

4 Health-Related Psychological Aspects

Introduction

Back in 1973, the American Psychiatric Association (APA) removed homosexuality as a mental disorder from its Diagnostic and Statistical Manual Of Mental Disorders (DSM-II). In 1993, the World Health Organization (WHO) declared homosexuality a natural variant of human sexuality.

Today, psychologists and psychotherapists focus on supporting LGBT persons in understanding and accepting their sexual and gender orientation by helping them to build up a positive self-image and deal with prejudice and discrimination.

In particular, counselling young LGBTs who belong to ethnic groups requires specific attention towards some evolutionary tasks: integrating and harmonising diverse identities and manage the double stigma connected to their belonging to two minorities. These teens may feel as outsiders both in the LGBT community and in their ethnic group and therefore feel pressured to choose between the two groups. On the contrary, this choice is not unavoidable at all and, through counselling, they can learn how to turn their identity – which carries two stigmas – in a positive self-definition and a self-fulfilling way of living.



Minority Stress

An increasing number of studies shows that prejudice and discrimination are relevant and measurable stress factors. These studies show that many homosexuals are subject to chronic micro- and macro-traumatic stress due to hostile social environments, such as for instance stigmatisation and actual or feared violence.

This phenomenon is known as Minority Stress (V. Lingiardi, 20). It can affect members of stigmatised minorities and, in the case of homosexuals, it comprises three elements:

- 1) Interiorised homophobia: a (conscious or unconscious) negative or conflicting attitude towards one's own homoaffective desire.
- 2) Stigma: the higher the social rejection perceived in the environment, the higher is the vigilance level related to the fear of being identified as gay, and the greater is the recourse to often inadequate defensive strategies. This phenomena is also known as "chronic stress loop".
- 3) Actual experiences of discrimination and violence: they may be acute (e.g. actual episodes) and chronic, as they are turned into constant fear of being expelled or rejected by a person or by a group of people. As a matter of fact, such experiences often occur in indifferent or even collusive environments with internalised homophobic stereotypes, thus having a significant emotional impact on the victims that transcends the actual event.

Basic information

Because of Minority Stress, young homosexuals are more at risk for psycho-social distress. Indeed, studies show that they have a higher risk of: depression, attempted suicide, drug abuse, eating disorders, psychosomatic disorders, dropping out of school and running from home.

One of the main challenges for all homosexual adolescents is self-acceptance. Some are so afraid of the social stigma of homosexuality that they live always hidden behind a mask in order to meet other people's expectations and, by doing so, they compromise their well-being. In any case, the fear of extremely negative reactions may be realistic, especially within some homophobic communities. Acceptance problems among LGBT persons can be classified into three levels:

- 1) "Mild" problems (young people who have a good social network in place, supportive family and friends); in these cases, counselling and school awareness programs are the appropriate intervention strategies.
- 2) "Severe" problems (poor social network, negative self-image, fear of contact with gay and heterosexual people, internalised homophobia, strict religious and/or family background); in these cases, it is necessary to provide a more continuous support inside and outside the school system;
- 3) Problems "complicated" by psychiatric and psychological problems like depression, suicide attempts, anxiety disorders. These problems are so severe that they take priority over the acceptance issues and need to be dealt with first. In these cases, it is necessary to provide appropriate social support that will include individual psychotherapy as well as (if necessary) psycho-social support within the school. Indeed, the therapeutic function shows more significant limitations if it is not accompanied by educational and environmental actions aiming at protecting traumatised teens.

Minority stress and coming out

Visibility is another challenge for young homosexuals. As coming out may cause negative reactions from the significant others, teens need to assess their psychological and social resources (see *Theme Map 1*). For instance, disclosing a homosexual identity to parents may cause serious tensions within the family.

In particular, teens who belong to ethnic minorities who have to deal with heterosexism from their families, as well as with possible racism within mainstream Lesbian Gay and bisexual organisations and individuals, may not find the support they need. Moreover, since homosexual issues are not included in school sex education programs, young homosexuals and their needs become invisible. Indeed, for gay, lesbian, bisexual and transexual teenagers, the first sexual experience may come unexpectedly and thus they need access to information on aspects that are specific to gay/lesbian/bisexual/transexual life. Information on safe sex and general health (use of condoms and lubricants, prevention of STDs and female cancers) is as important as the information that is usually provided on contraception. Some LGBT organisations provide specific brochures for or make presentations at schools on these topics.

