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## **Young lesbians and mental health: The closet is a depressing place to be**

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### *Overview*

In this chapter we examine mental health issues in young lesbians, drawing on a recent interview study conducted with a group of Lesbian Avengers. Some of the difficulties that these young women experienced included rejection and hostility from family and friends, social isolation, and being positioned as lecherous because of being lesbian. However, we argue that mental health problems were not the inevitable result, as a number of strategies of resistance and coping were adopted. These include the positive adoption of a lesbian identity, support from other lesbians, and defiance of negative representations of lesbian sexuality.

### **Introduction**

Women are more vulnerable to depression than men, and are more likely to be positioned as pathological within the phallogocentric discourses of psychiatry and psychology (Ussher, 1991; Stoppard, 1999). Young women are increasingly vulnerable to depression at puberty, a time when they are negotiating the contradictory scripts of femininity (Ussher, 1997). What of women who are doubly deviant? What of women who identify as lesbian, dyke or queer? What of young women who negotiate femininity and sexuality outside of a heterosexual matrix? Are they saved from the double binds which tie many young women in knots – the desire to be strong and autonomous, yet not threatening to men; the desire to be sexual, yet avoid being positioned as whore; the desire to be healthy, yet maintain the feminine ideal of thinness? If women reject the discourses of femininity that lead to depression in many heterosexual women, are they not more likely to be happy and content?

If we look to mainstream research on mental health the answer is clear: adult lesbians are no more at risk of mental health problems than heterosexual women (Savin-Williams, 1990). Indeed, it appears that taken as a group, lesbians fare better than heterosexual women on measures of self-acceptance, self-sufficiency, self-confidence and general sense of wellbeing (Savin-Williams, 1990). Looking to research on younger women, however, presents us with a different picture. Suicide and attempted suicide is disproportionately high in

groups of young lesbians (Fergusson *et al.*, 1999; Hershberger and D'Augelli, 1995). High rates of depression, and anxiety, as well as substance abuse and other self-destructive behaviour, are reported by many (Nichols, 1999; Davies and Neale, 1996). The question is, why?

One answer to this question is that young lesbians are no different from any other group of young women. They are affected by all of the torments and traumas that are common at adolescence. These include difficulties with families and friends; questions about identity and subjectivity; worries about the body, about being normal; pressures to achieve and succeed; sexual violence and abuse; feelings of alienation from society; desires to take drugs, with all the consequences that this entails. Yet young lesbians are not the same as young heterosexual women. They face a range of difficulties that put them at higher risk of mental health problems if they are not able to access appropriate support. These include discrimination, rejection, verbal and physical violence, and isolation. In research conducted in North America, it has been found that nearly 50 per cent of young lesbians and gay men had been victimized in school, 80 per cent had experienced verbal insults, 44 per cent threat of attack, 23 per cent property attack, 33 per cent had had objects thrown, 30 per cent were chased or followed, 13 per cent were spat on, 17 per cent had experienced physical assault, 22 per cent had experienced sexual assault, and 10 per cent assault with a weapon (Hershberger and D'Augelli, 1995). Sometimes statistics can make a point more powerfully than any amount of words.

### **Talking to young lesbians about mental health**

In order to examine the way in which this can impact upon mental health, we will turn to the accounts of young women themselves, drawing on a recent research study conducted with a group of young lesbians living in London (Ussher and Mooney-Somers, 2000). Eight women, aged 17 to 24, took part in in-depth, semi-structured narrative interviews. They were all members of a non-violent direct action group, the Lesbian Avengers. This group was set up in London in 1994, and was part of an international organization, started in New York, whose central premise is action not discussion. The Lesbian Avengers carry out high profile, media friendly, 'sexy' actions to raise the awareness of lesbians. We chose to interview this particular group of young women because they had all openly and positively taken up a lesbian identity and they were willing to take part in the research.

Face-to-face semi-structured narrative interviews (Reissman, 1993; Mishler, 1986), lasting between 60 and 90 minutes, were used to explore the meanings women gave to their experiences of being lesbian and the relationship between being lesbian mental health. The research was conducted from a material-discursive-intrapsychic perspective (Ussher, 2000), using a feminist critical realist epistemology. Critical realism affirms the existence of reality, both material, psychological and environmental, but at the same time recognizes that this experience is always mediated by culture, language, and political interests rooted in factors such as sexuality, race, gender or social class (Pilgrim and Rogers, 1997; Ussher, 1996). This is an approach that allows for acknowledgment of the material, discursive and intra-psychic aspects of experience,

as well as the cultural and historical context in which individual women are positioned, and in which meaning about experience is created (Ussher, 2000). Being grounded in a feminist standpoint means acknowledging that women's voices and experiences are silenced, distorted and obscured in a phallogocentric or patriarchal culture. A less distorted view can emerge by attempting to view the world 'through our participants eyes' (Harding, 1991; 1993), in particular through attending to the narratives or accounts of women (Reissman, 1993). It also leads to reflexivity on the part of the researchers, and to a recognition that research is relational, in that researchers bring self-knowledge and experience into the process of designing, conducting, analysing and interpreting research.

