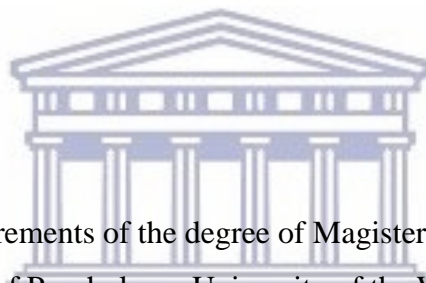


UNIVERSITY OF THE WESTERN CAPE
Faculty of Community and Health Sciences

Lived experiences of lesbian-identified women who abuse alcohol:
An interpretative phenomenological analysis

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A Full Thesis for the requirements of the degree of Magister Artium (Psychology) in the
Department of Psychology, University of the Western Cape.

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ABSTRACT

Although research has shown that alcohol abuse in the Western Cape is amongst the highest in South Africa, lesbian-identified women have largely been ignored in this area of research. International literature has identified alcohol abuse amongst lesbian-identified women as a significant problem, with alcohol consumption rates considerably higher than their heterosexual counterparts. This interpretative phenomenological analysis explored lesbian-identified women's lived experiences (n = 25) with alcohol abuse through in-depth semi-structured interviews, in order to gain insight into their motivations for abusing alcohol and the impact this had on their lives and relationships. The core theme that emerged from the analysis of participants' narratives was that alcohol abuse was related to coping with emotional distress and pain. The emotional distress participants experienced was due to their sexual minority status and encompassed aspects related to internalised homophobia, escaping pain, rejection, discrimination based on sexual orientation, mental health issues, patriarchy, heteronormativity, and homophobia. Results substantiate the need for the development of prevention, intervention, and support strategies, aimed specifically at sexual minority groups, in order to facilitate effective coping with sexual minority stress, mental health issues, and other distresses related to alcohol abuse.

Keywords: alcohol abuse; discrimination; heteronormativity; homophobia; interpretative phenomenology; lesbian; relationships; society; Western Cape.

DECLARATION

I declare that ‘Lived experiences of lesbian-identified women who abuse alcohol: An interpretative phenomenological analysis’ is my own work. It has not been submitted before for any degree or examination to any other university and all the sources I have used or quoted have been indicated and acknowledged as complete references.



SHARON LYNDA MCKENZIE:

Date: 08/10/2018



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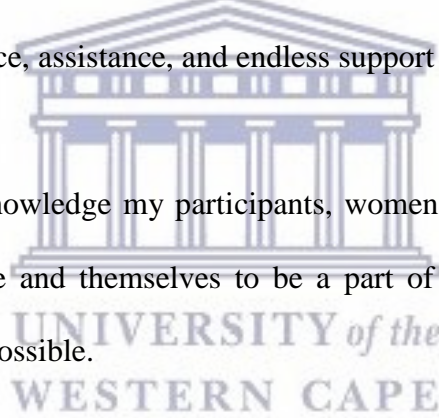
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DEDICATION

I dedicate this thesis to Michele; This is as much your achievement as it is mine.

To my father, in fulfilment of my promise.

To all women who are struggling with alcohol addiction: May you find your road to recovery and overcome this dis-ease.



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Chapter 1: Introduction

1.1. Background and Rationale

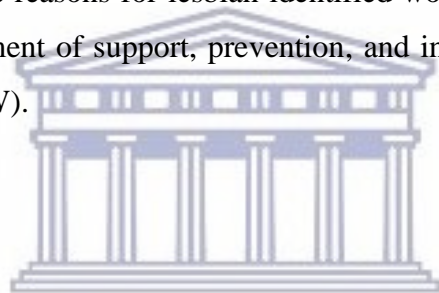
The current study aimed to explore the lived experiences of lesbian-identified women who abuse alcohol, where ‘lesbian-identified women’ is defined as women who are in same-sex relationships with other women. This sexual minority group has been largely neglected in research relating to alcohol abuse, especially in the South African context.

Globally, alcohol abuse is a serious health risk and South Africa has been identified as a country with a high alcohol consumption rate (Peltzer, Davids, & Njuho, 2011; Rataemane & Rataemane, 2006). According to the World Health Organisation (WHO) (2010, Rekve, 2011), alcohol use is the third highest risk factor for ill health worldwide. Research conducted in South Africa pertaining to alcohol abuse by the South African Stress and Health Study (SASH), the South African Community Epidemiology Network on Drug Use (SACENDU), as well as additional research conducted by Peltzer *et al.* (2011) and Rataemane and Rataemane (2006), reveal that, no matter how comprehensive the investigations are, there are no categories relating to sexual minority groups (SMGs), signifying a substantial gap in the South African literature.

Since the Western Cape has the highest levels of alcohol consumption in the country (Herman *et al.*, 2008; Herman *et al.*, 2009; Peltzer *et al.*, 2011; Plüddemann, Parry, Bhana, Dada, & Fourie, 2010) and because there is limited research on alcohol abuse among lesbian-identified women, this merited investigation. There is, however, some international research on this topic that has mainly been conducted in the United States of America (USA), with most studies utilising college students as research participants. These studies reveal that sexual minorities and, in particular, lesbian-identified women, consume more alcohol than their heterosexual counterparts (Corliss, Grella, Mays, & Cochran 2006; Coulter, Marzell, Saltz, Stall, & Mair, 2016; Lea, Reynolds, & De Wit, 2013; McCabe, Hughes, Bostwick, West, & Boyd, 2009; Rosario, Schrimshaw, & Hunter, 2008). While most studies have examined alcohol consumption rates between lesbian-identified women and heterosexual women, some studies have started investigating factors that contribute to the elevated alcohol consumption rates of

lesbian-identified women and have documented aspects such as internalised homophobia (IH), alienation from religion, patriarchy, gender stereotypes and norms associated with this, homophobia, and discrimination based on sexual orientation, which can lead to the use and abuse of alcohol (Dreyer, 2007; Gilbert & Selikow, 2011; Ricks, 2012; Weber, 2008). Disclosure of sexual orientation, victimisation due to sexual orientation, as well as sexual- and gender-based violence (GBV) also play a role in lesbian-identified women's alcohol abuse (Chabalala & Roelofse 2015; Gilbert & Selikow, 2011; Gontek, 2009; Padmanabhanunni & Edwards, 2013; Slater, 2013), as do factors relating to minority stress (Meyer, 1995; 2003).

The current study examined this gap in the South African literature, by exploring lesbian-identified women's lived experiences with alcohol abuse in order to gain insight into the reasons why they abused alcohol and the impact this had on their lives and relationships. Increasing knowledge into the reasons for lesbian-identified women abusing alcohol can play a crucial role in the development of support, prevention, and intervention strategies aimed at sexual minority women (SMW).



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Chapter 2: Literature Review

This chapter aims to contextualise the current study by providing information pertaining to the abuse of alcohol in the Western Cape, where this research was conducted. Literature and information on lesbian-identified women and alcohol abuse and the possible reasons for lesbian-identified women abusing alcohol is also explored.

2.1. Alcohol Abuse in the Western Cape Province

Globally, it has been ascertained that alcohol abuse is a serious health and social problem and this is no different in South Africa (Herman *et al.*, 2009; Peltzer *et al.*, 2011; WHO, 2010). Excessive alcohol consumption has been shown to have damaging effects, not only on the individual abusing alcohol, but also on their families, their relationships, their communities, productivity, and employment (Peltzer *et al.*, 2011; Setlalentoa, Pisa, Thekisho, Ryke, & Loots, 2010; WHO, 2010).

The Western Cape has a long history with alcohol use and abuse going back centuries (Setlalentoa *et al.*, 2010). Traditionally, alcohol has been used in social gatherings and rituals throughout the country. Settlers, who came to the Western Cape as wine farmers, instituted what became known as the ‘*dop*’ (Afrikaans term for an alcoholic drink) system, in which wine farm workers were paid a portion of their salaries in wine or other types of alcohol (Schneider, Norman, Parry, Bradshaw, & Plüddeman, 2007; Setlalentoa *et al.*, 2010; Stein *et al.*, 2008). This normalised drinking and started a pattern of alcohol abuse that has lasted generations (Schneider *et al.*, 2007; Setlalentoa *et al.*, 2010). Since this system was largely used in the Western Cape, it has also perpetuated racial stereotypes since the majority of farm workers were Coloured. This has been a major contributing factor to alcohol abuse in Coloured communities in the Western Cape (Schneider *et al.*, 2007; Setlalentoa *et al.*, 2010; Stein *et al.*, 2008).

Research conducted on alcohol consumption in South Africa, such as investigations by Peltzer *et al.* (2011), Rataemane and Rataemane (2006), and large-scale research studies (i.e. SASH and SACENDU), have uncovered prevalence rates by province. The SASH study revealed

that, in the Western Cape, the prevalence rate is 18.5% for substance abuse and dependence compared to the national average of 13.3% (Burnhams, Dada, & Myers, 2012; Herman *et al.*, 2009; Herman *et al.*, 2008). Moreover, Peltzer *et al.* (2011) and Plüddemann *et al.* (2010) established that the highest levels of both harmful and binge drinking occurred in the Western Cape, followed by the Northern Cape Province. Harker *et al.*'s (2008) earlier research supports the findings of these studies, but also found that alcohol is the most frequently abused substance in the Western Cape.

Harker *et al.* (2008) report that the South African Demographic and Health Survey (SADHS) showed that the Western Cape has the highest lifetime prevalence rates for alcohol consumption for both men and women, as well as the highest prevalence rates for both sexes in the twelve months preceding the collection of data (SADHS, 2016). Studies reviewed by Harker *et al.* (2008) also confirmed that research conducted by the Humans Sciences Research Council (HSRC) found higher levels of drinking were evident in Coloured (18%) communities compared to Black (11%), White (7%), and Indian (7%) communities (Shisana *et al.*, 2005, as cited in Harker *et al.*, 2008). In line with this, Peltzer and Ramlagan (2009) report that five national surveys on alcohol consumption gave a consistent picture of its consumption.

Harker *et al.* (2008) further report that, in their review of research conducted over an eight-year period in the Western Cape, some studies have shown that women have higher levels of problem drinking relative to men. An example of this comes from findings of the SADHS (in Harker *et al.*, 2008) which reported higher weekend binge drinking among women (48%) compared to men (23%). This has ramifications for women who drink while pregnant, with the Western Cape having the second highest rates of foetal alcohol syndrome (FAS) in the country (Harker *et al.*, 2008).

The literature demonstrates the problems associated with alcohol abuse, not only in South Africa but, specifically, in the Western Cape Province. Although these research studies are extensive, country wide, and at provincial level, and divides groups into various categories such as age, race, sex, income, and education, it does not include categories for SMGs. This represents a significant gap in the South African literature and forces us to turn to international literature as a starting point for research into this topic.

2.2. Alcohol Abuse among Lesbian-Identified Women

2.2.1. Substance abuse among sexual minority populations

The literature and research available that applies to the SMG of lesbian-identified women has largely been conducted internationally, with the majority of this international research coming from the United States of America (USA). It is stated in the international literature that SMGs and, specifically, lesbian-identified women consume more alcohol than other groups, including their heterosexual counterparts, and the same holds true for sexual minority young women (Lea *et al.*, 2013; Mereish, Goldbach, Burgess, & DiBello 2017; Phillips *et al.*, 2017; Talley *et al.*, 2016; Wilson, Gilmore, Rhew, Hodge, & Kaysen, 2016). For example, Coulter *et al.* (2016) conducted a large-scale study of undergraduate students at fourteen public universities in the USA (consisting of over 58 000 participants), which demonstrated that lesbian-identified women were more likely to be current drinkers than their heterosexual counterparts. They also found that lesbian-identified women had ten or more drinks per drinking episode, which is significantly higher than heterosexual women who consumed four to six drinks. In addition, Coulter *et al.* (2016) detailed how lesbian and bisexual women consumed more alcohol more frequently than their heterosexual counterparts and cited studies conducted by Corliss, Grella, Mays, and Cochran (2006) and McCabe *et al.* (2009) to support their finding that SMW consume more alcohol than their heterosexual counterparts. Furthermore, Hughes' (2003) earlier research confirms that lesbian-identified women reported problems associated with alcohol abuse that was almost three times higher than the rates reported by heterosexual women.

Research has also found that SMW spend more time in heavy drinking environments than their heterosexual counterparts (e.g. Coulter *et al.*, 2014; Coulter *et al.*, 2016; Litt, Lewis, Rhew, Hodge, & Kaysen, 2015; McCabe, West, Hughes, & Boyd, 2013; Rosario, Schrimshaw & Hunter, 2008). Talley *et al.* (2016) and Phillips *et al.* (2017) report that sexual minority adolescents (i.e. lesbian, gay, bisexual, and transgender – LGBT) are more likely to, not only consume more alcohol than their heterosexual peers, but report higher rates of both binge and current alcohol consumption. Studies conducted by Marshall (2012, 2013, as cited in Talley *et al.*, 2016) found that, among sexual minority youth (SMY), girls consumed more alcohol than boys. Talley, Hughes, Aranda, Birkett, and Marshall (2014) show that the Youth Risk

Behaviour Survey conducted in the USA revealed similar results. These researchers also found scarcely any differences across races and ethnicity in this survey (Talley *et al.*, 2014).

Research has also found that lesbian-identified women perceive that they drink more than their heterosexual counterparts and heterosexual women perceive that lesbian-identified women drink more, thereby demonstrating the perceived drinking norms of SMW and how they are perceived by their heterosexual counterparts (Coulter *et al.*, 2016; Litt *et al.*, 2015; McCabe *et al.*, 2013; Mereish *et al.*, 2017; Talley *et al.*, 2016). In addition, research indicates that lesbian-identified women are at a greater risk for alcohol use disorders than their heterosexual counterparts (Corliss, Grella, Mays, and Cochran 2006; Litt *et al.*, 2015; McCabe, Hughes, Bostwick, West, & Boyd, 2009; McCabe *et al.*, 2013; Rosario, Schrimshaw & Hunter, 2008).

McCabe *et al.* (2009) found that national surveys and studies conducted in the USA rarely contain elements referring to sexual orientation and, as such, their article is based on data from the National Epidemiological Survey on Alcohol and Related Conditions (NESARC), which does contain some information regarding SMGs. Results show that substance use and dependence for SMW exceeds those of heterosexual women and, in some instances, also exceeds that of sexual minority men. This study, therefore, supports existing findings, indicating that SMGs, such as lesbian-identified women, consume more alcohol and substances than heterosexual groups.

Although alcohol consumption and abuse rates have been researched and reported on, few studies have extensively explored the underlying reasons for the increased rates of alcohol consumption amongst lesbian-identified women compared to their heterosexual counterparts (Coulter *et al.*, 2016; Gedro, 2014; Lea, Reynolds, & De Wit, 2013; McCabe *et al.*, 2009; Parks & Hughes, 2007). This constitutes a significant gap in the literature.

2.2.2. Reasons underlying substance abuse: Sexual prejudice and stigma

Several international studies have provided insight into possible reasons for the increased rates of alcohol abuse among lesbian-identified women. Central among these reasons is sexual

prejudice and stigma that SMW encounter in their daily lives. This type of prejudice has been related to the patriarchal nature of society.

Patriarchy is defined as a socially constructed system characterised by unequal power relations between men and women (Dreyer, 2007; Gilbert & Selikow, 2011; Gontek, 2009; Smith, 2015; Tickner, 2001). In a patriarchal system, men hold primary positions of power in political leadership, employment, and industry, with women being systematically disadvantaged and oppressed (Gontek, 2009; Smith, 2015; Tickner, 2001; Wilkinson, 2008). Patriarchy is fundamentally bound to how culture and society view the roles of men and women and the norm in a patriarchal society is heterosexuality (i.e. a sexual and romantic relationship between a man and a woman). Central to this are preferred gender stereotypes, which are binary and complimentary (i.e. male and female) (Dreyer, 2007; Gilbert & Selikow, 2011; Smith, 2015; Tickner, 2001; Wilkinson, 2008). In other words, gender is a social construction and is viewed by a patriarchal society as constituting male or female, man or woman (Dreyer, 2007; Smuts, 2011). In addition, the construction of traditional gender roles, or what it means to be either male (man and, therefore, masculine) or female (woman and, therefore, feminine), is historically, culturally, and socially situated, and directs the behaviours and beliefs of its members (Boonzaier, 2008; Dreyer, 2007; Nguyen, 2008; Shefer *et al.*, 2008; Smuts, 2011).

