Coping with stigma: Coming out and living as lesbians and gay men in regional and rural areas in the context of problems of rural confidentiality and social exclusion

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Short title: Coming out and living as lesbians and gay men in regional and rural areas

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Abstract

The lesbian and gay community largely depend on each other to organise services and support. This informal system (in that it is removed from the State) enjoys some success in Melbourne where there is a sizeable lesbian and gay population, but does not work so well in regional and rural Victoria where the lesbian and gay population is smaller and more dispersed. This study, conducted for the Department of Human Services (Grampians Region) in Victoria, found that gay men and lesbians experience similar types of stigma and discrimination in rural areas as those in urban centres, but that this was exacerbated by the lack of anonymity in the smaller communities. Furthermore it was found that few services and little support were available for lesbians and gay men in regional and rural areas and indeed were difficult to provide in the context of rural confidentiality and social exclusion.
Introduction
Over the twentieth century, attitudes about homosexuality in Western society have included periods of tolerance and to some extent acceptance as well as periods where lesbians and gay men have been systematically discriminated against and persecuted. In the early 21st century, homosexuality, also referred to as same-sex sexuality, is still not accepted as a natural alternative lifestyle despite many social and political gains in the late twentieth century (Kline, 2006; Pitts, Smith, Mitchell & Patel, 2006). It is possible that negative attitudes are exacerbated in rural areas. Anecdotal evidence and some studies (eg. Rounds, 1988; Thorpe, 1996; E. Green, 1996; Hopwood & Connors, 2002; Leonard, 2003) note that people from rural communities hold to traditional values, are more conservative, and are less tolerant of diversity especially homosexuality. Gay men (Jude, Mclaren & McLachlan, 2002) and lesbians (McLaren, 2002) feel social exclusion and a low level of ‘sense of belonging’ that, as was found by Quinn (2003) and again by Pitts et al. (2006), is exacerbated in rural and regional areas.

This paper reports on aspects of a larger study that sought to determine whether social/cultural values, attitudes and beliefs held about same-sex attracted people impacted on the experiences of women and men becoming, and living as, a gay man or lesbian in regional and rural areas in Western Victoria, Australia. Further the larger study aimed to identify those services which might have helped same-sex attracted women and men during the period in which they were developing their identities as lesbian or gay, commonly known as ‘coming out’, as well as when they started to live as lesbians and gay men.

This paper focuses firstly on the impact on the lives of lesbians and gay men of common, mostly negative, stereotypes about same-sex attracted people which result in their stigmatisation. In terms of impact, emphasis is placed on experiences within the family, the community, contact with medical and counselling services and participation in social activities. The impact that being conscious of belonging to a stigmatised group (stigma consciousness) has on lesbians and on gay men can influence how well they adjust to a lesbian or gay identity and can help to determine the types of support services that would help them.

The second part of this paper reports on the identification of needs and provision of
support services expressed by respondents in this study, taking into consideration issues of rural confidentiality and social exclusion. According to Saunders’ (2005) study into poverty, restricted access to services and unmet needs are factors leading to social exclusion. The same factors are reported in studies of the experiences of lesbians (Pisarski & Gallois, 1996; Kline, 2006). The nature of their experiences and the provision of support services in turn influence the decisions made by gay men and lesbians regarding staying or leaving their community.

**Literature review**

A major emphasis of past research about homosexuality has been in the areas of aetiology and homosexual identity formation. A further area of research involves homosexual experience of disclosure of sexuality in various contexts and reactions to disclosure from family and others. Some studies, detailed in this paper, point to differential acceptance of homosexual identity and life styles in regional and rural areas. Studies in Australia and other countries, example USA and Germany, identify the main issues for lesbians and gay men in regional and rural areas as ones of social isolation i.e. lack of community, confidentiality/anonymity and homophobia (fear/hatred of homosexuals) resulting in safety and security issues.

**Regional and rural research**

Several studies in the USA have indicated that being different in sexual orientation is more likely to have negative consequences in rural than in urban settings. For example, Dahir (2000) in a special report on gay men and lesbians living in rural areas in the USA, discusses both positive and negative experiences. Although not academic research, Dahir’s article draws on discussions with gay men and lesbians living in rural areas. He cites a man who moved to a rural town reporting feeling safer in the town than he had in the city, where he had been the victim of homophobic violence. On the other hand, Dahir reported the experiences of two men who experienced such intense hatred of homosexuals in a small rural village in Arizona that they felt physically threatened and unsafe. They eventually sold their property and left the area.

More rigorous academic research supports the stories told by Dahir. Boulden (2001) in a qualitative study reflecting on his own experiences and using information from interviews with eight gay men, found that disclosure of sexual orientation and
personal safety were daily concerns for these rural-based gay men, while Greene (1997) documented a case of physical and psychological harassment of lesbians by the mainstream rural community. McCarthy (2000) who used focus group interviews for her study on factors affecting the identity of rural lesbians, noted that being a lesbian is made easier in urban areas by the availability of information and support. She found that in rural areas such information and support are mostly unavailable. Furthermore, according to McCarthy (2000) the lack of public meeting space hindered the development of a social group identity. Another researcher, Frock (2002) studied internalised ‘homophobia’ of lesbians in a large city, a regional city and a small rural town in the USA. She found that lesbians from the smallest towns experienced the greatest level if internalised oppression. She also found a strong correlation between internalised oppression and psychological distress.

In a German article in Time Atlantic on the experiences of gay and lesbian farmers, Sautter (2002) described German rural communities as ‘closed’ and conservative. The main area of concern expressed by the gay farmers was that of being known by most people in the community. One of her respondents commented, “… in the country where everybody knows each other … you need to develop a really thick skin” (2002, p.48). Such concern was echoed consistently by respondents in this study.

