

Volume I

**Young Women's Experiences Of Attending A Lesbian And
Bisexual Community Support Group**

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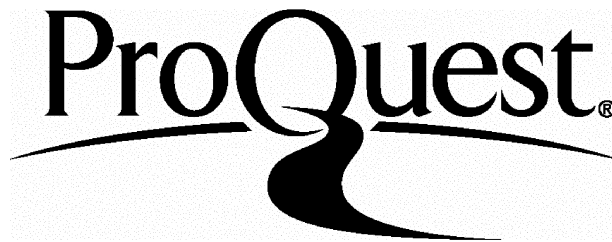
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Table of Contents

<u>Section</u>	<u>Page</u>
Abstract	1
Acknowledgements	2
Introduction	3
Adolescence	4
Lesbian and gay adolescence and mental health	7
Isolation and the lesbian and gay adolescent	9
Stigma, shame and internalized homophobia	15
‘Coming Out’ Models of identity formation	17
Theoretical perspectives on sexual identity	20
Support for coming out	23
Support group literature	26
Support groups for lesbian and gay youth	36
Rationale and aims of the study	38
Method	41
The setting	41
Ethical considerations	44
Participants	45
Procedure	47
Semi-structured interviews	49
Questionnaires	51
Analysis of qualitative data	52

Results	57
Who am I?	60
Not fitting in	65
Censorship	70
Meeting women like me	74
Opened doors	78
It's hard to talk	83
Discussion	90
Experiences of shame	92
How did participants manage shame?	94
Conformity and the lesbian and gay community	98
Negotiating individual and community identity	103
Implications of study for LGB support groups	105
Methodological issues	109
Role of clinical psychology in LGB support groups	114
References	117
Appendices	130
Appendix 1: Ethics Approval	
Appendix 2: Study Information Sheet	
Appendix 3: Study Consent Form (Participation)	
Appendix 4: Study Consent Form (Audio Recording)	
Appendix 5: Poster Recruiting Participants	
Appendix 6: Interview Schedule (Interview I)	
Appendix 7: Interview Schedule (Interview II)	
Appendix 8: Demographic Questionnaire	
Appendix 9: Brief Screening Inventory (BSI)	
Appendix 10: Examples of Qualitative Coding	
Tables and Figures	
Figure One (Master themes from qualitative analysis)	59

ABSTRACT

Young Women's Experiences Of Attending A Lesbian And Bisexual Community Support Group

Many young people may experience social isolation in the process of identifying as homosexual, and this has been linked with an increased risk of mental health problems. Support groups can be a valuable resource for people experiencing problems or issues in their life that are potentially associated with social stigma. There has been little research exploring and evaluating what lesbian and gay community support groups offer to the young people who come to use them and how this impacts on the individual and their sexual identity development.

This qualitative study aimed to expand on existing literature by exploring individuals' experiences of a community support group for lesbian and bisexual young women (16-25 years). Ten group members were interviewed twice over a period of four months. Semi-structured interviews explored access to the group; needs and motivations of the group members; experiences of the group; benefits and challenges of attendance; individuals' attitudes and beliefs about sexual identity, and how these were influenced by attending the group. Interviews were analysed using a structured technique based on interpretative phenomenological analysis.

Participants' accounts describe their struggles and distress at coming to terms with being attracted to women, and reconciling this with negative messages about homosexuality in the culture. Accessing the group was described as an important route to meeting other young lesbian and bisexual women and this proved a powerful mechanism for combating isolation experienced in other contexts. Although the group was experienced as affirming, it was also found to be challenging to the young women in the process of their identity formation, specifically in relation to fluidity of sexual identity. It appeared that censorship practices were occurring within the group in relation to bisexuality and also regarding mental health or self-esteem issues.

The results are discussed in terms of existing literature and methodological issues pertinent to the study are addressed. The study concludes with clinical implications and a consideration of the role of clinical psychology in such groups.

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CHAPTER ONE: INTRODUCTION

Overview

Research on young lesbian and bisexual women suggests that they are at increased risk of mental health problems, with disproportionately high rates of suicide and attempted suicide (Fergusson, Horwood & Beautrais, 1999). This increased risk has been linked in the literature to the social isolation many young people may experience in the process of identifying as lesbian, gay or bisexual (Tasker & McCann, 1999), a process characterised by unhappiness, loneliness, and the desire for acceptance and inclusion by peers (Cowie & Rivers, 2000).

It has been suggested that acquiring information about being gay, with exposure to positive role models and attitudes to homosexuality are a crucial part of the process of establishing a valued gay identity (Sophie, 1987). However, Section 28 of the Local Government Act 1988 has in practice prevented many schools from providing effective pastoral care for this group (Rivers, 2000b). Voluntary and community lesbian and gay organizations are considered a vital source of support and information, in particular through the provision of youth support groups (Green & Croom, 2000). Accessing such groups has been identified as a characteristic of 'resilience' in lesbian gay and bisexual adolescents (Rivers, 2000a). However there has been little research on the experiences of young people attending these groups and how this may impact on their sexual identity. The present study aims to address this gap in the literature.

In this chapter I shall review the literature on lesbian and gay experiences of adolescence, with particular reference to research on mental health issues and

isolation. I shall outline and critique psychological models of sexual identity formation and discuss alternative conceptualizations of sexuality. The literature on support groups (including lesbian and gay groups) will be reviewed. The chapter concludes with a rationale for the present study and research questions to be addressed.

Adolescence

Adolescence is a time of important physical, cognitive and social changes, including puberty and changes in schooling and peer group. The young adolescent often faces a dilemma of group identity vs. alienation; finding a social support network is particularly important for health and well being at this time (Carr, 1999). In later adolescence the establishment of a clear sense of identity becomes paramount (Erikson, 1968); the development of a positive adult identity is one of the most important psychosocial tasks in adolescence. Failure to achieve this can lead to problems with self-esteem and independence.

It is not surprising therefore that adolescence can be a critical period for mental health intervention because of the increase in emotional and behavioural problems from childhood, and the emergence of new disorders seen for the first time at this age (e.g. schizophrenia) – Offer, Howard, Schonert and Ostrov, 1991. Statistics suggest that in any secondary school population of 1000, you are likely to find 50 who are seriously depressed and 100 in significant distress (Office of National Statistics, 2000). About a quarter of 15-21 year olds report being worried about the mental health of a young person they know (Barrett, 2003)

Adolescence is a particularly critical time for sexual identity formation. Among the tasks at this stage are the management of sexual roles and development of romantic relationships. For young heterosexuals, incorporating their desires and experiences into mainstream cultural scripts of sexual behaviour is relatively unproblematic (Moore and Rosenthal, 1993) and fits with societal and family expectations.

However, lesbian gay and bisexual adolescents face not only all the usual challenges of adolescence but also considerable stressors unique to their status as stigmatised individuals in society (Hunter and Mallon, 2000).

Lesbian and Gay Adolescence

The lesbian and gay adolescent experience has been described as two parallel processes – growing up and ‘coming out’ (Schneider, 1989). “Adolescence for many lesbian and gay youth is characterised by indecision, uncertainty, and vacillation between heterosexual labels” (Ryan & Futterman, 1998, pg 29.) Adolescents experiencing same-sex attraction must find a way to “exit” from the heterosexual assumption that they and others may have of themselves (D’Augelli, 1994). They then need to find a way to integrate this experience; many adolescents report same gender sexual experiences, but not all go on to identify as lesbian gay or bisexual. For those that do, the stigma attached to homosexuality may create a conflict between their sexual experiences and social identities (Hunter & Mallon, 2000). The beginning of romantic feelings may be unwelcome rather than exciting because it means identification with a stigmatized group. Furthermore, romantic relationships

and the exploration of sexuality are likely to be hampered by a lack of information about lesbian and gay relationships and sexuality and few if any available role models.

The challenge for the lesbian gay or bisexual (LGB) adolescent is to understand their experiences and desires and come to terms with them in a society that is largely negative about homosexuality. Often young people are aware of prejudice against sexual minorities before identifying their own sexual orientation (Tasker & McCann, 1999), prejudices they may share. We live in a culture with few lesbian or gay role models and often youths will not know any gay or lesbian adults (Rotheram-Borus & Langabeer, 2001). Within the wider community pathological images of homosexuality as deviant or a failure to develop normally still have currency and one British survey found that 65% of men and 59% of women perceived sex between two women as mostly or always wrong (Wellings et al, 1994). Lesbian and gay relationships are not recognized in law and there are high rates of hate crimes against lesbians and gay men (Rotheram-Borus & Langabeer, 2001).

Youth culture is often very negative about homosexuality, using ‘gay’ or ‘lesbian’ as terms of abuse (Plummer, 2001). In a study of American high schools, 75% of the students reported they would be ‘very upset’ if someone called them gay or lesbian (AAUW, 2002) and a recent study of youth attitudes in Britain found “strong expressions of homophobia” (Sharpe, 2002). The fact that the average age at which adolescents self-identify as lesbian or gay appears to be getting younger (Markowe, 2002) increases both the stress and the difficulty of independently accessing gay-friendly support (D’Augelli & Herschberger, 1993).

Lesbian and Gay Adolescents and Mental Health

Several 'gay related stressors' have been identified which have been associated with increased depression in young gay men (Rosario, Rotherham-Borus & Reid, 1996). These include 'coming out' to others; having sexual identity discovered; and being ridiculed or abused because of their sexual identity. Gay youth also identified 3-5 times more negative 'non-gay-related' stress (e.g. arguments with parents, trouble at school) than heterosexual peers, suggesting that some of these may also be linked to sexual identity, and compounding the complex stresses that these adolescents are living with (Rotherham-Borus, Hunter, Rosario, 1994; Ryan & Futterman, 1998)

Youths may respond to these stressors by acting out behaviour (Ryan & Futterman, 1988); turning to drugs or alcohol; truanting from school (Rosario, Hunter, Maguen, Gwadz, Smith, 2001). It may also lead to mental health problems. One author has suggested that 'coming out' may precipitate an emotional crisis that can resemble severe psychiatric disorders (Gonsiorek, 1988). Homophobic victimization and bullying at school have been linked with increased risk of suicidal and para suicidal behaviours (Rivers & D'Augelli, 2001). Compared to heterosexual peers, lesbians gay and bisexual youth are three to six times more likely to attempt suicide (Hershberger & D'Augelli, 1995; Proctor & Groze, 1994); at a significantly higher risk of depression (Hetrick & Martin, 1987) and more prone to alcohol and substance abuse (Cabaj, 1996; Mosbacher, 1988). Those LGB youths who attempt

suicide are more likely to have been rejected by others for being gay than non-attempting LGB youth (D'Augelli & Herschberger, 1993).

Lesbian youth and mental health

Research on young lesbian and bisexual women suggests that they are at increased risk of mental health problems, with disproportionately high rates of suicide and attempted suicide (Fergusson, Horwood & Beautrais, 1999). In one of few studies looking at gay and lesbian youth, lesbians were more than twice as likely to have attempted suicide compared to heterosexual young women and to use more lethal means (Herdt & Boxer, 1996). In a study of 20 rural lesbians in the UK, Bridget (1996) found that 85% had high levels of depression; 70% had attempted suicide; 55% reported self-harm behaviours; 55% had alcohol problems.

How can we account for this increased risk? It has been suggested that “young lesbians are subject to a triple invisibility i.e. as children in an adult world, as women in a male-dominated world and as lesbians in a gay world” (Griffin 2002 p 57.) Female adolescence is a period of transition, where girls learn about their identity as women. As the traditional female role is constructed as heterosexual (Cooper, 1990), there is considerable pressure to identify as such from heterosexual romantic culture (Lees 1986). To identify as lesbian is to step outside of socially constructed gender roles. Taking on an identity which is likely to result in disapprobation and possible rejection by loved ones can cause particular internal conflict for young women, who are socialized to be affiliative and not to cause discord (Schneider, 2001). Lesbians come under higher pressure to conform from

family than gay men (Herdt & Boxer, 1993) and are twice as likely as young gay males to suffer physical assaults within the family in relation to their sexuality (Pilkington & D'Augelli 1995). With their peers, young lesbians report feeling that they don't fit in, and they fear losing friends if they disclose about their sexuality (Uribe & Harbeck, 1992).

Many young lesbians experience their first same-sex attraction in the context of a strong emotional attachment or existing friendship. They may find it difficult to reconcile their experiences with constructions of lesbian and gay sexuality as being "all about sex", and stereotypes of lesbians as masculine. The lesbian and gay 'scene'" has been criticized as being adult and male focused with a reputation for casual or recreational sex and fewer meeting places for lesbians. Young lesbians then, may be vulnerable to multiple prejudices and pressures to conform, while feeling isolated within their own and the gay and lesbian communities.

Isolation and the Lesbian Gay and Bisexual Adolescent

This increased risk of mental health problems has been linked in the literature to the social isolation many young people may experience in the process of identifying as lesbian, gay or bisexual (Tasker & McCann, 1999). In this section I shall review the literature regarding the isolation that LGB adolescents can experience and the different contexts in which this occurs.

Most adolescents are striving to develop a sense of identity and self-esteem nurtured by identification with a reference group of peers. However, most of their

peers are developing heterosexual identities, and are preoccupied with successfully making it in a heterosexual world. This can heighten the sense of difference and isolation of the LGB young person. Often LGB adolescents feel they cannot seek support in relation to their sexuality from their usual networks of family, friends, school or church, for fear of negative reactions (Uribe & Harbeck, 1992). This may have some reasonable foundation – for example Remafedi, 1987 found that 42% of the young gay males in his study reported losing friends when they came out to them. Often individuals don't 'come out' about their sexuality until they have moved away from home (Schneider, 2001).

The isolation that LGB adolescents may experience has been summarised as social, emotional and cognitive. *Social* in the sense that they feel alone in social situations, fearful of discovery with no-one to talk to. *Emotional* in the sense that they feel they must be vigilant at all times, keeping their emotional distance from others (especially family) and fearful that friendships will be misinterpreted by same-sex friends. *Cognitive* in that they lack accurate information and models about homosexuality and base their opinions on homosexuality and future life options on crude stereotypes (Martin & Hetrick, 1987).

School

One of the first projects to investigate LGB issues in secondary schools in the UK (Trenchard and Warren, 1984) found that 39% of the 416 youths who completed questionnaires had experienced bullying and pressure to conform. Many youths will endure bullying without reporting it to the authorities – 79% of the LGB youths in Pilkington and D'Augelli's (1995) study said they did not report at least one incident

of victimization to the authorities. Section 28 of the Local Government Act 1988 has in practice prevented many schools from providing effective pastoral care for this group (Rivers, 2000b). Indeed, sometimes pupils have found themselves at risk of abuse from the teachers themselves; Rivers (1995) found that 49% of his participants remembered being openly victimized by teachers because of their perceived homosexuality. This is of particular concern as it has been suggested that LGB youths who experience bullying and abuse at school are at increased risk of suicide and parasuicidal behaviours in later years. Of one sample of LGB adults who were victimized at school 40% had attempted suicide, with levels of anxiety and symptoms associated with post-traumatic stress disorder (Rivers & D'Augelli, 2001).

Family

Parental and family support is an important factor in a healthy transition from adolescence to adulthood. However, many LGB adolescents feel unable to confide in their families about their sexuality. There may be good reasons for this as young persons living in the family home are vulnerable because of their emotional and financial dependence. One study of LGB youth found that 61% of the homophobic violence they had experienced was from family (Hunter, 1990) and Pilkington and D'Augelli (1995) noted that 36% of the LGB youths reported having been insulted by a member of their family about their sexuality, young lesbians being twice as likely to be assaulted by a member of their family compared to young gay men (18% vs. 8%).

Choosing not to disclose can cause distance and alienation in family relationships (Ryan & Futterman, 1998). When adolescents do disclose often they

choose to do so to improve relationships, to increase honesty, to reduce stress of lying or to provoke confrontations (Tasker & McCann, 1999). Often parents will respond negatively, and 'coming out' can cause family disruption – parents have likened it to 'mourning a death' (Ryan & Futterman, 1998). Latent myths about homosexuality can fuel homophobic responses either through acceptance of negative stereotypes or through the assignation of 'blame' (Malley & Tasker, 1999). Although some families are supportive, in general parents and family are not a source of support for LGB adolescents, but rather a cause of extra stress either because the individual feels they must hide their sexuality or because of the attitudes of their family to their sexual orientation.

Existing Friendships

Popular constructions of relationships view intimate heterosexual relationships and platonic same-sex friendships as distinctively different (Baron and Byrne, 2000). However, there are different patterns of friendship for lesbians and gay men which have implications for peer support (Griffin, 2002). One difference is that lesbians and gay men are more likely to remain friends after a sexual relationship has ended; indeed sex is likely to lead to ongoing friendship. This may have implications for the support they find from other lesbians. Sexual orientation may also impact on friendships with heterosexual women. In terms of social roles lesbians have more in common with women than with gay men. However, in her examination of girls' friendships, Griffin describes how women who identify or are identified by others as lesbian can be isolated from girls friendship groups, and are rendered relatively invisible in school cultures due to the pressures to present themselves as heterosexual. She quotes one woman as saying "all you talked about was boys" and

suggests that this silence around lesbianism may account for the later 'coming out' of women compared to men.

Health and social care

Many lesbian and gay clients are fearful of disclosing their sexual orientation in a health care setting. In one study of 64 lesbian gay and bisexual youth in the United States, only 1 out of 3 felt they could talk openly with their primary care physician (Ryan & Futterman, 1998). Patients may have concerns about rejection, confidentiality, and that others will try and change their sexual orientation (PACE, 1998). Many religious institutions teach that homosexuality is wrong, or an illness, which can isolate young members of their religion who are seeking support (Lynch, 1996). Other sources of support may not be accessed by this group either. For example, in a survey of 46 LGB youth, only 15% believed school counsellors would be "helpful" in working with their sexuality issues; 43% believed counsellors would be "unhelpful" (Mercier & Berger, 1989). Counsellors themselves report that they are uncomfortable offering services to these youth because they believe this is an area requiring specialized training (Street, 1994).

Staying in the closet

In the face of an unsupportive and at times hostile environment, many lesbian gay and bisexual youths choose to pass as heterosexual (Hunter & Mallon, 2000). Although this strategy will protect youths from homophobic abuse and bullying experienced by youths who do not or cannot 'pass' (Remafedi, Farrow & Deisher, 1991), it comes with its own costs and has been described as "a process of deception at all levels.. a strategy of deception that distorts almost all relationships the

adolescent may attempt to develop or maintain and creates a sense of isolation” Martin, 1982 (p58). Passing as heterosexual has been associated with shame depression and awkwardness (Rotherham-Borus and Fernandez, 1995). It increases isolation from family and peers (Uribe and Harbeck, 1992) and it is hypothesised to delay developmental progression (Rotherham-Borus and Langabeer, 2001). Women who are ‘closeted’ talk of the pressures of living a lie, and the awareness that the acceptance of others is based on deception (Margolies, Becker & Jackson-Brewer, 1987). In the long-term, hiding has been associated with decreased self-esteem and low levels of comfort with own sexual orientation, compared to those who were ‘out’ and victimised (Rivers, 2000).

A self protective double life can also be a cause of isolation from the lesbian and gay community, and access to information and positive role models. Often youths choose to hide rather than seek information or social support, and may avoid seeking help for fear of exposure (Sullivan & Schneider 1987). Within these contexts the young person is at risk of constructing an identity which is largely based on negative views of homosexuality (Cowie & Rivers, 2000). Internalised homophobia occurs when negative attitudes about one’s sexual orientation are over-generalised to encompass the self (Gonsiorek & Rudolph, 1991) and has been linked in the literature with higher levels of depression, self-harm and suicide attempts (Davies & Neal, 1996) and low self esteem (Dupras, 1994)

Stigma, shame and internalised homophobia

In his paper ‘ Stigma, Prejudice and Violence against Lesbians and Gay Men’ Herek (1991) suggests that the lesbian and gay experience can best be understood as that of a stigmatised minority. He isolates particular aspects of the LGB experience to support this, specifically that lesbian and gay people manifest characteristics that are held in low esteem by mainstream society, and are subject to anti-gay stereotypes and discrimination. He notes that they comprise a subordinate group in society that is bound together as a community. Furthermore it has been noted that a homosexual social identity is so stigmatised that it can lead to foreclosure of other valued social identities (such as practising Christian) (Martin & Hetrick, 1988). For the individual lesbian or bisexual youth there is a discrepancy between the ideal (socially defined) and actual presentation of self, and this is the experience of stigma (Goffman ,1963).

Paul Gilbert (1997) has posited an evolutionary view of shame that suggests that all human beings are predisposed to experience shame, and that it is derived from the innate human need to be seen as attractive and achieving social reward (approval respect etc). It is triggered by a detrimental change in social status for example a loss of social standing. In this sense shame is a sense of failure of the self but inherently linked to one’s social identity – in Gilbert’s (1988a) words ‘*an inner experience of self as an unattractive social agent*’ (p.30).

Goffman (1963) suggested that the experiences of shame and stigma are often intertwined and it has been suggested that stigma is the cause of shame (Lewis,

1998). This theoretical mechanism can be considered a useful basis for conceptualizing internalized homophobia (when negative attitudes about one's sexual orientation are over-generalised to encompass the self (Gonsiorek & Rudolph, 1991). This relates to Gilbert's (1998a) distinction between external and internal shame. External shame relates to one's self presentation, with feelings of being unattractive and devalued in the eyes of others (this fits well with the experience of stigma). Internal shame occurs when the self is devalued in one's own eyes, in a way that is damaging to self-identity (internalised homophobia). The two can relate to each other (i.e. how ones sees oneself as a consequence of how one thinks others see the self).

Although this has not been greatly explored within the literature, Allen and Oleson (1999) found a significant positive relationship between internalized homophobia and shame in their study of 100 gay men. They suggest that shame may be the '*principle pathogenic factor*' (pg 39) in internalized homophobia and an important determining factor in the relationships between internalized homophobia and impaired mental health. This is supported by Gilbert and Miles (2000) who have suggested that shame experiences lead to emotions of anxiety, anger and disgust with associated perceptions of being criticized, devalued and disapproved by others.

The task of overcoming internalised homophobia to establish a positive and integrated (sexual social and personal) identity has been conceptualised as “‘coming out’”, and is associated with better wellbeing, higher self-esteem (Herschberger and D'augelli 1995, Savin-Williams, 1990) and lower rates of depression than LGB youth still in conflict (Ryan & Futterman, 1998).

‘Coming Out’ : Models of sexual identity formation

In this section the current models of ‘coming out’ will be outlined. A critical appraisal of these will be provided and alternative approaches from a social constructionist and material-discursive viewpoint discussed. The focus will then return to lesbian and bisexual identity in the form of a discussion of the framework used in the current study.

‘coming out’ has been variously defined. At its simplest, it has been defined as *‘the realization of one’s gay or lesbian sexual orientation and the subsequent disclosure of that orientation to others.’* (Greene, 1994, p 6). Generally ‘coming out’ is taken to include two components: *‘coming out’ to the self*, acknowledging and accepting lesbian¹ feelings in oneself; and *‘coming out’ to others*, disclosing this to others (Markowe, 1996). It is generally acknowledged to be a complex and contextual process, that is ongoing over an individual’s lifetime and vulnerable to negative social attitudes about gay men and lesbians.

