections of bullying either in the school-yard (ϕ = .20, p$\leq$ .05), or in the changing rooms (ϕ = .16, p$\leq$ .05).

Table 4. Correlational analyses of types of bullying behaviour by location: Phi (ϕ) coefficients and significance levels

	Corridors	Classroom	School yard	Changing room	On the way home	Other place
Types of bullying behaviour N = 190						
I was called names	.33***	.32***	.10	.16*	.13	.19*
I was teased	.06	.11	.04	.16*	.10	.09
I was hit or kicked	.06	.14	.25**	.26	.23**	.13
I became frightened when a particular person looked in my direction	.15*	.19**	.04	.26**	.25**	.18*
No one would speak to me	.06	.01	.14	.14	.01	.06
Rumours were spread about me	.26**	.08	.10	.27**	.11	.11
I was ridiculed in front of others	.26**	.34***	.23**	.16*	.15*	.02
I was sexually assaulted	-.03	-.16*	.08	.20*	.10	.04
They took my belongings	.13	.11	.20*	.16*	.11	-.01
Other	.00	.12	.11	.07	.13	.30***

Locations where bullying took place

Note: *ϕ significant at p$\leq$0.05, **ϕ significant at p$\leq$0.01, ***ϕ significant at p$\leq$0.001 (Pearson's χ^2 probability)

Generally, direct-verbal behaviours were found to correlate most significantly with locations within the school building. Name-calling and labelling was significantly associated with locations such as the classrooms (ϕ = .32, p$\leq$ .001), corridors (ϕ = .23, p$\leq$ .001), changing rooms (ϕ = .16, p$\leq$ .05) and in 'other' places (ϕ = .19, p$\leq$ .05); while teasing was more likely to occur in the changing rooms (ϕ = .16, p$\leq$ .05). Having said that, participants' reports of being ridiculed in front of others suggested that such incidents occurred both in and outside of the school building; with the most significant associations being recorded in the classrooms (ϕ = .34, p$\leq$ .001) and corridors of their schools (ϕ = .26, p$\leq$ .01).

Indirect or relational bullying was found to be associated with the majority of locations identified by the questionnaire. Being frightened by a look or stare was found to correlate significantly with various locations including the classroom (ϕ = .19, p$\leq$ .01), corridors (ϕ = .15, p$\leq$ .05), changing rooms (ϕ = .26, p$\leq$ .01), on the way home (ϕ = .25, p$\leq$ .01) and in 'other' places (ϕ = .18, p$\leq$ .05). Interestingly, no significant associations were found between location and being socially isolated ('No one would speak to me') at school (all: p> .05). Rumour mongering was significantly associated with reports of bullying taking place in the corridors (ϕ = .26, p$\leq$ .01) and changing rooms (ϕ = .27, p$\leq$ .01) at school.

Telling a teacher or someone at home: 22 per cent of participants reported telling their teachers about being bullied at school, but only 16 per cent had told them why. Significantly more participants (39 per cent) felt able to tell someone at home (x^2 [1] = 11.28, p$\leq$ .001), than at school, although only 15 per cent had disclosed the reason why.

Reliability analysis

For this study, the reliability of participants' memories was assessed by asking a subsample of 60 participants to complete the questionnaire at two different times. Pearson product-moment correlations followed by intra-class correlations (r_i) indicated that participants tended to recall milestone events in their lives with great accuracy such as 'coming out' (r [55]= .79, p$\leq$ .001; r_i = .78), and the age at which they recall first being bullied because of their actual or perceived sexual orientation (r [60]= .38, p$\leq$ .05; r_i = .36). They were also found to be consistent in their estimates of the duration (r [60] = .43. p$\leq$ .01; r_i = .33) of such behaviour.

Comparable with previous analyses of test-retest reliability (see Olweus, 1991), composite scores relating to types of bullying behaviour were also compared. A significant correlation was found in the number of experiences participants reported at 12-14 month interval (r [60]= .59, p$\leq$ .001; r_i = .47). Similarly, cumulative scores relating to where such behaviour took place were compared and this correlation co-efficient was also found to be significant (r [60]= .66, p$\leq$ .001; r_i = .65).

Survey of psycho-social correlates and long-term effects

Self-harming behaviour: 119 participants were asked whether or not they had contemplated or attempted to self-harm of commit suicide as a consequence of being bullied at school. In total, 53 per cent of the sample said that they had contemplated self-harm as a result of being bullied. Of that number over three quarters (40 per cent of the total sample) indicated that they had attempted self-harm/suicide on at least one occasion and three quarters of

those participants (30 per cent of the total sample) had attempted on more than one occasion.

Victimisation/harassment at work/university/college: In addition to being bullied at school, 55 per cent of participants who took part in the survey of psycho-social correlates and long-term effects indicated that they had also experienced victimisation or harassment at work or at university/college on the grounds of their sexual orientation.

Depression and anxiety: Each participant's current affective state was assessed using Zuckerman and Lubin's (1965) Multiple Affect Adjective Checklist (MAACL). Scores for depression and anxiety were compared to two comparative data sets: A sample of 116 lesbians, gay men and bisexual men and women who reported not being bullied at school; and a sample of 109 heterosexual men and women who were bullied at school. Analysis of covariance (ANCOVA) partialling out scores for recent life events (positive and negative) suggested that participants tended to be more likely to exhibit symptoms associated with depressive disorders but not anxiety when compared to a group of lesbians, gay men and bisexual men and women who reported not being bullied at school (depression F [1, 201] = 14.08, p≤.0002; anxiety F [1, 201] = 3.32, ns).
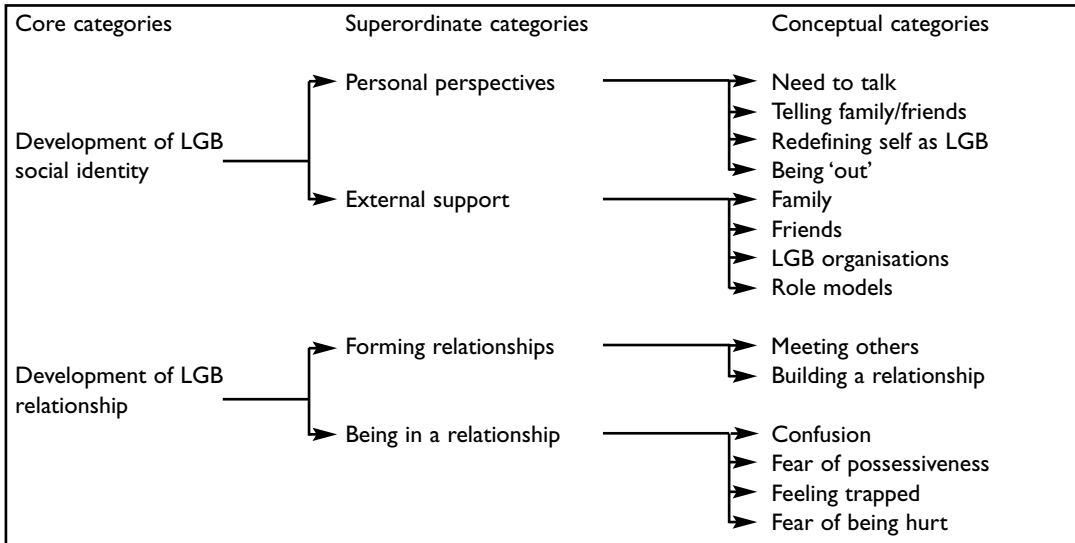
Self-esteem and internalised homonegativity: Participants' self-esteem and their comfort at being lesbian, gay or bisexual were assessed using a revised version of the Nungesser Homosexual Attitudes Inventory (RHAI: Nungesser, 1983; Shidlo, 1994). As well as giving a global score for the degree to which participants felt comfortable about being lesbian, gay or bisexual, three sub-scores were also derived focusing upon (i) acceptance of self[1], (ii) attitudes towards homosexuality in general, and (iii) disclosure of sexual orientation to others. Comparison with lesbians, gay men and bisexual men and women not bullied at school found no significant differences in scores for perception of self (gay and bisexual men F [1, 162] = 1.20, ns; lesbian and bisexual women F [1, 62] = 2.88, ns) or in a willingness to disclose one's sexual orientation to others (F [1, 225] = 0.27, ns). However, a difference was found in general negative attitudes towards homosexuality with the comparison group scoring significantly higher than those bullied at school (F [1, 226] = 6.25, p<.001).

Possessiveness within relationships: In line with Gilmartin's (1987) findings, the quality of participants' relationships was assessed using an adapted version of Pinto and Hollandsworth's (1984) Possessiveness Scale. The results from lesbian, gay and bisexual participants were compared to those obtained from two heterosexual samples; heterosexuals bullied at school (N = 109); and those not bullied at school (N = 98). One-way analysis of variance (ANOVA) found no significant difference in the mean scores for participants in this study when compared to non-bullied heterosexuals (F [1, 178] = 2.68, ns), and bullied heterosexuals (F [1, 186] = 2.20, ns).

Interviews

Transcription of the interviews from 16 participants generated some 24,000 lines of text covering school experiences, adolescence, work/college/university, and personal relationships. Seven hundred and three textual extracts were used in the analysis. For the purposes of this paper, only those results from the section of the interview covering personal relationships were examined (Figure 1).

Figure 1. Adulthood (personal relationships): Core, superordinate and conceptual categories identified from interview transcripts

Core categories	Superordinate categories	Conceptual categories
Development of LGB social identity	Personal perspectives	Need to talk
		Telling family/friends
		Redefining self as LGB
		Being 'out'
	External support	Family
		Friends
		LGB organisations
		Role models
Development of LGB relationship	Forming relationships	Meeting others
		Building a relationship
	Being in a relationship	Confusion
		Fear of possessiveness
		Feeling trapped
		Fear of being hurt

As Figure 1 illustrates, participants' responses highlighted a number of issues relating to the development of a lesbian, gay or bisexual identity as well as to the development of lesbian/gay relationships. In terms of personal development emphasis was placed upon receiving support, not only from family and friends, but also from the wider community and the gay community in particular. Even when participants felt unable to tell their family that they were lesbian, gay or bisexual, the support they received from friends and from gay organisations boosted their self-esteem. Indeed, some participants felt that their experiences of bullying at school had in some way made them stronger:

> *Over the past year and a half, I've begun to find a lot of stability in my personality and I've begun to be an awful lot more confident and happy about myself. I feel this in myself and other people have said to me that they've noticed a change. Now that this is happening, I think that the bullying that happened at school gave me a lot of personal strength to get through the process of coming out and has now given me a very strong base for my personality. That's not to say that the bullying was a good thing because if the bullying hadn't happened, coming out would not have been such a difficult process. (Mark, aged 22)*

In terms of developing relationships, participants said that during their adolescence they had been excluded from the social and sexual apprenticeship most of their peers had experienced. As one participant described his adolescence in the following way:

> *A feeling of missing out ... a feeling of hearing people in school talking about these wild parties and the sexual decathlons they were involved in, and, the fun ... playing in the park after school with their friends from home. A feeling that I was being deprived of this. (Simon, aged 27)*

Although the results from the possessiveness scale suggested that there was little evidence to suggest that participants in this study were in any way more possessive than their bullied and non-bullied heterosexual counterparts, possessiveness was a common fear among interviewees:

The other fear that I have is that it is something that I want so much, you know, a good relationship. I really want to love somebody and I think that it in itself is almost dangerous ... that if it happens, I'm going to need to be very wary of completely swamping somebody. (Michael, aged 26)

The fear of being possessed was not an issue raised by lesbian interviewees, although one did point out candidly that she felt possessiveness within relationships was more of an issue for gay men generally:

Amongst gay men there is a heck of a lot of hang-ups, an awful lot ... a lot of possessiveness ... a lot of partners leaving because they've just been sort of clamped down upon. You can't have friends, you can't have social lives outside of the relationship. (Susan, aged 30)

Discussion

As the survey of bullying at school illustrates, name-calling and being ridiculed in front of others were the most frequently cited forms of bullying experienced by participants (82 per cent and 71 per cent respectively). As can be seen from Tables 2 and 3, lesbian, gay, bisexual and transgendered participants were, for the most part, called names that related to their sexual orientation and, among gay, bisexual and transgendered men, such names tended to focus upon perceived homosexual practices (e.g., 'arse licker'), gender atypicality (e.g. 'sissy/sissy-boy'), and presumptions of illness/abnormality (e.g. 'AIDS victim').

According to Mac an Ghaill (1994), such names suggest that homonegativism arises from a general belief in Western cultures that gay men are sexually coercive, and are more likely to abuse children or lead them into homosexuality. In his study of concepts of masculinity among secondary school pupils, Mac an Ghaill found that male pupils believed that being in close proximity to a gay man would not only have an effect upon their own sexuality, but might also have a more sexually invasive outcome:

I'm not against gays as long as they don't touch me. (p. 94)

They must be looking at you, undressing you in their minds. They're just sick. (p. 95)

In their study of victimisation among 194 lesbian, gay and bisexual young people, Pilkington and D'Augelli (1995) reported finding a higher rate of physical violence directed against the young lesbian and bisexual women when compared to young gay and bisexual men. In their analysis of the results, they suggested that such a finding may be a direct consequence of the differing nature of social relationships among young men and young women. They maintained that young women are far more likely to disclose personal information to their friends than young men, and because of this they have argued that the young women in their survey experienced more physical abuse because peers knew they were lesbian or bisexual whereas they only perceived or suspected the young men of being gay.

In this survey, background data provided by participants showed that while 50 per cent of lesbian and bisexual women had disclosed their sexual orientation to at least one other person by 16 years of age, only 21 per cent of gay, bisexual or transgendered men said that they had similarly done so. While these data support Pilkington and D'Augelli's belief that

young women are more likely than young men to disclose or 'come-out' earlier, in this survey the data did not provide an explanation for the reported gender differences in the incidence of physical violence at school. Significantly more gay, bisexual and transgendered men reported having been hit or kicked than lesbian and bisexual women (68 per cent and 31 per cent respectively). The reported incidence of direct-physical bullying perpetrated against lesbian and bisexual women in this study was found to be about the same as that reported by Pilkington and D'Augelli (29 per cent), and is higher than estimates of its general prevalence among the school-aged female population (24 per cent in primary schools and five per cent in secondary schools; see Rivers & Smith, 1994), and this requires consideration.

Table 1 illustrates, although verbal abuse was found to be the most common form of victim-isation, both physical and indirect methods of aggression were also very much in evidence. Of considerable interest to this study was the fact that 21 per cent of participants (19 men and 2 women) recalled being sexually assaulted at school – an issue which has been rarely mentioned in research literature. Furthermore, where this occurred, there was little evidence from participants' responses to indicate that the school and/or teachers were aware of it and able to take action. As can been seen from Table 4, reports of sexual assault at school were associated with bullying taking place in the changing rooms.

According to Griffin (1995), the intense homonegativism often found among athletes in the United States is a result of the fact that the sports field has been culturally conceptualised as 'a training ground where young boys learn masculine skills' (p. 55). She argues further that, unlike many other public venues, the sports field allows men to openly demonstrate their emotional closeness to each other without fear of chastisement or ridicule. In addition, concomitant with the emotional intimacy she describes comes physical closeness, where the admiration of 'physicality' is central to athletic prowess:

> *Many sports require physical contact among men; football, wrestling, ice hockey, and basket-ball are examples. Moreover, all athletic teams spend time together in locker rooms, showers, and whirlpools, where athletes share the physical closeness inherent in these settings. (p. 55)*

The changing rooms therefore represent a situation where there is an opportunity for phys-ical contact between men and, by implication, between women who are in a state of undress and, consequently, it suggests that the fact that an athlete is lesbian, gay, bisexual or transgendered, will result in some form of sexual interaction or coercion or, at the very least, sexual gratification for the individual observing their team mates.

The correlational analyses revealed that participants who reported being bullied indirectly at school also reported being bullied within the school building. Being frightened by a look or stare and rumour mongering were associated with bullying taking place in corridors, classrooms and changing rooms of the school. Large numbers of participants recalled being tormented within their classrooms (66 per cent), along corridors (68 per cent) and in the changing rooms before or after sports lessons (52 per cent).

Generally participants' memories of school events were relatively stable across 12-14 months. Some assessment of the degree of stability in participants' recollections provides a useful index of the personal impact bullying has had upon memories of school and, by

implication, it may also provide a baseline from which it is possible to assess the degree to which the relative severity of such memories has influenced or impacted upon later social experience.

The results from the study of psycho-social correlates and long-term effects suggests that the negative effects of school bullying can be overcome. While some evidence was found supporting the assertion that lesbian, gay and bisexual former victims of bullying behaviour are more prone to depressive tendencies when compared to other groups (heterosexual bullied and non-bullied, and lesbian, gay and bisexual non-bullied), this was only one result from a battery of measures which indicated that, contrary to the hypotheses expounded by Gilmartin (1987) and Olweus (1993), there was little evidence of anxiety among participants or indeed insecurity (i.e. possessiveness) within intimate relationships. In addition, in terms of both self-esteem and comfort at being lesbian, gay or bisexual, the majority of participants in this study did not differ significantly from the lesbian, gay and bisexual non-bullied group except in terms of their much more positive attitude towards homosexuality/bisexuality generally ($p<.001$).

Although the qualitative analysis of the 16 interview transcripts suggested that some of the issues raised by Gilmartin (1987) and Olweus (1993) were of concern for participants in this study, there was little evidence to suggest that these concerns were realities. However, participants did comment that they felt they had missed out on a significant part of their social and sexual development during adolescence, and it is suggested that this could only have had a detrimental effect upon their early attempts to initiate both social and sexual relationships in later life.

One of the most significant results to emerge from this study is undoubtedly the number of participants who contemplated or attempted self-destructive behaviours (self-harm/suicide) when they were being bullied at school. However, while one should not dismiss the gravity of the findings, a note of caution must be added. As Bagley and Tremblay (1997) have pointed out recently in their study of suicidal ideation and parasuicidal behaviour among 18- to 27-year-old Canadian males, gay and bisexual oriented men account for no less than 62.5 per cent of suicide attempters. This suggests that, in addition to tackling homonegativism in the classroom, we should also be looking at ways to challenge societal homonegativism ensuring that lesbian, gay and bisexual individuals never reach a point at which they decide to end life because of their sexual orientation.

Notes

[1] For this subscale scores for gay and bisexual men were found to differ significantly from those for lesbian and bisexual women.

References

Askew, S. & Ross, C. (1988). *Boy's don't cry: Boys and sexism in education*. Milton Keynes: Open University Press.

Bagley, C. & Tremblay, P. (1997). Suicidal behaviors in homosexual and bisexual males. *Crisis, 18*, 24-34.

Brewin, C. R., Andrews, B. & Gotlib, I. H. (1993). Psychopathology and early experience: A reappraisal of retrospective reports. *Psychological Bulletin, 113*, 82-98.

Dohrenwend, B. S., Krasnoff, L., Askenasy, A. R. & Dohrenwend, B. P. (1978). Exemplification of a method of scaling life-events: The PERI Life Events Scale. *Journal of Health and Social Behaviour, 19*, 205-229.

Gilmartin, B. G. (1987). Peer group antecedents of severe love-shyness in males. *Journal of Personality, 55*, 467-489.

Glaser, B. & Strauss, A. (1967). *The discovery of grounded theory*. Chicago, IL: Aldine.

Griffin, P. (1995). Homophobia in sport: Addressing the needs of lesbian and gay high school athletes. In G. Unks (Ed.), *The gay teen: Educational practice and theory for lesbian, gay and bisexual adolescents* (pp. 53-65). New York, NY: Routledge.

Hawker, D. S. J. (1997). *Socioemotional maladjustment among victims of different forms of peer aggression*. Unpublished PhD thesis, Keele University.

Hershberger, S. L. & D'Augelli, A. R. (1995). The impact of victimization on the mental health and suicidality of lesbian, gay and bisexual youths. *Developmental Psychology, 31*, 65-74.

Kelly, E. (1988). Pupils, racial groups and behaviour in schools. In E. Kelly & T. Cohn (Eds.), *Racism in schools: New research evidence* (pp. 5-28). Stoke-on-Trent: Trentham.

Kovacs, M. & Devlin, B. (1998). Internalizing disorders in childhood. *Journal of Child Psychology and Psychiatry, 39*, 47-63.

Mac an Ghaill, M. (1994). *The making of men: Masculinities, sexualities and schooling*. Buckingham: Open University Press.

Macdonald, I, Bhavnani, T., Khan, L. & John, G. (1989). *Murder in the playground: The report of the Macdonald inquiry into racism and racial violence in Manchester schools*. London: Longsight Press.

Neuman, W. L. (1994). *Social research methods: Qualitative and quantitative approaches*. Boston, MA: Allyn & Bacon.

Newman, D. L., Moffit, T. E., Caspi, A., Magdol, L. Silva, P. A. & Stanton, W. R. (1996). Psychiatric disorder in a birth cohort of young adults: Prevalence, comorbidity, clinical significance, and new case incidence from ages 11 to 21. *Journal of Consulting and Clinical Psychology, 64*, 552-562.

Nungesser, L. G. (1983). *Homosexual acts, actors and identities*. New York, NY: Praeger.

Olweus, D. (1991). Bully/victim problems among schoolchildren: Basic facts and effects of a school based intervention program. In D. Pepler & K. H. Rubin (Eds.), *The development and treatment of childhood aggression* (pp. 411-448). Hillsdale, NJ: Erlbaum.

Olweus, D. (1993). Victimization by peers: Antecedents and long-term outcomes. In K. H. Rubin & J. B. Asendorf (Eds), *Social withdrawal, inhibition and shyness* (pp. 315-341). Hillsdale, NJ: Erlbaum.

Parker, J. G. & Asher, S. R. (1987). Peer relationships and later personal adjustment: Are low-accepted children at risk? *Psychological Bulletin, 102*, 357-389.

Pilkington, N. W. & D'Augelli, A. R. (1995). Victimization of lesbian, gay and bisexual youth in community settings. *Journal of Community Psychology, 23*, 33-56.

Pinto, R. P. & Hollandsworth, J. G. (1984). A measure of possessiveness in intimate relationships. *Journal of Social and Clinical Psychology, 2*, 273-279.

Rigby, K. (1997). *Bullying in schools and what to do about it*. London: Jessica Kinglsey Press.

Rivers, I. (in press). Protecting the gay adolescent at school. *Medicine, Mind and Adolescence*.

Rivers, I. & Smith, P. K. (1994). Types of bullying behavior and their correlates. *Aggressive Behavior, 20*, 359-368.

Rutter, M. (1989). Pathways from childhood to adult life. *Journal of Child Psychology and Psychiatry, 30*, 23-51.

Rutter, M. (1996). Transitions and turning points in developmental psychopathology: As applied to the age span between childhood and mid-adulthood. *International Journal of Behavioral Development, 19*, 603-626.

Shidlo, A. (1994). Internalized homophobia: Conceptual and empirical issues in measurement. In B. Greene & G. M. Herek (Eds.), *Lesbian and gay psychology: Theory, research and clinical applications*. Thousand Oaks, CA: Sage.

Warren, H. (1984). *Talking about school*. London: London Gay Teenage Group.

Whitney, I. & Smith, P. K. (1993). A survey of nature and extent of bullying in junior/middle and secondary schools. *Educational Research, 35*, 3-25.

Zuckerman, M. & Lubin, B. (1965). *Manual for the multiple affect adjective check list*. San Diego, CA: EdITS.

Address for correspondence: Dr Ian Rivers, School of Sports Science & Psychology, College of Ripon and York St John, Lord Mayor's Walk, York Y031 7EX.
E-mail: i.rivers@ucrysj.ac.uk.

Sexual identity, psychological well-being and suicide risk among lesbian and gay young people

Peter Huw Walker
University of Exeter

Abstract

Five lesbians and nine gay men participated in a semi-structured interview study looking at psychological well-being within the context of developing a lesbian or gay identity. Particular attention was paid to suicidal ideas and parasuicide. Data were analysed using Interpretative Phenomenological Analysis (Smith, 1996a) which revealed 10 main themes, of which two are highlighted as being relevant to providers of services for young lesbians and gay men, namely, coping strategies for dealing with negative reactions to disclosure and feelings of isolation. Recommendations are made regarding the provision of services to support and develop the psychological well-being of lesbian and gay young people.

Introduction

Since the Second World War there has been a steady increase in the level of adolescent suicide in most Western countries (de Chateau, 1990). Currently, suicide is the second leading cause of death in this otherwise healthy age group (Pagliaro, 1995; The Samaritans, 1996). In 1991 the British Government put forward their 'Health of the Nation' campaign which aimed to reduce suicide by 15 per cent by the year 2000 (Department of Health, 1991). However, it is very difficult to predict suicidal tendencies among young people (Rotheram-Borus, 1989). Therefore, an effective approach may be for research to identify sub-groups who may be at an increased risk of suicide or suicidal behaviour. In that way, teachers and other practitioners who are in regular contact with young people may be alerted to recognise factors indicating the likelihood of an increased risk of suicide or suicidal behaviour and more effectively intervene.

It is estimated that between 50 and 100 times as many adolescents attempt suicide than are finally successful. This makes parasuicide a much more widespread mental health problem (Pagliaro, 1995). The terms attempted suicide, parasuicide and suicidal behaviour are used in overlapping ways since it is often difficult to determine whether or not an individual wanted to die from his or her actions (Montgomery, 1990). Research has highlighted a number of factors which place adolescents at an increased risk for suicide, parasuicide and suicidal ideas.

Depression and mood disorder are the most commonly cited factors followed by substance abuse (Velez & Cohen, 1988; Brent, 1995; Shaffer, Gould, Fisher, Trautman, Moreau, Kleinman & Flory 1996; Jones, 1997), anxiety (Ohring, Apter, Ratzoni, Weizman, Tyano &

Plutchik, 1996) and low self-esteem (Crockett & Peterson, 1993). Spirito, Francis, Overholser & Frank (1996) have also linked adolescent suicidal behaviour with maladaptive coping strategies such as self-harm and social isolation. According to a review by Pagliara (1995), the most common risk factors for suicide and parasuicide in adolescence are: dissatisfaction with family relationships; lack of social support; loneliness; and developing a lesbian or gay identity.

Extensive research has been undertaken, mainly in the United States, investigating the increased risk of suicide and parasuicide among sexual minority youths. Compared with estimates of adolescent suicide attempts in America of between 6 per cent and 13 per cent, D'Augelli and Hershberger (1993) found that 42 per cent of their lesbian, gay and bisexual adolescent sample reported previous suicide attempts. Other US studies have found that between 23 per cent and 39 per cent of their gay and male bisexual samples had attempted suicide (Remafedi, 1987; Schneider, Farberow & Kruks, 1989; Rotheram-Borus, Hunter & Rosario, 1994).

Kruks (1991) found that in his sample of homeless gay and bisexual male youths, 53 per cent reported having attempted suicide in comparison with 32 per cent of a group consisting of both gay and non-gay homeless youths. In addition, when compared with their heterosexual counterparts, it would appear that homosexual identity places gay male adolescents at a higher risk of attempting suicide than lesbian adolescents (Remafedi, French, Story, Resnick & Blum, 1998). Significantly high proportions of attempted suicide among British sexual minority youths have also been documented (Trenchard & Warren, 1984). However, the research in the United Kingdom is more limited than that in the USA. This is a research area warranting much more home-grown research.

In order to understand why lesbian, gay and bisexual young people are at an increased risk from suicide, parasuicide and other negative psychological effects, it is necessary to examine the stressors which young people face when constructing a lesbian, gay or bisexual identity. Rotheram-Borus and Fernandez (1995) explain that this process comprises four stages: recognising oneself as lesbian or gay; exploring one's sexual orientation by obtaining information about lesbians and gay men; disclosing a lesbian or gay identity to others; and becoming more comfortable with one's sexual identity. This view of the development of sexual identity as a sequential process is not without its problems and may be better understood as a number of developmental tasks faced by the individual at different times during their life time (Coyle, 1998).

The first stage, recognising oneself as lesbian or gay, may involve events which are harmful to the psychological well-being of the young person. Given the prevalent, negative social attitudes towards homosexuality, portraying lesbians and gay men as dirty, deviant and unnatural, the thought of being lesbian or gay is likely to threaten the young person's self-esteem (Herek, 1991; Coyle, 1998). Feelings of not belonging and being different from family members and peers can lead to acute feelings of isolation (Cass, 1979; Hetrick & Martin, 1987). The feelings of being different from peers combined with same sex attractions or the absence of opposite sex attractions can result in the social withdrawal of the young lesbian or gay man. Furthermore, peers' suspicions of homosexuality in the individual may evoke verbal or physical attacks (Rotheram-Borus, Rosario & Koopman, 1991; Savin-Williams, 1994; Rivers, 1995).