Traditional notions regarding femininity involve women being passive, dutiful, meek (Boonzaier, 2008), subservient, submissive, and obedient (Shefer *et al.*, 2008), as well as having nurturing, caring, and selfless qualities (Boonzaier & De La Rey, 2004). This is the preferred type of femininity in a patriarchal society and was originally referred to as “hegemonic femininity” (Boonzaier, 2008; Shefer *et al.*, 2008; Jewkes, Sikweyiya, Morrell, & Dunkle, 2011). Connell and Messerschmidt (2005) state that the “concept of hegemonic femininity was soon renamed “emphasized femininity” to acknowledge the asymmetrical position of masculinities and femininities in a patriarchal gender order” (p. 848), because all types of femininity are subordinate to every form of masculinity (Connell & Messerschmidt, 2005). The manner in which masculinity is represented in South Africa is one of male superiority, dominance, oppression, and male sexual entitlement, which many studies have found to contribute to gender inequality and sexual violence. This ideal type of masculinity

was termed hegemonic masculinity (Jewkes *et al.*, 2015; Flood, 2011; Jewkes, Flood, & Lang, 2014; Jewkes, Sikweyiya, Morrell, & Dunkle, 2011), a term coined by Connell (Jewkes *et al.*, 2015). Part of this hegemonic view of masculinity and emphasized femininity is that women should be ‘feminine’ and weaker than men (Engh & Potgieter, 2015). Wilkinson (2008) argues that women are compelled to maintain their lesser position and their dependency on men, a dependency ranging from sexual and emotional fulfilment to financial dependency. In these views of gender women are never seen as equal to men, something gender activists are challenging. These forms of idealised masculinity and femininity are enmeshed with ***heteronormativity*** and ***heterosexism***.

Heteronormativity is defined as “the idea that society and political economy presuppose the consistent pairing of women and men” (Dreyer, 2007, p. 6). The result of this is a reinforcement of the notion of heterosexuality as being the most ‘normal’ or preferred sexual orientation in a society. In conjunction with this view of heterosexuality as being the norm in society, is the belief that people fall into two distinct and complimentary genders (i.e. male and female), with each having natural roles to fulfil (Boonzaier, 2008; Dreyer, 2007; Gilbert & Selikow, 2011; McCormick, 2013; Shefer *et al.*, 2008). In a heteronormative view, biological sex, sexuality, gender identity, and gender roles are all aligned and alternative forms of gender and sexual expression are branded as abnormal and deviant (Dreyer, 2007; Gilbert & Selikow, 2011; Gontek, 2009; McCormick, 2013; Tickner, 2001; Weber, 2008). The concept of heteronormativity contains power and is often referred to as the ‘hegemony of heteronormativity’ (Alden & Parker, 2004; Dryer, 2007; Gilbert & Selikow, 2011; McCormick, 2013; Weber, 2008).

Lesbian-identified women are perceived as challenging patriarchy, heteronormativity, women’s position in society, culture, power, and gender norms, because they do not conform to the norm of heterosexuality dictated by the culture or society in which they find themselves and are, therefore, perceived as a threat to it (Gilbert & Selikow, 2011; Gontek, 2009; Gqola, 2007; McCormick, 2013; Weber, 2008;). This often leads to prejudice and discrimination.

Heterosexism, which is often used interchangeable with heteronormativity, is defined as “both the belief that heterosexuality is or should be the only acceptable sexual orientation and the

fear and hatred of those who love and sexually desire those of the same sex” (Blumenfeld, 1992, p. 15, as cited in Dreyer, 2007) and, therefore, assumes that all people in the world are or should be heterosexual (Alden & Parker, 2004; Blair & Hoskin, 2015a, 2015b; Dreyer, 2007; Ocshe, 2011; Smith, 2015). Heterosexism’s central driving forces are hatred and fear, of which the resultant consequences are discrimination, prejudice, harassment, and violence (Alden & Parker, 2004; Blair & Hoskin, 2015a, 2015b; Gontek, 2009; Smith, 2015; Swarr, 2012). Heterosexism results in many lesbian-identified women being conflicted about revealing their sexual identity as they may be rejected or discriminated against (Gontek, 2009; Ocshe, 2011). “Heterosexism includes both the cultural precedence of heterosexuality and what is commonly referred to as homophobia” (Dreyer, 2007, p. 6) and involves one group (i.e. heterosexuals) asserting their dominance, preference, beliefs, or norms, over minority groups who are perceived as different (i.e. belonging to a sexual minority group) (Alden & Parker, 2004; Blair & Hoskin, 2015a, 2015b; Dreyer, 2007; Ocshe, 2011; Swarr, 2012). Societal rejection and going against the ‘norm’ can cause internal conflict (as discussed later in this chapter) and the discrimination lesbian-identified women face frequently contributes to them abusing alcohol (Blair & Hoskin, 2015a, 2015b; Ocshe, 2011; Wilson *et al.*, 2017).

Homophobia has been described as the fear or hatred of ‘homosexuals’; or hatred, fear, aversion, prejudice, and contempt towards sexual minority groups (Alden & Parker, 2004; Blair & Hoskin, 2015a, 2015b; Plummer, 2014; Swarr, 2012). Plummer (2014, p. 126), in his discussion of homophobic prejudices, called them “harmful antisocial phenomena”. Homophobia is both socially and culturally constructed (Alden & Parker, 2004; Dreyer, 2007; Plummer, 2014; Ocshe, 2011; Tickner, 2001) and can take the form of institutional homophobia. For example, churches (religion) or schools/educational institutions, state run organizations, where LGBT (inclusive of lesbian, gay, bisexual, transgender individuals) are discriminated against or excluded based on their sexual orientation (Alden & Parker, 2004; Hertzmann, 2011; Peterson & Gerrity 2006; Smuts, 2011; Szymanski & Chung, 2001). Dreyer (2007) discusses how lesbian-identified women have been traumatised by homophobia, with a plethora of studies documenting discrimination and violence against SMW because of their sexual orientation (Chabalala & Roelofse 2015; Hughes, 2011; McCabe, Hughes, Bostwick, West, & Boyd, 2009; Slater, 2013).

Recent studies describe the association between psychological distress and increased alcohol consumption among SMGs and have found that sources of psychological distress encountered among sexual minorities, that lead to increased alcohol abuse, predominantly relate to experiences of victimisation (Litt *et al.*, 2015; McCabe *et al.*, 2013; Rosario, Schrimshaw, Hunter, & Levy-Warren, 2009; Talley *et al.*, 2014; Talley *et al.*, 2016). Homophobia is a powerful social construct, with very real ramifications that impacts on and can be felt in every sphere of lesbian-identified women's lives, from family and friends to religion, work, school, and other social spaces or activities.

There is derisory literature available on religion and lesbian-identified women in South Africa, with virtually all literature being pertinent to the church itself and how the Christian bible views sexual minority groups (Masango, 2002). There is not much of an intersection in literature between the impact of the importance of religion in the lives of lesbian-identified women and the effect of being excluded from it based on their sexual orientation. Mavhandu-Mudzusi and Sandy (2015) discuss how organised religion in South Africa has treated sexual minority individuals differently to their heterosexual counterparts, thus perpetuating patriarchal norms, homophobia, and inequality. Mavhandu-Mudzusi and Sandy (2015) examined religious stigma and discrimination for sexual minority students and how this negatively impacted on their emotional, psychological and, sometimes, physical wellbeing. What they found was that religious discrimination and exclusion from spiritual places can have a profoundly damaging effect on the emotional and psychological wellbeing of lesbian-identified women and can lead to alcohol abuse, particularly in women with strong religious beliefs. This influences the spiritual, emotional, physical, and psychological wellbeing of lesbian-identified women and being denied accesses to formal religious/spiritual spaces can contribute to lesbian-identified women's high levels of alcohol consumption as a coping mechanism (Mavhandu-Mudzusi & Sandy, 2015).

2.2.3. Internalised Homophobia (IH)

Internalized homophobia is “characterized by persistent, structured negative feelings, particularly of shame and self-loathing. Taking on the dominant cultures attitude towards homosexuality and making it one's own” (Dreyer, 2007, p. 11-12). It is the internal absorption of society's negatives views, homophobic attitudes, and prejudices, by the sexual minority

individual (Alden & Parker, 2004; Dreyer; 2007; Hequembourg & Dearing, 2013; Newcomb & Mustanski, 2010; Plummer, 2014.). Peterson and Gerrity (2006) state that IH develops in response to the negative views that are held by society towards individuals with same-sex preferences. Newcomb and Mustanski (2010, p. 1020) suggest that IH includes negative “global attitudes toward homosexuality, discomfort with disclosure of sexual orientation to others, disconnectedness from other LGB individuals, and discomfort with same-sex sexual activity”. Hequembourg and Dearing (2013, p. 615-616) assert that sexual minority stigma is the “articulation of negative attitudes and feelings about homosexuality that are interwoven into the cultural, legal, and social landscape; this generalized negativity can become internalized into one’s own sense of self, resulting in internalized heterosexism” (cf. Hughes, 2003; Newcomb & Mustanski, 2010; Peterson & Gerrity 2006; Plummer, 2014; Hequembourg & Brallier, 2009). IH can produce significant psychological distress and can lead to the use of maladaptive coping mechanisms, including alcohol abuse (Coulter *et al.*, 2016; Mereish *et al.*, 2017; Philips *et al.*, 2017; Plummer, 2014; Wilson *et al.*, 2016).

Various studies on SMGs and lesbian-identified women have revealed that IH is multifaceted and results in feelings of guilt and shame, pain, isolation, self-loathing/disgust, and denial (Coulter *et al.*, 2016; McCormick; 2013; Pistella, Salvati, Ioverno, Laghi, & Baiocco, 2016; Russell & Bohan, 2006; Swarr, 2012). Szymanski and Chung (2001) demonstrate how IH in lesbian-identified women manifests in various ways, including attractions to and seeking relationships with unavailable women, fear of their sexual orientation being discovered, and fear of religious condemnation (cf. Alden & Parker, 2004; Dreyer, 2007; McCabe *et al.*, 2013). Shame often leads to these individuals withdrawing, which in turn leads to loneliness and can result in them seeking to escape or hide from these feelings and pain, increasing their vulnerability to alcohol abuse (Alden & Parker, 2004; Hequembourg & Dearing, 2013; Newcomb & Mustanski, 2010; Russell & Bohan, 2006; Weber, 2007).

IH increases psychological distress, depression, shame, guilt, anxiety, loneliness, and mistrust (Alden & Parker, 2004; Hequembourg & Dearing, 2013; Newcomb & Mustanski, 2010; Plummer, 2014; Russell & Bohan, 2006). Moreover, IH that leads to depression and anxiety, with its links to alcohol abuse, have been documented in international research on lesbian-identified women (Coulter *et al.*, 2016; Blair & Hoskin, 2015a, 2015b; McCormick; 2013;

Ricks, 2012; Rosario *et al.*, 2009). For example, Hertzamann (2011) examined the impact of IH through the lens of psychoanalytic psychotherapy and the role IH plays in a lesbian woman's life, world, and relationships, and how it can damage lesbian couples' relationships when unresolved IH plays out in relationships (cf. Blair & Hoskin, 2015a, 2015b; Hequembourg & Dearing, 2013; Newcomb & Mustanski, 2010; Plummer, 2014; Russell & Bohan, 2006). In addition, many studies (e.g. Blair & Hoskin, 2015a, 2015b; Coulter *et al.*, 2016; Newcomb & Mustanski, 2010; Rosario, Schrimshaw & Hunter, 2008; Russell & Bohan, 2006) discuss lesbian-identified women's excessive alcohol consumption and the association between heterosexual patriarchal norms, homophobia, and internalised homophobia, and provide evidence to support the links between these.

2.3. Minority Stress Theory

Topics in above discussions come together in what Meyer (1995) termed Minority Stress Theory. Minority stress is described by Meyer (1995) as the psychological angst that comes from occupying a sexual minority status and is founded on the principle that sexual minority individuals, in a heteronormative society, are exposed to severe stress due to discrimination and prejudice. Meyer (1995, 2003) demonstrated that sexual minority men and women are more likely to suffer from mental health problems than their heterosexual counterparts due to minority stress. Minority stress is multi-faceted and comprises of aspects such as IH, prejudice, and discrimination – based on minority sexual status – all of which are linked to patriarchy and heteronormativity (Dreyer, 2007; Mereish *et al.*, 2017; Meyer, 1995, 2003). In other words, the conflict between values held by conventional culture and sexual minority groups is suffered internally as IH (Dreyer, 2007; Mereish *et al.*, 2017; Meyer, 1995, 2003;) or externally experienced as discrimination in wider society (Mereish *et al.*, 2017; Meyer, 1995, 2003). SMW are at a greater risk for developing mental health disorders compared to heterosexual-identified women, including anxiety and depression, which additional studies substantiate can lead to a greater consumption of alcohol (Hatzenbuehler, McLaughlin, Keys, & Hasin 2010; Lehavot & Simoni, 2011; Litt *et al.*, 2015; Talley *et al.*, 2016; Wilson *et al.*, 2016). Research further indicates that lesbian-identified women are at greater risk for developing alcohol use disorders than heterosexual women, as it alcohol is used as a coping mechanism (Litt *et al.*, 2015; McCabe *et al.*, 2013; Mereish *et al.*, 2017).

SMW are disproportionately affected by heavy alcohol use across their lifespan (Hughes *et al.*, 2009; Litt *et al.*, 2015; Livingstone, Christianson, & Cochran, 2016; Talley *et al.*, 2016; Wilson *et al.*, 2016). Literature postulates that sexual minority stress, which includes low self-esteem, loneliness, guilt, and shame, can have an impact on why SMW drink more alcohol than their heterosexual counterparts, the amount they consume, and the costs of such consumption on their lives and relationships (Litt *et al.*, 2015; Livingstone *et al.*, 2016; McCabe *et al.*, 2013; Talley *et al.*, 2016; Wilson *et al.*, 2016;). Moreover, research has demonstrated the connection between gender expression as a vulnerability factor in minority stress and how this can influence the type of discrimination experienced by SMW. This is also linked to identity formation, gender expression, coming out, GBV, and the role these all play in the amount of minority stress experienced and, therefore, alcohol consumption (Litt *et al.*, 2015; Livingstone, Christianson & Cochran, 2016; Hughes *et al.*, 2009; Boonzaier, 2008; Shefer *et al.*, 2008). Minority stress has far reaching negative repercussions and impacts on the lesbian-identified woman's emotional, mental, and psychological wellbeing, as the above discussion has highlighted.

2.4. Gender-Based Violence (GBV)

GBV is violence against a person (usually a woman) by virtue of their gender. Studies (Chabalala & Roelofse 2015; Dreyer, 2007; Gilbert & Selikow, 2011; Slater, 2013; Weber, 2008) demonstrate that lesbian-identified women are exposed to discrimination based on their sexual orientation and that this discrimination ranges from verbal abuse to physical assault, sexual violence, and GBV. In South Africa, the phenomenon of 'corrective rape' has been coined for rape perpetrated against lesbian-identified women based on their sexual orientation (Chabalala & Roelofse 2015; Lake, 2014; Padmanabhanunni & Edwards, 2013). Corrective rape targets lesbian women (or women perceived to be lesbian) because they are viewed as rejecting the norms of a heteronormative society and it seeks, through rape, to show women that they are 'women' and 'correct' or 'cure' their lesbian sexuality (Chabalala & Roelofse 2015; Gilbert & Selikow, 2011; Gqola, 2007; Mwambene & Wheal, 2015; Padmanabhanunni & Edwards, 2013). As these attacks are perpetrated on lesbian-identified women by heterosexual men, this is not only a form of GBV, but also a hate crime. In addition to being raped because of their sexual orientation, lesbian-identified women are sometimes murdered.

Lesbian-identified women in township settings are at particular risk of ‘corrective rape’ and the reasons for this are complex. Research has demonstrated that the legacy of apartheid and the colonial era with its excessive violence are central reasons for black women’s vulnerability to corrective rape (Anguita, 2012; Moffett, 2006). Due to their increased visibility ‘butch lesbians’ who break gender roles, as well as those who are openly gay are most vulnerable to this hate crime because of the environments they live in, i.e. disadvantaged townships with little to no security, a lack of transport and resources (Anguita, 2012; Gontek, 2009; Moffett, 2006; Huxley *et al.*, 2013). Socio-cultural factors including patriarchy, culture and economic factors are also therefore contributing factors (Anguita, 2012; Gontek, 2009; Moffett, 2006). As the perpetrators of corrective rape are usually black men, this has promoted racist ideologies of sexual violence which have ignored the multidimensional factors contributing to this phenomenon (such as the legacy of apartheid), as well as ignoring the fact that black women are predominantly the victims of corrective rape (Anguita, 2012; Chabalala & Roelofse 2015; Gontek, 2009; Moffett, 2006; Mwambene & Wheal, 2015).

