

Saint Paul University

To Lessen Repression and Depression:

**The Relationship Between Sexual Repression and Mental Health Among Lesbian,
Gay, Bisexual, Transgender, and Queer Individuals**

M.A. Thesis

Ariele Jacobson

Presented to the members of Ms. Ariele Jacobson's thesis committee:

Dr. Judith Malett

Dr. Laura Armstrong

Dr. Buuma Maisha (thesis advisor)

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Abstract

While many researchers have studied the specific struggles of members of the gay, lesbian, bisexual, transgender, queer (LGBTQ+) community, sexual repression has not been mentioned in the literature. This paper summarizes the results of a qualitative research with ten participants, who identified as members of the LGBTQ+ community, and who shared their experiences surrounding sexual repression. It analyzes sexual repression as defined by Sigmund Freud and applies it to the struggles of LGBTQ+ individuals in Ottawa, Ontario. More specifically, this paper examines the factors that participants believe lead to and maintain sexual repression and how they perceive that this impacts the mental health of the people who suffer from it. The main themes that arose during this research were as follows: misconceptions held by others, including expectations, rules, and objectifications; stigma; belonging, acceptance, and sense of community; internalized view of self and emotional / mental impact; safety, including implications of disclosure and safe spaces; and attitudes about sex and the self as a sexual / gendered being. The participants explained how they perceive that these factors have led to and maintained sexual repression at different points in their lives and how they believe that they have influenced their mental health.

Introduction

Sexual repression is a topic that is scarce in modern Western literature. While it is widely recognized that members of the lesbian, gay, bisexual, transgender, and queer and so on (LGBTQ+) community suffer from poor mental health (Meyer, 1995), sexual repression has not been recognized as a factor that impacts these individuals. While sexual repression may be something that affects diverse populations in the west, including heterosexual people who were raised in sex negative by families “that communicate[d] negative messages about sex” (Hyde et al., 2012, p. 523) and women who avoid sexual activity as a result of shame they suffer from painful sex (Rancourt et al., 2016), this thesis explores the perceived impact of sexual repression specifically impacts on members of the LGBTQ+ community. Specifically, it looks at the perceived lived experienced causes, symptoms, and maintaining factors of sexual repression. For the purposes of this research, any reference to sexual activity, or having sex, will be synonymous with sexual behaviour, which is defined as activity “that produces arousal and increases the chance of orgasm” (Hyde et al., 2012, p. 3). These behaviours can include manual sex, oral sex, anal sex, and sexual intercourse (Hyde et al., 2012). Also, for the purposes of this paper, poor mental health and mental illness will refer to depression, anxiety, suicide ideation, and in some instances, posttraumatic stress disorder (PTSD). The hope is that this research will bring a new understanding of sexual repression to the Western world that will allow mental health professionals to work with clients who struggle with it. Further research might examine how heterosexual and cisgender (that is, gender-conforming) individuals are impacted by sexual repression and potentially develop a questionnaire based on the current findings to carry out quantitative

research.

This qualitative study consisted of three focus groups and two individual meetings in which a total of ten participants who identified as LGBTQ+ discussed the factors in their life that they perceive caused whether they believe that they experienced sexual repression and the factors in their life that they believe caused and maintained sexual repression. The participants discussed how this impacted their mental health. Many of the participants expressed positive coping, which helped them overcome their sexual repression.

Naming sexual repression and the main contributing factors to sexual repression may help mental health professionals feel more competent in working with clients who present with these concerns. Naming sexual repression and its causes will also hopefully remove some of the stigma and shame attached to it, allowing more people to speak to their mental health professionals about their experiences of sexual repression.

PART I: LITERATURE REVIEW AND METHODOLOGIES

I.1. Literature Review

“The excitations in question are produced as usual but are prevented from attaining their aim by psychic hindrances, and are driven off into many other paths until they express themselves as symptoms.” - Sigmund Freud, 1914

Sigmund Freud (1914) defined sexual repression as the libido's inability to “attain normal sexual gratification” (p. 13), thus leading to deviance, disease, and neuroses (Freud, 1914, p. 13). Freud (1914) believed that hysteria is an outcome of sexual repression; he believed that hysteria manifests when normal instincts, “psychic processes, wishes, and desires” (p. 11) are interrupted and unable to develop naturally. McGilvray (1988) states that sexual repression can lead to “sexual frigidity, somatization of conflicts, propensity to hysteria, and masochistic tendencies” (p. 116). Freud said that sexual repression can be an outcome of “restriction of freedom, inaccessibility to the normal sexual object, dangers of the normal sexual act, etc., which cause the origin of perversions in individuals who might have otherwise remained normal” (p. 13). The researcher's understanding of Freud's statement is that sexual repression can be the result of an individual's inability to attain their sexual needs and that this repression can lead to the decline of mental health. By including psychic processes as a condition for which the interruption of leads to sexual repression, Freud seemed to acknowledge that sexual repression is not only about the act of sexual intercourse itself, but also aspects of the individual's identity. Gender identity and sexual orientation may be important psychic processes to consider in the discussion of sexual repression. It is worth noting that Freud and other authors from our literature review did not directly link sexual repression with

gender or sexual orientation. Therefore, for the purpose of this research, sexual repression will be defined as the *failure to actualize any part of a person's sexual or gender expression*.

The focus on bisexual and transgender individuals is important; transgender and bisexual individuals are often left out of the conversation, leading to their invisibility (Lev, 2013). Risk factors that are specific to all LGBTQ+ individuals will be explored.

Minority stress, a term coined by Ilan Meyer (1995) refers to the reality that homosexual people living in a heteronormative society suffer from unique stressors that are directly tied to their stigmatization. Meyer (1995) conducted a longitudinal, quantitative study on gay men to examine the psychological and behavioural effects of the AIDS outbreak. Specific conditions that lead to minority stress are: internalized homophobia, stigma, and experiences of “discrimination and violence” (Meyer, 1995, p. 38). Meyer’s (1995) study showed that individuals who suffer from high levels of minority stress also suffered from severe mental health issues. For example, he found that suicide amongst homosexuals was strongly related to “negative societal attitudes” (p. 38) embodied by friends, family, religion, and community (Meyer, 1995). Internalized homophobia happens when individuals label themselves and begin to view themselves as others view them, thus imposing societal rules of heteronormativity onto themselves (Meyer, 1995). Meyer’s study found that internalized homophobia can lead to sexual dysfunction problems (Meyer, 1995). Recent studies show that internalized homophobia is still a concern for many people who identify as LGBTQ+ (i.e., Charron, 2014; Fahs, 2009; Fischgrund et al., 2012; Flanders et al., 2017; Ross et al., 2010; Schrimshaw et al., 2013; Verduzco, 2016). This is consistent with Freud’s (1914) assessment that sexual

repression is the outcome of being prevented from realizing one's full sexual expression.

In the LGBTQ community, many individuals have expressed suffering from homophobia, biphobia, monosexism, and transphobia (Ross et al., 2010; Whittle et al., 2007). Biphobia, like homophobia, is the prejudice and rejection of bisexual individuals (Ross et al., 2010). Monosexism is the view that sexual orientation is binary; it is the belief that a person is either homosexual or heterosexual (Ross et al., 2010). Transphobia is the rejection of transgender individuals (Whittle et al., 2007). These views, often fostered by heterosexual as well as homosexual individuals, can be internalized by the people that against which they are used to reject and oppress (Ross et al., 2010). These negative beliefs, when strongly expressed in one's family of origin, can instill themselves in the individual who will internalize their parents' beliefs about sexuality (Hyde et al., 2012; Ryan et al., 2009). It is well documented that lesbian, gay, bisexual, and transgender individuals experience internalized homophobia (Ross et al., 2010; Schrimshaw et al., 2013; Verduzco et al., 2016; Fischgrund et al., 2012; Myer, 1995). When individuals internalize these harmful beliefs, they suppress their identities to conform to what other people expect them to be. Internalized homonegativity can lead to sexual dysfunction, as the individual believes that their sexual expression is inherently wrong (Hyde et al., 2012). Internalized homophobia, biphobia, transphobia, and monosexism are at the heart of sexual repression; if people internalize these views, they will suppress their sexual and gender expression in order to fit in with either one group or the other. This is sexual repression because the individual is denying an integral part of their identity. Based on the above-mentioned literature, this can lead to poor mental health and suicide ideation (Ross et al., 2010; Ryan et al., 2009; Schrimshaw et al., 2013;

Fischgrund et al. 2012; Haas et al., 2010).

Many studies have warned against the insistence of a strictly heterosexual, cisgender sexual expression (Verduzco, 2016; Parker, 1995). The inability to express one's gender identity or sexuality may lead to sexual repression. Verduzco (2016) conducted a study with gay men in Mexico and found that stigma and taboo create a lack of ability to talk about homoerotic sexual desires. This leads individuals into sexual situations that are not well negotiated, since they are not talked about. This can lead to sexually transmitted infections and abuse and can create negative emotions which lead to mental health issues. The inability to discuss their sexual wants and needs meant that these men could not have their sexual needs met; this includes not expressing their sexual preferences and compromising sexual safety. Freud (1914) believed that the inability to experience the normal sexual act¹ was a factor that leads to sexual repression. By not having the safety to express their sexual needs, these men appear to be suffering from sexual repression.

Studies show that gay men in particular suffer from trying to reconcile their sexual identity and their sense of being male (Verduzco, 2016; Fischgrund et al., 2012). Many gay men experience fear, guilt, and shame for not conforming to social scripts of masculinity (Verduzco, 2016). Social scripts of masculinity refer to the behaviours that men are expected to exhibit, specifically in their physical appearance, sexual, and social behaviour (Fischgrund et al., 2012). Social scripts were listed as a reason for repressing sexuality (Verduzco, 2016). Verduzco (2016) found that this repression not only led to loneliness, but also that it made it difficult for gay men to meet one another, creating isolation. Many gay men attempt to reconcile the discrepancy between their sexuality and

¹ For Freud, this meant intercourse (1914).

social scripts of masculinity by exhibiting hypermasculinity (Fischgrund et al., 2012). Hypermasculinity can manifest in appearance and behaviour, both social and sexual (Fischgrund et al., 2012). Studies show that hypermasculinity can lead to poor mental health as well as poor physical health, namely, an enhanced risk of contracting sexually transmitted infections (Fischgrund et al., 2012). By trying to reconcile one's sexuality with one's sense of being male, individuals are repressing their true gender or sexual expression, increasing their chances of suffering from a mental illness.

