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Internalized Homophobia and Coming out Process in Adolescence: A Case Report

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ABSTRACT

For homosexual individuals, on the basis of self-directed homophobic attitudes and difficulties experienced during the coming out process, their society's heterosexist and homophobic attitudes are specifically considered to play an essential role. Numerous difficulties and pressures in reconciling our differences, depending on various reasons, may lead to the increase in some psychopathologies of homosexuals compared to heterosexual individuals. Additionally, individuals with different sexual orientations, instead of a dominant heterosexual orientation, may face several challenges such as the process of coming out. Relative to heterosexuals, these individuals are supposed to explore, define and explain themselves in this sense. This study focuses on how mental health professionals can help adolescents to manage their coming out process through affirmative and positive therapeutic interventions. A case report was presented in order to examine the responses given to individuals with different sexual orientations i.e. how the individuals internalize these responses, the adverse effects of this internalization on mental health, models explaining the development of homosexual identity in adolescence and how these issues can be practiced in therapeutical settings.

Key words: *Sexual orientation, homophobia, heterosexual, adolescence, homosexual*

Sexual orientation is the way in which an individual sees himself / herself as an entity that can be related sexually and / or romantically and it is a mixture of sexual and romantic attentions, behaviors and fantasies [1]. In the context of sexual orientation, a person may be interested in the same, different or both genders. The concept of sexual orientation is socially constructed by people making meaning out from such sexual / romantic experiences and evaluating these experiences in social, cultural, political and historical context [2]. Individuals are considered heterosexual unless they express otherwise, in society that regards heterosexuality as normal [3]. Heterosexism condemns, judges and criticizes alternative orientations [4]. Thus, homosexual individual can internalize all these negative perceptions and this is defined as internalized homophobia [5]. In addition to this, heterosexist assumption can be very effective in the development process of heterosexuals as they are expected to be romantically and sexually interested in opposite sex.

As a result, those who are interested in same gender, those who are less interested in opposite gender or those who are not interested in both genders, may get confused or feel flawed. Homosexual individuals are responsible with the burden of coming out, understanding, and defining their sexual orientation. Research on different sexual orientations frequently focused on this developmental process, which led to the identification of the coming out process [6,7]. Thus, a number of phase models have been presented to explain how individuals begin to accept their gay, lesbian, and bisexual identities, how they overcome internalized homophobia and how they manage their identities in repressive social situations [3,7]. The first models trying to explain the development of

homosexuality have proposed the following general development route: Before adolescence, individuals realize that the attitudes of society towards lesbian, gay, and bisexual orientations are different from their same gender individuals, but they do not yet attribute these differences to sexuality [8, 9, 10].

Another model, defines two processes that follow different routes for identity formation: The first is internal process where, sexual preferences are understood and accepted, and the second is separate but related to the internal process, is a social process in which the quest to become a member of a social group under pressure. Disclosure is not consciously shown as a sign of maturation in both processes, since the success of the disclosure depends on the context in which it takes place. Although the discovery of the sexual identity and gender identity generates an important role of the identity development process for homosexual youth, individuals can change considerably in the timing and trajectory of this identity development process [11].

In a study conducted by D'Augelli, Rendina, Sinclair and Grossman in 2008, the approximate period of first awareness of attraction to same gender was 9.3 years, identification as gay or lesbian, happening more than 4 years later, at 13.8 years, disclosing to a friend appears at 14.5 years and disclosing to a parent appears at 14.7 years [12]. Both peer and parental help and recognition are vivid determinants of results for homosexual youth [13]. While both general parent-child relationship quality and parental recognition of their adolescence's homosexual personality are fundamentally connected with positive results such as more noteworthy self-esteem, perceived social help and general health, parental rejection is powerfully connected with adverse results [14]. Rejected youth reported importantly higher rates of depression, suicide attempts, illegal substance utilize, dangerous sex, and health issues associated with escape and vagrancy [15].

