Homophobia and the everyday mechanisms of prejudice: Findings from a qualitative study

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Abstract

This paper explores the meaning of 'homophobia' from a phenomenological, interpretative and social constructivist perspective. We postulate that homophobia is a useful repository for understanding experiences of prejudice and trauma expressed in 34 qualitative interviews with gay, lesbian, bisexual, and transgender clients of counselling and (heterosexual) counsellors. Homophobia can be further explained by examining mechanisms of social isolation – the ways that people deploy homophobic behaviours and thus, how minority people experience homophobia as isolating and alienating in everyday family life. Experiences of homophobia and the fear of homophobia appear to be extremely powerful, formative, and often traumatic, with long term implications for individuals' adjustment and/or family functioning. The importance of a supportive therapeutic relationship is highlighted.

Keywords: Homophobia, Heterosexism, Counselling, Isolation, Alienation, Trauma

Acknowledgement

Defining Homophobia

The term 'homophobia' first appeared in 1972 and was suggested to mean the dread of being in close proximity to homosexuals (Weinberg, 1972). This definition agrees with the clinical model of phobias found in the DSM IV (American Psychiatric Association, 1994). Since the 1970s, however, the emphasis on 'phobia' has broadened to include 'a wide range of negative emotions, attitudes and behaviours toward homosexual people' (Haaga 1991, p. 171), and also the internalised attitudes of sexual and gender different persons.

Plummer (1999, p. 2, 4) defines the term 'homophobia' as a 'repository' of beliefs, values and behaviours related to concepts like 'not self', 'difference' and 'otherness.' He identifies five characteristics that distinguish homophobia from a clinical phobic response. First, phobic responses typically originate in fear, but homophobia often includes hatred and anger. Second, phobias are considered unreasonable and extreme, whereas homophobia is often judged to be understandable and justifiable. Third, phobias usually involve avoidance mechanisms, but homophobia often manifests as hostility and aggression. Fourth, phobias do not relate to political issues in any direct clinical sense, though homophobia has clear socio-political dimensions that include prejudice and demonstrations of discrimination. Finally, people with phobias often recognise their need for treatment and how their phobic responses get in the way of everyday functioning. On the other hand, people that harbour homophobia do not usually see their condition as disabling and may not be motivated to change.

Debate over the usefulness of the term 'homophobia' continues in the literature, with various authors suggesting alternative labels. For example, Herek (2000) suggests that the phrase 'sexual prejudice' is more apt to describe the broad context of social and psychological research on prejudice. Herek hopes to avoid value judgements and attitudes conveyed by 'homophobia,' though the phrase 'sexual prejudice' is just as loaded. Plummer (1999, p. 5-6) explores a lengthy list of alternatives, concluding that all terms offer inadequate explanations of a complex phenomenon. He proposes staying with the term 'homophobia' because other terms attempt to name aspects of homophobia while fragmenting the field of knowledge now associated with the term. Also, given the short history of the term 'homophobia' the body of literature associated with the phenomenon is relatively small and there is no generally accepted alternative.

Exploring the phenomenon of homophobia

Rather than begin with a precise definition we use 'homophobia' as a 'coding category' that best describes a large body of data related to experiences of isolation, alienation and discrimination in everyday life and in counselling (Strauss & Corbin, 1994). In this way the term takes on provisional and tentative methodological significance (Blumer, 1969; Bogdan, 1992; Bowling, 1997; Maning & Cullum-Swan, 1994; Minichiello, Aroni, et al, 1995). The usefulness of the term is then directly related to how the body of analysis holds together in coherence, intelligibility and rationality (Rennie, 1998). If the analysis can be defended through rigorous critique, the term 'homophobia' will not stand on its own merit but will be somewhat revised by the meanings attached to the term that emerge in the data.

The primary environment for experiences of isolation, lack of understanding, and prejudice are peer groups (Plummer, 1999) and the family (Kaufman and Raphael, 1996). For instance, the Gay, Lesbian, and Straight Education Network (GLSEN) (1999) conducted a survey of gay, lesbian, bisexual and transgendered students affiliated with local youth service organisations from 32 states in America. The responses included 496 completed questionnaires. Over 90% reported sometimes or frequently hearing homophobic remarks in school, and almost all reported hearing these remarks from other students. Of the respondents, 69% reported experiencing some form of harassment or violence, 13% reported experiencing physical assault, and two out of five stated they did not feel safe in school. Over one third of the sample did not feel comfortable speaking to school staff about issues related to status as a lesbian, gay, bisexual or transgendered person.

Homophobia is a mainstream concern
Underlying findings related to homophobia is the notion that the problem exists primarily in heterosexual people's attitudes towards difference. For example, Wilson (1999) explores five themes underlying mainstream cultural expressions of homophobia towards lesbians: (i) anxiety over sexual difference, (ii) fear of female sexuality, (iii) the sexualisation of lesbianism, (iv) the characterisation of lesbianism as sick and unnatural, and (v) the inability to identify lesbians with any certainty. Fear and anxiety toward lesbians and sexual difference correspond with a classical definition of homophobia. But reactions are not logical, nor consistent. For example, making lesbianism more sexual than is warranted appears opposite from making lesbianism sick and unnatural. Both responses are psycho-emotive. It is possible that elevating the erotic versus demonising the sexual are two sides to one psycho-emotive process that objectifies the other into a role that is 'played out' by the homophobic or gender-biased individual in direct relationship to their projected fantasy. Homophobia, like sexism, works to discredit the 'other' in irrational ways, while building up the self in a false and self-deceptive manner.