An example of a model which was specifically designed to describe the stages of lesbian and gay identity development in adolescence is that of Troiden (1989). This model is that recommended by the American Paediatric Association and is influential in adolescent care in the United States (Ryan & Futterman, 1998).

¹ Although some of the models claim to apply to both lesbian and bisexual feelings, in practice they refer only to homosexuality. This will be addressed further in the chapter and issues relevant to bisexuality reviewed .

Stage 1: Sensitization.

Before puberty, children may experience feelings of difference based on gender-neutral or atypical gender role choices.

Stage 2: Identity Confusion

Adolescents become aware of same sex attraction which leads to cognitive dissonance in relation to negative stereotypes of homosexuality. This may cause them to hide their sexuality which in turn may isolate them from access to other gay people, and restricts their communication and intimate relationship skills. At this stage they are at risk of developing maladaptive coping behaviours or mental health problems which may persist into adulthood.

Stage 3: Identity Assumption

At this stage individuals begin to self-identify and disclose to other people. Interaction with lesbian and gay peers is crucial at this stage to dispel negative stereotypes, strengthen self-esteem, begin intimate relationships and learn to manage their stigmatized identity.

Stage 4: Commitment

Self acceptance culminates at this stage with the incorporation of sexual identity into all aspects of ones' life, symbolized by a romantic same-sex commitment and disclosure to heterosexual peers and family members.

This model is a good example of the problematic nature of applying such models to lesbian sexual development. Lesbians provide a particular challenge as several of the patterns identified in these models do not fit with their reported experiences. For example, Troiden's stage 1 'sense of difference' is frequently reported by gay men and far less so for lesbian and bisexual women. Similarly many

of the models do not take account of the homoemotional context of female friendships and the fact that women are more likely to experience their first sexual attraction within the context of an already intense friendship (Schneider, 2001), in which case the sexual attraction follows the relationship rather than vice versa.

Sophie (1985) examined six of the most popular theoretical models and developed a generalized stage model from the common elements of these. She then went on to test the model against the reported experience of fourteen women in the process of questioning their sexuality, using repeated structured interviews. Her findings were that many of the assumption and predictions of these well-established models did not fit the experience of her interviewees, and in several cases were flatly contradicted. For example, half of her sample only started to think they were lesbian in the context of an existing same-sex relationship (v.s. the prediction that the individual will adjust to the identity before romantic involvement); many of her sample never saw lesbianism as a negative identity although the models assume that this is a central dilemma of the 'coming out' process; and finally theoretical models suggest that the individual goes on to establish an integrated lesbian identity – in contrast Sophie found that three of her subjects went on to identify as heterosexual after initially identifying as lesbian.

As Sophie's study illustrates and Schneider (2001) highlights, the stage sequential models fit uneasily with the experience of many lesbians. Using different conceptualizations of "development" (e.g. Cass, 1979 focuses on intrapsychic congruence; Troiden, 1989 on social identity and behaviour), they may separately provide insights of benefit to the clinician. Many of the stage models were

theoretically based and developed from and for therapeutic contexts (eg Cass, 1979; Henley-Hackenbruck, 1989), and are consequently based on small (often undefined) clinical samples, usually using retrospective accounts. They are grounded in Euro-American concepts of sexuality and pay little attention to ethnic, gender and individual differences. However, these models are influential in mental health and youth care and within the lesbian and gay community itself (Ryan & Futterman, 1998). As such they shape individuals' and professionals' ideas about themselves and their sexual identity development.

Essentialist vs. Social Constructionist Perspectives on Sexuality

Although many of the models pay lip service to the notion that the stages may not be achieved in sequence, in essence they are constructed as linear and goal-oriented, the goal being a stable and integrated (lesbian) identity. As illustrated above, this does not fit with the chequered sexual history of many lesbian and bisexual women who report far more heterosexual relationships in their early development than gay men, and a significant minority of whom may go on to redefine themselves as bisexual or heterosexual after identifying as lesbian – or to date men but continue to identify as lesbian. Similarly 'coming out' is not a linear process but is continual and contextual, and often people report 'coming out' and then going back in the closet. This suggests that the process of lesbian and gay identity development might be better conceptualized as a repeating spiral pattern rather than the stage-sequential linear progression generally assumed (Garnets and Kimmel, 1993).

The problematic assumptions expressed in the linear stage 'coming out' models reflect an essentialist position on sexuality which posits sexual orientation as innate, stable and biological (the 'no-choice' position) and re-affirms a binary distinction between homosexuality and heterosexuality, with bisexuality being conceptualized as a 'defence' against feelings of homosexuality (Cass, 1989). Such assumptions have influence not only within psychological models of sexuality (and consequently medical and psychotherapeutic practices, Ryan & Futterman, 1998) but also within the LGB community itself. Thus Rust (1996) describes the practice of 'recasting the past' within the lesbian and gay community – the tendency to reevaluate the past in light of the present in order to produce a consistent account of sexual orientation, for example re-interpreting a close friendship as a "first gay crush".

Social constructionist perspectives on sexuality, in contrast, conceptualize sexual identity as a social construct, whereby the individual, far from expressing an 'essential sexuality', is fulfilling a role, a socially constructed script of 'lesbian' (Kitzinger, 1987). 'Rather than sexuality being pre-given or innate, here it is seen as something which is performed or acquired.' (Ussher, 1997 p5) In this way the categories of 'lesbian' or 'heterosexual' are seen as socially meaningful ways of organizing experience and a disjuncture is created between homosexual activities and homosexual identities, (Kitzinger & Wilkinson, 1995). Social constructionist perspectives may be seen as exposing cultural discourses that pathologise difference and thus freeing the individual from restrictive and stigmatized social categorizations – homosexuality can be what you currently do, and not necessarily an indicator of your past or future relationships.

However, social constructionist perspectives have been criticized also. Extremist social constructionist ideas suggest that there is no 'identity' only social constructs. In arguing this Kitzinger (1987) argued that lesbianism is a 'political identity' and not simply a 'sexual/emotional preference'. As Ussher (1997) points out, this is contrary to the lived experience of many who experience their sexuality as both a socio-cultural and a physical/emotional identity. She argues that the experience of lesbianism is both material (a set of feelings over which the individual reports no choice) and discursive (identifying, naming and acting upon this) and that

“ to acknowledge and explore the relationship between the material and discursive is to move forwards towards a more comprehensive level of analysis and one which appears to be a more meaningful reflection of the experiences of those who take up the position of 'lesbian' or 'gay'.” (Ussher, 1987, p 155)

More recently, Mooney-Somers & Ussher (2000) have highlighted the importance of 'intrapsychic' factors such as depression, shame and pleasure, and suggest that being lesbian is a material-discursive-intrapsychic experience.

This research shall draw upon a material-discursive-intrapsychic perspective of sexuality, to acknowledge the material physical and environmental reality in which these young women live, while attending to the cultural and historical context in which they are positioned and within which they create meaning of their experience (Ussher, 2000). In this context, 'coming out' is conceptualized as the process by which young women draw upon available discourses to make sense of their experiences of attraction (feelings, thoughts and behaviour), and the influences

of different contexts and emotions on this experience. The following definition of sexual identity will be drawn upon as capturing the potential fluidity of sexual identity and highlighting the impact of the socio-historical context:

“Sexual identity is a term for the ways in which a person living in her or his particular cultural and historical context experiences, makes sense of, labels and lives out her or his own combination of sexual orientation, biological sex and gender.” (Wishik and Pierce, 1995, cited in Perez, 2000, pg. 167).

Support for ‘coming out’

What is often left unspecified in models sexual identity and ‘coming out’ are the factors that may distinguish people who successfully achieve a positive (if not stable) identity. Troiden (1988) notes that many will not achieve this, and cites factors such as access to support and positive role models, personal strengths and vulnerabilities, and experiences with discrimination. Henley Hackenbruck (1989) also emphasizes the ways in which differences between individuals – such as ethnicity, gender, values of the culture and time in which they live – can affect the ‘coming out’ process. In this section I shall consider some of these individual differences and how they might impact on identity development.

Ethnicity

LGB adolescents from minority ethnic backgrounds may have additional challenges in ‘coming out’. They are often theorized as being multiply oppressed, by racism and homophobia (Brauner, 2000). Often these identities may be

conceptualized as mutually exclusive – in some black communities homosexuality is seen as the ‘white man’s disease’. Lesbians from ethnic minorities may feel that they are betraying their culture by disrupting the unity needed within a minority community and by offending traditional religious beliefs (Rust, 1996). Most psychological models of ‘coming out’ are based on white middle and upperclass youths and may be Euro-centric in their emphasis on individual disclosure as an indicator of psychological health v.s. the goal of maintaining closeness to their community (Brauner, 2000). The gay community itself is often accused of racism and can be quite segregated. Young ethnic minority LGBs are likely to have less role models and feel isolated and devalued in both the gay and the ethnic communities (Loiacano, 1989).

Many LGB ethnic minority youths choose to hide their homosexuality rather than jeopardize acceptance from their family and ethnic community. This is a reasonable fear, as research indicates that minority LGB youth are more likely to have been ejected from their homes and to have dropped out of school (Herschberger & D’Augelli, 1995) and self-exclusion from cultural activities that are seen as important in reinforcing ethnic identity. It is not surprising therefore that LGB youths from ethnic minorities appear to be at an even greater risk of suicide (Herdt & Boxer, 1993; Rivers, 1995) and may report increased discomfort with homosexuality (Rosario, Rotherham-Borus, & Reid, 1996).

Bisexuality

As described above, bisexuality is largely ignored within models of sexual identity, perhaps partly because of the difficulty in distinguishing between bisexual

activity and bisexual identity. As we have seen, there is great variation as to how bisexuality can be distinguished from other sexual identities and the lack of theoretical clarity in the literature perhaps reflects this. There has been limited research. Retrospective studies on bisexual men and women are suggest that their experiences are characterized by a flux in identity – one study found that 2/3 of the bisexual men and women who identified as bisexual at the beginning of the 80's had shifted or altered their identity by the end of the decade (Weinberg, Williams & Pryor, 1994). Bisexual youths have even fewer role models than lesbian and gay youths, and may be placed under extra pressure from family and peers to conform and choose heterosexuality. They may also experience less support from the lesbian and gay community (Herdt, 2001). This is because of ideas held by some lesbians and gay men (influenced perhaps by the stage models discussed above) that bisexuals are “sitting on the fence” and exploiting heterosexual privilege. Plummer (1996) notes that historically the lesbian and gay rights movement has depended on essentialist arguments about identity that have both social and political implications.

Exposure to LGB community

What all the models acknowledge is the importance of access and exposure to lesbian and gay role models and peers to successfully achieve a positive LGB identity. Acquiring information about being gay, with exposure to positive role models and attitudes to homosexuality are considered a crucial part of the process of establishing a valued gay identity (D'Augelli, 1994). In a cognitive model to encourage self acceptance and reduce internalised homophobia, Sophie (1987) listed *meeting other lesbian, gay and bisexual people* and *habituation to homosexuality* as important coping strategies that offer youths an awareness of positive options and an

opportunity to reframe negative myths. The lesbians and gay men interviewed by Cowie & Rivers (2000) about their experience of adolescence pinpointed exposure to the gay community as providing important benchmarks upon which to structure their emergent identities. Access to other LGB youths also enables youths to fulfill the developmental need to explore issues of dating and intimacy like their peers (Hunter and Mallon, 2000). Bridget and Lucille (1996) suggest that with appropriate support at time of 'coming out' mental health issues could be avoided. Certainly it has been found that access to the LGB community may improve mental health by reducing lesbian internalized homophobia (Margolies, 1987) and challenging myths and negative stereotypes (Zitter 1987). Youth support groups may have a useful role to play in this, and I shall return to considering this in the section on LGB support groups.

Support Group Literature

Due to the diversity in organization and ethos of different groups, research relevant to support groups is culled from the social support, group therapy and self-help literature. In this section I shall discuss the literature, with emphasis on how support groups have been defined, what is thought to be useful about them, and evidence regarding their effectiveness. I shall attempt to identify some primary characteristics of social support interventions, and distinguish between the main types of support group before examining the literature on LGB support groups.

What are support groups?

Social support refers to the perceived comfort, caring esteem or help a person receives from other people or groups (Sarafino, 1994). Social support theory (Antonucci, 1985; Cohen & Wills, 1988) suggests that social support can be:

Informational - This involves the provision of information and advice or suggestions. This is hypothesised to enhance perceptions of control by giving strategies and reducing confusion

Emotional - This involves the communication of caring and concern, acknowledging and validating feelings. This is hypothesised to reduce distress and restore self esteem by providing a sense of comfort and belonging.

Instrumental – This involves the provision of material goods and direct assistance such as transport or money. This is hypothesised to increase sense of control by enabling the person to do more.

The kind of support that a person needs will vary according to their situation and the context of the support. Perceptions of social support are more important for an individual's well being than observable measured support (Roberts, Salem, Rappaport, Toro, Luke & Seidman, 1999). Support that does not match a person's needs may not be helpful and may even be harmful (Cutrona, 1990). It is thought that people may benefit more from informational support when the stressor is relatively controllable (Helgeson & Gottlieb, 2000) and more from emotional support when the stressor is relatively uncontrollable. Informational support is recognised as being more valuable if the help provider is seen as having "experiential knowledge" based on personal experience.

However, in essence, the basis of all support groups is the notion of shared experience. The rationale behind support groups is that sometimes people facing a similar stressor are able to understand and support each other in ways that existing support networks may not. By discussing similar experiences, group members can validate and normalise each others' experiences and feelings, thereby reducing feelings of isolation. (Helgeson & Gottlieb, 2000). The use of one's own personal experiences to help and guide others is considered a fundamental characteristic of mutual help. The principle of reciprocity – not only receiving but *giving* help and support has been found to be particularly helpful (Roberts et al, 1999).

Feeling accepted, having one's experiences validated and normalised, is another crucial aspect for a successful support group. Knight, Wollert, Levy, Frane and Padgett (1980) asked members of nine different groups to account for the effectiveness of their group, 83% cited the supportive accepting environment. The development of supportive networks can be another crucial aspect, and many successful long-term groups result in members making friends and communicating with each other between meetings (Humphreys and Rappaport, 1994).

Acceptance and support are particularly salient for those who face a stigma where the validation provided by peers is thought to normalize the experience and reduce the stigma imposed by society. The commonality among group members provides them with a unique support system with which they can gain understanding and feel an attachment and sense of belonging (Helgeson & Gottlieb, 2000). Social comparison is another aspect of support groups. This refers to the opportunity to

compare ones experience with others', which can give members the valuable opportunity of providing positive role models for each other, or feel fortunate compared to another (Festinger, 1954).

Types of support group

Terms to describe different types of support groups are often used interchangeably within the literature. In this section I shall delineate some of the principle distinctions and how these may impact on individuals' experience of the group.

Peer-led support groups (or self-help groups) are designed for mutual support, and may be quite structured, following a particular programme such as Alcoholics Anonymous. Their distinguishing characteristic is that they have little or no professional involvement and tend to offer mostly emotional support. The group creates a 'safe place' that provides support and understanding to the individual (Hatzidimitriadou, 2002), of which the 'immediate acceptance' that a new member should feel on entering the group is one of the most important characteristics. Jacobs and Goodman (1989) in their investigation of the 'self-help phenomenon' suggest that these groups are characterised by their bottom-up approach, with support provided by the collective experiential knowledge of members. The process of exchanging help is relatively free of professional assumptions and control. The autonomy that these groups experience is hypothesised to be therapeutic in itself, empowering members by freeing them from professional constructions of their problems and giving them the sense that they are experts on their problem (Humphreys and Rappaport, 1994).

Unlike peer-led support groups, *professional-led support groups* tend to employ professionals to impart information and guide the group process (Helgeson & Gottlieb, 2000). However they share with peer-led groups the creation of a peer culture that is based on mutual disclosure, aid, and a sense of belonging that derives from mutual identification. Unlike therapy groups, support groups focus on cohesion and enhancement of self esteem (Helgeson & Gottlieb, 2000) rather than problem solving and change in personality.

Professional-led support groups then, are best understood as a hybrid (Helgeson & Gottlieb, 2000) combining professional and peer, informational and emotional support. For this reason, literature from peer-led groups can also inform our understanding of these groups. The defining line between the two is not often clear. For example, Leiberman & Snowden (1993) reported that over 60% of observed groups were professionally facilitated while simultaneously being characterized as self-help/peer-led. Schubert and Borkman (1991) drew up a typology of peer-led and professional-led support groups, delineating two dimensions: external dependence upon resources and internal extent of experiential authority, which came up with 5 categories ranging from 'Unaffiliated' to 'Managed' according to the level of professional involvement.

One fear of professional involvement in support groups is that they may stifle the development of autonomy and empowerment thought to be such a positive feature of peer-led groups (Jacobs & Goodman 1989, Humphreys & Rappaport, 1994). Toro, Reischl, Zimmerman, Rappaport, Seidman, Luke, and Roberts, (1988)

examined a range of groups from one mutual help organisation for the mentally ill, with either professional or indigenous leaders. Members from groups led by professionals rated their groups as lower in cohesion, expressiveness and self-discovery. It was hypothesised that maintaining a professional agenda may actually inhibit members and induce a passive patient role.

Who uses support groups?

Perhaps because they are voluntary, and require social participation, support groups (peer and professional led) tend to attract people with existing high social skills who make use of multiple sources of help (Goldklang, 1991). Participants are likely to be female with higher socio-economic status, higher life stress, and more active and interactive coping strategies (Hogan, Linden & Najarian, 2002). However, support groups are most valuable to those who lack support from their existing social networks (Helgeson & Gottlieb, 2000). This was borne out by Davison, Pennebaker and Dickerson (2000), who in their survey of community support groups found that groups dealing with stigmatised conditions were particularly popular – for example AIDS patients were 250 times more likely to participate in a self-help group than hypertension patients. They suggest that where patients' experiences set them apart from their immediate social setting they are propelled toward others who have been similarly marked.

Are they effective?

In general, studies show that poor social support is associated with poor mental and physical health outcomes (Bloom 1990, Hogan et al, 2002). Hogan et al's 2002 comprehensive review concluded that support interventions are reasonably

successful – 83% of the studies they examined reported benefits relative to controls. What follows is a brief summary of the relevant research looking at peer-led and professional-led support groups, methodological issues that complicate the research and general conclusions.

Hogan et al (2002) report only six studies on peer-led groups but found that 5/6 reported improvements in general wellbeing or specific symptomatology. Kyrouz and Humphreys (2003) review thirty-six peer-led groups, focussing on groups where the participants all shared a common issue and ran the group on their own, or with some professional advice. They make the point that many studies evaluating such groups do not use a longitudinal or control group design and only included studies that did so. Across a series of groups dealing with issues such as mental health, chronic illness, weight loss and addiction, their review indicates consistently positive outcomes for group attenders compared to non-group attending controls.

Reported outcomes for professional-led support groups have been more mixed. Out of sixteen studies reviewed by Hogan et al (2002), 8 reported favourable outcomes; 4 reported moderate improvements on psychological outcomes measures; and 4 reported no benefit in relation to controls.

In relation to type and structure of group, again, there is little conclusive evidence. One study of women with breast cancer (Helgeson, Cohen, Schulz & Yasko, 2000) found that peer discussion groups appear to be more helpful for women than educational groups when they lacked support from their partners or physicians. Similarly Toseland, Rossiter & Labrecque (1989) comparing interventions for family

caregivers of elderly parents found that professional led groups produced the greatest improvements in psychological functioning, and peer-led groups produced the greatest increases in informal support networks. They hypothesised that this was because the peer led groups spent more time socializing and sharing personal experiences and feelings rather than focussed discussion. This brings us back to our earlier point about *matching* intervention to need.

Although their findings were tentative owing to the diversity of interventions and populations, the reviews by Hogan et al (2002) and Krouyz and Humphreys (2003) highlight the beneficial effect of support provided by peers and/or family members and including reciprocal support. Hogan et al (2002) stress the importance of perceived support over actual support and suggest that as perceived support is closely linked to the social environment, support groups should aim to recruit supportive others into their supportive network either by including their 'natural' support network into the intervention or by developing new relationships to add to the support network.

Reviewing the literature in this area is extremely complex owing to the wide diversity of interventions, conditions, and measures. It is hard to generalise from the findings as attendees at support groups are inherently self-selecting and self-motivated – many of whom are using the support groups to supplement an existing package of care that may include other interventions (Humphreys and Rappaport, 1994). Similarly, many of the participants in support groups are white middleclass women, leaving it very hard to generalise to other groups (Helgeson & Gottlieb, 2000).

There is a broader point, propounded by Humphreys and Rappaport (1994), that using professionally centred outcomes is inappropriate. They emphasises that evaluation of outcome should consider the goal of the organisation and individual members. Rappaport (1993) warns against thinking of self-help as alternative treatments analogous to medical or psychological treatment program, and emphasises that the self help ethos often includes members' rejection of a view of themselves as recipients of services. Rather than a 'cure' members may have different goals, such as to make friends or to help others. These goals may change over the time of their involvement of the group. As membership is self-selecting, group members are voting with their feet, (Davison et al, 2000) and as such the burden is on the researcher to understand what the individual is gaining from the group.

As part of his own answer to this question, Rappaport (1993) has developed a theory of mutual support groups that draws on narrative theory to explain changes in identity arising from participation in these groups. In the next section I will consider his ideas and their implications for our understanding of support groups.

Narrative theory and support groups

Recent research has used a narrative perspective to conceptualise mutual support groups as 'story telling communities' (Humphreys & Rappaport, 1994; Humphreys, 2000). Narrative approaches use a story metaphor to explore how individuals impose order on their experience to make sense of events and actions in their lives (Riessman, 1993). In this context, community stories inform members and others what the community is like, how it came to be that way, and what behaviour is expected. Rappaport (1993) noticed that members of mutual support groups told very

different stories about themselves after participating in the support group - and that these stories tended to reflect the community narrative. In this approach, mutual support can provide 'normative narrative communities where identity transformation takes place' (Rappaport, 1993). He points out that the function of joining a support group may not be to seek alternative treatment (as professionals may see it) but to address identity issues such as "who am I?".

Rappaport (1993) suggests that the narrative approach provides a conceptual framework and theory driven methodology for understanding the links between individuals' lives and the social processes of communities. In this approach, support groups are theorized as normative socially supportive groupings, a social network like any other. Rather than a 'stand-in' for a professional intervention, participants in this community seek to effect changes in friendship patterns, identity, world view, personal stories and increases in social support.

Support Groups: Summary

In summary, the literature suggests that support groups can be beneficial to participants, particularly if they include acceptance, the opportunity to participate in reciprocal help; the development of a supportive network; and emotional and informational support relevant to group members' needs.

For adolescents struggling to come to terms with the stigmatised identity of homosexuality or bisexuality, support groups could be particularly useful in offering them validation and normalization of their experiences. It could also supplement existing support systems that are unsupportive of their sexual orientation.

Rappaport's work (1993) suggests that adolescents may also be seeking to understand and 'story' their identity through the support group and how it presents the lesbian gay and bisexual community. In the next section I will review the research that has been conducted on support groups for lesbian and gay youths.