Research in Australia has revealed mixed findings but also similar concerns and prejudices. Hopwood and Connors (2002) studied the attitudes of 164 heterosexual students from two disciplines in a rural Australian university, towards homosexuals. They found that the variables influencing attitudes about homosexuality related to fear of HIV/AIDS, intolerance of gender non-conformity, level of religiosity of the heterosexual respondent and the nature of the academic major studied by them. Business students, for example, were more homophobic than Humanities students. At another regional university, Cohen (2005) in an article in Chronicle of Higher Education reported a backlash against the recognition and provision of services to lesbians and gay men by a group of right wing students who denied that minority groups such as Gay Lesbian Bisexual Transgender and Intersex (GLBTI) are marginalised. They therefore set up a position as an heterosexual officer to counter the university’s provision of ‘queer’ officers and ‘queer’ only space.
As well as prejudice and discrimination against lesbians and gay men in smaller communities, social exclusion and feelings of alienation, were found by Thorpe (1996, 1999) and Quinn (2003) to be far more likely in rural areas. Social exclusion can be mitigated by the presence of, and involvement in, a gay community (Kline, 2006). However, smaller towns in the USA (Boulden, 2000) and in Australia (Pitts et al., 2006) frequently do not have an identifiable gay community therefore informal social networks are the only means of interacting with other gay men and lesbians. Although such small social networks of lesbians and/or gay men could be referred to as the ‘informal community’, they are generally hard to find. Boulden (2000) identified this as a major disadvantage for their gay male participants. In Germany, Sautter’s (2002) participants also spoke of the lack of a homosexual community and consequent difficulty of meeting others like themselves and thus potential partners.

The presence of a formal network, and social networks, provide opportunity for development of a sense of belonging to counteract the social exclusion from the mainstream heterosexual community. A sense of belonging and community is a basic human need and integral to mental well-being (Maslow, 1954; McLaren, 2002; Kline, 2006). Although the development of a lesbian or gay identity is frequently a secretive and stressful period in a person’s life, developing and maintaining relationships with like-minded people, other lesbians and gay men is, for many, integral to the development of a positive identity and sense of self. This was found to be the case by early theorists of homosexual identity formation (Cass, 1979, 1984; Troiden, 1989). More recently similar findings were reported by Gottschalk (2000) who surveyed 77 lesbians and interviewed 56 of them, Kline (2006) who surveyed 93 lesbians and interviewed 36 and Pitts et al. (2006) who recruited 5476 male and female respondents through an internet site. Pitts et al. found that those respondents in their study who were from regional, rural and remote areas were more likely to report rare, or no, feeling of connection to a gay or lesbian community. Where acceptance in the general community is haphazard for lesbians and gay men, existence of an identifiable homosexual sub-culture and social support groups can often help the coming out process (Pisarski & Gallois, 1996; Thorpe, 1996; Kline, 2006), sadly this is often not available.

The impact of homophobic values and attitudes on the feelings of self-worth of lesbians and gay men
The literature that examines the experiences of lesbians and gay men in regional and rural areas has revealed incidences of prejudice and discrimination, the threat of, or real, violence, social isolation from other lesbians and gay men and exclusion from the heterosexual community. The values, attitudes and beliefs that underpin such responses to lesbians and gay men form the ideological context in which same-sex attracted men and women form their sexual identity, and are expressed in the form of negative stereotypes, such as, that same-sex attracted people are sick or sinful, among others. It can be seen from such stereotypes that lesbians and gay men belong to a highly stigmatised group.

Pinel (1999) (also cited in Lewis, Derlega, Clark & Kuang, 2006) refer to ‘stigma consciousness’ as the extent to which an individual is conscious of negative stereotypes about the group to which they belong and the extent to which they expect to be stereotyped by others. Lewis et al. (2006) for their research with 105 self-identified lesbians used a modified stigma consciousness scale on a sample of lesbians to determine the impact of stigma consciousness on stress about sexual identity, mood disturbance, such as depression, and physical well-being symptoms. They found that stigma consciousness was positively associated with all of the above, although they acknowledge that there may be other moderating influences for not all lesbians experience negative feelings. Indeed Gottschalk (2003) found a cohort of women who claimed to have chosen to be lesbians and this group did not experience the anxiety and stress often spoken of in the literature. Lewis et al. (2006) conclude that knowing oneself to belong to a group that is considered to be abnormal and sinful, may have both physical and mental health consequences.

That internalised feelings of low self worth can negatively impact on the development of a healthy lesbian or gay identity was found by early researchers who focused on sexual identity development (example Cass, 1979; Troiden, 1989) and by more recent researchers looking at self-worth and sense of belonging among lesbians (McLaren, 2002) and gay men (Jude, McLaren & McLachlan, 2002). The research of McLaren involved over 400 lesbians and that of Jude, McLaren and McLachlan involved 320 men. The above studies found that sense of not belonging was related to mental health in terms of depression, anxiety, feelings of stress and suicide ideation.

In recent Australian research Hillier, Turner and Mitchell (2005) drawing on findings
which involved 1749 respondents who had completed an online survey, were able to
demonstrate a relationship between mental health problems and verbal and physical
homophobic abuse as well as a relationship between levels of homophobic abuse and
discrimination, and rates of substance abuse and self-harm. Quinn’s (2003) study of
literature around rural suicide concluded that while minority sexuality is not in itself a
reason for suicide however that it might be a contributing factor.

Clearly the struggle with coming to terms with what is generally believed to be a
deviant sexuality, even by gay men and lesbians themselves, is difficult for many.
For lesbians and gay men who are experiencing emotional turmoil a traditional area
of support is from health professionals. Robertson (1996) identified general
practitioners as an appropriate source of support about issues of sexuality, and
indeed Pitts et al. (2006) reported that the majority of health service contacts in
Australia were positive. Nevertheless some adverse experiences were reported.
Thorpe (1999) in discussing rural gay men’s health issues had earlier revealed
reluctance for rural gay men to reveal their sexuality to physicians (see Thorpe,
1996) mainly to avoid negative reactions but also for reasons of anonymity. More
recently Leonard (2003) also reported reduced access to quality health care
because of the ignorance and prejudice of some health professionals.

Attitudes and beliefs about same-sex attracted people and the stereotypes generally
held about them is similar in urban and rural Australia, and as the literature has
shown, in western cultures generally. Likewise the consequent treatment of lesbians
and gay men varies from support and acceptance to discrimination and harassment,
whether they are living in urban or rural areas.