To further illustrate the point that homophobia relies on irrational but consistent motivations, Bank and Hansford (2000) found that men's same-sex friendships tend to be less intimate and supportive than women's because of (i) a lack of parental role models for friendship, (ii) emotional restraint, (iii) homophobia, (iv) masculine self-identity, (v) competitive striving, and (vi) role conflicts. The results indicate that emotional restraint and homophobia (toward gay men) are the most significant causal factors that decrease the likelihood of intimacy and support in male friendships. Similar results were suggested for gay males whose internalised levels of homophobia were rated high. Though the study confirmed the significance of internalised homophobia in heterosexual and homosexual populations, the meaning and function of this problem requires investigation.

Male socialisation and homophobia
Allen and Oleson (1999) investigated the relationship between internalised homophobia, shame, and self-esteem in gay men, suggesting that the longer one is out of the closet the less shame and internalised homophobia are felt and the greater is one's sense of self-esteem. While these findings appear reasonable, further analysis suggests the authors rely

heavily on uncritical propositions related to the social construction of homosexuality and they are useful to illustrate how irrational homophobic cultural scripts translate into research which further isolates minority persons by the use of pathological labels. For example, the scholars found significant correlations between internalised homophobia and seven 'self-consciousness variables', or ways that gay men felt about self. These were: (i) perverted, (ii) effeminate, (iii) weak, (iv) sick/defective, (v) passive, (vi) engage in anal sex, and (vii) dirty. All variables except 'dirty' had a significant correlation with shame, and the study concludes that shame may be a principle 'pathogenic factor' in internalised homophobia. It is interesting to note that the authors construction of variables likely resulted from their own proposition of (culturally dominant homophobic) terms inserted into their research instrument.

In contrast, Plummer (1999) investigated homophobia in male development and socialisation from early childhood to adulthood. He found that homophobic beliefs precede and inform the development of sexuality and gender identity, effectively underwriting the negative binary system of heterosexuality versus homosexuality. Further, homophobic language emerges early in male development and peaks between the age of fourteen to eighteen. Afterwards, homophobic language tends to level out and become less of an issue as the male matures. Use of pejoratives like fag, queer, sissy, poofter, faggot, homo, and lesbo, dyke, butch, etc., are predominant among grade school boys who may not understand the meaning of the words they use. As meaning clarifies, the young male's fear of being labelled intensifies. Their gendered identity forms in contrast to these terms and to the lesser-than-male femininity implied in phrases like 'you're just like a girl!' or 'you sissy, why don't you go play with the girls'. The fear, anxiety and identity-uncertainty embedded in these early years of (homophobic and largely male initiated) childhood socialisation predate and influence adult (male) constructions of meaning.

Methods
Thirty-four adult participants were interviewed, consisting of 18 clients and 16 counsellors. Clients comprised four gay, six lesbian, four bisexual and four transgender participants. The criteria for selection were the client's self-identification in the above categories, and that they had experienced counselling at least once. Client experiences of counselling varied from single sessions to lengthy therapeutic relationships that spanned several years. Because counselling is difficult to define, is a relatively new field in most Western nations, and tends to vary to great degrees depending on the approach of the practitioner, 'counselling' was not specified by the researchers and was self-defined by each participant. Ten clients came from rural and eight from urban settings.

Regarding counsellor participants, several identified as gay male, bisexual female and lesbian. Several expressed overlapping counsellor/client identity. Through the use of theoretical sampling, counsellors sampled first were chosen because of their expertise in the area. It was felt they may serve as key informants, and may also offer snowball referrals to colleagues who may become participants. Hearing their perspectives did alert the project to relevant issues. Later, counsellors who had no experience were sought for a contrast. Counselling practitioners included psychologists, clinical social workers, health

workers, sexual health workers, private practitioners, ministers of religion, alternative practitioners, and counsellors in individual, couple and family work. Eleven counsellors came from rural and five from urban environments.

Participants were recruited using three methods: (i) snowball referrals; (ii) posting requests for volunteers on community e-mail list servers; and (iii) contacting counsellors through the telephone directory. Interview duration was between one and three hours. Interviews were audio taped. The three questions used in all interviews were: (i) Can you tell me a bit about yourself and how you came to be where you are now? (ii) Tell me a bit about your experiences of a) counselling, or b) working with gay, lesbian, bisexual and transgendered clients and, (iii) If you could speak directly to counsellors, what would you tell them that you most want them to know about working with gay and lesbian clients?