2.5. Coming Out

Coming out is defined as the disclosure or revealing of one’s sexual orientation to others, such as family or friends (Ford, 2003; Perrin-Wallqvist & Lindblom, 2015; Pistella *et al.*, 2016; Rosario *et al.*, 2009; Rasmussen, 2004). Pistella *et al.* (2016) state that ‘coming out’ is a vital part of the identity development process and mental health and, specifically, disclosing one’s sexual orientation to family members is an important psychological decision for sexual minority individuals (Perrin-Wallqvist & Lindblom, 2015; Pistella *et al.*, 2016; Rasmussen, 2004).

Coming out can have negative consequences, both personally and socially, as the individual is exposed to potential rejection by family and friends, as well as discrimination and prejudice (Perrin-Wallqvist & Lindblom, 2015; Pistella *et al.*, 2016; Rasmussen, 2004; Smuts, 2011). Perrin-Wallqvist and Lindblom’s (2015) study conducted in Sweden revealed that lesbian women frequently come out to their friends before coming out to their families, because of this fear of abandonment and rejection. The shame, guilt, and stigma associated with their sexual

identity were further inhibiting factors for SMW choosing not to disclose their sexual orientation (Perrin-Wallqvist & Lindblom, 2015; Pistella *et al.*, 2016).

Many lesbian-identified women suffer from mental distress in relation to disclosing their sexual orientation as they experience IH, have feelings of shame, or believe that they are abnormal, deviant, or that there is something wrong with them (Perrin-Wallqvist & Lindblom, 2015; Pistella *et al.*, 2016; Rasmussen, 2004). Subsequent to this fear of rejection and the psychological stress and anguish caused by the decision to come out and coming out itself, lesbian-identified women are more vulnerable to alcohol abuse (Hughes, 2011; Rosario *et al.*, 2008; Rosario *et al.*, 2009). A consequence of the stigma that surrounds coming out and the fear of negative reactions from society, family, and friends, has led to many lesbian-identified women remaining in ‘the closet’ or keeping their sexual identity hidden (Rasmussen, 2004). This is easier to do if the woman concerned presents as femme (or feminine) and can ‘pass’ as heterosexual (Blair & Hoskin, 2015a, 2015b; Huxley, Clarke & Halliwell 2013; Smuts, 2011).

The first disclosure is viewed as the most important self-disclosing event (Ford, 2003) and a significant amount of research has argued that coming out supports the establishment of genuine interpersonal relationships, for presenting an authentic self to others and oneself, and is a vital step towards a positive identity formation for sexual minority individuals (Blair & Hoskin, 2015a, 2015b; Lake, 2014; Perrin-Wallqvist & Lindblom, 2015). However, the complexities of coming out and whether an individual does or does not reveal their sexual orientation are numerous and dependent on what the individual perceives the consequences of coming out to be (Peterson & Gerrity, 2006; Pistella *et al.*, 2016; Rosario *et al.*, 2009).

Different spaces and settings (such as work, home, family, and religious institutions), where an individual could possibly disclose their sexual orientation and whether or not they do, are influenced by a number of factors, including: the person’s social or ethnic background, their religious affiliations, societal pressures, and family values (Blair & Hoskin, 2015a, 2015b; McCormick; 2013; Pistella *et al.*, 2016; Rasmussen, 2004; Rosario *et al.*, 2009). These spaces also hold different perceived threats to the individual and, as such, the lesbian-identified woman may only come out in places that she perceives to be safe and, as a result, hide her sexual orientation by projecting different sexual identities in different settings (Blair &

Hoskin, 2015a, 2015b; Dreyer, 2007; Morgan & Wieringa, 2005; Smuts, 2011). Although coming out is regarded as a natural progression in the life of sexual minority people, in certain societies, cultures, and religions, it is often seen as dangerous and the potential loss of support systems is very real (Morgan & Wieringa, 2005; Smuts, 2011). Due to the real and perceived dangers that arise during the coming out process, the distress that occurs as a result often leads to the abuse of alcohol as a means of coping.

2.6. Gender Expression amongst Lesbian-Identified Women

When it comes to discussing gender identity and expression amongst lesbian-identified women, some concepts and definitions must be defined before engaging in the broader discussion. It must also be borne in mind that, as with so many other concepts, there is a continuum or spectrum, with very few absolutes. The two main forms of gender expression that are used to describe lesbian-identified women are *butch* and *femme* and these are predominantly based on outward physical appearance (Blair & Hoskin, 2015a, 2015b; Huxley, Clarke & Halliwell 2013; Lake, 2014). This is important, because it relates to discrimination based on sexual orientation towards lesbian-identified women, self-esteem, and IH.

Previously, the term '*butch*' was used as a term for all lesbian-identified women (Blair & Hoskin, 2015a, 2015b; Huxley *et al.*, 2013; Lake, 2014). However, a butch lesbian-identified woman is often defined as a woman who is associated with more masculine roles, styles of dress, and short hair (Huxley *et al.*, 2013; Lake, 2014; Lehavot, King, & Simoni, 2011; Lehavot & Simoni, 2011; Rothblum, 2010). '*Femme*' lesbian-identified women, on the other hand, are viewed as being more feminine in appearance and are often misinterpreted as heterosexual, which often results in them having their sexual identity questioned (Blair & Hoskin, 2015b; Huxley *et al.*, 2013; Lake, 2014; Lehavot & Simoni, 2011; Rothblum, 2010). According to the literature, gender identities, such as butch and femme, have three defining characteristics: appearance, gender roles, and emotional expression, which signifies that there is more to self-identifying as butch or femme than outward appearance (Huxley *et al.*, 2013; Lake, 2014; Lehavot & Simoni, 2011; Lehavot *et al.*, 2011). A caveat here is that these definitions are usually stereotypical (even within gay and lesbian communities) and that there

are many different expressions of butch and femme identities but, for the purpose of this thesis, the broad definitions will suffice.

Huxley *et al.* (2013) found that short hair was associated with being lesbian while long hair was associated with being heterosexual. Long hair, therefore, fits into a heteronormative view of femininity. When discussing lesbian appearance norms, it is usually in the context of ensuring congruency between lesbian-identified women's inner selves and their outer appearance (Blair & Hoskin, 2015a, 2015b; Huxley *et al.*, 2013; Lake, 2014; Lehavot & Simoni, 2011; Rothblum, 2010). When there is a lack of congruency, coping mechanisms such as alcohol are often used (Talley *et al.*, 2016, Litt *et al.*, 2015; Blair & Hoskin, 2015a, 2015b).

Gender roles are another facet of this, with butch lesbian-identified women typically taking on more masculine activities and leadership roles (Lehavot *et al.*, 2011; Lehavot & Simoni, 2011). Some lesbian-identified women prefer not to describe themselves as either of these, although other lesbian-identified women and heterosexual people may view them as one or the other (Lehavot *et al.*, 2011; Lehavot & Simoni, 2011). Lesbian-identified women who present as butch often become targets of ridicule, discrimination, abuse, and sexual violence, especially if these women live in a society, such as South Africa, with hegemonic masculinity as its ideal (Blair & Hoskin, 2015a, 2015b; Jewkes *et al.* 2011; Nguyen, 2008; Ocshe, 2011; Smuts, 2011). Lesbian-identified women living in township settings are at particular risk for violence and abuse, as discussed earlier, which could be a motivating factor in their abuse of alcohol (Blair & Hoskin, 2015a, 2015b; Chabalala & Roelofse, 2015; Lake, 2014; Nguyen, 2008; Smuts, 2011).

Feminine lesbian-identified women's gender expression enables them to pass as heterosexual or 'straight' and blend into a heteronormative society, but many have been discriminated against for this by their own lesbian communities (Blair & Hoskin, 2015a, 2015b; Corliss, *et al.* 2006; Lake, 2014; Nguyen, 2008; Ocshe, 2011). Some studies suggest that femme lesbian-identified women struggle more with their IH than butch lesbian-identified women who suffer more from discrimination (Blair & Hoskin, 2015a, 2015b; Coulter *et al.*, 2016; Corliss *et al.*, 2006; McCormick, 2013; Swarr, 2012). All of these issues have been shown to increase the likelihood of lesbian-identified women turning to alcohol as a means of coping.

An additional term for expressing gender in a manner that does not conform to heteronormative society is 'gender non-conformity'. Gordon and Meyer (2007) describe gender non-conformity as an outward appearance or a gender expression that does not follow traditional prescribed gender roles; for example, "feminine boys", "masculine girls" (Gordon & Meyer, 2007, p. 55), or individuals who are androgynous. However, gender non-conformity is broader than outward appearance and can include individuals whose appearance corresponds to what men and women are expected to look like, but their behaviour does not always conform to what is expected; for example, they participate in activities that are gender non-conforming, such as a girl who plays rugby or a boy who does ballet (Gordon & Meyer, 2007; Huxley *et al.*, 2013; Lake, 2014; Lehavot & Simoni, 2011).

Rosario *et al.* (2008), for example, conducted research to determine whether identifying as butch or femme had any impact on lesbian-identified women's consumption or abuse of alcohol. Their research confirmed that butch identified lesbians consumed more alcohol more often than their femme counterparts. Rosario *et al.* (2009), along with various other researchers (e.g. Blair & Hoskin, 2015a, 2015b; Coulter *et al.*, 2016; Corliss *et al.*, 2006; McCormick; 2013; Swarr, 2012) ascertained that butch lesbians are aware of their sexual attraction to women at younger ages than femmes, and that this played a role in their earlier abuse of alcohol. Similarly, Coulter *et al.* (2016) found that butch lesbian-identified women consume more alcohol than femme lesbian-identified women, due homophobia and discrimination. Therefore, gender expression and appearance within lesbian communities are complex and diverse, but are an important component of lesbian identity as they often signal membership and acceptance to this SMG. Butch lesbian-identified women are often more visible and, therefore, more identifiable as being lesbian than femme lesbian-identified women, and this often makes them targets for discrimination based on sexual orientation. This and the factors examined in this section have been shown to be triggers for excessive alcohol consumption.

2.7. Race

In exploring studies on alcohol consumption, SMGs, and race, the majority of research has been conducted in the USA and other international contexts. Mereish *et al.*'s (2017) study

conducted in the USA, using a racially and ethnically diverse sample, showed that race in the USA can help explain substance abuse disparities in sexual minority groups. Talley *et al.*'s (2014) USA study also found vast variations in the consumption of alcohol between white and other racial/ethnic groups. Their study confirms, however, that alcohol consumption is greater among SMG and SMY. Other studies (e.g. Bonthuys, 2008; Connell, 2016; Msibi, 2009; Swarr & Nagar, 2004; van Zyl, 2011) have examined the racial/homophobic discourse with varying findings, which suggests that there may not be huge disparities between different race groups. Talley *et al.* (2014) draw the conclusion from their research that race and ethnicity made no apparent difference when comparing sexual minority drinking. A cautionary note, however, is that, when examining international research on alcohol abuse and SMGs, one must bear in mind that the racial and ethnic demographics are vastly different between the USA and South Africa.

The discrimination faced by lesbian-identified women in South Africa face is based on the patriarchal society in which they live. It is further impacted upon by the traditional, cultural, and religious beliefs of their communities (Morgan & Wieringa, 2005; Swarr, 2012; Swarr & Nagar, 2004; van Zyl, 2011). These factors contributed to lesbian-identified women, regardless of race, being susceptible to the abuse of alcohol.



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Chapter 3: Theoretical Framework

The theoretical framework for this study is interpretative phenomenology. Within this broad framework, minority stress theory will be utilised to unpack participants' reasons for consuming excessive amounts of alcohol and the impact this had on their lives and relationships.

3.1. Interpretative Phenomenology

The theoretical framework utilised in this study was interpretative phenomenology, specifically, interpretative phenomenological analysis (IPA). IPA has its roots in phenomenology, or being-in-the-world, and explores lived experiences of individuals and how they make sense of these experiences. According to Pietkiewicz and Smith (2014), this is the primary goal of IPA. Phenomenology has two primary philosophies: Husserl's transcendental phenomenology and Heidegger, Merleau-Ponty, and Satre's expansion of this into hermeneutic or existential phenomenology (Cresswell, 2013; Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014). Husserl's concept of phenomenology pertains to the significance that everyday experiences hold for a person when these become important through the individual's conscious reflection on these experiences. Smith, Flowers, & Larkin (2009) describe how Husserl focused on ascertaining the meaning of and defining the core of an experience.

Heidegger, Merleau-Ponty, and Satre developed Husserl's description of the lived experiences of individuals to include the context in which they occur. This, therefore, means that an experience is situated in time and in relation to something (Cresswell, 2013; Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014). Constructing meaning is fundamental to phenomenological inquiry and Heidegger, Merleau-Ponty, and Satre placed great emphasis meaning always involving a hermeneutic perspective (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014; Smith *et al.*, 2009). It is Heidegger's view of interpretative phenomenology that forms the framework for this study, since it searches to find "meanings that are embedded in everyday occurrences" (Reiners, 2012, p. 1) and explores the individual's reflection (meaning-making) of such experiences.

Heidegger viewed people as being “inextricably involved in the world and in relationships with others” (Larkin & Thompson, 2012, p. 102). Heidegger went beyond simply describing a phenomenon and Larkin and Thompson (2012, p. 102) state that, “while phenomenology might be descriptive in its inclination, it can only be interpretative in its implementation”. This interpretative nature of IPA requires a double hermeneutic process, which involves, first, the individual making sense of their lived experience and, second, the researcher attempting to make sense of the participant’s construction of the meaning of the experience (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014; Smith *et al.*, 2009).

Participants for this research were chosen because they have experience or insight into a particular phenomenon. IPA was an appropriate framework to utilise for this study as “qualitative researchers are mainly concerned with meaning” (Pietkiewicz & Smith, 2014, p. 7) and the way in which people comprehend their world and make sense of it. In IPA, the role of the researcher is vital and IPA accepts that people are self-interpreting entities who actively engage in the interpretation of objects, events, experiences, and people in their lives (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014; Smith *et al.*, 2009;). Interpretative phenomenology is also reflexive in nature, meaning that the researcher must constantly reflect on how they could potentially influence data collection and analysis because of their own biases, prejudices, backgrounds, or perceptions (Creswell, 2013; Larkin, Watts, & Clifton, 2006; Pietkiewicz & Smith, 2014; Reiners, 2012). The goal of IPA is to study the participant’s understanding and experience of a subject or phenomenon in the particular context being examined by the researcher, in order to enable the researcher gaining a better understanding of it from the participant’s point of view (Cresswell, 2013; Larkin & Thompson, 2012; Larkin *et al.*, 2006; Pietkiewicz & Smith, 2014; Reiners, 2012).

Based on the fundamental principles of IPA, it was both an appropriate and useful framework for this study. It allowed the researcher to gain insight into the experiences of the participants, who were given the freedom to provide accounts of their subjective experiences in their own words. The researcher was then able to identify themes from participants’ accounts before, finally, being able to interpret these experiences. More specifically, the researcher attempted to make sense of the participants’ accounts who were trying to make sense of their own lived

experiences (Cresswell, 2013; Larkin & Thompson, 2012; Larkin *et al.*, 2006; Pietkiewicz & Smith, 2014; Smith *et al.*, 2009; Reiners, 2012).

The nature of interpretative phenomenology allows in-depth examination and interpretation of particular experiences or phenomena. Investigating the lived experiences of alcohol abuse among lesbian-identified women, the reasons for excessive alcohol use, and the impact of this on their lives and relationships was, therefore, conducted by following the IPA approach.

3.2. Minority Stress Theory

International research has found that Meyer's (1995) minority stress theory can be used to explain the reasons for lesbian-identified women abusing alcohol. As such, this theory will be drawn upon as a means to further understand the reasons why lesbian-identified women abuse alcohol and how excessive alcohol consumption impacted on participants' lives and relationships.

Meyer (1995) describes minority stress as the psychological distress that comes from occupying a sexual minority status (i.e. not conforming to heterosexual norms) and is founded on the principle that sexual minority individuals, in a heteronormative society, are exposed to severe stress due to discrimination and prejudice. Through the concept of minority stress, Meyer (1995, 2003) demonstrated that sexual minority or LGB individuals have higher rates of psychological disorders than the heterosexual population because of minority stress.