Narrative analysis, which takes as the object of study the story itself, was used to examine the interviews. Narrative analysis assumes that the stories told do not simply mirror a world 'out there', but that they are constructed, creatively authored, rhetorical, replete with assumptions and interpretative (Reissman, 1993: 5). It was assumed that narratives act to constitute experience, meaning and reality, but that it is in the telling that we make sense of phenomena and are assumed to be doing particular 'identity work' (Ponse, 1978). However, narratives do not simply 'speak for themselves' (Reissman, 1993: 22). They are both interpretative and open to interpretation. As every text is open to several readings or interpretations, our analysis is aiming at 'believability, not certitude, for enlargement of understanding rather than control' (Stivers, 1993, p. 424). In this context, we will present an overview of two narrative themes that directly related to mental health (see Ussher and Mooney-Somers, 2000 for an analysis of issues associated with desire): discussion of the danger in being a dyke, and strategies of resistance.

## **The Danger of Being a Dyke**

### *Social rejection*

One of the major themes which emerged in our interviews was of secrecy around sexuality, being 'closeted', because of fears of the reactions of family, friends and society. This wasn't an unwarranted fear, as this group of young lesbians women had experienced a range of responses from ridicule through to rejection and hostility, that came from many sources. For example, one young woman, upon inviting her mother to her graduation ceremony was told "*I'd rather roast in hell, you are part of my past, I want nothing to do with you.*"

This reaction, although extreme, demonstrates the kind of difficulties that can be faced young lesbians. Mother-daughter relationships play a significant role in the mental health of women, and thus this particular rejection is potentially a major risk factor for depression and anxiety. For young women having to face a world hostile to their sexuality, the support of family is an important protective factor. The absence of that cannot be underestimated.

Hostility from peers was also a common experience. As one interviewee commented,

*“...sort of girls in the changing room, sort of sitting there laughing or walking out or suddenly everyone freezes and shuts up or as soon as somebody makes an anti-gay remark in the school and the whole school turns around and looks at you.”*

Friendships with other girls and feeling part of the normative culture of the school are central to adolescent girls' subjectivity and happiness. To be excluded from this can be a very high price to pay for being openly lesbian. It thus wasn't surprising to find that for many of the interviewees it was rejection by other girls at school that was particularly difficult.

*“The comments from boys I can deal with no problem. It's the comments from other girls that I find very difficult (2) cause you can see them sort of going 'awh that's disgusting, how can they do that, how can they do it, how can they feel like that, awh' that makes my skin crawl and I don't know how to deal with it.”*

#### *Lesbians are lecherous*

Rejection and hostility were not the only responses these young women faced. There were changes in the way they were perceived if they were 'out' about their sexuality, invariably becoming defined by their sexuality in a way that is not the case for their heterosexual peers. In a number of cases they were positioned as sexually predatory by school friends and teachers, and as a result were counselled at school to be discrete about their sexuality. This was the experience of one young woman with a nun at school:

*“She actually called me in and gave me this whole long talk and what it all boiled down to was her saying 'You won't attack the first years will you' (laughing).”*

Another talked about being shunned by friends and the need to ensure that no comment or gesture could be construed as a 'come on'.

*“Your friends won't even sit next to you and they won't bend down and pick up a pencil while you're near... they run out of the changing room whenever you go there.”*

The implication in all of these extracts is that lesbians are positioned as predatory and lecherous; that they desire all women (or any woman). In contrast, heterosexual girls are not assumed to desire all boys, and boys are not seen as being at risk of being 'attacked' by heterosexual girls. Given this, it isn't surprising that confusion about sexuality and ambivalence about desire is commonly reported by young lesbians (Savin-Williams, 1990; Ussher and Mooney-Somers, 2000). Their sexuality marks them as other, as dangerous, as someone to be avoided or contained. Yet in actual fact, by their own accounts, being identified as lesbian was about friendship, love, desire, politics, style, power and pleasure – with sex only being one part of the

equation. However, as innuendo, voyeurism and rumour were associated with their (imagined) sexual practices, sex became something that was a defining factor in their lives.

### *Social isolation*

The reactions, rejection, hostility and ridicule can lead to feelings of isolation and being misunderstood, feeling somehow different from others. In our interviews many reported feeling alien and detached from society.