Support groups for lesbian gay and bisexual youth

Voluntary and community organisations, in particular youth support groups, play a vital role, one that is generally acknowledged and advocated within the literature (Davies & Neal, 1996; Cowie & Rivers, 2000; Green & Croom, 2000). Mutual support groups are the most widely available resource within the community - there are seventeen youth support groups listed in 'Time Out' in the London area alone (Time Out, October, 2001). However there has been surprisingly little research exploring or evaluating how groups may work (and what they offer to the young people who come to use them) in terms of helping young gay people.

There have been a couple of studies looking at specific structured groups. Robins (1998) undertook a pilot study of a structured five session 'coming out' group for lesbian women, in which she concluded that the women appreciated the opportunity to meet other women and to share their stories in a conducive environment. Morrow (1996) also evaluated a structured ten session "'coming out' issues' group for adult lesbians. Her questionnaire results indicated that the participants made big gains in empowerment and disclosure and modest gains in ego

and lesbian identity development. Her study, like Robins', studies a structured and educationally focused group.

There is a dearth of research on the processes and outcomes of the more common lesbian gay and bisexual drop-in mutual support groups. Nesmith Burton and Cosgrove (1999) interviewed 17 lesbian, gay and bisexual young adults (aged 14-22 years) who attended a sexual minority youth drop-in centre. Their analysis highlighted the support that the participants felt most helpful: locating parental figures among other gays and lesbians, parental reactions to learning of the youths' sexual orientation, the ability to reciprocate support and being introduced to the gay, lesbian and bisexual community. Gerstel, Feraios and Herdt (1989) in an ethnographic study of an open discussion group for gay and lesbian youth in Chicago, emphasized the importance of the non-critical environment and encouraging the teenagers to be active in the running of the group. They described the main function of the group as "an avenue for teenage self-affirmation and development" (pg 84) and discuss how the group became a focus for activism and a catalyst for new perceptions of homosexuality. Although they found a powerful gender difference in the experience of young men and women in their study, in terms of greater pressure on girls to conform (Herdt, 2001) their focus was more to provide an ethnographic description of the group as a whole then consider individual experience.

One study that did explore individual lesbian experience in a group (Ussher & Mooney-Somers, 2000; Mooney-Somers & Ussher, 2000) interviewed eight women members of a non-violent direct action group, the Lesbian Avengers. This

group carries out well publicised media friendly actions to raise public awareness of lesbians. These women described choosing to adopt a high profile lesbian identity as a resistance to the social isolation and rejection they had experienced as a result of their sexuality. This group had a specific socio-political agenda that allowed women to reframe their lesbianism as powerful and defiant. The women credited the group with providing them with a positive social identity and a sense of group solidarity. However the group can be distinguished from a 'coming out' group as it is unlikely that women who were feeling insecure in their identity or who were passing as heterosexual in their everyday life would be attracted to such a group. Nonetheless, the study illustrates the ongoing challenge of living with a stigmatized identity for lesbian women and how community affiliation is still an important strategy to help manage this.

The literature on groups for lesbian and gay youth thus far has been largely based in the United States, with an emphasis on either educational groups or mixed discussion groups. Given the influence of culture and gender of the experience of lesbian and bisexual youth, it is questionable how much the published literature directly relates to young women's experiences of British 'coming out' groups for young lesbian or bisexual women, and there has been no specific study addressing this.

Rationale and aims of the present study.

It has been suggested that the higher risk of mental health problems in young lesbian and bisexual women is related to experiences of isolation and internalized

homophobia typical of the 'coming out' experience. Despite this finding, it is widely acknowledged in the literature that there is a paucity of information on these young women's experiences, needs and available support (Rivers, 1997; Greene & Croom, 2000) and many of the existing studies are retrospective in nature or based on therapeutic samples.

Support groups (either peer or professional led) have been shown to be helpful to many individuals experiencing distress or stigma and are widely advocated as appropriate and helpful for young lesbian and bisexual women. However, there are few published studies focusing on such groups and none based in the UK. It is not known therefore, how women access these groups, what their needs are, and how these needs are being addressed within these groups. Equally, there is no information on what individuals may learn from the group about lesbian and bisexual identity and how this may impact how they experience their sexuality.

This study was conceived as an exploratory study to shed light on the subjective experiences of young women attending a lesbian and bisexual support group. There has been little previous research on this potentially complex topic, which deals with systems of socially constructed meanings of what it means to be a lesbian. It is also placed within a wider cultural framework of social and power relations regarding self and community identity. The outcome of this study is not the generalization of results or the test of hypotheses, but a deeper understanding, from a phenomenological perspective. A constructivist epistemology encourages the researcher to explore complex phenomena using participants' own frames of reference, and provides techniques to explore tacit and implicit levels of meaning

(Pidgeon, Turner & Blockley, 1991). A phenomenological approach will be utilized with an aim of capturing the quality of individual experience, particularly how individuals themselves make sense of their experience, their beliefs and attitudes (Smith, 1996). A qualitative interview design has been chosen as better suited to explore multiple and subjective interpretations and meanings (Lincoln and Guba, 1985).

The aim of the study therefore, is to explore young womens' experiences of a support group for lesbian and bisexual young women, with a particular focus on the following questions:

1. How is this support group accessed, and what are the needs and motivations of young women who join it?
2. How do young women experience the group, and what are the benefits and challenges for them in attending?
3. How are individuals' attitudes and beliefs about sexual identity influenced by attending the group?

By talking to young women about their experiences it is hoped that this study will inform professionals' understanding of lesbian and bisexual adolescent needs and development. Understanding the process of acquiring a sense of identity may help similar support groups to improve their service, and advance our knowledge about community support groups.

CHAPTER TWO: METHOD

Semi-structured interviews were conducted with 10 young women attending a community support group for women who were lesbian, bisexual or exploring their sexual identity. Each participant was interviewed twice, with an interval of about four months between interviews. Interpretative Phenomenological Analysis (IPA) was used to analyse the data. This chapter has five main sections. The first will describe the setting in which the research took place, the second, ethical considerations, the third, participants, the fourth, measures used and the fifth, analysis of the qualitative data.

The Setting

The participants in this study were all attending a weekly, community based youth group for women under 25 who were lesbian, bisexual or questioning their sexuality. The support group met in a community center and was part of a wider LGB youth organization. The group was funded by an LGB community organisation and the local NHS Trust (Sexual Health).

The stated aims of this organization were:

- to provide a safe environment for LGB young people, where they can find non-judgmental advice on a range of issues relating to their sexuality
- to provide an opportunity for mutual support with other young LGB people, in order to foster a positive self-identity and self-image

The specific aims for the young women's support group (as laid out in the organisation's literature) were:

- To provide a safe space for young lesbian and bisexual women under 25
- To provide cultural, recreational, informal social and educational opportunities for young lesbian & bisexual women
- Offer lesbian and bisexual women a meeting place where they can have the opportunity to seek information & advice.
- To offer young lesbian and bisexual women the opportunity to increase their self-awareness and confidence in their sexuality
- To encourage young lesbian and bisexual women to discuss and plan their own programme
- To enable young lesbian and bisexual women to develop their social skills in a group situation
- To raise awareness of lesbian and bisexual women's issues and value lesbian and bisexual women's lifestyles as positive.

The group was organised and facilitated by two women youth workers, both of whom identified themselves as lesbian. The group was open to anyone, and was advertised through posters, leaflets, magazine listings and the internet. The young women's group advertises itself as *"An evening for those who want to meet other women and have fun! Free, confidential advice and support and information in a friendly, relaxing atmosphere for all young women under 25 who are lesbian, bisexual or questioning their sexuality"*. Anyone interested in the group had to phone the organisation find out the location of the group and meeting time.

The group operated as a drop in, with refreshments, books, videos and computer space available. At a certain point every evening the facilitators gathered everyone together in a group, and each person introduced herself and describes how their week had been. This was usually be followed by an activity, which could range from an invited speaker giving a workshop on safe sex, to the showing of a lesbian video, to a

group discussion. Women were informed of the activities in advance by a monthly newsletter which they could choose to receive; the timetable was also available on the group internet site. Over 150 women were on the mailing list. Approximately ten women typically attended the group meetings, a mixture of regular, intermittent and new attenders.

Facilitator views of the group

The facilitators of the group were interviewed in order to provide further information about the aims of the group and their role as facilitators. The facilitators saw their aims for the group as to provide a safe space for women to: explore their sexuality; get information and support; meet other young lesbian and bisexual women; and be introduced to the lesbian and gay 'scene'. They described the young women who attend the group as vulnerable and excluded, with issues around 'coming out', low self-esteem, self harm, and alcohol/drug use.

Facilitators described being keen to make the group meetings fun to attract young women to the group, and as youth workers aimed to stay 'on the same level' as the young women and to give them as much say as possible in the running of the group, for example taking suggestions for future group activities. They felt that young women benefited from the group by increasing their social circle and becoming more confident about themselves and their sexuality. They noted that often the group was the only place where the young women were supported regarding their sexuality, sometimes this meant that the facilitators took on a very broad role e.g. supporting an individual thrown out of home because of her sexuality with housing, organising counselling etc.

The facilitators described being challenged by negotiating group dynamics (for example when romantic relationships occurred within the group and the young women were competing for their attention). They were particularly concerned with the high level of mental health issues that they perceived within the group. They reported feeling unskilled in this area, and did not address these issues directly within the group because of their perceived lack of training and limitations in this area. On occasions when they were supporting individuals with mental health issues they reported struggling with boundary issues, (how much and how to help; worry about the individual when not at the group etc.) and lack of information as to appropriate referral pathways, particularly given long waiting lists for counselling.

Other issues which impacted on their experience of the group included the pressures of constantly applying for funding, which made long-term planning for the group very difficult; lack of appropriate supervision on lesbian issues; and personal issues as a lesbian running a lesbian group – the pressures to be a role model, and avoiding the ‘scene’ lest they meet group members.

Ethical Considerations

Ethical approval for this study was granted by UCL ethics committee (see Appendix 1).

Strict confidentiality guidelines were adhered to. Audiotapes and transcripts were identified by code number only and stored in a locked filing cabinet. Information sheets were provided (Appendix 2) and written consent was obtained

from participants to preserve the tape recording for future training or research (see Appendices 3 & 4). Names and addresses of participants were kept separate from interview data on consent forms only, these were kept stored securely when not in use at the community centre where the group is held. These confidentiality measures were explained to the participants and proved essential because several of the participants expressed concern in talking about this subject on record.

To minimise discomfort or inconvenience for the participants, the interviews were held at the community centre on the evenings of the group. The interviews and questionnaires were considered unlikely to cause any discomfort or distress, and in the event no participant became distressed when discussing their experiences. A debriefing session at the end of the each interview provided an opportunity for participants to discuss their feelings further and, where appropriate, information was provided regarding additional sources of support.

Several of the participants were under 18, however ethical approval was granted to waive the need for parental consent as often the young women were attending the group for support without their parents' knowledge.

Participants

Inclusion criteria

The only criteria for inclusion were that women had attended the group at least once, and that they were within the age criteria for the group , i.e. age 16-25. The two facilitators of the group were also interviewed.

Recruitment procedures

Having initially spoken to the facilitators about the project, I introduced the research project at a group meeting. At the meeting I explained the aims and procedures of the study, answered any questions that were raised, gave potential participants information sheets (Appendix 2) and discussed each point in the information sheet. Potential participants were assured of the confidentiality of the interviews and of their anonymity. Potential participants were also informed that as compensation for the commitment involved in the study (two interviews over 4 months time), participants would be given a £15 record voucher on completion of the second interview.

Similar meetings were held throughout the duration of the study, and further recruitment was done on an individual basis whenever I was at the centre interviewing participants. Posters (Appendix 5) were also put up at the centre and in the group newsletter. The facilitators also agreed to hold information sheets and give them to any group member who enquired about the study. All information had my contact details so potential participants could talk to me before committing themselves to the study.

In the event, all participants approached me in person to volunteer. At this point I explained the study again, made an appointment for the interview and gave participants an information sheet. The information sheet contained my telephone number, and participants were told that they could contact me at any time.

Characteristics of the sample

Ten young women participated in the study. The age range of the sample was 16 to 25 years, with a mean age of 19 years. Only one participant however was older than 22. Four participants (40%) were white British, one (10%) described herself as Jewish and one (10%) was Black British and of Afro-Caribbean origin, 3 (30%) were Black British and of African origin and one (10%) was an asylum seeker of African origin. The time that the women had attended the group at first interview ranged from 2 weeks to 2 years with a mean time of 7 months. Half reported that they attended the group every week and half said that they attended the group every few weeks.

The Brief Symptom Inventory was also administered to measure psychological distress (see below). The GSI or global severity index was used as the most sensitive indicator of the respondent's distress level, combining information about numbers of symptoms and intensity of distress (Derogatis, 1991). Participants t-scores ranged from 2 to 78, with an average t-score of 53. The BSI provides an estimate of 'caseness' or diagnosis (a cut-off point at t-score of 63 or over) and half of the participants met this criteria.

Procedures

At the beginning of each interview the information sheet was read and discussed and participants were given the opportunity to ask questions. Participants were reassured of the confidentiality of the interviews and of their anonymity, in that all interviews and questionnaires were given a patient code, and that all names would

be removed from the interview transcript.

All interviews took place at the community centre while the group was being held in an adjacent room. Interviews lasted for between fifty minutes and one and a half hours. No interview lasted for longer than an hour and a half and I reassured people that they could stop or have a break at any time. After each interview participants were given an opportunity to talk about how the interview had felt and ask any questions that they might have. Participants were given copies of the consent forms and information sheet, and invited to contact me should they wish to ask questions or discuss the interview in the future. In practice no participant did telephone me following the interviews.

At the end of the first interview, participants were asked to complete two brief questionnaires (described below) which took between five and ten minutes to finish. At this stage participants were invited to make a date for the second interview, (usually within four months) and all participants agreed to this. After the second interview participants were given a record voucher worth £15 as compensation for their time.

After the study, three of the research participants were informally presented with the results of the study and asked for their feedback. All participants were informed that the (anonymised) results of the study would be presented to the group as part of one of the structured activities. The study is also to be presented as a report to the organisation that runs the group, and to the funding NHS body.

Semi-structured Interviews

Interviews were open-ended and semi-structured, with the use of an interview guide for prompts. (Appendix 6 & 7). The interview guide was designed specifically for the study, drawing upon guidelines for constructing a semi-structured interview schedule suggested by qualitative researchers (Willig 2001, Smith 1995) to allow exploration of new areas that emerged during the course of the interview. Two pilot interviews were held with young women as a way of obtaining feedback on the style and content of the interview. These interviews did not differ substantially from later interviews and so were included in the final analysis.

First Interview (Appendix 6)

The interview guide for the first interview contained five sections which were covered, in a flexible order and varying degrees of detail, in each interview.

Identity and history: This section explored how participants described their sexuality and whether and how this had changed through their lives.

Accessing the group: This aim of this section was to establish how participants came to the group and what they were looking for.

Experiences of the group: In this section participants were asked about their experiences in the group and their opinions on different aspects of the group.

Life outside the group: This section considered participants' personal circumstances, family, coming out story and so on, and what difference if any the group had made. In this section participants were also asked about stress in their lives, and support available outside the group.

Closing the Interview: At the end of the interview participants were invited to share

anything relevant to their experience that had not already been discussed, and to ask any questions.

All participants were thanked for their participation after each interview.

Second Interview (Appendix 7)

The aim of the second interview was to clarify and expand on issues raised in the first interview, to expand on areas emerging from preliminary analysis of the group data, and to explore experiences of the group over time. The content and focus of the second interviews therefore varied slightly from person to person. The second interviews tended to be of a shorter duration, averaging 30 minutes.

Discussion of first interview: In this section, a brief summary of the first interview was shared with the participant, and any issues raised in it were clarified and expanded upon.

Experience of group: This section explored participants' experiences of the group since the first interview.

Experience outside group: This section explored any changes in participants' lives outside the group since the first interview.

Issues arising: The aim of this section was to raise with the participant any issues emerging from the preliminary analyses that they may not have discussed in the previous interview.

Closing the interview: Again, participants were invited to share anything relevant to their experience that had not already been discussed, and to ask any questions. Finally, the participants were invited to comment on their experience of participating in the research.

Questionnaires.

Two self-report measures were administered and used for descriptive purposes, to add to the information gathered in the interview by providing an objective indicator of psychological distress and information re demographics of the sample.

Demographic questionnaire (Appendix 8)

A brief questionnaire was designed for the study recording details of participants' age, ethnic identity, and frequency and longevity of their attendance at the group.

Brief Symptom Inventory (Appendix 9)

The Brief Symptom Inventory (BSI) is a standardised self-report questionnaire designed to reflect the psychological distress and symptom patterns of psychiatric and medical patients, as well as community samples. This self-report is the short form of the SCL-90-R instrument. Like the SCL-90-R, the BSI instrument can be useful in initial evaluations as an objective method of screening for psychological problems. The BSI instrument is especially appropriate in research with limited interview schedules, and where testing procedures demand brevity.

The BSI was developed from its longer parent instrument, the SCL-90-R, and psychometric evaluation reveals it to be an acceptable short alternative to the complete scale. Both test--retest ($r_{tt} = 0.90$) and internal consistency (Cronbach's alpha ranging from 0.71 to 0.85) reliabilities are shown to be very good for the

primary symptom dimensions of the BSI and its' correlations with the comparable dimensions of the SCL-90-R are quite high (ranging from 0.92-0.99). Both adult and adolescent female non-patient norms are available (Derogatis, 1991).

Analysis Of Qualitative Data

The audiotape recordings or interviews were transcribed verbatim, and any details that might identify either the organisation, participants or staff were excluded to ensure confidentiality. Transcripts were then analysed using Interpretative Phenomenological Analysis (Smith, Jarman & Osborn, 1999).

Interpretative Phenomenological Analysis (IPA)

The goal of the analysis was to identify themes that were common across individuals attending the support group for young lesbian and bisexual women. Interpretative Phenomenological Analysis is a qualitative approach developed specifically within psychology, that aims to capture the quality of individual experience, particularly how individuals themselves make sense of their experience, their beliefs and attitudes (Smith, 1995). It is thus particularly appropriate to get the 'insider's perspective' of a particular area (Conrad, 1987). IPA is *phenomenological* in that it is concerned with an individual's personal perception or account rather than traditional approaches to scientific research that aim to produce an objective account of the event or object (Smith, Jarman & Osborn, 1999). It is *interpretative* in that it recognizes that it is not possible to gain direct access to a person's feelings or perceptions, but sees research as a dynamic process in which meanings can be accessed through interpretative engagement with her words. As such, the results of

the analysis are a co-construction between the participant and researcher (Osborn and Smith, 1998); Access is dependant on the researcher's own conceptions which are required to make sense of that other personal world through a process of interpretative activity.

Rationale for using IPA

IPA provides a structured method for systematic and detailed analysis of qualitative data, and has been used successfully in a number of published studies about identity, sexuality, and mental health (Walker, 2001; Touroni & Coyle, 2002). As a specifically psychological research method, IPA aims to explore participants' experiences from their own perspective, and produce detailed and rich descriptions of how participants experience situations and events (Willig, 2001). It is therefore appropriate for a research project concerned with how individuals are endeavouring to make sense of and think about what is happening to them. As a new and developing method, IPA is not associated with debates and controversies (as for example Grounded Theory can be) and therefore allows more freedom and creativity for the researcher using it (Willing, 2001).

Stages of analysis

Smith et al (1999) give a detailed account of how to analyse interview transcripts using IPA, while emphasising that there is no single definitive way to conduct such an analysis, and that the researcher should make whatever adaptations seem appropriate to the study. However, in this case the stages of analysis followed closely those recommended for IPA (Smith, 1995). Examples of coding at each stage of the analysis are provided in Appendix 10.

The first stage of analysis involved a detailed re-reading through a transcript and making notes, comments, queries and ideas in the left hand margin. Then the transcript was re-read, marking points of interest and significance within the data and noting tentative theme titles on the right hand margin. These initial themes aimed to capture the essential meanings expressed in the text. A tentative list of themes was drawn up for the transcript.

This procedure was followed for three separate interviews, at which stage the lists of themes were compared with an aim of distinguishing themes that were relevant to all participants that could form the focus of continued more detailed analysis. The themes were looked at in relation to each other and organised together in clusters or related themes; these could be hierarchical or not at this stage. These clusters were given labels that described the phenomena they represented. Care was taken that the emerging theme clusters were an accurate reflection of the experience of each individual as expressed in interview. A table of these 'superordinate themes' was then drawn up, with the constituent themes and relevant quotations and references to the text clearly marked. Care was taken that the new table of themes was produced in a cyclical manner, with new superordinate themes checked back against the transcripts for fit.

This list of themes was then used as a tentative framework for coding subsequent interviews, with new material informing the analysis, by broadening definitions of themes, clarifying connections between themes, or in some cases producing new themes. Again all new and altered themes were cyclically checked against earlier transcripts, until finally producing a list of master themes and

constituent themes that were believed to reflect the quality and meaning of the experience for the individuals interviewed.

Credibility Checks

Two other researchers read a sample of the transcripts independently (one male, one female, both heterosexual), and their preliminary analyses were compared with mine. Some of their suggestions as to additional areas of potential interest or clarification were included in the second interviews. Subsequent analysis and initial organization of the data into themes and sub-themes was also discussed with these researchers and negotiated in supervision, with particular emphasis on how well they represented the data. Following discussion, a final set of themes and sub-themes were agreed on.

Researcher's Perspective

One of the tenets of the qualitative approach is that of the 'researcher as tool'. As Pidgeon, Turner & Blockey (1991) explain it, this means that 'the role of the researcher..is not a hidden passive or impersonal one in the process of enquiry' (p151). Interpretative Phenomenological Analysis, as explicit in its name, relies on the researcher's own interpretation and standpoint, and as such requires a reflexive attitude from the researcher (Willig, 2001). In the spirit of reflexivity and openness therefore, qualitative researchers (Rennie et al, 1988; Elliott, Fischer & Rennie, 1999) recommend that the researcher attempt to identify and record his/her perspective in undertaking the research.

As a lesbian researcher, this study explored issues which have been of interest

to me for some time. A previous study I conducted (Twamley, 2000) on lesbians' reproductive decision making had highlighted for me the isolation and stress that many lesbian and bisexual women experience in coming out, and I was enthusiastic about the potential of community groups to support young women in this situation. I was also aware of concerns regarding the mental health of these young women and how this was addressed within these groups.

In many ways, my sexuality may have been an advantage, as it may have made it easier to establish trust and rapport with my interviewees, and helped to lessen the hierarchical relationship between interviewer and interviewee - a finding also mentioned by Dunne (1997). In common with other lesbian researchers I believe many of the participants would not have agreed to be interviewed had I not been a lesbian (Dunne, 1997; Kitzinger, 1987). However, I was conscious that my own experiences should not overly influence my interpretation of the data, and that assumptions of 'shared experience' should not distort my enquiry or analysis. In this context credibility checks are a useful tool for qualitative researchers (Elliott et al, 1999), to have others check their interpretation of the text and that it fits the data.

CHAPTER THREE : RESULTS

Six super-ordinate themes were identified from the interpretative phenomenological analysis, each theme containing a number of subordinate themes as represented in Figure 1. A summary of the super-ordinate themes follows. Each theme describes an aspect of the participants' experiences generally, and in the group.

Who Am I?

This theme represents the participants' struggle to accept their lesbian feelings, and their search to reconcile their sexuality with socially acceptable sexual identities.

