

Different in More Ways Than One.

Providing Guidance for Teenagers on Their Way to Identity, Sexuality and Respect

4 Mental and Social Well-being

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 Chloé. We had been chatting in a triangle-youth-chat for three whole months before we found out, by chance, that we were almost neighbours. Not France, Austria, the Netherlands, Italy – not at all, just 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 wracking my brains, wondering if Chloé would be ugly or just really silly –one never knows with chats. I preferred not to tell my mother about this chat thing. It's stupid, really, because I was chatting away on the web, and Mum would never have imagined how dangerous that could have been. But now it doesn't matter anymore, Mum likes Chloé, and that's the only thing that matters.

Hey, I must rush, otherwise I'll never get to Fontenay today. I grab my jacket, glance at the mirror, take the key from the hook and I'm off.

Chloé's father is the real trouble, I think two hours later, feeling uneasy.

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

Chloé's fear freezes me to the bone.

"Come, Chloé." I help her up and run away with her, as fast as I can.

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

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

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Framework

First of all

Until the nineteenth century, homosexuality was exclusively considered a question of morality and theology. It then shifted to the medical and scientific arenas and was defined as a pathology: a physiological and psychological illness. Mental health scientists looked for the cause of homosexual orientation and attempted to “treat” homosexuality. The aim of such interventions, called “reparative therapy”, was to change the patient’s physical, emotional and psychological attraction to persons of the same gender into desire for the other sex– in many cases through cruel methods like electroshocks. This of course did not change anyone’s sexual orientation, but frequently had negative and tragic consequences.

The absurdity of the definition of homosexuality as a pathology was officially recognised in 1973, when the American Psychiatric Association (APA) removed homosexuality from its list of disorders. In 1993, the World Health Organization (WHO) declared homosexuality a natural variant of human sexuality. Today, serious mental health associations no longer support “reparative therapy” or any kind of so called “cure” for homosexual orientation, since homosexuality is no longer viewed as an illness or disorder. Since the mid 1970s, the medical and psychological focus has been to support gay men and lesbian women in understanding and accepting their sexual orientation as part of the self. This is done in part through developing strategies to build up a positive self-image and by helping gays and lesbians cope with prejudice and discrimination.

Gays, lesbians and bisexuals from other minority groups must cope with further challenges: they must deal with conflicts arising from their belonging to different communities where they might feel like outsiders. Teenagers from other minority groups may erroneously perceive their sexual orientation as being incoherent with their community’s standards and may therefore believe that they must choose between the two. In a society where gender, origin, sexual orientation, age, physical abilities and religious opinions are all bases for discrimination, teenagers need to learn how to change a stigmatised identity into a positive one.

Basic information

Because of the fear of stigma and real-life discrimination, young people who feel attracted to people of the same sex can be more at risk for a range of psychological problems: chronic stress, depression and suicide risk, victimization and abuse, eating disorders, substance abuse, and psychosomatic disorders are some examples. However, it is important to realise that some teenagers will experience one or more of these risks, while others will not experience any. Homosexual feelings do not always lead to risks!

A main challenge for all adolescents is their own self-acceptance. Some are so afraid of the social stigma of homosexuality that their fear takes on a force of its own and may create psychological problems. In some cases, however, the fear of extremely negative reactions may be realistic, especially within some homophobic communities. Acceptance problems among gays, lesbians and bisexuals can be classified on three levels:

- 1) uncomplicated acceptance problems (young clients, a good social network in place, supportive family and friends);
- 2) complicated acceptance problems (sub-optimal social network, negative self-image, fear of contact with other gay people, internalised homophobia, strict religious family background);
- 3) severe acceptance problems (mental and psychiatric problems like depression, suicide attempts, anxiety disorders. These problems are so severe that they take priority over the acceptance problems and need to be dealt with first).

Visibility is another challenge for young people. Coming out can lead to a critical period; for example, disclosing a homosexual identity to parents may cause tensions within the family. Social networks are very important in order to protect adolescents from developing psychosocial problems. Such networks can be made up of family members, friends, school teachers, etc.

Ethnic and sexual minorities face a multitude of forms of discrimination; they may encounter heterosexism from their families as well as racism from mainstream gay lesbian and bisexual organisation and individuals. Consequently, these teenagers may not find the support they need.

For teenagers, the first sexual experiences may come unexpectedly. Since homosexual experiences are usually not part of sex education in the home and often do not form a part of the school's sex education curriculum, young lesbians and gays are even less informed. Sex education should include aspects that are specific to gays and lesbians. Information on safer sex and general health (good use of condoms and lubricant, general prevention of female cancers) is as important as the information we generally give about contraception. Some gay and lesbian or health organisations offer a specific brochures or presentations in schools.

What does this mean for me?