There are however, differences in the ideological social context of rural and urban
areas, as has been discussed in the literature review. These centre mainly around
the more conservative values held, and the closer communities in terms of many or
most people knowing each other and interacting with each other. Thus anonymity
and confidentiality are more at risk in rural than in urban areas. Whilst this might
seem insignificant the effects for lesbians and gay men is far reaching and results in
alienation at sexual identity formation stage and after. It also results in social
exclusion from other lesbians and gay men.
Conceptual framework

I have drawn on two main theories to inform the study including design of the questionnaire and interviews. Firstly I have drawn on Cass (1979, 1984) model of sexual identity formation, a summary of which is in appendix A. Although the model is dated and not all people progress through the stages as originally envisaged (Gottschalk, 2000) it is still the model most commonly referred to, especially in relation to feelings and experiences. Furthermore her model was developed in Australia with an Australian sample. Cass incorporates emotional, cognitive and behavioural aspects of identity development as well as taking into consideration the social context within which identity formation occurs. This is important to this research which seeks to examine and understand the impact of being, and living as, a lesbian and gay man in a regional and rural social context.

The second theory that informs this paper is that of Pinel (1999) and Lewis, Derlega, Clarke & Kuang (2006) who built on the work of Pinel. Pinel conducted a series of studies on ‘stigma consciousness’, that is, awareness by a minority group of negative stereotypes about the group to which they belong, and the psychological effects upon them of this awareness. It is important to point out that Pinel recognised that people who are stigma conscious do not necessarily believe the negative stereotypes about themselves, although many do internalise them. In one of the series of studies about lesbians and gay men she found that those who are high in stigma consciousness showed great concern about how others view them (1999, p. 120). She also found that gay men seemed to be higher in stigma consciousness than lesbians, “approaching statistical significance” (1999, p. 124). Further she found that groups which regularly experience discrimination, in this case gay men, have higher stigma consciousness. Her findings with lesbians did not show the same effect, however they are more likely to be discriminated against as women than as lesbians. A final finding relevant to this research is that people who are high in stigma consciousness will avoid situations in which they may be recognised and stereotyped. In this paper I have interpreted that as leaving the community to avoid recognition as lesbians or gay men.

Lewis et al. (2006) extended the work of Pinel and studied the psychological outcomes of stigma consciousness. Stigma consciousness, they found, was associated with intrusive negative thoughts resulting in distress which manifested in
both psychological and physical symptoms. Their results suggest that having the opportunity to talk to trusted others about stressful events associated with their stigma is important in assisting lesbians to cope with discrimination and prejudice. These findings present an opportunity for counsellors and other health professionals to provide support and facilitate problem solving to empower the individual to cope better.

**Research design and methodology**

The study is predominantly qualitative drawing mainly on the findings of in-depth, one on one interviews however a questionnaire, designed by the author, was first used as an exploratory tool and provided simple descriptive statistics on a number of variables from which themes to be explored in the interviews were identified. The main categories in the questionnaire included:

- awareness of, and reactions to, negative stereotypes about lesbians and gay men;
- experiences within the family and the wider community;
- contact with medical/psychiatric personnel and institutions and counselling;
- personal feelings about being a lesbian or gay man; and
- respondent’s identification of needs.

A total of 95 valid questionnaires (40 men and 55 women) were returned.

Ten women and ten men who completed the questionnaires participated in in-depth one on one interviews. The women were interviewed by the author and the men were interviewed by a male research assistant. The interviews were used to clarify, validate and extend some of the themes that were identified in the questionnaires. They were:

- reactions to negative stereotypes;
- reactions from others in particular the family and health professionals about their sexuality;
- the significance of community and the homosexual sub-culture; and
- services sought and services available.

The interviews were audio-taped and transcribed and the data organised and checked with the interviewee where clarification was necessary. A thematic analysis of the interviews was conducted according to the pre-existing themes that had been identified from the questionnaire findings and which informed the factors explored in depth in the interviews.
The study was conducted in a large regional and rural district in the state of Victoria, Australia. The area targeted was delineated by the state government Department of Human Services, Grampians Region catchment area. Rurality has been variously defined, however, for this study the parameters were set by the client. The Grampians catchment area commences at Bacchus Marsh and ends at the South Australian border. It does not include Bendigo to the north-east and Geelong to the south. Nevertheless participants living in other parts of rural and regional Victoria, including Bendigo and Geelong, who had come out in, or lived in, the Grampians catchment area at some time, were included. The participants were living in various parts of Victoria ranging from the far west to the north east, with the majority in Western Victoria. The place of residence and of coming out proved difficult to establish. Only 32.8% of gay men and 67.2% of lesbians gave a postcode. It may be that some respondents were out of the designated Grampians area but still wanted to be heard. It is also likely that respondents were nervous about giving postcodes if they lived, or had lived, in smaller areas for reasons of confidentiality and anonymity.

The respondents in this study were recruited from lesbian and gay social groups, and through publicity provided by community radio interviews and in the major GLBTI papers. Interested persons were asked to contact the researchers. This research does not claim to be representative of all lesbians and gay men currently living in regional and rural Victoria. True random sampling was not considered possible. Excellent Australian, demographic information about Gay Lesbian Bisexual Transgender and Intersex (GLBTI) has been collated, by Pitts et al. (2006). Nevertheless a representative demographic profile of the lesbian and gay population in various regions in Victoria does not exist so it is not possible to conclusively determine their numbers in the various regions of Victoria.

Ethics approval for this research was obtained from the University of Ballarat Ethics Committee. Pseudonyms are used in the discussion of findings when respondents are quoted.