Not Fitting In

In this section the participants' experiences of isolation and lack of support from their immediate environment are described.

Censorship

One of the themes pervading the participants' accounts was that of censorship, or feeling the need to hide their thoughts and feelings from others, and this is described as it impacted on the young women's lives across all contexts.

Meeting Women Like Me

This theme illustrates participants' desire to find others who share their experiences and feelings, the process by which they attempted this and the implications for how they used the group.

Opened Doors

This theme describes the impact for the participants of meeting other young lesbian or bisexual women at the group and joining a wider LGB community.

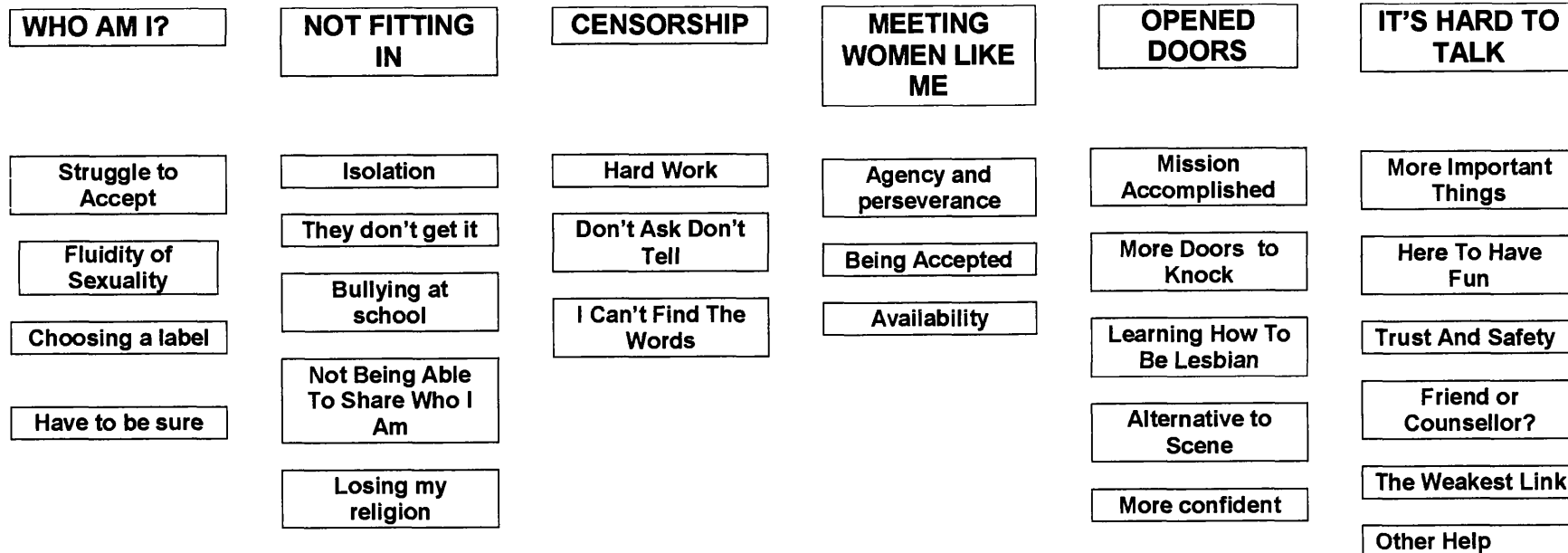
It's Hard To Talk

This section explores certain issues that the participants do not discuss in the group and the reasons the young women gave for this.

In the following sections, each super-ordinate theme and the sub-themes that elaborate it are described in detail. These themes should not be viewed as discrete categories, as concepts contained in one theme often relate to those identified in others. How these themes relate to psychological theory and literature will be explored in the discussion section.

Quotations are used to illustrate the themes. Many participants responded in a similar way and so only representative or unique comments are represented. In the extracts which follow the annotation 'Pt1' represents the participant number. The annotation '...' represents where text was edited for the sake of brevity. If identifiable information was mentioned this is substituted by a category descriptor in square brackets, e.g. [group member].

Figure 1: LIST OF THEMES



Who Am I?

'I had this full blown crush on her, I was like "Oh my God, I have a crush on a girl !" very disturbing... ' (PT1)

One of the themes pervading participants' accounts was the challenging and stressful process of coming to terms with being attracted to women, and the implications that may have for their sexual and social identity. The young women described struggling to accept their attraction to women and to find a 'label' that fitted their experiences and feelings. Feelings of uncertainty were heightened by pressure within the heterosexual and LGB communities to be 'sure'. Adopting a bisexual identity was particularly difficult as this was felt to be unacceptable in either context. Young women examined their lives for 'evidence' of a linear and stable sexuality while continuing to question themselves as their emergent sexuality was continually challenged by others.

Struggle to Accept

The participants' accounts of coming to terms with their attraction to women were strewn with contradictions. On the one hand, they described feeling happy and accepting of themselves, and believing that their feelings were normal.

'I remember when I finally decided it for myself and I was really happy with myself, I was about 13, 14, and I knew it, and in my head I was like, yeah, that's me now.' (PT3)

They also seemed less vulnerable to traditional negative stereotypes of lesbians in the sense that they did not think that being attracted to women had implications for how they experienced their femininity. On the other hand, they were aware that others

might take a different view, and so did not feel able to tell others about their feelings. The young women had also had exposure to very negative messages about homosexuality, particularly those from a religious background.

'I remember like a priest had this whole sermon on gay people and I was just like so shocked, and then like he just went on and on, "it's evil, it's corrupt" ... he was just so adamant, "yeah! It's so wrong! It's so evil!!" it kind of gets stuck in your head... ' (PT5)

Attempting to reconcile their own sense and beliefs that lesbian feelings were not wrong with other homophobic ideas was clearly very difficult and participants described feelings of confusion and self-disgust in relation to this:

I would always feel disgusted with myself (PT10)

'Inside my heart I knew that it's not like something's wrong, it's not evil, ... [but then I think] It's Just Not Right! It's like back and forth..' (PT2)

'Sometimes you need that reassurance, "There is nothing wrong with you". ' (PT3)

This had implications for their self-esteem and also their relationships. For example, Participant 3 was avoiding romantic involvements with other young women because she felt she was still not comfortable with her sexuality. Other women described attributing problems in their relationships to the fact that they were same-sex.

Fluidity of sexuality

All of the participants had previously identified themselves as heterosexual at some point. There was considerable fluidity in how the young women had identified themselves over time, and it was not unusual for women to move from one identity

to another (and sometimes back again). Some of the women described considering themselves bisexual as a phase en route to a lesbian identity, for others they had never considered themselves lesbian or came to believe they identified as bisexual after identifying as lesbian. It was also noticeable that participants often volunteered stories of other people in their lives who had moved from a gay/lesbian identity to a heterosexual one or declared their own intention of remaining open as to how they might identify in the future

'You never know what the future holds..and that's the thing because maybe in a year I'll say something else so that's the thing, to keep it as an open channel...so far just girls...' (PT2)

Choosing A Label

'I always thought coming out would make it easier because I'd have a label, and then I could sort of fit myself into that, but no, I can't fit into a box.' (PT9)

Participants struggled to define their sexuality with the two labels they perceived as available to them – lesbian or bisexual. These labels were enforced by the people around them, *'I mean honestly it's in the first five questions you get asked, 'are you lesbian or bisexual'* (PT9) and women described feeling under pressure to choose a label before they themselves had any clear idea about their sexuality.

The young women had strict ideas about what a 'proper lesbian' was, usually a stable and permanent attraction to women exclusively. This was problematic, especially for those women who had had attractions to men in the past or who did not wish to exclude the possibility of relationships with men in the future.

'I can never tell, in a way I'm bi because I can see he is attractive, but in a way maybe I like girls more, but I don't have any problems being with a guy, I still find them attractive but I find girls more attractive so I don't know how to describe myself..Bi? But how long has it been since I've been attracted to a guy?!' (PT2)

Women who thought they might identify as bisexual encountered particular difficulties; both their heterosexual friends and their lesbian and gay friends had difficulty with the concept, implying that they were either really indecisive or going through a phase which would be resolved by becoming either lesbian or heterosexual. In some cases they met with outright hostility.

'When I did say I was bisexual to a few people I got looks and comments, it was a bit too much, things like 'Oh well let me know when the rest of you comes out.', Bitchy, or well 'We are going to a lesbian bar but I guess you won't be wanting to go there.', And things like that, it was really bitchy and horrid.' (PT9)

So stigmatized was the label 'bisexual' that often participants whose experience and desires fit that description opted for other labels such as 'greedy' or 'non-specific'.

Have To Be Sure

'I did have a sort of problem with it, like sometimes I do get those moments when I do get like "Am I really gay? Am I really thinking about this? Am I sure I don't fancy boys?" and all that...' (PT5)

While feeling conflicted and confused about their sexuality and the future, the young women were felt pressure to present a concrete and definite account of

their sexuality to others. Accounts of coming out to parents and others were typified by (often benign) interrogations as to whether the attraction to women was *'just a phase'* and if the young woman was *'sure'*. In relation to the group, the fact that it advertised itself as for also for women *'questioning their identity'* was an attraction for some, although there doubts were raised as to how well the group actually addressed these issues and participants reported that they did not talk about doubts about their sexuality with other group members.

'...If you did come here and you weren't so sure you wouldn't really get much out of it, in fact I probably think you'd leave feeling really disappointed, because I don't know, people here are quite sure of themselves... it kind of feels like you come here if you are gay or bisexual, you don't come here if you are kind of confused basically.' (PT5)

These pressures had implications for how the women thought about their sexuality – for example being challenged on her identity as a bisexual caused Participant 3 to question it herself and see change as almost inevitable.

'Sometimes I think I might because you hear that enough times you just think maybe it is just a phase and I'm going to be a lesbian, I might as well get used to it.' (PT3)

Another way that women managed this conflict between their experiences and the ideas of fixed and exclusive sexualities provided by society was to reevaluate their life experience and interrogate it for evidence of previous attraction to women.

'The more I look back to my childhood the further back it seems to go.' (PT10)

Not Fitting In

'I was always different, and I didn't want to be, I wanted to fit in somewhere, I wanted to feel like I had something in common with other people.' (PT6)

A central theme throughout the participants' accounts was the sense that through adopting a lesbian or bisexual identity they no longer 'fit in' with their friends and family. A sense of difference was heightened in many cases with experiences of rejection. Several of the women described feelings of isolation, which made contact with the LGB community a particularly important source of support.

Isolation

Feelings of loneliness and isolation pervaded participants' accounts. Some of the women described having no friends, no one to go out with; others experienced isolation in times of stress related to the break up of a relationship or worries about their sexuality, when they didn't feel they could use their usual sources of support.

'I had no-one to talk to, no-one to turn to, I wish I could tell some teacher because all my teachers all my friends they all used to like me, anything I needed, they were there for me, but ... because it was a gay issue, I didn't feel comfortable.' (PT2)

One of the factors that heightened participants' sense of difference from their peers was that generally they were not dating boys. Several of them described dating boys and trying to 'go straight' as so as not to be left out.

'At one point every single one of my friends had a long-term boyfriend and I think that was the point I thought 'right! I'm going to join the club!' (PT8)

However, when this did not work out, participants were left feeling more different than ever.

'I was well, I really, I just can't do it, and that was really annoying that I just couldn't go through with it, and that was difficult.' (PT8)

They don't get it

Not only did the young women feel unable to emulate the heterosexual romances of their peers, but also they felt that their own same sex experiences and desires were not understood, and that others were not comfortable with them. Many of the women described 'awkwardness' or expressions of disapproval from their heterosexual friends.

'If I say anything remotely about girlfriends or about being gay she just changes the subject or wanders off or she'll act like I haven't said anything at all' (PT1)

'My closest friends, I was discussing it with them, and they still don't really want to address it, but I have told them, and they're sort of a bit – I don't know, they don't get it' (PT3)

In some cases the participants described how being open about their sexuality had lost them friendships or caused them to feel rejected in more subtle ways.

'One thing that upsets me sometimes is that I have quite an open set of friends, ... but they'll behave sort of pervertedly around each other, you know, 'for a joke' they'll stroke each others leg, or you know, say pervy things, and I, I'm always left out of this, and I asked why, and they said because we'll think that you'll take it seriously, so that, that does upset me.'
(PT4)

For some of the women, this led to a belief that only other LGB people could understand their situation – to the extent that supportive responses from others were sometimes interpreted as meaning that that person was also gay.

'My friends ... even when we see films or things like that they don't make bad comments like "ooh lesbian how disgusting" they don't do that..sometimes I think they all gays as well in a way.' (PT2)

Bullying at school

Participants described their schools as places that were hostile and dangerous for LGB youth and described homophobic responses to themselves or others.

'Other people who had come out had had such a hard time, such a rough time that I just couldn't be doing with it really' (PT9)

The majority of the young women decided not to come out at school for that reason, thus cutting themselves off from potential sources of support in other students. Those who were open about their sexuality experienced a range of negative responses from overt bullying, being gossiped about and being constantly questioned about their sexuality.

The participants described feeling unable to talk to teachers about their experiences and unsupported by school systems that did not address homophobia.

'Even just in school you have racism posters and you have sexist posters and it's like where does it say it's not ok to be homophobic? And its ok to be gay?' PT10

Not being able to share who I am

A central dilemma experienced by participants was whether to tell their parents about their sexuality, either because they were afraid of a punitive response or because they didn't want to shock or disappoint them. Again this meant that they were cut off from potential support and parents were kept ignorant of significant relationships (and break-ups) and other related stresses in their daughters' lives. Several women described how the lies and deceit that this involved affected their relationship with their parents, and they experienced this as very painful.

'It's a bit hard to be around my mum, especially, 'cos it's like I'm going through all these different things in my head and I want to tell her about them, but I know she won't understand, and I know she won't like what she hears, ... the hardest thing is going through all these changes and being happy about some things but not being able to share it with her, ... I don't know if I've changed around her, I think I probably have actually, more low and quiet, I don't talk to her as much. ' (PT3)

Losing my religion

Several of the women described coming from very religious backgrounds. All of these women described powerful negative messages from their churches on the sin and evil of homosexuality and the duty of the individual to resist such feelings. In one case this took the extreme form of an enforced exorcism:

'The woman starts to like, she grabs me on the head and starts shaking me and I'm crying my eyes out at this point 'cos I'm like what is going on, and I turn around and the whole church is behind me, like the whole congregation is around me and they've all got their hands on me, and the woman's

grabbing me and I can't and she's shaking me and she's like "Pray the homosexual deviance out of your body!" (PT1)

Women from these backgrounds had extra difficulty accepting their sexuality and in every case the conflict led to them becoming alienated from their religion and their church.

'I was very religious, but like in the past few years, ... , because I know that if I was going to a church, I go every few months or so, but I know that if I tell anyone there it would be quite a shocking revelation, so it is difficult to match the two ... So yeah, no, my religion is going downhill at the moment I would say.' (PT8)

For some of the black women particularly, church, family and culture were synonymous and the church was an important source of support and social community in their early years. They described a cultural norm of silence on this topic, to the extent that it is not referred to except when denounced from the pulpit. Although same sex relationships occur, they are never acknowledged.

'My godmother's husband is gay! We've known this our whole lives and no one has said it, no one has uttered the words.' (PT1)

For these women, being open and acting upon their sexual feelings for women meant turning their back on the church's views of homosexuality and by implication challenging their culture, as if they had to choose between their sexuality and their culture.

'I didn't know how it was because where I'm from lesbians is not allowed and it's not in my culture, so I found it really difficult to express myself with other women.' (PT7)

Censorship

A central theme uniting the women's accounts was that of censorship. In this context, that most commonly refers to being secretive about their attraction to other young women, often involving elaborate and stressful deceptions to hide the nature of their feelings and relationships. These deceptions can be colluded with by others. Censorship in this context is both external (what one says or reveals to others) and also internal (acknowledging one's feelings to oneself).

Hard work

Maintaining a relationship while keeping it a secret from family and peers is not easy. Participants described changing their behaviour around their girlfriend in the presence of others, and lying about their relationship and what they were doing – this included lying about the nature of the group in some cases. The extent of this concealment required constant vigilance, for example playing the 'pronoun game' i.e. changing the gender of their girlfriend. Participants described the process of concealment itself as being very stressful:

'I just found it so hard when I was first dating girls and stuff like that, like my friend M I used to ring her and I'd be talking about someone and playing the whole pronoun game, and that's too stressful I have enough stress in my life as it is without having to... be like "she uh HE".' (PT1)

Participants described walking a tightrope between discovery and concealment; their stories were sometimes challenged with negative results. For example when Participant 2's father became curious about where she went to on group night and offered to come with her she faced a difficult dilemma:

'I was seeing somebody there! "Oooh I'm going to turn up and this girl will hug me and give me kisses ... Ok think! Think!'" So I said, "Oh I ain't going out no more," but that's when I really really made him angry.. I think he would hit me for the first time.' (PT2)

For some, staying 'in the closet' meant that they were vulnerable to the indiscretion of others. Several participants had experiences of being 'outed' and one girl was blackmailed by her girlfriend to stay in the relationship or she would out her to her parent.

When the young women did come out they described feeling great relief at being able to be honest, a sense of liberation from pretending and deceiving. Although responses that the young women received to coming out were mixed, it was described as beneficial to have done so; either because it had improved existing relationships, helped them to access support or generally increased their confidence.

'It was like this burden and it was just gone and I could just be myself again and I hadn't really had that, so quite relieving.' (PT9)

'It's a bit like you are hiding this part of yourself, so every time you meet a person you are sort of withdrawn and a bit held back, and you don't really let your full personality come through because you've got this big secret.' (PT3)

Don't ask Don't tell

One of the ways that families dealt with the suggestion that their daughter might be lesbian or bisexual was by refusing to acknowledge or talk about the situation, even when faced with 'evidence'. In these situations everybody knew what was going on, but nobody would name it or ask about it.

'I mean my Mum caught me snogging her in my bedroom and walked straight back out of the room and has never mentioned it since, and it just hasn't happened for her at all,' (PT9)

For some families this meant the avoidance altogether of certain topics, such as boyfriends. The participants themselves colluded with this, as in this example where Participant 2 knew that her father was really asking 'Are you a lesbian?' but because he did not ask directly was able to avoid answering:

'My dad, I think he knows, ... I think he heard things that he shouldn't have, ... my dad keeps telling me " Oh you know you're my daughter, you know I love you ... you can tell me anything!" in a way I wanted to tell him but I just stopped' (PT2)

One strategy that the young women used to was to give clues and hints to their sexuality, so that others would confront them and perhaps in this way relieve them of the burden of having to come out.

'[My Mother] constantly goes on "when you marry a man" and I'm like "I'm not going to marry a man – I am going to have children though." Hint hint, and then I've got like my mate gave me a poster of Marilyn Monroe, in the buff for goodness sake! And its on my wall, ... and I'm like "please get it now, I've had enough" (PT2)

I can't find the words

One of the themes pervading participants' discussions on coming out to others and understanding themselves, was a lack of language to explain their lesbian feelings and experiences. Participants talked about being unable to answer direct questions about their sexuality, and a difficulty with matching the given word 'lesbian' for their experience and feelings of falling in love with women.

'It's like the issue you want to come to but I can't find the words to say this, and then I babbled something out about "yeah I like the company of women." (PT5)

Such was the extent of this felt prohibition against lesbian feelings, particularly in early relationships at school where there was extra pressure not to come out, that the young women described having romantic and sexual relationships with other young women that were not only secret from others but un-named and un-acknowledged between the young women themselves. This caused particular issues for the women when the relationships broke up, as they had no framework or support to help them understand the situation.

'We never officially went out, but we never really officially broke up.' (PT4)

'Even though we never talked about it we ended up doing things and we were getting jealous with each other. The only time we talked about it was when we didn't want it to happen anymore, it was kind of like "D'you know that stuff we do? I don't think we should do it anymore." And then the next day it would just kind of happen again.' (PT10)

The prohibition against acknowledging lesbian feelings could also be extended to the self, and when the young women first suspected that they might be attracted to women some described a process of censoring or blocking out their thoughts on the topic.

'I just sort of ignored it, not really ignored it but I didn't address it as much, like I'd see a girl and I'd think "oh nice" but then sort of push it to the side and not think about it.' (PT3)

Meeting Women Like Me

Although participants tended not to know any other LGB people before joining the group or making explicit contact with the scene, they were very keen to do so. Meeting other young LGB women 'like me' was the paramount consideration for the participants in finding and joining the group. They hoped to find friends with whom they had something in common; friends who would understand their attraction to women and not be shocked or disgusted; friends who would accompany them exploring the gay scene.

'... somewhere to get to know more people like me even if I don't find anyone at least I'll find friends that are similar to me, so I'm not always the odd one out in the group.' (PT6)

Accessing this community often required effort and perseverance. While accessing this through the group brought relief for some, others experienced additional pressure to 'fit in' to this milieu.

Agency and Perseverance

The process by which women described finding the group and making LGB friends required effort and determination on their part. Even young women who were referred to the group through other services, such as youth groups and counsellors, had to come out and ask for information. Searching the Internet with its anonymity and ease of access was the most popular route for finding information, and magazine listings were also used. Aware that this all female group offered a unique opportunity to meet other young women outside of 'the scene', participants showed tenacity and perseverance, for example returning to the group even after a disappointing first experience; and changing from a mixed group (where there were generally very few young women members) so they could attend an 'all-girls' group.

'I just sort of had a thing once I left school I had 5 years there and I absolutely hated it and I had 5 years there and I was determined to create a new life for myself and it was going to be so cool it's untrue, and um, so I just determined that was going to happen.' (PT9)

Coming along to an LGB group alone was characterised by the participants as a nerve-wracking process. The group represented a significant and rare opportunity to make friends that supported their sexuality and provided the much-valued potential for a romantic relationship. Feeling different and left out in the other areas of their lives increased the pressure to succeed in this environment. Not surprisingly therefore, participants spoke of apprehension prior to arriving at the group and their fear of not fitting in.

'I was petrified, I sat on the bus petrified and chain-smoking all the way to the town hall, and oh it was bad because I didn't know what to expect at all,

it was sort of "Am I wearing the right thing? Are they going to think I'm this?".' (PT9)

I thought they would be very unaccepting of me, I don't know why, that was my immediate thought, that they would sort of look at me and think "You're not supposed to be here, go away!".' (PT3)

The anxiety to 'fit in' remained a preoccupation as the young women came to know more LGB youth, which sometimes led to them denying or questioning those aspects of their identity that they felt did not fit. This aspect of their experience will be described under the theme of 'The More Important Things'.

Being Accepted

A common theme throughout participants' accounts of the group was the sense of a welcoming and friendly atmosphere, contrary to their nervous anticipations. The young women spoke of a sense of being accepted and free to express themselves. This contributed to their sense of the group as providing an enjoyable and safe space to relax and be with others 'like me'.

'I enjoy coming here and I, I get to talk to people, and we go on outings, and it just really, I just really love it here... its just so good to be able to express yourself ... not to have to justify myself, not to have to explain myself.' (PT4)

'I fit in at last.' (PT6)

One of the aspects of the group that members most enjoyed was the freedom to talk about attractions to women, relationships and so on. The group represented one space where they could talk about their romantic attachments secure in the knowledge that they would not only be accepted but also understood. The relief that

this brought highlights the strain of negotiating suspected homophobia in other areas of their lives.