What does this mean for me?

LGBT teenagers who are not comfortable with their sexual orientation and/or ethnic identity will benefit from accurate information, peer support and adequate support actions.

To such end, it could be useful to provide training to counsellors and teachers on LGBT issues so as to provide them with specific and up-to-date information on, for instance, how society and science views homosexuality, bullying and violence against minorities in school/society, identity building and developmental tasks for homosexual teens (relationships with family and peers), the role of counsellors and teachers in preventing and dealing with discrimination, as well as the provision of operational tools.

The socialisation experience for LGBT teenagers should include, as it is the case for heterosexual teens, exchanges with competent LGBT adults. Teachers and counsellors should therefore place focus on the importance of social networks for homosexual young people in order to prevent social isolation (e.g. by informing teens about the existence of youth LGBT groups and associations), emotional isolation (by showing empathy and, hence, the possibility of being understood when expressing one's feelings) and cognitive isolation (showing knowledge of and interest in LGBT-related issues). In this way, teachers and psycho/social/healthcare professionals can actively help preventing the psycho-social problems of LGBT teens.

In addition, counsellors can play an important role in helping people explore their feelings about sexually transmitted diseases and safe sex. Indeed, if a gay/lesbian or bisexual teen feels uncomfortable about his/her sexuality, he/she will probably not take steps to protect him/herself when having sex. Indeed, low self-esteem negatively affects assertiveness when negotiating safe sex with the partner.

Education

(Teachers)

Bear in mind

- How can I change my heterosexual students' attitude towards homosexuality so that I can support my LGBT students?
- Can I invite an openly LGBT person to talk to the class? Will parents and other teachers criticize me?
- How would I feel having an openly LGBT student? How would the other students feel? Will this person be mocked, offended, marginalised, or even physically attacked by the others?
- How can I make everyone feel comfortable?

A possible solution could be to show the class movies which portray positive LGBT characters or invite members of gay, lesbian or bisexual organizations to meet the class.

These organizations usually carry out projects in schools to educate students on LGBT or health issues. This can be a winning strategy; in fact, according to social psychologist Allport's "contact hypothesis", when different groups come into contact with each other, prejudice is definitely reduced. Moreover, this kind of meeting can also give the opportunity to present positive role models to gay, lesbian and bisexual teens, which are important for their self-esteem.

- How do I feel when my students use the word "faggot" or "fairy"? Should I ignore them or is it better to intervene?

Even when some words are used without offensive intent, it is still true that they have an offensive meaning which is derogative for all LGBT persons.

Such words – which are often used automatically and without thinking – can be used as tools. Have the students stop to consider why they choose to use one offensive word instead of another. Have them think about who they may be offending when they use such words.

Education - Tools

Talking about “normality”

Aim: to distinguish between statistical, legal, and moral perceptions of “normality” in order to demonstrate that “normality” is both a relative and a historical concept. An additional objective is to remind students that homosexuality is not a disease but a normal variety of human sexuality. However, some cultures still consider homosexuality to be a disease, thus affecting the psycho-physical health of gays, lesbians and bisexuals who live in these cultural environments.

Method: every boy/girl must fill in a form in which some behaviours or situations are described (e.g. masturbation, homosexual marriage, not eating pork, specific diseases, disability, age, etc.) and must write down whether these behaviours are “normal” or not.

Please note: this is an introductory exercise that will be used to open a classroom debate on historical relativity and on the concept of “normality”.

Brainstorming on health

Aim: to focus on the topic of health and its meaning.

Method: ask the class for the meaning of the word “health”. Collect all the answers, without performing any type of selection, and discuss them first in sub-groups and then all together.

Please note: boys and girls should be familiar with the concepts of “stigma” and “discrimination”. Point out that health does not only concern the body but also the quality of the individual’s relationship with the social environment and his/her ability to cope with problems.