Disclosure of a same sex orientation is a significant process in the development of a lesbian or gay identity (Coyle, 1998; Rotheram-Borus & Fernandez, 1995). Openness to others about one's sexual orientation has been found to be associated with increased psychological adjustment, although disclosure carries some risks (Garnets & Kimmel, 1991). Negative reactions to an individual's 'coming out' may reinforce the already internalised negative social attitudes towards homosexuality and delay the development of a lesbian or gay sexual identity (Coyle, 1998). Research suggests that, statistically, the revelation that an individual has a homosexual orientation is likely to disrupt relations with family, peers and school (Rotheram-Borus et al.,1994).

The impact of disclosure upon psychological well-being may depend upon the importance attached to those disclosed to, with the negative reactions of family members and friends having a more detrimental effect upon mental health (Coyle, 1998). Some researchers have proposed that disclosing a lesbian or gay orientation to parents may be one of the most challenging events in the process of constructing a lesbian or gay identity (Cohen & Savin-Williams, 1996).

Research suggests that not only do young people face many challenges when developing a lesbian, gay or bisexual identity, but that these challenges can render them vulnerable to diminished psychological well-being, suicidal ideas, parasuicide and suicide itself. In light of the research findings cited above, the study reported in this paper attempts to explore aspects of psychological well-being within the context of developing a lesbian or gay identity.

Method

Participants
Participants for this interview study were recruited by: contacting adult and youth groups for lesbians, gay men and bisexuals, approaching certain openly gay young men known to the researcher and asking them to recommend others (i.e. snowballing strategy). Finally, five lesbians and nine gay men agreed to participate in this study. Recruiting lesbians proved more difficult as many of the lesbian, gay and bisexual agencies which were contacted reported that females were under-represented within their groups. This explains why men outnumbered women in this study.

The semi-structured interview
The semi-structured interview schedule contained open-ended questions and was divided into two phases. The first phase focused upon the participants' perceptions of their background and social context. Questions were asked about how being lesbian or gay had affected their perceptions of their psychological well-being. Phase two focused upon psychological well-being, suicidal ideas and suicide attempts. Other aspects of psychological well-being which were investigated in the interview were perceptions of anxiety, stress, depression, self-esteem and more positive aspects such as strengths and gains through being lesbian or gay.

Procedure
At the start of the interview participants were asked to complete a brief pen and paper

questionnaire which asked for background details such as age, living arrangements and the nature of their sexual behaviour and feelings. Participants were then informed that anything disclosed within the interview would remain confidential between the participant and interviewer, unless there might be cause for concern regarding the participant's personal safety.

Coyle and Wright (1996) propose that when carrying out interviews researching sensitive topics it can be appropriate for the interviewer to adopt some general counselling strategies. They argue that not only will this equip the researcher to deal with any distress experienced by participants, but may also increase rapport and encourage more open and honest disclosure. Coyle and Wright's (1996) guidelines for carrying out a counselling research interview were followed, applying such skills as paraphrasing, summarising, and approaching participants with empathy and positive regard.

The interviews were audiotaped to facilitate subsequent analysis. If discomfort or distress was observed by the interviewer and had not been discussed fully at the time, then the participant was given the opportunity to explore this further at the end of the interview. Information on lesbian and gay resources was available if the participant desired.

Data analysis

The data from the interviews were analysed using a qualitative method known as Interpretative Phenomenological Analysis (IPA: Smith, 1996a). Smith (1996a) explains that the process of IPA involves a collaborative exercise between the participants and researcher. The analysis is phenomenological in that it taps into the individual's perceptions of social reality and does not purport to be an objective measurement of reality. The approach has an interpretative element as the researcher attempts to make sense of the world through the eyes of the participant. The analysis is therefore a product of the interaction between the participant's account and the researcher's interpretations.

All the taped interviews were listened to in order for the researcher to obtain an overall sense of the experiences shared. Three interviews which appeared to provide rich and detailed sources of data were then transcribed. The three transcripts were then compared in order to establish common links between them. Those links which were very similar in nature were labelled as themes.

The other interviews were then listened to and aspects which related to the already established links and themes within the initial three interviews were transcribed and subjected to analysis. Care was taken to remain open to unexpected avenues and to the possibility of changing existing themes in the light of a new link.

In most instances themes were not quantified, but instead adjectives were used as quantitative descriptors (e.g., most, some, a few, and so on) and are used when reporting and discussing findings. Numbers were used when data could be quantified easily and unambiguously. Within the quotations, three dots indicate the omission of material. Pseudonyms are used to protect the identity of all participants.

Interpretation and discussion of the findings is presented alongside themes. This is aimed

to contextualise the results which is an essential process in IPA (Smith, 1996b). A final section then discusses the limitations of the study and the implications of the findings for educational settings and in intervention planning.

Analysis

Demographic information

Kinsey, Pomeray and Martin's (1948) and Kinsey, Pomeray, Martin and Gebhard's (1953) sexual behaviour scales were used to assess current sexual orientation among the participants. Of the five women, four defined their current sexual behaviour as exclusively lesbian and one reported that she was mainly lesbian. With regards to their sexual feelings, all five indicated that their feelings were exclusively lesbian. Six of the nine men reported sexual behaviour that was exclusively homosexual, with three indicating predominantly homosexual behaviour. Five men indicated that their feelings were exclusively gay and four reported a degree of heterosexual feeling.

The men were slightly younger (mean = 20.4 years, range 19-22 years, SD = 0.83) than the women (mean = 22.4 years, range = 21-25 years, SD = 1.48). Five of the men reported that at least one of their parents was aware of their sexual identity, whereas the remaining four indicated that neither of their parents had been told. Three of the women reported having disclosed their sexuality to their parents with two being unaware of whether their parents knew.

Analysis of the qualitative data revealed 10 themes relating to the development of a lesbian or gay identity and its effects on psychological well-being. No differences between the lesbians and gay men were observed. Themes are presented under the following three categories: Growing up lesbian or gay; disclosure; and suicide.

Category one: Growing up lesbian or gay

Analysis of the data revealed three themes centred around awareness of attraction towards the same sex. These are: easy transition; interpreting same sex attractions as a passing phase; and feelings of fear and confusion.

1. Easy transition

About 50 per cent of the participants indicated that their awareness of their attraction to members of the same sex did not suddenly emerge but gradually evolved. Most reported that they did not remember this awareness causing them any negative emotion and was interpreted as simply meaning that they were lesbian or gay. This point is illustrated in Christian's account:

> *It was pretty smooth, it wasn't like suddenly I'm straight and now I'm gay, it was a very simple transition – it didn't take much thinking about at all. (Christian)*

The ease of acceptance of homosexual attraction was attributed by a few members of this group to their backgrounds. In these cases, the absence of negative attitudes towards homosexuality within their families was remarked on as having been the primary factor in their acceptance of their sexual identity. It is likely that an environment which facilitates normalised

attitudes towards homosexuality enables a young person to develop a positive sense of self as a lesbian or gay person, thus reducing the potential negative effects to mental health.

The fact that about half of the participants reported little or no negative feelings when developing awareness of same sex attractions supports the view that many young lesbians and gay men are able to mature without experiencing diminished psychological well-being (Olson & King, 1995). It is important to draw attention to both the presence and absence of difficulties experienced by lesbian and gay young people so as to avoid a one sided analysis which may pathologise the group as a whole.

2. A passing phase

Some participants recalled that they interpreted their attractions towards others of the same sex as a 'passing phase'. The participants who attributed their sexual and emotional feelings to a passing phase in their sexual development reported that this enabled them to avoid thoughts about the meaning of these feelings. Rachel's account illustrates this point:

> *I started to like women but I didn't think of it as a big deal at all, I just put it to the back of my mind and thought it's because I'm a teenager - a teenage thing. (Rachel)*

By translating her attraction towards women as being part of a teenage phase Rachel (like other participants) was able to avoid analysing her feelings which prevented self definition as lesbian or gay. Although this may have delayed the formation of a lesbian or gay sexual identity, it may have protected these young people from the more negative aspects that self defining as lesbian or gay may have had upon self acceptance, given the negative attitudes towards homosexuality. The interpretation of same sex attractions as a temporary phase has also been documented by other authors (see Coyle, 1998).

3. Fear and confusion

Just under half of the group recalled their feelings of fear and confusion when they suspected that they might be lesbian or gay. Ayesha's description of her confusion and associated feelings of agitation when faced with her attraction towards women illustrates how other participants also felt when suspecting that they might be lesbian or gay:

> *I was very confused ... it was very upsetting because it made me really worked up and wound up and I was really confused. (Ayesha)*

In addition to feelings of confusion and anxiety, most of these participants reporting experiencing a degree of fear. In some cases individuals were fearful that they might lose family, friends, be discovered and rejected because of their sexual orientation. For some, awareness of their sexual and emotional attraction towards members of the same sex was frightening and anxiety provoking. Previous research has identified that feelings of confusion and fear are often associated with first awareness of a lesbian or gay sexual orientation (Cass, 1979; D'Augelli,1991). Cass (1979) explains that fear and confusion arises as a result of the young person seeing themselves as being part of a social group which is rated negatively. Certainly, some participants' accounts of their fear were related to their view that they may be a member of a stigmatised social group, as Nathan demonstrates in his interview:

> *I mean at that age (i.e. 12 years) it absolutely scared the shit out of me ... I realised that all*

those jokes said at school – I was the person, I was the object of the hatred. (Nathan)

Category two: disclosure

Analysis of the data revealed five themes centred around 'coming out' as lesbian or gay and the effects this had for psychological well-being. These are: the anticipated reaction to disclosure; effects of initial disclosure; the impact of disclosure on self acceptance; disclosure to parents; and coping strategies for negative responses.

4. Anticipated reaction to disclosure

Most participants mentioned at least one example of how the anticipated reaction of their audience influenced their decision to disclose to those individuals. This was based upon their perception of the risk of receiving a negative response. Alice suggests that other people's reactions to the disclosure of a lesbian or gay identity has implications for self-esteem. She reports attempting to select people who would react positively to her being lesbian, in order to protect her self-esteem.

> *I think in a way that psychologically you pick the people who you know will be fine in the first place. You never really choose to come out to the worst person in the world, do you? Because that would be silly. Because you need some sort of self-esteem, don't you? (Alice)*

Alice's description illustrates a theme which arose in many of the participants' narratives. For those participants who had not yet disclosed their lesbian or gay identity to their parents, they all spoke of how their decision was based upon clear anti-gay messages they had received from their parents. These messages included attitudes which regarded homosexuals as dirty, deviant and unnatural as well as statements indicating outrage and violent intent towards gay men and lesbians. Knowledge of parental attitudes towards homosexuality was given as the main reason for non-disclosure. Stuart's account illustrates this point:

> *Stuart: My father's very anti-gay. I mean if there's 'Pride' (Annual Gay and Lesbian Celebration) on the telly ... he will rage and tell everyone how disgraceful it is that "look, they're out recruiting again"... I have very, very good relationships in general with my parents and I'm very close to them. And I'm a bit of a golden boy to them because I have done lots of things that they're proud of, and I wouldn't want to upset them in that way.*

> *Interviewer: Do you think that if you told them, you wouldn't be the 'golden boy' anymore?*

> *Stuart: Yeah, pretty much.*

Fear of rejection by parents, expulsion from home and even violence from family members upon disclosure or discovery of a lesbian or gay identity has been reported elsewhere in the literature (Martin & Hetrick, 1988; D'Augelli, 1991). For many, their fears prove justified with many being rejected or becoming the focus of the family's continuing dysfunction (Gonsiorek, 1988). The data provides evidence that negative parental attitudes towards gay men and lesbians may delay the process of disclosure and 'coming-out'.

5. Initial disclosure

All the participants had disclosed their lesbian or gay identity to somebody else. Most partic-

ipants had disclosed to a close friend. Only one participant disclosed his gay identity to his parents first. A theme which emerged from many of the interviews was the relief which was felt after they had disclosed their lesbian or gay identity to another person. The feeling of relief was described as twofold. Firstly, they had been able to tell another person and, secondly, the response had been positive. Emma and Daniel highlight this point in their interviews:

> *It made me think, you know, "thank God, I've said it to someone and they've given me positive feedback." (Emma)*

> *It made me feel relieved that he didn't have a problem with it. (Daniel)*

Relief after disclosure corresponds with other research which proposes that openness to others about sexual orientation is associated with an improvement in psychological well-being (Garnets & Kimmel, 1991). The young person who wishes to disclose a lesbian or gay identity to another person may never be completely sure of the nature of the audience's reaction before the event. The possibility of a negative reaction is likely to cause anxiety in the young person considering disclosure. Indeed, the more important the disclosure audience, the more likely the individual is to experience anxiety (Coyle, 1998).

6. Impact of disclosure on self-esteem
Some participants reported a marked change in the way that they felt about themselves since 'coming out'. Feelings of satisfaction, being comfortable with oneself, confidence and an increase in self-esteem were commented upon by some participants. Rachel captures these feelings in her account:

> *I think I've got a lot more confident since 'coming out', I feel a lot happier with myself, I know who I am, whereas before I wasn't happy. I had no self-esteem then. (Rachel)*

7. Disclosure to parents
Just over 50 per cent of the participants had told either one or both parents that they were lesbian or gay. Two participants found the experience unpleasant, and one regrets having told them. However, the other four participants who had disclosed to their parents reported that their reaction had been positive and supportive. In some cases telling parents was said to have improved the quality and closeness of the relationship. Rachel's account is an example of this effect:

> *My dad, he never frowned on it, he accepted it and said "if that's who you are then great". But it's just improved my relationship with my dad so much, we're so much closer now and it's got to the stage now that I'm seeing a bloke and my dad's saying "you shouldn't be doing that. It's not you." (Rachel)*

Positive and supportive reactions from parents were said by some participants to have had a consolidating effect upon their lesbian or gay identity. Simon explains how his mother's supportive and involved approach to his 'coming out' has helped improve his identity:

> *I think in terms of identity, that has really strengthened my identity to the point that I sometimes have to stop myself from being quite arrogant about it. (Simon)*

Parents' reactions to their child's disclosure of lesbian or gay identity plays a crucial role in the maintenance of the relationship, the sense of the individual's identity and the individual's sense of self worth.

8. Coping strategies for negative responses
When faced with negative and hostile responses to disclosure, most participants were able to use a range of cognitive techniques to reduce the potential negative effects upon their psychological well-being. Some described how disclosing sexual identity to friends could be viewed as a test of that friendship. If a friend does not have the capacity to provide an accepting and tolerant response then that defines him or her as a non-friend. Nicos talks about this strategy:

> *Some people have accepted it and they want to help me whenever I am depressed and I want to discuss things. Some others that I have told, I don't care and they don't care, so they are no longer friends ... one friend in particular ... she definitely has a problem ... I don't care, I thought she was my friend but she is not, it is simple. (Nicos)*

A strategy for coping with the negative reactions of parents was to attribute their responses to the stricter attitudes of people of their parents' generation (as opposed to friends). Mike exemplifies this strategy in his explanation of his mother's negative reaction to the news that he was gay:

> *Growing up these days and being gay is very different to how it would have been in her childhood, when she was our age, and I think it's very difficult for the older generation to realise how people react to gays these days, i.e. they're much more tolerant or at least as far as I know they are. (Mike)*

Such a strategy may assist the young person in depersonalising the negativity which is shown towards them. It may also prevent further distancing between parent and child and allow for more positive attitudes to develop in the future.

The cognitive reframing of negative events can be seen to be an adaptive coping strategy used when an individual is confronted with uncertainty and stress (Spirito *et al.*, 1996). Research has linked maladaptive coping strategies, such as aggression and self destructive behaviour with parasuicide in young people (Sadowski & Kelley, 1993; Wilson, Stelzer, Bergman, Kral, Inayatullah & Elliott, 1995). Functional coping strategies on the other hand may not only serve to protect the individual's feelings, but may act as a buffer against factors which contribute towards suicide and parasuicide.

Category three: Suicide
Analysis of the data revealed two themes centred around suicide: isolation, and combined pressure.

9. Isolation
Of the 14 people interviewed for this study, six (43 per cent) reported that they had considered suicide at some time during their adolescence. Of these, all participants recalled that their suicidal thoughts were linked to problems they had experienced by being lesbian or

gay. Four of the six people (67 per cent) who contemplated suicide indicated that they had actually attempted suicide. Two of the four who had attempted suicide explained that their behaviour had not been aimed at ending their lives, but had served other functions like the expression of anger or the communication to others that they needed help. Daniel explains how his attempt was aimed at asking friends for help:

> *The next morning, I e-mailed them and said that I'd tried to kill myself. I suppose it might have been a bit over the top, but I really needed them to know. It sounds funny, but I almost needed someone to force me to 'come out'. (Daniel)*

In the accounts of both attempters and non-attempters, there was a clear distinction between cognition and affect in the belief that one is the only lesbian or gay man despite the knowledge that this is not the case. Nathan mirrors this theme in his own account and relates it to his decision to take an overdose:

> *I'm not sure whether I thought I was the only person. No, I never thought I was the only person that was gay. I just, I felt that, I felt very, very isolated, um, very alone and rather unloved ... and so I just, I just took an overdose. (Nathan)*

Knowledge that there are other lesbian and gay people in the world may do little to diminish the feelings of isolation experienced by some young people who are developing a lesbian or gay identity. The young lesbian or gay man may have little or no opportunity to meet other lesbians or gay men and the mere knowledge of their existence is perhaps not enough to help him or her overcome feelings of being different and alone. Research into adolescent suicide has observed a highly significant relationship between social isolation and an increased risk of suicide, parasuicide and general emotional disturbance (Coyle, 1993; Curran, 1987; Spirito *et al.*, 1996).

10. Combined pressures
Three of the six participants reported that suicidal thoughts occurred at times of extreme stress and that these resulted from a number of stressors, some of which were associated with being lesbian or gay. Nicos describes one such occasion when a combination of stressors, including the difficulties he faced with his non-disclosure to his family, led him to suicidal thoughts and a near attempt:

> *Last year, I was, I had taken two exams, and it was Wednesday night and I had another exam on the Friday. I didn't want to go back to my house where I was living and I was wandering around the university and I started thinking about exams, thoughts about the reactions of my parents, no future financial support, these kinds of things and I decided I should go back to my house to think about these things, but I was so depressed that I tried to jump off the bridge but I couldn't do it, so I just sat on the bridge for a couple of hours, thinking and thinking and thinking, and then it started to rain so I had to move. (Nicos)*

Nicos' account illustrates the way in which stress, depression and suicidal thought can be the result of a number of interrelated stress factors. Examinations, academic studies and experiences at work were cited by some individuals as factors which caused them to feel depressed and dissatisfied. The negative thoughts related to their dissatisfaction in being lesbian or gay and were highly associated with feelings of isolation and worry over the

anticipated reaction of their parents to the disclosure of a same sex orientation. Even if the difficulties an individual faces when constructing a lesbian or gay identity are not reported to be the primary factor contributing to his or her suicidal ideas or behaviour, it may act as a vulnerability factor which emerges at times of stress.

Discussion

Before the findings of this study can be discussed, the generalisability of the findings are considered. The participants were all self defined as lesbian or gay. This was necessary for recruitment purposes, however the study is only representative of lesbians and gay men who have experienced a process of defining themselves as such. Participants' accounts do provide a consistent pattern of experiences and perspectives. Given that most of the sample were students and were members of established gay-identified social networks, this implies that the findings of the research are limited to populations of gay men and lesbians who are exposed to such social support.

Gender differences were not observed during the course of analysing the interviews for this study. However, given the small sample, especially of lesbians, further research is required to investigate whether differences between young lesbians and gay men exist.

It is important to note the dangers in pathologising young lesbians and gay men when attempting to draw attention to their increased risk of lowered psychological well-being, suicidal ideas and suicidal behaviour. The findings from this study support existing research in as much as it demonstrated that a significant proportion of participants had experienced suicidal ideas and parasuicide (e.g., D'Augelli & Hershberger, 1993; Olson & King, 1995). Nevertheless, these people are in the minority and many lesbian and gay young people develop a positive sense of themselves. Further research is needed which explores both the coping strategies and the stresses which young lesbians and gay men are placed under as a result of the negative attitudes of family, school, peers and the community.

Analysis of the data revealed a number of themes which were said to have led to a lowering of psychological well-being and which, in some cases, were related to thoughts about suicide and actual attempts. Feelings of isolation were present in the accounts of some participants who disclosed that they had thought about suicide or had attempted suicide. These feelings were said to have led to thoughts about killing themselves and self destructive behaviour. Feelings of isolation have been associated with the construction of a lesbian or gay identity in adolescence (Cass, 1979) and have been identified as a risk factor for suicide (Pagliaro, 1995).

Participants reported that knowing that other lesbians or gay men existed did nothing to alleviate their feelings of isolation. It may be that actually mixing with other lesbians and gay men could help reduce feelings of isolation as the young person may find sharing common experiences helpful (Coyle, 1998). It may also provide the isolated young person with support for the tasks involved in the ongoing process of constructing their lesbian or gay identity.

The data also supported the link between negative social attitudes towards homosexuality and the subsequent negative effects that these can have upon the psychological well-being

of young lesbians and gay men. Researchers have proposed that many of the difficulties faced by young lesbians and gay men result from constructing a sexual identity in a society that negatively evaluates them (Coyle, 1998; Davies, 1996).

Another factor which can impact upon the psychological well-being of the young lesbian or gay man is disclosure. This study has found that, for most participants, disclosure resulted in increased perception of psychological well-being. The decision to disclose, whether to parents or peers, was based upon the expected reaction to disclosure. This was assessed on the evidence of existing views about homosexuality held by the audience. Many participants described the need to protect themselves from the detrimental effects that a negative reaction would have upon their self-esteem and existing family relations. These findings correspond with Garnets and Kimmel (1991) who found that disclosure of a lesbian or gay identity can be associated with greater psychological adjustments – though there are risks involved.

Despite the positive disclosure experiences of most participants, others faced more negative reactions. Of these, some reported using a range of coping strategies when confronted with negative responses. Since adolescent suicidal behaviour has been associated with maladaptive coping strategies (Spirito *et al.*, 1996), the use of adaptive strategies may help in protecting the young person from suicide risk. The generation and implementation of coping strategies may need to be directly taught and their use encouraged in therapeutic work with young lesbians and gay men. For example, Coyle (1998) suggests that group work with young lesbians and gay men can be used to encourage the critical evaluation of negative social attitudes towards homosexuality. As a result, the young person may reinterpret his or her identity related problems as being a result of the stress created through them trying to construct a positive identity in a society which devalues lesbians and gay men. In this way, it is possible for the individual to avoid blaming themselves for their identity-related problems.

This study highlights the importance of a supportive peer group in combating feelings of isolation. Some of the participants described how isolating it felt to develop awareness of a lesbian or gay identity despite the knowledge of the existence of other lesbians and gay men. This finding suggests that individual counselling or support for the distressed young lesbian or gay man might be supported by introducing them to other young people facing similar sexual identity issues. Ideally, this would take place within the safety of a facilitated youth support group. Such groups could assist young lesbians and gay men by offering support, sharing experiences regarding sexual identity issues such as passing as straight, disclosure, 'coming out', relationships, attraction, health care and keeping oneself safe and so on.

Despite the value of counselling and therapeutic interventions, they are reactive and are only available to young people who have defined themselves as lesbian or gay and who have access to such approaches. A more proactive approach would focus on preventing and challenging the internalisation of homophobic and heterosexist attitudes (i.e. Gay Affirmative Therapy). This kind of approach is likely to increase self-esteem and reduce the stresses involved in constructing a lesbian or gay identity. Given the feelings of isolation and the associated risk of suicide, intervention is required for young lesbians and gay men throughout the development of their sexual identity. It would be helpful for interventions to be targeted at the general adolescent population as this may reach young people who are not yet ready to acknowledge their lesbian or gay identity.

Schools seem the most logical context for such learning. Schools could offer a curriculum which presents lesbian and gay sexuality as part of human diversity and richness – of equal worth to heterosexuality. This may position homosexuality more favourably in the eyes of the young. However, Section 28 of the Local Government Act obstructs local authorities (and by association teachers) from 'intentionally promoting homosexuality'. Nevertheless, by challenging negative attitudes towards young lesbians and gay men the teacher may facilitate discussions about lesbian and gay issues which do not necessarily have to be part of the curriculum. Such debate may be better viewed as promoting the psychological well-being of lesbian and gay pupils rather than 'promoting homosexuality' *per se*. Such an approach can promote awareness and tolerance in straight youth. Without the co-operation of the educational system, the psychological well-being of young lesbians and gay men is likely to continue to be compromised. Furthermore, if no action is taken to reduce negative social attitudes towards lesbians and gay men, it is probable that the higher incidence of suicide among this group will go unchallenged.

Research into the subject of sexual identity and psychological well-being needs to look beyond the generalised effects of stigma. While clearly being a crucial factor in the emotional lives of lesbians and gay men, especially at a critical time during their development, it is not the only factor influencing their mental health. What is striking about this study is not neces-sarily the similarities between participants' accounts, but rather the differences. There is currently a lack of a theoretical understanding of why certain participants, despite being exposed to the same anti-gay experiences, became suicidal whereas others 'escaped unscathed'. Certainly family reactions emerged as influential and they are discussed else-where in the literature as being important factors in the development of a healthy lesbian or gay identity. Nevertheless, there are still differences between individuals in how they respond psychologically to similar negative reactions from parents. What appears to be missing from the literature on sexual identity and psychological well-being are accounts from an intra-personal level rather than the more well documented social psychological level. For example, what are the factors associated with resilience to anti-gay attitudes in young people? Furthermore, could a conceptualisation of such resilience account not only for psychological well-being and suicide risk, but also for gay men protecting themselves from HIV risk?

Acknowledgements

References

Brent, D. A. (1995). Risk factors for adolescent suicide and suicidal behaviour: Mental and substance abuse disorders, family environmental factors, and life stress. *Suicide and Life Threatening Behaviour, 25*, 52-63.

Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality, 4*, 219-236.

Cohen, K. M. & Savin-Williams, R. C. (1996). Developmental perspectives on coming out to self and others in the lives of lesbians, gays and bisexuals: Children to adults. In R. C. Savin-Williams & K. M.

Cohen (Eds.), *The lives of lesbians, gays, and bisexuals: Children to adults*. Fort Worth, TX: Harcourt Brace.

Coyle, A. (1993). A study of psychological well-being among gay men using the GHQ-30. *British Journal of Clinical Psychology, 32*, 218-220.

Coyle, A. (1998). Developing lesbian and gay identity in adolescence. In J. Coleman & D. Roker (Eds.), *Teenage sexuality: Health, risk and education*. Reading: Harwood Academic.

Coyle, A. & Wright, C. (1996). Using the counselling interview to collect research data on sensitive topics. *Journal of Health Psychology, 1*, 431-440.

Crockett, L. J. & Petersen, A. C. (1993). Adolescent development: Health risks and opportunities for health promotion. In S. G. Millstein, A. C. Petersen & E.O. Nightingale (Eds.), *Promoting the health of adolescents: New directions for the twenty-first century*. New York: Oxford University Press.

Curran, D. K. (1987). *Adolescent suicidal behaviour*. Washington DC: Hemisphere.

D'Augelli, A.R. (1991). Gay men in college: Identity processes and adaptations. *Journal of College Student Development, 32*, 140-146.

D'Augelli, A. R. & Hershberger, S. L. (1993). Lesbian, gay and bisexual youth in community settings: Personal challenges and mental health problems. *American Journal of Community Psychology, 21*, 421-448.

Davies, D. (1996). Working with young people. In D. Davies & C. Neal (Eds.), *Pink therapy: A guide for counsellors and therapists working with lesbian, gay and bisexual clients.* Buckingham: Open University Press.

de Chateau, P. (1990). Mortality and aggressiveness in a 30 year follow-up study in child guidance clinics in Stockholm. *Acta Psychiatrica Scandinavica, 82*, 472-476.

Department of Health (1991). *The health of the nation – a consultative document for health in England*. London: HMSO.

Garnets, L. & Kimmel, D. (1991). Lesbian and gay male dimensions in the psychological study of human diversity. In J. Goodchilds (Ed.), *Psychological perspectives on human diversity in America*. Washington DC: American Psychological Association.

Gonsiorek, J. C. (1988). Mental health issues of gay and lesbian adolescents. *Journal of Adolescent Health Care, 9*, 114-122.

Herek, G. M. (1991). Stigma, prejudice, and violence against lesbians and gay men. In J. C. Gonsiorek, & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy*. Newbury Park, CA: Sage.