Interview data was transcribed and coded according to self-apparent content, using the words found in the interview to code the material. Interviews were subdivided according to these codes, and related codes were sorted as relationships between codes became apparent. Over 800 initial codes were identified, and the growing mass of coded data was sorted using a systematic process facilitated by a qualitative data analysis programme (Qualitative Solutions 1997). When codes logically combined, categories developed. Categories expressed areas of commonality between bits of data, suggesting areas that appeared to bring together significant statements. This analytical process was documented at each turn by analytical memos. As categories were tested, contrasted, and clarified they were subsumed into themes. The themes came to express the dominant groupings of categories that later spoke through the structure of the research findings. Because of time and resource restrictions, subsequent analysis focused on sorting data according to the dominant themes that had emerged through the first half of the study. These themes were tested to have wide applicability across the complete sample. Overall we acknowledged an emphasis on client-initiated themes, which supported our approach to honouring the stories of minority participants. Themes related to homophobia fell into three areas: (i) family, school, community and religion, (ii) healing from homophobia, and (iii) counselling.

The study utilised a phenomenological, interpretative and social constructivist approach that sought to explore how participants located their experience of counselling. From this theoretical perspective we began with the premise that people both experience reality and shape reality according to the way meaning is constructed in everyday life. For these reasons, we accept that participant's perceptions are enough for us to gain insights into their worldviews. While we took a social critical stance to the investigation of ideas and perceptions coming forward, we also wished to affirm the stories of marginalised people as valid and as primary data for understanding their experiences of therapy.

Our orientation to homophobia began as a tentative proposition based in prior research literature discussed above. As evidence continued to emerge in the data, a systematic analysis suggested that 'homophobia' was a phenomenon that described experiences of bias, prejudice and discrimination in everyday life. Homophobia was not only the dominant theme across all cases, but was also a linking concept that transcended the

sexuality and gender differences represented by the sample. While we acknowledge that further investigation is warranted to highlight particular emphasis among each population group, the purpose of this study was to explore the *common themes* that emerged across the different populations represented.

To ensure a rigorous design, information relating to homophobia was unsolicited and the term 'homophobia' was not used by the researcher to ensure a minimum of bias in the data coming forward. If and when the term 'homophobia' was used by participants, the interviewer inquired by asking open-ended questions that encouraged the participant to describe their experiences. In many instances participants did not use the word 'homophobia'. Rather, participants described social interactions that appeared directly linked to their sexual and/or gender identity and that were in some manner difficult, traumatic, and that increased their sense of social isolation. Our intention was to offer participants a forum to discuss issues related to past counselling interactions, and was not to foreclose or to presume any particular emphasis. The themes related to homophobia emerged only after extensive analysis of data following the first four, and then eight interviews. After these interviews were analysed, the dominant themes centring around homophobia were apparent. In subsequent interviews, the rigorous nature of the design warranted continued caution, and the term 'homophobia' was not raised directly by the interviewer but was allowed to emerge through the stories of participants, as was the case with the first interviews.

In spite of taking a reserved stance to issues of homophobia, and in spite of the term 'homophobia' being a somewhat controversial and less-than-adequate expression of the phenomena it attempts to represent, the study confirmed the importance of this term as a repository of meanings, experiences, and issues surrounding sexual and gender difference in modern society. Not only did these themes suggest significant issues exist in everyday life, they also highlighted important issues that need to be addressed within the field and practice of counselling specifically. This paper restricts itself to presenting themes related to homophobia in everyday life. The emphasis is to describe in qualitative ways the everyday experiences of homophobia that all participants suggested overall. While doing this, the intention is to foreground the voices of participants themselves, because we believe their word and their life experiences have the most to say to the research, professional, and public communities.

Discussion of data
Homophobia in family life – an isolating reality
When participants recounted many and varied experiences of prejudice, violence, and more subtle experiences of being judged and feeling discomfort related to their sexual or gender identity, we asked, 'what is the common thread between these stories?' We realised that one common element across the stories was how people appear to isolate the 'other' and feel isolated. It was then we learned the etymology of 'isolation': 'Iso' means equal. To isolate, then, means *to separate equals*. This definition is helpful because it drew together seemingly disconnected experiences and suggested that mechanisms of isolation (rightly conceived of as experiences of prejudice much like racism and/or

sexism) were at play and form one significant component of how homophobia operates through social interactions and internalisations.

The stories below illustrate how families deploy isolating behaviours to separate themselves from their awkward and shameful attitudes and beliefs toward homosexuality and gender difference. Likewise, many families appear to navigate healing paths that reframe difference in ways that make those differences more acceptable, and perhaps even special. However, the pain and alienation caused by family rejection and a lack of ability to deal with difference cannot be underestimated. These experiences are summarised by a transsexual participant, Rebecca:

> I think the family aspect of it… is one thing that gays and lesbians and transsexual people have in common… how families just don't deal with it and that is the hardest. Even when they think they are dealing with it they really don't, you know, that is the hardest part [sigh].

The sense of not dealing with difference even when family members say they are may indicate unacknowledged homophobic attitudes, making it all the more isolating for gay and lesbian children. For instance, Claire relates that:

> I felt different because I was different and that is true, I was different in lots of ways… I think about isolation because that was what my family was like, we were very isolated and I didn't have a lot of access to people outside my home... and I had what was probably a nervous breakdown when I was 15 and the school got very distressed about it.