Many misconceptions exist about bisexuality; these misconceptions may lead to internalized homo biphobia, which can result in poor mental health (Ross et al., 2010; Flanders et al., 2017; Schrimshaw et al., 2013). Bisexual individuals face the unique conflict of being just outside of the queer community and just outside of the heterosexual community (Ross et al., 2010). As a result of this grand exclusion, bisexual individuals find themselves in a position where they need to prove their sexual identity (Flanders et al., 2017). Bisexual women in particular are expected to engage in sexual activity with both men and women in order to prove themselves as sincere, while also receiving feedback that these actions are insincere (Flanders et al., 2017). This can lead to sexual repression; by performing actions in order to prove oneself, these individuals are not being true to themselves. Being forced to prove one's sexuality may act as a suppressant, rather than an enhancer, of one's sexual identity; one should express their sexuality because it is what feels right and not to prove to others that their sexuality is authentic. This need to prove the authenticity of one's sexuality is a form of sexual repression. Bisexual women are seen as being "willing objects of sexual pleasure for heterosexual men" (Ross et al., p. 497, 2010). By many, bisexual women are seen as performing

bisexuality, that is, engaging in bisexual activities for the enjoyment of others, usually men, while identifying as heterosexual (Fahs, 2009). Many bisexual individuals suffer from social pressure to conform to the dichotomy of heterosexuality and homosexuality. As Ross, Dobinson, and Eady (2010) report, Western culture has trouble understanding how an individual can be neither, so they force their views onto bisexual individuals to try to get them to conform. Research shows that bisexual women have the highest reported suicide ideation rates than all other LGBTQ youth, and bisexual men are the least likely of all LGBTQ individuals to disclose their sexual orientation (Flanders et al., 2017; Schrimshaw et al., 2013). Bisexual men who conceal their sexual orientation report suffering from poor mental health (Schrimshaw et al., 2013). Studies suggest that bisexual men will benefit more from using therapy to address the reasons for concealing their sexual identity than from coaxing them to disclose (Schrimshaw et al., 2013).

Transgender individuals, like bisexuals, face a unique set of concerns in comparison to the rest of the LGBTQ population (Moleiro & Pinto, 2015; McCann, 2015; Lev, 2013). What many people do not understand is that there is a difference between sexual orientation and gender identity (Moleiro & Pinto, 2015; Haas et al., 2010). Sexual orientation denotes the sex or gender that an individual is sexually or romantically attracted to (American Psychological Association, 2012). Gender identity is an individual's sense of being male or female, regardless of their physical sex (Moleiro & Pinto, 2015; Fausto-Sterling, 2000; Haas et al., 2010). Cisgender refers to individuals whose sense of being male or female is congruent with the sex they were assigned at birth (Lev, 2013). Fausto-Sterling (2000), in her definition of gender identity, states that transgender people may also identify as androgynous. Androgyny refers to individuals

who draw from a wide range of human characteristics without arbitrarily assigning definitions of masculinity or femininity to these characteristics (Holly, 1982). Sexual orientation in transgender individuals varies, just as it does in cisgender individuals (Haas et al., 2010). Cisgender refers to individuals whose sense of being male or female is congruent with the sex they were assigned at birth (Lev, 2013). Transgender people, like cisgender people, can be straight, gay, lesbian, or bisexual. Many researchers agree that sexual orientation and gender identity exist as a continuum, rather than a dichotomy (Moleiro & Pinto, 2015; Fausto-Sterling, 2000). This means that sexuality and gender identity are not black and white, but rather, is on a spectrum. The implications of this are significant because it gives a voice to those individuals who do not identify their sexuality or gender as either-or; namely, people who are bisexual, gender fluid, non-binary, sexually fluid, graysexual, and other classifications of LGBTQ+ that do not fit the standard binary (Mardell, 2016).

Transgender individuals are at a particularly high risk for suicide; one study showed that 40% of transsexual men and 20% of transsexual women had attempted suicide (Maguen and Shipherd, 2010). LGBTQ individuals have been pathologized in medicine for decades (Lev, 2013; McCann, 2015); unfortunately, this is still the case for transgender persons. The inclusion of the term “gender dysphoria” in the DSM-V was meant to help transgender individuals, but instead, can be seen as pathologizing the very people it was designed to service (Lev, 2013; Moleiro & Pinto, 2015). This pathologization feeds minority stress by reinforcing stigma and discrimination, further leading to adverse mental health outcomes, such as depression and anxiety (McCann, 2015). It is important to open up the discourse to be all-inclusive in order to represent

everyone in the LGBTQ community and to reduce the risk of suicide for every group within this community.

Sexual repression may be the outcome of psychological factors that lead to sexual dysfunction. Hyde, DeLamater, and Byers (2014) explain that there are conditions that perpetuate and sustain sexual dysfunction. They termed these as maintaining psychological factors (Hyde et al., 2014). Maintaining psychological factors of sexual dysfunction, such as incorrect or missing information regarding sex, poor attitudes about sex, and poor communication with one's partner about sex, can be factors that lead to sexual repression (Hyde et al., 2014). This is true for all populations, regardless of sexual orientation. When people are misinformed about sex, they may develop beliefs and expectations that are harmful and prevent the full enjoyment of a healthy sex life (Hyde et al., 2014). An example of this is pornography. Pornography can create unrealistic expectations of how people are expected to perform sexually; it also gives unrealistic expectations of how other people want them to perform sexually. These misconceptions can lead to sexual repression because they prevent people from actualizing their true sexual selves, leading them to perform, rather than experience, sex. This misinformation can lead a person to have poor attitudes regarding sex, their body, or their partner's body (Hyde et al., 2014). Moreover, many individuals lack the basic knowledge about sexual functioning (Hyde et al., 2014). For example, many adults do not know where, or even what, the clitoris is (Hyde et al., 2014). Such a lack of information can lead to sexual dysfunction, further leading to sexual repression (Hyde et al., 2014).

Many people were raised in households that fostered negative attitudes about sexual relations; this leads to an internalized dialogue of sex being dirty, painful, and shameful

(Hyde et al., 2014). These attitudes make it hard for the individual to view sex in a healthy way, thus inhibiting their ability to discover themselves sexually. Growing up in such an environment can create a strict belief that there is a right way and a wrong way to perform and experience sex (Hyde et al., 2014). For example, this may suggest that vaginal penetration is the only acceptable form of sex. Therefore, the individual may believe that other sexual acts are unacceptable; this could lead to painful, unsatisfying, or incomplete sexual encounters (e.g. insufficient vaginal lubrication, erectile dysfunction, and so on) (Hyde et al., 2014). Such an upbringing may inculcate in the individual the belief that masturbation is unacceptable (Hyde et al., 2014). Such teachings may lead the individuals to think that their bodies and urges are dirty and wrong; it can prevent the individual from exploring their sexuality and from developing a healthy sexual attitude. If an individual is uncomfortable with their own body, they will likely be incapable of achieving sexual fulfillment with their partner (Hyde et al., 2014). Furthermore, if sex is painful, the individual may not know how to talk about it with their partner. Talking about sex openly with one's partner when one is experiencing sexual pain has been shown to increase sexual satisfaction and reduce depression (Rancourt et al., 2016). Negative views about sex and the body, however, may deter partners from talking to each other about painful sex. These deep seeded views about sex may lead to sexual repression as they prevent the individual from discovering and experiencing the utmost potential of their sexual capabilities.

Sexual repression can happen when people deny their sexuality. The classification of paraphilic disorders in the DSM-V (2013) pathologizes sexual behaviours that are seen as deviating from the norm. Paraphilic disorders are classified as sexual behaviours and

preferences “that most people regard as distasteful, unusual, or abnormal” (Morrison, 2014, p.351). By pathologizing these behaviours, people who exhibit them may internalize the idea that there is something wrong with their sexual preferences and practices. This reinforces the belief that there is a right way and a wrong way to have sex (Hyde et al., 2014). This may lead them to suppress their sexual urges, further leading to sexual repression. Cantor (2012) states that the line between normal sexual behaviour and abnormal sexual behaviour is so blurred that homosexuality, although widely accepted, can be viewed as a form of paraphilia. Although the DSM-V lists sadomasochism as a paraphilic disorder, Bondage Dominance Sadomasochism (BDSM) is an acceptable form of sexual expression in the Western world (Cantor, 2012; Hyde et al., 2012; Jozifkova, 2013). Healthy BDSM, when practiced consensually, is far different from violence and must therefore be treated as such (Jozifkova, 2013). Given this distinction, BDSM can be understood as a healthy form of sexual expression and therefore must not be pathologized. The inclusion of such behaviours in the DSM-V is a statement, and that statement is that this form of sexual expression is wrong. As Hyde, DeLamater and Byers (2012) stated, “Most experts view sexual sadomasochism as a variation on other forms of healthy sexual activity” (p. 434). Freud (1914) claimed that many forms of normal sexual functioning include some of what he called “perversions” while still remaining in the realm of the norm. He claimed that these perversions became unhealthy when they replace the “normal” sexual act (Freud, 1914). While certain sexual behaviours that are classified in the DSM-V are seen as unhealthy, people who enjoy those behaviours must have the freedom to find healthy, consensual ways to practice them, given that these behaviours can be practiced with another consenting adult. If people are told that their

urges are abnormal and if these people are unable to find healthy ways to express them on their own, they may suppress their urges and potentially develop sexual repression and mental illness.

Unfortunately, not all forms of paraphilia are as harmless as others. It is important to discuss issues such as pedophilia when discussing paraphilia. Furthermore, when people are made to repress their sexuality, they may find unhealthy ways to express it, such as in pedophilia, incest, and rape, to name a few. Many practices, such as female genital mutilation (FGM), aversion therapy, and the inclusion of certain sexual preferences in the DSM-V, reinforce the belief that sexuality is dirty, wrong, and that it needs to be suppressed.

Based on the reviewed literature in this proposal, it is understood that sexual repression occurs can occur any time that someone is made to believe that their sexual desires, sexual expression, sexual orientation, or gender identity is, somehow, wrong. The literature presented in this proposal points to the pathologization of sexuality and indicates how it can lead to sexual repression. It appears likely that sexual repression can lead to poor mental health and suicide ideation. Therefore, it is important to identify the factors that lead to sexual repression so that mental health practitioners can effectively assess and treat sexual repression. From the literature above, there appears to be several factors that could encompass the lived experience of sexual repression. Namely, there seem to be societal expectations that one must be either homosexual or heterosexual, as well as other misconceptions (Ross et al., 2010; Hyde et al., 2014; Flanders et al., 2017). Societal and internalized stigma, not feeling acceptance or challenges encountering safe spaces, and attitudes about sex and the self as a sexual or gendered being (Meyer, 1995;

Hyde et al., 2012; Flanders et al., 2017; Ross et al., 2010) may also play a role in sexual repression. However, no research to date has put these elements together into a complete picture of the lived experience of sexual repression.

I.2. Methodologies

I.2.1. Purpose

Based on the literature discussed so far in this project, sexual repression appears to be negatively related to mental health. This study aims to access the lived experiences of LGBTQ individuals who note that they experience sexual repression and to identify the key components that they perceive cause and maintain sexual repression. Therefore, this research aims to answer the following questions: what is the lived experience of LGBTQ individuals who experience sexual repression and what are the key components that they perceive cause and maintain sexual repression? Through the literature, it is known that persons who identify as LGBTQ+ are likely to suffer from stressors that may prevent them from actualizing their true sexual and gender identities, leading to poor mental health. Therefore, the researcher hypothesizes that sexual repression can lead to poor mental health. The research also hypothesizes that the same factors that lead to and maintain minority stress and sexual dysfunction described on page 4 may also lead to sexual repression and poor mental health. A comparative analysis of group differences among the LGBTQ community will also be provided.

I.2.2. Measures

This study was carried out by means of a qualitative analysis based on grounded theory. The purpose of grounded theory is to develop a new theory to help explain certain phenomenon in a population (Creswell, 2006). Grounded theory can also help to create a

theory that can be used as a foundation for future research (Creswell, 2007). Grounded theory aims to access the raw, authentic, lived experiences of the population in question (Creswell, 2007). Creswell (2007) outlined two major types of grounded theory: systematic grounded theory, as proposed by Strauss and Corbin, and the constructivist approach, as proposed by Charmaz.