**Demographic profile of participants**

The range in age of respondents in this study was 19 to 59 see table 1.
Table 1: Age of Respondents at time of study

<table>
<thead>
<tr>
<th>Age</th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>n = 55</td>
<td>%</td>
<td>n = 40</td>
<td>%</td>
</tr>
<tr>
<td>Less than 20</td>
<td>2</td>
<td>3.6</td>
<td>5</td>
<td>12.9</td>
</tr>
<tr>
<td>20 to 24</td>
<td>7</td>
<td>12.6</td>
<td>7</td>
<td>17.9</td>
</tr>
<tr>
<td>25 to 34</td>
<td>14</td>
<td>25.4</td>
<td>9</td>
<td>23.1</td>
</tr>
<tr>
<td>35 to 44</td>
<td>22</td>
<td>40.2</td>
<td>16</td>
<td>41.0</td>
</tr>
<tr>
<td>45 to 54</td>
<td>8</td>
<td>14.6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>55 or older</td>
<td>2</td>
<td>3.6</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>Missing value</td>
<td>1</td>
<td></td>
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</table>

The age of first realisation of a same sex attraction is shown in table 2.

Table 2: The age of first realisation of same-sex attraction

<table>
<thead>
<tr>
<th>Age</th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>%</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Less than 10</td>
<td>16.4</td>
<td>23.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 to 14</td>
<td>29.1</td>
<td>35.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 to 19</td>
<td>29.1</td>
<td>33.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 to 24</td>
<td>3.6</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 to 34</td>
<td>12.7</td>
<td>5.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 to 44</td>
<td>5.5</td>
<td>2.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 to 54</td>
<td>3.6</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55 or older</td>
<td>0</td>
<td>0</td>
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</table>

More men than women identified as homosexual at a younger age while more women than men formed their sexual identity in adulthood. A Pearson Chi Square Test of Independence was performed on the data presented in table 2 to determine whether the gender differences in the age at which women and men first became aware of same-sex attraction could have occurred by chance. There is a significant difference between gender and age respondents first became aware of same-sex attraction when respondents were assigned to two age groups, aged 19 or less and aged older than 19 ($\chi^2 = 4.860$, df = 1, p = .027). Of those who had become aware of same-sex attraction after the age of 19, 82.4% were females (n = 14) compared to only 17.6% of the males (n = 3).
Given that women were more likely to become aware of a same–sex attraction in adulthood, more women than men had been previously married (see table 3).

**Table 3: Marital Status**

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n =</td>
<td>%</td>
<td>n =</td>
<td>%</td>
</tr>
<tr>
<td>Never married</td>
<td>55</td>
<td>50.9</td>
<td>40</td>
<td>82.1</td>
</tr>
<tr>
<td>Currently married</td>
<td>4</td>
<td>7.3</td>
<td>4</td>
<td>10.2</td>
</tr>
<tr>
<td>previously married</td>
<td>23</td>
<td>41.8</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td>Missing value</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

In this study 41.8% of lesbians had been previously married. This is in stark contrast to the marital status of the gay men who participated in this research (7.7% of men had been previously married) and in line with previous research. For example in Gabriel Phillip’s (1995) study to establish a taxonomy of male homosexualities, 89% of his respondents were single and had never married, 11% had at some time been married. In Gottschalk’s (2000) study 40.5% of lesbians had been previously married. When the currently married and previous married groups were combined there was found to be a highly significant difference between gender and marriage ($\chi^2 = 9.586$, $df = 1$, $p = .002$). Of those respondents who are either currently married or who have been married only 20.6% were male ($n = 7$).

More women (61.8%) were currently in a relationship than gay men (41%) see table 4. The one woman in a relationship with a man was also currently married but was planning to leave her husband. Finding partners was reported to be more difficult in regional rural areas, as was also found by Sautter (2002) and Kline (2006). Whether or not the individual is in a relationship or struggling alone also impacts on the type of support services that would help them.

**Table 4: Current relationship status**

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>%</td>
<td>n = 39</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Relationship Status</td>
<td>Count</td>
<td>Percentage</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------</td>
<td>------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Not in a relationship at present</td>
<td>20</td>
<td>36.4</td>
<td>23</td>
<td>59.0</td>
</tr>
<tr>
<td>In a relationship with a woman</td>
<td>34</td>
<td>61.8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>In a relationship with a man</td>
<td>1</td>
<td>1.8</td>
<td>16</td>
<td>41.0</td>
</tr>
</tbody>
</table>

For service providers such as health professionals and social workers the demographic factors described above are important. The experiences and needs of younger people coming to terms with a stigmatised sexual identity are different to those of more mature women and men, and different again to women who form a lesbian relationship in adulthood and/or who may have chosen to be lesbians. The latter groups may have been married or are currently married and frequently have children. The experiences and needs of each of these groups need to be understood by counsellors in particular.

**Findings and discussion**

Both younger people forming a homosexual identity and those who develop a homosexual identity in adulthood, do so in a context of social stigma. This research has shown that lesbians and gay men face difficulties in regional and rural areas that are over and above those faced by urban lesbians and gay men as described in the literature. Issues of high stigma, confidentiality, anonymity, social exclusion, access to support services and decisions to stay or leave their community will be discussed below.

The findings revealed significant differences between women and men in most domains covered by the study. These gender differences are important especially as they would provide useful information for health professionals and other service providers. The extent of the gender dimension however is beyond the scope of this paper to discuss but where differences are revealed in this paper a brief commentary is provided.

**Coming out as a lesbian or gay man**

A critical time for lesbians and gay men is the time that they are forming their sexual identities. This period is often complicated by an ideological context that is negative toward same-sex attracted people who are generally stigmatised as a result. Stigma consciousness, as discussed earlier, can have a negative impact on the individual forming a lesbian or gay identity (Lewis et al., 2006). Thus, this period in the lives of
same-sex attracted men and women is a time they often need emotional and practical support.

This section discusses whether the prevailing atmosphere of negative stereotypes about homosexuality influenced how respondents felt about themselves at the time they became aware of same-sex attractions. Cass (1979, 1984) referred to the early stages of identity formation as identity confusion and comparison stages. During these stages, according to Cass, the individual experiences a sense of difference from others and personal identity crisis which results in inner turmoil, feelings of alienation and incongruity of self perception and others’ perception of them. A positive outcome is progression to acknowledgement and self-acceptance, although some may become self-hating.