'I am much more comfortable with my gay friends because I can tell them anything, I can talk about girls, but with my straight friends I can never express myself.' (PT2)

' [At the group] you can relax and be yourself and say the things you are thinking without people judging you, saying ooh that's disgusting.' (PT3)

Availability

If it is difficult to find friends who support your sexuality, the (generally) higher priority (as expressed by participants) of finding a girlfriend can be even more difficult. For this reason, participants often became romantically involved with the first available and interested young woman.

'... when you're younger it's like "Oh my god I'm gay! That person's gay too! Let's get together!" do you know what I mean? So it was like that.' (PT5)

This had a big impact on group dynamics, as the young women described an 'incestuous' process of serial relationships between group members; everyone falling for the same people; and group members trying to 'steal' others' girlfriends. This led to 'dramas' and tension within the group, with some women staying away due to a relationship complication, and others attending but ignoring another member.

'There's a bit where [group member] and I were in tight, and I'm very lairy I'm not going to stay away from the group just because I'm not talking to you, so I'll come in and act like you're not there, and those dramas always split the group down the centre, or into little groups.' (PT1)

Opened Doors

Attending the group increased the young women's social circle and provided them with friends and resources to support them. Through the group women gained access to the LGB scene in a safe and un-intimidating environment, and were given the opportunity to explore dating and sexual relationships with other women. This opportunity increased their confidence in their sexual identity and themselves and was very much valued by the young women who felt that otherwise they would have had to try to meet others on their own, and that would have delayed their coming out considerably.

Mission Accomplished

Interviewing women twice with a 3-4 month gap highlighted the steep learning curve that some women experienced when they first joined the group. Participant 7 gave a good summary of her experience:

'Well, 1) it has opened me up, 2) it has made me confident, 3) I have made new friends, 4) it has made me believe that I shouldn't be afraid wherever I go, I should be open and be encouraged because there are places that I can go like on the scene, soho and it has made me realise that I am not the only one, so I have really enjoyed coming here.' (PT7)

The degree of change in women's experiences and accounts varied considerably depending on how long they had been attending the group, and the level of support for their sexuality they had outside the group. For some of the women with more established networks, the group was an important source of new friends (and/or girlfriends).

'I wanted to meet gay friends, I only had few and now I've much much more, the more friends you have the better' (PT2)

For some women, once they had made those friends, they did not attend the group as regularly. Others continued to attend, but found it difficult to articulate why. However, the fact that women continue to attend (in some cases for over two years) implies that the group continues to meet needs for these young women that are not being met elsewhere.

'I was having a whole discussion about this myself the other day, I haven't a clue why I keep coming back, um I suppose it's just because I suppose I like coming, that whole sort of idea that you're in a room full of lesbians and It's just like you are with people who are like you, so it just comes back to that I think.' (PT5)

'It's like when I'm sitting at home I'm like 'Unh..Group tonight' but when I actually get here, yeah, it's just a happy place and an extra element that I didn't have before but I don't really know why, it's nothing really defining or anything.' (PT10)

More doors to knock

One of the positive gains the young women got from the group was increased support, from gay friends that they made at group and from the group facilitators. The facilitators were felt to be approachable, willing to listen and a source of information and advice, (although as discussed under 'It's Hard To Talk', some participants did not feel comfortable sharing personal information).

'[The facilitators are there] to give people an understanding, people having problems to maybe soften it up a little bit, to pry, yes, ... 'what's this? What's

that? What have YOU been doing this weekend?' ... (laughs) to be mature I guess, to give people like me an understanding of what are the rights and wrongs of lesbians' (PT6)

Coming out to family and friends also helped, as these became again people who could be talked to. It was unclear to what extent the group played a part in facilitating the young women to come out, but the greater confidence that the young women did attribute to the group may have played a part in this. The young women described feeling that they would have places to turn to, that the isolation with which they faced previous stresses was gone.

'Now I've got so many doors to knock, my father, my friends, ...' (PT2)

'... the way in which I dealt with it then is different to the way in which I deal with it now, I don't push it to the back of my head, I do think about it, and I talk about it with my mates' (PT5)

Learning how to be a lesbian

Another benefit that the young women described from the group was being able to mix with other young lesbian and bisexual women, and learn (and practice) how to flirt, how to establish relationships with other women, what women do in bed together. This information was passed on between the young women, with group members who had been 'out' for longer advising new members.

'...people like [group member] who have been there, done that, older lesbians, who are much more experienced than me it's been very interesting for me to talk to them and find out about the way things work.' (PT3)

Structured workshops that had been organized by the group facilitators were also cited as of value and of providing information which the young women did not have access to elsewhere, such as those on lesbian sexual health.

'Some people seem to think lesbians don't get STDs for some reason, we are the chosen ones and we are not going to catch anything at all, but em, [the facilitators] are quite good about telling people about things.' (PT9)

The group also acted as an introduction to the lesbian and gay scene in London, actively taking the young women on trips to the more friendly and accessible bars, providing information on LGB events, bookshops and so on. This was appreciated by all the participants, as most had little or no access to the scene before.

'When I first came here ... I didn't even know about the scene, and I didn't know there were books and videos about lesbians and things.' (PT7)

Alternative to scene

Another perceived advantage of the group was that it provided the young women with the chance to meet others without having to go to LGB bars on the scene. As the women often didn't have any LGB friends that they could socialize with before attending the group, without the group they would have had to go to these bars and clubs on their own. Participants reported that they found this a very anxiety inducing prospect, as Participant 6's account of going to a bar on her own demonstrates:

'On the Saturday night I walked in to a lesbian bar on my own, ... I was sitting there shaking! I must have drunk about 10, 11 double vodkas and coke, ..., I smoked 30 cigarettes, I was so nervous it was unbelievable.' (PT6)

Participants talked about looking ‘sad’ in a bar on your own, of others assuming you are there to get a girlfriend, and the artificiality of making friends when alcohol was involved. Therefore participants felt that without the safe environment that the group provided, they would not have been able to come out, and make gay friends – or at least that the process would have been much delayed for them.

‘I thought the only way you could meet gay people was by going to gay clubs and I couldn’t do that on my own, ... and I suppose it would take me a much longer time to deal with my sexuality and I wouldn’t have anyone to talk to about it. (PT3)

‘I didn’t even know about the scene I didn’t know who to ask, ... , so if [this group] or any other group didn’t exist I would find it very difficult to cope, even talking to family.’ (PT8)

More Confident

A central theme for participants was an increase in confidence which in several cases they attributed directly to their involvement in the group, and in others to generally resolving issues around their sexuality and coming out to others which the group helped with. There was a sense of liberation in their accounts, of no longer feeling apologetic about their sexuality and no longer feeling that they had to hide it.

‘I’m a little bit more confident when I walk down the street, it’s like I walk down the street with that “Yeah! I’m a lesbian!”.’ (PT6)

‘You learn so much about yourself, ... it’s definitely made me more confident, I was really, ... I wasn’t a wallflower before, but I’m not a very shy person, but [the group] has brought me out of my shell more I think.’ (PT3)

It's Hard To Talk

As discussed previously, the young women were anxious to fit in with the group and the LGB community. Just as they employed a management strategy with their heterosexual family and friends, keeping relationships secret and censoring what they told them about their thoughts and feelings, similarly the participants exhibited similar censorship in this context. For example, the young women did not talk about topics that they perceived to be taboo within the group and they also sought to present a lesbian identity that they perceived as normative and approved.

'I was nervous enough coming here in the first place and I kind of just wanted to fit right in, like a jigsaw puzzle, um and decided that if you know that's what people did then I'd do it too.' (PT9)

More Important Things

'Most of the time you come and you chill out, ...you don't have that opportunity really to, to talk to someone about the more important things, I don't know, I think that opportunity is probably there, but it's not really promoted as much as anything else.' (PT3)

Participants acknowledged in the course of the interviews that they were at times made stressed and anxious by the strains of negotiating the stigmatized identity of lesbian or bisexual woman and the implications that might have for their lives and relationships. There was explicit acknowledgement that for at least some of the women this was one of the motivators for seeking support at an LGB women's group:

'...you kind of come to this group because you want to be helped.' (PT1)

'... that's why they are here and why we come here, for any issues.' (PT2)

However, many of the women did not feel able to discuss issues in the group that they were finding problematic, issues such as negotiating coming out, self-harm, religion and homosexuality.

For example, in relation to self-harm, even though the young women described being aware of others who self-harmed within the group, (for example by noticing scars), the topic was not discussed in the wider group and only obliquely in friendships.

'... she was quite upset that I wouldn't tell her what [issue that was upsetting me] was and she was like, "Well whatever it is, Are you getting some help with it?" and I said "Actually they had some pamphlets at group," and she was like "Is it a little purple pamphlet?" I was like, "Yeah", and she was like "I have the same problem".' (PT1)

Although participants spoke of the welcome freedom to be open about their lesbian feelings at the group, certain topics remain taboo and problematic, and these are subject to similar censorship practices within the group.

Here to have fun

'It's harder, you come here you don't want to do all that, you want to have fun, like important stuff is kind of boring sometimes.' (PT1)

One difficulty about talking about certain topics in the group was the conflict between the desire to have fun and the need for help. Although women could acknowledge the need or desire to talk about topics of concern to them, the fun aspects of the group were much valued, particularly by those who had felt excluded

in other environments. For example, Participant 2 talking about why young women should attend the group emphasized the fun social aspects of the group

' You get a chance to meet girls because every week there's always a nice face coming over so, you might find what you're looking for there! You're going to have good fun there girl!' (PT2)

Participants enjoyed the 'laid back' atmosphere, however that same 'light-hearted' ambience meant that talking about more serious or personal issues could feel inappropriate.

'It is in a way that sort of atmosphere, upbeat it's not really personal, so I don't think you could get too personal. ' (PT5)

Trust and Safety

A central theme in the young women's accounts was of self-reliance and independence. The women described preferring to deal with problems by themselves, and taking a long time to trust others.

'I've talked to F1 a couple of times but not really about anything deep and meaningful, but um, mainly 'cos it takes me a long long time to trust someone enough to talk to them about anything in great detail' (PT9)

In relation to this, one of the aspects of the group that the women enjoyed was the fact that the facilitators did not impose an agenda on the group but facilitated it as a meeting place.

'I think I'd probably try and deal with it on my own and if I couldn't then maybe I would ask for help – I don't ask for help very often - can't remember the last time I asked for help. ' (PT6)

'It's really casual , if I don't want to watch the movie then I don't do that and go and do my own thing, I like that, so it makes it more a meeting place rather than somebody's trying to control it,' (PT10)

A significant proportion of the young women did not feel safe talking about more personal issues in the group. Some of the issues the young women might have wanted to talk about concerned relationships they were having with other members of the group and trust and divided loyalties were of concern for them. In some cases participants were anxious about the response from other young women in the group, for example Participant 8 was concerned not to reveal her asylum status lest the group would reject her and others spoke of not wanting to reveal vulnerabilities or lack of knowledge to their LGB peers.

'Oh, never knew about that, better not say that, don't want to look too stupid now – I'm meant to be the boring old fart that sits and reads all the time, I should know that!' (PT6)

Similarly Participant 1 was reluctant to suggest a workshop on depression, even though she felt it would be useful because:

I didn't suggest it because ... I didn't think that the environment was safe, it's not something that I would want to say in front of other members of the group, it's not something that I would say to the workers ... I just had visions of them sitting in the office and chatting about it (PT1)

Friend or counsellor?

The participants spoke warmly of the friendliness and approachability of the group facilitators. This was acknowledged by several of the women as a central attraction of the group.

'I mean [facilitator 1] and [facilitator 2] they were friendly from the start and I think that's one of the reasons I came back again, cos they were very friendly and chatty.' (PT8)

While some of the women spoke of the facilitators as an important source of support, others saw them more as friends.

'They really do their job well, because if you have any problems you can come to them, they got, they will help you, I know if I have any problems I will come to them and I will get a positive response from them.' (PT2)

However this friendliness could be a double-edged sword, as the informality of their approach suggested lack of confidentiality to some of the women and becoming the subject of gossip was a particular concern. Some of the women spoke about feeling unable to trust the group facilitators, due to rumours that confidential information was discussed in public later.

'I see them as just the people who run the group, I don't really see them as someone who I could go to with my problems, and I don't know, I don't think that really bears on the way they do it, because I like the fact that they are social, I see F2 as my friend.' (PT3)

'[Facilitator] seems like I could trust her, on the other hand people have told me she's a gossip and that has made me wary' (PT10)

lot of people I know here, who don't don't always look at every side of a relationship before they get into one, and it gets messy and I have to pick up

the pieces afterwards, so I appreciate the emotional things so I don't have to pick up as many pieces, 9-415

The Weakest Link

One of the most taboo topics for the young women to discuss was the issue of sexual identity and how the individual chose to describe her sexuality. As previously illustrated, this was a stressful and confusing area for the women themselves particularly in the context of homophobic and biphobic pressure from the heterosexual and LGB communities to choose certain (different) fixed identities. Those women who felt less certain about their sexual identity, or who identified as bisexual, described the group as unsupportive to these issues and in some cases even hostile.

'I've had this conversation with other lesbians in the group so many times, and they're like 'You're either gay or you're straight, you're not bisexual' they just don't accept it... someone said to me " I thought I was bisexual, don't worry you'll get over it soon!'. ' (PT3)

For this reason, women avoided talking about these topics at the group. There was a sense that the group was failing to address these issues properly and that women who found themselves wishing to discuss being unsure about their identity should look elsewhere (eg to bisexual friends) as these women did.

'It kind of feels like you come here if you are gay or bisexual, you don't come here if you are kind of confused basically .. it's just the fact that everyone's kind of sure of who they are, it's kind of like the weakest link feeling, unsure, to be unsure.' (PT5)

Other Help

The young women tended to view counselling or psychology help favourably. Some of the participants approached the interviewer for information as to where they might get help, and confidential optional counselling was a popular suggested improvement to the group.

'I think that would be very useful, so useful, to have that there from the beginning, soon as you walk into the room they tell you, "yeah you're at the group but if you ever feel you'd like to talk to someone about things, then you can have a counselling session, just leave your name or whatever".' (PT3)

They were mostly unaware of any available services and none felt they had a sufficient relationship with their GP to access NHS services that way. Only one of the women had had counselling at the LGB organisation allied to the group, and that was through a referral from another source. Several of the women had accessed counselling through school or college and reported that to be of varying success – for example PT10 felt that her counsellor was attempting to problematise her sexuality and this had made her cautious about accessing other services;

'I think it's taught me to look for something that is specifically gay related, which is kind of a shame, ... but I'm just scared of wasting my time with someone who's going to start talking rubbish.' (PT10)

CHAPTER FOUR: DISCUSSION

Overview

In this chapter I shall review the findings of the study in relation to the relevant literature. I shall draw upon the literature on shame and stigma to understand how the young women's experiences of exploring their sexuality was managed and understood by them, and how their struggle to achieve a positive and stable (but not necessarily fixed) identity was both supported and threatened by the group. In particular I will explore how narratives of community identity expressed themselves within the group and the implications of this for individuals accessing the group and for similar community groups. Methodological issues pertinent to this study will be addressed and suggestions made for further research in this area. Finally, the role for clinical psychology involvement in community LGB groups will be considered.

Summary of Findings

Previous research on lesbian adolescents suggests that they are at higher risk of mental health problems. The profile of the participants in this study supports this, with 50% scoring at 'caseness' on the BSI. Five of the women admitted self-harming, and suggested that the practice was prevalent in the support group. Young lesbians are subject to similar life events and pressures as other adolescents and the study did not seek to establish to what extent the psychological distress of participants was directly related to their sexuality small group. Nonetheless, the participants' own accounts describe their struggles and distress at coming to terms with being attracted to women, and reconciling this with negative messages about

homosexuality in the culture. This was particularly painful for black and religious women, who saw lesbian or bisexual identities as being particularly unacceptable to their family and community, and a direct violation of values and mores that they themselves had previously subscribed to.

All the women described a sense of 'not fitting in' with friends and family and of feelings of isolation. These feelings of isolation were perpetuated by a perceived need for secrecy. Secrecy was a major source of stress for the young women, both in terms of vigilance and self-censorship and the impact of deception on their close relationships. Participants described a great sense of relief on 'coming out' and in most cases this increased the support available to them. Accessing the support group was described as an important route to meeting other young lesbian and bisexual women and this proved a powerful mechanism for combating isolation and introducing the young women to the lesbian and gay 'scene'.

However, one finding of the study was that although the group was experienced as affirming, it was also found to be challenging to the young women in the process of their identity formation, specifically in relation to fluidity of sexual identity and 'labelling'. It appeared that censorship practices were occurring within the group, and a general silencing was taking place in relation to bisexuality and also regarding mental health or self-esteem issues. This was an unexpected finding, contrary to the stated aims of the group, and possible causes for this shall be explored in this chapter.

Experiences of shame

External shame

Despite a culture and environment that is probably more 'gay –friendly' than at any time in recent history, the young women were still exposed to homophobic attitudes within their school and community environment; for example they referred to others' description of lesbians as 'dirty dykes'. This is perhaps not surprising when considered in the light of recent research that found generally homophobic reactions by young people to statements of homosexuality, reactions such as 'homosexuality is not normal' and 'homosexuality is against God' (Sharpe, 2002).

Participants' accounts of 'out' lesbians being ignored or kept at arm's length by their heterosexual peers relates to Goffman's (1963) ideas about fears of contagion when others interact with a stigmatized person. 'coming out' to family and others exposed the individual to their anger or disappointment, and participants were clear about their fears of negative evaluation due to their sexuality. Participants made specific references to others judging them and thinking of them as 'disgusting'. A common theme was negotiating between their own liberal and political views about sexuality and their ideas about others' more negative beliefs. Homophobic bullying at school, and enforced exorcisms within the religious community were the most overt expressions of rejection that the women experienced. Lack of explicit school policies contributed to the silencing of their experience and sense of isolation.

Gilbert (1998a) notes that the experience of external shame is mediated by the importance of others' views to the self. Adolescence has been proposed as a

particularly vulnerable time for shame processes (Reimer, 1996) due to the emphasis on self development, peer group relations and emerging sexuality. Certainly the young women in this study spoke of being 'upset' and 'bothered' by the negative responses of others, and avoiding such responses was a major factor in choosing not to come out, as I will discuss below.

Internal shame

Internal shame is associated with seeing oneself as bad, flawed or unattractive (Gilbert, 1998b). Common issues raised by the participants and discussed in the theme '*Struggle to accept*' included feelings of self-disgust and of feeling 'uncomfortable' with their attraction to women. Women talked about feeling that there was 'something wrong with me'. For some women the taboo was such that the nature of their sexual/romantic relationships was not even acknowledged between the women themselves.

The accounts of women from black Christian backgrounds were particularly noteworthy. As illustrated in the theme '*Losing my religion*' these women were exposed to powerful rejecting messages describing homosexuality as evil and a sin. It is unsurprising that these women were more apt to describe ambivalent feelings in relation to their sexuality, and struggle with the idea that their sexual attraction toward women was 'not right'. This fits with previous research carried out in the US (Schuck & Liddle, 2001), in which two-thirds of the 66 religious Caucasian lesbian and gay individuals surveyed reported experiencing distressing conflicts between their religion and sexual orientation, with consequences including depression, shame and suicidal ideation.

Often participants described ongoing internal monologues debating this issue. Gilbert (1988b) suggests that negative ruminations of this type may be one of the hallmarks of shame. Self disgust has been described as the root of shame, and inferiority as its affect (Power & Dalgliesh 1997, Gilbert 1998a). The young women's accounts suggest that they did feel shame about their sexuality, although this actual term was never spontaneously suggested by the women.

What was absent from these accounts, in contrast to previous research, was negative stereotypically gendered accounts of lesbianism (for example, that all lesbians are butch). Markowe (1996) described how women in her study accepted these stereotypes as true and this acted as a deterrent to them 'coming out'. The young women in the present study made no reference to these stereotypes and when prompted, dismissed them. This is perhaps one area where increasing lesbian visibility in the media has made a difference to women's experience of 'coming out'.

How did participants manage shame?

As well as the affective aspects of shame, Andrews (1998) in her conception of shame discusses the cognitive (e.g. worrying about others opinions of you) and behavioural (e.g. hiding) responses to shame as essential components of the shame experience. These aspects thus need to be addressed in understanding efforts to manage the experience of shame. In this next section I shall discuss the strategies employed by the young women in this study in negotiating a stigmatised sexuality and related shame. Specifically I shall look at hiding and in-group affiliation.

Hiding

Goffman (1963) suggests that the experience of homosexuality most often fits what he described as a *discreditable* identity. In this case the stigma is not immediately visible and the individual has the opportunity to hide or *pass* by employing "disidentifiers" to establish him/herself as "normal" – the equivalent of 'staying in the closet'. As Goffman emphasizes, the art of passing requires effort and vigilance, and this is exactly what the participants described in the theme '*Hard work*'.

Goffman states that passing can cause feelings of ambivalence and alienation as a result of limited social intercourse and leading a 'double life'. For the young women in this study, hiding their feelings and relationships came at a great cost. Saari (2001) makes the point that keeping sexuality hidden denies individuals the opportunity to express themselves and develop their identity to the fullest. The impact of continual lies and censorship impacted on the young women's ability to be honest and spontaneous in their relationships. Most detrimentally this strategy cut the young women off from potential sources of support, and as described in the theme '*Not being able to share who I am*' this was experienced as very painful and isolating. Nonetheless, the fear of negative reactions (including fears about being thrown out of home) were sufficiently powerful that participants delayed 'coming out' or chose not to.

What emerged from this study is that the silencing on the topic of sexuality is one that can be colluded with by others close to the individual. The theme '*Don't Ask*

Don't Tell illustrates a reluctance to 'name the issue' on behalf of parents and the participants, to the extent that incidents where parents walked in on their daughter kissing another girl were never referred to. Thus even in cases where both parties, parent and child, were aware of each other's knowledge, there was a profound discomfort in raising the subject. Again, this links back to shame as concealed and unspoken issues within the family are those most strongly linked to the production of shame (Gilbert & Andrews, 1998). Supporting this is the fact that while reactions from parents and friends ranged from hostile to supportive (but more often neutral), whatever the reaction, as a rule the young women described feeling happier, freer and more confident as a result of 'coming out'.

Familial silence may be reflective of a wider taboo and discomfort at a societal level, and the theme '*Losing my religion*' refers to the black women's experience of a norm of complete silence on the topic of homosexuality (other than from the pulpit). For women from these backgrounds then, passing was not just a matter of comfort but of safety, as revealing their sexuality left them facing the choice of what appeared to be incompatible identities, and in particular, the strong possibility of losing their 'church family' or support network.

In-Group Affiliation

One possibility for the stigmatised person is to enhance their self-esteem through positive self-identification with others from their minority stigmatised group. The literature on internalised homophobia suggests that access to other lesbian and gay people will give the individual the chance to challenge negative stereotypes and

receive support for their sexuality (Rivers, 1997). Gilbert (1998a) also notes that positive social comparison (for example in group therapy) may ameliorate shame.