The systematic procedure, as proposed by Strauss and Corbin, aims to create “a theory that explains a process, action, or interaction on a topic” (Creswell, 2007, p. 64). During this procedure, the researcher collects data, typically through interviews, until they have achieved saturation. Saturation is when the researcher has found as much information as possible to add to the categories. Given the limited research available on sexual repression and its effect on LGBTQ individuals, systematic grounded theory is the best suited method for this study; it will help to broaden our knowledge on this issue by obtaining the unique lived experience of individuals who suffer from sexual repression. The responses of the participants will be compared to one another and analyzed and assessed for depth, authenticity, and significance.

This study used thematic analysis. Thematic analysis organizes data into patterns, or themes (Braun and Clarke, 2006). The data is analyzed in detail and interpreted for meaning (Braun and Clarke, 2006). According to thematic analysis, a theme illustrates something meaningful and relevant information about how the data relates to the research question and represents part of a larger pattern (Braun and Clarke, 2006). The first phase of thematic analysis is for the researcher to familiarize themselves with the data (Braun and Clarke, 2006). The second phase involves creating initial codes (Braun and Clarke, 2006). Codes can be numerical or they can be short phrases that help the researcher

identify, in the most basic way, what is meaningful about a certain piece of data (Braun and Clarke, 2006). Phase three involves looking for themes (Braun and Clarke, 2006). Phase four involves reviewing the themes (Braun and Clarke, 2006). Stage five involves assigning names to and defining the themes, and finally, phase six involves creating a report (Braun and Clarke, 2006).

I.2.3. Data gathering

The researcher has conducted a series of focus groups. The focus groups took place at Saint Paul University. The study was separated into three focus groups and two individual meetings, given the availability of the participants. The focus groups lasted between thirty minutes to an hour and a half. The length of the focus groups depended on group size and depth of participant responses. In order to clarify emerging themes from the research, the researcher planned on conducting follow-up interviews with some participants whose statements might have needed further verification. There is little literature that relates directly to sexual repression and how it manifests in Western culture and in this era, and therefore, no tools nor questions have been found to measure sexual repression. Because of this, the questions that were asked are based on the literature reviewed in this study so far. The follow up interviews would have been one on one, rather than in a group, and would have taken place at Saint Paul University or over the phone. Given the depth of responses provided by the participants, follow up interviews were not necessary. The questions that were asked in the focus groups are derived from the literature and left room for the participants to provide new information that may not yet be covered in any of the existing literature. The participants were asked to explain their sexuality / sexual orientation / gender identity; this will help the researchers saturate

the information in order to determine which identities correlate to higher levels of sexual repression and lower levels of mental health. The participants were asked to explain the extent to which their sexuality contributes to their mental health. A research assistant was present during the focus groups to take notes and to assist in de-escalation, should any of the participants have become distressed. None of the participants reported any distress after the study was finished.

I.2.4. Participants

This study included ten (10) participants. The participants included individuals who self-identify as lesbian, bisexual, pansexual, asexual, queer, cisgender, transgender, and intersex. The study was also open to individuals who identify as homosexual and gender-queer (non-binary, gender fluid, non-conforming, and so on), however, no persons who identify as such participated in the study. Several homosexual and gender-queer individuals contacted the researcher to be a part of the study, but they did not present to the study. It is important to include members from each category of the LGBTQ community in order to compare differences between the different various subgroups of the LGBTQ community. Participants ranged in age from 20 to 65 years old. It is important to consider that age might play a role in sexual repression; because of this, it was important for the participant requirements to be as inclusive as possible so as to saturate the data and find relevant variables, such as age. This study may, therefore, be an important foundation for future research.

I.2.5. Recruitment

Participants were recruited online through various LGBTQ organizations in Ottawa, social media, the Saint Paul University Counselling and Psychotherapy Centre, and

through word of mouth. The LGBTQ organizations that were contacted were Kind Space, The Canadian Centre for Gender and Sexual Diversity (CCGSD), and the University of Ottawa Pride Centre. A letter explaining the purpose of the study was distributed to such organizations to request the distribution of the details of the study to the members on their mailing list. A consent letter, as well as an explanation of confidentiality, was provided as well. The social media platforms that were used for recruitment were Facebook, Instagram, and Twitter. The researcher contacted several LGBTQ+ groups on Facebook to gain consent from the group administrators to recruit on their Facebook page. These groups were Queering 613 and Girl 2 Girl. The recruitment poster was shared by various Facebook users to get more views. A poster was displayed in the Saint Paul Counselling and Psychotherapy Centre in order to recruit participants. This produced roughly seventeen people who were interested in the study and ten participants. The recruitment letter and consent form included our definition of sexual repression. Sexual repression was explained to the participants.

I.2.6. Protection of the participants

As with most studies, the researcher must acknowledge the risk of harm to the participants. In order to reduce the risk of harm, the purpose of this research was made clear to the participants before they partook in the study. The participants were informed that their answers may be used to help prevent the suffering of others who experience the same stressors as them. Considering the nature of the study, some of the questions posed had the potential to cause discomfort to the participants. Resources, such as the phone number to the Ottawa Distress Center, were attached to the consent form in the event that participants became triggered and distressed while answering the questions. The

individual who conducted the interviews is trained in counselling in the event that the participants became distressed. All of the information provided by the participants was kept confidential in order to ensure the anonymity of the participants. All data was password protected. Identifying information, such as names and exact ages, have been changed in order to protect the confidentiality of the participants.

I.2.7. Procedures

Participants were recruited through various groups as described in the “Recruitment section.” The purpose of the study was explained during the recruitment process.

Participants were informed that participation is voluntary and that they may withdraw from the study at any time without implication. Participants were provided with the contact information of the researcher and the research advisors, should they have had any questions about the study. Participants were provided with a consent form. Participants who agreed to the follow up interview would have been contacted by phone or by e-mail to set up an interview time, had the researcher deemed it necessary. Follow up interviews would have taken place in person or over the phone. The interviews have been transcribed verbatim. The focus group and interviews were voice recorded on a recording device borrowed from the Multi Services Centre at Saint Paul University.

PART II: RESULTS

Client’s self-identification of sexual orientation

Ten participants who met the research criteria were recruited for the study. All of the participants consented to be contacted for a follow up interview. Of these participants, eight identified as female and two identified as male. One participant identified as heterosexual but not cisgender (intersex), four participants identified as lesbians, three

participants identified as sexually fluid, and one identified as being on the asexual spectrum. Seven of the participants identified as cisgender, one identified as transgender, and two identified as intersex. Seven of the participants were Caucasian, one identified as aboriginal, one participant was Indian, and one was mixed racial (see Table 1 for a breakdown of the participants' demographics). It is worth noting that the term "intersexuality" has been replaced with Disorders of Sexual Development (DSD), or Variations of Sexual Development (VSD) (Griffiths, 2018; Diamond & Beh, 2006). For the purposes of this research, the word "intersex" will be used. It is important to use the participants' own language when referring to issues of identity.

Grace, 24, is a Caucasian cisgender woman who identifies as sexually fluid. She stated that she oscillates between calling herself bisexual, queer, or "a lesbian with an exception," given that she is currently in a monogamous relationship with a man. She stated that she sometimes sees her sexuality as "a big old question mark." During the study, Grace most frequently referred to herself as bisexual.

Jennifer, 40, is an aboriginal transgender woman who identifies as two-spirit and sexually fluid. Jennifer describes what it means to her to be two-spirit:

I'm aboriginal, and two-spirit is a relatively newer term to identify LGBTQ+ people that are within communities, like aboriginal communities, and they often have a communal role of some sort, and so two-spirit is an affirmation that the aboriginal communities accept people that are queer, or that are not within those binary constructs.

Like Grace, Jennifer does not see her sexuality as being fixed; she identifies as queer, bisexual, pansexual, and androsexual, meaning that she is attracted to masculine energy. Jennifer stated that she is most attracted to people's personalities.

Alice, 45, is a Caucasian intersex woman who identifies as sexually fluid. Alice

discovered the term “intersex” in the last decade when she was looking for a term that fit her better than “transgender.” Alice began to undergo gender reassignment when she was fifteen to begin living as a man. Fifteen years ago, she decided to go back to living as a woman. Given that Alice possesses both feminine and masculine traits, she identifies herself as intersex. Alice stated that she suspects that she carries the H antigen factor. The H-Y antigen is typically found in males and is associated with the development of the male gonads (Goldberg, 1988). The H-Y antigen has been associated with intersexuality (Ghosh et al., 1978). This, says Alice, would make her biologically intersex, but that she has been unable to receive genetic testing. Alice stated that she knew from a young age that she was different. She has questioned whether or not she is metagender, that is, beyond gender. Sexually, Alice considers herself to be fluid and monogamous. Alice sees sexuality as a “God given gift.”

Naveen, 34, is an Indian intersex man who identifies as heterosexual. He stated that he has Klinefelter Syndrome (KFS). KFS is a chromosomal condition where, in men, extra X chromosomes are present, which “interfere with male sexual development” (Klinefelter Syndrome, 2018; Lahood, 2012). For Naveen, this means that he possesses male and female physical traits. He stated that he possesses female secondary sexual characteristics; breasts. He stated that he has long legs and wide hips. He expressed that his sexual behaviour is more typically female than male. Naveen sees himself as a feminine man. Naveen stated that he did not know about KFS or intersexuality until he met his wife, Alice. While Naveen stated that he has not had access to testing for KFS, he expressed confidence without a reasonable doubt that he has this genetic condition given that he meets the textbook criterion.

Kayla, 26, is a Caucasian cisgender woman who identifies as bisexual. Although she identifies herself as bisexual, she stated that she is open to exploring different sexualities that might define her better. She stated that she is attracted to both men and women. She describes her self-discovery of sexuality as a journey.

Sophie, 21, is a Caucasian cisgender woman who identifies as a lesbian. She stated that she is emotionally and physically attracted to women.

Lily, 42, is a Caucasian cisgender woman who identifies as a lesbian. She stated that she came out after “the biological imperative played itself out.” Prior to coming out, Lily was married to a man. They separated in the last few years. She stated that in the past, she has gone back and forth from identifying as bisexual, pansexual, and lesbian. She stated that she is finally being true to herself in identifying as a lesbian.

Maureen, 65, is a Caucasian cisgender woman who identifies as a lesbian. She stated that she is emotionally and physically attracted to women. She stated that she identified herself as a lesbian after leaving her husband in the 1970s.

Peter, 27, is a Caucasian cisgender man who identifies himself as being on the asexual spectrum while not being completely asexual; he describes himself as Platonist, that is, a person who experiences platonic love where sexuality does not factor in. What Peter describes is gray-asexuality, or graysexuality; the gray area between sexuality and asexuality (Mardell, 2016; Elson, 2018).

Andrea, 26, is a mixed race cisgender woman who identifies as a lesbian.

Table 1 – Participant Demographics²

Participants	Sexual Orientation	Gender Orientation	Age	Race	Married before coming out
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² All names and identifying information has been changed to protect the confidentiality of the participants.