The influence of stigma consciousness was explored by listing in the questionnaire stereotypes drawn from the popular literature and academic publications such as that cited in the literature review, including ideas of same-sex sexuality as sick or sinful, and the idea that same sex sexuality leads to lonely and unfulfilled lives. Respondents were asked to indicate their awareness of, and belief in, the stereotypes at the time they were forming their sexual identities and whether they felt their belief had influenced their feelings of well-being and self worth at the time.

It can be seen from the questionnaire responses and comments made by many women and men during the interviews, that the ideological context in which they formed their sexual identity was often described by them as a negative one and they experienced high stigma consciousness as a result. Lewis et al. (2006) showed how stigma consciousness can have a pronounced impact on whether or not that period is a stressful one. Indeed many of the participants in this study reported varying levels of distress.

Table 5 shows the main beliefs or stereotypes lesbians and gay men in this study believed in at the time they were forming a homosexual identity and had internalised.

<table>
<thead>
<tr>
<th>Table 5: Main stereotypes believed by respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stereotype</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Lesbians/gay men)</th>
<th>believed</th>
<th>believed</th>
</tr>
</thead>
<tbody>
<tr>
<td>are lonely, unhappy and unfulfilled</td>
<td>23.6</td>
<td>50.0</td>
</tr>
<tr>
<td>are sick</td>
<td>20.0</td>
<td>47.5</td>
</tr>
<tr>
<td>are deviant</td>
<td>27.3</td>
<td>42.5</td>
</tr>
<tr>
<td>are sinful</td>
<td>29</td>
<td>52.5</td>
</tr>
<tr>
<td>destroy society’s sense of morality and</td>
<td>21.8</td>
<td>45</td>
</tr>
<tr>
<td>virtue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>reflect a natural expression of human</td>
<td>45.5</td>
<td>25.0</td>
</tr>
<tr>
<td>sexuality</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figures refer to the valid responses for each row category and bear no relation to other rows.

While there were many participants in this study who did not feel negatively influenced by the existence of the stereotypes, many said that they were. As can be seen in table 5, women were more likely to consider their lesbianism to be a natural expression of sexuality, while the negative stereotypes were more likely to be believed in by men. An attempt was made to group the stereotypes into positive and negative in order to conduct a Chi Square analysis however seven respondents recorded both negative and positive stereotype beliefs. When these cases were removed from the analysis there was no significant difference between gender and negative or positive stereotype beliefs ($\chi^2 = 3.605$, df = 1, p = .058).

Respondents were asked to indicate whether or not they felt that the stereotypes influenced the coming out period of their lives. In this instance there is little gender difference. The majority of men (73%) and women (67.9%) believed that the existence of negative stereotypes influenced their feelings of self-worth during coming out. Many more women than men felt comfortable (23.6% and 12.5%) and excited (52.7% and 27.5%) about their same-sex attraction though both women and men felt confusion (49% and 57.5%) and the feeling that there was something wrong with them (31% and 55%).

The more positive feelings of women may be explained by their perceptions of homosexuality. The majority of gay men (70%) saw homosexuality as something that happened to them and over which they have no choice while women were more likely to see their lesbianism as an identification with women (38.2%) This attitude toward lesbianism was also found by Gottschalk (2000, 2003). The lesbians in her
study spoke of an identification with women and many claimed that they chose to be lesbians. 27.3% of the female respondents in this study also claimed to have consciously chosen to be lesbians.

The influence of stigma consciousnesses was explored in greater depth in the interviews. Brian was one of the participants who dealt relatively well with the stigma,

Well this is the way I am, so there was no point in getting all bitter and twisted about it. But since then I've seen friends, and people I've met who I know, have had huge issues with it, and have gone on to become alcoholic, and all sorts of things like that.

Others found adjustment more difficult. For example Tom explained,

I had a strict religious background, and never actually meeting another gay person, I was under the impression that what I had become (or what I had realised about myself) was sick, depraved and sinful. It forced me to internalise the feelings so that it was a further three years before I was able to come out to my parents.

Robyn also commented on the strong belief that same-sex attraction was not ‘normal’ behaviour. “I was brought up to think it wasn’t normal to be a lesbian. I have very Catholic parents. It made the time of coming out a very emotional and difficult transition.” Both of the above and other interviewees commented on the influence of conservative beliefs held by many religious groups about same-sex sexuality.

Self destructive behaviour was also mentioned. Vera is one young participant who suffered low self esteem and low self worth, “I couldn’t handle rejection mostly due to my childhood but also due to being a lesbian.” Vera was sexually, physically and psychologically abused in childhood by her father and later also by her brother. “I genuinely thought there was something wrong with me. I was suicidal and slashing up.” At this point she showed the author/interviewer scars on her arms. “I just couldn’t cope. I overdosed and was diagnosed border line personality disorder and a manic depressive.” Despite these diagnoses, Vera now lived comfortably without medical intervention and believes that she had been incorrectly diagnosed.

While the stereotypes and experiences mentioned above also occur in urban
settings, researchers such as, Thorpe (1999), Quinn (2003), Hillier, et al. (2005) and Pitts et al. (2006) suggest that the adverse impact may be exacerbated in regional and rural areas. All of the participants in this study became aware of same-sex attractions while living in a regional or rural area. The next section explores the comments made by them that refer particularly to issues of rurality.

**Coming Out in a Regional and Rural Context**

The participants in this study agree that what they consider to be a lack of services and support in regional and rural areas, has made coming out and living as a gay man or lesbian more difficult. Sian’s experience exemplifies a climate of non-acceptance in rural areas very well.

> I did not tell many or any people about my sexuality. I was concerned about what people may think about me. I was living in an area where I only knew of one other lesbian who was in a relationship with a much older woman. I knew that she had copped heaps of shit from people in the area. I remember … being very frightened about my future. I only started feeling better about myself and my future when I visited Melbourne and mixed in areas where I felt as though I was accepted for who I was.

Gerard spoke of two types of isolation of which he was acutely aware,

> … from my own experience you are isolated because of any number of reasons. You may be isolated geographically, which to an extent I was simply because I was on a property 2 hours out of town. So there’s that sort of isolation. Or you may be isolated because you are locked into an extremely small narrow social group that literally knows everything going on. So you can’t afford to fall foul of that. One of the real issues (of being gay) is the level of stress that, that generates for you.