Education - FAQs (Frequently Asked Questions)

Please also refer to the FAQs for the psycho/social/healthcare professionals.

What is the emotional impact of a verbal insult?

An Italian saying says “words hurt more than swords”. Indeed, a verbal insult tends to mock, despise and/or deny a part of someone’s identity. This can cause feelings of shame and guilt, and affects the self-esteem of the victim of the insult. In the case of gay and lesbians, verbal insults are mainly directed at their sexual identity, making the coming out process particularly difficult for them. If a teacher is indifferent to the use of verbal insults, bullies may believe they are authorized to go on using them, while the victims feel unprotected.

Socio-Affective Education: “Do we discuss well?”

Aim: to teach young people to express their own feelings and to relate with others in a way that respects diversity.

Method: in order to be comfortable with ourselves and with other people, we need to learn how to deal with confrontations by expressing our opinion/feelings/thoughts without offending or disrespecting others.

Ask the class whether it is possible to “peacefully argue”. A fundamental point of the debate should be the use of “I” instead of “you”; this allows to use one’s own feelings as the starting point for the confrontation so that the other person does not feel attacked. It is important that everyone can have the chance to talk freely without prevaricating or fear of being judged.

Please note: this is an introductory exercise. Remind students that our psycho-physical health depends on our ability to relate well to others.

The opinions of others

Aim: to learn the impact of the opinion of others on people’s well-being.

Method: suggest movies or books that talk about diversity (cultural, sexual, etc.); have the students discuss the benefits and disadvantages of the diversity issues presented in the movie/book and what feelings they believe are connected to the personal experience of the characters with their diversity; have them exchange views on this topic. You could open up the discussion and have the students talk of personal diversity experiences they are willing to share and their emotions, then also encouraging further discussion on the topic.

One of my students, who I believe is gay, is going through a very hard time but doesn’t talk to me about it; I think he can’t accept himself. Should I refer him to a psychologist?

Sometimes even small acts can provide a lot of support to a boy. In some cases, an understanding teacher can be as helpful as a mental health professional. The teacher may deal with homosexuality while teaching literature, for instance, by presenting a gay or lesbian author, so as to show a positive attitude towards homosexuality in an indirect way. No doubt the student will get the message, feel reassured and might even approach the teacher to talk about himself/herself.

Counselling

(Psycho/social/healthcare professionals)

Bear in mind

Working effectively with young LGBTs is certainly possible, especially if we are willing to identify ourselves with experiences that might not apply to us but are nevertheless basically similar to our own. At the same time, we should not expect to understand everything about the experience because personal, cultural and religious factors have a strong influence on the meaning we assign to our own and other people's experiences. Therefore, it is best to ask the teen about his/her personal experience as an LGBT teen and/or as a member of an ethnic minority group rather than make assumptions.

We should not forget that not every young LGBT and not every individual belonging to a stigmatised minority have specific problems with their psycho-affective orientation. We should not see a problem when there isn't one to begin with, and just allow the teen to freely express his/her issues and concerns, if any.

In order to broaden knowledge on this topic, please refer to the filmography, bibliography, webliography and glossary included in the Crossing Diversity Handbook and contact Groups and Organizations in your area.

Lastly, before you start working with the person you are counselling carefully examine your attitudes and prejudices and review your knowledge of the psychological and health issues of the LGBT community. Be aware of your opinions on homosexuality and bisexuality because they will inevitably guide you during your work.

If the problems arise from belonging to a stigmatised minority, such as homosexuals or ethnic or religious minorities (Minority Stress), it is advisable to provide the student with individual support and, at the same time, to also work with his/her class or even with the entire school. Among the possible actions, you may:

- Determine if minority members are present within the class/school and organise group activities with the teachers which will focus on these minorities.
- Invite qualified members of the LGBT or ethnic community to talk with the students.
- Promote deeper awareness of colleagues and institutions on the topic.
- Favour the creation of study groups or students unions made up by those minorities (as it happens in many European universities) that will carry out awareness-raising activities for students and school staff.
- Have teachers develop a shared methodology for the stigmatisation of homophobic insults and for addressing homophobic and racial harassment, bullying and discrimination.

A STORY...