In most cases being 'different' was experienced as how others see me, and as 'who I am', and being different is related to feeling isolated. For example, Claire dared to assert her identity in her latter teenage years and was met with violence:

> I can tell you about my mother throwing me into the loony bin if you like, that's always a good story [laughter] my brother cracking three of my ribs, that's another good story [laughter] being lesbian wasn't popular in my family.

What could be more isolating than being committed to a mental health ward, and later being confined to a bed with broken ribs, because she suspected she was a lesbian? Her laughter throughout the transcript when speaking about her trauma suggested two levels of feeling. The first was a sense of moving beyond the experience and no longer giving it power. The second was a form of denial of the pain caused by those who were supposed to protect her, a kind of internalised isolation from her painful history. This was a powerful irony Claire lived with all her life. After over 40 years of healing from her past, Claire had only recently found a place of deeper acceptance of being different:

> I had made a pact with myself when I was in my twenties that I would give to my family and to the straight world, I would give my life to them until I was 40, and that if I still felt the way I did at 40, well it wasn't something I was going to get over…

Such promises are not unusual as a way of bargaining with a world that conspires against your sense of identity (Kaufman and Raphael, 1996). The person who is labelled different and marginalised actually compromises their happiness and freedom to accommodate their family's strong heteronormative expectations (Sedgwick, 1993).

Josh, a 20 years old gay male, grew up in very different cultural and socioeconomic circumstances from Claire, but echoes the same sentiment when he bargained that he may come out to his family at the age of 30. He expressed the heart-wrenching side of this isolation:

> That's my biggest regret out of all this, is the fact that they're going to miss a great chunk [of my life], simply because they're not able to understand, but, I don't know how else to do it basically…

Homophobia as silence and suspicion
In certain cases, isolation can force the separation of families. For instance, Josh related a story of recently meeting a cousin (whom he did not know existed) and discovering discretely that his cousin was gay after twenty years of silence:

> I hadn't met him in twenty years, he hadn't been home in twenty years, he'd been in [the city]… He was one of these people who dreaded coming home cause it meant… having to deal with the family.

Feldon, a gay male, also implied how silence and a sense of isolation characterised his family upbringing:

> My family… appeared to be supportive of me but in key respects were not… I was born into a Baptist family… We were brought up in [a country town]. My mother was a strong churchgoer. [We] went to Sunday school at the church. I was born in… the evangelical end of Christianity… Sexuality was essentially the missionary position after you were married, you know, to the extent that it was ever thought about at all, homosexuality you know, was never discussed.

Silence can be a very powerful instrument of homophobic values (Plummer, 1999, Sedgwick, 1993). The lack of open discussion of issues of sexual difference at home may indicate lack of knowledge, lack of awareness, or intentional prejudice against the other – not knowing that 'the other' is one of your own children. The experience of silence breeds fear of disclosing identity, as the following statements by Alex, a transgender participant, indicates:

> Fear of family rejection… is similar to gay experience in that way is huge… The people that have children, will their children accept me? And most of them don't, they don't ever want to see them, speak to them again, they're not going to be the gender they were…

Gender factors heavily in decoding homophobic family values (Plummer, 1999), as the following illustration shows. Julian, a gay counsellor, describes the experience of his clients. The parents were upset because their son kissed a boy of the same age while working in the theatre:

> The director of the show said to the father 'Would it have been different if it was an older female kissing your son?', he said 'Yes of course it would'. And that really you know, typifies the homophobic reactions that are still right at the surface of everything.

In this case, the parents were being confronted with something they had known or 'suspected' for some time. The term 'suspected' is telling. It is used in discourse related to sexual and gender difference as if to say a crime is under investigation. *We suspected he was gay but we never wanted to admit the worst.* People on trial are held suspect until proven innocent. That which is suspected is also subjected to taboos that place the person suspected under silence and confidentiality. But most of all, family members' suspicion appears to further isolate people from each other. For example, Julian expressed that:

> The parents were being confronted with something they had suspected for a long time and never had someone to blame. They can blame this other dancer. And I've subsequently done some work with them to say 'Look. This is a really delicate situation. This kid, if he's gay, it's not going to go away, and your behaviour now is really making him hate you.'

Homophobia as finding cause, blame, and guilt by association
In the above illustration, the need to blame their son's possible gayness on something is significant and is linked to finding a cause for 'deviance.' People's need to find cognitive frameworks that 'explain' difference is supported in the literature (Pardie, 1999; Van-de-Ven, 1996). Blaming appears to be one way of creating a cognitive framework that links something considered shameful with specific causes (Kaufman, 1996). Blaming may 'externalise' the shock, horror, and ignorance surrounding sexual and gender difference. The process of externalisation or projection may create an artificial separation of the disallowed and denied element. Parents are often thrown into confusion when confronted by their son or daughter's difference (Herdt, 1993). Hlony, a lesbian, speaks about her relationship with her step-mother and her fear of being crushed. She describes staying in the closet to prevent hearing the judgements she imagined would come if she told her truth out loud:

> I feel like, I'm not going to give her the benefit of enjoying really, really crushing me, you know, I'm not going to do that.