In the theme '*Meeting others like me*' the participants described a strong drive to meet other LGB youth and this was their principal motivation for finding the support group. Given this need, it is unfortunate that for many participants, locating the group required effortful searching and/or the courage to come out to another person who held that information. As Markowe (2002) notes, the internet is an increasingly important route for young women to locate such groups, and the website of this group was put forward by the group facilitator as one reason for the popularity of this group over others. However, the fact remains that many of the participants described a need for support while at school, and while this information continues not to be provided there may be many other young women in need who have not been able to access this or other groups. This is particularly relevant in terms of the theme '*Alternative to scene*' in which the young women spoke about their fears and anxieties about going to gay venues on their own.

Joining the support group gave the young women access to an accepting peer group from which they could recruit friends and girlfriends in a non-threatening age-appropriate environment. This is a crucial opportunity in terms of their own development and helped to normalise their experience of adolescence. In particular they spoke about the freedom of talking to others 'who understood' about their sexuality, a freedom from the censorship they were imposing on themselves in other areas of their lives. This corresponds to what Yalom (1995) has called universality –

the therapeutic value of learning that others are experiencing the same difficulties as you.

Young women who had felt isolated and lonely in other contexts greatly valued the social dimension of the support group and the friends they made. Participants also spoke about the importance of the support group, in particular the facilitators, as a source of support. Even those with existing support networks were appreciative of the chance to learn about 'being lesbian' and to be introduced to the LGB 'scene'". Structured workshops on sexual health gave the women valuable information on sex between women that was not addressed elsewhere.

The support group then, represented for the young women, a valuable and (in some cases) exclusive environment in which they could be open about and explore their sexuality in a positive environment. As is expressed in the theme '*Meeting women like me*' it also represented a space where their feelings of difference and stigma did not apply, a space where they 'fit in at last'.

The Need to Fit In: Conformity and the lesbian and gay community

It was clear from the young women's accounts that they were very motivated to 'fit in' and be accepted by the group, and participants spoke about concerns over their self presentation and censoring information about themselves that they felt would lead to exclusion from the group (for example, refugee status). Identification with a community or 'in-group' is extremely important for the psychological well-being of an individual (Greenwald & Harder, 1998). The degree of 'fit' to a group has been shown to relate to rank and popularity within the group and conformity

within groups may often be enforced by the threat of shame or rejection (Gilbert & McGuire, 1998).

This may be particularly salient for these young women as adolescents show a strong need for peer group identification. In this section I shall argue that the desire to fit in with this group (and by extension the lesbian and gay community) meant that individual needs in the group became subsumed to broader community narratives supporting the construct of lesbian and gay identity.

The challenge of bisexuality

Conformity serves the individual but also the group or community. Group theory states that groups/communities need to be defined by easily recognised traits and standards that enable groups to be easily distinguished from each other (Tajfel, 1981). It could be argued that according to these criteria the lesbian and gay community is a vulnerable group, in the sense that the membership is loosely defined by cultural notions of sexuality that separate it from heterosexuality. A biological essentialist view of sexuality supports a binary distinction between the heterosexual and the homosexual and thus may provide the lesbian and gay community with innate and immutable criteria for group membership. As Whisman (1996) puts it ‘[this] dominant account serves to construct unity, to create sameness and to conceal difference.’ (p122). It can serve other functions also – it removes responsibility from the individual (‘it’s not my fault’) and acts as a political justification for legal rights. Such narratives about sexuality are reproduced in the stage-identity models discussed in the introduction and inherent in the notion of ‘coming out’.

However, as has been found elsewhere (Schneider, 2001), a model of stable and innate identity rarely fit with the experience of the young women in this study. All had previously identified as heterosexual at one point and there was considerable diversity among them about whether they were now exclusively attracted to women and whether this is how they perceived the future. Despite this the young women in this study experienced a great deal of pressure to locate themselves within a stable and fixed sexual orientation. The theme '*Have to be sure*' illustrated how frequently the women were challenged regarding their sexuality by others and themselves. For some, continuity in identity was achieved by using retrospective interpretation to explain their pasts ('I was really lesbian all along'). Others talked about thinking of themselves as in developmental phase, en route to a stable and exclusive homosexuality. This is in direct contrast with one of the first models developed for 'coming out' as bisexual which has 'uncertainty' as a final stage in the model (Dworkin, 2001).

Particularly noteworthy was the silencing of bisexuality (or 'unsureness') within the group. Participants described censoring themselves, and seeking to present a lesbian identity that they perceived as normative and approved. In a sad parallel of experiences in the heterosexual community, one participant described hiding her bisexual identity and passing as a lesbian. This relates to what Herdt (2001) has called 'a strong wave of cultural politics working in favour of declaring one's desires to be either lesbian gay or heterosexual, not in between' (p274). He noted that in the Chicago lesbian and gay youth organisation that he studied in the 1980's a similar 'muting' existed of the 25% of youth who identified as bisexual.

The young women who did not identify as exclusively lesbian described responses to their sexuality within the group ranging from denial, to being questioned, to being dismissed. The theme '*Weakest link*' captures the threat that the women felt their more fluid sexuality posed for the group, and I would argue that this links to the broader context of the lesbian and gay community and the anxiety to create impermeable boundaries. This is underlined by the fact that the community organisation funding the group was until very recently only available to gays and lesbians, and not bisexuals. Herdt (2001) suggests that in the youth organisation he studied, the adult lesbian and gay- identified advisors were uncomfortable with bisexuality and inclined to dismiss it as a defence against heterosexuality. Although the facilitators in this study did not express such views, it would be unsurprising if they were found to subscribe to these widespread community narratives.

Shame at shame

Another, related, area that the young women did not discuss at the group was feelings of ambivalence and shame about their sexuality, feelings of depression or self harm behaviour. It was clear these were difficult areas to discuss for the young women. The young women's accounts were often contradictory: participants spoke of feelings of self-acceptance and happiness about their sexuality whilst in the same interview discussing feelings of self disgust. Negative feelings were also expressed implicitly – for example, blaming relationship problems on the fact they are same sex; or accepting others' rejection of them as appropriate.

This may link to a wider taboo within the lesbian and gay community on talking about issues relating to mental health and distress. In the context of a history

where until recently homosexuality was considered a mental illness, the gay and lesbian community have responded by establishing positive and affirming narratives of identity, narratives that are continually challenged by powerful institutions in wider society (such as the church, education, section 28 and so on).

In the context of a group whose purpose is to provide supportive alternatives for young women exploring their sexuality, it may feel inappropriate and threatening to the group to express feelings of doubt and discomfort about one's sexuality and mental health. In this situation, acknowledging shame about one's sexuality (feelings of inferiority, possible badness) is taboo (Macdonald, 1998) because it implies by implication judging the other members' sexuality also (Pearlman, 1987) and threatens the positive status of the group. It could be argued that this avoidance is mirrored at a systemic level, in that the group is funded through sexual rather than mental health services and the facilitators acknowledge that they too avoid mental health issues because of lack of training.

Thus although the participants acknowledged that they would appreciate help in this area (as expressed in the theme '*More important things*') they did not look to the group to discuss these issues and instead focused on the social aspects of the group ('*Here to have fun*'). As the theme '*Trust and safety*' illustrates, this reinforced the taboo against discussing issues that might be threatening to group identity, as in order to make friends and get a girlfriend they will be seen as more attractive if they 'fit in'. For example, when one participant thought about raising mental health topics for the group to discuss, she envisaged a shaming scenario where everybody would be talking about her and by implication her status in the group would fall. This

example also makes clear the issues about gossip and confidentiality within the group which acted as another disincentive to raising potentially shameful topics.

Negotiating Individual and Community Identities

In her study of lesbians' 'coming out' experience, Markowe (2002) emphasised the centrality of authenticity ('being really myself') and affiliation (the need for attachment). There is a sad irony that for some of the participants in this study the need for affiliation compromised their ability for authenticity. For young women who thought they might be bisexual, or who preferred not to commit themselves to a fixed label, the support group offered validation for the same sex experiences but little opportunity for understanding or accepting other feelings.

This dilemma brings us back to Markowe's distinction between 'coming out' to the self and 'coming out' to others, and implies that individuals may have two separate and reciprocal trajectories in lesbian/bisexual identity formation: (1) an individual sexual identity process; and (2) a group membership identity process. However such work that has looked at this to date (Fassinger and Miller, 1996) has not attempted to examine how these processes might interact for women whose experiences and identities may be in conflict with group membership, but rather has compared two linear processes towards fixed identity and group membership.

It has been suggested elsewhere (Whisman, 1996) that dominant essentialist accounts of homosexuality are particularly problematic for women who are attracted to women, as they are more likely than men to have a heterosexual history and to

identify as bisexual. Others have also noted the potential for conflict between personal and lesbian identity, where a 'common lesbian identity may represent a fused identity against which personal identity must repeatedly be asserted' (Krieger, 1982, pg 104). In this way involvement in the lesbian community may threaten as well as support the development of individual identity. Feminist theorists have suggested that women may be particularly vulnerable to this conflict as they are socialised to be affiliative and supportive, and female adolescence is characterised by an emphasis on attachment and a fusion of identity and intimacy (Gilligan, 1993).

How did individuals manage potential conflicts between their personal and group identities? One way was to hold onto narratives of fluidity – some of the women refused to choose a label, creating their own (eg 'greedy'). Others used an identity label while asserting their right to change this in the future. I was particularly struck by the participants' recital of stories of women who had identified as lesbian who now identified as heterosexual. In this way individuals seemed to seek to bolster their ideas about non-stable identity, by recourse to narratives and positions that were not presented within the group.

Several of the young women had explored school counselling in order to address issues about their sexuality. The theme '*Other Help*' refers to the young women's wish and search for individual counselling or therapy support, a search that in several cases was unsuccessful due to lack of information about (or confidence in) appropriate and accessible services. The findings of this study have implications for therapy with young women who are exploring such issues. The self-censorship that these young women impose on themselves in many of the other areas of their lives

may well impact on the therapeutic situation and participants described great difficulty in 'coming out' to counsellors. This has been found in other studies also – Hetrick and Martin (1988) noted "...we have had nine clients who were under treatment for suicide attempts but who had not yet told their therapists either that they were homosexual or that that was a factor in the suicide attempt (p. 173)."

It is important to acknowledge that while many individuals identify with a more fluid and/or bisexual identity, many individuals will still identify with a consistent and fixed lesbian identity. Identity labels can provide 'a grounding place' (Moorhead, 1999) and a sense of belonging and there are strong societal incentives for this. The therapist may need to achieve a balance between validating same sex attractions and lesbian gay and bisexual identities while supporting the client to leave their identity open while she explores the possibilities for herself (Sophie, 1987).

Implications for LGB support groups : conclusions and recommendations

Overall, the participants were clear that they very much valued the support group and the opportunities it offered them (opportunities that were not available elsewhere). Given that the group was entirely voluntary, in this case, as Davison et al (2000) point out, group members were voting with their feet. I shall now examine the study findings drawing upon the support group literature to understand both the success and the challenges of the group and to make suggestions as to how the findings of this study may be brought forward to improve community support for young women exploring their sexuality in the future

As a support group facilitated by youth work professionals with a mutual support rather than a therapeutic aim (Jacobs & Goodman, 1989), feeling accepted is a crucial aspect of success (Knight et al, 1980). In this case, the participants were very appreciative of the opportunity to have their same sex experiences and feelings validated and normalised, and in this way the group addressed what Hetrick and Martin (1987) have called the *social isolation of LGB youth* – having no-one to talk to and feeling that no-one understands them. As argued above, the group did not validate all aspects of the young women's identity but it was extremely valued for what it did provide.

The other rewarding aspect of this group for the participants was the opportunity to build a supportive network within the lesbian and gay community, and this is a feature of successful support groups (Humphreys & Rappaport, 1994). Learning about the lesbian and gay community and lesbian sexuality was another positive dimension of the group for the young women and addressed the *cognitive isolation* (Hetrick & Martin, 1987) of LGB youth, i.e. the lack of accurate and positive information about homosexuality. This was perhaps particularly effective because of the facilitation of the group by adult lesbian women, who had experiential knowledge of the area (Helgeson & Gottlieb, 2000) and provided potential role models for the women.

Disclosure and expressing feelings are considered an important aspect of support groups, but as already discussed, this was very compromised in this group. This has the effect of leaving women to deal with their identity confusion and distress on their own, or with the help of other counselling resources (that may not be

available, or experienced in the area of sexuality). In this respect it could be said that while the group offered validation of experiences, it did not offer any validation of feelings (Helgeson & Gottlieb, 2000).

There are certain conditions that make mutual disclosure more likely: most important is a warm and accepting atmosphere (Helgeson & Gottlieb, 2000), where the individual can feel confident that others will not judge her and her image will remain intact in others' eyes, as well as her own (Kelly & McKillop, 1996). It is important to note that expressing negative and personal feelings within a support group may not always be helpful, depending on whether the group can respond in a constructive or supportive way (Helgeson & Gottlieb 2000). It was clear that this group did not manage to create an atmosphere of safety for all its members and a significant minority had concerns about gossip and confidentiality. It has been suggested that this may have arisen in part from efforts by the facilitators to be informal and friendly. The voluntary and open nature of the group also makes it difficult to build up trust between members – as Helgeson and Gottlieb (2000) point out, support groups need time to feel comfortable sharing personal problems with each other. More discussion time and group exercises where individuals are encouraged to share with each other their experiences may help to increase the sense of mutual support within these groups.

Another issue raised by this study is that young women are unlikely to voluntarily attend a more psychotherapeutic group, due to shame issues and their own desire to use the group for social contacts. Nonetheless there were certain taboo areas within the group that would be amenable to addressing through a psycho-

educational approach, for example: informing women about sexual identity choices and discourses around sexuality; invited speakers on religion and homosexuality; mental health topics such as depression and self-harm. This could be discussed in a non-intrusive manner, making available further information and access to counselling services should individuals wish to pursue this. Addressing these issues are likely to become increasingly important as more young women identify with a flexible rather than a consistent sexuality (Markowe, 2001) and in the light of the prevalence of psychological distress in this population.

Although some studies have suggested that maintaining a professional agenda may inhibit members and induce a passive patient role (Toro et al, 1988) within this group the informal stance of the facilitators left them open to accusations of indiscretion. Although this was principally motivated by the youth work model of approachable leadership, it was perhaps also influenced by the facilitators' insecurity regarding their capacity to manage issues of psychological distress and personal issues of identification with the client group. Appropriate training needs to be provided for such facilitators, who are working with diverse groups of young women, many of whom are at risk of mental health problems or who already experience high levels of distress and self-harm. Ongoing supervision is important to address group process issues (such as relationships within the group) and personal boundaries, and also issues specific to the LGB community in relation to diverse identities, community narratives, and how these interact with the individual facilitator's understanding of their own sexuality and community identity.

Methodological issues

Validity of findings

Having described the main findings of the study, I shall now examine the process through which the findings were constructed. Validity in qualitative research has been defined as “*whether an interpretation is internally consistent, useful, robust, generalisable, or fruitful*” (Stiles, 1993, p.607). In addressing the validity of this work I shall refer to guidelines on validity in qualitative research (Elliot et al, 1999; Stiles, 1993).

Qualitative theorists suggest that the possibility that researcher bias may compromise the validity of the findings of qualitative research can be minimised by adherence to the fundamentals of good qualitative research practice (Stiles, 1993). In terms of the methodology, care has been taken to situate the sample (Elliott et al, 1999) by describing the context of the group, the process of recruitment and the characteristics of the participants. The research procedures and process of analysis have been detailed within the Method chapter, and care has been taken to ground all statements in examples (Elliott et al, 1999), balancing narrative text with associated quotes in accordance with the transparency demanded by IPA. In this way, the reader is enabled to take part in the interpreting the presented data, as recommended by Smith (1995). Credibility checks were utilised and the research supervisor acted as auditor in ascertaining the goodness of fit of emerging themes. Internal coherence could have been further enhanced by using a negative case analysis method whereby individual transcripts are analysed to ascertain the extent to which identified themes are absent – thus fuller consideration of possible contradictions and ambiguities in the data could have been provided.

IPA analysis assumes that the researcher is comparing themes across individuals whose experiences are fundamentally similar in some way. However, the small numbers in this study and the practical requirement of ‘opportunity sampling’ raises issues as to how representative the sample can be considered to be. Diversity in the sample could be seen to place limitations of how far themes between interviews could be meaningfully drawn together. However, qualitative research aims for depth rather than breadth of analysis, and heterogeneity of the sample can also be considered an advantage in providing rich and extensive interview data that reflects the different experiences of participants (Greenhalgh & Taylor, 1997). In this study the diverse cultural backgrounds of participants was considered an advantage in highlighting potential cultural influences and in reflecting the multi-cultural reality of the city in which it was based. Nonetheless, the findings of this study must be considered in context, as the young women who participated are among a relatively privileged group of lesbian and bisexual adolescents who have access to such a group, and live within a city that has a thriving lesbian and gay community and is known to be gay-friendly.

In exploring the validity of these themes in relation to the participants’ lives testimonial validity (Stiles, 1993) seems particularly important. Did the themes I identified resonate with participants? The three participants I consulted confirmed that they did. The findings were also presented to a clinical psychology team working in Sexual Health who agreed that the results fit with their clinical experience so far. However, due to pressure of time, plans for testimonial credibility checks using all the participants had to be delayed. The final analysis could have benefited

from a more collaborative process of analysis utilising the feedback and comments of the informants themselves.

Reflexivity

Interpretation of qualitative data is inevitably done through the lens of the researcher's own experience, assumptions and theoretical perspective. An important dimension of the analytic process is reflecting on how one's own assumptions and beliefs might influence the research process. It is for this reason that owning one's perspective (Elliott et al, 1999) or 'disclosure of orientation' (Stiles, 1993) is advised. Therefore I have attempted to be 'reflexive' in discussing my perspective in coming to the research, and to be open about my values and assumptions (Elliott et al, 1999).

Conducting this research raised particular reflexive issues for me. As a clinical psychologist exploring young women's experiences, I was perceived to have a mental health agenda and initially several group members were wary of becoming involved in the study for this reason. In this way, my study became subject to the same 'taboos' as were identified within the research. I believe that emphasising my commitment to hearing participant's own stories and sharing my own experiences as a lesbian adolescent proved central to engaging the young women in the research. I attended at the group for six months, recruiting and carrying out interviews. This level of involvement raised issues for me as a researcher, both in terms of how the participants viewed me (Psychologist/therapist? Fellow lesbian? Affiliated to the group? Neutral researcher?) and how I saw myself. I strove to address this by being very clear – both with participants and with myself - about the aim of the research ("To hear about your experience, good and bad") and the constraints and boundaries of the research situation ("I will not be referring to anything we discuss here after the

interview.”). I believe that the study benefited from this dual perspective on data, which enabled me to draw on my insider’s perspective and knowledge of situation described by participants. However it also underlined for me the importance of supervision and external audit of my interviews and analysis.

As IPA makes clear, the qualitative research process is a co-construction between participants and researcher. As I have discussed, I believe my sexuality and profession may have influenced how and what participants discussed with me. This was also illustrated in relation to my ethnicity. Half my participants came from Black British African or Afro-Caribbean backgrounds, and as a white Irish researcher this may have impacted on the degree of comfort they felt talking about issues related to their ethnicity. For example, one of the British AfroCaribbean young women commented to me “I feel like if I’m trying to have a conversation with you or an employer, then I need to be able to speak proper English”. Across the interviews therefore I strove to achieve transparency with the participants about my background and assumptions, and endeavoured to share my genuine interest in and acceptance of their views as important and valuable. The fact that participants discussed issues such as racism and self-harm suggests that we achieved a collaborative relationship.

Reflexive validity has been defined as the extent to which the theory or researcher’s way of thinking has been changed by the data (Stiles 1993). There were several findings that challenged my original assumptions. For example, I had anticipated that participants would be concerned with traditional negative stereotypes of lesbians as ‘butch’ or ‘not real women’ but this proved not to be the case. Retrospectively it is possible to see that the research process and findings also

exposed and refuted some of the assumptions that lay beneath my original conceptualization of the support group. Although not aware of it at the time, my starting point as a researcher had been influenced by the assumption that integration into the lesbian and gay community was automatically supportive and helpful. Due to the exploratory nature of the qualitative approach, and by letting participants tell their stories, a much fuller understanding of the complexities of negotiating community and individual identities emerged.

Future Research

This study has raised broad theoretical questions about the interaction of identity and shame and how these may impact on community groups for people living with stigma. One important finding is the suggestion that LGB community support groups may be compromised in their ability to provide support, by taboos about bisexuality and mental health. Further research is needed to clarify the extent of these taboos and the influence they exert within the wider LGB community. This study explored the experience of young lesbian and bisexual women living in the city. Research exploring the experiences of young gay men, ethnic minority youths and rural LGB communities would be helpful to establish to what extent these findings are representative of LGB support groups generally, and the influence of gender, culture and contextual issues. A discourse analysis of community texts and discussions may be another possibility for examining broader LGB narratives on identity and mental health.

Within this study, the broader support group literature has been drawn upon to contextualize the successes and challenges of this support group, and to consider possible recommendations for change. Comparative longitudinal research on

different types of LGB support group from psycho-educational to peer-led, would help clarify appropriate support for young LGB people. This would ideally be conducted using a triangulation of qualitative and quantitative approaches, to further our understanding of individual experience within a context of statistical information on existing mental health problems and change over time.

The role for clinical psychology in community LGB support groups

Clinical psychology has been criticised for focussing on individual interventions rather than taking a wider psychosocial approach (Gilbert, 2002). Clinical psychology can play an important role in developing support systems thus empowering clients and improving the effectiveness of services (Marshall, 2003). Within a community psychology perspective there is a clear role for clinical psychologists to provide organizational consultation to LGB community services (Garnets & D'Augelli, 1994).

While clinical psychology has important contributions to make to such groups, that should not imply the imposition of a 'clinical agenda' upon them. As Rappaport (1993) has emphasized, community support groups are not a 'stand-in' for a professional intervention, but rather seek to effect changes in friendship patterns, identity, world view, personal stories and increases in social support. This in itself may resolve the stigma and isolation issues which leave this population more vulnerable to mental health problems, and in so doing may preclude the need for further therapeutic involvement. Independence from the mental health system reinforces the 'bottom up approach' that some psychologists have theorized is central

to the breaking free of stigmatization and professional assumptions (Reissman, 1985). Robinson (1980) has noted that “The separation of the group’s experiential knowledge and expertise from the professional’s technical knowledge and expertise is an explicit and important political act.” (p189). Lesbian psychologists have also warned against the tendency for LGB experiences to be pathologised. They suggest that therapy has become a “cultural phenomenon that has invaded lesbian communities” (Perkins, 1996, p 72) that places responsibility for problems in the individual rather than in oppressive social and political structures (Kitzinger & Perkins, 1993) at a cost to lesbian communities.

In their discussion of the role of psychology in self help groups, Jacobs and Goodman (1989) make the point that professional guidance does not have to be professional ‘co-optation’. In this study, the group members and facilitators both acknowledged that the group was not addressing issues of concern to the young women, issues arguably within its stated remit. Furthermore the facilitators themselves spoke of feeling isolated and unsupported and acknowledged that their training had not equipped them to manage some of the difficulties that the client group presented. As a population at increased risk of mental health problems, with documented difficulties accessing mental health services (Ryan & Futterman 1998, PACE 1998) they are arguably dependent on community resources such as this group.