Gay, lesbian and bisexual adolescents who experience discrimination because of their sexual orientation and/or ethnic identity will benefit from accurate information, peer support, and supportive interventions to assist in the successful acceptance of their sexual orientation.

It is very important to make objective and authentic information available on the topic of homo- and bisexuality. This includes health problem prevention material for young gays/lesbians and bisexuals so that teachers and counsellors can become acquainted with high-risk instances. Another option is to include accurate information about homo- and bisexual experiences in teaching sessions and in school teaching materials which normally only deal with heterosexual experiences.

Support groups are the most valuable resource for gay, lesbian and bisexual adolescents, at least for those young people who face relatively uncomplicated acceptance problems. The socialisation experience for gay, lesbian and bisexual teenagers will include learning from competent gay, lesbian and bisexual adults. The focus should therefore be placed on the importance of social networks for homosexual young people. Teachers and counsellors can play a role in supporting these adolescents by working against social isolation (by informing lesbian, gay and bisexual teens about the existence of other lesbian, gay and bisexual groups), emotional isolation (by creating empathy with the lesbian, gay and bisexual youths) and cognitive isolation (by giving information about homosexuality). In this way, educators and counsellors can help to prevent psychosocial problems.

Counsellors can play an important role in helping clients explore their feelings about HIV and safer sex. If a gay or bisexual teen feels bad about his or her sexuality, he/she probably will not take steps to protect him or herself when having sex. Low self-esteem affects assertiveness in negotiating a safe relationship.

Education

Bear in mind

How can I change my heterosexual pupils' attitude towards homosexuality and, at the same time, support my lesbian, gay and bisexual students? Can I invite a person who is openly lesbian, gay or bisexual to talk to the pupils? Will parents and other teachers criticize this? How would I feel having one pupil in the class who is openly lesbian, gay or bisexual? How would the young people feel? Will this person be mocked, offended or even attacked by the others? How can I make them feel welcome?

Show the class movies which portray positive lesbian, gay or bisexual characters or invite persons who are openly lesbian/ gay/ bisexual to meet the class. There are even project groups specialised in educating pupils on gay and lesbian issues in school or youth care. This can be a winning strategy; in fact, according to Allport's "contact hypothesis", when different groups come into contact with each other, prejudice is definitely reduced. Moreover, this kind of contact can also show a positive role model to lesbian, gay and bisexual teens, which is important for their self-esteem.

How do I feel when my students use the word "faggot" or "dyke" as an insult? When are such words adopted and in what context? Who are they addressed to? What is the intended meaning? Should I ignore it or is it better to intervene?

Even when the word is not meant to offend anybody, it is still true that "faggot" contains an offensive tone which is effectively derogative for all homosexuals. Such words – which are often said automatically and without thinking – can be used as tools. Have the pupils 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” (group exercise)

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. A secondary objective is to remind pupils that homosexuality was once considered a disease and some cultures around the world still believe this to be true, thus affecting the psycho-physical health of the people coming from these cultures.

Method: Every boy/girl must fill in a form where some behaviours or situations are described (e.g. masturbation, homosexual marriage, not eating pork, diseases, disability, age etc.); he/she must say whether these behaviours are “normal” or not.

Please note: this is an introductory exercise.

Brainstorming on Health (group exercise)

Aim: Through this technique, the group is invited to deal with the topic of health and its meaning. Point out that “health” does not only concern the body in itself, but also the quality of the individual’s relationship with the social environment and his/her ability to cope with problems. Stigma can affect self-esteem and can therefore impact one’s health. Stigmatised groups have fewer social resources to handle these problems.

Method: Ask the class for the meaning of the word “health”. Collect all the answers 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”.

Socio-Affective Education: “Are we quarrelling well?” (group exercise)

Aim: to teach young people to express their own feelings and to relate with others, in particular with those who are “different”. Psycho-physical health depends on our ability to relate with others.

Method: In order to feel good about ourselves and our relations with others, we need to learn how to behave well when we are having an argument, that is to say, without offending or disrespecting others.

The teacher should ask the class whether it is possible “argue in peace”. If so, what form would this take? One main point in the discussion should be the use of “I” in a quarrel instead of “you”; and thus the use of one’s own feelings as a starting point for a difficult discussion so that the other person does not feel attacked. It is important that everyone can talk freely without any apprehensions or judgement.

Please note: this is an introductory exercise.

Group discussion: The Effects of People's Judgement upon One's Own Well-Being

Aim: The exercise stresses the effects of social judgement.

Method: Read the extract from Toni Morrison's book "The Bluest Eye" where the main character, who is of African origin, says she wants blue eyes. Ask the group why the girl wishes for a different eye colour. Are blue eyes better than brown ones? Where did she learn that blue eyes are better/more "right"? Which doors are opened by having blue eyes? Which advantages are connected with blue eyes?