After Hlony had gained enough strength and independence, she told her step-mother she was a lesbian. She received a complex and mixed message that sounded something like: *I don't want to know about it really. On one hand, it is your choice as an adult but on the other hand, don't make me part of it by coming out in our community. I am worried what the neighbours will think.* Hlony shares the experience:

> I eventually did you know… she was suspecting a lot… she was like, 'it's none of my business really, you are an adult now, it's your choice. I think the most important thing is that you are happy, but I don't want to be part of you… when you come back home… just for my sake keep it cool…'

Hlony found herself planning a lengthy stay at home. She pondered openly the difficulties of living in a small rural village under her step-mother's request:

> All of a sudden, it's not only me coming out, it's her also coming out to the society as a mother of a lesbian. Do you know what I mean? Because she doesn't want to go for that and I thought that it was fair.

Her understanding and desire to keep her step-mother's request is commendable, on one hand. But one wonders, how long Hlony could stay in the closet for the sake of her step-mother's fear of social rejection because her daughter is a lesbian? And what degree of pressure did this conspiracy of silence place on a young lesbian woman? Remafedi (1994) suggests that denial of identity may lead to higher risk of suicide and self-harming patterns of behaviour. She said:

> I hate it. My family, they know, my sister and my mum, they know, and my aunties, they know it. But because of that conversation I had with her, you know, that's enough, don't make me come out, you know. It's... sometimes I think I'm going to have a really big, big problem. I think I'll probably need somebody to talk to because I'll just be so frustrated.

Hlony related that her step-mother believed she is only going through a phase, and when she came home she would get back to her 'old self.' Again, by associating with 'Western' values, her mother considered her somehow tainted. This would disappear with time if she changed her ways. Her expression of profound frustration was a key moment that unlocked the illogical and emotionally devastating nature of her step-mother's demands:

> She still believes that I'm going through a phase… and also she's going to say that it's because of western influences that I became like this. She has this belief that if I go and stay home for a while, I'll forget about these bad influences and then become straight again.

Looking at the stigma and long-term self reflection involved in acknowledging a gay or lesbian identity, it is doubtful that a temporary phase is involved. But even if Hlony was going through a phase, her step-mother's response is still homophobic. Inherent in the phase assumption is that the deviant will return to 'the straight and narrow', revert to 'normal', and come back to the 'true self' who is seen to be heterosexual. This could well be true. However, by making heterosexual identity normative and confining homosexual identity into an abnormal category, homophobia takes on a defining role in how it contrasts with the normal (Plummer, 1999). Homophobia defines both homosexual and heterosexual identities in a way that stigmatises one while artificially strengthening the other. By 'artificial' is meant how heterosexuality is defined by homophobic contrast – strengthened by what it is not, rather than by what it is.

Homophobia and mixed emotions
Because sexual and gender difference is denied, silenced and rendered shameful it is not part of everyday life unless parents are confronted with their child's realisation of difference. A rural heterosexual counsellor related a conversation with his partner:

> We knew that we couldn't have kids at that time. I said what would you do if one of our nephews or nieces said they were gay? And she said, I'd kill them. And I said do you mean that? And she said, no of course I don't. And I think it was probably the first time that [we] had really thought about the sexual orientation of somebody who was… in family.

In Jen's experience, her family reacted without much fuss but for her partner Marie, the situation was quite different:

> It was the day after Marie and I had kissed and we'd only kissed that was all. And I knew... No more men. That was it. And I said to my mum, I've got something to tell you. And she said, well what is it? And I said, last night I went on a date with a woman. And she went, okay. And I said, and we kissed. And she said, oh, and how was it? And I said, well actually it was good. And she went, oh okay, well whatever takes your fancy, you know, as long as you're happy that's the main thing.

Marie's story was different:

> I remember… sitting down at the coffee table with mum and she was like, well there's something really has happened to you... And I said, yep, something has happened to me… So mum said to me, so and so has done something to you? And I said, yep, yep. And I wasn't giving my mum an inch actually. She had to work it all out… And she said, she broke your heart? And I remember this conversation very much because the minute she said that, I just welled up, that was the end of me. And I managed to splutter out through tears and saliva and whatnot, that yeah that was it. And she burst into tears.

Marie's relationship with her mother quickly deteriorated after she came out. Marie reports being screamed at, being made to feel miserable, and feeling persecuted in the household for anything that went wrong. It got to the point where her father took her aside:

> My dad said to me, you know you're going to have to get away from her, you're going to have to move out of home because you need to... it was an amazing conversation, he said to me, you need to be with your people. It was really strange, but that's how dad put it, you need to be with your people and in the environment where you get the support, because you'll get a lot of affirmation from being around them.

Marie soon moved, and later realised that much of her mother's behaviour was created by her fears that Marie would live with an 'army boot-wearing shaved-head, hairy armpit lesbian.' But it was her grandmother who saw clear:

> If you don't get over it, you'll lose two daughters, not just one.