Grace	Fluid (bisexual, queer)	Cisgender	24	Caucasian	No
Jennifer	Fluid (bisexual, androsexual, pansexual)	Transgender	40	Aboriginal	Twice; two women
Alice	Fluid	Intersex female	45	Caucasian	No
Naveen	Heterosexual	Intersex male	34	Indian	No
Kayla	Bisexual	Cisgender	26	Caucasian	No
Sophie	Lesbian	Cisgender	21	Caucasian	No
Lily	Lesbian	Cisgender	42	Caucasian	Yes; to a man
Maureen	Lesbian	Cisgender	65	Caucasian	Yes; to a man
Peter	Platonist; graysexual	Cisgender	27	Caucasian	No
Andrea	Lesbian	Cisgender	26	Mixed (Indian and Caucasian)	No

Thematic Analysis

Several themes emerged from the responses of the participants. The main themes were identified as: misconceptions (expectations, rules, objectifications); stigma; belonging and acceptance (community); internalized view of self and mental / emotional impact; safety (implications of disclosure and safe spaces); and attitudes about sex and self as a sexual / gendered being. These themes were broken down into sub-themes. We will now explore these themes and sub-themes and assess analyze the participants' responses.

II.1. Misconceptions; Expectations, Rules, and Objectifications

Many of the participants reported facing a number of misconceptions held by others about their sexual or gender orientations. Misconceptions can be misinformation, myths, or ignorance regarding sexuality or gender (Hyde et al., 2012). The main points that were

raised under this category were as follows: sexuality or gender not being taken seriously, being sexualized, social rules and role expectations, and myths and heteronormativity.

II.1.1. Sexuality or Gender Not Taken Seriously

Of the eight participants who have clearly identified their sexualities and gender orientations to other people, all eight of them stated that they have experienced times in their lives where other people have not taken their identities seriously. Many people have made comments about the bisexual / sexually fluid participants, stating that their sexualities are inauthentic.

Grace stated that people have commented that bisexuality is not a real sexual orientation. She stated that she had a negative coming out experience with her mother, which made her feel like it was not okay to be out as a bisexual woman. She described the situation as follows:

My first negative experience was with my mom, and I came out to her and she was like “no you’re not,” and I’m like “yes I am, thanks.” And I just didn’t talk about it for years, and I just kind of went back into my little “straight shell.”

In addition to feeling invalidated by her mother, Grace stated that many other people have commented that bisexuality is “not a real sexuality.” She stated that others have described her sexuality as “fence sitting.”

Jennifer also stated that people have told her that bisexuality is not a real sexual orientation. Jennifer stated that some people viewed her gender transition as being directly related to her sexual orientation. She described the following:

(...) because I’m very feminine, a lot of people don’t look at me as somebody who is bisexual, so it makes the assumption that, prior to transitioning, that I was a fag, so it’s like clear that a lot of people made that assumption that I’m a gay guy, and that when I came out, it was like, well, then you’re gonna be with men now, right? So, even if I identify as pansexual it’s only like... well, she’s in motion. Right? It’s like, I’m going from a comfortable level of being with women to like, slowly

moving to men, or whatever way you wanna look at it, it's like, this mind set that bisexual is not true, and that it means that you're moving from one sexual identity to another.

Jennifer stated that she has struggled a lot with people who cannot see her sexual orientation as something that is separate from her gender orientation. As stated above, people assumed that her gender transition was directly related to who she is sexually attracted to.

Jennifer, like Grace, has had disparaging comments made towards her bisexuality / pansexuality. She stated that she has to worry about people warning potential romantic partners that:

“Be careful because she'll date, like, any person,' as if, like, that bisexual means that there's no attraction.”

This misconception ties into the next sub-theme, “sexualizing,” which we will explore in depth shortly.

Jennifer stated that because she looks very feminine, people do not easily see her as bisexual. Two of the other participants, Kayla and Andrea, also stated that their physical appearance acts as a barrier to people seeing them as members of the LGBTQ+ community. Additionally, Jennifer stated that she is often misgendered. Another participant, Alice, shares this dilemma.

Alice stated that her gender is not always perceived as authentically female. She stated that people often misgender her and assume that she is a man dressing in women's clothing.

I could remember one particular incident, I was with my sister at an art gallery and a gentleman came up to my sister and said: “oh, he likes to dress up, doesn't he?” Referring to me when I was wearing a dress.

Alice stated that her low voice and facial hair are key components to being misgendered.

Alice noted that her low voice and facial hair are partially genetic and partially due to the testosterone she used to take before she transitioned back to being a woman. She stated that this is a sensitive topic for her, given that she was born female and people have a hard time seeing her that way.

Kayla stated that she often receives comments from heterosexual men that she does not “fit the type,” meaning that she looks too feminine to be a member of the LGBTQ community. She described a conversation she once had with a straight man:

This was recently, this was this year, I did have an experience where a guy looked at me and said “you’re bisexual?” And I was like “...yes?” and he flat out told me, he’s like “well, you don’t fit the type,” and I was like (incredulous laughter) “what do you mean, ‘you don’t fit the type?’” He’s like, “you just don’t look like the community,” and I was like, “Oh, what does the community look like?” And he started describing, sort of, stereotypical aspects and I was like, really insulted, really quite insulted when he started telling me, he’s like, “no, you just don’t look that, I don’t think that, no,” and I was like “oh, okay, so you know more than me about me, okay. That’s cool. Very well.”

During Kayla’s telling of this story, Alice and Naveen, the other two participants present, were laughing and making murmurs of affirmation, implying that this situation is relatable.

Similarly to Grace and Jennifer, Kayla stated that people invalidate her and say that she is not really bisexual, and then proceed to offer their interpretations of her sexuality and sexual behaviour. She provided examples:

For example, I’ve often been told, “no, you’re not bi, you’re just going through a phase.” Or, “no, it’s normal, all girls are attracted to other girls,” or “oh, it’s probably not that, it’s probably this,” or “no, you’re just doing it for attention.”

She stated that comments like these make her feel less free to discuss her sexuality because she does not want to feel persecuted and invalidated. We will discuss this further in sections II.4.1, II.5.1, and II.5.2.

Sophie also stated that she has struggled with heterosexual men not taking her sexuality seriously or seeing it as genuine. She described a situation from this past summer in which a male friend disregarded her sexuality and then propositioned her to be in a relationship with him:

I had a friend of mine who, you know, we met in university, we were very good friends, and he told me that he had feelings for me, that he was falling in love, but he knew that I was a lesbian, and then he went on to say that he doesn't think that I'm actually a lesbian, but I'm demisexual, and I wasn't exactly sure what that was, but, and then he proceeded to ask me to be in an intimate relationship with him and I was very uncomfortable with that, and I just felt like my sexuality was completely disregarded, and I just find that, in my experience, I received a lot of things like that from straight guys, like, be very persistent and just not taking my sexuality as an answer seriously or anything like that.

Sophie stated that it is typical of heterosexual men not to take her sexual orientation seriously.

Lily stated that there is a long history of people not taking her sexuality seriously. She described her mother as extremely dominant and from a matriarchal family and that there were rules that Lily was expected to follow. Lily stated that her family was okay with her being heteroflexible but that it was not okay to have a serious relationship with a woman. She stated that her mom has made the "it's a phase" comment:

"...she's always been very, you know, 'oh, well, it's a phase, get over it, you know, you just... so and so such and such a guy has just turned you off men again.'"

Andrea stated that her mom has also commented that it's probably a phase, which she described as being the typical reaction:

"... When I told my mom, she did make that comment of like, 'it's probably a phase,' whatever, you know, the typical thing."

II.1.2. Sexualization

Eight of the ten participants reported that they have felt sexualized or sexually

objectified by others because of their sexual or gender orientation. Some participants have reported being “fetishized” or “turned into a kink.”

Grace stated that people assume that, because she identifies as bisexual, she should want to participate in threesomes. She stated that every straight man she has come out to has made a comment about threesomes. Grace stated that it is okay if other people want to participate in threesomes, but that it is not for her. Grace described a situation in which she went on a date with a woman, thinking it was a real date, but then finding out that she was being baited.

When I was in second year, there was a very beautiful woman that I went on a date with and she was wonderful and then I found out that she was straight and with a guy and that they wanted to experiment and they went around to... at my university, we had a very close queer community, and they had gone around to about six bisexual women in the group and was like “hey do you wanna, like, be our third, do you wanna be our unicorn,” like all that kind of thing and we’re all like “you’re disgusting, please leave.” Like...it was bad.

Grace expressed distaste in being treated as an experiment, rather than as a person. Grace stated that she avoided dating anyone for a year because she was afraid of experiencing something like this again. She stated that this tied into her lived experience of sexual repression at the time.

Jennifer also stated that she has faced the assumption that she should want to participate in threesomes, even though she has no desire to do this.

Jennifer explained that there are people whom she refers to as “tranny chasers,” people who want to have sex with transgender people to fulfil a sexual fetish. She explained it as follows:

I don’t want to be a secret, which means that trans women often are a kink or a fetish, and hence the term “tranny chasers,” so I’ve experienced a tranny chaser already, and fortunately for me I am not really ready to just jump into sex, so a lot of the time I want to get to know the person better because to me that’s a vulnerable

act, and often that scares the tranny chasers away because they don't want to invest in me. They just want to fuck me, pretty much.

Jennifer stated that she blames the porn industry for the fetishization of transgender people. She stated that her genital makeup is important to “tranny chasers;” she stated that, if she had a vagina, then she would no longer be considered of sexual interest to some because her penis comes as part of the package for the kink of being with a trans woman. She stated that, in terms of people being sexually attracted to her, she either “faces tranny chasers” or people who think that being with a transgender woman is “gross.” She stated that there is difficulty in transcending the idea of gender.

Alice stated that she has also been sexualized as a fetish. She stated that she experiences sexual harassment in ways that go beyond being sexualized:

“Just men being just blatantly aggressively sexual to me as if I'm some... as if I'm a toy or a plaything. Or, ‘Oh, that's rare,’ or I get a lot of, like, ‘oh you must be a dominatrix.’”

Alice stated that these types of interactions negatively impact her. She stated that men will assume that she is bisexual or gay and that they will sexualize their interpretation of her sexuality, turning her into a fetish. She says that this is disgusting.

Naveen stated that he has been sexualized for his feminine secondary sexuality characteristics. He stated that he has been hit on and sexualized by men because he has breasts, wide hips, and long legs. He described his experience as such:

I've even been hit on by men (chuckles). ‘Cause...I guess maybe they noticed that I was a bit more feminine, maybe that's something that they like, [...] And I think they were just objectifying me. They didn't even know me, right? I've literally had an older, a very older man, this was back a long time ago, who literally moved his hand more and more closer to my crotch [...] in an airport, of all the places.

Naveen expressed that he is happy to have a sexual partner who does not sexualize or objectify him and that he feels secure inside of his marriage. He expressed hope that he

will never have to experience situations like these ever again.

Kayla also stated that people sexualize her sexual orientation. She stated that men turn it into a fetish and make her sexuality about their own sexual enjoyment.

I've often had guys turn it into something that's, like "hot." They're like "oh, you're bi? That's so hot." And I'm like, "no no no, my sexual orientation is not supposed to be attractive or unattractive, it simply is." So that's happened quite a bit [...] like, why are you taking this thing that's not even yours and turning it into... yeah, like your own little fantasy or your own pleasurable... like, I don't even know. It's just strange. So I'll often put them back in their place, I'm like "no no no, it isn't supposed to be doing this for you."