Vernon described the loneliness of gay men who choose to stay on farms.

> While they are running properties and all of those sorts of things, they are incredibly lonely because you are not going to get someone [another gay man] in the city to move up to the country. That is just not going to happen (because) it is not a great lifestyle choice if you have a nice job and everything in the city. They are really very lonely and I
think the loneliness breeds a real vulnerability. One of the things I do notice is, over time, and meeting different country people, the number of them that have come to be HIV positive. Because they are stuck in the country and get to the city maybe once a month, once a quarter, depending on how far away they are and what time of the year it is and all of those sorts of things, and they just sort of go berserk … as you do.

Vernon also commented on the lack of gay role models in rural areas.

That doesn't mean there aren't any but I certainly don't know any. I hadn't actually met anyone who was gay that could make me think, ‘Oh my god I am going to turn out like that’ or ‘He's a pretty cool guy’. I had no sort of model whatsoever to react with, or against.

Few participants in this study sought advice or support from traditional sources such as counsellors and general practitioners, a similar finding to that of Thorpe (1999) and Leonard (2003). A major cause for the reluctance to access any sort of professional help about concerns with sexuality, especially from health professionals, was the issue of confidentiality, as explained by Maggie,

I was feeling very depressed at the time because of the confusion that I was having with my sexuality, but because I was never asked whether my problem was connected to my sexuality I felt like I couldn’t bring up the subject. I was very scared and I found it difficult to talk about. The doctor I was seeing at the time put me on anti-depressants.

The fear of being outed (health or related professionals breaking confidentiality about their clients’ sexuality) was ever present, such as for Tom who explained, “I would still not feel comfortable coming out to a minister or doctor in my home town.”

Gerard, whose psychologist diagnosed depression, had not disclosed his sexuality so the possible causes of depression were not dealt with.

Even when I went to the psychologist, I didn’t say anything about being gay. I dare say, looking back on it, if I had said it, I probably would have got a much broader and comprehensive explanation of
what my life over the past 11 or 12 years had been. I probably also would have been able to be pointed in the direction of some of the services that I was sort of looking for. The irony of it was that I was so locked into the sort of syndrome of being terrified of telling people because of where that information would travel. I wasn’t even having an argument with myself about ‘Do I or don’t I?’ I simply did what I always did and made the decision that homosexuality has nothing to do with what is going on here so there is no need to discuss it, so I never did.

There are of course many lesbian and gay (and gay friendly) counsellors and other health professionals, though their availability in particular rural and regional areas is not known. Jacob ended up contacting the Victorian AIDS Council,

I guess I decided I need see someone, a counsellor. I had a couple of guys. The first time I was contacted by the nurse as they didn’t have enough counsellors and she put me in contact with a group and I went along to the group but I found it too confronting. But then they put me in contact with a guy who was also from a small country town and I think from there he was really supportive. He became a close friend, took me out.

Professional workers in rural areas are highly visible, have personal relationships with community members, and often involve themselves in community activities or concerns (Munn, 2003). Participants in Green and Gregory’s study of welfare practice in rural and remote areas, though not speaking of lesbians and gay men, highlighted the management of confidentiality as a major issue including how to work in “non-stigmatising ways and how to offer services that did not ‘label’ individuals” (2004, p.249). Participants in this study were very conscious of this and expressed a need to be informed about ‘gay friendly’ practitioners.

A more important source of support is from the general community. The early models of homosexual identity formation (Cass, 1979, 1984) and recent research by Jude, McLaren and McLachlan (2002) and Kline, (2006) highlight the importance of acceptance of the general community to the well-being and mental health of gay men and lesbians. Reactions from the general community influence the decision of
whether to continue to live in the community or leave.

**The choice to stay or leave**

Respondents were asked whether the negative reactions from family, friends, neighbours and the general community, or the fear of negative reactions, had caused them to leave their home areas. A significant number of respondents, 54.3% of men and 38% of lesbians, left their rural communities.

Interview responses to the question of whether respondents felt they were driven from the community were mixed. Mary recognised the need for community support: “I haven’t left Horsham but I think things would be a hell of a lot easier if I lived in Daylesford, Castlemaine, Port Fairy or Melbourne. My home is in Horsham and so I am still here.” Others were torn between the need for interaction with other lesbians or gay men and their sense of belonging to their mainstream rural community as shown by Helena: “I enjoy support from gay and straight friends I enjoy my geographic location and a few bigoted people will not drive me out.” Pam agreed: “Certain people are biased and bigoted in general and I don’t care what they think. Those few aren’t the whole community.”

In some instances however, the atmosphere of negativity toward same-sex attracted people was so severe that for some it became almost impossible to stay. Commenting about attitudes to lesbians and gay men in her smaller town Kate explained, “The rural community I was living in held a town meeting where it was decided to 'get rid of the undesirables'”. Another interviewee, Deirdre, was virtually forced to leave, “Some years ago the community at the time did not know I was homosexual. When at 20 I did come out to all, I was excluded, victimised and bashed twice by others in the community I was living.”

More commonly, things were simply uncomfortable and participants in this study recognised that while they may not be physically abused, they would get little support or understanding. Lyndell: “I have found that colleagues who never finished high school and never left (the town they grew up in) for study or work are more likely to be abusive. Small town people - small town attitude.”

For Kellie leaving her home community was not a rejection of rural life but rather
wanting to live in a town where people had not known her since childhood and where those same people were friends and neighbours of her family. “I was born in (small town – south-east Victoria) but I could not go back there to live as a lesbian because I am known by the whole community - however I prefer the rural life so we have moved here to the other end of the state (small town – Grampians region).” For most respondents the main concern was, the issue of confidentiality, that they, and their families, were widely known.

Only two regional cities and two of the larger towns where participants in this study came from had an active, identifiable gay or lesbian community. This meant that rural gay men and lesbians had only a narrow social group in which they could be themselves, without fear of accidentally outing themselves or beingouted by others. Consequently many felt socially isolated.