Please note: Having the pupils read the entire book would be useful, or the story can be read out loud by the teacher who then discusses it with them.

Education

F.A.Q.s (Frequently Asked Questions)

Please also refer to the F.A.Q.s for the counselling and health care sector.

Psychological

What is the emotional impact of a verbal insult?

An Italian proverb says “words hurt more than swords”. In practice, 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 homosexuals, verbal insults affect their sexual identity. This can make the coming out process particularly hard. 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.

One of my pupils, who I believe is gay, is going through a hard period 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 pupil. In some cases, an understanding teacher can be of more help than 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 pupil will get the message and feel reassured.

Health: Sexually Transmitted Infections (STIs) and HIV prevention

Should I inform gay and bisexual boys about STIs and HIV?

Gay and bisexual boys may be at higher risk for contracting STIs and HIV. However, just informing them of that fact will not help them very much. It is better to give them some practical suggestions. Make sure you stress the positive and joyful aspects of sexuality, even when discussing sexual health. It can be difficult to exchange experiences with other young gays and bisexuals, so young people often have to find out everything for themselves. Young people should think about what they really want; if they don’t want to have anal sex or any other specific practice, they are perfectly entitled to refuse. Each partner’s limits must be respected. If they are considering a particular sex act, it is important to feel they can trust their sexual partner in order to feel relaxed. Encourage the youngsters to use a reliable condom (not the ones which are only good for oral sex, like “fun condoms”) and lots of lubricant. If they are thinking about oral sex, they should be informed that oral sex without a condom can put them at risk of contracting STIs. If a young person becomes infected with an STI 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 – STIs can be treated

Are lesbians at risk for HIV and sexually transmitted infections (STIs)?

While the risk of lesbians contracting HIV or an STI from each other is lower, it is still to be considered. Oral sex during menstruation and the use of sex toys are some ways in which STIs can be transmitted. Another risk is the transmission of an infection or disease from a previous heterosexual contact. Many lesbians mistakenly think they don't run any risks, even when they actually have heterosexual contacts or use drugs. Because of that, they tend not to go to the gynaecologist’s and therefore are much more likely to contract feminine cancers for instance and not know about it early enough.

“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 is like electrified. 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 drones in my ears. I hear them speaking to me, I answer at times.

But please don’t ask about my feelings. Compared to me, a robot seems almost human. I hang on to schoolwork because nothing else makes any sense.

Of course Mummy’s right. But I don’t have any time. Last week we wrote a fairytale. Modern and made up by us. My story began this way: “One day an extraterrestrial power put a cheese cover over the world. But nobody noticed it...” The rest of it was quite scary and ended fatally. 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 after the lesson. I shrug.

“You’ve been looking down in the mouth for a few weeks now. 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 already the dam has burst. “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.

to be continued

I tell Marie, my advisor, about the nightmare that has been haunting me for months, and that I can't make out. A monster drags me down into a little pond, and laughs revoltingly.

And suddenly I see the scene very clearly before me.

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

"Goodness gracious, Elsa, 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 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 to."

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

"It is very possible, to say the least, Elsa. If Chloé's father hadn't threatened you so much, you could be dealing with the situation much better. Maybe you feel exactly as you did then.

"I felt so ashamed of myself. I felt so dirty. As though he had been covering 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 come out of your helplessness. And once you get over it, then you can start thinking about what you can do for Chloé, okay?"

Everything that Marie says sounds so logical, and simple and good. I had never thought that any one situation could get me so deeply shaken. But Marie is right. I remember, how secure and protected and how open I felt with Chloé. In this situation my defences were down, and of course I was also vulnerable. But I couldn't go on with it after the attack by Chloé's father. Only now can I finally come to terms with that.

the end

Counselling and Health Care

Bear in mind

A counsellor is trained to work with people from different backgrounds and to carefully diagnose their clients. When it comes to lesbian, gay and bisexual clients, certain problems may be more visible than others. It is easy to forget how some problems may relate to sexual orientation, especially with adolescent clients. It can be useful for you to read about specific psychosocial and health problems gay, lesbian and bisexual clients face in order to broaden their knowledge. Being well informed about the “pink social map” (gay/lesbian subculture) in your area can also be handy.

Think about your own prejudices. Do you believe that lesbian, gay and bisexual people have more psychosocial problems than heterosexuals? Why do you think this is so? What do you know about specific health problems? What are your personal thoughts about lesbian, gay and bisexual sexuality?

Asking your client about his or her perception of being lesbian, gay or bisexual is always better than assuming. Don't forget however that not every young lesbian, gay or bisexual has specific problems with their sexual orientation. Don't make it a problem when it isn't one to begin with.

Can you be a person of reference in the client's social environment without losing your professional distance?