Hetrick, G. S. & Martin, A. D. (1987). Developmental issues and their resolution for gay and lesbian adolescents. *Journal of Homosexuality, 14*, 25-43.

Jones, G. D. (1997). The role of drugs and alcohol in urban minority adolescent suicide attempts. *Death Studies, 21*, 189-202.

Kinsey, A. C., Pomeray, W. B. & Martin, C. E. (1948). *Sexual behaviour in the human male*. Philadelphia: Saunders.

Kinsey, A. C., Pomeray, W. B., Martin, C. E. & Gebhard, P. H. (1953). *Sexual behaviour in the human female*. Philadelphia: Saunders.

Kruks, G. (1991). Gay and lesbian homeless/street youth: Special issues and concerns. *Journal of Adolescent Research, 12*, 515-518.

Martin, A. D. & Hetrick, E. S. (1988). The stigmatisation of the gay and lesbian adolescent. *Journal of Homosexuality, 15*, 163-184.

Montgomery, S. A. (1990). *Anxiety and depression*. Petersfield: Wrightson Biochemical Publishing.

Ohring, R., Apter, A., Ratzoni, G., Weizman, R., Tyano, S. & Plutchik, R. (1996). State and trait anxiety in adolescent suicide attempters. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*, 154-15.

Olson, E. D. & King, C. A. (1995). Gay and lesbian self identification: A response to Rotheram-Borus and Fernandez. *Suicide and Life Threatening Behaviour, 25*, 35-39.

Pagliaro, L. A. (1995). Adolescent depression and suicide: A review and analysis of the current

literature. *Canadian Journal of School Psychology, 11*, 191-201.

Remafedi, G. (1987). Adolescent homosexuality: Psychosocial and medical implications. *Pediatrics, 79*, 331-337.

Remafedi, G., French, S., Story, M., Resnick, M. D. & Blum, R. (1998). The relationship between suicide risk and orientation: Results of a population-based survey. *American Journal of Public Health, 88*, 57-60.

Rivers, I (1995). The victimisation of gay teenagers in schools: Homophobia in education. *Pastoral Care, March*, 35-41.

Rotheram-Borus, M. J. (1989). Evaluation of suicide risk among youths in community settings. *Suicide and Life Threatening Behaviour, 19*, 108-119.

Rotheram-Borus, M. J. & Fernandez, M. I. (1995). Sexual orientation and developmental challenges experienced by gay and lesbian youths. *Suicide and Life Threatening Behaviour, 25*, 26-39.

Rotheram-Borus, M. J., Hunter, J. & Rosario, M. (1994). Suicidal behaviour and gay-related stress among gay and bisexual male adolescents. *Journal of Adolescent Research, 9*, 498-508.

Rotheram-Borus, M. J., Rosario, M. & Koopman, C. (1991). Minority youths at high risk: Gay males and runaways. In M. E. Colton & S. Gore (Eds.), *Adolescent stress: Causes and consequences*. New York: Aldine de Gruyter.

Sadowski, C. & Kelley, M. L. (1993). Social problem solving in suicidal adolescents. *Journal of Consulting and Clinical Psychology, 61*, 121-127.

Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology, 62*, 261-269.

Schneider, S. G., Farberow, N. L. & Kruks, G. N. (1989). Suicidal behaviour in adolescent and young adult gay men. *Suicide and Life Threatening Behaviour, 19*, 381-394.

Shaffer, D., Gould, M. S., Fisher, P., Trautman, P., Moreau, D., Kleinman, M. & Flory, M. (1996). Psychiatric diagnosis in child and adolescent suicide. *Archives of General Psychiatry, 53*, 339-348.

Smith, J. A. (1996a). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health, 11*, 261-271.

Smith, J. A. (1996b). Evolving issues for qualitative research. In J. T. E. Richardson (Ed.), *Handbook of qualitative research methods for psychology and the social sciences*. Leicester: The British Psychological Society.

Spirito, A., Francis, G., Overholser, J. & Frank, N. (1996). Coping, depression, and adolescent suicide attempts. *Journal of Clinical Child Psychology, 25*, 147-155.

The Samaritans (1996). *Exploring the taboo: Attitudes of young people towards suicide and depression*. Slough: The Samaritans.

Trenchard, L. & Warren, H. (1984). *Something to tell you: The experiences and needs of young lesbians and gay men in London*. London: London Gay Teenage Group.

Velez, C. N. & Cohen, P. (1988). Suicidal ideation and behaviour in a community sample of children: Maternal and youth reports. *Journal of the American Academy of Child and Adolescent Psychiatry, 27*, 349-356.

Wilson, K. G., Stelzer, J., Bergman, J. N., Kral, M. J., Inayatullah, M. A. & Elliott, C. A. (1995). Problem solving, stress, and coping in adolescent suicide attempts. *Suicide and Life Threatening Behaviour, 25*, 241-252.

Address for correspondence: Peter Walker, c/o Mrs Liz Mears, Department of Clinical & Community Psychology, Royal Devon & Exeter Hospital (Wonford Site), Barracks Road, Exeter.

Growing up with a gay parent: Views of 101 gay fathers on their sons' and daughters' experiences

Helen Barrett & Fiona Tasker
  Birkbeck College

Abstract

Within the context of a review of the literature on gay male parents and their children, preliminary findings are reported from a postal survey of gay parents recruited through advertisements for volunteers. One hundred and one gay and bisexual parents located in the United Kingdom and Eire provided information about their routes to parenting, partners' involvement with parenting, successes in meeting common parenting challenges and their eldest sons' and daughters' responses to growing up with a gay parent. Results appear to confirm previous findings concerning the diversity of parenting circumstances of gay and bisexual men. Men with cohabiting male partners reported themselves as successfully meeting a variety of parenting challenges. While older children were more likely to know of their father's sexual identity, few gender differences were reported in response to this knowledge. Issues for further exploration are identified.

Introduction

Large-scale surveys of men in the gay community have found that about one in 10 gay men are parents (Bell & Weinberg, 1978; Bryant & Demian, 1994). Information from various sources has also shown that between 20 per cent to 30 per cent of gay or bisexual men have been married at least once. Some reviewers have further speculated that between 25 per cent and 50 per cent of gay men are involved as fathers (Bozett, 1989; Bozett & Sussman, 1990). Establishing the number of gay parents crucially depends upon accurately estimating the proportion of men who have sexual relationships with other men. Gonsoriek and Weinrich (1991), reviewing a number of studies conducted in the United States, estimate the prevalence of homosexuality as between 4-17 per cent. However, it is probably impossible to estimate this figure with much certainty given that many lesbian, gay and bisexual people need to keep their sexual identity hidden in the face of possible discrimination.

Research on gay male parenting so far has tended to focus on issues such as the diversity of parenting circumstances and the life course and social identity of gay fathers rather than specifically upon their children's experiences. In contrast, the main focus of studies of lesbian parenting has tended to be the question of whether the social and emotional development of children reared by lesbian parents differs in any way from that of children raised by heterosexual parents. Several theories of child development, for example, psychoanalytic, behaviourist and social learning theories, have suggested that children raised by gay

and lesbian parents might be expected to be more prone to social, emotional and behavioural difficulties and more likely to develop homosexual preferences. These theories also draw attention to possible differences in the responses of sons and daughters to their gay or lesbian parent depending upon their identification with a parent of the same sex. Reviewing the need to examine these theories through empirical research, Patterson (1992) has emphasised the need for studies to examine carefully whether or not children are indeed experiencing any difficulties and particularly whether difficulties are directly associated with homophobia or having a gay parent. Patterson also argues that studies need to consider the potential benefits to children of having a gay parent, for example, in terms of appreciation of cultural diversity.

To date, studies of lesbian parenting have found that children raised in lesbian-led households are remarkably similar to children raised in comparable heterosexual households in terms of emotional and social well-being (Patterson, 1992; Tasker, 1999) and self-esteem (Puryear, 1983; Huggins, 1989). Studies which have examined preferences for gender-stereotypical toys, games and activities in children of lesbian parents have also failed to find differences between the sons and daughters of lesbian and heterosexual mothers (Kirkpatrick, Smith & Roy, 1981; Hoeffer, 1981; Golombok, Spencer & Rutter, 1983; Green, Mandel, Hotvedt, Gray & Smith, 1986; Patterson, 1994). Furthermore, longitudinal research suggests that children of lesbian mothers are as likely as children of heterosexual mothers to identify as heterosexual, although daughters of lesbian mothers may be more open to consider having a relationship if they are attracted to someone of the same gender (Golombok & Tasker, 1996; Tasker & Golombok, 1997).

While there is now a fairly substantial body of research relating to lesbian parenting, published studies of gay and bisexual parenting have tended either to be fairly small-scale or secondary to larger scale surveys of gay and lesbian sexual behaviour. Nevertheless, consistent evidence has emerged regarding the diversity of parenting circumstances within which the children of gay and bisexual men are raised. Although, currently, it appears that the majority of children with gay or bisexual fathers will have been conceived within heterosexual relationships, in recent years greater numbers of gay and lesbian people have chosen to form families outside the institution of marriage, through common law, co-parenting, or other mutually beneficial arrangements (Weston, 1991; Patterson, 1994; Patterson & Chan, 1996, 1999). Also, as McPherson (1993) points out, children of gay and bisexual parents may be conceived by unique privately arranged methods of self-insemination as well as through sexual intercourse, surrogacy or professionally arranged insemination. A number of gay and bisexual men also care for children as foster or adoptive parents (Hicks & McDermott, 1999). Children may also be cared for by biologically related single gay fathers or by non-biologically related gay or bisexual men parenting within blended families.

Within this range of family settings, children can become aware of their parents' sexual orientation in a variety of ways, perhaps through a gradual process of growing awareness and understanding within an openly gay environment or, more commonly, through asking, being told or otherwise learning from the parent himself, or from other relatives or other people within the child's social network (Harris & Turner, 1986). This awareness may occur at various points when children are at different stages of development. Further, ways in which children find out may vary from chance events to carefully prepared explanations

within family settings where there are varying levels of homophobia. Some men may choose never to discuss their sexual orientation openly with their children or with the mother of their children.

Due to the paucity of research in this area, very little is known about how children feel about having gay or bisexual parents and even less information is available about gender differences in children's responses. Six studies have attempted to elicit information about the children of gay and bisexual parents. Four elicited information directly from children as well as from their parents (Miller, 1978, 1979; Bozett, 1988; Crosbie-Burnett & Helmbrecht, 1993; Bailey, Wolfe & Mikach, 1995). None of these studies employed a comparison group. The other two studies relied on parents as the sole source of information (Wyers, 1987; Harris & Turner, 1986; Turner, Scadden & Harris, 1990) and employed comparison groups. Wyers (1987) compared gay fathers with lesbian mothers while Turner *et al.* (Harris & Turner, 1986; Turner, Scadden & Harris, 1990) compared gay and lesbian single parents with heterosexual single parents.

One of the largest studies examining characteristics of children of gay and bisexual men (Bailey *et al.*, 1995) focused specifically on the question of whether homosexuality might be more prevalent among sons of gay and bisexual fathers than in the general population. Through a sample of fathers (89 per cent gay; 11 per cent bisexual) which had been obtained through adverts distributed by homophile organisations in several US cities, 43 biological sons aged over 17 were contacted and information was gathered using, primarily, self-report questionnaires. Questions covered social attitudes, personality and family relationships as well as the key questions of interest to the researchers: self-ratings of sexual orientation, extent of attraction to men and women and Kinsey adult sexual fantasy and behaviour scales. Information about the extent of sons' knowledge of their fathers' sexual orientation was ascertained through fathers only. Due to the specific focus of Bailey *et al.*'s report, details concerning numbers of sons thought not to be aware, and correlations between quality of father-son relationship and sons' acceptance of father's sexuality, are not presented. From the descriptive data presented, it would appear that most sons were rated highly on the four-point scales relating to quality of father-son relationship, awareness of and acceptance of fathers' homosexuality. However, only 52 per cent of the potential pool of available sons was successfully recruited into this study and it is not clear whether or how participating sons may have differed from non-participators.

Crosbie-Burnett and Helmbrecht (1993) had a specific focus on gay stepfamilies and elicited information from first-born children, aged from 10 to 19 (30 sons and 18 daughters) as well as from biological fathers and stepfathers in 48 families. The study had a stated aim to begin the empirical exploration of a family type 'whose invisibility in the literature reflects its invisibility in society' (Crosbie-Burnett & Helmbrecht, 1993, p. 256). No comparison group was included, both because it was considered that comparisons with dominant culture families might reinforce a deficit model of gay stepfamilies and because the main purpose of the study was to identify what worked well within the dynamics of these families.

For adolescents, happiness with family life was positively correlated with perceived good relationships with biological fathers. It was even more highly correlated with perceived good relationships with stepfathers and with family recognition of the place of the stepfather within it. Perhaps, as might be expected, adolescents were more closeted than adults about their family lives: only 16 per cent of adolescents felt that they got support for their

gay stepfamilies from non-gay friends while 54 per cent stated that their non-gay friends did not know about their families. Perhaps due to small cell sizes, no comparisons were presented of males and females on this dimension so it is not possible to tell whether there might be a greater tendency among boys than girls not to disclose details about their gay stepfamily. Just over a third of the children (35 per cent) said that they felt isolated because they were members of gay stepfamilies. Again, perhaps due to small cell sizes, comparisons between children living with their father and his partner (26 per cent) and those living with their mother, but visiting their father and his lover's home (74 per cent) were not presented.

Data from both biological and stepfathers corroborated children's views of the importance to happiness with family life of good stepfather-child relationships and of psychological inclusion of the stepfather. Interestingly, stepfathers' ratings of couple happiness were unrelated to perceived relationships with stepchildren (a finding noted by Crosbie-Burnett et al. to contrast with findings from reviews of research on heterosexual stepfamilies). Stepfathers' ratings of their relationship with the child's mother were negatively correlated with couple happiness suggesting that ongoing disputes with the child's mother may create tension within the gay stepfamily. These findings seem to raise the possibility that family dynamics within gay stepfamilies might function in qualitatively different ways to those in heterosexual stepfamilies and indicate that the gay partnership status of gay fathers should be considered further in future investigations of gay parenting.

Both Bozett (1987, 1988, 1989; Bigner & Bozett, 1990) and Miller (1979) recruited participants through a mixture of personal contacts and snowballing. Both included only a small number of children who knew of their father's sexual orientation: 14 (six sons and eight daughters, aged 14-33) in the case of Miller and 19 (six sons and 13 daughters, aged 14-35) in the case of Bozett. Both used in-depth interviews to elicit information from fathers and their children and formulated theories concerning ways in which gay fathers integrate their identity as gay men with their identity as fathers. They suggested that gay men who are out are more likely than those not out to spend quality time with their children, to have a stable partner and to function as dependable sources of caregiving (Miller, 1979; Bozett, 1989). Bozett (1988) further proposed that children's ability to respond positively will be governed by a number of factors such as the extent to which children perceive their father's sexual identity to be obtrusive, the extent to which they feel able to control interactions between friends and their father, and their age and developmental stage. Miller (1979) suggested that, though most children react favourably to their father's disclosure of his homosexuality, daughters tend to be more accepting than sons. As yet, these observations remain unsupported by extensive empirical data.

Wyers (1987) compared 32 gay fathers with 34 lesbian mothers, all of whom were separated or divorced, along a number of dimensions (marital history, financial and employment status, coming out experiences). Information was also elicited in respect of custody arrangements, children's awareness of parents' sexual orientation and any problems experienced by children in connection with their parents' sexual identity. Only 46.9 per cent of the gay fathers stated that their children knew of their sexual orientation compared with 94.1 per cent of the lesbian mothers. Rather curiously, no details of number, age or gender of children were presented and, since results were analysed and presented in terms of families as a whole, they are very difficult to interpret. Twenty-one per cent of children of gay fathers and 58.6 per cent of children of lesbian mothers were reported as having experienced some relationship difficulties attributable to their knowledge of their parents' sexual

orientation. However, insufficient evidence was obtained concerning the nature of children's relationship difficulties and other possible factors implicated in them for the data presented to be reliably interpreted.

Harris and Turner (1986) conducted a questionnaire study which compared the responses of 10 gay and 13 lesbian single parents with those of two male and 14 female heterosexual single parents. The questionnaire constructed for this study (the Gay & Lesbian Parents Questionnaire: GLPQ) was designed to gather descriptive information about relationships between gay and lesbian parents and their children in a way that facilitates comparison between these parents and heterosexual single parents. The GLPQ is fairly extensive and comprises two sections: the first section covers issues such as demographic data, custody and living arrangements, potential problems in single parent and blended families, gender roles and interaction with children; the second section addresses questions specifically about sexual orientation, such as personal experiences, children's knowledge of and response to parents' sexual orientation, problems and benefits associated with the parents' sexuality and partner involvement in child care. The main findings from this study were that heterosexual parents made a greater effort to provide opposite sex role models than homosexual parents and that gay fathers tended to differ from lesbian mothers along dimensions such as having fewer disagreements with partners over discipline and a greater tendency to encourage sex-typed play.

Interviews were later held with 10 gay and 11 lesbian single parents, 19 of whom had been in the original study. The gay parents had a total of 17 children (11 daughters and six sons, aged 4-14) while the lesbian parents had a total of 20 children (12 daughters and eight sons, aged 7-22). These interviews appeared to confirm earlier findings that children did not appear to have any serious difficulties due to their parents' sexual orientation and that the problems of gay and lesbian parents may resemble those of heterosexual parents, with the addition of homophobia-related stresses (Turner, Scadden & Harris, 1990). Perhaps due to sample characteristics and small cell sizes, differences in the responses of sons and daughters to parents' sexual identity were not presented.

The present report presents preliminary findings from the Gay and Bisexual Parenting Study (GBPS), a UK-based study of the parenting circumstances of gay and bisexual men and their children. This study, which is being conducted on a larger scale than the studies mentioned above, aims to gather demographic information about respondents as well as information about respondents' parenting history and current parenting arrangements. Experiences of common parenting challenges are explored in relation to all children and special consideration is given to potential differences in the parenting experiences of single and partnered gay men. Finally, gay parents' reports of their eldest child's response to having a gay father are examined and a series of non-directional hypotheses is tested to explore whether sons and daughters differ in their responses on a variety of outcome measures.

Method

Sample
The Gay and Bisexual Parenting Survey (GBPS) followed a procedure similar to that used in previous studies of lesbian and gay parenting (e.g., Bigner & Jacobsen, 1989a, b; Wyers, 1987; Harris & Turner, 1986) by recruiting a volunteer sample through adverts in the gay press and

through contact with local and national groups. Adverts for the GBPS were placed in gay publications (*Gay Times*; *Pink Paper*), circulated through the mailing lists of local and national gay groups, and further invitations were made through snowballing the sample from these initial contacts during the period from October 1996 to June 1997. In response to inquiries, 106 gay and bisexual men involved in parenting were sent sets of postal questionnaires. By July 1997, 101 (95.3 per cent) completed questionnaires had been returned from a total of 92 households (83 individual respondents and 18 couples sharing households).

Characteristics of respondents
Of the 101 parents who completed the GBPS, 92 men (91.1 per cent) defined themselves as gay and nine (8.9 per cent) described themselves as bisexual (8.9 per cent). Ten men (9.9 per cent) were still married; 26 (25.7 per cent) had never married; 60 were either separated or divorced (59.4 per cent); two were widowed and three were in mutually beneficial arrangements with the child/ren's mother. Thirty-six respondents (35.6 per cent) were living alone; 36 (35.6 per cent) were cohabiting with a male partner; 16 (15.8 per cent) were in non-cohabiting relationships with men and 13 (12.9 per cent) were in relationships with women (10 living with their wives and three with female cohabitees). Figure 1 illustrates respondents' relationship status.

Figure 1. Relationship status of 101 gay and bisexual parents
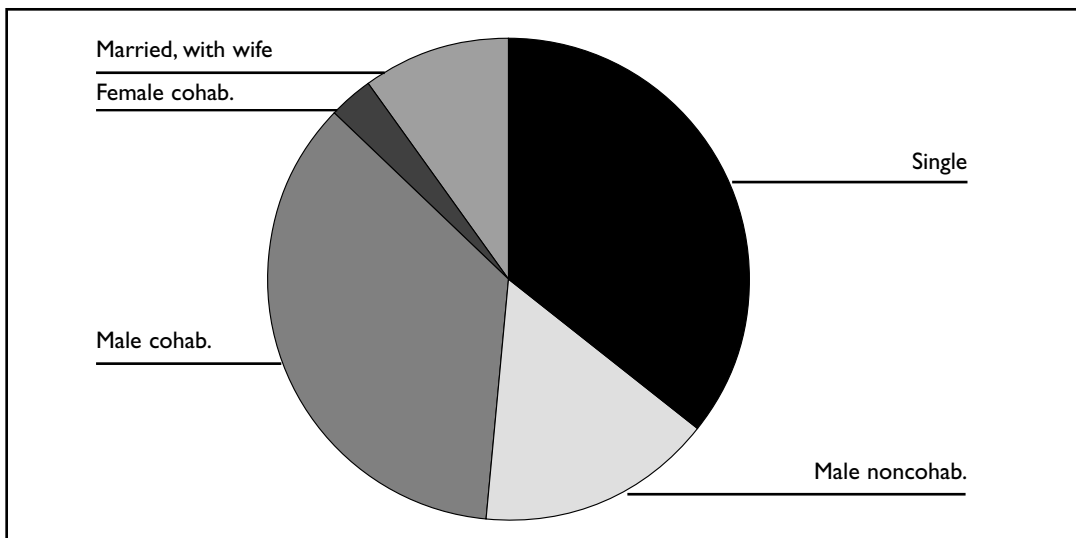
The mean age of respondents was 40.4 years (range 25 to 75, n=100). Ninety-nine respondents provided details in respect of geographical location and ethnic identity. Just over half of the sample resided in the South of England (34.3 per cent in London; 20.2 per cent in the rest of South England); a substantial proportion resided elsewhere in the UK (43.5 per cent) or in Eire (two per cent). The majority of respondents identified themselves as white British (65.7 per cent) or white European (21.2 per cent); a minority (13.1 per cent) came from a variety of other ethnic backgrounds.

With regard to education, 58 (57.5 per cent) respondents had first or higher degrees, a further 19 (18.8 per cent) had other professional qualifications while only five (5 per cent) had had no

further training at all since leaving school. Using Registrar-General classification of most recent or current work for the 100 respondents who gave sufficient information, 19 respondents were identified as social class I, 59 social class II, 20 social class III (11 manual, nine non-manual) and two social class IV. Twenty-one (20.8 per cent) men were unemployed, 13 (12.9 per cent) worked part-time and the remaining 67 (66.3 per cent) worked full-time. Of the 93 men who responded to the question of whether they were 'out' at work, 57 (61.3 per cent) were out to everyone, 27 (29.0 per cent) were out to some people and nine (9.7 per cent) were not out.

Characteristics of children being parented
A total of 179 children (88 females and 91males) with ages ranging from one month to 44 years 11 months (mean 13.57 years; sd 9.21) were described by all 101 respondents. For the 159 children where detailed information had been supplied, the majority (n=131, 82.4 per cent) had been conceived within marriages, 23 (11.8 per cent) had been conceived outside marriage, and five (3.1 per cent) had been conceived by self-insemination.

Of the 79 children under 11, 31.7 per cent of boys (13/41) and 47.4 per cent of girls (18/38) were living with respondents for at least half of the week; of the 61 children aged 11-18, 37 per cent of boys (10/27) and 32.4 per cent of girls (11/34) were spending at least half of the week with respondents. Among the 22 sons and 16 daughters aged 18 or over, only one son was currently spending at least half the week with his father.

A variety of relationships were reported between respondents and their children (Figure 2). The majority of children (78.2 per cent) were biologically related to their gay or bisexual parent. Ten men were parenting their partner's children (or in two of these cases their partner's and their own children). Seven men were fostering children and two of these were also co-parenting. Two men were caring for both their own and an adopted child, and another man was in a co-parenting arrangement.

Figure 2. Parenting role of 101 gay and bisexual parents
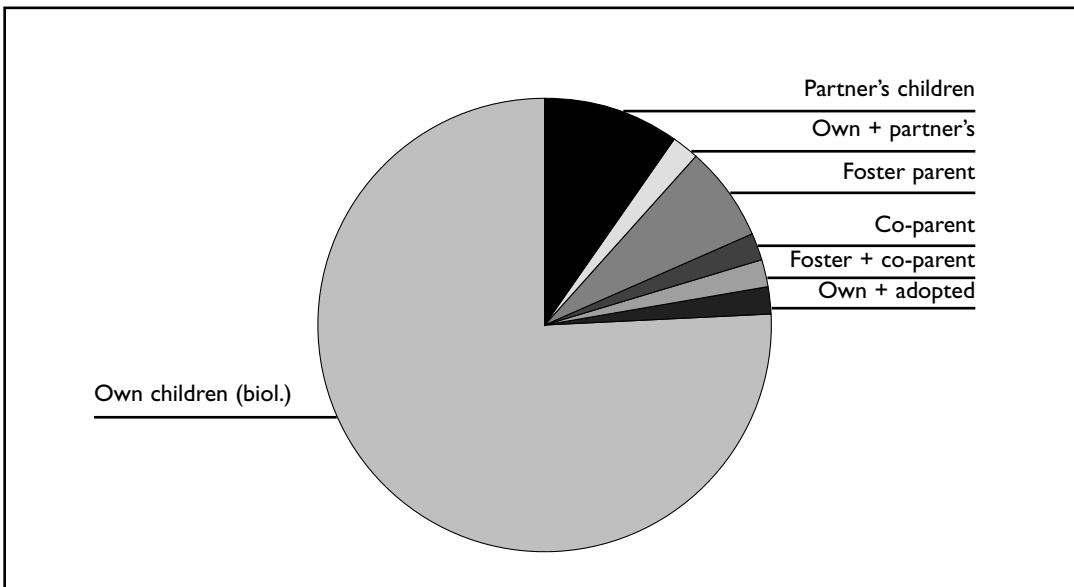
Biologically related fathers (n = 83) had a total of 153 children (75 sons and 78 daughters) whose ages ranged from one month to 44 years 11 months (mean 13.42 years, sd 9.24) and an average of 1.94 children (sd 0.95; range 1-6). Sixty-one children of biologically-related fathers had experienced parental separation or divorce and their mean age at the point of separation was 6.85 years (sd 5.92; range 0-26). Information about how residency, care and control had been arranged in respect of respondents' eldest children was available for 59/61 of these children. Most fathers had made informal (n = 29; 49.2 per cent) or mutually beneficial (n = 8; 9.3 per cent) arrangements; the remainder had not been consulted (n = 2; 3.4 per cent), or had come to legal agreements through court orders (n = 13; 22 per cent) or outside court (n = 7; 8.6 per cent).

Measures: The Gay and Bisexual Parenting Survey questionnaire

The Gay and Bisexual Parenting Survey (GBPS) was designed for self-completion and consisted of a 24-page booklet of questions covering a wide range of parenting circum-stances. Demographic data were collected on respondents (age, location, ethnic back-ground, education, social class, employment, marital history, current relationship status, and self-defined sexual orientation) and their children (the number of children, their ages, sex, place of residence, amount of contact with their gay parent and whether they were biologically related to their gay parent).

The next section covered the nature of the parenting relationship (biological fathers' involvement in decisions affecting their children, male partners' involvement in parenting, other adults involved in parenting) and also required gay parents to rate on a five-point Likert-like scale their experience of success and difficulty in relation to common problems in single parent and blended families. To facilitate quick completion of the questionnaire, in a third section, respondents were asked to provide details about their eldest child only in respect of custody arrangements, awareness of and response to their gay parent's sexual identity, and potential benefits or problems the child may have encountered. The last two sections included many items from the Gay and Lesbian Parents Questionnaire devised by Harris and Turner (1986) supplemented, after piloting, with additional items relevant to a British population. The GLPQ has not been extensively tested for test-retest reliability, nor for criterion-referenced validity, but is thought to have good face validity (Harris & Turner, 1986). It is reproduced in Davis, Yarber, Bauserman, Scheer & Davis (1998).

Results
(i) The nature of the parenting relationship
For the majority of biologically related children, fathers shared equally (n = 93; 60.8 per cent) or played a major role (n = 20; 13.1 per cent) in decision-making with the child's mother; a small minority of biologically related children (n = 11; 7.2 per cent) were cared for solely by their fathers. In a substantial minority of cases, though, fathers were never consulted by the child's mother (n = 15; 9.8 per cent) or played only a minor role (n = 14; 9.2 per cent) in making decisions affecting the child.