Today I'll pay a visit to Chloé in Fontenay. We've been together for more than one year, now, and at last I'll be able to see her home.

I remember the day I first saw Chloe. We had been chatting in a Triangle youth chat for three whole months before we found out, by chance, that we were neighbours. Not France, Austria, the Netherlands or Italy – not at all, Fontenay and Paris. And it's really only a stone's throw from one another. So, of course, we made a date.

Elsa and Chloé: a meeting in real life Good heavens, I'd been racking my brains, wondering what I would have done if Chloé turned out to be ugly or stupid –one never knows with chats. I preferred not to tell my mother about this chat thing. It's stupid, really, because I chat too and Mum would never imagine that anyone should be scared of me. But now it doesn't matter anymore, Mum likes Chloé, and that's the only thing that matters.

Damn, I really have to go now, otherwise I'll never get to Fontenay today. She grabbed her jacket, quickly checked herself in the mirror, took the key from the hook and rushed out.

Chloé's father is the real problem, she thought two hours later, feeling uneasy.

"You must be back in one hour, is that clear?," he glares at Chloé.

Chloé is so scared that I freeze.

"Come, Chloé." I help her up and we run out as fast as we can.

"Is your father always like that?" Pensively, I throw a couple of pebbles into the pond.

Chloé nods warily. "He loves me, that's all." Her voice sounds sad. "I'm his only daughter – he only means well."

"But it's not right to lock you up in your own home."

"Yeah, I know" Chloé grins, embarrassed.

"You never told me that he spies on you."

"You'd never have understood it. Daddy has a heart of gold, if you only get to know him right."

"I can't really imagine that", I whisper.

"Let's not argue about this please. You'll have to drive back just now, and I've been so happy to see you."

I draw Chloé carefully close to me and kiss her lips.

My body feels electric. I feel her excitement and get flushed all over.

"You disgusting slut." He drags me by the hair, and pushes me roughly towards the pond. "Don't you ever come here again, bitch."

Chloé's desperate eyes meet mine.

And that's the last I saw of her.

"Honey, what's wrong with you?" My mother looks at me worried. "Why doesn't Chloé come anymore? Did you have an argument?"

"It's not because of her, mum."

"Elsa, I think we ought to speak about this. You've lost at least five kilos in the past weeks. Something's wrong with you. I would just like to know what's getting you down."

"I know mum. Sorry, I must go now. See you later!" Quick, I must get away. If I look out the window today, everything is grey. Even though the sun is shining. My breakfast tastes like cardboard. The laughter of the others in the schoolyard echoes in my ears. I hear them speaking to me, I answer at times. But please don't ask me what I feel! Compared to me, a robot seems almost human. I cling onto school

because nothing else makes any sense.

Of course Mummy's right.. Last week we wrote a modern fairytale. My story began this way: "One day an extraterrestrial power put a bell jar over the Earth. But nobody noticed it..." The rest of it was quite scary and it had a fatal ending. I got top marks for it, but that does not help me anymore.

"How much does that fairytale have to do with you?", Mrs. Dupont asks me after class. I shrug.

"You've been down and out for weeks. Trouble at home?"

I shake my head silently.

"Unlucky in love?"

I look at her, surprised.

"It's about a girl, isn't it?", asks Mrs. Dupont softly.

"It's not because of her" I whisper and I let myself go. "It's her father", I sob.

"Elsa, I'll give you the telephone number of people who help young gays and lesbians, the "Ligne Azur". They can certainly help you. Things will be all right, you'll see."

"How do you know of this hotline?"

"You are not the only lesbian girl in this school." Mrs. Dupont winks at me.

For the first time in weeks I feel a little glimmer of hope.

I tell Marie, my counsellor, about the nightmare that has been haunting me for months, and that I can't make out. A monster drowns me into a pond, laughing in an evil way.

And suddenly I see the scene very clearly before me.

"Chloé's father – dragged me away by my hair and then insulted me. He pushed me towards a pond." For the first time I feel the repulsion again, I had quite forgotten it.