Kayla stated that she does not know what to do when comments like these are made. She stated that comments towards her have been very sexualized, which are usually accompanied by judgements and a moralizing component. She stated that, from men, she is often reduced to a fetish and objectified. She stated that this causes her distressed because she feels like she is being put in a box and that this interpretation of her does not fit with how she sees herself. We will see more of this in section II.4.2. In addition to being objectified for her sexuality, Kayla stated that she feels objectified as a woman as well. She stated that people think that they can get away with anything because she is a woman.

Similarly, Lily stated that she has felt sexualized as a woman for many years. She stated that she has suffered many "indignities and violations" when she was younger because she did not know how to say no to men. She stated that she was raped for the first time when she was fourteen years old. In sections II.1.3, II.4.1, II.4.2, and II.4.3, we will look at how these experiences have affected her sexual behaviour in negative ways.

Lily stated that people have made fun of her for being an amateur inexperienced lesbian. She stated that people thought her shyness around women was the result of the

fact that she had been with a woman sexually in many years. People have told Lily that she needs to put herself out there and “get a whole bunch of [sex] out of the way.” Lily stated feeling not understood when these comments were made because sex is not the issue, as so many people assume it is.

II.1.3. Social Rules and Role Expectations

Many of the participants stated that they have found themselves in situations where they are expected to adhere to socially dictated rules and roles, even if these rules or roles feel oppressive to them. Many participants have described these socially imposed rules and roles as playing a role on their mental health and in their sexual repression.

Grace stated that she suffered from a lot of sexual repression in high school when she felt like she was not allowed to be out as a bisexual woman. She stated that not feeling the freedom to be out meant that she was not allowed to discover if she had a type in women. She stated that she did not get to discover her sexuality like a normal teenager. She stated that she could not date or figure out what she liked sexually. She stated that this stunted her sexual development.

Jennifer stated that many people expect her to be with only men after transitioning; that people do not understand why somebody would transition to being a woman if not to solely be with men. She stated that she is nervous coming out to new people because then she becomes a contested area in their brains as they try to fit her into a box. She said that people do this automatically.

Jennifer stated that even before coming out, she was expected to behave in certain masculine ways and was reprimanded for acting in feminine ways. She stated that she was expected to fit into her socially prescribed gender roles.

(...) And even prior to coming out, because I was still not fitting in the perceived societal expectations of what a guy should be like, there was a lot of interjection as to my mannerisms, and the way that I talked and, like, I was being criticized a lot, so I don't want to make it sound like it's only because I'm trans, but in my case, even prior, there was a lot of interjection, like, "oh my gosh, stop pointing or stop shooting your hip out," or "don't talk like you're singing," you know, so there's very critical moments where one of my first women that I dated was heterosexual, is that she was very critical of my demeanour, and so it was a learning curve for me 'cause then finally I was like oh, so that's how guys are, so maybe I should try to fill this role of being a guy based on her perception and then maybe that will help [make myself more masculine].

Jennifer stated that she tried to learn how to act like how the way a man was supposed to act because that's what was expected of her, even though this did not fit how she truly felt. She stated that she felt very limited when she was younger because there was always "a clear guy way of doing things and a clear girl way of doing things."

Alice stated that she is often scorned for pushing back against societal expectations of how women are expected to look and act. She stated that store clerks will often make hurtful comments towards her and ask her why she is trying on women's clothing, unaware of the fact that she was born female and identifies as female. She stated that, in addition to being called out in clothing stores, men often make disapproving comments towards her at the gym, stating that she should not be lifting as much as the men do. She stated that a man once made a noise of disgust at her boots and told her to go get some nicer, feminine shoes.

Alice stated that there was a time when she tried to repress her masculine side in order to fit into the societal standard of how a woman is supposed to be. She stated that she tried to be someone who she was not in order to attract a stereotypical man. She stated that she believes that she is sexually repressed for the following reason:

(...) I think I'm sexually repressed. And it happened shortly before I met my husband just out of... just, string of very... they were not very good relationships,

where I tried to be very feminine, like, I repressed all the masculine side and tried to get a stereotypical guy, and then the guy discovered more and more things about me, and, you know, just like, my weightlifting, or, I like cars, or football, or things, and he was just like... you know. Heartbreak city.

She stated that she is still dealing with the repercussions of this, despite having been with her husband for four years.

Kayla stated that people often expect her to be more typically feminine and to stay within the confines of accepted gender roles. Kayla does not believe that being a cisgender woman means that she should always act in typically feminine ways.

Sophie stated that many young heterosexual men become confused when faced with the concept of lesbianism. She stated that she has received a number of comments where men ask her who the man in the relationship is. She stated that it is comments like these that make her uncomfortable being out around heterosexual men. We discussed this in section II.1.1. We will see this again in sections II.1.4, II.2.3, II.4.1, and II.5.2.

Lily stated that she was told from a young age exactly what was expected of her. She stated that people would brush off her sexuality and say that she's not gay, but rather, she was the dyed blonde party girl who drank too much and that her role was to marry a man and have babies. She stated that her family told her that her sexuality was not that important, but what was really important was for her to make the choices that they expected her to make. Lily stated that she felt as though she was held to a higher standard than everyone else. She stated that, according to her family, other people were allowed to be gay, but Lily was expected to be heterosexual, marry a man, have a house, and have babies. Lily stated that part of her repression came from a fear of what society would think of her for wanting the package minus the husband.

(...) The husband was part of that package and I was [a] very bourgeoisie wife in

that I felt part of that package was delivering myself as that image and package as part of the deal. It was kind of like a high level of prostitution. And that's what I feel like; I prostituted myself throughout my life...

Lily describes her adherence to her role as a high level of prostitution; she felt that she had to trade herself for a house, children, and so on. She stated that these expectations of her are so deeply ingrained that she has come to expect them of herself. She stated that because of these expectations, her assertive self flips in the presence of a man and she subsumes her identity into theirs. She stated that this strongly ties in to her sexual repression.

Lily stated that there are many people in her LGBTQ+ groups who, like her, came out later in life due to the heteronormative expectations and standards that many grew up with. She stated that it feels different from younger lesbians who may not have necessarily been raised with those norms and expectations, like Sophie or Kayla, as we will see in section II.3.3 and II.5.1.

Lily stated that there is an expectation that gay people have to disclose their sexual orientation. She stated that she struggles with this, given that she is not currently in a relationship with a woman. She stated that heterosexual people do not go around saying who they might have sex with and that it is ridiculous to expect homosexual people to do this.

Maureen agrees with Lily that there is an expectation that gay people have to disclose their sexual orientation. She stated that she sees disclosure as a choice and that it is nobody else's business. She stated the following:

(...) it's a choice. I mean, if you're straight, I mean, you don't say, well, I sleep with the opposite sex. So why should I come out and say, "well I sleep with my same sex?" You know? Why? It's nobody's business! Period!

Maureen stated that many women her generation came out in their forties and fifties because they were married and raising kids before that, because that's what was expected of them. She stated that she knows a seventy-year-old woman who just came out. She stated that back in the day, her mother was denied absolution because she refused to have sex with her husband, given that she had already had many kids and miscarriages. Maureen decided that she was not going to live like that and broke free of those social expectations. However, back when she came out, jobs paid women less money because they were expected to get married and stay at home with the babies. She stated that at her first job, she was more educated than the man who was hired after her who made twice her salary to start.

Because in those days they already were saying "you're going to get married, you're going to have kids, and you're going to stay home." I couldn't even buy myself a house. Couldn't even get myself a credit card unless I had a co-signer. I couldn't even buy a car, unless you had a co-signer.

Maureen stated that she is grateful for her pension from working for the government and that she no longer has to worry about society's expectations negatively impacting her anymore.

Peter has the unique experience of having a sexual orientation that is not clearly defined in a way that can be conceptualized and explained in layman's terms. He stated that there is an implication in having female friends; they are attracted to him and want him to make a move, then when they realize that this is not going to happen, they give up on the friendship. He stated that women will often try to get him to do something to express interest, but he is often oblivious because he does not experience attraction like the average heterosexual, cisgender male. He stated that there is a societal expectation that the male shows interest and makes a move, but that there was no interest to express.

“The more it went on and the more the same kind of things happened, the more I realized, ‘oh, I’m not doing what they’re expecting me to do.’”

Peter stated that these expectations have created awkward situations where he has not been able to respond the way that women expected him to respond. This will be further discussed in section II.3.5.

II.1.4. Myths and Heteronormativity

Many misconceptions take place in the form of myths about LGBTQ+ individuals and in heteronormative views of the world.

Grace stated that one of the myths she faces is that her sexual orientation is defined by her current sexual partner. This is consistent with the findings Flanders, Dobinson, and Logie’s (2017) study. People will assume that she is heterosexual because her current partner is male. Grace stated that many people assume that she is not monogamous because she is bisexual. This ties into the myth that all bisexual women want to have threesomes. Although some bisexual women may enjoy having threesomes, this was not the case for any of the participants in this study (Joannides, 2017). Grace stated that people assume that being bisexual means that she is promiscuous, that she likes to make out with women at parties, that she is likely to steal other people’s partners, or that she is looking for male attention. Grace faced the common myth that bisexual women are lesbians who are not ready to be fully out yet. While there may be lesbians who identify as bisexual before identifying as gay, as was the case with Lily, this was not the case with Grace.

As stated earlier, many people assume that Jennifer’s gender transition had to do with sexuality rather than identity. Many people have a hard time understanding that her gender transition was due to an inner sense of being female and not about facilitating

sexual encounters with men. She stated that this is due to the fact that many people do not know the difference between sexuality and gender. She stated that people can could accept a gender transition if she were to only be with men after, but that to go through a gender transition and still be with women is seen as a sexual deviation. This is consistent with Freud's views of homosexuality; he viewed homosexuality as being a sexual deviation because the individual's libidinal energy is focused inward rather than outward (Freud, 1914). As mentioned earlier, many people view Jennifer's bisexuality as being a way for her to ease herself into being with men and away from being with women. Jennifer faced the common myth that queer people look a certain way; by this logic, people assume that Jennifer cannot be bisexual because she looks too feminine. Furthermore, Jennifer stated that many people do not understand that being transgender is not a choice. She stated that people who see gender transitions as a choice are clearly ignorant to what it is like to have to go through hormone replacement therapy and invasive surgeries.

Jennifer stated that heterosexual men think that it is gross to be with a transgender woman and that "the idea of another man dating [a transgender woman] is gross unless they [are] gay," only gay men should date transgender women, implying that it is more appropriate for a gay man to be with a transgender woman than it is for a straight man to be with a transgender woman. These comments ignore the fact that transgender women are, indeed, women, and therefore, gay men would not want to be with them.

Alice stated that she feels like people project their gender normativity and their heteronormativity onto her when, for example, people give her strange looks, comment on how she dresses, and comment on how she lifts weights at the gym. This

heteronormativity was present during her string of bad relationships where men were drawn away from her the more they discovered “unfeminine” things about her, such as her weightlifting and so on.

Kayla finds that other women are “oddly catty” about her sexuality due to many of the myths that exist about bisexuality. Many women believe that her bisexuality is inauthentic and that she is “doing it for attention.” In terms of myths and heteronormativity, Kayla finds that it’s not that people are closed minded, but rather, they have never been taught otherwise.

Sophie faces heteronormativity in comments to the effect of “who is the man in the relationship” and “how do two women have sex?” It is largely due to this that she is uncomfortable coming out to straight men, but she is comfortable coming out to straight women because they do not make comments like these.