Examining patterns of partner involvement in the care of children, different patterns appeared to be associated with male and female partners (χ^2 = 40.2, df 2, p<0.0001). Whereas all female partners were considered by respondents to be equally (86.2 per cent)

or more (13.8 per cent) involved than themselves, only a third of male partners were described as being equally (23.5 per cent) or more (9.8 per cent) involved; the remaining male partners were described as not involved at all (37.3 per cent) or only to some extent (29.4 per cent).

Looking more closely at this data, in the case of the 13 female partners (10 of whom were known to be the children's mother), data referred to children (n = 29) who were biologically related to the respondent. By contrast, in the case of male partners, data included the involvement of 35 male partners with 72 children who were biologically related to the respondent and that of 17 male partners with 30 children not biologically related to the respondent. When non-biologically related children alone were considered, the pattern of partner involvement for male partners appeared similar to that of female partners with 86.6 per cent being described as equally (53.3 per cent) or more (33.3 per cent) involved than respondents.

Information was available for 90/92 households in respect of other adults regularly involved in the care of children besides mother and father. In 59 households (65.6 per cent), other adults regularly helped with child care: these included father's male partner (n = 28; 31.1 per cent), mother's male partner (n = 7; 7.8 per cent), mother's female partner (n = 4; 4.4 per cent), both father's and mother's same sex partner (n = 2; 2.2 per cent), both father's and mother's male partners (n = 3; 3.3 per cent). In 15 households (16.7 per cent), between one and three other adults, including other relatives, were regularly involved in caring for children. In the remaining 31 households (34.4 per cent), no other adults were involved in caring for children.

Gay and bisexual men's experience of meeting common parenting challenges
Examining responses to the common parenting challenges items, some differences were apparent between men who were living with partners and those who were single or in non-cohabiting relationships (Table 1). These differences were almost exclusively associated with practical, material and emotional support supplied by cohabiting partners, male and female. In addition, men with male partners, cohabiting and non-cohabiting, rated themselves as more successful in respect of sexual relationships. No partnership status differences were found on any other dimension.

Across all respondents, the mean rating on all items was three (neither difficult nor successful) or higher. Only lack of support groups in the gay community was rated as being somewhat difficult.

(ii) Children's responses to gay parenting (eldest child)
Data on the eldest child's awareness of father's sexuality was available for 99/101 children. Table 2 illustrates children's awareness of father's sexual orientation by age of child. Sixty children (59.4 per cent) were thought definitely to know about their parents' sexual orientation. The majority were told by father (n = 26; 42.6 per cent), either in response to the child's request for information (9.8 per cent) or because the father felt they were ready to understand (32.8 per cent). Almost a third learnt through everyday events or gradually through being brought up in an openly gay environment (n = 19; 31.1 per cent). Eight children were told by their mothers (13.1 per cent); the remainder learnt through being told by other friends, relatives or, in one case only, through a social worker. The mean age of

finding out was 11.33 years (sd 4.85; range 4-23). However, possibly due to the difficulty of identifying precise ages for children brought up in openly gay environments, data on this variable is available only for 38 children. As data presented in Table 2 indicate, a highly significant association was obtained between age (under and over 11) and level of awareness ($\chi 2 = 25.98$, df 2, p<0.0001).

A 21-item scale (Harris & Turner, 1986) was used to rate fathers' perceptions of their eldest child's response to their sexual orientation. A 5-point Likert-like scale was used from 1 = 'very unlike my child' through to 5 = 'very like my child'. This revealed a tendency throughout for daughters to be viewed as more positive than sons (Table 3) although this tendency only reached statistical significance in respect of respondents' perception of the child as sympathetic (t = 2.45, df 54, p=0.017).

Table 1. Mean rating of experience of difficulties with parenting (1 = very difficult, 5 = successful)

	No partner	Non cohab.	Male cohab.	Female cohab.	F (df), probability
Emotional support from another adult	2.86^1	3.53^2	4.50^3	4.25^3	F(3,94)+15.09, p<0.0001
Help with decision-making	3.37^1	3.76	4.30	4.17	F(3,93)=5.96, p<0.0009
Negotiating with child's mother's partner	3.00^1	2.55^1	3.68^2	4.50^2	F(3,60)=4.89, p=0.004
Own sexual relationships	3.18^1	3.59	4.18^2	3.18^1	F(3,92)=4.95, p=0.0031
Practical support	3.26^1	3.35^1	4.15^1	4.67^2	F(3,93)=4.85, p=0.0035
Making ends meet financially	2.89^1	2.59^1	3.65^2	3.75^2	F(3,94)-4.18, p=0.008
Arranging child care	3.33	2.67^1	4.13^2	3.63	F(3,49)=3.36, p=0.026
Housing or accommodation	3.42^1	3.76	4.27^2	4.25^2	F(3,91)=2.83, p=0.043
Relationship with mother's relatives	3.27	2.75^1	3.15	3.73^2	F(3,90)=2.19, p=0.095
Agreement with child's mother about visits	3.63	3.44	4.00	4.67	F(3,83)=1.80, ns
Achieving own personal goals	3.14	3.24	3.62	3.25	F(3,94)=0.99, ns
Support groups in gay community	2.34	2.47	2.82	2.67	F(3,88)=0.89, ns
Managing household tasks	3.69	3.37	3.82	4.00	F(3,92)=0.88, ns
Relationship with own relatives	3.46	3.41	3.82	3.58	F(3,91)=0.87, ns
Respondents' own friends	4.03	3.82	3.68	3.55	F(3,93)=0.85, ns
Public recognition of you as a parent	3.65	3.50	3.58	4.25	F(3,88)=0.85, ns
Rels with child's school, nursery, college	3.76	3.71	3.74	4.44	F(3,71)=0.74, ns
Child's health	4.06	3.81	4.15	4.06	F(3,91)=0.45, ns
Own health	3.82	3.47	3.88	3.83	F(3,93)=0.39, ns

Non-idential superscript numbers indicate signficant differences between groups at the 5% level of probability (two-tailed); Duncan's multiple range tests.

Table 2. Eldest child's awareness of male parent's sexual orientation by age of child

	age group			
	Under 11	11-18 years	Over 18	Row total
No knowledge	15	1	2	18(18.2%)
Probably some awareness	13	5	2	20(20.2%)
Definitely know	14	30	17	61(61.6%)

Table 3. Eldest child's response to knowledge of father's sexual orientation by gender (1 = very like my child; 5 = very unlike my child)

Child's response	Sons	Daughters	t	df	p
Feels sympathetic	3.21 (1.18)	3.85 (0.72)	2.45	54	0.017
Responds supportively	4.03 (1.32)	4.57 (0.63)	1.94	55	ns
Feels curious	2.83 (1.15)	3.32 (0.95)	1.76	56	ns
Feels embarrassed	2.13 (1.31)	1.63 (0.97)	1.33	55	ns
Responds positively	4.00 (1.25)	4.41 (0.69)	1.49	54	ns
Feels angry	1.89 (1.29)	1.48 (0.75)	1.46	54	ns
Feels guilty	1.55 (0.74)	1.29 (0.67)	1.36	54	ns
Feels closer to you	3.52 (1.24)	3.92 (1.24)	1.32	53	ns
Feels shocked	1.86 (1.33)	1.48 (0.75)	1.31	54	ns
Does not understand	1.93 (1.25)	1.59 (0.93)	1.14	54	ns
Feels proud	3.89 (1.22)	4.15 (0.78)	1.04	53	ns
Feels sexually threatened	1.42 (0.87)	2.15 (4.13)	0.91	53	ns
Feels disgusted	1.48 (0.91)	1.29 (0.67)	0.87	54	ns
Feels pleased	3.33 (1.21)	3.52 (0.85)	0.66	55	ns
Feels indifferent	2.24 (1.48)	2.04 (1.34)	0.53	53	ns
Feels worried about you	2.75 (1.27)	2.89 (1.31)	0.45	54	ns
Responds with understanding	4.07 (1.20)	4.19 (1.00)	0.40	55	ns
Feels sad	1.96 (1.07)	1.85 (1.06)	0.39	53	ns
Feels relieved	2.93 (1.03)	3.00 (0.83)	0.27	54	ns
Feels confused about their own sexuality	1.39 (0.63)	1.38 (0.77)	0.04	52	ns
Feels confused about own gender role	1.35 (0.61)	1.35 (0.69)	0.01	53	ns

Respondents were also asked to rate on a 5-point Likert-like scale (where 1 = 'no benefit that I am aware of' and 5 = 'a great deal of benefit') the extent to which they felt their children might have benefited from having a gay/bisexual parent (Table 4). No associations were found between children's age or amount of contact with parent and benefits of having a gay/bisexual parent. There was a tendency for daughters to be seen to benefit more than sons in being helped to be more tolerant of other people (t = 1.94, df 57, p=0.058) and for boys to be seen to benefit more in being helped to accept their own sexuality (t = 1.69, df 42, p=0.098). On all other comparisons, sons and daughters were rated similarly.

Table 4. Benefits to children of having a gay/bisexual male parent (0 = no benefit that I am aware of; 5 = a great deal of benefit)

Item	Sons	Daughters	t	df	p
Helping their tolerance of other people	3.90 (1.13)	4.38 (0.73)	1.94	57	0.058
Helping acceptance of their own sexuality	3.08 (1.68)	2.26 (1.45)	1.69	42	0.098
Being able to talk with you more openly	3.75 (1.29)	4.22 (1.19)	1.41	53	ns
Giving your child new points of view	3.80 (1.13)	4.17 (0.93)	1.38	57	ns
Feeling special	2.89 (1.59)	3.25 (1.33)	0.87	50	ns
Making new friends	3.07 (1.49)	2.88 (1.51)	0.47	50	ns
Having an extra close relationship with you	3.52 (1.39)	3.69 (1.44)	0.45	54	ns
Being in adult company a lot of the time	3.44 (1.28)	3.37 (1.36)	0.21	52	ns
Having very close friendships	2.79 (4.13)	2.83 (1.44)	0.09	49	ns

Respondents were also asked to rate on a 5-point Likert-like scale (where 1= 'no difficulty that I am aware of' and 5 = 'a great deal of difficulty') the extent to which they considered children may have experienced difficulties due to their knowledge of their parents' sexual orientation (Table 5). Mean ratings were low throughout with items generally being rated as less than two (slight) and only marginally more than one (no difficulty). Looking at numbers of children rated as having any difficulties at all versus no difficulties, the areas rated most problematic were tension due to having to keep a family secret (n = 19, 45.2 per cent), being teased or bullied by other children (n = 21, 37.5 per cent) and feeling different (n = 18; 34.6 per cent). Chi-squared analyses of numbers of children rated as having slight or more serious versus no difficulties revealed no significant associations between children's experience of difficulties and age, nor between experience of difficulties and gender of child.

Table 5. Difficulties associated with fathers' gay relationships
(0 = no difficulty; 5 = great deal of difficulty)

Item	Sons	Daughters	U	n	p
Being teased or ridiculed by other children	1.55 (0.95)	1.67 (0.92)	360.5	55	ns
Difficulty making and keeping friends	1.41 (0.83)	1.19 (0.55)	351.5	56	ns
Unwillingness to go to school	1.36 (0.99)	1.20 (0.65)	298.5	49	ns
Discrimination by teachers or other adults	1.15 (0.78)	1.31 (0.68)	288.5	51	ns
Feeling different	1.82 (1.19)	1.33 (0.64)	265.0	51	ns
Doubting own sexuality	1.28 (0.74)	1.04 (0.21)	253.0	48	ns
Poor academic performance	1.52 (1.08)	1.04 (0.21)	229.0	47	ns
Tension due to having to keep parent's sexuality a secret	1.82 (1.05)	1.55 (0.76)	193.0	42	ns
Meeting and dating members of the opposite sex	1.12 (0.49)	1.14 (0.47)	181.5	39	ns
Meeting and dating members of the same sex	1.00 (0.00)	1.14 (0.38)	21.0	14	ns

Discussion

Preliminary findings from the Gay and Bisexual Parenting Survey currently being conducted in the UK and Eire appear to be confirming previous findings concerning the diversity of parenting circumstances among gay and bisexual men and the children in their care. The largest group of men surveyed were biological parents, most of whom had conceived their child within a previous heterosexual relationship. Other routes to parenting were also represented by respondents, including co-parenting, fostering, adoptive parenting and gay step-parenting. Compared with single gay or bisexual men those cohabiting with male partners rated themselves as more successfully managing a variety of common parenting challenges.

Respondents reported that older children were more likely to know about their gay or bisexual parent's sexual identity compared with younger children. Generally, sons and daughters were reported not to differ in their response to knowledge of their father's sexual orientation, or in terms of experiencing various benefits or difficulties with it. However, according to their gay parent's report, daughters were more likely than sons to respond sympathetically to their parent's disclosure of his sexual identity.

Although one hundred and one gay and bisexual parents have participated in this study, this investigation, like others employing the same method of sample recruitment (e.g., Bigner & Jacobsen, 1989a, b; Wyers, 1987; Harris & Turner, 1986), has still been hampered by a relatively small number of respondents in particular groups. This has led to a number of limitations. For example, small cell sizes did not permit an assessment of a possible association between men's partnership status and the responses of sons and daughters to their gay or bisexual parent's disclosure of sexual identity. Furthermore, most of the gay and bisexual men who participated in the study were white and in middle-class occupations. Consequently, the findings may not apply to other groups. So far, no study has contained a large sample of children and few studies have controlled sample characteristics sufficiently to permit confident generalisations (Belcastro, Gramlich, Nicholson, Price & Wilson, 1993). While some of these difficulties may be addressed by further increasing sample size, the use of additional methods of sample recruitment through the use of other media such as radio or television may also be valuable. Alternative methods of data collection such as structured interviews conducted by telephone or in person, with assurances of anonymity, may perhaps also encourage participation by men who are less comfortable with written responses.

Men living with their male partners in new relationships appeared to be meeting parenting challenges as successfully as those still living with the mother of their children. By comparison, men without male partners and men not living with their male partners rated themselves as experiencing more difficulty. These findings are difficult to evaluate without additional data relating to fathers still in heterosexual relationships as well as those who have separated from the mother of their children. By extending this study to heterosexual men who have experienced parental separation, it should be possible to ascertain whether gay and bisexual men without partners experience particular difficulties after they stop living with the mother of their children. It should also be possible to compare reports of gay and bisexual men in new same sex relationships with those of heterosexual men in new relationships.

The results also suggest that daughters may be more sympathetic than sons in their response to their gay parent. These responses would need to be compared with reports of heterosexual fathers in similar parenting circumstances in order to rule out the possibility that daughters may generally be felt to be more in sympathy with their fathers than sons.

The study gathered the reports of gay and bisexual parents from postal questionnaires. As with any parenting survey relying on the self-completion of questionnaires, what parents say about parenting may not be an entirely accurate reflection of what they do. The conclusions reached from the study would benefit from replication using other methods and from ascertaining multiple reports of parenting behaviour drawing on the perceptions of other family members and utilising reports from independent observers.

In particular, the study relies on fathers' reports of their children's responses to having a gay or bisexual parent. The most urgent task for future research is probably to ask sons and daughters for their own views. Sons and daughters appear not to differ in most of their responses to having a gay or bisexual parent, but are daughters specifically more sympathetic than sons as their parents tend to indicate? Children have not been prominent as the primary focus of research into gay men's parenting and they have almost invariably been recruited through their fathers, a practice which leads to samples which may be both non-representative and idiosyncratic.

Sons and daughters did not appear to differ in most of their reactions to growing up with a gay parent. Nevertheless there was some variation in children's responses according to their gay parent's report. Another aspect to consider is whether parental strategies in relation to disclosing sexual identity promote or deter children's acceptance and whether the gay parents' self-esteem is linked to children's responses (Dunne, 1987; Bozett, 1988).

Non-significant trends in the data hint that gay and bisexual parents think that daughters might benefit more than sons in terms of increased tolerance of others and that sons may benefit more than daughters in increased acceptance of their own sexuality. The results appear to suggest that gay and bisexual parents rate both sons and daughters as having generally benefited from growing up with a gay parent. Neither sons nor daughters were rated as being more likely than each other to experience difficulties that could be associated with having a gay parent and, generally, gay and bisexual parents reported that their children experienced few difficulties.

This initial investigation into gay and bisexual men's perceptions of their children's responses to having a gay parent suggests that there is generally little difference between sons and daughters on a variety of outcomes. These findings lend little support to predictions from traditional theories of child development concerning the effects of gay parents on their children. Parental reports also indicate that men living with partners rate themselves as successful at meeting common parenting challenges. Additional investigations are recommended in order to further evaluate these findings.

References

Bailey, J. M., Bobrow, D., Wolfe, M. & Mikach, S. (1995). Sexual orientation of adult sons of gay fathers. *Developmental Psychology, 31*(1), 124-129.

Belcastro, P. A., Gramlich, T., Nicholson, T., Price, J. & Wilson, R. (1993). A review of data based studies of homosexual parenting on children's sexual and social functioning. *Journal of Divorce and Remarriage, 20*(1/2), 105-122.

Bell, A. P. & Weinberg, M. S. (1978). *Homosexualities: A study of diversity among men and women*. New York: Simon and Schuster.

Bigner, J. J. & Bozett, F. W. (1990). Parenting by gay fathers (pp. 155-175). In F. W. Bozett & M. B. Sussman (Eds.), *Homosexuality and family relations*. London and New York: Harrington Park Press.

Bigner, J. J. & Jacobsen, R. B. (1989a). The value of children to gay and lesbian homosexual fathers. *Journal of Homosexuality, 18*, 163-172.

Bigner, J. J. & Jacobsen, R. B. (1989b). Parenting behaviours of homosexual and heterosexual fathers. *Journal of Homosexuality, 18*, 173-186.

Bozett, F. W. (1987). Children of gay fathers (chapter 3, pp. 39-57). In F. W. Bozett (Ed.), *Gay and lesbian parents*. New York and London: Praeger Publishers.

Bozett, F. W. (1988). Social control of identity by children of gay fathers. *Western Journal of Nursing Research, 10*(5), 550-565.

Bozett, F. W. (1989). Gay fathers: A review of the literature (pp. 137-162). In F. W. Bozett (Ed.), *Homosexuality and the family*. New York: Harrington Park Press.

Bozett, F. W. & Sussman, M. B. (Eds.) (1990). *Homosexuality and family relations*. London and New York: Harrington Park Press.

Bryant, A. S. & Demian (1994). Relationship characteristics of American gay and lesbian couples:

Findings from a national survey. *Journal of Lesbian and Gay Social Services, 1*, 101-117.

Crosbie-Burnett, M. & Helmbrecht, L. (1993). A descriptive empirical study of gay male stepfamilies. *Family Relations, 42*, 256-262.

Davis, C. M., Yarber, W. L., Bauserman, R., Scheer, G. & Davis, S. L. (1998). *Handbook of sexuality-related measures*. London: Sage.

Dunne, E. J. (1987). Helping gay fathers come out to their children. *Journal of Homosexuality, 13*, 213-222.

Golombok, S., Spencer, A. & Rutter, M. (1983). Children in lesbian and single-parent households: Psychosexual and psychiatric appraisal. *Journal of Child Psychology and Psychiatry, 24*, 551-572.

Golombok, S. & Tasker, F. (1996). Do parents influence the sexual orientation of their children? Findings from a longitudinal study of lesbian families. *Developmental Psychology, 32*, 3-11.

Gonsoriek, J. C. & Weinrich, J. D. (1991). The definition and scope of sexual orientation. (pp. 1-12). In J. C. Gonsoriek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy*. Thousand Oaks, CA: Sage.

Green, R., Mandel, J. B., Hotvedt, M. E., Gray, J. & Smith, L. (1986). Lesbian mothers and their children: A comparison with solo parent heterosexual mothers and their children. *Archives of Sexual Behavior, 11*, 167-184.

Harris, M. B. & Turner, P .H. (1986). Gay and lesbian parents. *Journal of Homosexuality, 12*(2), 101-113.

Hicks, S. & McDermott, J. (1999). *Lesbian and gay fostering and adoption: Extraordinary yet ordinary*. London: Jessica Kingsley.

Hoeffer, B. (1981). Children's acquisition of sex-role behavior in lesbian-mother families. *American Journal of Orthopsychiatry, 51*, 536-544.

Huggins, S. L. (1989). A comparative study of self esteem of adolescent children of divorced lesbian mothers and divorced heterosexual mothers (pp. 123-135). In F. W. Bozett (Ed.), *Gay and lesbian parents*. New York and London: Praeger Publishers.

Kirkpatrick, M., Smith, C. & Roy, R. (1981). Lesbian mothers and their children: A comparative survey. *American Journal of Orthopsychiatry, 51*, 545-551.

McPherson, D. (1993). *Gay parenting couples: Parenting arrangements, arrangement satisfaction, and relationship satisfaction*. Unpublished doctoral dissertation, Pacific Graduate School of Psychology, Palo Alto, CA.

Miller, B. (1978). Adult sexual resocialization: Adjustments toward a stigmatized identity. *Alternative Lifestyles, 1*(2), 207-234.

Miller, B. (1979). Gay fathers and their children. *Family Coordinator, 28*, 544-552.

Patterson, C. J. (1992). Children of lesbian and gay parents. *Child Development, 63*, 1025-1942.

Patterson, C. J. (1994). Children of the lesbian baby boom: Behavioral adjustment, self-concepts, and sex-role identity (pp. 156-175). In B. Greene & G. Herek (Eds.), *Psychological perspectives on lesbian and gay issues: Vol. 1. Lesbian and gay psychology: Theory, research, and clinical applications*. Thousand Oaks, CA: Sage.

Patterson, C. J. & Chan, R. W. (1996). Gay fathers (pp. 245-260). In M. E. Lamb (Ed.), *The role of the father in child development* (3rd edition). New York: Wiley.

Patterson, C. J. & Chan, R. W. (1999). Families headed by lesbian and gay parents (pp. 191-219). In M. E. Lamb (Ed.), *Parenting and child development in "nontraditional" families*. London: Lawrence Erlbaum Associates.

Puryear, D. (1983). *A comparison between the children of lesbian mothers and the children of heterosexual mothers*. Unpublished doctoral dissertation, California School of Professional Psychology, Berkeley.

Tasker, F. (1999). Children in lesbian-led families: A review. *Clinical Child Psychology & Psychiatry, 4*, 153-166.

Tasker, F. L. & Golombok, S. (1997). *Growing up in a lesbian family: Effects on child development*. New York and London: Guilford Press.

Turner, P. H., Scadden, L. & Harris, M. B. (1990). Parenting in gay and lesbian families. *Journal of Gay and Lesbian Psychotherapy, 1*(3), 55-66.

Weston, K. (1991). *Families we choose: Lesbians, gays, kinship*. New York: Columbia University Press.

Wyers, N. L. (1987). Homosexuality in the family: Lesbian and gay spouses. *Social Work*, 143-148.

Address for correspondence: Helen Barrett & Fiona Tasker, Department of Psychology, Birkbeck College, Malet Street, London WC1E 7HX.

Lesbians, gay men, their families and counselling: Implications for training and practice

Damian McCann
Institute of Family Therapy, Edgeware General Hospital

Abstract

For too long, lesbians, gays and their families have been offered counselling and therapeutic services which are, at best, ill equipped to meet their needs, and at worst abusive. Although there now appears to be a heightened awareness among counsellors and therapists working with lesbians and gay men, manifested in equal opportunities policies and enshrined in codes of ethics, concern still remains. Too many training courses for counsellors, therapists and psychologists continue to rely upon theories and practices grounded in hetero-normative assumptions about human psychological functioning, and fail to assist practitioners incorporate broader contextual frameworks into their practice. Drawing on developments within the field of counselling psychology and utilising clinical material, the author outlines a model of therapy and counselling that is both responsive to the needs of lesbians, gay men and their families, and which meets the criteria for 'lesbian and gay affirmative practice'.

Introduction

The central argument of this paper is that 'the helping professions', loosely described, and including applied psychology and psychotherapy, have over the years been anything but helpful to lesbians, gay men and their families. The evidence for such a statement is documented in the accounts of those who have suffered at the hands of such practitioners (Annesley & Coyle, 1998; Golding, 1997; Mc Farlane, 1998; Milton, 1998), and indeed the well publicised accounts of professionals themselves (i.e. Hilderbrand, 1992; Socarides, 1978). It is not the intention of this paper to add yet another polemic to what is already a heated debate. Rather, what I intend to do is to consider some of the core elements which provide a defensible framework for practice that is both sensitive and responsive to the needs of lesbians, gay men and their families, and which is ethically based. (Throughout this paper the terms therapist, counsellor and practitioner will be used interchangeably.)

In doing so, I do not wish to underestimate some of the complexities involved in the debate. After all, practitioners are increasingly invited by lesbians and gay men themselves, in various states of distress and discomfort, to make better that which feels at odds. At issue, however, is the therapist's methods and beliefs that underlie the exploration. For instance, deciding to focus on the internal dynamics of the individual's or group's narrative, to the exclusion of the outside world, raises fundamental questions concerning the therapist's take on the problem at hand. Heterosexism does not disappear simply because the therapist decides to ignore it. On the other hand, balancing internal, external and the interface

between the two is no easy task. At the same time, 'lesbian and gay affirmative therapy' which has recently gained credence in terms of thinking and practice, is at best a new paradigm that deserves careful consideration and at worst an exercise in window dressing. According to Shelly (1998), gay affirmative therapy can be viewed as:

> *a reaction to, rather than a working through of the preceding illness models. (p 8)*

Neal (1997) in a keynote address to the Association for Lesbian, Gay and Bisexual Psychologies – UK, suggests that different sexualities have been scapegoated with all kinds of unorthodox evil and disease in order to reinforce social control.

> *What is not the better thing to be, must be, tortured, burnt, killed, imprisoned or somewhere else explained, pathologised, pitied, or analysed.*

It is against this backdrop that practitioners are now being challenged to account for their practice with lesbian and gay people, and as such practitioners would be well advised to carefully consider their position. Watzlawick, Bevalas and Jackson (1967) remind us that

> *… no matter how one may try, one cannot not communicate. (p. 49)*

This point has been further elaborated by Taylor, Solts, Roberts and Maddicks (1998) who, in questioning the basis of therapeutic neutrality, suggest that

> *we constantly give things away, our gender, skin colour, our attitudes and beliefs, and, for those who speak the language, no doubt our sexuality. (p. 10)*

In view of this, the field, therefore, has a responsibility to itself to examine some of its own current practices to ensure that the next generation of lesbians, gay men and their families feel well served by this generation's carers.

Lesbians' and gay men's relationship to therapy

Given attempts to correct, 'work through' and even cure, it should come as no surprise that lesbians and gay men approach psychologists, psychotherapists (and similar), with suspicion and trepidation. A recent report published by the National Institute for Mental Health (MIND) revealed that lesbians, gay men and bisexual people are subject to a wide range of discrimination and intolerance within the British Mental Health System (Golding, 1997). For instance, 58 per cent of the respondents, users of mental health services, said they would not feel safe, or would only occasionally feel safe in disclosing their sexuality within a mainstream mental health service. Sixty per cent, said they had denied their sexuality or let a worker's assumption that they were heterosexual go unchallenged. Fifty one per cent of the respondents claimed that their sexuality had been inappropriately used by mental health workers in order to explain the causes of their mental distress.

Attention has also been drawn to prejudiced behaviour on the part of psychologists working psychotherapeutically with lesbian and gay clients (Milton, 1998; Annesley & Coyle, 1998). One therapist, for example, implied through her line of questioning that lesbianism was caused by the adverse or violent sexual responses of men towards women.

Other therapists struggled to accept the individual's sexual choice by questioning lesbians' 'dislike' of men and gay men's 'dislike' of women (Milton, 1998). It should be noted that therapists rarely, as a matter of course, question heterosexual's dislike of homosexuals.

Implications for training

In the MIND survey, respondents pointed to the need for greater awareness by practitioners of the particular issues faced by lesbians and gay men. This finding supports the view that most training courses have a complete absence of any real thinking or teaching about lesbian and gay issues (Coyle, Milton & Annesley, 1999). For instance, my own masters degree training in family and systemic psychotherapy consistently espoused a dominant heterosexual family model as a basis for thinking and practice. My failure to challenge such prejudice was rooted, with hindsight, in a fear that I would not be offered a training. This was born from the knowledge that, as a gay man, I would experience difficulties in training as an analytic psychotherapist in this country, and since the Institute of Family Therapy, in 1991 when I was training, failed to even acknowledge the existence of lesbians and gay men in families, I wasn't prepared to take the risk.