Therefore I would suggest that perhaps even greater than the danger of ‘taking over’ is the risk of clinical psychology colluding with a society-wide silencing and invisibility of mental health issues for LGB youth, and abandoning

community services in need of our support and expertise. Clinical psychology has a clear consultancy role in terms of providing training to facilitators of these groups in psychological models of stigma, stress and identity; group processes; personal and professional boundaries; and basic information on mental health problems and how to access services. As a profession we also have the facts and skills to support these groups in reviewing their aims and structures; in finding funding; and in evaluating their service.

REFERENCES

AAUW (2001). *Hostile Hallways: Bullying, Teasing, and Sexual Harassment*. American Association of University Women Educational Foundation (<http://www.aauw.org/>). Internet: <http://www.aauw.org/2000/hhpressbd.html> .

Andrews, B. (1998) 'Shame and Childhood Abuse', in P Gilbert and B Andrews, ed., *Shame: Interpersonal Behavior Psychopathology and Culture*. New York, Oxford University Press, pp. 176-190

Antonucci, T.C. (1985). Personal characteristics, social support, and social behaviour. In R.H. Binstock & E. Shanas (Eds.), *Handbook of aging and the social sciences*. New York: Van Nostrand-Reinhold.

Allen, D.J. & Oleson, T. (1999). Shame and internalized homophobia in gay men. *Journal of Homosexuality*, 37(3), 33-43.

Baron, R.A. & Byrne, D. (2000). *Social Psychology*. Boston: Allyn & Bacon.

Barrett, S. (2003) The mental health maze. *Young People Now*, 5-11 March, p12-13.

Bloom, J.R. (1990). The relationship of social support and health. *Social Science and Medicine*, 30, 635-637.

Bradford, J., Ryan, C. & Rothblum, E. D. (1994). National lesbian health care survey: implications for mental health care. *Journal of Consulting and Clinical Psychology*, 62, (2), 228 – 242.

Brauner, R. (2000). Embracing difference: addressing race, culture and sexuality. In C. Neal & D. Davies (Eds.), *Issues in therapy with lesbian, gay, bisexual and transgender clients*. Buckingham: Open University Press.

Bridget, J. & Lucille, S. (1996). Lesbian youth information service (LYSIS): developing a distance support agency for young lesbians. *Journal of Community and Applied Social Psychology*, 6, (5), 355-364.

Bridget, J. (1992) *Lesbians, gays and emotional well-being, within the context of multi-oppressions and with special reference to young lesbians*. Lesbian Information Service.

Bridget, J. (2000). *Lesbians, gays and suicide*. Lesbian Information Service.

Cabaj, R.P. (1996) Substance abuse in gay men, lesbians and bisexuals. In R.P. Cabaj & T.S.Stein (eds) *Textbook of Homosexuality and Mental Health*. Washington DC: American Psychiatric Press.

Carr, A. (1999) *The Handbook of Child and Adolescent Clinical Psychology: A Contextual Approach*. London: Routledge.

Cass, V.C. (1979). Homosexual identity formation: a theoretical model. *Journal of Homosexuality*, 4, 219-235.

Cohen, S. & Wills, T.A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, 310-357.

Conrad, P. (1987). The experience of illness: recent and new directions. *Research in the Sociology of Health Care*, 6, 1-31.

Cooper, M. (1990). Rejecting "Femininity": Some Research Notes On Gender Identity Development In Lesbians. *Deviant Behavior*, 11, 371-380.

Cowie, H.A. & Rivers, I. (2000) Going against the grain: Supporting lesbian gay and bisexual clients as they come out. *British Journal of Guidance and Counselling* 28(4) 503-513.

Cutrona, C.E. (1990). Stress and social support: in search of optimal matching. *Journal of Social and Clinical Psychology*, 9, 3-14.

D'Augelli, A.R. & Herschberger S.L. (1993) Lesbian, gay and bisexual youth in community settings: Personal challenges and mental health problems. *American Journal of Community Psychology*, 21, 421-426.

D'Augelli, A.R. (1994). Identity development and sexual orientation: Toward a model of lesbian gay and bisexual development. In E.J. Trickett, R.J. Watts & D. Birman (Eds.), *Human Diversity: Perspectives on people in context*. San Francisco: Jossey Bass.

Davies, D. & Neal, C. (1996) *Pink Therapy* Buckingham: OUP

Davison, K.P., Pennebaker, J.W. & Dickerson, S.S. (2000). Who Talks? The social psychology of illness support groups. *American Psychologist*, 55(2), 205-217.

Derogatis, L.R. (1991). *Brief Symptom Inventory*. Baltimore: Clinical Psychometric Research.

Dunne, G. A. (1997). *Lesbian Lifestyles: Women's Work and the Politics of Sexuality*. Macmillan: London.

Dupras, A. (1994). Internalized homophobia and psychosexual adjustment among gay men. *Psychological Reports*, 75, 23-28.

Dworkin, S.H. (2001). Treating the bisexual client. *Journal of Clinical Psychology/In Session*, 57, 671-680.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229

Erikson, E. (1968). *Identity, Youth and Crisis*. New York: Norton.

- Fassinger, R.E. & Miller, B.A. (1996). Validation of an inclusive model of sexual minority identity formation on a sample of gay men. *Journal of Homosexuality*, 32(2), 53-78.
- Fergusson, D.H., Horwood L.J. & Beautrais, A.L. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, 56(10), 876-880.
- Festinger, L. (1954) A theory of social comparison processes. *Human Relations*, 7, 117-140.
- Gerstel, C. J., Feraios, A. J., & Herdt, G. (1989). Widening circles: An ethnographic profile of a youth group. *Journal of Homosexuality*, 17, 75-92.
- Garnets, L. & D'Augelli, A.R. (1994). Empowering lesbian and gay communities: a call for collaboration with community psychology. *American Journal of Community Psychology*, 22(4), 447-470.
- Garnets, L. & Kimmel, K. (1991). Lesbian and gay male dimensions in the psychological study of human diversity. In J. Goodchilds (Ed.), *Psychological perspectives on human diversity in America*. Washington DC: American Psychological Association.
- Gibson, P. (1989) Gay Male and Lesbian Youth Suicide, Report of the Secretary's Task Force on Youth Suicide. In M.R. Feinleib (Ed), *Vol 3: Prevention and Intervention in Youth Suicide*; US Department of Health & Human Service; Public Health Service; Alcohol, Drug Abuse, and Mental Health Administration.
- Gilbert, P. (1997) The evolution of social attractiveness and its role in shame, humiliation, guilt and therapy. *British Journal of Medical Psychology*, 70, 113-147.
- Gilbert, P. (1998a) What is Shame? Some core issues and controversies. In P. Gilbert & B. Andrews, (Eds) *Shame: Interpersonal Behavior, Psychopathology and Culture*. New York: Oxford University Press.
- Gilbert, P. (1998b) Shame & humiliation in complex cases: In N. Tarrier., G. Haddock & A. Wells (Eds.) *Treating Complex Cases: The Cognitive Behavioural Approach* Chichester: J.Wiley & Sons
- Gilbert, P & Andrews B. (1998) *Shame: Interpersonal behaviour, Psychopathology and Culture*. Oxford University Press.
- Gilbert, P. & McGuire, M. (1998) Shame status and social roles: The psychobiological continuum from monkeys to humans. In, P. Gilbert & B. Andrews (eds) *Shame: Interpersonal Behavior, Psychopathology and Culture*. New York: Oxford University Press.
- Gilbert, P & Miles, J.N.V. (2000). Sensitivity to Social Put-Down: its relationship to perceptions of social rank, shame, social anxiety, depression, anger and self-other blame. *Personality and Individual Differences*, 29(4), 757-774.

- Gilbert, P. (2002). Understanding the biopsychosocial approach: II. Individual and social interventions. *Clinical Psychology*, 15, 28-32.
- Gilligan, C. (1993). *In a different voice*. Boston: Harvard University Press.
- Goffman, E. (1963). *Stigma*. London: Penguin.
- Goldklang, D.S. (1991). Research workshop on methodological issues in evaluating preventive interventions using mutual support. *American Journal of Community Psychology*, 19(5), 789-795.
- Gonsiorek, J. & Rudolph, J. (1991). Homosexual identity: Coming out and other developmental events. In J. Gonsiorek & J. Weinrich (Eds.) *Homosexuality: Research implications for public policy* (pp. 161-176) Sage: Newbury Park, CA.
- Gonsiorek, J.C. (1988). Mental health issues of gay and lesbian adolescents. *Journal of Adolescent Health Care*. 9, 114-120.
- Gonsiorek, J. & Rudolph, J. (1991) Homosexual identity: coming out and other developmental events. In J Gonsiorek & J Weinrech (eds) *Homosexuality: Research implications for public policy* pp 161-76. London: Sage
- Greene, B. (1994). Lesbian and gay sexual orientations. In B. Greene & G.M. Herek, (Eds.) *Lesbian and gay psychology: theory, research, and clinical applications*. California: Sage.
- Greene, B. & Croom, G.L. (2000) *Education, Research and Practice in Lesbian, Gay, Bisexual and Transgendered Psychology*. London: Sage.
- Greenhalgh T., Taylor, R. (1997) How to read a paper: Papers that go beyond numbers (qualitative research) *British Medical Journal*, 315, 740-743.
- Greenwald, D.F., & Harder, D.W. (1998). Domains of shame: Evolutionary, cultural, and psychotherapeutic aspects. In P. Gilbert, & B. Andrews (Eds.). *Shame: Interpersonal behavior, psychopathology and culture*. New York: Oxford University Press.
- Griffen, C. (2002). Girls' friendships and the formation of new identities. In A. Coyle, & C. Kitzinger, (Eds.), *Lesbian and gay psychology: new perspectives*. Oxford: BPS Blackwell.
- Hart, J. & Richardson, D. (1981). *The theory and practice of homosexuality*. Routledge & Kegan Paul: London, Boston and Henley.
- Hatzidimitriadou, E. (2002). Political ideology, helping mechanisms, and empowerment of mental health self-help/mutual aid groups. *Journal of Community and Applied Social Psychology*, 12, 271-285.
- Hanley-Hackenbruck, P. (1989). Psychotherapy and the "coming out" process, *Journal of Gay & Lesbian Psychotherapy*, 1(1), 21-39.

Herek, G.M. (1991). Stigma, prejudice, and violence against lesbians and gay men. In J. Gonsiorek & J. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 60-80). Newbury Park, CA: Sage

Helgeson, V.S. & Gottlieb, B.H. (2000). Support Groups. In Cohen, S., Underwood, L.G. & Gottlieb, B.H. (Eds.) *Social support measurement and intervention: a guide for health and social scientists*. Oxford: Oxford University Press.

Helgeson, V.S., Cohen, S., Schulz, R. & Yasko, J. (2000). Group support interventions for women with breast cancer: who benefits from what? *Health Psychology*, 19, 107-114.

Henwood, K. & Pidgeon, N. (1991) Grounded theory and psychological research. *The Psychologist*, 8, (3), 115 – 118.

Herdt, G. (2001). Social change, sexual diversity, and tolerance for bisexuality. In A.R. D'Augelli & C.J. Patterson (Eds.), *Lesbian, Gay, and Bisexual Identities and Youth*. New York: Oxford University Press.

Herdt, G. & Boxer, A. (1993) *Children of Horizons, how gay and lesbian teens are leading a new way out of the closet*, Boston: Beacon Press.

Hershberger, S.L. & D'Augelli, A.R. (1995) The impact of victimisation on the mental health and suicidality of lesbian, gay and bisexual youths. *Developmental Psychology* 31(1) 65-74.

Hetrick, E.S. & Martin, A.D. (1987) Developmental issues and their resolution for gay and lesbian adolescents. *Journal of Homosexuality* 14(1) 25-43.

Hogan, B.E., Linden, W. & Najarian, B. (2002). Social support interventions: Do they work? *Clinical Psychology Review*, 22, 381-400.

Humphreys, K. (2000). Community narratives and personal stories in alcoholics anonymous. *Journal of Community Psychology*, 28(5), 495-506.

Humphreys, K. & Rappaport, J. (1994). Researching self-help/mutual aid groups and organizations: Many roads, one journey. *Applied and Preventive Psychology* 3 217-231.

Hunter, J. (1990). Violence against lesbian and gay male youths. *Journal of Interpersonal Violence*, 5, 295-300.

Hunter, J. & Mallon, G.P. (2000). Lesbian, gay and bisexual adolescent development: Dancing with your feet tied together. In B. Greene & G.L. Croom (Eds.), *Education, Research, and Practice in Lesbian, Gay, Bisexual and Transgendered Psychology: A Resource Manual*. London: Sage.
in Gilbert's (1988)

Jacobs M.K. & Goodman G. (1989). Psychology and self-help groups: predictions on a partnership. *American Psychologist*, 44(3), 536-545.

Kelly, A.E. & McKillop, K.J. (1996). Consequences of revealing personal secrets. *Psychological Bulletin*, 120(3), 450-465.

Kitzinger, C. (1987). *The social construction of lesbianism*. London: Sage.

Kitzinger, C. & Perkins, R. (1993). *Changing our minds: Lesbian feminism and psychology*. Goldsmith's College Library, London.

Kitzinger, C. & Wilkinson, S. (1995). Transitions from heterosexuality to lesbianism: the discursive production of lesbian identities. *Developmental Psychology*, 31(1), 95-104.

Knight, B., Wollert, R.W., Levy, L.H., Frane, C.L. & Padgett, V.P. (1980). Self-help groups: the members perspectives. *American Journal of Community Psychology*, 8, 53-65.

Krieger, S. (1982) Lesbian identity and community: recent social science literature. *Journal of Women in Culture and Society*, 8(1), 91-108.

Kyrouz, E.M. & Humphreys, K. (2003) *Research on Self-Help/Mutual Aid Groups*. Internet: http://www.mentalhelp.net/poc/view_doc.php?type/doc/id/993

Lees, S. (1986). *Losing out: sexuality and adolescent girls*. London: Hutchinson.

Leiberman, M.A. & Snowden, L.R. (1993). Problems in assessing prevalence and membership characteristics of self-help group participants. *Journal of Applied Behavioral Science*, 29, 166-180.

Lewis, M. (1998). Shame and stigma. In P. Gilbert & B. Andrews (eds) *Shame: Interpersonal Behavior, Psychopathology and Culture*. New York: Oxford University Press.

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills, Calif.: Sage Publications.

Loiacano, D.K. (1989). Gay identity issues among black Americans: racism, homophobia, and the need for validation, *Journal Of Counseling & Development*, 68, 21-25.

Lynch, B. (1996). Religious and spirituality conflicts. In Davies, D. & Neal, C. (1996). *Pink Therapy*, Buckingham: OUP.

MacDonald, J. (1998). Disclosing shame. In P. Gilbert & B. Andrews (Eds) *Shame: Interpersonal Behavior, Psychopathology and Culture*. New York: Oxford University Press.

Malley, M. & Tasker, F. (1999). Lesbians, gay men and family therapy: a contradiction in terms? *Journal of Family Therapy*, 21, 3-29.

Margolies, L., Becker, M. & Jackson-Brewer, K. (1987). Internalised homophobia: identifying and treating the oppressor within. In Boston Lesbian Psychologies Collective (Ed.), *Lesbian Psychologies: explorations and challenges*. Urbana: University of Illinois Press.

Markowe, L. A. (1996). *Redefining the Self: Coming Out as Lesbian*. Cambridge: Polity.

Markowe, L.A. (2002) Coming out as lesbian. In A. Coyle & C. Kitzinger (Eds.) *Lesbian and Gay Psychology: New Perspectives* (pp 63-80). Oxford: BPS Blackwell.

Markowe, L.A. (2002) Young lesbians: Coming out into the future. *Lesbian & Gay Psychology Review*, 3(1), 11-18.

Marshall, A. (2003). Peer support among clients: an underused resource? *Clinical Psychology*, 26, 11-13.

Martin, A.D. (1982). Learning to hide: the socialization of the gay adolescent. In S.C. Feinstein, J.G. Loonery, A. Schartzberg & A. Sorosky (Eds.), *Adolescent psychiatry: developmental and clinical studies*. Chicago: University of Chicago Press.

Martin, A.D. & Hetrick, E.S. (1987). Designing an AIDS risk reduction program for gay teenagers: problems and proposed solutions. In D. Ostrow (Ed.), *Biobehavioral control of AIDS*. New York: Irvington.

Martin AD, and Hetrick ES (1988). The stigmatization of the gay and lesbian adolescent. *Journal of Homosexuality*, 15(1/2), 163-183.

Maton, K.I. (1988) Social support, organizational characteristics, psychological wellbeing and group appraisal in three self-help group attendance. *American Journal of Community Psychology* 16 53-78.

Mercier, L., & Berger, R. (1989). Social service needs of lesbian and gay adolescents.: Telling it their way. *Journal of Social Work and Human Sexuality*, 8(1), 75-95.

Mooney-Somers, J. & Ussher, J. (2000). Young lesbians and mental health: the closet is a depressing place to be. In J.M. Ussher (Ed.), *Women's Health: contemporary international perspectives*. Leicester: BPS Books.

Moore, S. & Rosenthal, D. (1993) *Sexuality in Adolescence*. London: Routledge.

Moorhead, C. (1999). Queering identities: the roles of integrity and belonging in becoming ourselves. *Journal of Gay, Lesbian and Bisexual identity*, 4, 327-343.

- Morris, J. F. (1997). Lesbian coming out as a multidimensional process. *Journal of Homosexuality*, 33, (2), 1 – 22.
- Morrow, D.F. (1996). Coming out issues for adult lesbians: a group intervention. *Social Work*, 41(6), 647-656.
- Mosbacher, D. (1988) Lesbian alcohol and substance abuse. *Psychiatric Annals*, 18(1) 47-50.
- Nesmith, A.; Burton D. & Cosgrove T. (1999) Gay lesbian and bisexual youth and young adults: social support in their own words. *Journal of Homosexuality* 37 (1) 95-108.
- Offer, M.D., Howard, K.I., Kimberley A.S. & Ostrov E. (1991) To whom do adolescents turn for help? Differences between disturbed and nondisturbed adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 30(4) 623-630.
- Office of National Statistics (2000) *Mental Health of Children and Adolescents in Great Britain*. London: The Stationery Office
- Osborn, M. and Smith, J.A. (1998) The personal experience of chronic benign lower back pain: An interpretative phenomenological analysis *British Journal of Health Psychology*, 3, 65-83
- PACE (1998) *Diagnosis Homophobic: the experiences of lesbians, gay men and bisexuals in mental health services*. London: MIND Publications.
- Pearlman, S.F. (1987). The saga of continuing clash in lesbian communities. In Boston Lesbian Psychologies Collective (Ed.), *Lesbian Psychologies: explorations and challenges*. Urbana: University of Illinois Press.
- Perkins, R.E. (1996). Rejecting therapy: using our communities. In E.D.Rothblum & R.A. Bond, (Eds.), *Preventing heterosexism and homophobia*. London: Sage.
- Pidgeon, N., & Henwood, K. (1996). Grounded theory: practical implementation. In J. Richardson (Ed.), *Handbook of qualitative research methods for psychology and the social sciences* (pp. 75-85). Leicester: BPS Books (The British Psychological Society).
- Pidgeon, N., Turner, B.A. & Blockley, D. (1991). The use of grounded theory for conceptual analysis in knowledge elicitation. *International Journal of Man-Machine Studies*, 35 151 – 173.
- Pilkington, N. W., & D'Augelli, A. R. (1995). Victimization of lesbian, gay, and bisexual youth in community settings. *Journal of Community Psychology*, 23, 33-55.
- Plummer, K. (1992). *Modern Homosexualities: Fragments of lesbian and gay experience*. Routledge: London.

Plummer, K. (1996). Intimate citizenship and the culture of sexual story telling. In J. Weeks & J. Hollands (Eds.), *Sexual cultures: communities, values, and intimacy*. New York: St. Martin's Press.

Plummer, K. (2001). The quest for modern manhood: masculine stereotypes, peer culture and the social significance of homophobia. *Journal of Adolescence*, 24(1): 15-33.

Power, M. & Dalgliesh, T. (1997). *Cognitions and emotions: from order to disorder*. Hove: The Psychology Press.

Proctor, C. & Groze, V.K. (1994) Risk factors for suicide among gay, lesbian and bisexual youths. *Social Work*, 39 (5) 504-515.

Rappaport, J. (1993) Narrative studies, personal stories, and identity transformation in the mutual help context. *Journal of Applied Behavioural Science* 29 239-256.

Reimer, M.S. (1996). "Sinking into the ground": the development consequences of shame in adolescence. *Developmental Review*, 16, 321-363.

Reissman, C. (1993) *Narrative Analysis* London: Sage.

Remafedi, G. (1987). Adolescent homosexuality: psychosocial and medical implications. *Paediatrics*, 79(3), 331-337.

Remafedi, G., Farrow, J.A. & Deisher, R.W. (1991). Risk factors for attempted suicide in gay and bisexual youth. *Paediatrics*, 87, 869-875.

Rennie, D. L., Phillips, J. R. & Quartaro, G. K. Grounded theory: A promising approach to conceptualisation in psychology? *Canadian Psychology*, 29, (2), 139 – 150.

Rivers, I. (1995) Mental health issues among young lesbians and gay men bullied in school. *Health and Social Care in the Community*, Vol 3(6), p380-388.

Rivers, I. (1997) Lesbian gay and bisexual development: Theory research and social issues. *Journal of Applied Community and Applied Social Psychology* 7(5) 329-343.

Rivers, I. (2000a). Long-term consequences of bullying. In C. Neal & D. Davies (Eds.), *Issues in therapy with lesbian, gay, bisexual and transgender clients*. Buckingham: Open University Press.

Rivers, I. (2000b) School exclusion, absenteeism and sexual minority youth. *Support for learning: British journal of learning support* 15(1) 13-18.

Rivers, I. & D'Augelli, A.R. (2001). The victimization of lesbian, gay and bisexual youths. In A.R. D'Augelli & C.J.Patterson (Eds.), *Lesbian , Gay, and Bisexual Identities and Youth*. New York: Oxford University Press.