When Maureen was a young lesbian in the 1970s and the 1980s, people assumed that if you were twenty-five and unmarried that you were a lonely old lady who rented an apartment on her own. The dominating heteronormativity of the time did not allow for other interpretations, such as sexual diversity.

Peter stated that there are a lot of heteronormative assumptions that people have towards him and how he is expected to express attraction. He stated that if people assume that their relationship will be like any other typical relationship, they may not see the work and emotion he is putting into it or they may not trust his words of affection. In this case, the myth is that a relationship without sex cannot be as meaningful. Peter stated that people assume that he experiences normal attraction, believing that everyone should experience attraction in the same way. He also stated that his parents make assumptions

about him as a result of him never explaining to them how he experiences attraction. For example, Peter expressed the following: his father expressed relief when Peter told him that he had a girlfriend, as if his dad was afraid that he was gay because he did not have girlfriends.

... so my mother saw me hanging out with all these female friends and she assumed that I was having relations with all of them, and on my father's side, he saw me with no girlfriend and he made some kind of comment when I had my first girlfriend, he was like, "oh, that's a relief," because like, I guess he thought I was gay or something like that.

Andrea stated that she is mostly perceived as being heterosexual, likely due to the fact that she does not look like a typical member of the LGBTQ+ community. She stated that she had a girlfriend who she brought with her to her family events and that her family just assumed that she was a friend, rather than a partner. She expressed that there was a time when she had internalized myths about the gay community and avoided it. She stated that she used to perceive the gay community as activists who looked and acted a certain way, sometimes with negative connotations. She stated that she no longer feels this way about the gay community.

Theme discussion of Section II.1

The responses from the participants confirm the findings in the existing literature and further explain how these factors (**misconceptions, expectations, rules, and objectifications**) are perceived to have caused and maintained sexual repression at different points in their lives. The participants of this study who identify as bisexual, pansexual, or sexually fluid have expressed that they find themselves in situations where their sexuality is rejected, scorned, or brushed off. As stated by Ross and colleagues (2010), these views of bisexuality become internalized, leading bisexual individuals to

question their own sexuality and to experience internalized biphobia. The participants of this study expressed that this internalization has led to sexual repression; if they internalize this biphobia, they do not feel like they can actualize this part of their sexuality, which leads them to push it down, ignore it, and repress it. This is also true for the transgender and intersex participants of this study. The participants discussed the adverse mental health impacts that these internalizations have had on them.

Many of the participants reported feeling sexualized. Many of the sexually fluid, bisexual, and pansexual participants agree that they are sexualized by people who hold the belief that “bisexual” is synonymous with hypersexual, open to threesomes, and enthusiastic objects of male sexual desire (Ross et al., 2010). While there may be bisexual individuals who enjoy engaging in threesomes, this was not expressed by the participants of this study (Joannides, 2017). The findings of this study are consistent with Charron’s (2014) findings that bisexual women often feel objectified for their sexuality and as women. While the literature strongly suggested that bisexual women in particular are expected to perform bisexuality as a means of proving their authenticity, this study found that bisexual, sexually fluid, pansexual, and even transgender and intersex individuals are often tremendously sexualized and treated as objects of sexual play (Fahs, 2009; Flanders et al., 2017; Ross et al., 2010). While the literature did touch on the oversexualization of bisexual women (Flanders et al., 2017), there was little mention of the sexualization of transgender and intersex individuals. All three of the participants who were either transgender or intersex expressed that they often find themselves being fetishized by others as a sexual kink. These three participants expressed that there is an inordinate amount of fascination in regards to their bodies, specifically their genitals,

according to one participant. This extreme sexualization has led many of the participants of this study to avoid sex. This has led to worsened mental health and a lack of understanding of one's own body.

Many of the participants expressed that the social rules and role expectations built into social and familial scripts have acted as a restrictor for full sexual flourishing. The participants stated that these scripts have negatively impacted their romantic relationships, their relationships with their families, and their abilities to come into their own and discover who they are as sexual and gendered beings. Many of the participants stated that there are different expectations for LGBTQ+ individuals than there are for cisgender and heterosexual people. The participants expressed that this makes it so that they are always under scrutiny. This scrutiny has made it hard for many of the participants to feel comfortable in their sexuality, leading them to repress their true selves in order to fit the scripts that society has imposed on them.

II.2. Stigma

Stigma is a well-known contributor to the mental health struggle for LGBTQ+ individuals (Meyer, 1995; Flanders et al., 2017; Verduzco, 2016; McCann, 2015; Ryan et al., 2009; Ross et al., 2010; Parker, 1995; Moleiro & Pinto, 2015; Maguen and Shipherd, 2010; Lahood, 2012; Lev, 2013; Haas et al., 2010; Fichgrund et al, 2012; Fausto-Sterling, 2000; Fahs, 2009; Cantor, 2012; Charron, 2014). This study has found that stigma also plays a role in sexual repression. The main points that were raised for this theme are: discrimination, gender restrictions and stigma, and sexual stigma.

II.2.1. Discrimination

Three of the participants named situations where they had faced overt

discrimination. In addition to experiencing negative social interactions, these three participants stated that they experienced discrimination on an institutional level. While nearly all of the participants expressed facing discrimination by individual persons, these participants expressed facing discrimination on an industrial systemic level.

Alice stated that she feels oppressed as a minority. Although she did not name the phenomenon, what she was referring to is minority stress (Meyer, 1995). She stated that she has experienced discrimination everywhere: by potential employers who would not hire her, by landlords who would not rent to her, by current landlords, with the law, and more so on. She summarized her experiences of discrimination as such:

Very simple. Dropping out of high school in grade nine, problems with the law because of anger, and the police not understanding about my gender and police assuming that I am trying to be fraudulent with them or something, pretend to be something other than my ID, like yes, I've gone through this. Poverty, housing problems because people wouldn't rent me and the first place or when I lived somewhere and when I brought up valid normal questions about other peoples' noise or smoke or repairs, I was demonized because I'm different. Yeah. Poverty, lack of housing, lack of employment, losing clients, and also an inordinate amount of sexual harassment.

Alice demonstrated the level of systemic discrimination that LGBTQ+ individuals are faced with.

Kayla expressed the discrimination that she felt in her high school days. When she was thirteen, she was shamed by a teacher for holding hands with another girl whereas the heterosexual kids were allowed to hold hands with one another. She described the experience as such:

I remember when I was in high school and I was holding a girl's hand that I was kind of crushing on [...], and I remember I was like, thirteen or fourteen, we were holding hands, and we were at a water park or something with school, and this teacher came up to us and spread us apart and she was like "ladies, you cannot touch each other, it's inappropriate," and everything, and I was like, "but, why?" Because you had all these other couples that were heterosexual couples and she

didn't say anything to them. She was like "no, you guys cannot embrace" and I was like, oh...okay.

This experience occurred during the early years of Kayla's development as a sexual being and of her sexual discovery. For Kayla, there was a clear divide between the way she was treated and the way heterosexual people were treated.

Maureen was a young lesbian back when homosexuality was considered a mental illness in the Diagnostic and Statistical Manual of Mental Disorders (DSM). She stated that during those times, everything was concealed and kept secret. She stated that around the time when she came out, in the 1970s, she dated a woman who had lost the custody of her three children for being gay. She provided the following anecdote:

But then... again, everything was concealed then. [...] That's when there was the breakout of AIDS, so I mean, then that put more duct tape on my mouth, and, you know, I was [wearing] high heels, skirts... salesperson, playing the role... of concealing it in any way [...] that I could do.

Maureen painted the picture of a tumultuous time where homosexual people had to worry about being fired from their jobs, being getting beaten up in the streets, and where they had to play a role. According to Maureen, the stigma and discrimination was made worse by the AIDS outbreak.

II.2.2. Gender Restrictions / Stigma

Four of the participants reported that there has been a lot of stigma surrounding their gender and restrictions that accompany this stigma. This theme was most prevalent for the participants who are diverse in their gender identity; Jennifer, Alice, and Naveen. Maureen also expressed gender stigma and restrictions due to being a young lesbian in the 1970s and the 1980s.

Jennifer expressed her experiences of feeling restricted by gender stigma. She

stated that there are limitations to the extent that to which people see her as a woman. She stated that the heterosexual people she knows will acknowledge that she is a woman but that they would never date a transgender woman even though they are generally attracted to women. Many heterosexual men believe it is gross wrong to be with a woman who was born male, according to Jennifer's experience. She stated that her heterosexual friends have made comments like "I understand that he is a woman," stating their acceptance of Jennifer's gender while simultaneously using the wrong gender pronouns. She stated that her gender identity acts as a barrier to sexuality because if straight men date her, they may face an internal conflict ("does this make me gay?"). Another restriction Jennifer faces is that she is always the one to express attraction to other people but that nobody expresses attraction to her due to the stigma of being a trans woman. She described it as a double-edged sword; she stated that on the one hand, she is accepted as a woman, and on the other hand, she feels that people cannot date her without questioning their own sexualities. Jennifer stated that she does not feel truly accepted as a woman when there are limitations to the extent that people are willing to see her as a woman.

Jennifer discussed the importance of passitivity in her life. Jennifer defines passitivity as her ability to "pass" as a cisgender woman. She stated that as a transgender woman, she is held to a higher standard than cisgender women. She stated that she is expected to have high passitivity. She stated that if a cisgender woman has facial hair or is wearing no makeup, nobody questions her gender, but if Jennifer is wearing softer makeup, this could be a cue for being misgendered. Jennifer stated that passitivity is a high objective for her because she does not always want to be "the trans woman." Jennifer stated that she sees "the trans woman" as a negative label. Low passitivity leads

to misgendering, which has an adverse affect on Jennifer's view of herself. She stated that some comments are forms of microaggressions:

(...) I was at Beers and Queers yesterday and there's a woman that came up to me and she's like "I just want to say that you are one of the most beautiful trans women that has transitioned so far that I've met." It's like, in other words, I'm not really beautiful like a cis woman? It's kind of one of those weird things like, what does that mean? Like...I'm beautiful? Period. Or...but there's kind of the caveat, like, "for a trans woman," right?

Jennifer stated that there was a time when gender stigma fed into body dysphoria when she was in high school. She could not grow out her hair or wear women's clothes. She stated that she often wished for breasts and hips to grow, but that she could not do anything to help herself feel more like a woman. She stated that people in general have a hard time accepting ambiguity in gender. She stated that she dated a non-binary person and that when she spoke of them using them/they pronouns, people would become impatient and demand "is it a he or a she?!" Jennifer believes that the stigma of the binary still exists in medicine today.

Naveen stated that his love for masculine women has affected his dating life because this is not the traditional norm. He expressed his belief that women should take more leadership roles and that it should not always be on the man. He stated his belief that many men think this way but that they are ashamed of it because it is not the accepted way. Naveen expressed some stigma around being an intersex man. He stated that it will be a while before the public is ready for it. He stated that it may take ten years, but he is hoping to slowly move towards feeling less stigmatized as an intersex man.

Alice stated that she is restricted in the things she can do because of the stigma of being an intersex, masculine woman in a heteronormative world. She stated that she loves to sing but that she refuses to do so on stage. She stated that "the world is not ready for a

female tenor.” Additionally, she does not believe that the world is ready for her writing as a queer woman of faith.