According to Meyer (1995, 2003), minority stress is comprised of IH, prejudice or stigma, and discrimination. The conflict between values held by the conventional culture and sexual minority groups is suffered internally as IH, where the LGB individual absorbs the dominant cultures homophobic prejudices, attitudes, and discrimination (Dreyer, 2007; Mereish *et al.*, 2017; Meyer, 1995, 2003), and/or externally experienced as discrimination in the wider society, all of which are linked to patriarchy and heteronormativity (Mereish *et al.*, 2017; Meyer, 1995, 2003). SMW are at a greater risk for developing mental health disorders compared to heterosexual identified women, such as anxiety and depression, which often leads to greater consumption of alcohol, as various studies substantiate (e.g. Hatzenbuehler *et al.*,

2010; Lehavot & Simoni, 2011; Litt *et al.*, 2015; Talley *et al.*, 2016; Wilson *et al.*, 2016). Research further indicates that lesbian-identified women are at a greater risk for developing alcohol use disorders than heterosexual women as it is often used as a coping mechanism (Litt *et al.*, 2015; McCabe *et al.*, 2013; Mereish *et al.*, 2017).



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Chapter 4: Methodology

This chapter discusses the methodological background to this qualitative study and includes descriptions of the theoretical framework, research design, participants, data collection procedures and analysis, rigour, and ethical considerations.

4.1. Research Design

This study implemented qualitative methodology, with an interpretative phenomenological research design. IPA explores in detail how participants make sense of their personal and social world (Smith & Osborn, 2007). Furthermore, it is concerned with the meanings that particular experiences and events hold for participants (Smith & Osborn, 2008). IPA makes use of the precise words, or texts, by participants in its analysis and is, therefore, hermeneutic in nature (Creswell, 2013; Pietkiewicz & Smith, 2014). IPA, however, goes beyond the texts and provides an interpretation of the phenomena under scrutiny, which makes it double hermeneutic in nature. In other words, IPA involves participants trying to make sense of their world and the researcher trying to make sense of the participants making sense of their world (Englander, 2012; Pietkiewicz & Smith, 2014; Smith *et al.*, 2009; Smith & Osborn, 2008).

IPA was a pertinent method to use as it was phenomenological in nature and explored the lived personal experiences of participants, allowing the researcher to understand the phenomenon from the participants' points of view (Creswell, 2013; Pietkiewicz & Smith, 2014).

4.2. Aims of the Study

The broad aim of this study was to explore the lived experiences of lesbian-identified women who abuse alcohol. The specific objectives of this study were to:

1. explore lesbian-identified women's perceptions of the reasons underlying their alcohol abuse;

2. explore lesbian-identified women's experience of alcohol abuse and their appraisals of its impact on their lives and relationships.

4.3. Participants

Participants for this study comprised of twenty-five lesbian-identified women. The number of participants was chosen to allow for the phenomena to be fully explored and for as many themes as possible to emerge. The participants included black (5), coloured (9), and white (11) lesbian-identified women, ranging in age from twenty-one to fifty-nine years old.

The languages spoken by participants included Afrikaans (spoken by the majority of participants - 13), English (7), (isiXhosa (4), and isiZulu (1). Participants came from varying locations and communities across the Western Cape, from townships to upper middle-class neighbourhoods. They came from diverse socio-economic groups ranging from under privileged to upper middle-class. Some participants are unemployed (6), (12) are employed in full-time jobs, (4) own their own businesses, (3) are studying. Participants have varying educational levels, (10) have University Degrees, (2) have Diploma's, (3) are currently studying and (2) did not complete high school, and (8) completed matric.

Participants were recruited through Non-Government Organisations (NGOs) that work within Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) communities in Cape Town, as well as closed social media lesbian groups on Facebook. Purposive, non-probability sampling was utilised because there was a specific target population this research needed to reach (Smith, Flowers, & Larkin, 2009; Cresswell, 2013; Kafle, 2004; Larkin *et al.*, 2006; Pietkiewicz & Smith, 2014; Reiners, 2012). Facebook and social media sites have been utilised in international research to access participants, for example, Wilson *et al.* (2016), Smith (2015), and Litt *et al.* (2015). Participants responded to the invitation to participate in this research via email or text message.

All respondents who were eligible were interviewed until the required target of twenty-five participants was reached. The two inclusion criteria for participation were: participants must

be lesbian-identified women and they had to self-acknowledge having a problem with alcohol use/abuse. Participants are referred to by pseudonyms in order to protect their identities.

4.4. Data Collection

The data collection method used for this study was semi-structured in-depth interviews. Individual interviews were conducted with each participant and all interviews were conducted by the researcher. The aim of the interviews was to capture a detailed and rich description of lesbian-identified women's experiences and understanding of the reasons behind their abuse of alcohol and how this has impacted on their lives (Creswell, 2013; Smith *et al.*, 2009; Smith & Osborn, 2008). Semi-structured interviews were used as they provided not only a guide, but also allowed the researcher to explore the phenomenon and lived experiences of each woman in great depth in order to collect meaningful data, as well as for further exploration and probing of pertinent areas relevant to the topic (Smith & Osborn, 2008). Semi-structured interviews also allowed participants to ask questions, interact, and raise issues relating to their experiences of the phenomena being investigated. The semi-structured interview schedule that was used is attached as Appendix A.

After each interview, the researcher made notes containing observations and insights. All interviews were recorded using a digital voice recorder and transcribed verbatim. Confidentiality was ensured by coding transcripts and interviews numerically and by date. Signed consent forms were also stored in random order. All data was handled and stored by the researcher, with electronic files being password protected.

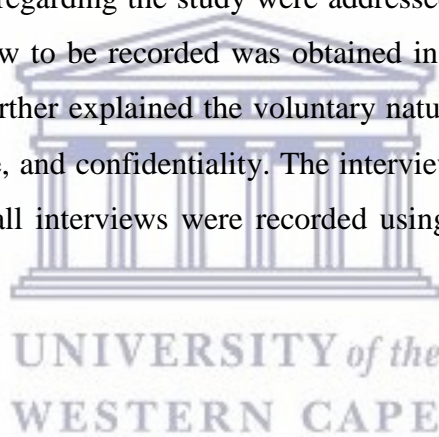
4.5. Procedures

Ethical clearance for this research was sought and obtained from the Humanities and Social Sciences Research Ethics Committee of the University of the Western Cape. Thereafter, the researcher met with directors at relevant NGOs to obtain permission regarding participation in this research. In addition, in order to access participants from closed lesbian Facebook groups, the group administrators were contacted and permission requested regarding research participation. A detailed invitation inviting participants was then posted onto the group's

Facebook page (Appendix E). Participants responded to the invitation to participate in this research via email or text message and all respondents who were eligible were interviewed.

Once participants made contact, the researcher sent a short explanation of the study and any questions or concerns were addressed. Shortly after, an interview was scheduled. Each person participated in a semi-structured interview which was conducted by the researcher. The interviews lasted between fifty and ninety minutes, depending on how much information the participant shared. After each interview, the researcher made notes detailing observations.

Prior to each interview commencing, the study was explained, including the aims, benefits of the research, the voluntary nature of their participation, and possible assistance should they require it. Participants were provided with an Information Sheet (Appendix B) and any questions the participant had regarding the study were addressed. Permission to participate in the study and for the interview to be recorded was obtained in the form of a signed consent form (Appendix C), which further explained the voluntary nature of the study, as well as the right to withdraw at any stage, and confidentiality. The interview was guided by an interview schedule (Appendix A) and all interviews were recorded using a digital voice recorder and transcribed verbatim.



4.6. Data Analysis

Smith *et al.*'s (2009) guidelines for conducting an IPA were used in this research. Data was analysed according to IPA methods and followed several steps. The first stage was to examine the individual cases and transcripts and involved reading and rereading each transcript to detect meaning. From these, themes within the texts were identified. The researcher made notes on the data regarding initial impressions, themes, feelings, and motivations of the participant. Next, important phrases or emotional responses were emphasised, then links or connections between themes were sought and named. After this, similarities and categories of themes and sub-themes that emerged were grouped together, which provided a detailed examination of these themes. Following which, essential features of the phenomenon were identified and described. The actual words of participants were used to demonstrate the essential themes that emerged and to retain the personal experiences of each participant. An

interpretative process followed, showing how each extract contributed to the themes. This enables the reader to assess the appropriateness of the interpretation. In the final stage of analysis, themes were related to one another, to the research question, and to existing literature (Smith, *et al.*, 2009; Creswell, 2013; Groenewald, 2004; Larkin & Thompson, 2012; Larkin *et al.*, 2006; Pietkiewicz & Smith, 2014; Smith & Osborn, 2008).

4.7. Rigor: Trustworthiness in Qualitative Research

Trustworthiness, in qualitative research, refers to the extent that the data collection and analysis is credible and trustworthy and can be achieved through a number of strategies. Guba and Lincoln (1994) developed four criteria for the establishment of trustworthiness in qualitative research: credibility, transferability, dependability, and confirmability.

Credibility, the first criterion, refers to a study measuring what it intended to measure. To ensure credibility, the researcher met with relevant individuals at NGOs and communicated extensively with administrators of local lesbian closed Facebook groups to provide details on the aims of the research and the phenomenon being investigated. In addition, member-checking of transcripts was conducted and no discrepancies were reported (Creswell, 2013; Guba & Lincoln, 1994).

Transferability, the second criterion, deals with the extent to which the findings of a study can be replicated in similar situations. In order to achieve transferability, the researcher made detailed notes of procedures, providing thick descriptions of contexts and participants, as well as utilising reflexivity and noting the researcher's own role in the research processes.

Dependability refers to whether or not a study will produce comparable results if it were repeated utilising the same methods, participants, and context. In order to ensure dependability, the researcher ensured comprehensive detailed documentation of research undertakings, data collection, procedures, and analysis. This allowed for an audit trail to be followed for conducting research in the future (Creswell, 2013; Guba & Lincoln, 1994; Shenton, 2004).

Lastly, **confirmability** of findings communicates that the findings are related to the participants and not the researcher. It is, therefore, comparable to objectivity and concerns research objectivity (Shenton, 2004). In order to ensure confirmability, the researcher ensured that auditing was possible by maintaining archives of all data collected, as well as documentation of collection procedures and analysis, thereby ensuring transparency of the research process. This reinforced that the research findings were the result of the experiences and thoughts of the research participants. The researcher also bore in mind her own background and kept a reflexive diary.

4.8. Reflexivity

Reflexivity concerns how the researcher's own background, experience, potential biases, and influences could have impact on the research process, the interpretation, and the results. Most researchers acknowledge that, with IPA, it is impossible to be completely neutral (Creswell, 2013; Larkin *et al.*, 2006; Pietkiewicz & Smith, 2014; Reiners, 2012). In order to remain aware of her own experiences and background with the certain aspects of the phenomenon, the researcher continuously reflected on the ways in which her actions, values, beliefs, background, experience, and context could have influenced the data collection and analysis. To do this, the researcher kept a detailed journal describing her awareness of her own feelings regarding the topic under investigation. Kingdon (2005) states that it is important for the researcher to have an awareness of this in order for the findings of the research to be credible and trustworthy.

I am a gay, married (to my female partner), white, English speaking, university educated, fifty-year-old South African woman, who has been living in the Western Cape for the past seven years. The connection between myself and all the participants in this research was that we all self-identify as lesbian. In terms of our shared belonging to a sexual minority group, there is some understanding of lesbian culture and dynamics, as well as some shared experiences, although it must be said that lesbian or queer women's communities have different cultures, norms, and dynamics.

During the first interview, the participant started to give me an in-depth description of butch and femme; I did not stop her as I am aware that different communities have different terminology and dialogue. This presented an opportunity for me to learn the terminology of different ages and communities, in fact 3 other participants also shared different discourse with me. As a result I learnt the term 'futch' that was used by the two oldest participants. I did however want to ensure that all participants were aware that I am gay but, given the way in which the participant began her interview, it became clear that perhaps I had not. As a result of this and in the interest of transparency, I ensured that I informed participants again, before commencing the interview that I am also a gay woman, so that there was no confusion about this.

In the interviews, some the participants' experiences of sexual abuse and trauma were revealed and, therefore, I needed to reflect on own my experiences with sexual abuse and trauma, be cognisant of them, and ensure that I kept my feelings and thoughts aside (or bracketed), so as not to influence the participants' stories. If sexual abuse and trauma were precipitating factors to alcohol abuse, I needed to give the participant the space and freedom to explore its impact. Initially, it was hard to hear some of their experiences, not just of sexual abuse, but the trauma that they had suffered and, as such, I debriefed with colleagues, close friends, and my supervisor. I am fortunate to be in therapy and also spoke to my therapist, when necessary. Participants were informed that counselling was available to them if the interviews elicited anything they needed support with.

The only time that I felt uncomfortable and, I must admit, mildly upset or angry during an interview, was when there were religious overtones about discrimination women had suffered in the name of God and religion. I noted my feelings about this and did not let it interfere in their story nor did it change the way I questioned them, as I was immediately aware of my feelings. Furthermore, I reflected on this after each interview. As it was not about me, I could put my feelings aside, but still maintain empathy for the woman sitting in front of me.

The interview experience and process was insightful and humbling. Firstly, the women responded and stepped up to participate in a way that I had not anticipated and I am still receiving messages from women wishing to participate. Secondly, participants opened up in

way I had never imagined they would, allowing me into their worlds, sharing their experiences, and revealing deeply personal, valuable information, for which I am tremendously grateful.

4.9. Ethical Considerations

This study followed the ethical standards laid out by the University of the Western Cape (UWC) and ethical approval was sought and obtained from the Humanities and Social Sciences Research Ethics Committee (HSSREC) (Appendix D).

Participants were informed that participation in the study was completely voluntary and that they had the right to withdraw at any point in the study, without fear of negative consequences. Information sheets (Appendix B) contained clear and concise details regarding confidentiality and anonymity, which was discussed with participants prior to the commencement of interviews and prior to consent forms (Appendix C) being signed.

Participants were informed that suitable assistance would be provided should they experience any adverse effects resulting from participation in the study. Participants were also informed that interviews would be digitally recorded and transcribed verbatim and that information would be managed by the researcher herself and her supervisor. Signed consent to record the interviews was received (Appendix C).

Confidentiality of the participants was ensured and maintained throughout the research process. Participants were informed that interviews and transcripts would not have any names or personal identifiers assigned to them. In write ups and reports, participants are referred to by pseudonyms and no real names are used. All transcripts are being kept on the researcher's computer, which is password protected. For added security, the files have separate passwords. Hard copies are kept in a lock-up cabinet at the researcher's home. Therefore, all measures were taken to ensure that the possibility of a participant being identified is reduced. Confidentiality has, therefore, been maintained throughout the research process.

Chapter 5: Results

This study aimed to explore lesbian-identified women's lived experiences of alcohol abuse and, specifically, their appraisals of the reasons underlying their alcohol abuse and its impact on their lives and relationships. The study focused on the experiences of twenty-five lesbian-identified women who self-acknowledged abusing alcohol.

This chapter is divided into two parts. The first part focuses on participants' appraisals of the reasons underlying their alcohol abuse and the second part explores participant's experiences of the impact of alcohol abuse on their lives and relationships. While themes are discussed separately, one must be mindful that participants revealed multiple themes in their narratives, many of which are interwoven with each other.

5.1. Drinking to Cope: Emotional Distress and Alcohol Use

One central theme emerged from participants' narratives of their experiences with alcohol and their reasons for abusing it, which is: Drinking to Cope: Emotional Distress and Alcohol Use. This theme provided insight into the role that alcohol played in various aspects of participants' lives.

Twenty-three participants appraised their alcohol abuse as a means for them to cope with emotional distress. For several participants, emotional distress was attributed to experiences of rejection and abandonment by significant others due to their sexual orientation. For others, their emotional distress was related to experiences of trauma, growing up in a dysfunctional family or social environment, difficulty accepting their sexual identity, and/or sexual abuse and violence. These sources of emotional distress are elaborated below.

5.1.1. "If my mom can't accept me, how can anyone else accept me": Experiences of rejection.

Participants described experiences of being rejected by family, friends, and the church, and the emotional distress this evoked, which led to them turning to alcohol as a means of coping. In this and subsequent chapters, it must be borne in mind that, when discussing religion, the

discrimination participants experienced from within this social sector was based solely on their sexual minority status as lesbian-identified women.