"Chloé's father grabbed you? I didn't know that. Maybe your nightmare shows how much Chloé's father has hurt you. Have you ever mentioned this attack to anyone?" Silently, I nod. "Do you think this is why I feel this way? I thought it was because the only thing Chloé talks about these days is suicide, and because I can't help her. I couldn't even defend myself against her father. I feel so bad."

"Yes, I can see why. You've seen how much her father can hurt you. Of course you feel helpless. Exactly as helpless as when you want to help Chloé and don't know how."

"Do you think there is some kind of link between these two things?" I ask with a small voice.

"It is very possible, to say the least, Elsa. If Chloé's father hadn't scared you so much, you could have dealt with the situation much better. Maybe you are feeling exactly as you did then, when you were attacked".

"I felt so ashamed of myself. I felt so dirty. As though he had covered me in spit from head to toe."

"That's just what he did", says Marie. "Talking about it is a good thing. It's the only way to overcome your feeling of helplessness. And once you get over it, then you can start thinking about what you can do for Chloé. What do you say, are you in for it?" Everything that Marie said sounded so logical, and simple and good. I would have never thought that an event like that could leave me so deeply shaken.

But Marie is right. I remember how secure and protected and how open I felt with Chloé. My defences were down, and of course I was also vulnerable. And after the attack by Chloé's father I could not move on. It is only now that I am starting to realize all that.

Counselling -Tools

On most social occasions, people are automatically assumed to be heterosexual and this is one of the reasons why coming out can be difficult for many lesbians, gays, bisexuals and transexuals. Psycho/social/healthcare professionals can facilitate the coming out process by using a neutral language, without assuming anything about the personal life of that person.

Considering that the term homophobia is used to refer to “negative attitudes against homosexuality” which are passed on by others and by society in general, the psycho/social/healthcare professional needs to determine whether the problems that person is experiencing are connected only to his/her homosexuality, or are also related to other dimensions of his/her life. The counsellor should then establish if it is necessary to deal directly with the issue of sexual orientation, hence placing the focus exclusively on this issue, or perhaps leave this aspect in the background because it is not relevant to the counselling process.

If you believe that the problems of the person who sought your professional help are linked to his/her sexual orientation, you may explore this area by asking questions, however make sure you select and pose these questions tactfully and cautiously so as to respect his/her pace and boundaries, without pushing him/her to reveal his/her sexual orientation if he/she does not deem it fit.

If the person comes from a different ethnic or cultural background, pay attention to both cultural and religious interiorised stereotypes because the problems relating to sexual orientation can have different relevance depending on the influence of religion, culture and family of origin. Therefore, you may focus on the possible struggle between family values, religious values and the cultural norms of the society he/she comes from on the one hand and, on the other hand, the values and norms of the host society in terms of sexuality in general, and (homo-/bi-) sexuality in particular.

Keep in mind that not every lesbian, gay or bisexual person has a problem with his/her sexual orientation. The objective is to find a balance between the exploration of the personal homosexual experience of that person and his/her experience regarding other problematic areas in his/her life.

This can be particularly complicated when dealing with teens who, for evolutionary reasons, are actively questioning their sexuality in general.

Working on self-esteem

Aim: to investigate the impact of interiorised homophobia.

Method: give a piece of paper to the person and ask him/her to write down 10 adjectives that represent him/herself. Then, ask him/her to write down 10 adjectives representing how he/she would like to be. Now ask him/her to mark every adjective with a positive or negative sign. Examine the meaning of the adjectives, compare the two lists and examine the personal meanings. Please note: this exercise can be used to investigate how the person perceives him/herself. Sexual orientation is not necessarily involved in such self-perception, but it allows you to verify whether it is an issue.

Representations of homosexuality

Aim: to help the person recognise the external influences on how he/she perceives him/herself as gay/lesbian/bisexual.

Method: ask the person the following questions:

- How did the social environment in which you grew up perceive LGBT people?
- Was it accepted or tolerated?
- Were lesbians or gays estranged or condemned?
- What was the first book, TV show or movie you remember that mentioned lesbians or gays?
- What was the tone of this book, show or movie?
- In which way was the gay or lesbian character portrayed? Was it a positive or negative character? Did you talk about it with anybody? If so, in which terms?