After this her mother asked to meet Jen. Since then, their relationship is mended.

Homophobia and long-term reactions and adjustment
One lesson that might be learned by this experience is that parents often require a period of adjustment. The length of time required varies according to the circumstances, beliefs and the strength of parents' homophobic values. For example, Elizabeth, a bisexual, spoke about her parents:

> They don't have much of a comfort with my chosen lifestyle in the sense that they'll ignore it as much as possible, or will be rude about it if they have to talk about it.

Elizabeth basically chose to give up on her parents and accept a superficial level of communication:

> I haven't made a great deal of effort to educate them since my first attempt. So I sort of bear a lot of the responsibility there and that I've sort of given up, which I probably shouldn't, but I've simply got other things in my life that I consider important now, and I'd rather get on with them at least on a superficial level rather than continuously argue.

Some clients endure chronic negative responses toward their sexual and/or gender identity from those they love most. When issues are not resolved, they may also live with a generalised post-traumatic stress related to their experience. For reasons of family rejection, Bert suggested that the Mardi Gras and the gay scene created an alternative family.

> At something like Mardi Gras… it is just so clear… you just go up and kiss everyone and you love everyone… we all have the same potential needs… everyone just wants to be loved.

Chronic family isolation leaves people very needy. Isolation of this kind can also lead to extreme sexual risk-taking, as his description of the Mardi Gras dance party suggests:

> That's when I'm happiest, when I'm in a real family, when I'm at some big dance or event like Marty Gras, you know everyone is there for a reason.

The increased vulnerability experienced because of social and emotional isolation in families, in Bert's experience, left him more open to letting down his boundaries and experimenting sexually and getting involved with drugs and alcohol. Later he described leaving the city to find his own space in the country. He needed time to heal in his identity and in his relationships with others. Whether through the gay community or in relationships with people dearly loved, participants re-cast their lives. They were finding ways to mend their families, to move on, or to create new families. For example, Jane shared the ups and downs of creating a new family with her female partner:

> I'm in a really nice place in my life. We're really excited and really happy about moving and living together. We shared in a flat, to see that it actually was going to work because we hadn't lived together before. And then when things were right, we looked around and bought this house. And the boys now are very accepting of us. My youngest one was always, but my eldest found it extremely difficult. Now he's a father and he seems to have matured along with that.

Internalised homophobia and homophobiaphobia
Plummer (1999) called the fear of homophobia 'homophobiaphobia,' an important concept that defines internalised isolation based in fear, a process that originates as a response to prevalent social values. Josh, a gay man in his early 20s, learned early on to guard his identity and find ways to cope while still growing as a person:

> Interviewer: I'm wondering is there a connection between your being a social recluse and your being gay?
> Josh: Possibly… it's a big part of it… I don't think it's the only thing… I'm not sure how other people would perceive it… I'm naturally very careful who I tell and everything… I'm always being very careful as to how I [act], and so I don't like going out. I don't like socialising.

Family, school and community were environments of caution and isolation for Josh. Josh admitted that his attitudes came from his rural farming background, but in some ways he felt powerless to change. This is another example of 'homophobiaphobia' as a fear of homophobia that regulated Josh's behaviour and enabled him to manage difficult social interactions:
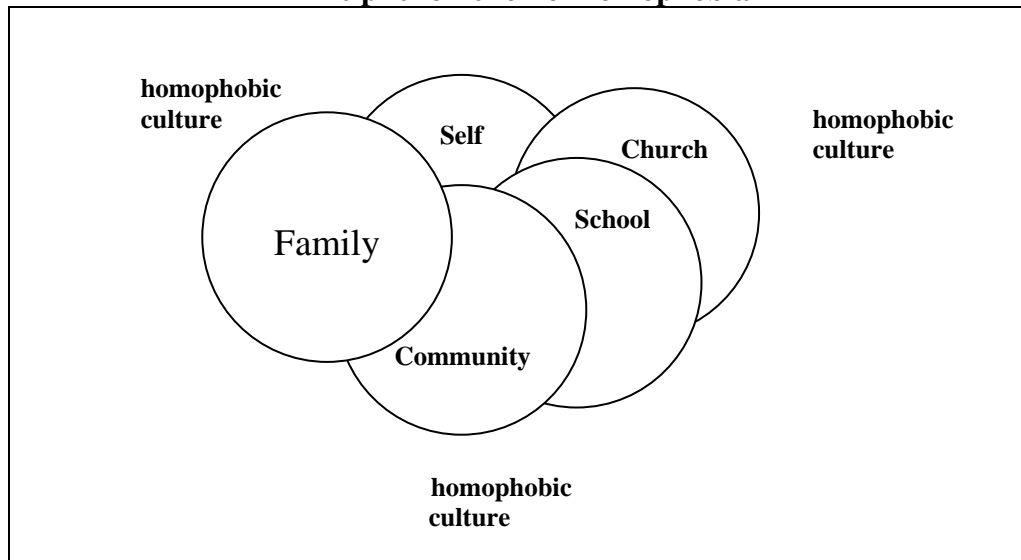
> I eventually sort of worked out a process of outing myself... If they're not OK with that, then I'll work on a way of dissociating myself with them, because I... developed an attitude if they're not going to be OK with it then they're probably not very good to hang around with.