To become part of a local homosexual community, where an identifiable community exists, is problematic in smaller towns, where issues of anonymity and confidentiality exist. For example, while there was a gay community in a town near which Vernon grew up, he was afraid to become part of it because he and his family were well known in the town.

So for people in my sort of situation who grew up in the town and sort of pretty well locked into it, it really wasn't an option at all, even though the service was there. In terms of utilising it socially it just wasn't an option. Because again, here I am one removed from the (name of school) situation where I am going through a school that is filled with cousins, and going to university where it is filled with cousins, (to a town) absolutely filled with cousins and other family.

Of interest is a comparison of towns in the study area and the one town in the area, Daylesford, which is known to have a large homosexual population. Most lesbians and gay men living in the town have moved there either from the city or from other rural areas precisely because of its openly gay population and its perceived tolerance of homosexuality and other alternative lifestyles. The rainbow flag is displayed openly in many businesses and the area has a regular gay and lesbian festival actively supported by the shire and by local businesses.
During the interviews a surprising number of participants spoke of Daylesford, particularly in relation to the question of leaving their own rural area to live elsewhere. Daylesford seems to be viewed as a gay mecca. A number (indeterminate) of the participants lived in Daylesford. Paul exemplifies their general feelings,

*I live in Daylesford which as you are aware has to be one of the most accepting communities in Australia if not the world, and it is really nice not feeling like a minority group here.*

Nevertheless even in Daylesford there are isolated incidences of negativity toward lesbians and gay men. Jennie is a lesbian mother and interacts frequently with the heterosexual community through school and children’s activities.

*There have been complaints about books referring to homosexuality at the child care centre. I also know people who have had less than equal treatment from the police, for example in an issue of lesbian domestic violence where the woman was not taken seriously when it was realised that her partner was a woman. The parents of one of my son’s friends became very distant after my son’s birthday party when this parent realised there were lesbians present.*

It is important to note the significance of a place like Daylesford. Here there has been a steady migration of lesbians and gay men into the town and high levels of acceptance have been reported. This suggests that even in a rural town, traditionally considered to be more conservative and less tolerant of difference, proximity and openness results in greater understanding of the humanity of gay men and lesbians and may result in a reduction of acts of aggression or discrimination against them.

The experience of ‘coming out’ and living as a gay man or lesbian in regional and rural areas, as described above, suggests that there are needs and services that in part parallel those provided for the general community, for example community health services, libraries and other information resource services, but that must also take into consideration the special conditions and experiences of gay men and lesbians.
Identification of Needs and the Provision of Services in the Context of Problems of Confidentiality and Social Exclusion

During the interviews and in the questionnaire participants were asked to identify services that would have been helpful to them at the time they were coming out. The list of services are those that exist to some degree in some urban settings. The availability of such services was not determined in this research.

While the need for services was supported by participants in this study, the overwhelming concern expressed about services in public space was that of anonymity and confidentiality. This is also a concern expressed by Quinn (2003) and, as discussed earlier, noted by rural social workers (Green & Gregory, 2004). Some participants were quite adamant that even if, for example, there were books about homosexuality in the library, they would not risk being ‘outed’ by openly borrowing them. As Maylene said, “It would be threatening to go to the public library to get a book out - everyone would know.” Christina concurred, she would avail herself of “… any information that was available in a way so that nobody knew I was getting it. I was so scared that people would ‘find out my secret’. I would have needed information that made me feel safe to access.”

Participants were asked to indicate the services they would like to have available to them in their rural areas. Table 6 shows the services nominated by respondents in the questionnaire that they felt would be useful. It is noteworthy that very few men responded to the question in this part of the questionnaire compared to women especially as men were seen to be more likely to believe in negative stereotypes that potentially result in low feelings of self worth. Further research is needed to explain this finding. It is also interesting that despite concerns expressed during the interviews about anonymity and confidentiality, many identified services that included public places such as libraries.
Table 6: Desired services identified by participants

<table>
<thead>
<tr>
<th>Services desired</th>
<th>Lesbians</th>
<th></th>
<th>Gay men</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 55</td>
<td>%</td>
<td>N = 40</td>
<td>%</td>
</tr>
<tr>
<td>Designated gay friendly counsellor</td>
<td>28</td>
<td>51.0</td>
<td>9</td>
<td>22.5</td>
</tr>
<tr>
<td>Designated gay friendly medical doctor</td>
<td>19</td>
<td>34.5</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>Information about services</td>
<td>23</td>
<td>41.8</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Books in school library</td>
<td>9</td>
<td>16.4</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>Inclusive sex education at school</td>
<td>32</td>
<td>58.2</td>
<td>9</td>
<td>22.5</td>
</tr>
<tr>
<td>Community education about sexual diversity</td>
<td>24</td>
<td>43.6</td>
<td>12</td>
<td>30.0</td>
</tr>
<tr>
<td>Books in public library</td>
<td>14</td>
<td>25.4</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Legal action against homophobic crimes</td>
<td>17</td>
<td>31.0</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Opportunities for social activities</td>
<td>23</td>
<td>41.8</td>
<td>8</td>
<td>20.0</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>14.5</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Figures refer to the valid responses for each row category and bear no relation to other rows.

The services listed in table 6, and those discussed during the interviews, can be broadly categorised as health and related services, community education about sexuality, availability of information about social and support services and homosexual community. These are summarised below.

**Health and other professional services and education about sexuality**

The category of health professionals suggested by respondents includes that provided by all areas of the health profession including allied health and social services such as social workers. The emphasis was on designated gay friendly health practitioners and counsellors who they could trust to maintain confidentiality.

Analysis of the interviews point to specific needs in the following areas:
- Mental health relative to self-esteem and confidence;
- Relationship counselling;
- Support and counselling around sexuality issues;
- Sexual health;
• Suicide prevention; and
• Telephone support service including counsellors if attacked or abused.