Hillary (49) reported that she had started consuming alcohol to cope with the sense of betrayal and feelings of loss associated with being rejected by her friends and family after she was “outed” (i.e. when a person’s sexuality is revealed by a third party, without the person’s permission) by her business partner:

“Alcohol was a means of coping with the world that I couldn’t cope with because I hadn’t the tools to cope ... I was outed by my business partner before I had a chance to really figure out how I wanted to go forward... I lost friends, family, I nearly lost my business, I lost my faith ... I was disowned by people that couldn’t cope with it ... how can one part of me define everything about me and nullify everything I’ve done, stood for, been to people...”

Gemma (26) was ostracised by her family for being a lesbian identified woman and described her alcohol abuse as a way of coping with the emotional pain associated with this experience:

“My family, they not okay about me being a lesbian, so they always tell me that it’s a sin which I don’t see. Like now, I’m not talking to my sister, because she asked me if I’m a lesbian, so I told her yes. I had to hide for like many years so I came out and told her. Then she was very upset. Then she told me that you are not my sister anymore. It hurt me so much I started to drink because it took away the hurt they caused me.”

Louise (29) reported similar feelings of being rejected by her family:

“I came out at the age of 12 to my mom and [she] burst out in tears. I was so ashamed ... it didn’t matter to me about other people, but when my mom did what she did I realised that if my mom can’t accept me, how can anyone else accept me? I became very depressed. I felt like what’s the point of life, I felt abandoned by my family, by my God, I just couldn’t understand why I was in this world ... if I felt so disconnected from myself. I drank for utter oblivion. I had such a void in me. I was just darkness and when I drank that darkness disappeared.”

Delia (29) was raised in a foster home and has a fairly good relationship with her foster parents. Her biological mother has remained in her life, drifting in and out of it, and she stayed with her for periods of time as a teenager. However, the relationship has remained strained. When she told her mother she was lesbian, her mother betrayed her trust and reported her to the church, before cutting her out of her life:

“I got to a point where I sat with my mum and I said to her [mother] this is who I am [a lesbian], and she told me straight if you want to be this way you going to lose your relationship with me. My mother doesn’t talk to me, we haven’t spoken in four years just because of my sexuality. I

consumed that alcohol because I needed to fit in somewhere, I lost my support so I looked for somewhere and something else to give me that self-satisfaction or to keep me from facing the reality that I'm a lesbian woman so I consumed alcohol to avoid who I am."

Similarly, Fawzia (46) was abandoned by her mother, because of her sexual orientation. Her parents gave her to her grandparents to raise and her mother has never accepted her sexual orientation. Fawzia states she never will:

"Till today my mother cannot accept it, she cannot accept. She still have this thing that I will get a man and get married. I sleep with women and they tried to rectify it when I was younger. And my family started pushing me away, that is my mother and her sisters, and they don't speak about it. So they, those years it was totally a scandal if your child is gay. She [mother] signed me off to my grandparents, that was wrong. Then I realised the way I was treated as a child is because I am gay and still till today my mother doesn't think me equally to my siblings."

For the following two participants', religion played a major role in their rejection by their families. Tuzana is a twenty-one-year-old woman who comes from a Xhosa family that has a high social standing in their community. Her father is also the school principal and the community's local preacher. When her family found out about her sexual orientation, they gave her an ultimatum: "give up your girlfriend [and your sexual orientation] or you are no longer our child". After attempting suicide at age thirteen, whilst she was still in hospital recovering, her parents arrived with a suitcase containing her belongings and informed her that she had made her choice and was now on her own:

"You are not going to engage with such demonic things so it was that type of talk from my father. "That's not going happen here if it happens you are not my child", so it got really bad. I was thirteen and there was really nowhere I could go ... it was bad because I had to change my surname and, you know, with black people and Xhosa people we have a clan name ... so they were like we disown you. I started drinking when I was fourteen, because that was the time after everything has just come out. I tried to commit suicide and everyone knew. It was a way of me blocking everyone out because I knew from that day on my life changed. It was also a way of keeping me strong because, when I wasn't drinking, I had to think of how am I going deal with all of these things. But, when I am drunk, you know what, I don't care."

Carol (37) was raised in the Dutch Reform Church by very religious parents and she left the church, because it conflicted with her sexuality. Carol was nervous about coming out to her parents, because of their religious beliefs, and she feared rejection by them because of this. When she did come out, she lost her parents and her family. She has sought other ways to nurture her spiritual side, where there is no condemnation based on sexual orientation or gender:

“Losing my parents, my parents are very religious, staunch Christian people, NG Regemeerde Kerk you know, and so for them this, this is devil worship. I’m going to hell. And uhm it was difficult to, you know it was difficult to always trying to please them and make them proud of me and that just fell flat on its face the moment I came out, you know, without any way of ever getting it back again. It [alcohol] was an escape, and I think alcohol was a nice excuse, not to have to deal with all the issues that I had in my head.”

Jenna (23) faced discrimination from within her family and, particularly, from her parents. Her parents are extremely religious and she felt that they do not understand her sexual orientation. She also faced discrimination from her parents’ friends and other family members who questioned her lack of a boyfriend. She has kept her sexual orientation hidden as she fears being abandoned and kicked out the house, since she still lives at home. Therefore, she is only out to a few close friends, but not to her family. This was a trigger for her excessive alcohol consumption:

“My family doesn’t know so ... it’s not out there [her sexual orientation] just because of my family’s religious point of view, it’s very strong. I tried to tell them but it was not something they wanted to hear at all so I just stopped that conversation. So they not accepting and I haven’t tried again to tell them, I still live at home and they will throw me out, so I keep it [her sexual orientation] under wraps. Uhm I was 16 when I started to drink, I mean it wasn’t something [being lesbian identified] that I said to them [parents] at the time, but it was something that I knew they [parents/family] wouldn’t understand. And drinking helped me deal with the pressure and confusion and guilt I was feeling. And it helped me forget about my secret.”

Kerry (57) was born into a Jewish family and reported that her mother was an abusive alcoholic. Her mother, brother, and the rest of her family rejected her because of her sexual orientation, which they said was going against God and their beliefs. Her later conversion to Christianity further alienated them:

“My mother was a mean drunk, she would get physically violent with my dad and be verbally abusive to all of us. But my family did not accept it [her sexual orientation]. And I got rejected by my family because of it. My mother told me I’m entering a dark gray world and I am going against God and the teachings of the Torah. I had a very domineering mother, so there was just total non-acceptance. And I loved the feeling alcohol gave me and so I just drank, and carried on drinking. It helped me forget and I could party because I was numb. Later, when I converted to Christianity, while in AA [Alcoholics Anonymous], they stopped talking to me.”

5.1.2. “People are very against it in my community”: Rejection by participants’ communities.

All participants had some experience of heteronormativity, homophobia, or discrimination, because of their sexual orientation within the communities in which they live. During these events, they were explicitly informed that what they were expressing was wrong (i.e. an

attraction to another girl) and that this is not how society works, or they were pressured to conform to heterosexual norms through fear of their sexual orientation being discovered. This occurred when they were either young children or when they were in their developing years and led to them hiding their sexual identity by doing what was perceived as the 'norm', such as dating boys and remaining or going back into the closet. Patricia's narrative captures what many participants expressed and experienced and, as with many participants' accounts, there is an intersection of themes.

Patricia (40) tried for years to hide her sexuality, out of fear, since it is not accepted in her community. Her parents were also very religious, which added to her trying to hide her sexual orientation from them:

"People are very against it [being gay] in my community. I felt scared for anyone to know. I would try to hide it ... like you have to become this person they want. So, I had like few boyfriends because they [friends] were ... uuhmm you need to date, you need to date, we all dating uuhmm so I would date guys just to let them think I like boys. And there was like a lot of pressure and it was hard for me to hide and pretend. So, I drank more, then I didn't have to face it and I didn't have to think about how I felt. I could just block away these feelings with alcohol."

5.1.3. "I tried to fit in with my mom's idea of what a female should be": Being lesbian-identified in a patriarchal/heteronormative society.

As young children, some participants recalled expressing an interest in the same sex or stating that they were going to marry a girl in their class. This led to, usually, their parent informing them that this was wrong and not how things work; girls do not go with girls, boys and girls go together. The message was clear for participants: being lesbian-identified is not 'normal' or 'acceptable'.

Penny (30), coming home from kindergarten one day, told her mother she was going to marry a girl in her class. Her mother explained that she couldn't and that she shouldn't go around telling people that she wanted to marry a girl and that girls do not marry girls, they marry boys:

"I got home from school uuhmm well it was pre-school uuhmm me and my mommy, I started telling all about this girl that's in my school that's she's so pretty and that someday we are going to have a marriage and everything. And my mother had to explain to me why I can't marry her. When she told me you can't tell people you're going to marry her she's female ... you're female you must look at boys. I knew I had to keep it quiet."

Louise (29) first came out to her mom when she was around eleven- or twelve-years- old and her mother reacted by bursting into tears. So, she tried to fit into the way her mother (and society) believed a woman should be, out of fear of rejection and abandonment. She internalised that being lesbian was not normal and it took her many years to accept herself. Today, she is a recovering “alcoholic” (Louise’s own word) following the AA programme:

“I had all these feelings stuck and I couldn't fit in at all because uh my mom. I didn't know what to expect so I accepted that being gay is not normal and I tried to, I tried to fit in with my mom's idea of what a female should be, going out with guys just to keep my mom thinking that I was straight. I realised that if my mom can't accept me, how can anyone else except me?”

5.1.4. “When I needed the church the most, they turned on me”: Rejection from religious communities.

Twenty participants reported experiencing rejection from their religious community, which evoked considerable distress. Certain participants chose to confront their religious leaders regarding their experiences, while others opted to leave their church and find alternative religious spaces.

In the narrative below, Debbie (36) speaks about her experiences of rejection with her church and how it influenced her alcohol use.

“Uhm, but coming to terms with my sexuality and who I am, I think it was a very depressing time in my life, because there were people that were not accepting of it [her sexual orientation] uhm the church that I love ... so all my life I've been in the church. And when I needed the church the most, they turned on me. So, I had no time for these people. I had, basically, given my life to this church, I had no time for this church and these people, and I turned my back just like that. So, I used alcohol, it used to be my best friend, my go to person if I had an issue to deal with. Alcohol made me feel like the best person in the world, I could conquer everything and anything when I was intoxicated.”

Delia (30) reported being a youth leader and an active member of her church for many years. After she was “spitefully” outed by her mother to their priest, she was removed from her position and, finally, asked to leave the church. This came at a time when she needed support:

“I identify myself as butch. I grew up with a very staunch Catholic family staunch to the point where, if something is wrong, you burn in the fires of Hell, something is wrong, God is going to punish you, so I got use to that Dogma in a way. I've always been involved in the church with my foster parents, with my mum, depending on where I was staying, I always active in church. First thing I thought was what's my church gonna say [about her sexual orientation] but I never thought that it would have come out. What happened with me, I never came out to the church or society and

said I'm lesbian, my mother brought it out and she took it to the church first, she outed me out of spite. So, when she took it to the church I never had time to sit and explain. They did ask me to step down it and was hard for me because I enjoyed what I was doing. It was difficult because I had built relationships with the youth, with the priest, and member of the church. I ended up having to leave that church all together because they asked me to go. And it really hurt me. But I was also angry at my mother and at the priest and the church. I had given so much. Me being a lesbian woman didn't change any of the good things I did there. And I needed their support and they were not there for me. Alcohol was there for me, it helped me not to feel and it took away my pain."

Nosisa (24) was rejected by her church because of her sexual orientation and her refusal to conform to the churches dress code for women:

"Growing up we attended a church the whole family is under that church so ... when I was very young I didn't have a problem in wearing a skirt there, but as I got older you know it ... became very uncomfortable for me to wear skirt. And church and my faith in God has always been important to me. So, one day I actually went there wearing a pants and I was told not to enter the premises, I had to put something else on. I requested a meeting with the pastor, and I said I should tell you something. After I told him [that she is a lesbian identified woman], he was like "you have to find another place, we not going to tolerate that [her sexual identity] here". Yoh it hurt me a lot because I'm one that feels and believes a lot in God and I had given a lot to that church. When I was chased out of the church it tampered with my faith a lot it ... it ... it ja was a setback for quite some time. I had lots of issues around trying to now choose because it was now like trying to choose between God and who I believe .. who I am. I needed the support, I had lost my father, I had started drinking. I was at a point where I was so hurt and I didn't want to feel pain anymore, it was something I didn't want to feel I didn't want care."

5.1.4.1. "This is devil worship. I am going to hell": Reconciling religion and sexuality.

Some participants' (13) experiences with religion were linked to their struggle to reconcile their own religious beliefs with their sexuality.

Tracy (28) was raised in an Afrikaans home with strict Christian values. She still has strong religious feelings, but is conflicted, which was evident in her narrative. She was angry that religion is "homophobic", but she still feels a strong pull towards Christianity. She has not been able, as yet, to reconcile her feelings and, for now, is trying to turn her back on it:

"I was very religious. I thought, oh well, now I am going to hell like I had these feelings for women and I had this religious stuff in my head that I am a sinner. I was very angry at religions views on gay people. So, I started to drink when I was 18. When I drink I didn't have to think about any of it. It just numbed me and took away the confusion and I didn't have to think. I was drinking a lot..."

Hillary (49) lives with her wife and was raised in a strict Catholic home. She had a tough time accepting her lesbian sexuality and maintaining her faith:

“I was a very hardcore Christian girl when I met [her wife] and it sent me uuhmm ... into a terrible spiral of depression and it made me question everything about my life. Because of my faith and I had my spiritual mother pray over me to get the demons out of me, which didn’t work uuhmm ... I’m still devil I guess. That hollow was because of that and the search for meaning for me has also been a huge cause of the hollow in my faith and that’s why, when everything went down, I walked away from the church. I lost my faith. It was very ... very hard for me to find my place uuhmm in a world that I had thought has such a solid foundation and was quite secure for me to suddenly no longer have it was frightening ... ja. And alcohol was a means of coping with things if didn’t have the tools to cope with.”

5.1.5. “How could people be so cruel”: Exposure to trauma.

For nine participants, their emotional distress was related to exposure to either violence, for example, the murder of a parent (Nosisa’s narrative below), or victimisation as a consequence of sexual orientation. This included indirect experiences of homophobic violence and participants appraised their alcohol abuse as a means of “escaping the pain” associated with violence and the victimisation of friends. This is evident in Thandi’s (27) narrative below. Her close friend was exposed to corrective rape and Thandi reported that she could not make sense of the experience:

“I started drinking because I wanted to escape from the pain I was feeling ... a friend of mine, they beat her up they rape[d] her and they told her why they were doing it, they were correcting something that was wrong within her as if they were showing her that she’s a girl. I did not understand why certain people could be so cruel? These are the people she grew up with, how can they correct this ... I wanted to take the pain away, I didn’t want to be in this dreadful place and, since then, alcohol has been an escape, to run away from the pain is the motivation.”

Nosisa, (24) was extremely close to her father, a taxi driver. He was her emotional support system, her protector, educator, and they shared an extremely close bond. It was his murder and the trauma associated with it that triggered her alcohol abuse. She experienced loss and, although not linked directly to her sexual orientation, it was her father who accepted her unconditionally and protected her in the community:

“So, having to just wake up the next day having to be told that he’s [father] shot somewhere and he’s gone without any explanation ... So, that was when I bought a drink and just went with it. I didn’t think ... But I was at a point where pain was something I didn’t want to feel, I didn’t wanna care. And drinking just took away that pain it stopped me feeling.”

5.1.5.1. “My brother raped me from the age of 6”: Coping with Childhood Sexual Abuse.

Five participants reported childhood sexual abuse, which had a significant psychological impact on them and was a triggering factor in their abuse of alcohol.

Fawzia (46) was exposed to repeated episodes of rape; by her brother from the age of six until she was twelve and, at seventeen, she was gang raped, resulting in her giving birth to a son. As a result of this sexual trauma, Fawzia has attempted suicide three times, with her last attempt being sixteen years ago. The rapes were a trigger for her alcohol abuse and helped numb the pain:

“I was raped, gang raped and, before that, my brother raped me from the age of six years until I was twelve. I think that was too much for me then and I started drinking. I started drinking very heavily. I felt like I had comfort. Alcohol was a comfort for me, because I could sleep without thinking of anyone. It helped me to forget ... I didn't have to think about anything. Uh, every day, every day I was drunk. Every single day of my life I was drunk...”