- Roberts, L.J., Salem D., Rappaport, J., Toro, P.A., Luke D.A. & Seidman, E., 1999. Giving and receiving help: interpersonal transactions in mutual-help meetings and psychosocial adjustment of members. *American Journal of Community Psychology*, 27 (6), 841-868.
- Robins, P. (1998) Participation in a coming out support group and self identification as a lesbian. *Dissertation Abstracts International* 58 (10-b) 5654.
- Robinson, D. (1980). Self-help health groups. In P.B. Smith (Ed.), *Small groups and personal change*. London: Methuen.
- Rosario, M., Hunter, J., Maguen, S., Gwadz, M. & Smith, R. (2001). The coming out process and its adaptational and health-related associations among gay, lesbian and bisexual youths: stipulation and exploration of a model. *American Journal of Community Psychology*, 29(1), 133-161.
- Rosario, M., Rotherham-Borus, M.J. & Reid, H. (1996). Gay-related stress and its correlates among gay and bisexual adolescents of predominantly Black and Hispanic background. *Journal of Community Psychology*, 24, 136-159.
- Rosario, M., Schrimshaw, E.W., Hunter, J. & Gwadz, M. (2002). Gay-related stress and emotional distress among gay, lesbian, and bisexual youths: a longitudinal examination. *Journal of Consulting and Clinical Psychology*, 70(4), 967-975.
- Rotherham-Borus, M.J. & Fernandez, M.I. (1995). Sexual orientation and developmental challenges experienced by gay and lesbian youth. *Journal of Suicide and Life-Threatening Behavior*, 25, 1-10.
- Rotherham-Borus M.J., Hunter, J. & Rosario, M. (1994). Suicidal behaviour and gay-related stress among gay and bisexual male adolescents. *Journal of Adolescence Research*. 9, 498-502.
- Rotheram-Borus, M.J. & Langabeer, K.A. (2001). *Developmental Trajectories of Gay, Lesbian and Bisexual Youths*. . In A.R. D'Augelli & C.J.Patterson (Eds.), *Lesbian , Gay, and Bisexual Identities and Youth*. New York: Oxford University Press.
- Rust, P.C. (1996). "Coming Out" in the age of social constructionism: Sexual identity formation among lesbian and bisexual women. *Gender and Society*, 7(1), 50-77.
- Ryan, C. & Futterman, D. (1998) *Lesbian and Gay Youth: Care and Counselling*. New York: Columbia University Press.
- Saari, C.(2001). Counteracting the effects of invisibility in work with lesbian patients. *Journal of Clinical Psychology/In Session*, 57, 645-654.

Sarafino, E.P. (1994). *Health Psychology: biopsychosocial interactions*. New York: Wiley.

Savin-Williams, R.C. (1990) *Gay and lesbian youth: expressions of identity*. New York: Hemisphere Publishing Corporation.

Schneider, M. (1989). Sappho was a right-on adolescent: Growing up lesbian. In G. Herdt (Ed.) *Gay and Lesbian Youth*. New York: Haworth.

Schneider, M.S. (2001). Towards a reconceptualization of the coming-out process for adolescent females. In A.R. D'Augelli & C.J.Patterson (Eds.), *Lesbian , Gay, and Bisexual Identities and Youth*. New York: Oxford University Press.

Schubert M.A. & Borkman T.J., (1991). An organizational typology for self-help groups. *American Journal of Community Psychology*, 2, 119-129.

Schuck, K.D. & Liddle, B.J. (2001). Religious conflicts experienced by lesbian gay and bisexual individuals. *Journal of Lesbian and Gay Psychotherapy*, 5(2), 63-82.

Sharpe, S. (2002). 'It's just really hard to come to terms with': young people's views on homosexuality. *Sex Education*, 2(3), 263-277.

Smith, J.A. (1995) Semi structured interviewing & qualitative analysis. In: Smith, J.A., Harre, R. & Van Langenhove, L. (eds) *Rethinking Methods in Psychology*. London: Sage.

Smith, J.A., Jarman, M. and Osborn, M. (1999) Doing Interpretative phenomenological analysis. In: M. Murray and K. Chamberlain (eds) *Qualitative Health Psychology: Theories and Methods*. London: Sage.

Solomon, M., Pistrang, N. & Barker, C. (2001) The benefits of mutual support groups for parents of children with disabilities. *American Journal of Community Psychology*, 29 (1) 113-132.

Sophie, J. (1985). A critical examination of stage theories of lesbian identity development. *Journal of Homosexuality*, 12(2), 39-51.

Sophie, J. (1987) Internalized homophobia and lesbian identity. *Journal of Homosexuality*, 14(1/2) 53-65.

Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review*, 13, 593-618.

Strauss, A.L. & J. Corbin (1990). *Basics of qualitative research: grounded theory procedures and techniques*. Sage Publications: Newbury Park, C.A.

Street, S. (1994). Adolescent male sexuality issues. *The School Counselor*, 41, 319-325.

Sullivan, T. & Schneider, M. (1987). Development and identity issues in adolescent homosexuality. *Child and Adolescent Social Work*, 4, 13-24.

Tajfel, H. (1981). *Human Groups and Social Categories*. Cambridge University Press, Cambridge.

Tasker, F. & McCann, D. (1999) Affirming patterns of adolescent sexual identity; the challenge. *Journal of Family Therapy* 21 30-54.

Toro, P.A., Reischl, T.M., Zimmerman, M.A., Rappaport, J., Seidman, E., Luke, D.A. & Roberts, L.J. (1988). Professionals in mutual help groups: impact on social climate and members' behaviour. *Journal of Consulting and Clinical Psychology*, 56(4), 631-632.

Toseland, R.W., Rossiter, C.M. & Labrecque, M.S. (1989). The effectiveness of peer-led and professionally led groups to support family caregivers. *The Gerontologist*, 29, 465-471.

Touroni, E., & Coyle, A. (2002). Decision making in planned lesbian parenting: An interpretative phenomenological analysis. *Journal of Community and Applied Social Psychology*, 12, 194-209.

Trenchard, L. & Warren, H. (1984) *Something to tell you.*, London:London Gay Teenage Group Trojan Press.

Troiden, R.R. (1989). The formation of homosexual identities. *Journal of Homosexuality*, 17(1/2), 43-73.

Twamley, S.I. (2000), Reproductive decision making in lesbian women. Unpublished Masters Thesis: University of Exeter.

Uribe, V. & Harbeck, K.M. (1992). Addressing the needs of lesbian, gay and bisexual youth: The origins of Project 10 and school-based intervention. *Journal of Homosexuality*, 22, 9-28.

Ussher, J. (1997) (Ed.) *Body Talk: the material and discursive regulation of sexuality, madness and reproduction*. London: Routledge.

Ussher, J.M. (2000). Women's Madness: a material-discursive-intrapsychic approach. In D. Fee (Ed.), *Psychology and the Postmodern: mental illness as discourse and experience*. London: Sage.

Ussher, J.M. & Mooney Somers, J. (2000). Negotiating lesbian desire and sexual subjectivity: narratives of young lesbian avengers. *Sexualities*, 3(2), 183-200.

Walker, P.H. (2001). Sexual identity, psychological well-being and suicide risk among lesbian and gay young people. *Educational and Child Psychology*, 18, 47-61.

Weinberg, M.S., Williams, C.J. & Pryor, D.W. (1994). *Dual Attraction: Understanding bisexuality*. New York: Oxford University Press.

Wellings, K., Field, J., Johnson, a. M. & Wadsworth, J. (1994). *Sexual Behaviour in Britain: The National Survey of Sexual Attitudes and Lifestyles*. Penguin, Hammondsworth.

Whisman, V. (1996). *Queer by choice: lesbians, gay men, and the politics of identity*. London: Routledge.

Willig, C. (2001). *Introducing qualitative research in psychology: Adventures in theory and method*. Buckingham: Open University Press.

Wishik, H. & Pierce, C. (1995). *Sexual orientation and identity: heterosexual, lesbian, gay and bisexual journeys*. Laconia, NH: New Dynamics. (Cited in Perez, R.M., Debord, K.A., Bieschke, K.J. (2000). *Handbook of counseling and psychotherapy with lesbian, gay and bisexual clients*. Washington, DC: American Psychological Association.

Yalom, I.D. (1995). *The theory and practice of group psychotherapy*. New York: Basic Books.

Zitter, S. (1987). *Coming out to Mom: theoretical aspects of the mother-daughter process*. In Boston Lesbian Psychologies Collective (Ed.), *Lesbian Psychologies: explorations and challenges*. Urbana: University of Illinois Press.

Appendix 1: Ethics Approval

The Joint UCL/UCLH Committees on the Ethics of
Human Research: Committee Alpha

Chairman:
Professor André McLean

Please address all correspondence to:
Iwona Nowicka
Research & Development Directorate
UCLH NHS Trust
1st floor, Vezey Strong Wing
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Dr NE Pistrang
Sub-Department of Clinical Health Psychology
UCL
Gower Street
London
WC1E 6BT

02 May 2002

Dear Dr Pistrang

Study No: 02/0118 (*Please quote in all correspondence*)
Title: The experience of being in a support group for lesbian and bisexual young women

Thank you very much for letting us see the above application which was reviewed by the Chairman and agreed by Chairman's Action. There are no objections on ethical grounds to this study going ahead.

Please note that it is important that you notify the Committee of any adverse events or changes (name of investigator etc) relating to this project. You should also notify the Committee on completion of the project, or indeed if the project is abandoned. **Please remember to quote the above number in any correspondence.**

Yours sincerely

mp


Professor André McLean, BM BCh PhD FRC Path
Chairman

Appendix 2: Study Information Sheet



Sub-Department of Clinical Health Psychology

UNIVERSITY COLLEGE LONDON

GOWER STREET LONDON WC1E 6BT

Dr Nancy Pistrang, Senior Lecturer in Clinical Psychology

Iseult Twamley, Trainee Clinical Psychologist

Email: divastudy@aol.com Phone: 07941 937842

The experience of being in a support group for lesbian and bisexual young women

Information for volunteers (individual interviews)

We are inviting you to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of this study?

There is little information about the process women go through as they start to question their sexuality, and what their needs for support are. We are investigating the kinds of help and support offered by groups for lesbian & bisexual young women. We are interested in your individual experience, and what difference being in the group has made to you. We hope that this study will improve our understanding of how to support women exploring these issues and help similar support groups to improve their service.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What does taking part involve?

Should you decide to take part, you will be interviewed twice. You can choose to be interviewed at the XXXXXX Centre or in your home, whichever you prefer. You would first be asked to complete some short questionnaires and then interviewed about your experience of the Support Group (XXXX). The first session would last one-and-a-half hours approximately. The second session would be much shorter; in this session you will be given a summary of what you said in the first interview for your comments, and there may be a few follow-up questions. With your permission, we would tape record both interviews, so as to have a complete record of what was said.

Confidentiality

At all stages of the study we will take care to respect the privacy and right to confidentiality of participants. All information which is collected from you during the course of the research will be kept confidential. Any information about you will have your name and address stored separately so that you cannot be recognised from it. In writing articles for publication based on this research, we will not reveal the identity of anyone who took part.

Ethical approval

All proposals for research using human subjects are reviewed by an ethics committee before they can proceed. This proposal was reviewed by the joint UCL/UCLH Committees on the Ethics of Human Research.

Further information

Please do not hesitate to contact Iseult Twamley (phone number and address above) if you have any questions about the study.

Appendix 3: Study Consent Form (Participation)



Sub-Department of Clinical Health Psychology

UNIVERSITY COLLEGE LONDON

GOWER STREET LONDON WC1E 6BT

Dr Nancy Pistrang, Senior Lecturer in Clinical Psychology

Iseult Twamley, Trainee Clinical Psychologist

Email: divastudy@aol.com Phone: 07941 9378342

The experience of being in a support group for lesbian and bisexual young women

CONFIDENTIAL

CONSENT FORM for volunteers

(note: one copy for researcher, one copy for volunteer to keep)

Please read the following questions carefully and circle either 'yes' or 'no' as appropriate in each case:

- | | |
|--|----------|
| Have you read the information sheet about this study? | Yes / No |
| Have you had an opportunity to ask questions and discuss this study? | Yes / No |
| Have you received satisfactory answers to all your questions? | Yes / No |
| Have you received enough information about this study? | Yes / No |
| Do you understand that you are free to withdraw from this study at any time without giving a reason for withdrawing? | Yes / No |
| Do you agree to take part in this study? | Yes / No |

Participant's full name: _____

Participant's address: _____

In signing below, I fully and freely consent to participate in the study entitled 'The experience of being in a support group for lesbian and bisexual young women'

Signed (participant) _____ Date: _____

I hereby confirm that I have provided an information sheet and have discussed the implications of participating in this research with the above:

Signed (researcher) _____ Date: _____

Appendix 4: Study Consent Form (Audio Recording)

Appendix 5: Poster Recruiting Participants

Help Wanted!

We are doing a study on women's experiences of attending XXXXX and we would like to hear from you.

What is involved?

You will be interviewed twice about your views and experiences of the group. You will also be asked to fill out two brief questionnaires.

Your identity and views will be kept completely confidential. Women who complete the study will be given a £15 music voucher to compensate for their time.

What is the study for? There is little information about the process women go through as they start to question their sexuality, and what their needs for support are. We hope that this study will help us improve support services for other women in a similar position to yourself.

If you are willing to take part, or want to know more, please contact Iseult Twamley (details below).

Iseult Twamley
University College London

PHONE : 07941 937842

EMAIL : divastudy@aol.com

Appendix 6: Interview Schedule (Interview I)

The experience of attending a support group for lesbian and bisexual young women

Interview Schedule, First interview.

This is an interview guide – not all questions will be asked the same way of each individual.

Identity and history:

Do you have a word that you like to use to describe your sexuality?

What does (this word) mean to you?

Is that different from how you would have described it before? How?

Has this changed the way you think about yourself or your life in other ways?

Accessing the group:

I'm interested to find out about how you came to the support group and your experiences of joining the group..

*Sample questions: Where did you hear about the group?
What did you imagine it would be like?
What interested you about it?
How did you first contact the group?
What were your first impressions?*

Experiences of the group:

Can you tell me about how you have found the group so far, the experiences you have had and what changes if any it has made to you..

*Sample questions: Can you describe a good/difficult time since joining the group?
In what way if any have you felt supported by the group?
How have things changed for you since joining the group?*

Life outside the group:

I am curious about how things are for you in your life outside the group and whether they have changed for you (or not) since you first came to the group ..

*Sample questions: Can you tell me how life has been for you at school? (Home, with your friends...)
Have you come out to anyone about your sexuality? How has that been?
Have you had any stressful times related to your sexuality?
What has helped you with that – what help would you have liked?*

Closing the Interview:

Is there anything we haven't talked about that you think is important for understanding your experience so far?

Have you any questions or comments about the study?

Thank you.

The experience of attending a support group for lesbian and bisexual young women

Interview Schedule, Second interview.

This is an interview guide – not all questions will be asked the same way of each individual.

Discussion of first interview:

In this section, a brief summary of the first interview is shared with the participant, and any issues raised in it were clarified and expanded upon.

Sample question: Last time you mentioned attending another support group – would you mind telling me a little more about that experience?

Experience of group:

Can you tell me about how you have found the group since we last spoke, the experiences you have had and what changes if any it has made to you..

Sample questions: *How have things changed for you in the group since our last interview?
How often have you attended the group?
Have you made any (more) friendships in the group?
Has it made any changes to your life outside the group?
In what way if any have you felt supported by the group over that time?*

Experience outside group:

I 'd like to ask you about how things are for you in your life outside the group and whether they have changed for you (or not) since we last spoke..

Sample questions: *How have things changed in your life outside the group?
Can you describe a good/difficult time?
What support have you had outside of the group?*

Issues arising:

The aim of this section was to raise with the participant any issues emerging from the preliminary analyses that they may not have discussed in the previous interview.

Sample question: *One issue we didn't discuss last time was religion, are you religious and how (if at all) does this impact on how you think about your sexuality?*

Closing the interview

Is there anything we haven't talked about that you think is important for understanding your experience so far?

How has the experience of participating in this study been for you?

Have you any questions or comments about the study?

Thank you.

Appendix 9: Brief Screening Inventory (BSI)

INSTRUCTIONS:

On the next page is a list of problems people sometimes have. Please read each one carefully, and blacken the circle that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Blacken the circle for only one number for each problem and do not skip any items. If you change your mind, erase your first mark carefully. Read the example before beginning, and if you have any questions please ask them now.

					EXAMPLE	
					HOW MUCH WERE YOU DISTRESSED BY:	
1	0	1	2	<input checked="" type="radio"/>	4	Bodyaches

HOW MUCH WERE YOU DISTRESSED BY:

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	
1	0	1	2	3	4	Nervousness or shakiness inside
2	0	1	2	3	4	Faintness or dizziness
3	0	1	2	3	4	The idea that someone else can control your thoughts
4	0	1	2	3	4	Feeling others are to blame for most of your troubles
5	0	1	2	3	4	Trouble remembering things
6	0	1	2	3	4	Feeling easily annoyed or irritated
7	0	1	2	3	4	Pains in heart or chest
8	0	1	2	3	4	Feeling afraid in open spaces or on the streets
9	0	1	2	3	4	Thoughts of ending your life
10	0	1	2	3	4	Feeling that most people cannot be trusted
11	0	1	2	3	4	Poor appetite
12	0	1	2	3	4	Suddenly scared for no reason
13	0	1	2	3	4	Temper outbursts that you could not control
14	0	1	2	3	4	Feeling lonely even when you are with people
15	0	1	2	3	4	Feeling blocked in getting things done
16	0	1	2	3	4	Feeling lonely
17	0	1	2	3	4	Feeling blue
18	0	1	2	3	4	Feeling no interest in things
19	0	1	2	3	4	Feeling fearful
20	0	1	2	3	4	Your feelings being easily hurt
21	0	1	2	3	4	Feeling that people are unfriendly or dislike you
22	0	1	2	3	4	Feeling inferior to others
23	0	1	2	3	4	Nausea or upset stomach
24	0	1	2	3	4	Feeling that you are watched or talked about by others
25	0	1	2	3	4	Trouble falling asleep
26	0	1	2	3	4	Having to check and double-check what you do
27	0	1	2	3	4	Difficulty making decisions
28	0	1	2	3	4	Feeling afraid to travel on buses, subways, or trains
29	0	1	2	3	4	Trouble getting your breath
30	0	1	2	3	4	Hot or cold spells
31	0	1	2	3	4	Having to avoid certain things, places, or activities because they frighten you
32	0	1	2	3	4	Your mind going blank
33	0	1	2	3	4	Numbness or tingling in parts of your body
34	0	1	2	3	4	The idea that you should be punished for your sins
35	0	1	2	3	4	Feeling hopeless about the future
36	0	1	2	3	4	Trouble concentrating
37	0	1	2	3	4	Feeling weak in parts of your body
38	0	1	2	3	4	Feeling tense or keyed up
39	0	1	2	3	4	Thoughts of death or dying
40	0	1	2	3	4	Having urges to beat, injure, or harm someone
41	0	1	2	3	4	Having urges to break or smash things
42	0	1	2	3	4	Feeling very self-conscious with others
43	0	1	2	3	4	Feeling uneasy in crowds, such as shopping or at a movie
44	0	1	2	3	4	Never feeling close to another person
45	0	1	2	3	4	Spells of terror or panic
46	0	1	2	3	4	Getting into frequent arguments
47	0	1	2	3	4	Feeling nervous when you are left alone
48	0	1	2	3	4	Others not giving you proper credit for your achievements
49	0	1	2	3	4	Feeling so restless you couldn't sit still
50	0	1	2	3	4	Feelings of worthlessness
51	0	1	2	3	4	Feeling that people will take advantage of you if you let them
52	0	1	2	3	4	Feelings of guilt
53	0	1	2	3	4	The idea that something is wrong with your mind

Qualitative Analysis: Examples of Coding

Initial theme

Interview Excerpt (P005)	Theme
<p>Because one time I remember like a priest had this whole sermon on gay people and I was just like so shocked and then like he just went on and on “It’s evil! It’s corrupt!” all this and that and then I was like I remember someone got up and left that’s the only thing I remember of that I was just like “Oh my god, What does it mean.” and it was just so random I mean like he was just so adamant “Yeah! It’s so wrong! It’s so evil!!”</p>	<p><i>Gay is Evil</i></p>

Sample from initial list of themes for interview transcript (P003)

Labels used to consider self bisexual
 Not want to have a label
 Lesbian = exclusive, women only
 Question self around lesbians
 Anti bisexuality in community
 You’re gay or straight
 Being Questioned by lesbians
 They (lesbians) don’t really get it
 Just a phase - bisexuality
 Gay = evil
 Gay = wrong, don’t do it
 Black ≠ gay
 Secret didn’t tell anyone
 Ignored it /didn’t think about it
 Attraction to women always there in back of my mind
 Accepted it but hadn’t = Struggle
 Belief that if relationship wrong then because it’s samesex
 Agency
 Gap year /decontextualisation
 Desire to fit in to group
 Freedom to say what I think at group
 Not judged, accepting at group
 Judged everywhere else
 No stereotypes, look at me!
 Straight friends don’t get it
 Straight friends don’t want to address it
 Not out to family
 More open now
 Explore scene

Theme : *Losing My Religion*

Losing my religion	
Clusters/Initial themes	Quotations
<i>Gay=Evil</i>	<p>I'm going to church every week and the man's coming out with 'oh if you're..two men together is evil, they don't deserve to go to heaven,' and all these things, and I'm just like 'why?' but I cant explain to anyone why I'm thinking why, dyou know, 'that's the way it is, cos God said so, it's in the bible' but I'm like 'why?' and they cant tell me, 3-250</p> <p>I remember like a priest had this whole sermon on gay people and I was just like so shocked, and then like he just went on and on, "it's evil, it's corrupt" all this and that, and then I was like, I remember someone got up and left, that's the only thing I remember of that I was just like "oh my god, what does it mean" and it was just, so random, I mean, like he was just so adamant, "yeah! It's so wrong! It's so evil!!" 5-162</p> <p>They drummed it into me that you can't be gay and a Christian, 1-545</p> <p>The woman starts to like, she grabs me on the head and starts shaking me and I'm crying my eyes out at this point cos I'm like what is going on, and I turn around and the whole church is behind me, like the whole congregation is around me and they've all got their hands on me, and the woman's grabbing me and I can't and she's shaking me and she's like 'Pray the homosexual deviance out of your body!' 1-553</p> <p>I think they split it up into homophilic, which is when you love the same sex and homosexual when you have sex with the same sex, and apparently it is not a sin to be homophilic, but it is a sin to be homosexual, 1-497</p> <p>They would be like it's not in the bible, God doesn't like it, God doesn't like woman and woman, it's very wrong, they have all these prejudiced comments 7-72</p> <p>only thing that worries me is that if God says that in the bible woman and woman is not good and man and man is not good, that's the only thing that worries me otherwise I do have a strong belief 7-243</p> <p>Apart from my brother he's quite against it...other times he's gone, "lesbians gays bisexuals are part of the devil" some of the shit he comes out with is complete and utter shit, and its like, that's why I can't wait to get my own flat, I'm out of there 6-73</p> <p>I know friends of mine when they found out they were gay they were like "oh no, ooh it's evil" but I didn't think that 2-30</p> <p>that Mum {said to me} "leave my little girl alone! Evil evil" That's the thing, 2-489</p> <p>she gave me a bible verse and I walked around with my bible verse, but it didn't change anything I still was like [lesbian] 1-100</p>
<i>Community religious homophobic values</i>	<p>like black community and church are kind of synonymous, 1-600</p> <p>I'm Nigerian, and I was brought up roman catholic, and it's not good to be gay, 5-150</p> <p>The whole Nigerian thing is just that um, the traditional thing, sort of like, you can have like girls but they can only be your friends, but they're not only going to be your friends they're sort of like Mother's helpers in a way, and like, you're just there to make babies really which is basically you make food and occasionally get a job if your husband isn't working, 5-325</p> <p>and after it plays out it's like, oh whatever, it's just too much to hack, I'm gay and I'm black, bring on Catholicism! 5-431</p> <p>I come from a Christian background, and I was always told that's wrong, and um in my community it's also frowned upon, like big style! 3-69</p> <p>I'm from Zimbabwe and my culture we are not allowed lesbians and gays although it is practised between people, people hide it behind closed doors and it is not really an open thing, and um, my dad was, my</p>