Please note: this option can be useful for those individuals who show a high level of interiorised homophobia and who use stereotyped representations of homosexuality.

Counselling - FAQs (Frequently Asked Questions)

Please also refer to the FAQs for the education sector.

Is it true that lesbian, gay and bisexuals have more psychological problems than heterosexuals? If so, why?

There is no causal link between sexual orientation and increased risk of psychological problems. Research studies show that gays, lesbians and bisexuals are more prone to psychosocial problems because they experience Minority Stress. For instance, gays, lesbians, bisexuals and transexuals who experienced discrimination in their own families are likely to have more difficulties in coping with stress. We must remind them that their sexual orientation is a normal variant of human sexuality and that they might have to deal with interiorised homophobia and possible discrimination.

What do I do with a homosexual teenager who is very depressed and who, I suspect, has acceptance problems? How should I work on his/her internalised homophobia?

First of all, it should be determined whether the depression is in fact due to self-acceptance issues (internalised homophobia) or whether there are other factors involved.

If it is determined that the problem concerns self-acceptance, a useful place to start may be to ask the teen about his/her parents' opinion about homosexuality and how he/she feels about it. In this way, internalised stereotypes can be explored. You can help the teen identify the significant others who hold and perpetuate those stereotypes, as well as the values that have been passed on to them through these stereotypes. At the same time, you can help the boy/girl identify other significant others who, in turn, do not endorse such stereotypes and examine the values held by these people. A further area for reflection is to see if there is a possibility as to whether an affective relationship can develop between these people who believe in different values and on what values could this relationship be based on.

Are gay, lesbian and bisexual migrants more at risk for psychological problems?

If a gay, lesbian or bisexual person belongs to a culture which considers homosexuality as a disease, a sin or a crime, that person is likely to have more difficulties with self-acceptance. For instance, he/she may feel that he/she is a traitor to his/her own family and community values and, as a result, receive inadequate support in a context where social integration is already difficult for him/her.

Moreover, gays, lesbians and bisexuals who come from ethnic minorities may run into some obstacles within the homosexual community as well. Like the rest of society, homosexuals can be racist too.

However, today it is possible to find religious groups of homosexual faithful on the Internet and in some major cities. These groups are gradually taking the debate on LGBT topics into their religious communities. There is also a growing number of publications and books on this topic. Encourage your clients to use these information resources, they will discover they are not as alone as they think.

Should I inform young LGBTs about STDs and HIV?

Recent studies show that the risk of contracting STDs and HIV is the same for young heterosexual and gay men, while it is greater for heterosexual than lesbian women. Therefore, everyone will benefit from accurate information and it would be useful if a counsellor whom they trust and perceive as competent could give them some practical suggestions.

When discussing sexual health, try to stress the positive and joyful aspects of sexuality. It can be difficult to exchange experiences with other teens (this is especially true for young gays and bisexuals), so young people often have to find out everything for themselves.

If you think you need help to teach teens about responsible sexuality, you may invite experts from LGBT associations that work in this field to talk to them. Or you may ask them for informational material that you can distribute in class. Or you may provide a reliable and pre-approved list of organisations dealing with such topics.

Advise teens to use condoms when they engage in penetrative sex.

Encourage teens to use reliable condoms (not the ones which are only good for oral sex, like “fun condoms”) and lubricants. If they are thinking about oral sex, they should be informed that oral sex without a condom can put them at risk of contracting STDs (e.g. hepatitis). If a teen should become infected with a STD or has any other health problem, they should go to a doctor as soon as possible. There is no need for them to feel guilty or ashamed about this – most STDs can be treated.

Are lesbians at risk for HIV and sexually transmitted diseases (STDs)?

While the risk of lesbians contracting HIV or a STD from each other is lower, it is still to be considered.

Transmission may occur through the contact between saliva and blood and the mutual use of sex toys. Another risk is the transmission of an infection or disease from a previous heterosexual sex encounter. Many lesbians mistakenly think they don't run any risks, even when they have heterosexual sex encounters. Because of this misconception, they tend not to see a gynaecologist, thus being much more likely to contract female tumours that are not diagnosed early enough for successful treatment, as well as other diseases.