Patricia (40) was twelve when she was battling with her sexual identity and trying to keep this hidden. It was around this time in her life that she was raped by her sixteen-year-old cousin, which led to the start of her abusing alcohol:

“At 12 I also got raped by my cousin, he was sixteen-years-old, that was at the beginning of the year uuhmm then ... I started drinking a lot, like I started drinking. Also, because of the rape, uuhmm ... the rape added to it a lot. And the alcohol just made me feel ... that I could just forget about a lot of stuff.”

Hillary (49) was sexually abused from the age of six to ten-years-old. Her mother and the psychologist she was seeing both told her not to tell anyone about it. It was not mentioned again until she was sixteen, when it resulted in an explosive event, and was also the catalyst for her first drunken episode:

“And then I was sexually abused from the age of six to the age of ten-years-old. I can remember getting drunk, smashed drunk, when I was sixteen. I was numbing out the fact that I was abused as a child, as a little girl, and I couldn't at the time, I could never figure out what that hollow was. That searching for something to make me whole. Alcohol was a means of coping with the world that I couldn't cope with because I hadn't the tools to cope with it on any level. It just softened it you know and of course you feel even more depressed and then you have another drink ...laughs...”

5.1.6. “Our family is full of alcoholics, you know”: Dysfunctional family environments.

Fourteen participants had experiences with parental alcohol abuse that, sometimes, led to violence in the home, traumatic experiences, and/or divorce. This was either a contributing factor in their alcohol abuse or a trigger for it.

Amy (42) was raised in a dysfunctional home environment characterised by domestic violence. She grew up in a small conservative Afrikaans town in the Western Cape and two of the four children in her family are gay. Trauma and violence were prevalent in her childhood and was a contributing factor in her alcoholism:

“Our family is full of alcoholics, you know. When I was a kid, there was a lot of shit going down in my family. There was violence and unpleasant stuff happening. I think that also probably contributed to me drinking. I wanted to forget what was going on and be happy, you know? ... and I like the feeling on not, being here but also being somewhere else you know...”

Kate (34) described her dysfunctional family environment and traumatic experiences from childhood relating to her father’s alcoholism and violence at home. This led to her mother leaving her father and the family relocating to the Cape when she was still young:

“My dad was an alcoholic. I have very early memories of, you know, like he would get home and my mom and dad would get into fights and, you know, he would get really angry and get emotionally violent and, sometimes, physically violent.”

Taylor (50) mentioned a number of childhood issues at different points in her interview. When she was guarded, she spoke in the third person, as is evident in parts of her narrative below. Most of her issues related to her “alcoholic dad”:

“I think there are reasons why people and individuals drink or use any substance, I think it’s a matter of you can’t deal with things or you don’t know how to deal with. It could be from your childhood past or psychological issues, or your dad, my dad was an alcoholic ... I actually thanked him for, for being that alcoholic, because I never want to be like the way he reacted when he was drinking. And I’m aware of what and uhm a person that drinks their behaviour is like. And it is still sitting with me how he behaved then when he was drinking and how he was towards my mother. And me being a lesbian woman uhm treating a woman the way he treated her and us when he was drunk is a horror I think for any girl. And I think a lot of women couldn’t or is still can’t deal with that. Sometimes I hated that I also drank. And I did it so that I didn’t have to think of those issues. It made my head go quiet.”

5.1.7. “I didn’t want to see that part of myself”: Difficulty accepting their sexual identity.

The majority (23) of participants reported feelings of shame and guilt related to their sexual orientation and described this as a trigger for their alcohol abuse. These experiences are captured in Louise’s (29) narrative below:

“At first I felt like I should be ashamed of who I was because I was abnormal, so there was a lot of shame around who I was and who I felt inside, so I became very depressed. I would sometimes cut myself ... and just be like pull it through and it all will end, and then I won’t ever have to

embarrass my mom and my family. Whoever I am, it's not part of this world and I shouldn't be here, abomination, so ja I felt rejected from the world. Uhm, because I am gay, people will not accept me uhm. Maybe not for a long time like for that couple of drinks helped and when that void started again I would keep on drinking just so that I wouldn't have to feel. It became a necessity to drink not just not to feel and then the feelings would come back quicker ... it was straight back to the paranoia the uncomfortable feelings, the self-loathing, it was horrible actually, it was horrible."

Similarly, Kate (34) articulates her inner struggles with accepting herself in her narrative:

"I didn't want to see that as part of myself [being lesbian identified], I didn't, I had this internalised idea that it was less than, something to be resisted and that should be seen as disgusting... It was about my own internal fear of having to acknowledge who I actually am and what I actually feel and to uhm actually acknowledge my own repressions. It [alcohol] has this seductive quality of having you forget about things, forget about problems, which becomes a seductive thing because it's alright. Alcohol provides this, you know, this amazing wine that lets you forget about that..."

Jenna (23) had feelings of attraction to women, but tried to block them. She was stressed by this, worried that someone would find out, so she dated boys to keep up the pretence of being heterosexual. This in turn led to pressure and she used alcohol to deal with these issues:

"Dealing with these confusing feelings, so it was a combination of factors that led to that [drinking], and it made me feel more alive. I would say, uh I know I used the word confused before but at the same time stressed worried, sad, upset ... I think it was mostly just feeling lots of pressure trying to resolve this conflict. And dating this guy but I see this woman who's attractive, and I'm just so confused. Uhm yah so that's more like, like inner conflict and pressure."

Patricia (40) had difficulty accepting her sexual identity when, at age twelve, she realised she was attracted to her girlfriends. This left her feeling confused and afraid. In an attempt to fit in with her friends and conceal her sexual orientation, she dated boys:

"I think the first time I realized I was gay ... you know I was actually twelve years old. I didn't tell anybody. I was just realising it for myself at this point of time and I didn't tell anybody, I just uuhmm I just dealt with it in my own with on my own, I actually didn't deal with it, I just, like I tried to read books but not like make anybody. I was realizing that I was a lot attracted to my friends, like my girlfriends but ... and then I would sometimes stay away from them because I don't want them to know I was afraid ... they would pick up that I might like them uuhmm and like I was actually very scared for anybody to find out because people were actually very against it in my community. I would try to hide it, find ways to hide who I was. I think that like of find sometimes especially when you scared of something you find ways of like almost like defending or protecting. That part almost like you have to ... like become this person that they want. To be even though you know that's not who you are, you just ... ja fall into that role ... I just never told my family because I was afraid of how my mother would react ... So I had like few boyfriends and also to ... my friends that is um ... because there were ... uuhmm you need to date, you need to date, we all dating uuhmm so I would date guys just to ... ja ... Like because like I came out to my mom when ... when I was actually really drunk and very high (word not audible) uuhmm ... like I just argued with them and said this is who I am and if you have a problem with it then that's your problem, but ... I ... this is who I am."

Denise (29), a high school teacher, is now completely out at school. She has come to terms with her sexuality and was eventually comfortable enough to disclose to colleagues and then students:

“I actually felt ashamed and guilty about my attraction to a girl in my class. I wrote diaries at the time, and it’s how I processed things. I still go back in my diaries and I see the conflict of no this can’t be which is also why my first few relationships were with men. Because I just completely I knew it was there but I was just, how about we don’t pay attention to that. And so to block out those thoughts and feelings I turned to alcohol ... it was very good at helping me forget those feelings and things I didn’t want to feel or acknowledge. I wasn’t ready to yet. And alcohol is great for that...”

5.1.8. “I had a problem finding my tribe”: Not having a community to belong to.

Prior to self-acceptance, many participants (21) felt isolated, scared, alone, and like they did not belong, which was a contributing factor in their abuse of alcohol. In their narratives, participants expressed feeling like they were “the only one” and all expressed a deep sense of wanting to find a place where they could be themselves and where they belonged. Many discovered gay bars, where they could be themselves and meet other lesbian-identified women.

Hilary (49) recounted how she felt that she did not belong and, it was when she began dating X (now her wife), that she found her “tribe”. She states that, before her wife came along, she had trouble finding where she belonged and that she had always had a “hollow” inside her. When she accepted herself, she found ‘her people’ and her place in the world:

“I came here and know nothing, I didn’t know the clubs, the people and then [wife’s name] walked into my life and, the first date, I said take me to your people. What I realised was that my gaydar is kinda stuck in the 80s. I can tell a butch ... butch, a gay woman like that ... snaps her fingers ... and nothing much else and uuhmm ... so I had a problem finding my tribe ... And I have found that there is a great need for connection. So, when I found where I belonged, I realised how I had drunk to help fill the emptiness and my need for connection. I felt so alone and alcohol helped numb that...”

Louise (29) felt like an outsider and she drank to fill the void and says that she needed to find a “community to belong to”:

“As soon as the school ended I cut my hair short, started going to gay clubs, started getting to like find the community to belong to, because I felt like a complete outsider. Like I didn’t belong anywhere. Before that drinking was utter oblivion, being completely out of my head because, wherever my head was, it was a crazy place. And I had such a void in me and I was just darkness

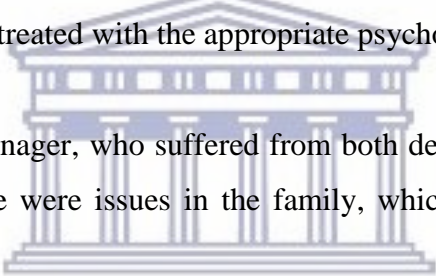
and when I drank that darkness disappeared, maybe not for long time, like for that couple of drinks, when that void started again, I would keep on drinking just so that I wouldn't have to feel.”

5.1.9. Mental health disorders.

Twenty-four participants reported that they experienced mental health conditions, including anxiety and depression. Some experienced these as a result of difficulties in coming to terms with their sexual orientation and they used alcohol as a means of coping with this. However, not all participants experiencing mental health disorders did so as a result of difficulties in accepting their sexual orientation.

In this section, the severity of the psychological distress was more acute for these individuals, as is evident in their narratives. They required medical intervention by psychiatrists and medical experts for suicide attempts. Six participants reported attempting suicide, one of which was diagnosed with anorexia nervosa. Eleven participants were diagnosed with depression and/or anxiety and treated with the appropriate psychotropic drugs.

Amy (42) was an anorexic teenager, who suffered from both depression and anxiety and was on medication for both. There were issues in the family, which included violence, and she drank excessively to cope:



“I was anorexic when I was in high school and I had depression and stuff. I think when I was at university I was on anti-depressants and sleeping pills and anti-anxiety medication and stuff. I did mix my prescription medication with alcohol, I didn't care. One afternoon I took too many pills and alcohol, and my friends phoned my parents and told them that I overdosed on pills and drank a bunch of alcohol ... It was touch and go...”

Lee (33) reported that she has suffered from anxiety since she was a teenager. She grew up in a very small Afrikaans town in the Western Cape that was rife with all types of prejudice, ranging from racism to sexism and homophobia. Alcohol calmed her anxiety, so she drank and carried on drinking:

“Anxiety, panic attacks ... it [alcohol] made it better ... It made my anxiety better ... laughs ... that's it, why I drank, I had so much anxiety. Shit, I just have anxiety. Whiskey calmed me...”

Tuzana (21), who attempted suicide at thirteen, phrased it in this manner:

“It [alcohol] takes away a lot of stress ... there are things I don’t want to deal with.”

Helen (46) is married to her partner and runs her own business and started having symptoms of depression when she was fourteen-years-old. It was also around that time that she started to drink. She also suffered from anxiety and was diagnosed by a psychiatrist and put on the appropriate medication:

“I broke down, and I said I think I’m gay and I don’t want be. I think was a big part of my depression and anxiety, ja uhm I don’t know why it was so hard to come to terms with. When I was fourteen, my depression started, that’s also when I started drinking ... it was too much.”

5.1.10. “I am a butch woman. Because of it, I am judged and some people they treat me badly”: Coping with gender non-conformity.

Participants described how their physical appearance, dress, and gender expression influenced discrimination and judgement towards them and the role it played in their abuse of alcohol. The majority (23) of participants discussed their non-conforming physical appearance, dress, and behaviour, and how their increased visibility made them targets for discrimination.

Thandi (27) self-identifies as butch and lives in a township in the Western Cape. She has faced discrimination and homophobia within her family, who now accept her, and also within her community, because of her masculine appearance:

“What I noticed about myself was that I preferred boy’s clothes than girl’s clothes ... we no longer discussed the clothes anymore, they knew if we going for shopping then I am going into the male clothing shop. I ... I am a butch woman ... I could not hide who and what I am. I don’t want too. Because of it, I am judged and some people they treat me badly. I would go to the tavern, I could hide there and I would drink.”

Nosisa (24) self-identifies as butch and is often mistaken for a man, especially if she is wearing a jacket. Below, she describes an incident in a women’s bathroom, where she was mistaken for a man, because of how she dresses and carries herself:

“There was a lady once at work that screamed in the bathroom and said “this is not the men’s toilet you should use the one ... next door” and I was like ... laughs ... I’m not a man. And she was calling people actually to get me out, so I just went in because I really needed to use the bathroom. So, when I came out, I decided let me take the jacket off [so she could see I am a woman], and she was like “I am so sorry ahh”. People making mistakes because it ... I ... would also be confused if someone like me would approach me, I wouldn’t know if you’re a man or a woman. So, I tend to look at myself in the mirror now and say ok you know that’s where the confusion comes. That

happened some years ago and I was so upset that I left work and I went and got drunk. Those things bothered me a lot and drinking helped me to not think about it. But now it doesn't bother me so much."

Amy (42) is married to her partner and presents as feminine in both manner and dress:

"Uh I think I'm very girly. But, recently, I've got this massive undercut and side shave and whatever, so now my wife tells me I look like a dyke [laughs]. Well that's her idea, that's her view anyways. So, I identify 100% femme because I feel like a girl, I wear pink, I wear make-up, I wear tiaras you know that kinda thing [laughs]. People say I am too girly to be gay. Like what the fuck? I can be feminine and be gay! Makes me so angry that sometimes, especially if we were out somewhere I would drink to block them out ... How dare people tell me how I should act or be? Being pissed off and irritated with people was also a big motivation for my drinking."

5.2. Impact of Alcohol Abuse on Participants' Lives and Relationships

The second part of this chapter deals with participants' appraisals of how alcohol abuse impacted on their lives and relationships. The two themes that emerged from participants' narratives are: 1) the impact of alcohol abuse on close relationships and, 2) its impact on their ability to retain employment. All participants reported that they experienced the negative consequences of their alcohol abuse, including damage to familial relationships and the loss of friendships and jobs, which inevitably impacted on their quality of life.

Once participants became aware of the destructive impact of alcohol in their lives and relationships, the majority of participants (21) underwent a transformative process of recovery.

5.2.1. "I have ruined really good friendships": Impact on relationships.

Most participants (23) reported that their relationships were affected by excessive alcohol consumption. Family relationships were often damaged when participants, who were intoxicated and often angry, disclosed their sexual orientation. Some destroyed romantic relationships and others lost friends, as a result of their drinking and behaviour whilst drunk.

5.2.1.1. "It's [her excessive drinking] ruined really good friendships": Friends. The majority (23) of participants reported that drinking had a significant impact on their relationships with friends. Several stated they said or did things while intoxicated that included: sending drunken

texts or making drunken calls, being rude, exhibiting aggressive behaviour, and/or instigating drunken activities. These kinds of behaviours caused problems in their relationships with friends and, in some instances, resulted in the loss of friendships.

Sam (43), who reported that she still uses alcohol, described her behaviour while inebriated and its impact on her relationship with close friends:

“I have ruined really good friendships. Recently, I ruined the relationship with my best friend and her partner. She and I went out and she got a bit drunk, I was totally smashed. [Pauses] And I made sexual advances ... Well, actually, I kept trying to force myself on her sexually. I am told I am very strong and she said she had to slap me to make me stop. I am very ashamed of that. It’s destroyed her trust in me and our friendships will never be the same. So, ja, I think it [alcohol] has bugged up things.”

5.2.1.2. “You know what, you’re behaving very badly”: *Others’ perceptions of participants when they were drinking.* The perception other people, whilst they were drinking or intoxicated, was mentioned by fifteen participants and, therefore, merits examining.

Several (15) participants reported being told that they, while drinking, were rude, aggressive, “not nice”, “assholes”, and that they said and did things that were out of character. They offended and hurt people they cared about when they were inebriated, placing strain on friendships. Participants reported that their friends did not like how they behaved, acted, or treated them, when they were intoxicated. This often resulted in apologies, fights and, occasionally, the end of the friendship.