Although it has been possible to remedy this situation in regard to establishing the Lesbian and Gay Family Service based at the Institute of Family Therapy, a recent study conducted by Malley gives little room for complacency. In a small scale survey of 50 trainee and qualified family therapists, conducted in 1995, fewer than one quarter of family therapists had spent more than two hours in their entire family therapy training (a minimum of four years in those surveyed), specifically addressing issues connected with working with lesbians and gay men (see Malley & Tasker, 1999). This point has been further underlined by Shelly (1998) who suggests that the failure of most psychotherapy training programmes to incorporate training elements which examine the special needs of the lesbian and gay populations may extend to human sexuality in general.

According to Shelly:

> *It is therefore questionable whether many students/therapists possess, upon completion of their studies, the basic and necessary skills for assessing sexual issues and employing interventions based on sexually sensitive material. (p. 4)*

In that regard, lesbians and gay men who, for whatever reason, find themselves in the therapeutic domain are essentially at the mercy of the therapist's own struggles, prejudices and intolerance. Stacey (1993) suggests that a question that often occurs for the lesbian client/s is: 'Am I going to have to protect the therapist from the effects of stereotyping?' And further, 'Who is therapy for – me in resolving my/our issues, or the therapist in being educated about homophobia and lesbian experience?'.

Part of the difficulty, I believe, is the lack of consensus within the field as to what constitutes an adequate training package. This point is well illustrated in the recent Project for Advice, Counselling and Education report (PACE) examining the experiences of lesbians, gay men and bisexuals in mental health services (Mc Farlane, 1998). Although a number of respondents in the PACE study identified both a need for training to increase understanding and awareness of the lives of lesbians, gay men and bisexuals, and that such

training should address difference and diversity as well as anti-heterosexual training, the report falls short of tackling the thorny issue of how this should be taught and by whom.

Practitioners in the field (Falco, 1991; Davies, 1996) do however identify the need for training on a number of fronts.

◆   Firstly, working on the self of the therapist and the therapist's own level of homophobia and heterosexism.

◆   Secondly, the need for specialist knowledge relating to lesbian, gay male and bisexual lifestyles. Falco (1991) suggests that therapists need to have a degree of knowledge that enables them to ascertain the extent to which being lesbian or gay is the central or subsidiary issue in therapy. Also, helping clients explore the impact of homophobia on their lives requires more than a listening ear. There is a need to acquire knowledge that is specific to the issues presented. This may include, for example, a working knowledge of language particular to lesbian and gay lifestyles and sexual practices. For some it may be as simple as learning to enquire about basic affiliations. For instance, during a life supervisory session, one student was thrown off balance when she unexpectedly found that her client Amanda had brought a female friend to the therapy session. Although competent in many respects she just could not bring herself to ask if the two women were partners.

◆   Thirdly, knowledge of current research findings (e.g., Green, Bettinger & Zacks, 1996; Tasker & Golombok, 1997) is felt to be important in challenging some of the basic assumptions of practitioners that may lead them to discriminate against lesbian and gay clients.

◆   Fourthly, the need for practitioners to have regular contact and exposure to lesbian, gay and bisexual people. The way in which these training packages are delivered, however, varies enormously. For instance, I heard of one trainer who, in an effort to expose a group of heterosexual students to lesbian and gay lifestyles, took them off to a gay bar. Other trainers may prefer a less confrontational approach, relying on the safety of overheads and lecture notes.

Further consideration must also be given to the question of who is best qualified to train practitioners with regard to lesbian and gay lifestyles and the profile such training receives in already overcrowded course schedules. A number of courses have yet to decide whether a more integrated approach is preferable to intensive bursts of teaching tagged on the end of the core curriculum and usually taught by a lesbian or gay outsider. Also, the question of herding all recipients of training irrespective of sexual orientation together, although at times appropriate, needs careful consideration. We know, for example, that mixed gender groups, when considering gender issues, produce a different level of debate than when there are single sex groups. Because of this, some thought needs to be given as to when it is helpful to include mixed sexuality groups and when it is more helpful to train lesbians, gay men, and heterosexuals separately.

The dilemmas of targeting interventions

Even with adequate training, the question still remains. Should we not, as therapists, and practitioners, be directing our efforts more to challenging homophobia within society than developing clinical services which, although responsive to the needs of lesbians and gay men, appear to be treating the symptom rather than responding to the root problem? Inherent in this question is the very real difficulty of distinguishing that which correctly belongs to society from more general issues of living. For instance, the very act of offering therapy to a lesbian couple who are at loggerheads over the management of homophobic attacks from neighbours, raises a number of dilemmas. By concentrating on the internal dynamics of the couple's relationship when causative factors exist in other systems, Kingston (1987) wonders if the therapist does more harm than good. On the other hand, without the support of those in positions of power, the therapist may be unable to help the couple effect change in the wider system. Strategically working at the interface between the two may be the only sensible solution, but the extent to which the therapeutic domain is an appropriate setting to tackle homophobia within society, remains open to debate. This particular issue also raises questions concerning the adequacy of training for learning to target interventions appropriately. Either way, Shelly (1998) explains that the contributors to his edited text

> *share a fundamental conviction that the therapeutic process is a valid means by which lesbians and gay men choose to address the myriad issues, internalised homophobia (heterosexism), external oppression and the experiences of pain and stress involved in living. (p. 6)*

The setting

The issue, therefore, is not whether lesbians and gay men need therapy, but rather whether the services offered are really equipped to meet their needs and the extent to which these services recognise and incorporate thinking about homophobia in their assessments and interventions. Here, I would like to distinguish between specialised mental health services offering a service specifically for lesbian and gay people and those more general services. This is less to do with an assumption that staff of the more specialised services possess a greater awareness and knowledge of the issues involved, than with the fundamental issue of disclosure. Lesbians and gay men approaching generalised services essentially enter the unknown. Often the onus will be on them to disclose their sexual orientation and this will be viewed as relevant or not depending upon the therapist's theoretical approach and view of the problem. Also of importance is the setting in which the practitioner offers such therapy.

After completing my training at the Institute of Family Therapy, a heterosexual colleague and I approached the clinical director with a view to establishing a service for lesbians, gay men and their families. Apart from a wish to develop systemic practice in this much neglected area of work, we were also of the opinion that a staff group drawn from the lesbian, gay and heterosexual communities was indicated. The thinking behind this was that the families being offered help would be drawn not only from the lesbian and gay communities but also from the heterosexual and bisexual populations. We also thought that, as a team, it might be important for us to hold the tension between these different groups in our work, and to a large extent this has proved useful. However, we have had to work hard at disentangling the variety of meanings associated with, for instance, a gay male therapist working with a lesbian couple, and a heterosexual therapist working, at

their request, with a gay male couple. We are also conscious that issues of ethnicity in relation to sexual orientation is an area that needs attention.

Most psychotherapeutic services operate an equal opportunities policy. This should, at least, incorporate some statement of intent but at the same time may disguise more covert discrimination. For instance, one therapist working in a residential establishment found herself in deep water when she gave a young gay man aged fifteen details of a local gay group. The fact that the young man was under the age of consent for sex with another man influenced the agency's decision to censure the worker. The message inherent in the censure was that the therapist had gone beyond her remit. Yet one of the main issues young lesbian, gay and bisexual youth face is the difficulty of meeting and socialising with other lesbian and gay youth. Therapists working in the private sector also need to pin their colours to the mast. Many lesbian and gay people, because of the history of discrimination, are being encouraged to ask probing questions of prospective therapists as a means of ensuring that they are in safe hands. Therapists need to be willing to open themselves and their practice to scrutiny, much as they expect their clients to open themselves within the therapeutic encounter. To that end, and of particular importance, is the question of the therapist's own sexual orientation and the extent to which this is shared or not with the client.

At the same time, I wonder how many practitioners in the field would be comfortable and, for that matter, supportive of a lesbian or gay male therapist disclosing aspects of their sexuality, particularly if this is in a setting that is not offering a specific service to the lesbian and gay communities. My view is that it would raise fundamental questions concerning the relevance of such action. After all, it might be claimed that heterosexual therapists do not go around telling their clients they are straight. The point is, they do not have to: heterosexuality is assumed unless otherwise stated. One gay male practitioner in conversation with Gillian Walker, a straight therapist in the US says,

> *I discuss my sexual orientation during the initial telephone contact. Whatever the client's orientation, I make sexuality an immediate part of the discourse. Disclosing my sexuality frees me from worrying about it and when and how it will become an issue. (Seigel & Walker, 1996, p. 30)*

For those who feel unsure about disclosing their sexual orientation, or for organisations who discourage such action, what actually happens to the therapist's sexuality? Does the therapist really stop being lesbian or gay and does it really have no part to play in the therapeutic encounter? If it does but is silenced, then whose needs are being pandered to and is the issue not one of heterosexist dominance and discomfort rather than the dilemmas of disclosure *per se*? It concerns me that heterosexual practitioners rarely reflect on the ways in which their sexual orientation informs their work and the extent to which it gives them unquestioned freedom within the therapeutic domain.

Towards a lesbian and gay affirmative model

The recent interest in 'lesbian and gay affirmative models of therapy' appears, at least, to offer some hope for all concerned. Davies (1996) suggests that

> *A gay affirmative therapist affirms a lesbian, gay or bisexual identity as an equally positive*

human experience and expression to heterosexual identity. (p. 25)

According to Morin and Charles (1983) "lesbian and gay affirmative psychotherapies value diversity and the integrity of each individual" (p. 334). They augment the deficits and heterosexist assumptions of the major theoretical models. It views homosexuality and bisexuality as natural variations on a continuum of human sexuality and not as pathological. In recognition of this, trying to change someone's sexual orientation would be regarded as unethical, even if that individual were expressing discomfort. A gay affirmative therapist would be required to work with the discomfort in an effort to help the individual develop a more empowered sense of self. Therapists who are unable, for whatever reason, to affirm a lesbian, gay or bisexual lifestyle, have an ethical duty to refer on. Similarly, therapists must acknowledge their own limits of knowledge and awareness and be ready to refer on, or to obtain consultation or supervision when therapy oversteps those limits. Lesbian and gay affirmative therapists invoke ethical guidelines as a basis for practice. Clinical competence is questioned when training programmes fail to equip lesbian, gay, bisexual and heterosexual therapists with the necessary skills for conducting therapy in this specialised area of practice.

Such an approach challenges the idea of 'business as usual' and instead emphasises the need for sexuality (both therapist's and client's) to occupy an open and dynamic part of the therapeutic exchange. On closer examination, however, such an approach may be at odds with established theories and practices that baulk at the very idea of assertion and statements of fact and do not locate sexual orientation at the centre of the human universe. Within my own theoretical model, for example, tensions exist in marrying affirmative models with post-modern thinking and practice. For instance, the approach I am trained to use is based on constructivist principles, in which knowledge is socially constructed and where there is an enduring reflectivity, the authenticity of multiple voices, and uncertainty. How does this sit with a model that prescribes a way of being and a way of behaving? Part of the difficulty is that many of the established schools of therapy require theoretical revision so as to incorporate developing aspects of practice (see Milton & Coyle, 1999).

Nevertheless, even with these modifications it is likely that practice dilemmas will persist. Take, for example, the situation of a therapist working with an 18-year-old male who, during the early stages of therapy, tells the therapist that he is very uncomfortable about the prospect of being gay and wishes he were dead. Does the therapist faced with this presentation encourage the young man to explore this discomfort, and run the risk of silently imparting the message that the young man is right to feel this way, or, does the therapist interrupt the young man's narrative, challenge his internalised homophobia – along the lines that he is bound to feel uncomfortable given the level of rejection of gay men within society – and instead encourage him to positively explore his gayness?

Some practitioners may turn to supervision for answers to such questions. Again, they should not assume that their supervisors are any more developed in their thinking and practice. As with practitioners, supervisors need to reflect on their own heterosexism and be aware of the ways in which this may be informing their practice of supervision. Attuned as I am to the dominance of heterosexist thinking, I was struck during a recent supervisory experience, at the ease with which a group of trainee systemic therapists developed hypotheses about a mother and her 10-year-old son who was refusing to attend school.

These centred entirely on the supposed absent father. There was not the slightest recognition from anyone in the group that the mother might be lesbian or that her son may be the product of a donor insemination. I believe that if the group members are not entertaining such thoughts, then the institution in which they train cannot be thinking such thoughts and if this is so, then how might a mother who is lesbian and a son who is the product of donor insemination be helped to share this important information during therapy?

Clinical example

The following case example is used to highlight a possible framework for practice.

Bill, aged 30 years old, and his partner Jason, aged 24 years old, seek therapy because of communication difficulties within their relationship. Bill and Jason, both white and British, have been together for the past eight months and although initially things were going well, consistent with the centripetal pull of new relationships, lately they have been arguing and Jason is becoming increasingly withdrawn.

The couple are offered an initial appointment with a male therapist. During the meeting, it transpires that Bill is Jason's first partner and it also emerges that Jason has not told anyone in his immediate family that he is gay. Bill, on the other hand, has had a number of previous relationships, including one in which his ex-wife gave birth to his now seven-year-old daughter with whom he would like to resume contact. Jason, fearful that it will compromise his position, states his objection. This provokes rage in Bill who in turn pressures Jason to face some of the challenges affecting their relationship. In particular, Bill is critical of Jason's fear of being 'found out' as a gay man. The tensions and arguments have reached such a pitch that unless something shifts for the couple, Bill cannot see their relationship continuing.

A therapist faced with this presentation may be helped by a number of developmental frameworks that have emerged in recent years. Scrivner and Eldridge (1995), for example, summarising previous attempts to outline the stages in the development of lesbian and gay identities (for example, see Cass, 1979; Coleman, 1982), advances an eight stage model plotting the individual's increasing awareness of being lesbian or gay. Scrivner suggests that in order for an individual to reach what he terms identity synthesis – in which the lesbian or gay identity has a more integrated feel and is viewed as one facet of an overall identity – the individual will have to progress through stages of confusion and identity comparison towards acceptance. These stages are not necessarily negotiated smoothly, or progressively, since it is not inconceivable for a gay man, for example, to find himself entering his first relationship without having resolved earlier stages of development. Kitzinger (1987), building on these shortcomings, also highlights the fact that such models tend to follow a single linear developmental path in the face of what Suppe (1984) refers to as 'dazzling idiosyncrasy' of sexual identity, and that the ideological basis of these models of adjustment have not been properly examined.

Other frameworks relating to the development of couple relationships have also been advanced. Mc Whirter and Mattison (1984), for instance, offer a six stage model of gay male couple development and Clunis and Green (1988) suggest a similar model for lesbian couples. Essentially, both models attend to the early stages of development in the formation of a couple relationship where the emphasis is on romance and what is referred to as the

'nesting stage'. In this model synthesis is eventually replaced by a growing awareness and management of difference. For those who survive this rough terrain, the relationship will continue towards more collaboration, trust and a long-term commitment. Slater and Mencher (1991), building on these couple developmental frameworks, introduce a life cycle perspective to the proceedings. Here the couple's relationship is located within other significant systems, including the family of origin. Slater and Mencher (1991), with particular reference to lesbian couple relationships, identify four important systems for consideration.

1. The lesbian family system created by a couple (with or without children).

2. The family of origin for each of the members of the lesbian household.

3. The lesbian community within which the family is embedded.

4. The mainstream community in which the family must function.

Of particular importance is the way in which these different developmental frameworks connect and interact to create meaning, both for the individual and the couple.

> *Utilising these frameworks, Jason and Bill, as gay men, are clearly at very different developmental stages. They have both entered into the relationship with little awareness that these differences would become a source of conflict and pain. Jason's difficulty in coming to terms with being gay is organising him to conceal, where possible, his relationship with Bill. Like many young gay men, Jason experiences the outside world as a threatening place. He is frightened of rejection within his family of origin and fears losing his job as a primary school teacher if others discover that he is gay. Bill, on the other hand, is an empowered gay man who wishes to expand the trajectory of his relationship with Jason. He feels that he has found someone with whom he would like a committed relationship, but feels endlessly blocked in his endeavours. At one stage he was feeling so positive about the relationship that he even contemplated re-establishing contact with his daughter and was eager to introduce her to Jason. Bill does not have a good relationship with his family of origin, but has built up a network of friends within the gay community. Jason is reluctant to involve himself in gay life, which greatly angers Bill, and he also does not share Bill's political stance.*

> *The therapist uses the early stages of therapy to slow things down and give the couple time to outline their respective positions. He locates the couple within the developmental frameworks outlined above, but also utilises other important information relating to the couple's own resources for managing difference. The therapist believes that the ways in which Bill and Jason are relating to one another may be replicating old family scripts where argument and pressure to conform replaces reflection and respect for difference. He quickly establishes that the couple have come to work out their differences, rather than to part, and this gives him space in which to work. At the same time he challenges the couple to find some common ground on which they can communicate more effectively with one another. For example, when Bill throws into the conversation that he wants to see his daughter and Jason is stopping him from doing this, the therapist questions this construction. Bill is quite at liberty to see his daughter, but will have to work with Jason rather than bully him if he really wants them, as a couple, to integrate Bill's daughter into their relationship. At the same time, Jason's internalised homophobia is deconstructed (critically analysed) and he is challenged to develop*

strategies for bringing his relationship with Bill into the real world.

The therapist's own credentials are questioned. Bill in particular wants to know if the therapist is gay and what experience he has had in working therapeutically with other gay men. The therapist feels in a dilemma, not because he doesn't wish to answer the question honestly, but because he is aware that Bill raises this issue when the therapist attempts to challenge some aspects of Bill's behaviour in the session. He is also aware that Bill is putting him under pressure, in much the same way that he puts Jason under pressure. To resolve the dilemma, the therapist points out that he is happy to answer the question, but at the same time would also like to use what is happening between him and Bill to explore aspects of Bill's relationship with Jason. The therapist, who is not gay, manages the situation well and Bill's confidence in the therapist is restored. Over time, Bill begins to develop more empathy with Jason's struggle and the therapist uses Bill's experience to strengthen Jason's stand against anticipated homophobic reactions when he starts to 'come out' in his family of origin and in his work setting. By the end of therapy Bill and Jason are functioning more as a couple and have developed some important shared goals. They feel more directed as individuals and as partners.

Conclusion

In this paper I have argued that heterosexism is alive and kicking in the mental health professions. It has also been suggested that lesbians, gay men and their families, because of the shameful efforts by mental health workers over many years, approach therapy with a healthy degree of suspicion. Given the increased level of interest in this area of practice and the worrying research findings cited in this paper, there are fewer hiding places for homophobic practitioners. Training, although essential, is often inadequate in its focus and delivery. For that reason, effective training packages need to be developed as a matter of urgency if the next generation of lesbian and gay people is to fare better in future therapeutic encounters.

References

Annesley, P. & Coyle, A. (1998). Dykes and psychs.: Lesbian women's experiences of clinical psychology services. *Changes: International Journal of Psychology and Psychotherapy, 164*, 247-258.

Cass, V. C. (1979). Homosexual identity formation: A theoretic model. *Journal of Homosexuality, 4*, 219-253.

Clunis, D. M. & Green, G. D. (1988). *Lesbian couples*. Seattle, WA: Seal Press.

Coleman, E. (1982). Developmental stages of the coming out process. *Journal of Homosexuality, 7*(2/3), 31-44.

Coyle, A., Milton, M. & Annesley, P. (1999). The silencing of lesbian and gay voices in psychotherapeutic texts and training. *Changes: An International Journal of Psychology and Psychotherapy, 17*(1), 32-143.

Davies, D. (1996). Towards a model of gay affirmative therapy. In D. Davies & C. Neal (Eds.), *Pink therapy*. Buckingham: Open University Press.

Falco, K. (1991). *Psychotherapy with lesbian clients*. New York: Brunner/Mazel.

Golding, J. (1997). *Without prejudice. Mind lesbian, gay and bisexual mental health awareness research*. London: Mind Publications.

Green, R-J., Bettinger, M. & Zacks, E. (1996). Are lesbian couples fused and gay male couples disengaged?

In J. Laird. & R-J. Green (Eds.), *Lesbians and gays in couples and families*. California: Jossey Bass.

Hilderbrand, H. P. (1992). A patient dying with aids. *International Review of Psychoanalysis, 19*, 457-469.

Kingston, P. (1987). Family therapy, power, and responsibility for change. In. S. Walrond-Skinner & D. Watson *Ethical issues in family therapy*. London: Routledge & Kegan Paul.

Kitzinger, C. (1987). *The social construction of lesbianism*. London: Sage Publications.

Malley, M. & Tasker, F. (1999). Lesbians, gay men and family therapy. A contradiction in terms. *Journal of Family Therapy, 21*(1), 3-29.

Mc Cann, D. (1998). To say or not to say? Dilemmas in disclosing sexual orientation. *Context, 40*, 6-9.

Mc Farlane, L. (1998). *Diagnosis: Homophobia*. London: PACE.

Mc Whirter, D. P. & Mattison, A. M. (1984). *The male couple: How relationships develop*. Englewood Cliffs New Jersey: Prentice Hall.

Milton, M. (1998). Issues in psychotherapy with lesbian and gay men. *The British Psychological Society, Division of Counselling Psychology, Occasional Paper, Number 4.*

Milton, M. & Coyle, A. (1999). Lesbian and gay affirmative psychotherapy: Issues in theory and practice. *Sexual and Marital Therapy, 14*, 41-57.

Morin, S. F. & Charles, K. A. (1983). Heterosexist bias in psychotherapy. In J. Murray & P. R Abranson (Eds.), *Bias in psychotherapy (*pp. 309-338). New York: Preager.

Neal, C. (1997). *Keynote address to Association of Gay, Lesbian and Bisexual Psychologies – United Kingdom conference*. London, unpublished.

Scrivner, R. & Eldridge, N. (1995). Lesbian and gay family psychology. In R. H. Mikesell, D-D. Lusterman & S. H. McDaniel (Eds.), *Integrating family therapy: Handbook of family psychology and systems therapy*. Washington DC: American Psychological Association.

Seigel, S. & Walker, G. (1996). Connections: Conversation between a gay therapist and a straight therapist. In J. Laird & R-J, Green (Eds.), *Lesbians and gays in couples and families*. California: Jossey Bass.

Shelly, C. (Ed.) (1998). *Contemporary perspectives on psychotherapy and homosexuality's*. London: Free Association Books.

Slater, S. & Mencher, J. (1991). The lesbian life cycle: A contextual approach. *American Journal of Orthopsychiatry, 61*, 372-382.

Slater, S. (1995). *The lesbian life cycle*. New York: Free Press.

Stacey, K. (1993). Exploring stories of lesbian experience in therapy. *Dulwich Centre Newsletter, Number 2.*

Suppe, F. (1984). In defense of a multidimensional approach to sexual identity. *Journal of Homosexuality, 10*, 7-14.

Tasker, F. & Golombok, S. (1997). *Growing up in a lesbian family*. New York: Guildford Press.

Tasker, F. & Mc Cann, D. (1999). Affirming patterns of adolescent sexual identity: The challenge. *Journal of Family Therapy, 21*(1), 30-54.

Taylor, G., Solts, B., Roberts, B. & Maddicks, R. (1998). A queer business: Gay clinicians working with gay clients. *Clinical Psychology Forum, Number, 119.*

Watlawick, P., Bevalas, J. B. & Jackson, D. D. (1967). *Pragmatics of human communication*. New York: W.W. Norton.

Address for correspondence: Damian McCann, Principal Family Therapist, Department of Child and Adolescent Psychiatry, Edgware Community Hospital, Edgware, Middlesex. Or, Co-ordinator, The Lesbian and Gay Family Service, The Institute of Family Therapy, 24-32 Stephenson Way, London, NW1 2HX.

"Isn't that what girls do?" – disabled young people construct (homo) sexuality in situated social practice

Mairian Corker

University of Central Lancashire

Abstract

Very little has been written about the interaction between disability, homophobia, hetero-sexism and adultism as they impinge upon the experiences and social practice of disabled young people. This paper takes the view such interaction may be described in terms of the social construction of multiple others which hinges on the value judgements, the social distance and the knowledge which form the relationship between Self and Other (Todorov 1982, p. 185). Taking a 'narrative' approach to identity, it draws on the accounts of disabled adults that describe retrospectively the emergence of gay or lesbian identity in adolescence, and on discourses of lesbian and gay identity among groups of disabled young people in contemporary social and educational settings[1]. It aims to show that when research or pedagogy 'are viewed as public conversations with difference, through sameness – conversations that are neither objectivist nor subjectivist' (Bell 1998) – important information can emerge about the social construction of these four important dimensions of institutionalised oppression that can be used in the service of social change.

Disability and sexuality

> *... there is quite an industry producing work around the issue of sexuality and disability, but it is an industry controlled by professionals from medical, psychological and sexological backgrounds. The voice and experience of disabled people is absent in almost every case ... [and sexual] stereotypes of disabled people are among the most deep-seated and debilitating. (Shakespeare, Gillespie-Sells & Davis, 1997, pp. 3 & 10)*

There is not the space within this paper to present all the arguments surrounding the meaning of disability and the experience of disabled people. For the various accounts, the reader is referred to a number of established texts on this topic for a useful introduction (Barnes, 1990; Morris, 1991; Oliver, 1996; Campbell & Oliver 1996; Shakespeare, 1998). However, it is important to note that in the context of these accounts, disability is viewed as a form of social oppression which is linked to, but conceptually distinct from both impairment and chronic illness (Barnes & Mercer, 1996). Measuring disability then is a matter of assessing the type and extent of societal barriers that prevent disabled people from attaining full participation in society. It is not and cannot be a question of assessing the individual against some arbitrary health, educational or psychological 'norm' until disabled people's assessment of these barriers has been taken seriously and the barriers have been removed. Further, most people with impairments are not 'ill' and if they become ill it may have nothing

to do with their impairment, so there are some who argue that even impairment cannot be conceptualised as a 'health problem'. It is for this reason that French (1994) says that it should never be assumed that there is consensus regarding the definitions of disability or illness between or within the medical and welfare professions. Mental illness, for example, is viewed in physiological, psychological and sociological terms (Tudor, 1996) and this is also true of illness in general (Lupton, 1994; Barnes & Mercer, 1996; Yardley 1997). Nevertheless, it remains the case that the dominant constructions of disability, perpetuated by the legal, medical and education professions, are those which are framed by pathology and disease.

It is in the context of 'deviance' and 'negative labelling' that we can begin to trace the common histories of disablement, homophobia and heterosexism. Shakespeare *et al.* (1997, p. 154) note that as late as 1980, the International Classification of Impairments, Disabilities and Handicaps (ICIDH) was still defining homosexuality and lesbianism as impairments (Wood, 1980) and it is perhaps here that the union of disability and lesbian and gay identity was originally and spuriously forged. Though homosexuality and lesbianism have since been removed from ICIDH, disabled people are not yet free from the shackles of these ways of thinking (Pfeiffer, 1998). Whereas it is recognised that there are lesbian and gay people in the disability movement, there is a prevalent view of lesbian and gay sexuality that in many ways reflects the hegemony of wider society (Shakespeare *et al.,* 1997). Jenny Corbett (1994) makes the point that while lesbians and gays are defined by their sexuality, sexuality is seen as non-existent in the lives of disabled people, who are defined almost entirely by their impairments. Likewise it could be argued that the politics of visibility employed by both the disability movement and the gay and lesbian movement contradict each other because, for example, of gay men's emphasis on the 'body beautiful' in publicity and awareness raising campaigns about HIV/AIDS and safe sex. In their struggles towards a 'positive, proud' identity to counteract past constructions of disabled people and gays and lesbians as 'sick', 'deviant', 'imperfect' – something that I have described as a 'pursuit of optimisation' (Corker, 1999a) – both the disability movement and the gay and lesbian community are reluctant to associate themselves with anything or anyone which may be viewed as a barrier to this outcome. However, the pressure to conform to 'positive' self-images can be equal to those that encourage us to feel negative about or deny ourselves in situations where such pressures are associated with conditions of social belonging. In the case of disabled people, these pressures dictate that sexual and social exploration takes place within limited or inaccessible social worlds, a context which brings with it the risk of foreclosed identities (Marcia, 1994; Corker 1996, 1998).

A politics which is based on visibility can be very body-focused and less engaged with the worlds of identity, which, it must be emphasised, can be both an individual and a collective phenomenon. Identity, as it refers to social actors, is 'the self as reflexively understood by the person in terms of her/his biography' (Giddens, 1991, p. 53) – people's source of meaning and experience, as Calhoun writes:

> *We know of no people without names, no languages or cultures in which some manner of distinction between self and other, we and they, are not made ... self-knowledge – always a construction no matter how much it feels like a discovery – is never altogether separable from claims to be known in specific ways by others. (Calhoun, 1994, pp. 9-10)*

Perceptions of essence or fixity – both those which are based on the truism 'language reflects

society' and those which assume that language 'marks' identity – may lead to boundary marking, privileging and hierarchical organisation. In other words, society 'marks' and creates oppression by deploying particular identity categories that are labelled 'deviant' or Other. Constructing a self-defined collective identity is an important way of resisting oppression because it owns and contests the meaning of these categories. However, it is also important to problematise the epistemological and ontological foundations of a politic that assumes a unitary sexual and/or 'disabled' identity. Such a politic can work against the formation of a coherent sense of oneself as 'healthy happy human being that wears many masks' (Gergen, 1996, p. 132), and further reduce opportunities for social affiliations.