The following tools focus on internalised homophobia and on self-esteem, because these two aspects have to be taken into consideration when promoting gay and lesbian health.

Counselling and Health Care

Tools

In our social climate, where people are automatically assumed to be heterosexual, coming out can be difficult for many lesbians, gays and bisexuals. The counsellor can facilitate the coming out process through the use of respectful language. Do not assume anything about your client's personal life.

Counsellors should in any case strive for an open attitude about sexuality. A first step is to try to normalise remarks about sexuality in general; this should then open the door to talking more specifically about homosexuality and/or bisexuality.

If you suspect that a client's difficulties come from problems linked to their sexual orientation, you can explore this by asking questions. Make sure you ask the questions carefully and don't force the clients into "confessions" about their sexuality.

You can be a significant other in the client's social environment.

You can provide information about safer sex and support groups.

If the client is from another ethnic or cultural background, the problems relating to their sexual orientation can be much more significant because of religious reasons and the influence of the family. Make sure that you provide space for the client to talk about the struggle between family values, religious values and the common norms around (homo/bi) sexuality in the society they live in.

Keep in mind that not every lesbian, gay or bisexual person has a problem with his or her sexual preference. The challenge is to find a balance between ignoring it when it is a problem and stressing it too much when it isn't one. This can be particularly complicated when dealing with a young target group of people who are actively questioning their sexuality in general.

Work on self-esteem

Aim: to investigate the impact of interiorised homophobia

Method: Give a paper to the client and ask her/ him to write down 10 adjectives representing himself. Afterwards, ask her/ him to write down 10 adjectives representing how he/ she would like to be. Now ask the client to mark every adjective with a positive or negative sign. Examine the meaning of the adjectives, compare the two lists and investigate whether they are connected to sexual orientation.

Please note: This exercise can be used to investigate how the client perceives her- or himself. This does not necessarily imply that sexual orientation is involved. Keep in mind that not every lesbian, gay or bisexual has a problem with his or her sexual preference. The challenge is to find a balance between ignoring it when it is a problem and stressing it too much when it isn't one. This can be particularly complicated when dealing with a young target group of people who are actively questioning their sexuality in general.

Representations about homosexuality

Aim: to help the client recognise the external influences on how she/ he perceives her- or himself as homosexual.

Method: Ask the client the following questions

- What were the social values concerning homosexuality where you were being raised?
- 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? As a positive or negative figure or role model?

Please note: this proposal can be useful for those clients who show a high level of interiorised homophobia and who stick to stereotyped representations about homosexuality.

Counselling and Health Care

F.A.Q.s (Frequently Asked Questions)

Please also refer to the F.A.Q.s for the education sector.

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

Lesbians, gays, and bisexuals are no more prone to mental problems than heterosexuals. However, since they usually live in environments which do not accept their identity or lifestyle, they undergo more psycho-social distress. Lesbians, gays, and bisexuals who experienced discrimination in their own families are likely to have more difficulties in coping with stress. Some surveys prove that the attempted suicide rate among young gays is 2-3 times higher than among young heterosexuals.

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

First of all, it should be determined whether the depression is in fact due to difficulties in accepting oneself (internalised homophobia) or whether there are other factors involved.

Internalised homophobia occurs when a lesbian, gay, or bisexual person internalises the negative messages she/he has received throughout life concerning homosexuality from family, school, church and society in general. If it is determined that such difficulties exist, a useful place to start may be to ask the young person about their parents' opinions concerning homosexuality and how they feel about it. In this way, the internalised stereotypes can be explored. It should be remembered that whenever homosexuality is not accepted for cultural or religious reasons, lesbians, gays and bisexuals find it even more difficult to accept themselves. In such cases, a counsellor can help them to re-think their own culture or religious beliefs from another point of view, without having to deny or to reject them.

Are lesbians, gays and bisexuals from other cultural backgrounds more at risk for psychological problems?

If a gay/lesbian/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 as well as less social support from their community. He or she may find it difficult to reconcile different aspects of his or her personality (for example being Catholic and gay at the same time). This can make it harder for them to make contact with institutions which hold other cultural values.

In some families, a son or daughter may feel that he or she is a traitor to his or her own family. As if this were not difficult enough, lesbians/gays/bisexuals from other minorities may run into some obstacles within the homosexual community as well. Like the rest of society, homosexuals can be racist too. In this sense, young people from traditional cultural backgrounds in every country may be at risk for psychological problems.

“There was a time when I was sick with anxiety to tell myself: ‘I Am Gay’. I just had the feeling life was like a long and cold and dark day: joyless, loveless, worthless. At that time I never, ever, could, have imagined that it actually is rewarding to be gay! My goodness, looking back, I must have been so lonely...”

Imprint

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