*“That's why I feel it's such a bloody hassle being gay, cause you don't fit in at all in society and that's one of the big things that hits you, is you are second class, and all that stuff and you just do not fit in an society doesn't want to know you and it hates you and that's a really big thing to come to terms with.”*

Feeling unwanted and alienated is a relatively normal, if distressing, experience at adolescence. But taking up a lesbian identity means that there are additional issues to deal with in the negotiation of subjectivity and a positive sense of self. As one woman commented,

*“...it was so oppressive cause I knew I couldn't be myself.”*

Many young lesbians who feel different from others withdraw socially, thus adding further to their sense of isolation (Davies and Neale, 1996).

*“It was just like feeling alone, like I mean that's what most people say but I mean, that's how it felt.”*

This withdrawal is often preferable to the constant reminder of not being interested in 'normal' adolescent pursuits, such as boys, and can be a protective mechanism that prevents leakage of information about sexuality or subjectivity. It also means that the young woman doesn't have to try to pass as heterosexual, thus protecting them from the negative psychological outcomes associated with this strategy (Margolies *et al.*, 1987). However, being different from other girls, and not interested in boys, means missing out on the rituals of sex, love and romance that are a central part of adolescent identity development. Many young lesbians have no social network with which to discuss their desires or fantasies, and no opportunities to explore their sexuality with others who are lesbian too. As one woman commented,

*“When I was going through the ages of fifteen, sixteen especially high school... everybody around me was like doing all these things discovering sex and having it and being interested in like it and I just wasn't and like and obviously I know why it was cause I'm a fucking dyke and I'm... I don't want to be involved in that but why couldn't I like discover everything when I was fifteen like have this wild time and stuff in my high school days when I was totally free or like almost totally free or slightly freer then I probably am today.”*

So the normal adolescent negotiation of relationships – the trying out of different partners and exploration of sex and desire – are experiences which many of these young lesbians women never have. As the negotiation of sexuality and desire is central to the development of young women's sexual subjectivity, sense of personal empowerment and sense of entitlement (Fine, 1992; Thompson, 1995; Cowie and Lees, 1987; Tolman and Szalacha, 1999; Tolman, 1994b), this is a considerable loss.

### **Strategies of coping and resistance**

There are a number of strategies available to these young women for dealing with the experiences outlined in the above extracts. The most obvious is silence – to remain closeted. Previous research has shown that young lesbians who are closeted about their sexuality, not discussing it with family or friends, live in fear of exposure and have a constant awareness that acceptance by others is based on a lie (Margolies et al., 1987). Passing as heterosexual has been found to be associated with feelings of shame, depression, anxiety and awkwardness (Rotheram-Borus and Fernandez, 1995), with the most closeted individuals reporting the highest levels of social conflict, personal conflict, alienation, isolation, depression and negative self-esteem (Savin-Williams, 1990). There is also a risk of splitting and fragmentation of self, as a double life is lived. If sexuality and desire are repressed completely, there can be frustration, loneliness, guilt, feelings of self-betrayal and the living of an asexual life.

The alternative is resistance. All of the young women interviewed had chosen to adopt a lesbian identity and to do so publicly by joining the Lesbian Avengers. In the narratives presented here this was positioned as an act of resistance, of defiance, of control and a positive force for change.

These women reported a greater sense of freedom than they had experienced before, feeling that they were allowed to be themselves, be more comfortable with themselves. For this young woman, publicly naming herself removes the threat of exposure,

*“There was always this, rumours you know, aw, she's a dyke, she's queer, and there was me turning round saying, yeah I am, and everyone was kind of like, huh, you know cause no one, it's not some little sneaky rumour anymore.”*

There was also a sense of defiance in being 'out' for many.

*“I mean when you're labelled an abomination and a pervert, you sort of think, 'hmmm', well I've been labelled as this maybe I can do anything I want then, it's like being a lesbian. You get labelled as a lesbian and you can do whatever you want, you sleep with men, women, cats, dogs, anything you want to do because you've been labelled as a pervert so you can get away with it. I mean what more can they do to you?”*

*“I’m a dyke means I’m saying you know you’re putting yourself out as well you’re putting yourself further out you’re not even trying to conform all their little ideas of nice little homosexuals... you’re saying ‘I’m a dyke and I’m here and I’m gonna be loud’.”*

There is arguably a representation of ambivalence described here in the defiant stance taken up – a sense of isolation, of being different, of being 'outside' and of facing difficulty because of this. Yet this is also an account of the acceptance of this difficulty as being an expected part of taking up a lesbian identity, and of a determination to overcome it, in having become strong, or free, through adversity. As another woman said