A negative coming out process and opening up with inappropriate peers or groups may contribute as further stressors, for example, verbal and physical conflicts, the loss of help, expanded social isolation, and the reinforcement of negative self-perception [16]. Developmental researches have demonstrated that numerous homosexual youth intentionally postpone the complete opening up process of their sexual orientation [17]. Despite the removal of homosexuality from The Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973, heterosexism and its associated prejudices still have an important place in occupations involving mental health [18].

Additionally, some mental health professionals are still advocating the "treatment" of homosexual orientation with "transformative" or "corrective" therapies. Research suggests that such approaches and approaching homosexuality in this way may harm individuals [19,20]. Finally, the environment-and-human approach respects the complexity of each individual's identity and his position in social life. Following is a case report, presented with an objective to study the internalized homophobia and coming out in the therapeutic process during adolescence.

CASE REPORT

Kemal (the real name of the patient has been changed and will be mentioned by this pseudonym); 18 years old adolescent , only child of family, and a gay high school student living with his parents who are university graduates and working. Kemal was directed to the therapist by the school counsellor and has never received any psychological support. He described the reasons for the arrival as:"I am not happy at all, and sometimes I hate myself". Kemal summarized his relationship with his parents: "We are so nervous and I do not think they can understand me emotionally. Especially my father, who always criticize me, he makes me feel that I cannot even breathe properly."

A total of 23 sessions were carried out with Kemal, structured weekly. In all sessions with Kemal, the possibility of transference and counter transference were considered. The therapist tried to be sensitive to the challenges that may occur from both self and his/her client's sexual orientation and needs. In the therapeutic process the therapist, taking into account moral values, tried to figure out about the intimacy the client is involved with and had set the boundaries accordingly taking into account the professional identity over the individual. The therapist's sensitivity to the culture and awareness of the importance of the problem provided trust-based, sincere and open relationship.

The first goal, in the starting sessions with Kemal, was to create a safe, empathic and accepting therapeutic environment; the session consisted psychological situation assessment. In this assessment, therapist collected data about mutual acquaintance, relating, affect, mood, cognitive ability and thinking, as well as external behaviour, self-concept, relationships and transference symptoms. Based on the data collected from the interview, Beck Depression Inventory was administered at the end of the first session. Kemal scored 9 points on "hopelessness", 8 points on "self-directed negative feelings", 4 points on "physical anxiety" and 2 points on "guilt feelings" sub-scales of depression and 23 points in total (moderate depression). Kemal was also directed to the psychiatrist at the end of the second session. From the second session, Cognitive Behavioral Therapy has been worked through his significant depression throughout five sessions.

In the sixth session, Kemal mentioned about his sexual orientation. At the end of this session, Internalized Homophobia Scale for gay and bisexual individuals was applied to Kemal, based on his rigid self-anger and self-hatred related to disclosing his sexual identity and he scored 14 points. On this scale, Kemal responded “totally agree” on “I think being gay is a personal deficiency for me” and “I avoid personal or social relationships with other gay/bisexual men as much as possible”. Kemal also responded “agree” on "I try to get more sexual interest in women". With activating affirmative therapy approach, in addition to depression-oriented studies, therapist focused on internalized homophobia and improvement of positive self-esteem, discussed Kemal’s relationship with his family members and difficulties related to environmental values. Due to Kemal's disclosure of his sexual identity to the therapist, in the sixth session, Kemal was given clear and accurate information through psycho education about sexual experiences in homosexuality, STDs, safe sex and homosexual communities. However, Kemal's prejudices towards sexual orientation were also addressed through psycho education and therapist worked on the real problem which was society’s heterosexist attitudes and not homosexuality.

Kemal's first step in self-acceptance was in the sixth session as disclosing his sexual identity to the therapist. As a result of growing up in a society that accepts heterosexism as normal, Kemal was concerned about having different sexual orientation. As the therapy progressed, the acceptance and respect of the therapist reduced the anxiety occurred in the disclosure. As the therapy process was approached to the end (seventeenth session), Kemal expressed his desire to open up in the society with the acceptance of his sexual orientation, but the idea of coming out understandably stressed him out. The possibility of a negative response to an individual makes coming out risky in heterosexist environments. It was also emphasized that since, every environment and relationship have a possibility of individual to be rejected and / or victimized in this context, it might be necessary to make separate coming out decisions for each environment and relationship. Kemal was encouraged to express, discover, understand, and describe his experiences, feelings, desires, values and preferences in this issue.