Giddens' perspective on identity has become the foundation of ways of interacting with individuals in a number of diverse contexts which pay close attention to their narratives and acknowledge how non-reflexive interlocutors can influence the course of those narratives in ways which may produce a false consciousness (Shotter & Gergen, 1989; McNamee & Gergen, 1992). So-called 'narrative therapy' has developed from an awareness of this problem (Corker, 1996; Isenberg, 1996; McLeod, 1997; Silverman, 1997). Hence, queer theory[2] suggests that when exploring issues of personal and collective identity, we must move away from the conceptualisation of coming out, for example, as 'an objectified process' and towards a position which views it as a 'narrative framing of self and society' that 'shapes the dynamic of disclosure.' (Seidman, 1998, p. 185). This also means moving away from positions that centre 'sex' to those which consider gender and other dimensions of difference or inequality in determining social and/or sexual affiliations. That is to say, same-sex relationships are not always focused on sexuality, and this will be particularly important during life stages where sexual contact is illegal and intense same-sex social activity is the 'norm'.

Constructions of youth, disability and sexuality

In most psycho-social approaches to understanding the life course, adolescence is seen as a time of social exploration, identification, self-identity building and the establishment of core social values. Such approaches have been criticised by sociologists for their emphasis of socialisation and development. It is argued, for example, that these approaches are underpinned by assumptions that serve to reinforce a view of oppression as additive and in particular how the unmarked character of one aspect of a multiple identity can become the condition of the articulation of other aspects. However, independent research on identity in the disciplines of disability studies, queer studies (Seidman, 1998) and childhood studies (James, Jenks & Prout, 1998) suggests that this interaction is far more complicated and multidimensional, and is exacerbated by stereotypes of disabled youth as passive and incompetent. In this respect, it is especially important to understand that young disabled bodies are seen not only as biologically and socially 'unfinished' (Williams & Bendelow, 1998), but also as 'deviant'. There is overwhelming evidence that in discussions of emerging lesbian and gay identity, disabled young people are frequently forgotten because of the tendency to view the relationship between disability and what is broadly referred to as 'childhood' in mutually exclusive terms (Priestley, 1998) and the myth that disabled people are 'malignantly sexual' (Murphy, 1987, p. 83), 'asexual' or that their sexuality is part of the disability 'problem'. Merry Cross writing about disabled children who have been abused, demonstrates this poignantly.

> *'Do you really expect us to believe that anyone could want to have sex with a smelly shitty child like you?' If a (defence) lawyer can speak this way to a disabled child in the witness box*

at their abuse trial, where can we turn to block out the din? 'This is probably part of some rare syndrome.' If a doctor can write this on the case notes of a disabled girl on whose body he has just noted anal and vaginal tearing and bruising, where can we turn to heal our wounds? (1994, p. 163)

There are, however, many instances in which disabled young people mirror the social behaviour of non-disabled young people, though often from a position of marginalisation. In earlier work (Corker, 1996), I suggested that there are important ways in which identity formation in disabled and lesbian/gay youth was similar – more so than the oft-quoted parallels between disability, ethnicity and gender whose adoption I now believe to be part of the heterosexist construction of homosexuality and lesbianism as 'inferior'. These similarities included the presence of additional developmental tasks such as resolving decisions about 'coming out' or 'passing', finding community and distinguishing between the family of origin and family of choice. To these, I would add that if development is viewed in Harré's (1989) terms as a process of becoming more and more sophisticated in one's ability to manufacture accounts by using the linguistic and accounting rules of one's culture, there are clearly inequalities in both accessing these rules, and in internalising and expressing them in 'self-talk' (Corker, 1998). This would be particularly important if our difference means that we see our lives as consisting of a number of interwoven cultural strands, and has several implications for disabled lesbian and gay youth in transition.

Dominant perspectives on disability, and the 'closeted culture' of special education, suggest that there will be particular outcomes for some disabled young people in terms of knowledge and information that will influence how they talk about lesbians and gays. For example, for some disabled young people, marginalisation and the corresponding limits on access to or the provision of biased information may lead directly to stereotyped and/or inaccurate conceptions of lesbian and gay sexuality. For others, societal perceptions of disability as a state of 'perpetual childhood' determine that information about different kinds of sexual and emotional life may be withheld from disabled young people because they are seen as 'incompetent' to assimilate it and 'may get the wrong idea'. In short, disabled young people are more likely to be confined within the 'sex as a means of reproduction' approach to sex and personal/social education which creates a particular perspective of both boys and girls. Shakespeare *et al.* (1997, p. 10) would describe this as part of the process of 'infantilisation', and Aspis (1999, pp. 180-81) explores the consequences of this for disabled people with the learning difficulties label and sexual relationships. For yet others, notably those who are already consumed by shame resulting from internalised disability oppression, the recognition that they are also lesbian or gay may, in the absence of support, lead at best to a great deal of confusion, and at worst to severe psychological trauma. Peter, retrospectively, described his experience of residential school as follows:

For me, my identity, or should I say identities, is something about fitting. I have many parts to me which have been important at different times in my life and as I have gone through that life, meeting people, I have gained insight into what these different parts mean to me. For example, I am deaf, gay and Jewish, and these three aspects of myself are very difficult to merge. I think I first realised that I was gay when I was at school, though because there was no information – no-one told me what gay meant and I'd never heard of the name or the word. But I was interfered with when I was very young at school; I remember being touched in the toilet. It was a deaf school for boys – we were queuing up for the toilets as we were made to

do then, and I was at the back so I couldn't see what was happening at the front. The toilets were outside with no roof and when you got inside the toilet there were brick walls all around and the seats were large and flat, square, made of wood and there was a hole in the middle. And all the boys had to stand up inside – I know that because I was told and when it was my turn the other boys were looking at me. I was standing up feeling a bit scared and stupid and I was made to pull my trousers and pants down. They all laughed and I didn't know what it meant. I remember I was given a small rubber bung while they looked at me and it just didn't connect. It became like a symbol of some sort – I didn't know what it meant but it stayed in my mind. (Corker, 1996, pp. 88-89)

This text is full of double meanings, which are important when looking at issues of simultaneous and multiple oppression, but it is here provided as a springboard to the present – to disabled young people's lives today – as we imagine Peter as an adolescent again, immersed in contemporary social practice.

Kids talk

On the *Lives of Disabled Children* project, we aimed to remove these kind of constructed images from the research process by viewing disabled young people as competent social actors who can adapt to and influence the individuals, cultures and institutions which they encounter in their lives (Alderson, 1995; Mayall, 1994; James *et al.*,1998), and ourselves as reflexive, engaged facilitators of this process (Davis, 1998). A number of discourses were identified which both affirmed and challenged the above accounts. It is certainly true, for example, that there is an overwhelming silence on the issues of lesbian and gay sexuality within both spontaneously occurring and directed talk about general equality issues. If terms like 'gay' or 'lesbian' were mentioned they were frequently accompanied by embarrassment or some sense that they should not be used. For example, in the following dialogue[3], Kevin, a deaf boy, begins to articulate the sign 'gay', but immediately stops himself from elaborating (turn 4) and then loses track of what we are discussing in his attempt to cover this up (turn 6).

1. MC: Who is responsible for these activities, are there adults who organise them?

2. K: Yes.

3. MC: What they like?

4. K: (name) he good man, kind man, he looks after us, he (begins to sign 'gay' and immediately censures himself by placing his hand over the 'gay' sign).

5. MC: … so they organise a lot of activities?

6. K: (distracted) …wh … what?

7. MC: You have activities organised for you?

8. K: Ooh, yes ...

9.   MC: Things you like to do ...

It is also true that that some disabled young people associate particular kinds of sexual behaviour with current approaches to sex education. Linda, a 14-year-old disabled girl, expressed this view in an interview:

> *I don't think many men respectful though, I don't think so. I think when men say respect women, sometimes have ugly attitudes. When they are in their 20's, perhaps, when they're 36 or 37 they might respect women, but 17 or 18 year olds just don't. At school they see and are learning about sex and start realising how things work and babies and start thinking, they thinks it's good and are interested in trying it out. Boys have sex with girls to hurt them on purpose – I read this in the newspaper.*

This provides some context. To illuminate these issues further, I will now focus on some examples of kids talk, which have been selected for a number of reasons. Firstly, all involve naturally occurring classroom talk by disabled young people about lesbians and gays. As such, these dialogues are very much in the public sphere. Secondly, these examples show a range of spontaneous interventions, both helpful and unhelpful and from both adults and young people. Whereas there was no evidence that any of these young people self-identified as lesbian or gay, it is also the case that though they knew that I was disabled, they did not know that I was a lesbian. I consciously and instinctively chose to use my brought self with her experience of a disabled adolescent coming to terms with her own lesbianism by 'passing' in order to first allow such talk to happen, and second, to re-examine, through a reflexive research process, what this talk felt like. At the same time, this consciously employed an approach to research that used a 'queer pedagogy.' In other words, it started from the assumption that classrooms, like all other social spaces, are heterosexualised; to define 'lesbianism', for example, will lead to the ghettoisation lesbian and gay concerns (Bryson, 1992). That being said, however, I was acutely aware of the surveillance I was subject to by other adults and their expectations of my research-based self together with the certainty that some of the kids would withdraw from me if they knew and perhaps prevent me from achieving my research targets. This probably inhibited honesty and it is not something that I felt comfortable with.

In this first example, I was a total outsider, cut off from verbal dialogue until I received the transcripts of an illuminating dialogue between my co-worker, John Davis (JD), and two disabled boys, Callum (C) and Richie (R), on the subject of whether Katie was a lesbian. I did, however, make some non-verbal observations in my own field notes that supported Richie's comments in turn 52.

Is Katie a lesbian?

10.   JD   What was the story with Katie this morning? Why did we go up to ...

11.   R   ... her house?

12.   JD   Aye.

13.   R   Ah it was because she had these really ... shoes on and couldnae wear it for ...

14.	JD	Were they new shoes?
15.	R	Aye. Like things you wear when you go on a date.
16.	JD	On a date? Aye she was dressed up awfae smart. Why was that?
17.	R	Ah doan know.
18.	JD	Do you think she was meetin' somebody after or what?
19.	R	Probably.
20.	JD	Probably.
21.	C	Ah think she must have a boyfriend, a sexy one.
22.	JD	A sexy boyfriend. Why do you think that?
23.	R	(Ignoring Callum's statement) Or think she maybe wants a laddie, so she put a, dress up properly so she might get one.
24.	C	'Cause she's awfae quiet because she. And me and Richie 'hink she's got a girlfriend, a boyfriend ah mean (Callum tries to tie up his statement with Richie's).
25.	JD	Got a boyfriend.
26.	R	She's awfae quiet.. She never, she never talks aboot ... she never talks.
27.	C	She always talks ti Natasha and Nancy aboot she's got a boyfriend or …
28.	R	It's girl chat. She doesnae want ti talk ti boys just in case she was offended.
29.	C	She's a lesbian anyway.
30.	R	(Ignores or misses Callum's statement) Or she might get slagged.
31.	JD	Is she? (At this point two conversations develop, both boys follow up their initial ideas but JD is only asking one set of questions.)
32.	C	'Cause she fancies the lassies.
33.	R	See her boyfriend could be a wee sap or ugly.
34.	JD	Who says that? is that your idea or have you heard somebody else say it?
35.	C	No. Is that a ... Her friends …
36.	R	See 'cause her friend, her boyfriend says at the school, … could be a wee sap

and real ugly.

37.   C   (C quotes the friends) 'Em did you see the lesbian ... Katie's ...?

38.   JD   So was that an older girl or the same age girl?

39.   C   Just probably younger than um.

40.   JD   Younger than her.

41.   R   Aye Katie's she's like. She might no want ti tell anybody like her boyfriend's a sap and real ugly and he might get ...

42.   JD   Yeah. But you're sure she's got a boyfriend (to Callum).

43.   C   Because ah see her gone hame

44.   R   (Responds to JD not Callum) That's what - cuddlin' the laddie- that's what ah heard.

45.   JD   A laddie?

46.   C   Aye.

47.   JD   (Said to both) Oh right. So wait a minute. (Said to Richie) How can she be cuddlin' a laddie but he's (Callum is) saying that she's a lesbian? That she fancies girls.

48.   C   And she fancies laddies.

49.   JD   So both?

50.   R   Aye that's what ah … She's always too good ti the lassies.

51.   JD   Is that true or are you just making that up the now?

52.   R   Nup. That's true actin' si friendly. Look, look at the way she's goin' wi' her (Richie points ahead to Katie walking arm in arm with the teacher). She always seems ti go away wi' the teachers and all of the lassies seem ti run off wi' each other.

53.   JD   But is that not what girls do?

54.   R   Nup.

55.   JD   I thought girls were always friendly. You know they always had their best pal and put their arm round them, but it was just pals. Is that not.

56. R   They hold hands.

57. JD   Yeah, but that's what, that's what pals do. (puts on a deep voice) I mean I know we guys don't do that sort of thing. But that's what the girls do.

58. R   But they're no supposed ti (alluding to the 'lesbian issue').

59. JD   The guys sort of slap each other on the shoulder don't they? They give it the old hey we're (deep voice)

60. C   How di yi no dae any sport any more?

61. JD   Naw. Does that remind you of sport did it, guys slapping on the shoulder? We played rugby. Aw there was no hugging and kissing like those footballers. None of that. (A bit of male bonding brings the conversation together again)

62. R   Aye but they pat the people they doan know. 'Well done son.'

63. JD   (laughs) That's it. (deep voice) 'Get back into it.'

This dialogue[4] can be divided into three main parts which could be thought of in terms of *labelling* (turns 15-20) which may in this case be linked to Callum's desire to get a lever in the dialogue in order to gain John's attention, *clarification* (turns 22-43) and *reinforcing the heterosexual norm* (turns 44-54) which has the effect of socially distancing lesbianism – putting it back in 'its place'. This pattern is characteristic of most interventions, however well intentioned, and can sometimes be linked to a nervousness around a particular topic or being caught off one's guard by the suddenness of the mention of a topic which is normally outside one's experience.

This could be compared with the following example where I used the available environment together with personal knowledge and experience to challenge Steve's stereotypes of gay men.

Steve's view of men who have earrings

We're working on a computer programme, the aim of which is to help Steve (S) with his reading through the use of pictures supported by words. When a question comes up which says 'Men have ...? ... on their faces', Steve eventually gets to a picture of a man with a beard, which is the 'right' answer, and signs to me (with speech).

1. S: 'I don't want a beard ... mebbe a moustache though!'

2. MC: 'What about an earring?'

3. S: 'No way ... that's camp!' (he combines 'camp' with a 'floppy hand' movement)

4. MC: (looking across at Mark, the other researcher) Uh-huh ... so Mark's camp then?'

5. S: (laughing) 'Oh... no... no... not him... he's.... he's married! (laughs again)

6.   MC: So you think if someone married, mean they not gay? (laughs as well)

7.   S: Um ... (diverts and changes to another question in the programme)

This kind of talk was also evident on another site where a deaf boy, who wore an earring in his left ear said that only 'poofs' wear earrings in their right ear when I asked him when he was going to get the other ear pierced.

Stereotyping of gay men is an issue that has been in the British news a great deal recently with the broadcast of the Channel 4 television serial *Queer as Folk*. The first episode of this serial aroused very mixed emotions in the lesbian and gay community, but it is interesting that there has also been a great deal of consensus between the straight community and the public wing of the lesbian and gay community about the kind of stereotypes which were in evidence. Some of the disabled young people I worked with saw this opening episode and quite unexpectedly began a dialogue about it with the class teacher at the start of a class, while we were waiting for other kids to arrive.

'Queer as Folk'

Suddenly Ruth and Cathy are talking about the TV Programme *Queer as Folk*, which was on last night..

1.   T   What was that?

2.   C: A gay film. About ten last night

3.   T: That's quite late. I'm surprised you watched that (laughs, looking at MC for support)

4.   C: (to MC) You watch it?

5.   MC: Nope – no time – but I expect someone taped it, so maybe watch it later.

6.   T: What was it like ...? (laughs)

7.   R: (frowns) Lot of sex ... one boy only 15 ... old man chase ... bad ...

8.   C: (laughing) One man chasing lot of other men. Open bodies (MC note: I think this means (a) naked bodies and (b) open about their bodies.) It really terrible. I shock.

9.   T: (Laughs, slightly embarrassed and unsure, and goes off to help a group of boys)

10.   Mike flashes the lights and signs 'Toilet' and walks out. Cathy, Ruth and Ailsa come over and read my notes.

11.   C: (to Ruth and Ailsa) Look, look … she write what I say about that gay film. (to

		me) You mustn't write that, they all think I stupid because watch gay film
12.	MC:	Why stupid?
13.	C:	They maybe think me gay, maybe (looking at the others), but I got boyfriend!
14.	R:	No that's stupid, she lie …
15.	C:	It not … I have hundreds of boyfriends
16.	MC:	Wow, hundreds is a lot, how you manage?
17.	T:	(rejoining us) She's like her mother, like a princess, she attracts them like flies.
18.	C:	Some people – they think I like tomboy!
19.	R	(to MC) Tomboy mean dress like behave like boy, right?
20.	MC	Not always, some girls like football and sometimes girls wear trousers all the time. But here (at the school) you all dressed the same. Mean all girls tomboys?

Again, there are a number of dimensions to this dialogue. First, there is the teacher's involvement. She *appears* to be embarrassed at this conversation, though since she laughs a lot and the kids like her because of it, her laughter is not always easy to read (turn 3). When I don't deliver the support she expects she distances herself from the discussion, returning only when it moves on to an emphasis on heterosexual 'norms' (turn 17). However, on a subsequent visit to the school, this interpretation was contested, which emphasises the importance of context. Second, Cathy, in many ways, echoes the public concern about the stereotypes of promiscuous gay male sexuality depicted in the opening episode of *Queer as Folk* (turn 8). But later in the discussion she seems to indicate that her 'shock' is perhaps related more to peer pressure – what other kids think of her – and reinforces the hetero-sexual 'norm' with talk about 'boyfriends' (turns 13-15). This can be contrasted with Ruth's concern about the under-age gay sex that has been portrayed in the programme (turn 2), combined with her later attempt to play down what she saw to be Cathy's exaggerated stories about 'hundreds of boyfriends' (turn 14), and to check out about the meanings of commonly used terms like 'tomboy' with me (turn 19).

A similar situation arose on another occasion with a different teacher which began with reference to the TV programme *Coronation Street,* but became a conversation which demon-strated a striking parallel between the way in which images of disability and lesbian and gay sexuality were socially distanced.

Distancing sexuality and disability

Maria goes to sit down and talks about *Coronation Street* where a male character is involved with and wants to marry a man who has had a sex change to become a woman. Maria asks the teacher about gay marriage and it quickly becomes a conversation with two main threads:

◆ The first, led mostly by Andy, who wants to impress me with his 'macho' attitude and make occasional jibes at the teacher, is about what 'gay' means.

◆ The second is a more serious conversation between Maria and the teacher that is attended to by most of the group, about gay marriage and changing attitudes towards gay people.

The teacher tells the group that in the USA there is a gay church where gay people can get married and it was started by gay people, but now a lot of straight people go too. I add that gay people can get married in places like Holland and that when they have big marches ... 'Gay Pride' marches … in London, a lot of straight people go to them because they support gays and lesbians. Andy looks very dubious about this. Maria's gone quiet and seems quite thoughtful. Then she says:

1. M: But why need to be 'out'? Why people need to know?

2. T: Word 'gay' is like a symbol. It means you're happy with who you are

3. M: I see ... (looks puzzled)

4. T: Some gays wear red ribbons to let people know they support gay people with AIDS, and like to dress in a particular way

5. A: Yeah... to show that it OK to die a slow death (mimes 'slow, agonising death')

6. M: (annoyed) If it cause attitudes like that (to Andy) it better to hide?

7. T: (frowning at Andy) Well, another important thing – you need to let other gay people know you're gay so it's like a secret language.

8. MC: Some gays wear handkerchiefs in their back pocket or maybe have earring in that ear ... (referring back to an earlier example) some of the boys at this school don't want an earring in that ear because worried people might think they're gay ...

9. M: That's stupid ... they're too young

10. A: No they're not … and some are 'poofs'

[Maria shrugs and looks away but Andy carries on reinforcing particular stereotypes. He uses a lot of 'effeminate' signs and talks about 'gay' in relation to teasing and bullying ... about kids pointing the finger and saying 'He's gay' or 'He's a poofter' or 'He's a weed'. The teacher doesn't intervene here, but I challenge Andy on his signing. He says 'I don't *really* use language like that'. However Lee, another boy, signs to me, unseen to Andy 'Yes he does. Doesn't like gay'. Maria looks unhappy with this conversation. Then Ailsa arrives, who's been to the dentist to have her braces removed, but he has left the bottom one on. This develops into a monologue from Andy about 'deformed' appearance which becomes one about impairment. Again Andy focuses on the more graphic and discriminatory signs

related to physical impairment e.g., people with cerebral palsy. (he distorts his face, crooks his hands and signs dribble, whilst laughing) and uses signs like 'limp' and 'handicap' in a very exaggerated way.

11. MC: (bringing in another 'hot' news story because the teacher has told me that the kids were talking about it last week) You think Glen Hoddle right then?' [He looks at me and realises I'm serious.]

12. A: Oh sorry … I forgot you work with disabled. I offend you?

13. MC Yes, it's like your gay signs. I don't like the signs you use about disabled people.

14. A: You embarrassed? (laughing)

15. MC: Aren't you disabled?

16. A: No I'm just deaf, that's all. But you embarrassed (laughs again)[5]

17. MC: No, I'm not embarrassed … just very offended by your language.

18. (Maria and Lee nod in agreement)

The teacher in this case chooses to regulate the information which is given to the young people in a positive way by confining it to accurate facts which contrast with Andy's stereotypes (turn 5) whilst failing to rise to the occasion when Andy is particularly obnoxious. Maria (turns 6 and 9) perhaps feels able to challenge both Andy's attitude and the reported comments about earrings because she feels supported by the teacher. However, when Andy continues using discriminatory behaviour and language, and I, following the earlier lead of the teacher, challenge him, my comments are affirmed by Maria and Lee in a more covert way. I think this says something about who has the authority in this context. Andy's body practice and language nevertheless confirm that he has a very similar perspective of disability and homosexuality as 'not normal' and/or 'perverse'.

Conclusion

Though there are clearly those who believe that heterosexist and homophobic language does not or cannot exist in today's 'more tolerant' society, it is worth noting Riggins' (1997) observation that the public expression of intolerance is more complex that it was in the past. He suggests that the expression of intolerance now tends to occur in situations where tolerance of diversity is a socially recognised norm, frequently one that is legally sanctioned. Consequently, the language that is likely to be preferred is often that which mitigates and disguises a speaker's or writer's tendency to discriminate, or such forms of expression are driven underground into the private sphere. If this were so then it would clearly work against the exploration of these issues through research in public settings.

Certainly, it is still commonplace for adults to perpetuate discriminatory attitudes and beliefs through silence, and, in relation to gay and lesbian identity – 'a truth that dare not speak its

name' – this may be designed to encourage the practice of 'passing' or remaining 'in the closet' in the hope that young people will 'grow out of it'. Of course, not all adults are silent, and in addition to the examples presented above, the research team has other field notes which illustrate this. For example, John has encountered a disabled boy who has dyslexia and a speech impairment and whom John describes as being much more interested in 'female' values. One teacher describes this boy as having a 'mincy walk and lisp', and another says that 'somebody'll get him in the men's toilets one time and that'll be it'. In other words, adult silence does not necessarily stop adolescent speculation about difference precisely because of some of the stereotypes about disability and lesbian and gay sexuality that are in circulation.

But, in adolescent worlds, especially those that are publicly constrained by the culture of special education, there is a drive not only to break silences, but to publicly use the peer group as a 'community of practice' (Wenger, 1998) for sharing information, learning about and exploring 'forbidden' topics. Even if there is silence on the part of adults, or disabled young people's impairments are such that access to informal information is severely restricted, their communities of practice are designed in such a way that they pick up and distribute information from other informal sources, such as the media. It therefore seems a nonsense that, in spite of various government circulars giving information to the contrary, adults still interpret Section 28 of the Local Government Act as meaning that talk on the subject of lesbian and gay sexuality is prohibited. Lesbian and gay sexuality is part of adolescent discourse. However, when lesbian and gay issues are discussed in heterosexualised settings, polarised positions are taken by disabled young people in exactly the same way as they are by young people in general. Some positions still contribute to the social construction of both disabled and lesbian and gay identities as 'negative' and 'perverse' in very direct and overt ways, which, returning to Peter's story, clearly would have profound effects for disabled gay and lesbian youth struggling with their own identities in silence.

But it is also true that 'negative' constructions are resisted and challenged. Indeed, the public way in which potentially 'affirmative' and 'negative' identities are negotiated in the presence of adults appears to contradict Riggins' view of changes in the expression of discriminatory language, and is almost a statement of defiance aimed directly at adult culture: 'We know more than you think we do!'. Further, this kind of talk does seem to be gendered (see also Corker, 1999b), which is in keeping with James *et al.*'s (1998) findings relating to young people's talk about illness. Disabled girls, particularly when talking about others, seem to be more accepting of difference as a general rule, and boys more dismissive, but in practice this egalitarianism may be forgotten as Self and Other are played out in the negotiation of social and personal relationships. However, in an attempt to explain this gendering of sexual space in relation to disability, we risk reinforcing different stereotypes which some feminists may not accept. For example, we may have to consider how discourses that label women as more 'nurturing and caring' than men might, in terms of their ritualisation in social practice, determine what kind of social affiliations are made by disabled young people within a society which emphasises our impairments and labels 'good' relationships as hinging on an ethics of 'care'.

Some of the adolescent talk presented above demonstrates a considerable grasp of the issues and challenges stereotypes that label disabled young people as incompetent to absorb 'difficult' information. For example, Maria's question, 'If lesbians and gays experience attitudes like Andy's, why don't they stay hidden', coupled with the teacher's response about the link between visibility and social recognition are particularly important.

Seidman (1998, p. 178) analyses what he calls the 'productive' aspects of the closet – the role of the 'condition of concealment and confinement' that the closet refers to – in the formation of homosexual selves'. He emphasises the closet's 'limited sociohistorical applicability' and suggests that this is underscored by 'the limits of a politics of visibility or recognition'. In terms of identity, and perhaps precisely because of the 'pursuit of optimisation' through the development of identities which resist oppression which I referred to earlier, Seidman (1998, p. 178) notes that

> *The closet is said to describe a state of self-alienation and inauthenticity. However, the experience of concealment implies not only repression but also the formation of desire around homosexuality. The interiority forced upon the individual be closeting makes it possible for same-sex desire to become an object of overdetermined investment and cathexis. […] Doesn't the concept of the closet presume an experience where the individual invests in homosexual desire not only with shame but with pleasure and the longing for an imaginary integrated, whole self?*

I would argue that there is already a heavy emphasis on visibility and recognition in disabled lives. This comes from the simple fact that many impairments cannot be concealed, though of course we can pretend they don't matter as Kuusisto (1998) describes in his book *Planet of the Blind*. All impairments, including those which can be concealed, are from day one of the disabled child's life, brought into the public sphere by the public service industry, along with the subsequent labelling in terms of a 'negative identity'. In short, there are many ways in which the system is designed to 'out' disability, which is the exact reverse of the system's attitude to gay and lesbian identities. However, identity is not compartmentalised in the way that science, medicine and the law would have us believe. On the contrary, the now discredited view that oppressions are additive is mobilised in the service of social control and in order to effect the management of social difference (Corker, 1998, 1999b). Because disability can assume a very powerful 'master/mistress' status in the construction of identity, as we saw in the earlier example from Cross (1994), and because disabled youth are more likely to be viewed as passive, incompetent and incomplete, 'outing' may not be confined to disability. Given the endemic publicisation of disabled young people's private lives, it is critically important to know how far the dissemination of attitudes like those experienced in John's example of the boy with dyslexia reaches.