When experiences of discrimination are so intensely sustained over one's lifetime, developing elaborate procedures for revealing certain parts of one's identity should not seem surprising. Further, developing boundaries around how one will be treated may limit relationships with certain people, but will open up doors for more positive and affirming friendships with others.

Conceptualising homophobia
Following on our discussion of the data above, we turn to conceptualising the way homophobia influences participants' lives. Figure 1 illustrates the importance of social interactions where homophobia is present. The specific ways that these interactions influence people we label 'mechanisms of homophobia', which are forms of prejudicial actions. The settings where these interactions occur include the spheres of family, school, community and church. We show these four homophobic environments as overlapping circles that cover the self and render difference virtually invisible. Family is rendered in larger typeface to suggest its primary significance in the lives of individuals and, in many cases, as a primary location for experiences of homophobia. The overlapping spheres of influence may be experienced as dominant and oppressive.

Figure 1
The phenomenon of homophobia

Individuals influenced by homophobia must then negotiate a path toward acceptance and support of difference. A person may need to 'break away' from these environments to find a sense of 'self-definition' in contrast to homophobic cultural scripts. However, relationships with formative environments appear to continue across the lifespan. Over

time, homophobic environments may take on less contemporary significance. Though the wider homophobic culture may change slowly, the person who faces homophobia may experience some form of social transformation. Most people describe their formative experiences of homophobia as shaping their identities (Plummer, 1999), and the path of healing from homophobia is often life-long.

Healing from homophobia
Figure 2 illustrates one possible outcome of healing from homophobia. The impact of homophobic culture is always present, but may become less intense as the individual integrates acceptance, affirmation and support of difference into everyday life. Receding strength and impact is represented by the words 'homophobic culture' appearing in brackets and no longer in bold print type. The brackets also represent an individual's increasing ability to put homophobic values into a new context that limits the damage these values create. 'Self' has come to define meanings associated with difference, and the spheres of influence are less formative, powerful and dominant. The environments of church, school, community and family are repositioned into more of a self-actualised context, though their influence may be no less significant.

Figure 2
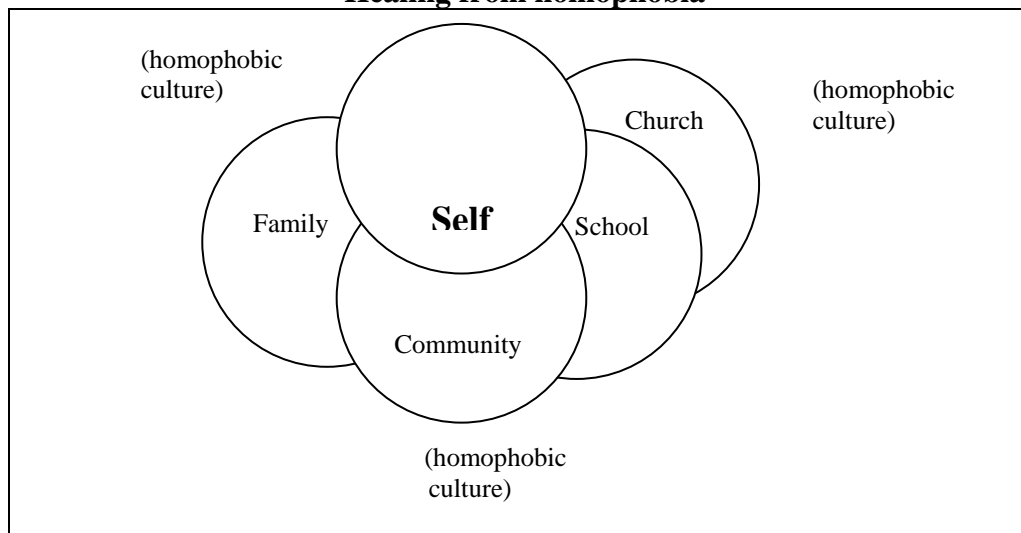**Healing from homophobia**

Figure 2 shows the changing relationships between each sphere, represented by the circle of self being in a more 'central' position. When a person lives under the weight of homophobia, their sense of self may be troublesome and the relationships between areas of their lives may be not well integrated. The self in this case may over-compensate for needs, like needing to feel accepted, valued and respected. By representing the self in non-bold type along with the other spheres, more ease of relating is suggested as healing from homophobia includes greater congruence and less conflict (Pardie, 1999). The person knows where they stand, and can 'get on with life' without as much concern over basic identity issues, self-consciousness or fear of self-disclosure (Plummer, 1999). What

this configuration looks like for each person will be unique, and may be contingent on cultural values. However, the nature of an individual's arrangement of these areas will define in many ways their response to the social pressures of homophobia.