Maureen’s gender restrictions were tied to the workplace. She noted how times have changed and that women can now receive equal pay without being told to find a man so they can be financially secure.

II.2.3. Sexual Stigma

Eight of the participants reported experiencing sexual stigma, that is, stigma related to their sexuality.

Grace stated that many bisexuals she knows are afraid to identify themselves as bisexual due to the stigma. She stated that there is biphobia amongst heterosexuals and within the LGBTQ+ community as well. She stated the following:

And even within the queer community, when I’m talking to specific lesbians in the queer community [...], they would just avoid bisexual women entirely because the whole idea of promiscuity and how...oh, we have absolutely always slept with men at one point, so we’re not gold star bisexuals, or gold star lesbians, or whatever, which is ridiculous.

Grace defined “gold star lesbians” as being lesbians who have never engaged in intercourse with a man. Therefore, bisexuals are rejected by some lesbians as members of the gay community because they are not “gold stars.” Grace described that she is often rejected as a member of the LGBTQ+ community by both heterosexuals and the gay community; she is not gay enough, nor is she straight enough. She is expected to pick a side. Grace stated that this stigma makes it hard to be completely out around everybody and that she has to be careful when speaking to certain people.

Jennifer stated that she felt much closeted before coming out as transgender because her sexuality was always in question. She was called a “faggot” in high school

and was treated poorly for being sexually different. She stated that there was always a stigma around anal sex; people would comment make comments to the effect of “ew, that’s gross, that’s the exit.” Jennifer stated that this stigma acted as a barrier for her to discover this part of her sexuality. Jennifer stated that when she is with heterosexual people, she always feels intimidated because she does not know how they will react to certain things. She stated that heterosexual people appear to be disgusted by any hint towards her sexuality.

Similarly to Grace, Jennifer also stated that she has faced the expectation of being a “gold star.” Jennifer was equally as disapproving of this concept as Grace.

Kayla shared a story of a time in high school where she felt stigmatized for her sexuality:

In high school, this one time, I had this best friend and we were having a sleepover, and I actually... we had been friends for years, so I felt comfortable enough to tell her, like, “I’m bisexual.” And then she went around high school, told all the other girls that I was lesbian and that I tried to kiss her and come onto her which was absolutely not the case, and then no one spoke to me for two weeks because they thought I was lesbian which was equal creepy which was equal I’m going to try to rape them, apparently, and, that was awful! It was honestly awful [.]

Kayla stated that she has not experienced biphobia within the gay community but that she recognizes its existence. Alice also named biphobia as a component of sexual stigma.

Sophie stated that she feels sexually stigmatized around heterosexual men. She stated that comments inquiring about the logistics of female sexual intercourse is an immense huge reason why she is uncomfortable coming out to straight men. She stated that many straight men have asked her this. She stated that she chalks attributes this up to immaturity; many of these men have been in their teenage years or their early twenties.

Sophie noted that there is sexual stigma within the gay community as well. She stated that there are lesbians who hate dislike bisexuals, gay men who hate dislike lesbians, and more to this effect so on. During the recruitment process, two transphobic homosexual men contacted the researcher. This goes to show that both heterosexuals and the gay community are imbued in sexual stigma.

Lily commented that many men do not take lesbian relationships seriously because they cannot comprehend how two women engage in sexual intercourse. She also expressed a fear of being discredited by other lesbians because of her sexual history with men. Without naming it, Lily anticipates the expectation of being a “gold star” lesbian. She worries that many lesbians will not want to date her because she will be perceived as “less shiny and new” for having been with men. She anticipates the pain of rejection from other lesbians for this reason.

Lily stated that some of the sexual stigma in her own life is due to the fact that she became the lesbian who cried wolf. She stated that she came out every three years as bisexual, then as gay, and so on, until she eventually married a man. She stated that nobody takes her sexuality seriously anymore because of this.

Maureen listed some ways in which she has experienced sexual stigma. She stated that her mother disowned her when she found out why she left her husband. Maureen stated that she put geographical distance between herself and her mother due to her mother’s the latter’s lack of acceptance. Maureen also stated that her mother came around eventually. Beyond family stigma, Maureen and stated that she had to be careful because there was a lot of stigma with sexuality and religion. She stated that there is stigma regarding the authenticity of the relationship between two women. She stated that she

dated a woman who was married to a man back in the 1980s who was aware of the relationship but did not feel threatened by it. The implication is that lesbianism has less value than heterosexual love. Additionally, Maureen noted that many men do not understand how two women can have sex. Maureen stated that back when she came out, a man could commit his wife to a psychiatric institution. She explained that there was a seventeen year-old girl she knew whose parents would go to the gay bar looking for her to have her committed for being gay. Maureen noted that, while things have changed, there is still stigma in coming out.

Theme Discussion of Section II.2

The participants articulated that the stigma they suffered factored into their perceived sexual repression. The findings of this section are consistent with Meyer's (1995) theory of minority stress. Meyer (1995) listed stigma and discrimination as two of the major contributors to minority stress. Furthermore, the finding of biphobia in the LGBTQ+ community is consistent with Charron's (2014) findings in her study on bisexual women in the Christian faith. The internalized homophobia discussed in section II.1, coupled with stigma and discrimination, feed experiences of minority stress, which fuel and maintain perceptions of sexual repression and poor mental health, according to the participants who view stigma as a silencer.

The transgender and intersex participants highlight the unique stressors that are involved with not abiding to social scripts of gender performance. Hannah Rossiter (2016) explains that transgender women and gender diverse women, like Jennifer and Alice, are fed a cultural discourse of what it means to be a woman and are then subjugated to other people's definitions of what it means to be a woman. The findings of

the current study are consistent with Rossiter's claims that these narrow, restrictive views do not represent all gender diverse women and that they act as an oppressor (2016). The expectation that transgender women will conform to utmost femininity does not allow for butch lesbians, or gender diverse women, like Alice, who are both masculine and feminine (Rossiter, 2016). These rigid beliefs instill gender diverse women with the idea that they have failed at being a woman (Hill-Meyer, 2008). This truth is echoed in the responses of the two women in this study who are transgender and intersex. Lacking passivity as a woman and being expected to be even more feminine than their cisgender counterparts, these two women expressed that these feelings of inadequacy factor into their experience of being sexually repressed and of poor mental health.

II.3. Belonging, Acceptance, and Community

One of the most prevailing themes that arose during this study was the idea of acceptance, belonging, and community. Many participants stated that the absence or presence of these aspects play a large role in their mental wellbeing and in their ability to actualize their sexual selves. The sub-themes that emerged under this theme are: acceptance by family; acceptance by communities, such as religious, institutions, and social; acceptance in the LGBTQ+ community; community and belonging in specific locales, such as clubs, specific cities, and so on; friendships and human connection; religion, spirituality, and oneness; and opportunity to educate.

II.3.1. Acceptance by Family

The topic of family is a point of contention with many of the participants.

As stated earlier, Grace has had negative experiences coming out to her mother.

Peter struggles with the assumptions that his parents make about him. Maureen's mother

disowned her for a number of years.

Jennifer stated that her parents seem to “just tolerate” her transgender identity. She stated that her dad is supportive but that her mother’s support feels forced. She stated that her extended family does not accept her and that she is not allowed to see them. She stated that they have no problem being friends with her on Facebook because that way she is kept “at a good arm’s length,” but that they have asked her not to visit them. She stated that her daughter wants nothing to do with her and considers her transgender identity to be “disgusting.”

Alice stated that she was surprised that her family was very accepting. She stated that her father is a strict European man, so she was surprised by his acceptance. She stated that her mother in law, Naveen’s mother, is very accepting. Naveen agreed. Naveen stated that his mother made one comment one time about his body being different but that apart from this, she has never been harsh or unsupportive.

Kayla stated that sexuality was something that was talked about in her family growing up and that she always perceived sexual diversity as culturally accepted. She stated that there is sexual diversity within her family of origin; her father is bisexual and her sister is almost certainly a lesbian. She stated that she feels much appreciated by her family. She stated that she cannot tell her grandfather, who is very Catholic and from an older, less tolerant generation. She understands this and is not upset by it. She stated that it does not make her feel unappreciated; she accepts that he is a product of his time. For the most part, she stated that all of the important people in her life accept her.

Sophie stated that her mother’s openness to her sexuality had a positive impact on her. She stated the following:

I think for me, like a positive impact was just how open my mother was, so when I came out to my mom, the first thing she said was “okay that’s fine,” and then she was like “I knew we were going to have this conversation.”

She stated that her father is accepting too, but that her mother is the person who would “go up to bat” for her if she was ever faced with anything adverse. She stated that she feels very profoundly accepted, understood, and appreciated by her family.

Lily stated that her mother has never accepted her sexuality. She stated that when she first came out at eighteen or nineteen years, her mother responded with hostility and asked “what about my grandchildren?” Lily stated:

“... There’s nobody who has, in any way, acknowledged any kind of non-heterosexuality [in me] in my entire, very large family.”

She stated that she has not told her mom since she has come out again and that she knows that her mother will lay into scold her. She stated that her father and stepmother are very supportive. She stated that her daughter is open to different sexualities. She stated that with her ex-husband and her kids, there was always that acknowledgement of her sexuality on a superficial, theoretical level, which was not a although with no real acceptance.

Maureen stated that she had no contact with her family for five years while she lived in Vancouver after coming out. She stated that she is open with her family about it now. She stated that her siblings, their partners, and their children know and that she told her sister that her door is always open to her children. She explained:

“I said the only thing you could do is don’t do like mom, close the door.”

Maureen stated that she received affirmation from her sister that they will never abandon a child for being gay. Maureen stated that she feels like there is more appreciation for gay people now than there was forty years ago.

Andrea stated that her family is having a hard time accepting her sexuality but that they are coming to terms with it. She stated that they voiced their discomfort and non-acceptance. She stated that she understands it is typical for parents to have a hard time difficulty accepting a gay child because of how deeply it implicates them. She stated that this has impacted her relationship with her parents over the years; the extent to which she felt like she could be herself around them was restricted. She reported that she was often hiding, censoring, and not being as open as she wanted to be. She also stated that she recently came out to an aunt; she was happy with her reaction.

It happened very naturally, and she was like, “oh! Okay, I wasn’t sure, but, like, you know, that’s,” she’s like “it’s okay,” (laughs) she actually just kept repeating “well, that’s okay!” So she was very sweet and warm and receptive to it, if maybe a little bit taken aback, maybe a touch uncomfortable, but I think that she was... she was very sweet about it.

II.3.2. Acceptance by Communities (Religion, Institutions, Social)

Nine of the participants discussed the impacts of community acceptance.

Community acceptance can be acceptance by religious institutions, in social settings, and other institutions, such as school.

Alice stated that she is not accepted within religious institutions and that this causes her a great deal of distress. She stated that the churches she loves the most, Methodist and Pentecostal, do not accept her. She stated that, although she embraces her own strength, the churches she has been a part of do not. Here’s what she says:

“If I want to be a manager at a certain enterprise that is Evangelical, I must sign this family statement that I only recognize heterosexual marriages, which, no. My heart is open to everyone.”

She stated that this is a source of pain for her. When describing a situation in which she felt scorned in her church for being different, she expressed the following:

“(Laughing) It’s supposed to be a very open minded liberal church, it’s United, for goodness sakes, and if I can’t feel comfortable there, where am I going to feel comfortable?”