As Seidman (1998) points out, the 'normalisation and routinisation' of homosexual life generalises and heightens homosexual suspicion which in turn may lead to a more concerted effort to 'pass' or to project a heterosexual identity. The same could also be said in relation to disabled identities and may well be exacerbated because:

> *Unifying disabled people is problematic, however, because they are geographically dispersed and socially and culturally dissimilar; in addition they are one of the most powerless groups in society and may themselves have negative attitudes about disability and towards people with dissimilar impairments to their own, leading to considerable distancing between them. (French, 1993, p. 22)*

This means that the kind of *social* support which can be offered is qualitatively different and less diverse than that which can be found in the lesbian and gay community which, as we have seen, may itself harbour discriminatory attitudes towards disabled people. Seidman's comments about the closet may well be critical for an emerging lesbian or gay identity in

disabled young people in ways which we have yet to determine, and as such presents an exciting theoretical dimension to this work which merits further research.

However, alongside this, and though we cannot at this stage regard the above accounts as being characteristic or representative, we must hold on to the evidence that all of the dialogues presented are significant in that they show the way that meanings of disability and gay and lesbian identity are contextualised and processed by social agents, both young people and adults. This suggests that disabled young people, *when they have access to a range of ideas about social issues*, can themselves become change agents. The meanings they construct in turn structure choices and values. It is in this arena that we can best identify the social change which is needed and how we might achieve it by allowing for a productive process of exploration. In the words of a disabled, lesbian parent of a disabled child:

When children use the words *against* us we have little power. It is teasing that is aimed *at us*. My daughter who is black was called lots of names. She is also deaf and was called these names in sign language by other deaf children. She came home being called a lesbian a few times and I wondered if that was an insult or if they even knew what it meant (the sign). We discussed it many times, and as a parent I really believe that the children who are 'victimised' by language insults have no choices – they have to listen, see, feel, experience the negativity. That is what I mean by teasing. I am not minimising the impact I am showing that it is generally unidirectional. When my daughter grew up a little (10 or 11) she pointed out that she was not indeed black (the colour) but a beautiful brown. She had been made to feel that the word (and colour) black had bad meanings and wanted to distance herself from them. Similarly, when she met lesbian and gay adults we knew as friends, she distanced herself because of the negative connection from the schoolyard. That is *the impact* of the teasing – the names of 'cripple', 'nigger', 'faggot' and 'bulldyke' are important. However as *adults* (or as growing up people who may or may not ever reach maturity), we can start to choose our language and our meanings. We may never convince others of our meanings, or get them to accept how we label ourselves, but *we do have a choice*, as social actors (personal communication via the internet).

Notes

[1] Examples, which are incidental, are abridged from in-depth ethnographic observation and interviews with young disabled people aged 11-16, as part of the two-year research project, co-ordinated by staff from the University of Edinburgh and Leeds, called Lives of Disabled Children. The project was funded by the Economic and Social Research Council's Childhood 5-16 Programme (award number L129251047). The research was carried out in two locations, one in England and one in Scotland, in a variety of contexts and with young people with an enormous range of impairments and experiences of disability.

[2] By this I mean perspectives that contest the location of gays and lesbians solely as a social minority. Seidman (1998, p. 185) notes that 'queer theory does not reject the notion of an identity politic, but approaches identity in terms of nonsubstantialist notions of affinity, hybridity, and multiplicity while pressing beyond a politic of identity to a critique of the social forces that compel selves and social relations to be organised in sexual identity terms and to be regulated by norms of normality and health'.

[3] In all of the dialogues used in this paper and in keeping with the aims of our project, I have sought to preserve the cultural specificity of the encounters in terms of language and dialect. In the case of deaf young people who use British Sign Language (BSL) or Sign Supported English (SSE), I have written the dialogue in sign order as opposed to word order to try to give a flavour of the grammatical difference between Sign Language and English and to emphasise the status of Sign Language as a language.

[4] The interpretation of this dialogue has since been reflexively discussed with John, who was role-playing throughout this interaction, but nevertheless agrees that though the last part was intended to move the conversation back into the malestream, which he was very successfully using as a way into the boy's worlds, it ended up appearing to sideline the 'lesbian' issue.

[5] The project has provided a lot of evidence that disabled young people distance disability in their self-perception, viewing it in very negative, often medical terms (see Corker, 1998, 1999a, b; Priestley, Corker & Watson, 1999, for further discussion).

Acknowledgements

References

Alderson, P. (1995). *Children's consent to surgery*. Buckingham: Open University Press.

Aspis, S. (1999). What they don't tell disabled people with learning difficulties. In M. Corker & S. French (Eds.), *Disability discourse*. Buckingham: Open University Press.

Barnes, C. (1990). *Cabbage syndrome: The social construction of dependence*. London: The Falmer Press.

Barnes, C. & Mercer, G. (Eds.) (1996). *Exploring the divide: Chronic illness and disability*. Leeds University: The Disability Press.

Bell, M. M. (1998). Culture as dialogue. In M. M. Bell & M. Gardiner (Eds.), *Bakhtin and the Human Sciences*. London: Sage.

Bryson, M. (1992). *Queer pedagogy: Praxis makes imperfect.* Presented at meetings of the American Educational Research Association, San Francisco, USA.

Calhoun, C. (Ed.) (1994). *Social theory and the politics of identity*. Oxford: Blackwell.

Campbell, J. & Oliver, M. (1996) *Disability politics: Understanding our past, changing our future*. London: Routledge.

Corbett, J. (1994). A proud label: Exploring the relationship between disability politics and gay pride. *Disability & Society, 9*(3), 343-358.

Corker, M. (1996). *Deaf transitions: Images and origins of deaf identities, deaf families and deaf communities*. London: Jessica Kingsley.

Corker, M. (1998). *Deaf and disabled or deafness disabled*? Buckingham: Open University Press.

Corker, M. (1999a). New disability discourse, the principle of optimisation and social change. In M. Corker & S. French (Eds.), *Disability discourse*. Buckingham: Open University Press.

Corker, M. (1999b). Differences, conflations and foundations – the limits to 'accurate' theoretical representation of disabled people's experience? *Disability and Society, 14*(4), 627-643.

Cross, M. (1994). Abuse. In L. Keith (Ed.), *Mustn't grumble*. London: Women's Press.

Davis, J. M. (1998). Understanding the meanings of children: A reflexive process. *Children & Society, 12*, 325-335.

French, S. (Ed.) (1994). *On equal terms: Working with disabled people*. Oxford: Butterworth Heinemann.

French, S. (1993). Disability, impairment or something in between. In J. Swain, V. Finkelstein, S. French & M. Oliver (Eds.), *Disabling barriers – enabling environments*. London: Sage, in association with The Open University.

Gergen, K. J. (1996) .The healthy happy human being wears many masks. In W. Truett Anderson (Ed.), *The Fontana post-modernism reader*. London: Fontana.

Giddens, A. (1991). *Modernity and self-identity: Self and society in the late-modern age*. Cambridge: Polity.

Harré, R. (1989). Language games and the texts of identity. In J. Shotter & K. J. Gergen (Eds.),*Texts of identity*. London: Sage.

Isenberg, G. (1996). Storytelling and the use of culturally appropriate metaphors in psychotherapy with deaf people. In N. S. Glickman & M. A. Harvey (Eds.), *Culturally affirmative psychotherapy with deaf persons*. Mahwah, NJ: Lawrence Erlbaum Associates.

James, A., Jenks, C. & Prout, A. (1998). *Theorising childhood*. Cambridge: Polity.

Kuusisto, S. (1998). *Planet of the Blind*. New York: Dial.

Lupton, D. (1994). *Medicine as culture: Illness, disease and the body in Western societies*. London: Sage.

McNamee, S. & Gergen, K. (1992). *Therapy as social construction*. London: Sage.

McLeod. J. (1997). *Narrative and psychotherapy*. London: Sage.

Marcia, J. E. (1994). The empirical study of ego identity. In H. A. Bosma, T. L. G. Graafsma, H. D. Grotevant & D. J. de Levita (Eds.), *Identity and development: An interdisciplinary approach*. London: Sage.

Mayall, B. (1994). *Children's childhoods: Observed and experienced*. London: Falmer.

Morris, J. (1991). *Pride against prejudice*. London: The Women's Press.

Murphy, R. (1987). *The body silent*. London: Phoenix House.

Oliver, M. (1996). *Understanding disability: From theory to practice*. Basingstoke: MacMillan.

Pfeiffer, D. (1998). The IDIDH and the need for its revision. *Disability & Society, 13*(4), 503 –524.

Priestley, M. (1998). Childhood disability and disabled childhoods: Agendas for research. *Childhood, 5*(2), 207–23.

Priestley, M., Corker, M. & Watson, N. (1999). Unfinished business: Disabled children and disability identity. *Disability Studies Quarterly, 19*(2), 87-98.

Riggins, S. H. (Ed.) (1997). *The language and politics of exclusion: Others in discourse*. Thousand Oaks, CA: Sage.

Seidman, S. (1998). Are we all in the closet? Notes towards a sociological and cultural turn in queer theory. *European Journal of Cultural Studies, 1*(2), 177-192.

Shakespeare, T. (Ed.) (1998). *The disability reader: Social science perspectives*. London: Cassell.

Shakespeare, T., Gillespie-Sells, K. & Davis, D. (1997). *The sexual politics of disability*. London: Cassell.

Silverman, D. (1997). *Discourses of counselling: HIV counselling as social interaction*. London: Sage.

Shotter, J. & Gergen, K. J. (1989). *Texts of identity*. London: Sage.

Todorov, T. (1982). *The conquest of America*. New York: Harper.

Tudor, K. (1996). *Mental health promotion: Paradigms and practice*. London: Routledge.

Wenger, E. (1998). *Communities of practice: Learning, meaning and identity*. Cambridge: Cambridge University Press.

Williams, S. J. & Bendelow, G. (1998). *The lived body: Sociological themes, embodied issues*. London:

Routledge.

Wood, P. (1980). *International classification of impairments, disabilities and handicaps*. Geneva: World Health Organisation.

Yardley, L. (Ed.) (1997). *Material discourses of health and illness*. London: Routledge.

Address for correspondence: Dr. Mairian Corker, Department of Education Studies, University of Central Lancashire, Preston PR1 2HE.

Study support for young people with same-sex attraction – views and experiences from a pioneering peer support initiative in the north of England

Colm Crowley[1], Susan Hallam[1], Rom Harré[2] and Ingrid Lunt[1]

[1]Institute of Education, University of London, [2]Linacre College, Oxford University

Abstract

There has been a significant lack of accessible, appropriate and freely available support for lesbian, gay and bisexual (LGB) young people facing challenges and hostility at school and in their personal lives. In response to this, LGB youth groups have been developing throughout Britain in recent years. This paper reports preliminary findings of part of the first phase of an empirical study conducted at a recently established voluntary sector peer support project (PSP) in the north of England. Our aim was to elicit the views and experiences of the participants regarding the need for support and the nature of the support offered. Meanings being fundamental in this, interpretative phenomenology was the methodology adopted to gain access to them. Viewpoints were sought from a range of people both seeking and offering support at the project. With the aim of eliciting accounts of a narrative type, depth interviews were conducted using an unstructured conversational approach; documentation on the project was also examined. Procedures for computer-assisted qualitative data analysis were applied using QSR NVivo software. To convey some of the narrative richness of the data relevant to education, we focus in this paper on the relatively small number of respondents who, from the various forms of support offered at the PSP, used the Study Club. Key issues revealed in respondents' narratives centre on the marked disruption to their education that resulted from harassment received at school; the inadequacy of such support as was available for them within schools; support received from their parents; and how the Study Club helped them.

Introduction

In this paper we set out the views and experiences of four 15- to 16-year-old teenagers (one female, three male) with same-sex sexuality on two related matters of critical importance to them: how they became sidelined and harassed at school to the extent that their studies were disrupted, and their experiences of attending a unique study club for young lesbian, gay and bisexual (LGB) people as a response. The overall purpose of this phase of the research is therefore to gain an appreciation of issues and themes of concern to today's LGB teenagers. The sub-questions of our inquiry explore: what happens from their point of view; how it feels to be them; and their perceptions of the attitudes they encounter. This

represents the initial exploratory phase of a more extensive study of identity formation in adolescents with same-sex sexuality.

We note that the troubles reported are the result of an interaction between two differing systems of meaning, that of the participants and that of the majority, and that both meaning systems are being interpreted here from the point of view of just one of them. A full study would need to focus also on how their majority counterparts, the 'straight kids', themselves interpret these matters, but that is not attempted here.

With the assistance of the Young Lesbian Gay and Bisexual Peer Support Project (PSP) in central Manchester, launched two years before (1996), we[1] were able to begin our inquiry with a teenage LGB population concerned about their education, the trained teachers who volunteer to tutor them at the project, and the project's paid youth workers and professional advisers. Young people training and volunteering as peer supporters (some of whom had a role in initiating the project, giving it its peer-led hallmark) also took part in the investigation. These volunteers' experiences with a monitored pen-pal scheme and a telephone support initiative, intended as another part of our initial exploratory phase, are not addressed in this paper. While each of these groups is substantially represented in the initial data set analysed, it is primarily the narratives of young people who sought study support that we[2] present here.

Background

In Britain at the time of writing, vexing dilemmas regarding same-sex sexuality persist in education. There is a particular need, as Comely (1993) has noted, for educational psychology services to remedy their failure to address lesbian and gay issues. The present generation of teenagers has become the focus of renewed controversy. Teachers' lack of confidence in responding to the needs of pupils with same-sex sexuality seems due in part to their confusion about the extent to which the Section 28 legislation constrains them (Douglas, Warwick, Kemp & Whitty, 1997; Douglas, Warwick, Kemp, Whitty & Aggleton, 1999).

In the past decade attempts to legislate for equality in the age of consent for male same-sex relationships have foundered following emotive debate in which the prevailing views echo a legacy of prejudicial views emanating from British psychiatry and psychology. King and Bartlett (1999) argue, in a critique of their profession's attitudes and practices to date, that the history of the pathologising of same-sex sexuality over the past century has been underpinned by a negative regard derived from social and religious opposition to it, together with the unsupported assumption that sexuality could be altered.[3] Only now is a large-scale systematic study to assess the psychological status, social adjustment, quality of life and mental health care needs of lesbians and gay men in Britain getting underway. This is to be confined to adults over 18, however (Michael King, personal communication, January 7, 2000).

D'Augelli (1999), having undertaken substantial psychological research on adolescents with same-sex attraction in the United States, notes that current research is finding that the lesbian, gay and bisexual (LGB) teenagers of today are coming to terms with their sexual orientation much younger than earlier generations. However, there remains a dearth of research on present-day British LGB adolescents and recent studies have tended to focus specifically on issues of hostility and harassment.

For example, in their discussion of recent British research and writing on homophobic[4] cultures of schooling in the same volume, Epstein and Johnson (1994, p. 224) observe that 'Given the strategic place of schooling in constructing public identities and the importance of sexual identity, there is a strong pressure to identify some pupils as sexually "deviant".'

Furthermore Nayak and Kehily (1997) conclude from their two-school empirical study of 15- to 16-year-olds and sixth formers, that young men have a strong investment in 'heterosexist' and 'homophobic' displays in their endeavours to negotiate a coherent masculine identity.

In the light of such a climate among their peers, it is not surprising that Rivers' recent extended study of bullying experienced by gay men and lesbians in their school years (and its impact on later life) found that it was more severe than general bullying (Rivers, 1995a, b, 1996, 2000, 2001). This state of affairs would appear to be compounded by most schools' lack of policies adequate to address the particular problems of homophobic bullying (Douglas *et al.*, 1997).

Almost a generation ago Trenchard and Warren (1984) conducted a landmark question-naire-based study of the lives and needs of some 400 young lesbians, gay men and bisex-uals under 21 living in London. However, just one in five respondents were under 18, the remainder being 18-20. With regard to the risk of self-harm, they reported that one in five had attempted suicide. Warwick, Oliver & Aggleton (2000), while acknowledging the diffi-culties of comparison across lesbian, gay and heterosexual populations, conclude from a review of the literature that lesbian and gay young people are far more likely to attempt suicide than young people in general. For example, a government commissioned study in the USA found this higher likelihood to be two to three times that of other youth, and esti-mated that as many as 30 per cent of all youth suicides may be among lesbian and gay young people (reported in Mental Health Foundation, 1997).

Coyle (1998) concludes that, although many young lesbian and gay people succeed in resourcefully creating a workable and satisfying sexual identity, nevertheless the formation and negotiation of a lesbian or gay identity poses considerable difficulties for young people in the face of generally negative social attitudes. It seems to us then, that the numerous LGB youth groups in today's Britain provide useful opportunities for young people wanting to 'be them-selves' among equals. They provide an experience that contrasts with their typical experience of lack of acknowledgement of their sexual orientation by the school system, combined with negative attitudes and even harassment from their heterosexual peers and society in general.

With this in mind, I[5] set out to find LGB teenagers willing to talk about their sense of who they are or *personhood*[6] (Harré, 1998) and the newly set up PSP, uniquely incorporating a Study Club, seemed like an excellent place to start. While my prime interest lies in how, from a psychological perspective, these young people are getting on with living their lives, it seems inevitable, nevertheless, that much of the business of exploring a gay, lesbian or bisexual identity as a young person has to do with negotiating and coping with the persisting climate of negativity about same-sex sexuality. One of the aims of the PSP Study Club is therefore 'to provide a *safe space* [our emphasis] for young LGBs to work together, do their homework and get help with their coursework and other study' (Hierons, 1998, p. 5) by way of response to any immediate special educational needs arising for students whose schoolwork is suffering from bullying. This curriculum-based part of the programme, the

study support provision delivered by a pool of 20 qualified teachers who had undergone the usual reference and police check procedures for volunteers working with young people, was designed to be complemented by a peer-led workshop-based element dealing with personal and social education with a specific emphasis on LGB issues. This dual emphasis on support with academic achievement and personal development for those young LGBs who sought it, delivered in what Winnicott (1965) might well have agreed is 'a facilitating environment', combined to make the Study Club, the first project of the PSP to be launched, in our view a particularly interesting setting in which to begin our investigation.

Methods

Interpretative phenomenological methodology (Smith, 1996; Smith, Jarman & Osborn, 1999) in the spirit of a critical perspective in psychology (Kitzinger, 1997) is the approach chosen for this study, because of the access to personal meanings it enables. Personal accounts of individuals' experiences in narrative form are therefore the primary sources of data, rather than questionnaire or pre-structured interview formats. Their emerging viewpoints are treated in the analysis as ongoing open-ended narrative constructions encompassing contradiction and complexity, rather than being regarded as definitive revelations of 'pure' subjective truths. An essential focus is the search for the meanings constructed by those being interviewed, as interpreted by the researcher. These are not however assumed to be 'free constructions' of meaning; each is regarded, rather, as relative to some narrative convention. However, analysis in terms of narrative form (Sarbin, 1986; Riessman, 1993) or sociocultural discourses (Harré & Van Langenhove, 1999) is not undertaken in this preliminary study, which represents a first stage in the exploration of the meaning systems (cultural repertoires) available in this particular cultural minority.

The participants in this phase of the ongoing study were 10 young people with same-sex sexuality and 16 professionals (youth workers and teachers) involved in the Peer Support Project. Four of these young people had used the study support provision, and it is their narratives that form the central focus of this paper. The six other young people were involved in peer support. Of the professionals, 10 were teacher volunteers, four were paid project workers and two were advisers to the project. All participants were recruited on the basis of their availability at times when the researcher could visit. They were approached in advance by the PSP organisers, and asked if they wished to take part voluntarily in the research interviews, which were held at the PSP premises. Anonymity (primarily by changing names) and confidentiality were assured; some of the participants nonetheless wished to be identified by their own names.

Data collection took place over a half-year period when I as the interviewing investigator made some 10 visits to the project, with a follow-up visit a year later. Single in-depth interviews lasting one to two hours were undertaken with individuals and small groups and were tape-recorded. Verbatim transcripts of these were then imported into QSR NVivo software for qualitative data analysis (Richards, 1999) so as to facilitate rigour and establish a clear 'audit trail' (Miles & Huberman, 1994) in the analysis of interview data of over 250,000 words ensuing. My field notes and written reflections on the research process were also an integral part of the data for analysis, together with documentary sources from PSP such as policy statements, publicity material and two independent reports on PSP (Hierons, 1998; Smith, 1999) carried out as part of ongoing evaluation in partnership with the project's funders.

Analysis resonant with the principles of interpretative phenomenology was carried out, beginning with a thematic content analysis of the interview narratives. The codes and broader categories that emerged from this process were refined through systematic comparison within and between cases to achieve 'goodness of fit' and their properties were defined, a procedure also congruent with the principles of grounded theory, as Smith (1995) notes, and with subsequent constructionist interpretations of it (for example, Charmaz, 1995; Pidgeon, 1996). To this end a strategy of using 'free nodes' in NVivo was chosen, and the higher order analytic categories were derived by clustering them in a fluid system of sets, rather than using a more structured 'tree nodes' strategy (see Bazeley & Richards, 2000). Principles of triangulation were incorporated through the comparison of findings generated from the different data sources (Miles & Huberman, 1994), in the spirit of Mathison's (1988) critique of the unquestioned quest for convergence in triangulation at the expense of uncovering inconsistencies and contradictions in evidence that require interpretation by the researcher. Half of the young respondents whose narrative excerpts are presented below were invited to comment on how well the excerpts and discussion represented them as a further 'credibility check' (see Elliott, Fischer & Rennie, 1999) and some revisions (mostly factual clarifications) were made in the light of their suggestions. This review procedure was also followed with the PSP project leader, thus providing a credibility check from another perspective.

Findings

The Young Lesbian, Gay and Bisexual Peer Support Project (PSP), the site for this phase of our research, was recently founded as a small voluntary organisation at the instigation of the staff of part of the city's youth service, Lesbian and Gay Youth Manchester (LGYM) who had seen gaps in the statutory services. PSP aimed to provide 'support for young lesbians, gay men and bisexuals [age range 14-25] through the creation and development of a resource of young peer supporters and peer led services' (Hierons, 1998, p. 5). PSP's first provision was a twice-monthly Study Club for teenage students whose schoolwork was suffering because of homonegative harassment. Volunteers who were qualified teachers delivered the first academic hour, to be followed by a peer-led hour featuring issues of particular importance to young LGBs, which are almost invariably missing at school.

When as the main investigator I began my series of visits to the PSP (autumn 1998) the Study Club was nearing the end of its first year of active provision. But by then, with some 20 keen teacher volunteers available, no students were coming. As this continued throughout the six months of my visits, it was not possible to observe study support in action. Ten young LGBs had used the Study Club prior to this. It was possible to contact half of them again; all readily agreed to come along to talk to me, however one later cancelled due to taking up weekend work, so four were interviewed.

In addition, 10 of the teachers, six peer supporters, all four core staff members and some steering group members were interviewed. Transcripts were analysed as outlined in the preceding section, and so provide an overall context that informs the subsection of the dataset selected for discussion in this paper. The teachers' reflections on their reasons for becoming involved and their professional perspective on anti-homosexual prejudice in schools constitute a rich body of data that will be the focus of a separate paper. Examples typical of their comments on the young LGBs' experiences of the Study Club are however included in the findings presented below. Likewise, the peer supporters' and project

workers' views on peer support in practice will be the topic of a further paper, together with these young LGBs' experiences of relationships with their families and friends and their emerging LGB identities that have given rise to their wish for peer support, issues that are beyond the scope of the present paper.

It is, then, the stories of serious difficulties at school, how they led these particular four young people to attend this unique Study Club for LGBs and their reflections on the part it played in their lives that we set out here. We believe that, although the numbers involved are small, it is nevertheless important to present some examples of how the life world of these young respondents seems to them; particularly so, we feel, at the present time, when young LGBs have been the topic of so much public debate by older generations, a discourse in which their own voices have been significantly missing. Furthermore, while the numbers using this study support initiative have been less than was expected, it constitutes, in our view, a valuable instance of an attempt to respond to special educational needs that otherwise tend to be ignored. The Study Club's existence has provided an opportunity to consider the trajectory of young people aware of the implications of the disruption to their learning, moving from a position of isolation into a supportive setting with the aim of remedying the situation. Extracts from the interview narratives of Violet, Mark, Daniel (all 16) and Dave (15)[7] are therefore presented to illustrate two principal themes of concern to them: the pressure and hassles at school that disrupted their studies; and what the Study Club offered them as a response.

Pressure and hassles at school that disrupted studies

Mark outlines the particular challenges that young gay people have to contend with at school, certainly those who have not somehow remained 'invisible' to their peers:

> *There's a lot of pressure and hassle for young gay students because, even if they're not out, teenagers tend to have this sixth sense to spot lesbians and gay men. They just home in on them and take the piss. So you tend to get a lot of hassle and a lot of disruption in lessons.*

Violet tells how pivotal the issue of homosexuality is among groups of boys, and identifies the third year of secondary school (Year 9, at age 13-14) as being of particular note:

> *The main insult is 'gay' – well two lads, if one touches another he goes 'oh you're gay, you're gay', and this lad'll get beaten up just for like putting his hand on his mate's arm, you know. It's so intense and it still is with some of the gangs at school. My friends have said to me 'when you're in the third year in school', which is when I got the most hassle, 'the biggest crime is to be gay'. Definitely never be a third year at high school. It's that age when they maybe first discover what homosexuality really is.*

Dave is tall and played rugby at school. He says "I started getting camp since I was about 11". He has had much hassle in the four years since then, and has felt quite isolated. This has been in spite of the relaxed attitude he feels most of his immediate year group (the girls in particular) have about him being gay. Although he was beaten up once, Dave attributes this not so much to being thought to be gay, but rather to being on his own "in the wrong place at the wrong time". However he reflects that, were he not socially isolated from other boys at school because of his sexuality, he would have the backing of a group of them as

friends, functioning as a protective deterrent. Not having this calls for continual vigilance, particularly outside of school. He refers to the 'constant fear' of attack when walking home on his own. As to overt negativity about his (perceived) sexuality, he explains about the sort of direct hassle he regularly receives:

> *All the grief I get is sexually oriented so it's all about anal sex and stuff like that, it's like 'Oh, you've been bummed'. I'm like 'Why do you want to know?'. They're all like that. Whenever I walk down the corridor they all pin themselves down the wall. [...] It's some sort of weird mind thing, boys haven't got open minds at all, the girls have.*

Violet also takes the view that boys tend to be more prejudiced about sexual orientation. But she found she got more negative reaction from the girls at school.

> *You generally find that the boys are a lot more homophobic than the girls, but I got my main hassle from girls. Because I'd have to go in the toilets, and when I'd go in the changing rooms I'd see everyone sort of go 'aargh' and cover themselves up. It's just pathetic the way they deal with it.*

The situation for her appears to have been aggravated by her older sister having 'come out' as lesbian at school before leaving:

> *I'd have gangs following me and there was a lot of name calling, all sort of 'lesbian', 'leb', stuff relating to being a gay girl, nothing else like 'bitch' or 'cow' or 'slut', it was all related to me being gay. There were lots of stories going round like, 'she was staring at me in the changing rooms the other day'. Because my sister's gay as well they made up this whole story about both my parents being gay, which they're not, and how we're like a big sort of cult, a gay household. People would say things to me like 'oh, so your sister's a lesbian, has she not been like, doing stuff to you, like, abusing you?' so it was a very, very difficult thing to work round. I wasn't actually out, I wasn't particularly out. It was because I had short hair, didn't wear high heels, didn't spend time doing what average 16-year-old girls do. I was going out with a girl, who I changed the name of to the nearest male name, saying 'I'm going out with this boy from ...' and because they never saw this boy or any photos, they sort of picked it up from that.*

Daniel also points to his third year as being of particular significance for him, although he emphasises his growing discomfort in the prevailing majority culture rather than a sense of victimisation. Nevertheless, the impact on his education was dramatic:

> *I knew I was gay when I was eight but I didn't really understand what was going on. It was when I was about 11 or 12 that I realised [...] what it all meant and everything. I was alright until I hit third year, that's when everything like was coming clear to me – from that day on I started missing school, going in late, missing lessons.*

He tried a strategy of openness but also considered pulling out of school:

> *I was thinking about coming out in school or leaving school. I wasn't happy because I couldn't be myself. I thought I was putting on an act. I told all my friends and they were OK about it but I'm sure people knew I was gay because I was becoming more camp and I was actually sticking up for gay people because they'd call them queers and everything and as soon as the*

word gay came up it was AIDS and HIV and it was just about anal sex and I'd correct them on it and they'd all look at me as if to say like, I was gay. If they were having a go at me I'd be bitchy and answer them back. All the people who were supposed to be really hard, they'd say something and I'd just answer back to them. And they were OK about it. I was expecting them to kind of, like beat the crap out of me every time I said something, but they didn't.