Discussions around education included two aspects. Firstly, participants discussed a need for access to information about homosexuality that does not threaten their anonymity, as well as information about services available, including gay friendly cafes and venues and social support groups. Secondly, they pointed out the need to educate the general community about homosexuality. Community education for police, doctors, counsellors, social workers and teachers was particularly noted. The general feeling was that if heterosexuals understood same-sex attracted people there would be greater tolerance. Indeed the experience of Daylesford suggests that this may be accurate, and points to the need for further research to test this.

*Homosexual community and accessing information*

The early models of homosexual identity formation, and later research, point to the importance of contact with others "like themselves" (Troiden, 1989; Cass, 1979, 1984; Zera, 1992; Kline, 2006), to a healthy and integrated lesbian or gay identity. In Cass stages 3 and 4, identity tolerance and acceptance, there is increasing contact with other lesbians and gay men. Cass (1979) maintains that positive contact with others is important in that it validates and 'normalises' homosexuality as an acceptable way of life. These findings are supported by Pisarski and Gallois (1996), Mclaren (2002) and Kline (2006).

The lesbian and gay community largely depend on each other to organise services and support. This informal system (in that it is removed from the State) enjoys some success in Melbourne where there is a sizeable lesbian and gay population, but does not work so well in regional and rural Victoria where the lesbian and gay population is smaller and more dispersed. The need for venues or activities where lesbians and gay men can meet others like themselves, is important to self understanding, affirmation that they are normal, a healthy self concept and general health and well being (Lewis et al., 2006). Such a community also provides opportunity for gay men and lesbians to meet potential partners (Cass 1979, 1984; Kline, 2006).

Accessing information about services, support and social activities was a major concern. There are a number of gay and lesbian newspapers and magazines in
Melbourne, to which people can subscribe. However, according to participants, there are few places in country areas where they can be bought over the counter. A media drop off point was mentioned as a need, however, there is still the same problem of confidentiality and anonymity.

A web based service, such as a ‘what’s on’ and a ‘what’s available’ was suggested as the safest and potentially most informative option, that is, an on-line data base of available resources in specific regional and rural areas plus relevant publications. In a recent article Hillier and Harrison (2007, p.95) discussed internet usage by same-sex attracted youth. They found that the internet provided the space for exploring identity, coming out, forming friendships and intimate relationships and community. The internet provided a space to explore sexual feelings and was chosen because it was an anonymous and safe space.

**Summary and Conclusions**

This research is primarily about the experiences and needs of lesbians and gay men coming out and living in regional and rural Victoria. The factors potentially influencing feelings of self worth were discussed relative to support services, or circumstances that might be of assistance both during coming out and after.

This study supports other research about the impact of stigma, discrimination and harassment. It was found that awareness of, and belief in, negative stereotypes about same-sex sexuality (stigma consciousness) has an influence on feelings of self worth and well being for many lesbians and gay men, especially during the coming out period. This impact ranged from concern and anxiety at one end of the spectrum to feelings of low self worth and depression at the extreme end.

A major concern expressed by the respondents in this study was that of anonymity and confidentiality and that these concerns were exacerbated in regional and rural areas. They tended not to use public spaces such as libraries to access information about homosexuality for fear of being seen. A primary need in regional and rural areas then is accessing general information about homosexuality that does not threaten their anonymity. A solution to this issue was seen as able to be solved through making greater use of the internet by providing web based information that specifically covers services in these areas and provides advice about homosexuality and lesbian and gay
friendly providers.

A major area of concern was the lack of opportunity for social contact with others like themselves. Formal social activities tended to be in each others’ homes or in public places such as cafes. Many participants lamented the social isolation and spoke longingly of places like Daylesford which is well known to have a sizable gay and lesbian population and to be generally tolerant and accepting of lesbians and gay men. Future research in Daylesford would be useful to determine whether proximity to lesbians and gay men increases understanding and consequently tolerance and acceptance.

Care workers such as medical and allied professionals as well as counsellors in psychology and social work can better meet the needs of lesbians and gay men if they understand firstly the phenomenon of stereotyping and stigma consciousness and the resulting effects and appreciate that there may be differences among them in terms of age, sex and marital status. Secondly if they appreciate how these differences play out in regional and rural contexts where conservative values may exacerbate stereotyping and stigma.

References


### Figure 2.1: Cass’ model of homosexual identity formation

<table>
<thead>
<tr>
<th>Stages</th>
<th>Personal</th>
<th>Social</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1:</td>
<td>Identity confusion</td>
<td>first awareness, sense of difference, inner turmoil, personal identity crisis</td>
<td>non-disclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>accept homosexual feelings but reject homosexuality thus self loathing/homophobic <strong>OR</strong> acknowledgment and progression to next stage</td>
</tr>
<tr>
<td>Stage 2:</td>
<td>Identity comparison</td>
<td>acknowledge possible homosexual identity</td>
<td>feelings of alienation and difference, incongruency of self perception and perception of others</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>foreclosure <strong>OR</strong> acknowledgment though not acceptance of possible homosexual self</td>
</tr>
<tr>
<td>Stage 3:</td>
<td>Identity tolerance</td>
<td>anger and resentment about being homosexual, tolerate rather than accept homosexual identity</td>
<td>seek other homosexuals, needs positive contact with other homosexuals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>foreclosure <strong>OR</strong> acknowledgment of homosexual self</td>
</tr>
<tr>
<td>Stage 4:</td>
<td>Identity acceptance</td>
<td>validate and normalise homosexuality as a way of life, non-stressful</td>
<td>start disclosure, increased contact with other homosexuals and contact with homosexual sub-culture</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>acknowledgment and some acceptance</td>
</tr>
<tr>
<td>Stage 5:</td>
<td>Identity Pride</td>
<td>devaluation of heterosexuals and heterosexual values feeling of belonging to homosexual sub-culture</td>
<td>involvement with and commitment to homosexual community, community very important</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>acknowledgment and acceptance</td>
</tr>
<tr>
<td>Stage 6:</td>
<td>Identity synthesis</td>
<td>total acceptance of self</td>
<td>acceptance of heterosexuals less feelings of difference disclosure a non-issue</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>homosexual identity just one aspect of the self</td>
</tr>
</tbody>
</table>