Kemal experienced opening up, firstly to a close male friend in school, and expressed happiness of experiencing his expected acceptance by saying “I feel eased”. Kemal shared that coming out to his family is a great risk (e.g., rejection, interruption of economic support, exclusion from home) and said that a friends’ acceptance is enough for him but it was also evaluated jointly in the session. Kemal described that he will be in college in a few months, which relieves him, and that he could live without any problem in his current home environment. Given Kemal's age, the therapist and Kemal both agreed on that he was not ready to disclose the fact of his sexual orientation to his family. At the end of the 23th session, Beck Depression Inventory and Internalized Homophobia Scale for gay and bisexuals were re-applied. It was observed that Beck Depression Inventory with an initial score of a 23 reduced to 9, whereas Internalized Homophobia Scale for gay and bisexuals with an initial score of a 14 reduced to 2.

With Kemal, only two follow-up sessions could be held with one month interval. Due to his college education in another city, he was informed about the specialists working with homosexual groups and the homosexual communities in his city.

DISCUSSION

Kemal explained his sexual orientation after the therapeutic confidence which was developed because of the fear of being born and brought up in a heterosexist culture. It has been observed that the therapeutic environment in which homophobic attitudes was not presented even though Kemal’s disclosure has increased his belief in the process. It has been shown that the therapist's accepting responses can be very influential on the client's acceptance experience and fear of rejection [4].

Over time, individuals define the source of these differences which they feel as sexuality; and seek to engage with other individuals to meet their feelings and evaluate the overall stereotypes. Through this engagement, individuals discover and eventually become proud of their sexual orientation, which allows them gradually to disclose their sexual identity [8, 9, 10]. As opposed to the pathological presentation of sexual orientations when working with homosexual individuals in the therapeutic process, it has been argued that the affirmative approach is much more effective in coping with the difficulties of internalized homophobia and the coming out process [21].

There are three basic principles in affirmative (supportive) practice: cultural competence, a power-focused perspective and an environment-and-human approach [22]. Cultural competence means acceptance of all of the different sexual orientations, knowledge of the challenges and experiences associated with these orientations, and awareness of the potential interaction of these orientations with other components of social position. Power-focused perspective focuses on health rather than disease, and grounds on the individual's current strengths for restructuring, providing a free will to prioritize in all areas of the homosexual individual's life. In a study conducted in support of this, Minami found that homophobia could harm the therapeutic relationship when counseling individuals with different sexual orientation [23]. When Kemal expressed his wish to coming out, the

possible positive and negative situations were evaluated. There is a possibility that a person, who is informed about one's sexual orientation, is likely to disclose and discuss it with others. [24].

If a homosexual individual do not disclose their sexual orientation they are prone to face consequences such as, isolation from peers, families and society etc. Accordingly, the request coming from Kemal about disclosure was carefully evaluated, and the friend with the highest probability of approval was identified as the first person to be disclosed. Interactions with living conditions, regional attitudes and customs and other parts of identity influence the success of explaining sexual orientation and the account must participate [18,25].

Although in reality most people initially get negative responses from their family [24,26], family ties are often repaired over time [4]. While Kemal was informed about homosexual communities throughout the therapy process, the therapist kept in mind not to force him on this matter. An important factor that cannot be overlooked is that participation in these communities may not always be supportive and positive for the homosexual individual and may require a cultural adaptation with new traditions and norms. Kemal did not choose membership in any community.

CONCLUSION

The present case presents the responses given by the individuals with different sexual orientations i.e. how the individuals internalize these responses, the adverse effects of this internalization on mental health, models explaining the development of homosexual identity in adolescence and how these issues can be practiced in therapeutic settings.

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