Concluding thoughts
This paper explores the disconcerting everyday realities faced by minority people whose sexuality and gender identity challenge mainstream conceptions of normality. In this way, homophobia is experienced as a form of trauma. This trauma is both subtle and extreme, and ranges from chronic insidious attitudes that may never be stated overtly to blatant experiences of gay bashing and other forms of violence. We have come to look at healing from homophobia as a form of post-traumatic recovery. We consider this to be a less than acknowledged reality in both professional and research spheres. The lack of acknowledgment creates a continued culture where retraumatisation is more likely to occur. This largely overlooked problem may often arise because of the well-meaning efforts of practitioners whose awareness is not raised to the sensitive nature of homophobia-based trauma. This of course is the topic of another paper arising from these research findings (Bowers, et al 2005). Suffice it to say here that a central theme throughout the narratives is how homophobia creates environments of trauma, which in turn lead to life-long patterns of self-regulation for the sake of safety and peace of mind. On one hand, individuals may internalise social and familial values and become by default regulators of the social system by placing their personal needs second. On the other hand, individuals make choices over time to accept their differences.

Coming out is one such choice, and attempting to quietly accept these circumstances, and to change one's life are difficult choices one considers. Regardless of how the change is made, relationships and social systems also change in turn. This sometimes fast change, and many times prolonged and painful change, occurs in any number of variations. The rate of change seems to depend largely on how engrained are family members' beliefs against same-gender relationships.

But the most fundamental change relies on the children of difference, who must choose how and when to face their identity and to disclose this to their family members. This is an awesome responsibility, because when you are standing on the inside of the closet looking out there is no guarantee of a positive outcome should you venture forth. Furthermore, in this place of decision making one faces the fact that relationships will be forever changed just because of coming out of the closet by saying in one way or another: *I am different*. In the process, lives are recast through the fires of coming out and through healing from homophobia over time, and families must also adjust, either to accepting or rejecting their children who are different.

What practitioners and people who wish to assist sexual and gender minority people may consider is, firstly, to understand more about what homophobia is and how it operates. This covers the bulk of our presentation. By understanding the phenomenon of homophobia, we may dispel much of the fear and misunderstandings surrounding the experience. Secondly, we suggest that the role of the helper will be largely about listening to the stories of minority persons and offering gentle, consistent, and ongoing

support. Table 3 aligns experiences of homophobia as trauma with suggestions for supportive actions by persons willing to assist gay, lesbian, bisexual and transgender people on the path of continued fulfilment. We believe that sensitive and gentle encouragement is an important part of post-trauma recovery, and that this quality of relationship comes through demonstrating acceptance of difference through building relationships of trust, honesty, and sharing of daily life.

Table 3
Homophobia as trauma, and creating environments of healing

Homophobia as trauma	Supportive actions
Lack of understanding	Demonstrate understanding
Lack of support	Show your support
Lack of encouragement	Offer encouragement
Rejection	Express acceptance
Harassment and violence	Openness to listen & be with
Blaming for being different	Affirm the goodness of the person
Suspecting and subjecting to scrutiny	Acknowledge love & endurance
Fearing rejection	Affirming difference
All children are the same	Some children are different, OK?
What will the relatives think?	I love you as you are.
Underlying personal motives	Honest and forthright self-disclosure
Silence… shame…	Take pride in & celebrate difference
Putting oneself aside for years on end	Offer a little spoil, why not?
Not feeling safe	Dare to share your true self
Double mixed messages, I love you but…	Examine yourself, clear the air
Being asked the impossible	Be impossibly loving
Having children is inevitable, right?	Childless couples are not uncommon
Being told to hide your true self	Create a space for self expression
Rudeness, intimidation and name-calling	Affirm and call on good qualities
Superficial conversation, silence, denial	Acceptance, sharing, honesty
Ignoring discussion of difference	Discretionary openness to dialogue

In areas related to marginalisation, building an alliance of trust and confidence is essential. It is necessary for the helper to be a companion along the path of post-trauma recovery. This suggests that it is essential for the helper to be willing to listen, to be sensitive to how trust builds over time, and to be appropriately and safely transparent when issues arise that may hinder a trusting relationship. The use of skills like basic empathy, offering feedback on meaning and feeling, attending to subtle cues, and resisting assumptions and stereotypes, are central skills in the process of counselling within minority settings. As Table 3 suggests, there may be many pitfalls that helpers can engage in with minority clients. But there are equally as many, if not more, ways that helpers can activate a trusting and supportive therapeutic relationship that counters the affects of past experiences of homophobia. As you consider the lists presented, you will

note that we suggest therapists and helpers need to take a proactive stance towards post-trauma recovery in relation to homophobia. This stance follows the lead of worldwide ethical guidelines and research that supports the healthy lifestyle of gay and lesbian people. It is not adequate for helpers to 'tolerate' sexual and gender difference. Helpers need to confront their internalised homophobia and/or bias towards difference, and need to take a strong and ethical stance towards supporting clients from minority groups. While we acknowledge that certain moral debates may prevent some helpers from openly supporting difference, we also suggest that where such barriers exist it is the responsibility of the practitioner to search their motivations and intentions, and to refer sexual and gender minority clients on to someone who can support them if the obstacles to practising in this area are prohibitive.

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