Kate (34) states that she behaved out of character when she drank and offended friends who confronted her about it afterwards. She often had no recollection of what she had said or done whilst intoxicated:

“I ended up doing stuff that I really regretted afterwards, behaving irresponsibly where I would be doing things I wouldn’t normally do. You know, annoying other people, you know, just being an asshole, where my friends would sometimes come at me afterwards and talk about it and say, that was rude and out of character for you and it’s like, I think, the first time where that actually happened, was where someone actually came up to me and said, “you know what, you’re behaving very badly and acting out of character”. After a few friends said this to me on a number of occasions I thought perhaps I need to look at this...”

Penny (30) described how friends informed her of her aggressive and bad behaviour when she was drinking excessively. This resulted in the loss of romantic relationships and some friendships:

“Uuhmm they would just like you never have time to do something fun, but you always have time for a bottle. And then, ja, some will say you were so aggressive. Ja, sometimes I’d hear “you were a very rude person last night” and then I’d feel so bad because that’s not who I am. I would say I am so sorry, but I don’t know why I was rude to you. My ex would say, but you got home and I asked you politely to just please be softer, because I was so noisy ... to be quieter because I am trying to sleep. And then you just bombed at me and you just yelled at me. You would tell me to shut the fuck up and then I am like, oh shit, I am so sorry ... laughs ... I really didn’t mean it, then it’s too late, it’s been said...”

Thandi (27) states that, when drinking, she tends to be brutally honest since alcohol removes her filter and, as a result of this, she has lost friends:

“It [alcohol] has ruined some friendships for me. I’m this outspoken person. And when I’m drinking or when I’m drunk I literally cannot hold myself. I tell you how I feel or how you look to me. So, I have lost people who truly can’t take truths so aaahh it ... it [alcohol] brings out who you are. And it can either break you or make you at times, you would say things to certain people that they needed to hear and you can say things to certain people that would rather not have heard them.”

5.2.1.3. “My friend said that I used to be so much fun when I used to drink”: Relationships that collude with alcohol abuse. Some (9) participants described how friends reported they were “much more fun” or easier to get along with when they drank. Friends put pressure on them to continue or resume drinking, which reveals relationships that encourage alcohol abuse. This was only prevalent amongst participants’ friends, who were still drinking heavily. The narratives of Helen and Kerry below highlight this, although neither gave in to the pressure to drink again.

Helen (49) stated that some friends told her she was more fun when she drank and reported the following conversation with one of them:

“My one friend kept going on and on for me to have a glass of champagne. And I was like I don’t want one and she knew I didn’t drink anymore. Eventually I said I don’t see the point in having one glass, you know. And she said to my other friend that I used to be so much fun when I used to drink. I was like well thanks a lot, I actually, I still think I’m quite fun. Really, was I more fun when I was drunk ‘cause that’s ridiculous, but maybe I was? I was probably more loud and obnoxious [laughs].”

Kerry (57) also reported that friends maintained she was more fun and not so serious when she was drinking:

“When I drank, I was very happy and a lot of fun and not so serious and it was actually better when I had a few drinks. People actually commented a lot when I stopped drinking. A couple of really good friends told me they miss that happy fun person. They said can’t you have a few drinks because it loosens you up. They said I am too serious now. But I would never go back there [to drinking].”

5.2.2.4. “I drank myself out of a relationship”: *Romantic relationships.* Several participants (20) reported that their alcohol abuse had a significant impact on their romantic relationships.

Lee (33) recounts how her excessive drinking caused the break-up of her seven-year relationship. She describes how she was always drunk and that alcohol made her aggressive, which in turn made the friends of her ex-girlfriend angry with her. Now that Lee has stopped drinking, she gets on much better with her ex-girlfriend and they are now close friends:

“I currently live with my best friend. We were in a relationship for seven years. We broke up last year because of my drinking. I drank myself out of the relationship. We were constantly fighting because I was always drunk. But, we still live together and we are now getting along much better since I’ve stopped drinking. I mean, I get some people get aggressive when they drink ... like me, I get aggressive. With [ex-girlfriends name] I would get aggressive ... so, when I drank, her friends would get automatically mad at me ... they chose her side.”

Arlene (27) describes how her drinking resulted in the break-up of her engagement. She tried to cut down on her alcohol consumption when she and her fiancée lived together, but her fiancée irritated her, so she drank more to deal with it. Arlene states the relationship did not end well:

“I was engaged, I moved up to Knysna to be with her and we lived together. And she thought I drank too much. That really pissed me off and we would get into fights because of alcohol. When I was drunk I would say stuff to her, mean stuff.”

Tracy (28) described how her behaviour changed when she drank, from being shy and introverted to a very aggressive person, leading to physical fights with her ex and current girlfriend. She would not remember in the morning what had happened and often had blackouts:

“Uuuuhm I am very shy and ... and introverted, so if I am at a party then it ... it helps as social lubricant. Sometimes I would ... I would get sad but most of the time I get aggressive [My girlfriend] said I need to do something about my drinking, I was out of control and it was affecting our relationship. [My girlfriend] said the person I became when I drank was no longer someone she wanted to spend time with.”

5.2.2. “I smelled of alcohol at work”: Impact at work.

Several participants (18) reported that alcohol impacted on their capacity to engage with their work-related responsibilities. In several cases, this led to confrontations with colleagues and retrenchment, as evident in Penny’s (30) narrative:

“And it just got to point where I smelled of alcohol at work so, at the office, people would just say you can’t come in like that. Please use breath mints or whatever. I said I am not drinking at the office, I am drinking at the house, so it had nothing to do with them. But, I had so much alcohol in me that, even if I showered, you can smell it ... laughs. We worked with the public, so it was a problem. I ended up being asked to leave.”

Similarly, Delia (29) reported struggling to retain employment due to her drinking and was fired when she was caught stealing alcohol on camera:

“I couldn’t get a stable job. I was working on and off because I started smelling of alcohol for that six months. I also had a certain amount of anger where I would probably swear at everyone or push everybody aside. I would often get aggressive when I drank. I ended up drinking in the back in the waitressing jobs that I had. I use to go to the back and have a drink and have a dop (drink) and where the wine used to be, and then when stock taking they used to find all of this missing wine. Not realizing that they were watching over the camera for a week and I got caught and I was fired.”

5.3. “I realized how destructive alcohol was in my life”: Process of recovery

In their narratives, several participants (21) spoke about their process of recovery, which included re-evaluating their lives and taking steps to change their drinking habits and destructive behaviours. This, therefore, emerged as an important theme.

Louise (29) described a journey of self-discovery, one that has led her to a place of self-awareness, acceptance, and understanding:

“I realised how destructive alcohol was in my life and when I put down the drink and I finally accepted that alcohol, that I’m an alcoholic, that I’m doing the things that I needed to do, my life had never looked so beautiful. I’m so connected with who I am ‘cause I’ve learned through it who I am. I’ve got more self-worth, no one else outside myself can make me feel happy inside. I got my own place and its mine. I’m a reliable, hard working person now, people trust me. I’m doing things that will work for me. And life still throws curve balls, life’s not easy, but I can make it a lot worse by drinking, so the program [AA] is teaching me how to be the best I can. And I’ve been able to

accept the God of my understanding, one that loves me for me and not that abusive guy, the guy who is going to murder me because I am gay and I made a mistake by drinking. So, life's definitely different uhm and, that void that I needed to drink away, it's been filled. I'm not angry."

Tuzana (21) attributes her survival to the assistance she received as a young girl in hospital from caring social workers. This had such a positive impact on her that Tuzana is now pursuing studies in social work:

"I am happy with myself. It's the fact that I know myself. I am grounded in who I am. I am very confident now and I know my self-worth and it's about me that everything is going right, I accepted the fact that I'm gay, the fact that I am satisfied with who I am. I realised that alcohol wasn't helping me anymore. So, when I put down that bottle I could look at myself and my life. And I knew what I wanted to do, I found my purpose. When I was thirteen, in the hospital, the social workers saved my life. I am very grateful for everything they did for me in that time. I wanted to be able to help and support other teenagers and people in crisis, so I am studying to become a social worker. I will be going into my third year. I have a good relationship with my girlfriend. I work hard at my studies. And I am excited for the future."

Thandi (27) described how she realised that drinking all the time was not good for her. She has started to pursue other activities and interests in order to stay away from alcohol. Thandi now has a girlfriend who does not drink and this, together with volunteer work and hobbies, has helped her to stay away from alcohol:

"This drinking and getting drunk is not the way to go, so I've started to create certain things that I could do with my time, so that I could run away from drinking. I'm at a stage whereby I don't even have to run away anymore; I can just simply say no I don't wanna go drink. I would get more into my artistry or play drums for which ever gig or I'll do more voluntary work or I'll lock myself up and write poems."

Acceptance by parents and/or family members was very important to participants and was clearly articulated in their narratives. Once they were in the process of recovering from their alcohol abuse, they were able to work on re-establishing and reconnecting familial bonds. Receiving acceptance had positive effects and was empowering for participants, because this support enhanced their sense of belonging within their respective families and gave them a greater support system. In addition, several participants stated that having parents or family members accept their sexual orientation was a validation of who they are and, for several, assisted with their feelings of self-worth. Participants acknowledged that having this support was very important in helping them in their journey to end their abuse of alcohol.

When participants could face their parents or families, as part of recovery and healing, all but one had a positive outcome. For participants, this meant that their families have become a part of their lives in meaningful ways, leading to closer and more honest relationships, as is evident in Adele's narrative below.

Adele (57) was married to a man before coming out thirteen years ago. She has adult children, the youngest of whom was still at school when she came out and left her husband. Prior to this, alcohol had been a "great support" in her struggle to "be [her] authentic self". She stated in her interview that, when she came out to her mother, it was the first time in her life that her mother told her she loved her. For Adele, self-acceptance has played a major part in her process of recovery:

"I think there were a few shocked uh, you know, family members. My ex mother in-law at the time was, she was phenomenal, maybe because she got her son back [laughs]. But I can't tell you that during that time it was all roses, I struggled immensely and alcohol was a great support to me and helped me cope. But, I knew I could never be truly happy unless I was my authentic self, and I was doing more damage to everyone living a lie. And I realized that hiding in a bottle of whiskey was no longer the solution, so I confirmed for X [ex-husbands name] that I am a lesbian and our marriage was over. I know I hurt him. I started working on cutting down my alcohol consumption and faced my family. But, what there was, there was this amazing love and understanding and acceptance from my mother, which was a shock. My mother, bless her soul, I felt surprising loved, told me she loved me for the first time ever. Today I have a fantastic relationship with X [ex-husband] and his wife, and my relationship with my kids is much better. Y [the youngest] was very hurt and angry, but today we have a good and honest relationship. I am very grateful."

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Chapter 6: Discussion

The aim of this study was to explore lesbian-identified women's lived experiences with alcohol abuse. This chapter discusses the main findings that emerged from the study and provides an analysis of participants' interpretations in relation to the existing literature. The theoretical framework for this discussion is IPA and minority stress theory.

6.1. Participants' Appraisals of their Alcohol Abuse

Despite the fact that large-scale studies on alcohol use/abuse have been conducted in South Africa, such as the SASH (Peltzer *et al.*, 2011; Stein *et al.*, 2008), SACENDU (Burnhams *et al.*, 2012; Plüddemann *et al.*, 2010), and the SADHS (Harker *et al.*, 2008), this research focused broadly on prevalence rates in the general population. International (WHO, 2010) and South African investigations have established the serious social, health, and economic problems associated with alcohol abuse, and the effects this has on individuals, families, communities, productivity, and unemployment (Herman *et al.*, 2009; Peltzer *et al.*, 2011; Setlaltoa *et al.*, 2010; WHO, 2010). However, there has been limited focus on SMGs and this study, therefore, makes a significant contribution to the literature and understanding of the reasons underlying and the impact of alcohol abuse on the lives of lesbian-identified women.

Where research concerning lesbian-identified women and alcohol abuse have been conducted, these studies have predominantly been carried out internationally, with the majority of research pertaining to alcohol consumption rates (Courlis *et al.*, 2016; Corliss *et al.*, 2008; Rosario *et al.*, 2008; Wilson *et al.*, 2016), revealing that lesbian-identified women not only consume more alcohol than their heterosexual peers, but also consume alcohol more often (Coulter *et al.*, 2016; McCabe *et al.*, 2013). In addition, research demonstrated that lesbian-identified women are at a greater risk for alcohol use disorders than their heterosexual-identified counterparts (Hughes, 2003; Litt *et al.*, 2015; McCabe *et al.*, 2009; McCabe *et al.*, 2013; Rosario *et al.*, 2008).

Coulter *et al.*, (2016), Gedro (2014), Lea *et al.*, (2013), McCabe *et al.*, (2009), and Parks and Hughes (2007), all state that few studies have explored the underlying reasons for the

increased rates of alcohol consumption among lesbian-identified women compared to their heterosexual counterparts. Furthermore, there has been limited focus in the South African context on why lesbian-identified women abuse alcohol and how this impacts their lives and relationships. As such, the current study makes a significant contribution to the South African literature and understanding of these aspects.

The present study had distinctive findings. Coping with emotional distress and pain was the most significant contributing factor underlying participants' alcohol abuse. However, what distinguishes the findings of the study, is that participants' emotional distress was unequivocally related to their sexual orientation and their alcohol abuse was a maladaptive coping mechanism for this. Meyer (1995, 2003) hypothesised and established that higher prevalence rates for psychological disorders among LGB individuals are attributed to minority stress and an additional consequence of minority stress is faulty coping mechanisms, such as alcohol abuse (Litt *et al.*, 2015; McCabe *et al.*, 2013; Meyer, 1995, 2003). Therefore, the findings of this study confirm that the central reasons for lesbian-identified women's alcohol abuse are concomitant with their sexual orientation and minority stress played a vital contributing role in their alcohol abuse. This distinguishes their alcohol abuse from heterosexual-identified women, as these are not issues that heterosexual women struggle with.

Numerous participants stated that they did not have the tools or coping mechanisms to deal with what was happening in their lives and alcohol was a way to 'cope' and 'numb the pain'. Merrill *et al.* (2014, as cited in Wilson *et al.*, 2016) corroborates this and states that sexual minority individuals drink more as a means of coping. Wilson *et al.* (2016) and Livingstone *et al.* (2016) demonstrated that minority stress among sexual minority individuals produces substantial psychological distress, which leads to alcohol abuse as a flawed coping mechanism. Hequembourg and Dearing (2013), Peterson and Gerrity (2006), and Weber (2008) also found that alcohol is used as a maladaptive coping mechanism by sexual minority individuals. The literature also states that, across their lifetimes, sexual minority individuals are disproportionately affected by heavy alcohol use (Hughes, 2011; Talley *et al.*, 2016; Wilson *et al.*, 2016). This is further corroborated in the current study with participants stating that they made use of alcohol to cope with or numb pain and all participants commencing alcohol consumption during adolescence.

For the majority of participants in Herman *et al.*, 2009; Peltzer *et al.*, 2011 this study, emotional distress and pain were also attributed to difficulties associated with accepting their sexual identity. Emotional distress and pain resulted from the inner conflict created by IH and participants struggled to accept their sexual orientation. Participants' feelings of guilt, shame, anxiety, and fear were clearly conveyed in their narratives. They tried hiding their sexual identity, some felt ashamed of their sexual orientation and tried to change – which they could not – and this resulted in feelings of guilt, shame, and isolation. These emotions are supported by findings in research conducted by Hequembourg and Dearing (2013), Peterson and Gerrity (2006) and Weber (2008). Mereish *et al.*, (2017), Wilson *et al.* (2016), Talley *et al.* (2016), and Livingstone *et al.* (2016) further demonstrated that lesbian-identified women have maladaptive coping mechanisms, such as alcohol use, to help them manage IH stress. International research (e.g. Blair & Hoskin, 2015a, 2015b; Coulter *et al.*, 2016; McCormick; 2013; Ricks, 2012; Rosario *et al.*, 2009) has documented that IH leads to depression and anxiety, which often leads to alcohol abuse. The current study found IH to be an essential contributing factor in participants' alcohol abuse, as it was a significant cause of psychological distress and pain.

