



## COMMENTARY

## Internalized Homophobia in Adolescents: Is it really about Culture or Religion?

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Different sexual orientations are gaining more acceptance in modern societies. However, in traditional societies with varied religious and cultural backgrounds, heterosexual orientation continues to be a strong norm enforced, with any other kind of sexual orientation, including homosexuality, considered unacceptable by social norms.

Adolescent development strives toward a positive sense of self and self-esteem which can only be accomplished within a psychosocial context that is nurturing and validates the diversity in different domains of life for positive youth development. Self-awareness of sexual orientation commonly occurs during adolescence, while under the influence of parental and societal value systems. The beliefs and attitudes of their parents are shaped by the norms of the society, and if these avoid diversion of sexual orientation or consider any gender variance as deviant, it is very difficult for the adolescent not to internalize these value systems during their upbringing (Kaufman, 2008).

Authors proposing an attachment-based framework suggest that there is a complex relationship between the problematic emergence of shame as a negative consequence of strain in the child's attachment relationship with the parents. Unrepaired shame as an organizing emotion in the process of identity formation is argued to create particular vulnerabilities to stigmatization, especially for gender-nonconforming

children who experience high levels of social exclusion (Wallace, & Russell, 2013). Sometimes the hardest barrier to overcome may rest within the adolescent, as the shame nurtured by parents leads to subsequent self-loathing created by the cultural and religious value systems. Negative feelings about self-sexual identity can be internalized and result in shame, denial, self-harm or hatred and abuse of other homosexuals. The emotional immaturity of the adolescent may lend itself to them choosing self-hatred and anger as coping mechanisms, as they battle feelings of rejection and isolation, which may then lead to the development of internalized homophobia (Meyer, 2003).

Feelings of internalized homophobia are not consciously held by the young person, but as they face criticism, judgement, hatred and discrimination from peers, family, teachers or other persons within the community, this may cause homosexuals to feel bad about themselves and their sexual-identity. The stereotypes imposed by the institutions of society, culture and religion, create negative images of homosexuality and make the natural task of getting to know and accept your own identity a scary, difficult and confusing time for the adolescent.

Internalized heterosexism which also implies internalized homophobia, is reported to be associated with lower levels of outness (Rosser et al., 2008; Wilkerson, Noor, Galos &

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Rosser, 2016). Until young people are able to accept their homosexuality and come out, they will continue to struggle with the negative feelings about their self-identity. If the young person cannot develop healthy coping strategies and cannot start to generate resilience during adolescence, the self-loathing created by the cultural and religious value systems may bring a future with extreme examples of internalized homophobia, such as living a heterosexual life, marrying an opposite-sex partner and even protesting against LGBT rights. Little is known about why some gay men have been or remain married to a woman. One study hypothesizes five possible explanations for gay men's marriages: differences in sexual orientation such as bisexuality; internalized homophobia; religious intolerance; confusion created because of adolescent sexual experiences; and/or poor psychological adjustment (Higgins, 2004). Of concern, is the constant need of achieving some level of disinhibition to allow the expression of repressed desires and transient self-tolerance. This need may lead to substance abuse behavior (Cabaj, 2000) in the form of self-medication, with an increased addiction potential due to experiencing a double-reward effect: a chemical high from the substance and an emotional high from enjoying his or her natural self. In the literature, a rising culture of substance abuse, 'chemsex', is defined as intentional sex under the influence of psychoactive drugs, mostly among men who have sex with men. Studies report that 'chemsex' events are used to manage issues such as a lack of self-esteem and internalized homophobia (McCall, Adams, Mason & Willis, 2015; Bourne et al., 2014).

Internalized homophobia and addiction commonly co-exist and exacerbate the symptoms of one another. The reward system in the developing adolescent brain causes increased vulnerability to addiction and risky decisions. Youth with internalized homophobia are not only susceptible to substance abuse but also to addictive behaviors as they may attempt to self-medicate their feelings of anger, confusion, denial, shame and self-hatred. Further, engaging in certain behaviors such as self-injury, may become habitual and compulsive in an effort to escape from their inner conflict.

The minority stress model may be applied to sexual minority populations, and refers to objective stressors such as sexual orientation-based discrimination in the community and more subjective stressors such as internalized heterosexism and the ways in which these stressors influence psychosocial functioning (Meyer, 2003). Religion may be one of the important factors that contributes to unique minority stress among sexual minority youth. The social environment in non-affirming religious settings, which promote homophobia, may induce internalized homophobia (Barnes & Meyer,

2012). Minority stress is associated with higher levels of depression, anxiety disorders, substance use, and suicidal ideation (Meyer, 2003; Baams, Grossman & Russell, 2015). A recent study offers evidence to clarify the complicated relationship between LGBT identity, internalized homophobia, suicidal risk and religiosity (Gibbs, 2015) while another study has found that religious fundamentalism and male sex were the strongest predictors of homophobia (Schwartz & Lindley, 2005). However, it is important to differentiate between religious fundamentalism and intrinsic religiosity. Countries that have separated religious bodies from state are more likely to avoid fundamentalism than those who have not.

Although religiously affiliated sexual minority individuals often report a conflict between religion and sexual identity, it is well known that there are some benefits associated with intrinsic religiosity with religion serving as a protective factor against suicide. A study which investigated the effect of religion on suicide risk in religiously affiliated sexual minority individuals reported that religion was associated with higher scores of internalized homophobia but with fewer suicide attempts. The authors concluded that religion might therefore be both a risk and a protective factor against suicidality in religiously affiliated sexual minority individuals (Kralovec, Fartacek, Fartacek & Plöderl, 2014).

In conclusion, it is challenging for an adolescent to overcome the influence of societal value systems. It is not always easy to clearly identify and address the specific risk factors including religion for internalization of homophobia in different societies. However, the real issue is not solely the culture or the religion itself, it is mainly the capacity for nurturing tolerance to people who are not like you or who disagree with you. Every country, regardless of the dominating culture or religion, should aim to foster tolerance and respect for diversity in every aspect of life. Whenever a society builds the social circumstances in which tolerance emerges, children and adolescents will grow up with positive core beliefs that will make them feel empowered and will mitigate against shame. This will in turn ease self-acceptance and outness of homosexual adolescents and counteract the internalization of homophobia.

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