*“I got a lot more confident in myself and sort of thought let them stuff it, this is who I am and they are going to have to deal with it.”*

What is arguably being presented here is an argument that the investment in a lesbian identity is made stronger through the opposition of others. The importance of a positive social network to support young women after coming out cannot be underestimated. As one interviewee said:

*“I think it will always be difficult, but I think it won’t be half as difficult as before, because now there is access into this community, which I never had before. It’s part of sort of claiming an identity trying to find where you fit in... it gives me a really nice feeling to feel part of some, this umm, this sub-culture.”*

Previous research has found that this support is a major protective factor against subsequent negative reactions to disclosure. At the same time, for many, feelings that were previously positioned as negative, feeling different and alien, were positioned as positive after coming out. There is thus a re-framing of the meaning of being 'other' in a heterosexual social sphere.

*“I can actually identify myself as something that other people aren’t... it gives me a separate identity... something I can identify with which gives me something I can build which makes me more confident.”*

Contact with other lesbians is associated with good mental health (Margolies et al., 1987), partly because it gives young women the opportunity to resist and reject myths and negative representations (Zitter, 1987). But it also provides a normal social network, which is an important part of adolescent development.

Heterosexually identified girls commonly group together around a shared interest in music, fashion, boys, or being a fan of a particular 'pop-star' (Garrett, 1984), forming relationships which are central to the development of their sexual subjectivity (Ussher, 1997a; Firth and Goodwin, 1984). As we have argued elsewhere (Ussher and Mooney-Somers, 2000) becoming a Lesbian Avenger arguably works in the same way for this group of young women, providing a positive social identity, a sense of group solidarity, a source of role models, friendship, and common goals. As the young women we interviewed were positioned as

outsiders because of their sexuality, being a member of the Lesbian Avengers also functions to provide a social context where they are normal and accepted. It acts to reframe their lesbianism as powerful, positive and defiant – a reframing which doesn't merely take place at the level of the individual, but takes place at the level of the group.

## **Summary**

D'Augelli (1999) suggests that 'contemporary lesbian, gay and bisexual youths can emerge from adolescence without stepping into closets'. How can we, as mental health professionals and educators help young lesbian women avoid the closets, thereby avoiding the negative effects of this strategy?

In understanding the mental health of young lesbians we must take material, discursive and intra-psychic factors on board – this brief analysis of our interviews has given us just a taste of all three. There is the materiality of verbal and physical abuse, of rejection, of discrimination, of sex and desire. There is the discursive representation of the lesbian as lecherous, as other, as deviant or sick. There are intra-psychic factors such as depression, anxiety, fear, and shame – yet also desire, pleasure, power and anger. Each of these three levels is inter-twined; we cannot understand one without the other. Being lesbian is a material-discursive-intrapsychic experience.

The stories told by the young women here tell of isolation, alienation, feelings of self-betrayal and fear, but also of support, validation and acceptance. These young women emphasized the importance of claiming a positive lesbian identity. They felt supported and part of something after they 'came out'. Yet they also talked of many problems at home, at school and in relationships with friends. It is important for those who are concerned with issues of women's health to take seriously the difficulties experienced by young lesbians. Young lesbians invariably face discrimination and hostility when they come out. Yet for many there is a strong desire to disclose, and positive consequences of being open about sexuality and subjectivity. Silence is not necessarily the best strategy; it can be oppressive. Support and the space to explore their sexuality in a positive and safe space can mediate against negative reactions and the ongoing difficulties of being a 'out' lesbian. Access to others who are in a similar position can also give validation.

For previous generations the negotiation of a lesbian identity was delayed until adulthood. The young women in this study, however, were negotiating their sexual identity whilst still at school or college, many were still dependent on their families for financial support, and some were still living in the family home. Educators and schools need to recognize that young lesbians face victimization and discrimination around their sexuality. Initiatives to support lesbian students can help facilitate positive mental health and positive identity development, and need to be developed. For lesbians who have other problems, the added difficulty of coming out and coming to terms with being different in an often hostile heterosexual world may mean that survival is against all odds. There are few, if any services directly targeting issues of bullying, mental health,



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suicide or drug and alcohol misuse in lesbian (or gay) adolescents. This is an imbalance that needs to be redressed. It is difficult to be optimistic. As Coyle and Daniels (1993) have argued, hard pressed health authorities are reluctant to prioritize gay and lesbian mental health issues and establish specialized services. Lesbian sexual health services do exist. Does this mean that physical health initiatives are easier to deliver, or is it that mental health professionals are unaware of the needs of lesbians? It is time that this imbalance is addressed.

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