The fear of rejection by significant others, because of their sexual orientation, was another core theme to emerge from this study. Several participants feared abandonment by parents and a few were, in fact, abandoned once their sexual orientation was disclosed to those close to them. Szymanski and Chung (2001) and Newcomb and Mustanski (2010), for instance, highlighted lesbian-identified women's fear of having their sexual orientation discovered, the steps they take to conceal it, and their discomfort with disclosure. Research demonstrated that lesbian-identified women abuse alcohol and one of the reasons attributed to this is fear of rejection (Litt *et al.*, 2015; McCabe *et al.*, 2013), with further primary reasons being sexual prejudice and stigma. Although this has been explored in international research, limited evidence of this was found in the South African context. However, fear of rejection, discrimination, and prejudice or stigma, were reasons for alcohol abuse that emerged from participants' narratives in this study, signifying an important contribution to South African literature in relation to lesbian-identified women and the reasons underlying their abuse of alcohol.

The fear of rejection was further compounded by fear of coming out, which evoked similar emotions to those associated with IH. The most important difference was that participants usually disclosed their sexual identity to significant others once they themselves were more comfortable with their sexual orientation, which is supported by Peterson and Gerrity (2006). Participants were afraid to disclose or come out to family members for fear of rejection, something several participants experienced. This caused a great deal of anxiety in participants and was a significant reason for their alcohol abuse. It also led to depression, with suicide being attempted by three participants. Hughes (2011) and Rosario *et al.* (2008) found that sexual minority individuals are more susceptible to alcohol abuse when they come out, due to fear of rejection and the reaction of those who they come out too. The findings of this study support existing international literature that IH and fear of rejection, based on sexual identity, leads to excessive alcohol consumption.

The majority of participants reported some form of mental health disorder in their lives, mostly as a result of IH and their SMG status. Participants struggled with anxiety and depression, with three attempting suicide whilst coming to terms with their sexual orientation. They also abused alcohol as a means of coping with their emotional pain. IH and minority stress have been shown to increase psychological distress (Meyer, 1995, 2003), depression, shame, guilt, anxiety, loneliness, and mistrust, which is documented in several studies (e.g. Hequembourg & Dearing, 2013; McCabe *et al.*, 2013; Newcomb & Mustanski, 2010).

The negative manner in which participants felt they were viewed by the society or community in which they lived came through strongly in their narratives. This is another facet of IH, prejudice, and discrimination, and is interwoven with heteronormative experiences, which were described by all participants in this study. Participants described being chastised for their behaviour (e.g. they usually did not always conform to stereotypical female gender roles and norms), which are described by Boonzaier (2008) as meek and dutiful, and as subservient, submissive, and obedient by Shefer *et al.* (2008). The type of clothes they wore added to discrimination and the perception that they were breaking societal rules (by being with other women and not with men), and this was a major contributing factor in their alcohol abuse.

McCormick (2013) and Dreyer (2007), for example, argue that heteronormativity is deeply entrenched in patriarchy, which is fundamentally bound to how culture and society view the roles of men and women. Since lesbian-identified women are perceived to be challenging patriarchy and heteronormativity, they are often the victims of prejudice and discrimination, which was evident in participants' narratives where they tried to fit into society's endorsements of gender roles and heteronormativity; as Louise put it, "I tried to fit into what I thought a female should be". Participants described being informed that their sexual identity was unacceptable, that girls do not belong with girls, and that boys and girls go together. This was a contributing factor to their alcohol abuse, as they did not know how to cope and alcohol helped them disengage from the conflicting feelings they were experiencing. Participants reported being shunned, verbally abused, and victimised due to their sexuality, all of which contributed to their alcohol abuse as a means of coping or numbing the pain.

Discrimination, due to their sexual orientation, was reported by the majority of participants in this study. Their experiences of discrimination ranged from being ostracised, name calling, and verbal abuse, to threats and physical violence, including rape. In South Africa, the term for the rape of lesbian-identified women, as a way of 'correcting' their sexual orientation and showing them that they are women, is termed 'corrective rape'. Anxiety related to fear of this or other discriminatory acts happening to them, or those they know, was a significant contributing factor in several participants' alcohol abuse. Recent international studies describe the association between psychological distress and increased alcohol abuse among lesbian-identified women and state that the leading cause of increased alcohol consumption are experiences of victimisation (Litt *et al.*, 2015; McCabe *et al.*, 2013; Talley *et al.*, 2016; Wilson *et al.*, 2016; Anguita, 2012).

For one participant, whose close friend had been a victim of 'corrective rape', the psychological pain, fear, and anguish were a major reason for her alcohol abuse. A number of studies have documented discrimination and violence against lesbian-identified women and how this has precipitated their abuse of alcohol (Chabalala & Roelofse 2015; Hughes, 2011; Rosario *et al.*, 2008; Slater, 2013). Chabalala and Roelofse (2015), Rosario *et al.* (2008), and Slater (2013) substantiate the damaging effect these crimes have on lesbian-identified women. For several participants, the anxiety and stress associated with fear for their physical and

emotional safety, was a central reason for their alcohol abuse. This is once again directly linked to their sexual orientation.

The majority of participants were subjected to discrimination based on their gender expression and gender non-conformity. Twenty-three participants made mention of physical appearance when discussing their sexual orientation and identity. Several participants experienced verbal abuse and insults and being chastised for their behaviour and the manner in which they dressed, particularly if they are butch, which corroborated international literature (Gordon & Meyer, 2007; Huxley *et al.*, 2013; Lake 2014). Blair and Hoskin (2015a; 2015b), Smuts (2011), and Jewkes *et al.* (2011 & 2015) showed that, if lesbian-identified women live in a society with hegemonic masculinity as its ideal, they often become targets of sexual violence, discrimination, abuse, and ridicule. The results of this study and participants' experiences confirm this. In addition, participants revealed that they turned to alcohol as a means of coping with this.

From participants' narratives, two distinct aspects to religion emerged: firstly, participants struggled to reconcile their sexual orientation with their religious beliefs, and, secondly, they experienced rejection and discrimination from within their religious institutes because of their sexual orientation. Twenty participants mentioned religion and religious discrimination in their interviews, making this an important topic. Several participants were discriminated against in their places of worship, because of their sexual orientation, and it was evident in their narratives that participants were treated differently to heterosexual members of their religious communities (cf. Mavhandu-Mudzusi & Sandy, 2015). Participants spoke of being either 'kicked out' or asked to leave their religious institutions, usually at a time when they were in need of support. Participants also described being told they were 'sinners', 'deviant', and/or 'going against God and the bible'. This played a significant role in their feelings of isolation and abandonment, and contributed significantly to their alcohol abuse.

Mavhandu-Mudzusi and Sandy (2015) demonstrated that religious discrimination and exclusion from spiritual places can have an extremely damaging effect on the emotional and psychological wellbeing of lesbian-identified women, which can lead to alcohol abuse. The current study corroborates Mavhandu-Mudzusi and Sandy's (2015) findings and found that the

exclusion from their places of worship had detrimental effects on participants and were a major contributing factor in several participants' alcohol abuse. This study, therefore, adds to the body of knowledge on how lesbian-identified women are affected by being excluded from formal religious activities. This, however, is an area that needs further investigation and research.

Participants came from various locations across the Western Cape, varying in socio-economic circumstances, race, culture, and language, none of which appeared to have any impact on the reasons for participants' alcohol abuse. All participants' alcohol abuse was unquestionably linked to their sexual orientation. All experienced IH, discrimination, and associated experiences that were directly related to their sexual orientation, all of which were similar regardless of the race, language, and culture of participants in this study. These findings are corroborated by Talley *et al.* (2014) who drew the conclusion from their research that race and ethnicity made no apparent difference when comparing sexual minority drinking.

6.2. The Impact of Alcohol Abuse on Participants Lives and Relationships

It has been shown that alcohol abuse is a serious social problem and detrimental effects of excessive alcohol consumption, such as dysfunctional family life, reduced productivity, and unemployment in South Africa and the Western Cape, have been well documented (Matzopoulos Truen, Bowman & Corrigall, 2014; Setlalentoa *et al.*, 2010; Herman *et al.*, 2009; Peltzer *et al.*, 2011). Participants' narratives revealed how their alcohol abuse had an impact on their close relationships and, their ability to retain employment.

Participants lost friends and romantic relationships as a result of their excessive drinking. This is common among all who abuse alcohol, regardless of sexual orientation (Cheetham, Allen, Yucel & Lubeman, 2010; Setlalentoa *et al.*, 2010; WHO, 2010). Participants also found it hard to retain employment whilst they were drinking, which is another common aspect of alcohol abuse (Setlalentoa *et al.*, 2010; WHO, 2010). Although the reasons why they drank excessively were explicitly related to their sexual orientation, the impact their excessive alcohol abuse had was mostly similar to all individuals who abuse alcohol (WHO, 2010; Harker *et al.*, 2008, Stein *et al.*, 2008). The only difference was when participants disclosed

their sexual orientation to significant others while under the influence of alcohol, as they feared rejection and could not contain their sexual identities any longer. As such, disclosures often occurred in destructive ways.



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Chapter 7: Conclusion

The current study addressed a significant gap in the South African context regarding the reasons underlying alcohol abuse among lesbian-identified women and its perceived impact on their lives and relationships.

The main theme that emerged from this study is that lesbian-identified women turn to alcohol as a maladaptive coping mechanism to deal with the emotional pain, psychological distress, and conflict associated with their sexual orientation. This was multifaceted and included difficulties in accepting their sexual orientation, IH, fear of rejection, and homophobic acts of discrimination against them. Participants suffered particularly with these aspects and they feared disclosing their sexual orientation because of very real familial and societal repercussions. IH was a major stressor for participants and they suffered significant psychological pain and distress trying to cope with accepting their sexual identities. From participants' narratives, it seemed that demographic factors, such as race, ethnicity, language, and socio-economic status, did not play a significant role in participants' drinking. It is safe, therefore, to conclude that the reasons why participants in this study abused alcohol were unequivocally linked to their sexual orientation.

Participants' main reason for abusing alcohol was to cope with emotional pain and distress which was linked to minority stress and their sexual orientation, issues that heterosexual-identified women do not struggle with, making the findings of this study distinctive.

7.1. Recommendations

Currently there is no alcohol abuse intervention, prevention, or support strategies targeted specifically at SMW. The findings of this study highlight that lesbian-identified women abuse alcohol as a direct result of their struggles with their sexual orientation, which are different to the reasons heterosexual women abuse alcohol. Results, therefore, substantiate the need for the development and implementation of prevention, intervention, and support strategies aimed specifically at lesbian-identified women to facilitate more effective coping with sexual minority stress and mental health issues, and other distresses to prevent alcohol abuse.

7.2. Limitations

A limitation of this study is that it only examined participants' alcohol abuse and did not examine any other form of substance abuse, even though several participants mentioned in their interviews that alcohol was not the only drug they had abused. Additional research should be conducted to investigate co-substance abuse amongst lesbian-identified women. A further limitation is that this study was situated in the Western Cape. Further studies should be conducted in other provinces to determine if the experiences of lesbian-identified women are similar or different to those found in this study. In addition, a further limitation was that the emphasis of this study was on lesbian-identified women and additional studies might expand the focus to other sexual minority groups.



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Appendix A: Schedule of Questions for Participants

1. Tell me about yourself, your age, where you stay, your job, what you like to do in your spare time.
2. What can you tell me about your significant relationships, friendships, and social support network?
3. When did you first realize or acknowledge to yourself that you are gay? Can you describe how that felt for you? (Probe for feelings, internal struggles if any)
4. Can you describe the process of accepting your gayness and your coming out? What difficulties if any did you experience (probe for discrimination, family acceptance, friends, identification as butch/femme/other)
5. Describe how this has impacted your life.
6. Have you ever faced any type of discrimination due to your sexual orientation? If so can you describe what type of discrimination and how you felt about it and dealt with it, if you did?
7. Reflecting back, when did you start drinking? What made you take that first drink? Do you remember the feelings, can you describe them?
8. How would you describe the amount of alcohol you consumed? Daily? Weekly?
9. What is your understanding of why you started to abuse alcohol?
10. How did/do you feel about alcohol, can you describe how drinking made you feel?
11. Describe how your use of alcohol did/has affected your relationships with others?
12. Can you describe any steps you have taken to curb or stop drinking?
13. Is there any further information you would like to add?

Appendix B: Consent Form



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INFORMATION SHEET

Project Title: Lived experiences of lesbian identified women who abuse substances

What is this study about?

This is a research project being conducted by Sharon McKenzie at the University of the Western Cape. We are inviting you to participate in this research project because you are a lesbian identified woman who has acknowledged having a problem at some point in your life with alcohol consumption/abuse. The purpose of this research project is to determine the reasons why lesbians in Cape Town drink excessive amounts of alcohol (if they in fact do), and how this has impacted their lives, so that strategies to prevent this can be put in place.

What will I be asked to do if I agree to participate?

You will be asked to give an in-depth interview which will comprise of approximately 14 questions. This will be conducted at the NGO or a place convenient to you.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, and confidentiality, interviews will be coded by number and date. They will not have any names, e.g. 1.23/3/17. All transcripts will be kept on the researcher's password protected computers.

If we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

Audio taping/Videotaping/Photographs/Digital Recordings

This research project involves making audio recordings of your interview. This will be kept electronically and will be password protected. They will be stored on the researcher's computer. They will be used to transcribe your interview accurately.

___ I agree to be [audiotaped] during my participation in this study.

___ I do not agree to be [audiotaped] during my participation in this study.

If we write a report or article about this research project, your identity will be protected.

What are the benefits of this research?

This research may not help you personally, but the results may help the investigator learn more about the reasons why lesbians drink more than other groups. We hope that, in the future, other people might benefit from this study through improved understanding of this phenomenon so that prevention strategies and interventions can be developed for the SA context.

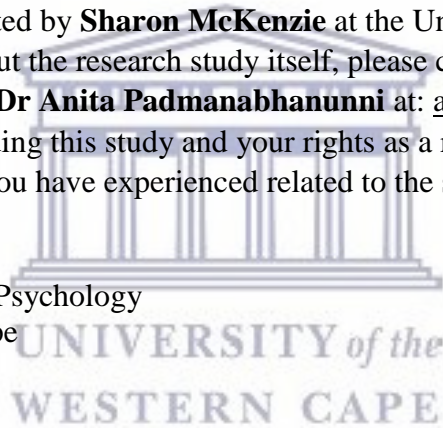
Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify

What if I have questions?

This research is being conducted by **Sharon McKenzie** at the University of the Western Cape. If you have any questions about the research study itself, please contact **Dr Anita Padmanabhanunni, Phd** at: **Dr Anita Padmanabhanunni** at: apadmana@uwc.ac.za Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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Deputy Head of Department: Psychology
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Prof Rina Swartz
Acting Dean of the Faculty of Community and Health Sciences
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Appendix C: Information Sheet



UNIVERSITY OF THE WESTERN CAPE

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Title of Research Project: Lived experiences of lesbian-identified women who abuse substances

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone and that my confidentiality will be protected. I understand that this interview will be audiotaped for data analysis purposes and I give my consent to this. I also understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name _____

Participant's signature _____

Date _____

Appendix D: Ethical Clearance



OFFICE OF THE DIRECTOR: RESEARCH RESEARCH AND INNOVATION DIVISION

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29 June 2017

Ms S McKenzie
Psychology
Faculty of Community and Health Sciences

Ethics Reference Number: HS17/5/22

Project Title: Lived experiences of lesbian identified women who abuse alcohol.

Approval Period: 29 June 2017 – 29 June 2018

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink, appearing to read "Josias", is placed over a white rectangular box.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

PROVISIONAL REC NUMBER - 130416-049

Appendix E: Facebook Appeal for Participants

Hi my name is Sharon and I am doing my Psychology Masters at UWC. I am looking for participants for my thesis. My research project aims to examine lesbian-identified women's relationship with alcohol. Any woman who identifies as gay or lesbian and who has acknowledged having a problem at some point in her life with alcohol consumption (no matter how much or how little alcohol is involved) is eligible for this study. International research has shown that lesbians consume more alcohol than any other group, yet in South Africa (SA) the sexual minority group of lesbian women have largely been ignored in research on this topic. The purpose of this research project is to address this gap in SA research, and try and determine the reasons why lesbians in Cape Town consume alcohol, the extent to which they do, how this has impacted their lives, and their experiences.

Our communities have been ignored in interventions and programmes relating to alcohol use/abuse due to a lack of concrete information. The aim is to not only get a dialogue started but, if it is shown that there is a need for it, to develop and put in place strategies/programmes to prevent or assist lesbians with alcohol use problems.

Participation involves a single anonymous interview. Anonymity and confidentiality are guaranteed. I would like as many representative voices as possible as our communities are diverse. If you would like to participate in this study you can email me at sharonmckenzie14@gmail.com and I would be happy to provide more information.