A continuing preoccupation with his position as an anomaly in relation to groups of other boys at school appears to have been Daniel's principal pressure. He was comfortable with his immediate circle of friends (girls), had come out to them and found acceptance. The process of unequivocally coming out to all was not, however, straightforward and declaring his sexuality to his head of year does not appear to have elicited any significant assistance with his dilemma. The unresolved situation appears to have weighed heavily on Daniel, judging by the eventual outcome:

A couple of times I did almost come out. One time I was close but somebody just put me off in the conversation, so I didn't come out. I told the head of year and I think he told the teachers I was having lessons with. It ended up where I actually left school. I wasn't doing good in my subjects because I, like, didn't go into school at all.

Mark tells of his trajectory from being popular and included to being progressively sidelined:

I used to play football and I used to have a big group of friends [...] and then I started sort of being shunted – when the abuse started – like pushed to one side. [...] I didn't start acting, I don't think, any more effeminate.

A teacher's collusion in his marginalisation appears to have been the catalyst for a marked escalation in this process. Mark believes that her comment to the class about him, after sending him out for forgetting some books, sealed his fate as the target of a constant barrage of abusive taunts:

I've had about 10 separate people on different occasions tell me [that] the teacher said to the rest of the class 'That boy needs a good kick up his butt to get himself in gear and I know that's not the only thing he gets up his butt' and it's at that point that the bullying really started.

Apart from one frightening situation where he narrowly escaped from a group threatening him with a hot iron, the sort of hassle Mark received did not involve physical violence. It does not appear to have been any less traumatic for him however:

You have these images of someone walking across the playground and getting beaten to a pulp, but that wasn't the sort of abuse I got. It was emotional and mental abuse that I got and I don't know which is worse.

Mark's coping strategy was to try to shut it all out, but he found the constant effort of this draining:

You tend to switch off as soon as you walk into school, because you know that if you didn't you'd end up an emotional wreck. Switching off for so long makes you very drained. I used to sleep in the car on the way home and then I used to sleep on the couch and my mum used

> *to wake me up to have my tea and then I used to go upstairs and go to sleep and then wake up, get back in the car spend the day at school come back and sleep and that was it. I used to spend say 12 or 13 hours a day asleep. It was a lot of strain I think. [...] Yeh [I was] very depressed. I mean, I got panic attacks after, when I finally got out of the school environment.*

It was not until he actually left school to transfer to a college that the seriousness of the situation fully sank in, Mark reflects.

Learning disrupted

All four Study Club users interviewed reported major disruption to their education as a result of the hassles they had at school. Mark explains the effect that having to switch off emotionally can have on learning:

> *I sat in science once and the teacher left the room for a couple of minutes so it was 30 unsupervised children and I started getting a load of abuse from the sort of lads that sit on the back rows. I ignored them and totally switched off and went into my own little world and didn't come out of it again till 3.30 when the bell rang. So everything that anybody actually said to me that day went in one ear and came out the other, and no work got done and nothing sunk in. There were days that I know Violet has had like that, and my friend Daniel's had like that where you just switch off totally and you don't learn anything, at which point you flunk your exams.*

When things got bad for Mark he started forging notes from his parents and was absent for 40 per cent of that half term. It was not until Mark had missed about three consecutive weeks that the school contacted his parents he says. When he explained to his mother what had been going on she praised him for attending as much as he had, and went with him to talk to his head of year. Mark recalls some reluctance on the school's part to involve the educational welfare officer (EWO), and when Mark suggested a strategy of directly coming out to his peers, his head of year stressed that there were pros and cons and that the decision must be his own. Mark did so at the beginning of the following term, but instead of taking the steam out of the situation, as he hoped, he explains:

> *That [didn't] work because it just grew into a much bigger thing. [...] It got worse.*

He missed 50 per cent of that half term, and finds it amazing how much absence it took before the school contacted his parents, given the events of the previous term. This time his mother took matters further and phoned Mark's head of year requesting a meeting with him and the EWO to resolve things. Mark recalls how much stress that both of his parents, too, had been under throughout this time:

> *It was very emotional for both me and my Mum – my mum was in tears and I was in tears at this meeting.*

The EWO immediately agreed a transfer. Aged 15, with much valuable lesson time lost and with only six months to go before his GCSEs, Mark was now faced with moving to a college. Although he does not talk of missing school in the way Mark did, Dave too experienced disruption of his work in class by the constant name calling and taunting, and could not make the progress he wanted:

> *I was having a load of problems from people in the class just disrupting me all the time [...] just normal things like calling me names – queer and all this lot.*

Violet talks of her preoccupation with the bullying preventing her from getting on with learning:

> *I wasn't learning anything in school because I was too preoccupied with being bullied. I actually left school through the hassle and didn't do any kind of work. I stayed at home for two weeks.*

And while Daniel experienced less dramatic hassle from his peers and had a teacher he could confide in, he was not happy at school because he could not, as he put it, be himself. He too missed a lot of school and finally stopped going altogether. Just as Mark's mother had done, Daniel's mother too asked for him to be transferred to a college before his GCSE exams. However, Daniel concludes that reluctance on his school's part to relinquish their funding for him (a consideration to which Mark also attributes his school's 'refusal' to involve the EWO until his mother later did so herself) accounted for procedural hold-ups. The delay resulted in it being 'too late to get transferred' until the following academic year. There ensued for Daniel 'just over a year of not doing any homework, or anything' until he could finally start at college. Daniel and Mark both described their parents as being supportive about their sexuality throughout their tangles with the world of education and indeed this was so with all four respondents. When Violet's situation worsened at school, her parents also attempted to intervene on her behalf. She remembers:

> *I was staying at home and my parents were worried sick and kept ringing up the school saying 'Do something'.*

However, Violet found the school's response ineffective:

> *The deputy head rang up my Mum saying 'We've set up a support group ... we've talked to the kids'. I went back to school and I was still getting all this hassle [...] all that happened with this support group thing was just one lad said to me 'You alright?' and I was like 'Yeh, cheers.' Even if I'd said 'Oh no, I'm having loads of problems' [...] he wouldn't have known what to do and so there was nothing. [...] The teachers weren't really around. But it wasn't like me going out into the yard and getting beaten up, if it was something like that I would have reported it. Walking up the corridor and getting things shouted at you, or sitting in a classroom and getting things shouted at you, you can't really report that, you know. My Mum would say to me 'So what are the names of the kids who're doing it?' and I'm like 'Well everyone's doing it' and she was like 'Well how can we stop it then?' and I'm like 'The only way we can stop it is if you convince 700 school kids that being gay is OK.'*

Violet's perception that it would take a whole school approach to make a difference seems to get to the heart of the matter. The respondents who had the most upheaval felt badly let down by their schools; for example, two commented that had the same hostility and harassment occurred for racial reasons their schools would have spared no effort in cracking down on the perpetrators. In only one case do they report that a teacher took the initiative in investigating what was going on and how they were coping. Typically, responses came only after a dramatic level of absence, or as a result of direct requests for help from the

young people themselves or their parents. And rather than any of them receiving any information about or referral to the Study Club from their school or the education services, it appears to have been these young individuals' strong will to get on with their lives and not to let their academic futures be undermined that led each of them to make use of it.

What the Study Club offered

For Daniel, Mark and Violet, who had been regularly coming to the LGYM youth group for some time, coming to use the newly set up PSP Study Club in the same premises was an easy step. Daniel, for example, who had been brought by his mother to the youth group some years before, decided to attend after some talks with one of the youth workers there about the amount of school he'd been missing. Dave's experience was different. He made his own way to the Study Club after he saw an article about it in the first copy of *Gay Times* he bought in a newsagents when he was 14. But it was a friend of his, also gay, who actually first went along and checked it out after Dave told him about it, and he then gave Dave the confidence to go. Nevertheless, coming to the Study Club for the first time was a big step for Dave:

> *I didn't know anybody. Even if there was just me, two teachers and Daniel, it might sound weird, but it was a bit scary because it was actually gay people there. [...] In my time I've not actually been ... the majority of people have been straight but [this was] solely for gay people. [...] I found out in Gay Times because if I need something I'll go and try and find it. It was a big step for me, it was something that made me feel good.*

The Study Club had provided Dave with a good reason to move from the isolation he had been feeling into a larger world of other gay people. He did not need it once it had served as his stepping stone to the LGYM youth group that met later in the afternoon.

> *It was even scarier because there was loads of gay people and [...] I'd never seen so many in my life. It was an added bonus to know I don't have to be scared any more of being proud that I'm gay, because there's all my friends here that, if I have any trouble, they'll support me. [...] I started going to the youth group every Tuesday and Saturday so it was giving me a lot more courage to rise above all the stuff that's been happening to me at school for the past four years. And then I've come out, and then I've not needed the study group since. Because basically people know that I'm gay. If it happens in the classroom, I'm normally sat round with my mates, and I'll just tell the person to shut up and like, 'I don't want to know about your sex life so you don't want to know about mine', and they'll actually stick up for me as well, they'll tell them to shut up and get on with the work. I can manage it now. I never used to be able to, because I was always the shy and intent person with no friends.*

The Study Club providing a means of contact with gay peers, when young people might not be ready to go directly to the more social and boisterous setting of a youth group, was something that Paul, one of the volunteer teachers remarked on too:

> *The interesting point was he didn't come to do maths, he came along so he could make contact with the group. He did all the maths and I just sat there and said 'oh yes, that's right'. And I think there's an awful lot of that.*

Having got to the point of wanting to come out at school, Dave was fortunate to have been offered practical support in responding to continuing hassles by one of his teachers who had noticed. He now feels that he can get the aid of the deputy head and this particular teacher should he need to, and he attributes this helpful response to their being relatively young. It was when she started to come to the LGYM youth group regularly that Violet began to get moral support regarding the trouble she was having at school. She decided to attend the Study Club as well, simply to keep up with her schoolwork while the hassles continued:

> *I just came in to do my work, but I'm sure if I said 'can I talk about the problems I'm having at school?' they would have been perfectly happy to discuss it with me. I think it's very important to have a sympathetic teacher, or a gay one, if you prefer, but I didn't actually need that.*

Nevertheless, Violet travelled to the PSP Study Club in preference to what was provided locally.

> *There was a homework club in my school as well as an after school thing [but] I wouldn't have used it [...] because it's still in the area. It would have been the same teachers and things and I just wanted a whole different sort of atmosphere. That's what I needed and it worked.*

Daniel too was not enthusiastic about going to study support elsewhere:

> *I don't think I would. Because [with] the teachers who are gay, I could be myself, I could be camp or whatever. But if it was just a straight teacher I couldn't be myself. It's kind of comfortable being taught by somebody who is gay.*

Daniel had been absent from school a lot and had not been doing well in his subjects. He came to the Study Club 'about two or three times and then went into college [...] so I thought I don't need to go anymore'. Although Daniel stopped attending, he continued to go to the youth group where he kept up the new friendships he'd made at the Study Club. Now 16, he had started work and was thinking of coming to the Study Club again:

> *Well, it has been a help. [...] I would like to give it a go because I don't want to just slack off on my education altogether, because I'm not going to stay in this job forever.*

Violet enthuses about the curriculum based support at the Study Club:

> *You just turn up and there's lots of teachers and they say 'what do you want to do today' and they'll just take you in a room and teach you. I did what I had the most difficulty with and that's maths and science. I learnt a lot 'cos you tell them what you need to do, like what you're doing at school at the moment, or just anything you don't understand, I mean you can do anything. You can say 'I've got this massive piece of course work to do and I need help with it' and they'll help you, or you can say 'can you give me some revision tips?' and they'll do that. You could just even come to use the space, you know, and not even have a teacher help you. You can just come and revise or read, so it's a space to do your schoolwork and it's brilliant.*

Although Mark and Violet were doing different subjects, they were both coming up to their GCSE examinations at the time they attended the Study Club. Mark recalls:

> *[We] comforted each other because she was going through a lot of the hassles that I went through when I was in the same situation in high school. By this time I was in college, so I managed to get through them.*

Mark transferred to college with just six months to go to his GCSE exams and he wanted to make up for time lost at school by attending the Study Club:

> *It was all of them teachers here. They gave us a load of past exam papers to revise from and anything I was unsure of I had in a file – at high school I missed a lot [...] because of disruption in the lessons – and I'd say 'look, this I'm unsure about' and he'd go through it with me. [... It's a] bit of a success story because through the study group I got four Bs and a C.*

Yet, for the teachers who volunteered, it was typically their empathy with the young LGBs' personal struggles that drew them to the project and made it all worthwhile, as Ross explains:

> *To a lad who was going through some chemistry work, towards the end of the session I said 'How do you cope with things at school?' and he was quite openly able to talk to me about his bullying experiences, how he found it very difficult and how he had to leave school for a while. And I hope that ... from someone who is a teacher ... although I didn't go through the bullying experience at school, I coped with it in a rather different way, yet I'm someone who is sympathetic and we can talk about it, and I think that's quite important.*

Interestingly, the peer-led personal, social and health education (PSHE) element that was intended to follow the first hour of academic work was not talked about by any of the above respondents, by the teachers or by the peer supporters interviewed. As three of the four respondents who had been Study Club users were already attending the LGYM youth group (which had a Saturday session in the same building beginning soon after the study club) they were already well provided for in this respect, as PSHE work is central to the ethos of this particular group. And Dave, the respondent who came initially to the study club appears to have moved, after only one session, seamlessly into the LGYM group where he found the peer company he needed. Staff believe that the remaining six Study Club users not interviewed most likely followed a similar pattern in relation to the LGYM youth group, although this could not be verified. In any case, the intended workshop approach to the peer support element would not have worked well with typical attendance being in ones and twos, which might explain its non occurrence. The lack of a PSHE element does not appear to have been a deterrent to the respondents; on the contrary, they seemed satisfied to focus on their academic aims with the support of teachers who were sympathetic to their sexuality and understanding of their predicament at school. Apart from mutual support, when their attendance at the study club coincided, they seemed content to pursue their social contact and explore their LGB identities with their peers at the youth group.

Low uptake of the service and subsequent closure

In view of the consistently positive tone of the respondents' comments on what the Study Club offered, it was perplexing that there was no uptake of its services during the half year period of my investigation. Prior to that, only 10 teenagers had used it. Teachers' impressions overall were that they had been pleased with the service, but needed only short-term

help. Once the Study Club's initial high profile in the national and local media had died down, publicity presented difficulties: budgets for advertising were minimal and it was doubted whether schools had ever displayed any of the material sent to them. What is particularly striking is the absence of any referrals from the most obvious sources, schools themselves and the education services in the area. Following an evaluation (Smith, 1999), it was discontinued due to the low attendance.

Key issues as revealed in respondents' narratives:

1.	All respondents report persistent and intrusive verbal abuse, sufficiently daunting to decisively affect schoolwork in the classroom. Substantial disruption of attendance also resulted for three of the four.

2.	All respondents also mentioned their failure to maintain the necessary homework schedules. They did not use homework to compensate for disrupted school hours. Our conclusion must be that the form of persecution they endured had a severe effect on morale.

3.	The lack of support they have generally had in school from teachers also stands out. Even when support was forthcoming it appears that it was inadequate, particularly in the time it took for those charged with the task of providing support to react.

4.	Little short of a whole school approach would appear to offer a thoroughgoing solution, and none of the schools involved appear to have had one.

5.	Lacking an adequate institutional response, all respondents turned to their families. However, gaining their parents' support necessitated discussing their sexuality with them, in itself a major undertaking for most young teenagers. In the case of these respondents, they were fortunate to have particularly supportive families. Had they not felt able to risk telling them the root cause of their school based problems they would have lacked this important support.

6.	This study's findings prompt the speculation that there must be others in a similar school predicament who had perhaps received negative parental reactions, increasing the pressure they might they be under. The self-selection of these respondents as Study Club members, at least for a while, shows that they had retained some measure of academic ambition. A supplementary study of the lives of those who receive neither parental nor study support needs to be undertaken.

We are not taking a stance of being disinterested observers in relation to these issues. Mindful of recent efforts to establish agreed standards for best practice in conducting and reporting qualitative research (see Elliott *et al.*, 1999, Reicher, 2000) we wish to conclude by making explicit to readers our beliefs and values in relation to the participants in this study, their life worlds and frequently embattled positions in relation to the majority, which they have so articulately reported. The position with which we all associate has been given in some detail by one of us in the introduction to the present special issue of this journal (see Lunt, this edition). It is fundamentally a human rights position in relation to sexual orientation, and we therefore align ourselves with the views of other British writers such as Ellis (1999) and Warwick *et al.* (2000).

Ellis observes that there is a tendency (implicit) in most psychological papers in the field to make a case for the recognition of LGB issues on the grounds that harassment and discrimination cause psychosocial disadvantage (such as higher rates than found in the heterosexual majority of depression, attempted suicide, truancy and poor school performance). She argues, however, that while all this is indeed the case, it diverts attention from the pressing need to get on with social change, for example by generating prolonged debate about the validity of arguments used and findings. It should not be necessary to demonstrate that one is being disadvantaged in order to claim the basic human right to be allowed to get on with life unhindered as a human being (Ellis, 1999).

Warwick *et al.* (2000), referring to the UN Convention on the Rights of the Child, argue in addition that "the right to express one's views and have them considered should apply to all young people regardless *inter alia* of poverty, class, race, gender or sexuality" (p. 132) – a sentiment that underpins the collaborative approach we have taken with our respondents in providing a platform in the academic literature for their voices[8]. To this we would add that quite simply the right to be different[9] is at the heart of the matter for these young people, and we strongly feel that this right should be recognised and supported by all professionals working with young people.

Notes

[1] Initially Colm Crowley and Susan Hallam.

[2] Colm Crowley in collaboration with Susan Hallam, Rom Harré and Ingrid Lunt.

[3] Alteration is used here in the context of the history of 'treatment' attempting to turn homosexual 'patients' into heterosexuals, which King and Bartlett argue was driven by social bias. They conclude that such alteration of sexuality has never been adequately demonstrated to have been achieved, the evidence, on scrutiny, rather suggesting the reverse. We would add the comment that while questions of whether sexuality might be a 'given' or mutable remain unanswered, any assumptions either way are untenable. Indeed the rather huge underlying question of what 'causes' (all) sexual orientation could remain unanswerable indefinitely due to multifactorial complexity.

[4] 'Homophobia' has become a popular catch-all term for a wide range of negative emotions, attitudes and actions towards homosexual people. It was originally defined by Weinberg (1973, p 4) as "the dread of being in close quarters with homosexuals - and in the case of homosexuals themselves, self-loathing" (the latter instance is termed 'internalised homophobia' or 'internalised oppression'). Haaga (1991) has however criticised this broad usage of the term homophobia, and suggests that the term 'anti-homosexual prejudice' would be more appropriate, with the term homophobia being restricted to clearly phobic reactions. Forrest et al (1997, p 17) describe homophobia as 'a fear of and/or hostility towards homosexuals or homosexuality.' Latterly the term 'homonegativism' is being used as an alternative (eg Rivers, 2000). We use these terms interchangeably here to denote anti-homosexual prejudice.

[5] Colm Crowley, writing as the main investigator.

[6] A psychological perspective on the individual, taking into account multiple aspects of

personality which are nevertheless integrated and experienced as a singular self, as evidenced in discourse.

[7] The names of all Study Club users have been changed to maintain their anonymity, although they had all said they wanted their own names to be used.

[8] A further aspect of our collaborative approach is our invitation to the young respondents to review this paper.

[9] An idea elaborated in the innovative Italian educational video Nessuno uguale – adolescenti e omosessualità – The right to be different – teenagers and homosexuality (Cipelletti, 1998) produced by Province of Milan Department of Cultural Affairs and Associazione di Genitori, Parenti e Amici di Omosessuali, for use in schools (Enquiries: klauscip@iol.it agedo@geocities.com Fax: +39-02-7740 2918).

References

Bazeley, P. & Richards, L. (2000). *The NVivo qualitative project book*. London: Sage.

Charmaz, K. (1995). Grounded theory. In J. A. Smith, R. Harré & L. Van Langenhove (Eds.), *Rethinking methods in psychology*. London: Sage.

Cipelletti, C. (Director) (1998). *Nessuno Uguale - Adolescenti e Omosessualità - The Right to be Different - Teenagers and Homosexuality* (English subtitled version). Milan, Italy: Medialogo Servicio Audiovisivi della Provincia di Milano/AGEDO.

Comely, L. (1993). Lesbian and gay teenagers at school: How can educational psychologists help? *Educational and Child Psychology, 10*(3), 22-24.

Coyle, A. (1998). Developing lesbian and gay identity in adolescence. In J. Coleman & D. Roker (Eds.), *Teenage sexuality: Health, risk and education*. Amsterdam: Harwood Academic Press.

D'Augelli, A. R. (1999). The queering of adolescence: Implications for psychological researchers and practitioners. *British Psychological Society Lesbian and Gay Psychology Section Newsletter, 3*, 3-5.

Douglas, N., Warwick, I., Kemp, S. & Whitty, G. (1997). *Playing it safe: Responses of secondary school teachers to lesbian, gay and bisexual pupils, bullying, HIV and AIDS education and Section 28*. London: Health and Education Research Unit, Institute of Education, University of London.

Douglas, N., Warwick, I., Kemp, S., Whitty, G. & Aggleton, P. (1999). Homophobic bullying in secondary schools in England and Wales: Teachers experiences. *Health Education, 99*(2), pp.53-60.

Elliott, R., Fischer, C. T. & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215-229.

Ellis, S. J. (1999). Lesbian and gay issues are human rights issues: The need for a human rights approach to lesbian and gay psychology. *British Psychological Society Lesbian and Gay Psychology Section Newsletter, 3*, 9-14.

Epstein, D. & Johnson, R. (1994). On the straight and the narrow: The heterosexual presumption, homophobias and schools. In D. Epstein (Ed.), *Challenging lesbian and gay inequalities in education*. Buckingham: Open University Press.

Forrest, S., Biddle, G. & Clift, S. (1997). *Talking about homosexuality in the secondary school*. Horsham: AVERT.

Haaga, D. A. F. (1991). "Homophobia"? *Journal of Social Behaviour and Personality, 6*(1), 171-174.

Harré, R. (1998). *The singular self: An introduction to the psychology of personhood*. London: Sage.

Harré, R. & Van Langenhove, L. (1999). *Positioning theory*. Oxford: Blackwell.

Hierons, D. (1998). *Young lesbian, gay and bisexual peer support project: Project evaluation report*. Manchester: Young Lesbian, Gay and Bisexual Peer Support Project.

King, M. & Bartlett, A. (1999). British psychiatry and homosexuality. *British Journal of Psychiatry, 175*, 106-113.

Kitzinger, C. (1997). Lesbian and gay psychology: A critical analysis. In D. Fox & I. Prilleltensky (Eds.), *Critical psychology: An introduction*. London: Sage.

Mathison, S. (1988). Why triangulate? *Educational Researcher, 17*(2), 13-17.

Mental Health Foundation (1997). Suicide and deliberate self-harm: The fundamental facts. *Mental Health Foundation Briefing, No. 1.* London: Mental Health Foundation.

Miles, M. B. & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd edition). London: Sage.

Nayak, A. & Kehily, M. J. (1997). Masculinities and schooling: Why are young men so homophobic? In D. L. Steinberg, D. Epstein & R. Johnson (Eds.), *Border patrols: Policing the boundaries of heterosexuality*. London: Cassell.

Pidgeon, N. (1996). Grounded theory: Theoretical background. In J. T. E. Richardson (Ed.), *Handbook of qualitative research methods for psychology and social sciences*. Leicester: The British Psychological Society.

Reicher, S. (2000). Against methodolatry: Some comments on Elliott, Fischer, and Rennie. *British Journal of Clinical Psychology, 39*, 1-6.

Richards, L. (1999). *Using NVivo in qualitative research*. London: Sage.

Riessman, C. K. (1993). *Narrative analysis*. Newbury Park, CA: Sage.

Rivers, I. (1995a). Mental health issues among young lesbians and gay men bullied at school. *Health and Social Care in the Community, 3*(6), 380-383.

Rivers, I. (1995b). The victimisation of gay teenagers in schools: Homophobia in education. *Pastoral Care, 13*, 39-45.

Rivers, I. (1996). Young, gay and bullied. *Young People Now, January*, 18-19.

Rivers, I. (2000). Social exclusion, absenteeism and sexual minority youth. *Support for Learning, 15*(1), 13-18.

Rivers, I. (2001). The bullying of sexual minorities at school: Its nature and long-term correlates. *Educational and Child Psychology, 18*(1), 33-46.

Sarbin, T. R. (1986). *Narrative psychology: The storied nature of human conduct*. New York: Praeger.

Smith, J. A. (1995). Semi-structured interviewing and qualitative analysis. In J. A. Smith, R. Harré & L. Van Langenhove (Eds.), *Rethinking methods in psychology*. London: Sage.

Smith, J. A. (1996). Beyond the divide between cognition and discourse: doing interpretative phenomenological analysis in health psychology. *Psychology and Health, 11*, 261-271.

Smith, J. A., Jarman, M. & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray & K. Chamberlain (Eds.), *Qualitative health psychology: Theories and methods*. London: Sage.

Smith, K. (1999). *Views and opinions of young lesbians, gays and bisexuals on the work of The Peer Support Project*. Manchester: Young Lesbian, Gay and Bisexual Peer Support Project.

Trenchard, L. & Warren, H. (1984). *Something to tell you*. London: London Gay Teenage Group.

Warwick, I. Oliver, C. & Aggleton, P. (2000). Sexuality and mental health promotion: Lesbian and gay young people. In P. Aggleton, J. Hurry & I. Warwick (Eds.), *Young People and Mental Health*. Chichester: Wiley.

Weinberg, G. (1973). *Society and the healthy homosexual*. New York: Anchor/Doubleday.

Winnicott, D. W. (1965.). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. London: Hogarth.

Address for correspondence: Colm Crowley, Youth and Identity Project, Psychology and Special Needs, Institute of Education, 25 Woburn Square, London WC1H 0AA. Email: c.crowley@ioe.ac.uk.

Educational and Child Psychology Guidance for Contributors

These guidelines are provided to assist authors, referees and editors. Compliance in all respects is appreciated.

Manuscripts are accepted for consideration on the understanding that they consist of the authors' original unpublished work that is not being submitted for consideration elsewhere.

The Abstract

Papers must be prefaced with an Abstract of not more than 250 words which allows a reader to determine whether or not the full paper is of relevance. The Abstract should, therefore, give an indication of the context of the work, the methodology used, results and what conclusions may be inferred.

Length

The main body of text in papers should usually be of between 3,500 and 5,000 words in length although papers outside this range may be considered at the Editor's discretion. Authors must indicate the word-length of papers with and without the reference section, excluding any tables or figures.

Style

Overall, the presentation of papers should conform to The British Psychological Society's 'Style Guide'. Non-discriminatory language should be used throughout. Spelling should be Anglicised when appropriate. Text should be concise and written for an international readership of applied psychologists. Sensationalist and unsubstantiated views are discouraged. Abbreviations, acronyms and unfamiliar specialist terms should be explained in the text at least once. Referencing should follow the current BPS formats. For example:

> Billington, T. (2000). *Separating, losing and excluding children: Narratives of difference.* London: Routledge/Falmer.
>
> Elliott, J. G. (2000). Dynamic assessment in educational contexts: Purpose and promise. In C. Lidz & J. G. Elliott (Eds.), *Dynamic assessment: Prevailing models and applications.* New York: J.A.I. Press.
>
> Howitt, D. & Owusu-Bempah, K. (1999). Education, psychology and the construction of black childhood. *Educational and Child Psychology, 16*(3), 17-29.

The Editorial Board reserve the right to amend text to achieve conformity with Educational and Child Psychology's aims and style.

Manuscripts

Three paper copies and a disk copy should be sent to the Editor. The cover page must provide the full title of the paper, all authorial details and address (postal, but also e-mail if possible). The body of the paper, starting on page 2, should include the title and abstract, but omit any detail by which the author(s) may be identified. Text should be printed in at least 11 point size and double spaced with both left and right margins of at least 3cm. The submission must be accompanied by a signed letter confirming that all authors approve the submission and that the paper is their original work and not under consideration elsewhere.

Refereeing

All papers are usually read by two referees in addition to the Editor. The refereeing process is anonymous. It is important, therefore, that all submissions conform to the above guidelines. The referees' comments will, at the Editor's discretion, be passed intact to the authors.

Submission

Anyone wishing to submit a paper for consideration, should write to Dr Simon Gibbs, General Editor, The Council Offices, Scalby Road, Scarborough, North Yorks YO13 0RA, UK.

GAY AND LESBIAN IDENTITIES: WORKING WITH YOUNG PEOPLE, THEIR FAMILIES AND SCHOOLS