Alice has stated that religion is an incredibly important component of her life. She stated that she does not feel like she has the space to be a queer woman of faith; she feels that she cannot have her queer identity and her religious identity at the same time.

As for Sophie, she stated that she had a hard time feeling accepted by her community when she came out. She was living in Amish country when she came out and that her community did not accept her right away. When she moved back to Ottawa, she still did not feel accepted. Now, in general, she has more people on her side than against her, so she feels accepted by her community. According to her, although she has had her share of negative experiences, she has received more positive responses than negative. She attributes this in part to the fact that she came out in a generation where homosexuality is generally more accepted and common. She considers herself to be fortunate for this.

When it comes to Lily, she stated that, socially, she has been met with a lot of disapproval. She stated that she has high needs children and responsibilities; she believes she is perceived as not having a right to any sexuality.

And for Andrea, she stated that she tends to frequent places that are more open and accepting, such as school, friend groups, and social groups.

II.3.3. Belonging in the LGBTQ+ Community

Whether or not the participants have a sense of belonging in the LGBTQ+ community plays a significant role in their ability to actualize their sexual selves.

Grace stated that she feels like she feels like she has a place in the LGBTQ+

community for the most part. She stated that she was part of a close queer community at school. Although she has a sense of belonging, she also experiences rejection by the biphobia that is present in the LGBTQ+ community. The rejection of bisexuality in the LGBTQ+ community makes it hard for Grace to experience a complete sense of belonging in the gay community. Grace stated that she feels like she is adjacent to the queer community; she is neither in nor out, but rather, it is just there.

Jennifer stated that she feels accepted in the queer community. She stated that it is intimidating to try to figure out who she can talk to because “people do not wear signs on their foreheads” indicating whether or not they are gay, safe to speak to, or potentially interested in her. She stated that she feels a stronger sense of belonging in the queer community than amongst heterosexual people; while clarifying that she does not have a lot of experience with heterosexual groups. As stated earlier, Jennifer experiences rejection by the portion of the gay community who express their biphobia towards her.

Alice described a relationship with the queer community that is both conflictual and inviting. She stated that she had good experiences with the gay community when she began to participate in it at the age of fourteen. She also stated that she did not know where to get the support she needed to be a non-traditional woman. Alice described circumstances in which she feels that her relationship with the LGBTQ+ community is less accepting and inviting:

“... But then the GLBTQ community itself then tries to put me in a box and tries to forcibly out me, and, ‘oh well you must be this,’ and, ‘oh well by the way you are,’[.]”

Alice described this as a negative contributor which prevents her from truly belonging in the LGBTQ+ community and of being able to experience that sense of community in its

fullest.

Kayla stated that she has been actively involved in the LGBTQ+ community for a long time and that she has been met mostly with acceptance. She described herself as having a defined place in the community and that she knows where she fits within it.

Sophie stated that she feels accepted in the gay community to an extent. She stated that her career path acts as a barrier from allowing her to feel completely integrated into the LGBTQ+ community. She stated that many people in the community have a problem with the fact that she has chosen a career path of law enforcement. The exclusion of law enforcement in the Gay Pride Parade made her feel like she was not accepted in her community because of her career path. She stated that there have been a lot of issues problems with law enforcement in the gay community. She stated that sometimes, when she goes into the community, she feels as though she cannot fit in that well for whatever reason. Sophie also discussed the existence of in-groups and out-groups in the gay community. This touches on what she said earlier about how some gay men dislike lesbians, some lesbians dislike bisexuals, and so on for instance. She stated that not “all straight people are going to love each other,” and neither will all LGBTQ+ individuals. This in-group conflict makes it hard for Sophie to feel fully integrated as a member of the gay community.

Lily stated that she is working towards becoming part of the LGBTQ+ community. She stated that she is taking steps to meet lesbians and hear their stories to normalize her place in the world. She stated that she craves to be a part of the community. She stated that when she first started coming out, she did not know how to connect with the community:

“I didn’t even know how to connect with any kind of community, and I didn’t know any lesbians, all I knew were men who kept wanting to get up in my business.”

She stated that she did not know how to fit into “the gay world,” so the men kept on happening whether she liked it or not. She stated that:

“I felt like an epic fail in that community because everybody fricken hated bisexuals. And I didn’t feel like I could own lesbian as a self-identity at that point in my life.”

Lily believes that things would have been different if she had had somebody to talk to during that time. She stated that not having anybody to talk to prevented her from merging herself with the gay community and that this fed into her sexual repression. She stated that if she had had a real connection with a woman, things could have been different.

Lily described her current struggles of trying to fit into the gay community. She stated that she has a hard time navigating with making friends and trying to figure out the difference between someone flirting with her or someone trying to be friends with her. She stated that, because she is entering late into the game, she does not know anybody’s backstories: she does not know who dated whom, what their drama is, and what to avoid. She stated that she has to learn new social etiquette. She stated that when she is talking to someone and then they cut off communication with her, she is unsure of what she did wrong, which leads her to question her competence as a lesbian. She finds that there is an oversaturation of younger lesbians in the groups she frequents. She joined groups for older lesbians, such as OWLs³ and LOG⁴, in order to meet mature lesbians. She stated that she is trying to engage in different groups to meet people from all walks of life.

³ Older Wiser Lesbians

⁴ Lesbian Outdoor Group

Maureen stated with amusement that:

“I’ve been around so long that I’m part of the furniture.”

She stated that she co-founded OWLs and LOG. She expressed anger towards the exclusion of police officers at the Gay Pride Parade. She stated that she boycotted the parade because this exclusion goes against the idea that the gay community is supposed to be inclusive. She stated that the gay community has gotten a lot of support from law enforcement since the 1990s and that it’s a shame that there is so much tension in that area.

Peter stated that there is no set community for him. He stated that not categorizing it his sexuality has never given him that need to tell people “this is how I am” and to seek out community. He did state that his roommate is similar to him in that way and that he is able to connect with the roommate and to be open about himself. Aside from this, Peter does not belong to any community of people who are similar to him.

Andrea stated that she has a hard time meeting other gay people but that she finds ways. She stated that, for many years, she felt very rather outside of the LGBTQ+ community. As mentioned earlier, she used to hold a negative, rigid view of the LGBTQ+ community. She stated that it has only been in the last year that she’s sought community because she realized that it was something that was important to her. Before that, she felt like she could not get herself into the community. She stated that there was a direct correlation between the lack of community and her mental health. She stated that she feels like she has more of a place in the community now and that she no longer feels excluded. She stated that she has found groups where she’s been accepted and supported. She noted that there is some drama, but that is not to say that the community is not

supportive. She believes that it is very important for LGBTQ+ people to talk about community.

II.3.4. Community and Belonging in Specific Locales (clubs, cities, etc.)

Many of the participants named the specific locales where they have felt a sense of belonging in the LGBTQ+ community.

Grace stated that she found her sense of belonging in University. Jennifer stated that she experienced a lot of isolation in high school; there was nobody for her to reach out to. She stated that in college, she found community in the Goth scene. She stated that there was more sexual fluidity within the Goth community.

Alice stated that she lived in Montreal for nine months twenty years ago because Montreal was the place to be for sexual and gender diversity. She stated that Montreal, where she was able to connect with some LGBTQ+ groups, was far more progressive regarding sexuality than Ottawa was in terms of openness and acceptance.

Lily stated that she is hesitant to come out to her crafting community because they are predominantly heterosexual, however, if she meets somebody, she does not want to have to hide it. She stated that she has anxiety about navigating that social network because it is extremely heteronormative. She stated that she would like to reach out to the one other gay person in her crafting community to get an idea of what she should expect as a gay person in that community.

Maureen stated that she moved to Montreal and then to Vancouver after she came out. She stated that the community was found in the nightlife. She stated that, forty years ago, the only appreciation there was was in the nightclubs and at the discos.

Maureen stated that there was one gay club in Ottawa when she was living here as a

young lesbian: The Coral Reef. She credits the owner of The Coral Reef for giving many gay people a sense of community. She believes that without The Coral Reef, many people would have suffered from a lack of community.

II.3.5. Friendships and Human Connection

All of the participants emphasized the importance of receiving acceptance from, and of feeling a sense of belonging with, from their friends. They discuss the impact this has on their mental wellbeing.

Grace stated that she feels mostly accepted by the people she surrounds herself with. She stated that she feels connected and accepted with other queer people, her close friends, and her partner.

Alice stated that she has a lot of friends who have been faithful to her throughout the years. She stated that she is grateful to her husband, Naveen. She describes her relationship with Naveen as being a loving and healing from the pain she has suffered from her past relationships.

Similarly, Naveen stated that he would be lost without his wife, Alice. He stated that it is important to choose a good partner in order to feel respected and free. He also said that having a good partner acts as protection against “weird people” who will try to take advantage of one’s sexuality. Naveen stated that he used to feel sexually repressed but that marriage has helped him with that. He stated that his partner has had a positive impact on his self-discovery. He stated that he might feel like he needs more later on, but for now, he is still riding on the waves of blissfully enjoying the positive impacts of married life with Alice.

Kayla stated that her friends are a source of support for her. She stated that all of

the important people in her life accept her. She stated that most of her bad experiences have been with people who were not that important to her, for example, people at bars, at school, among others and so on.

Kayla stated that she loves using sexuality as an opportunity to talk to and meet people. She said that she has surrounded herself with good people and that she wishes she had more contact with queer females. She stated that this is an area of human connection in which she is lacking.

Sophie stated that she feels accepted and appreciated by her friends. She named her friends as a source of support.

Lily stated that when she first came out, her friends were supportive and not at all surprised. She stated:

When I first came out with conviction, there was actually a great deal of support. There was, yes, the push back from my mom, but otherwise, it was pretty good. It was later that then nobody took it seriously anymore. I was just a weathered vein, and so nobody really had any time or patience for any of it.

Lily stated that, because of her family's negativity, she is happy to be working on her friendships and on developing herself. For Lily, being in a relationship is not what is important right now. She stated that she is spending her energy on cultivating the social skills she needs in order to navigate new social circles.

Maureen stated that she has a lot of straight friends who accept her. She stated that, like Lily, she is focusing her time and energy on her friends. She stated that she is not in a relationship and that she does not feel like she needs to be in one. She stated that friends are what are important to her right now.

Peter stated that he was met with approval when he expressed his difference to his roommate. He stated that this is his only experience of sharing this part of himself with

anyone else. He stated that he feels comfortable discussing these things with the roommate. Peter noted that, aside from his roommate, human connection is something that he struggles with. He stated that he has experienced the loss of friendships many times in his life due to his inability to express the fact that he does not experience sexual attraction the way that most people do. He described this as a significant stressor in his life, which correlates to poor mental health, such as depression and suicide ideation.

Peter expressed that one of the challenges he faces is the expectation of what it means when he is speaking to people. After explaining that his female friends often have certain expectations, he stated the following:

The same kind of thing happens to an extent just when [I'm] talking with regular people, like if I'm at a... anywhere; a show, or a bar for whatever reason, and I'm talking with somebody and I'm being nice, it feels like they may think that I'm hitting on them, and so, there's no way for me to express that I'm not. And so there's this side of me that's, like, nervous in the sense that I don't want to put forth the idea that I'm trying to put a move on them or something like this, and so that may make me refrain from talking to people and just not putting myself in that situation at all.

Peter attributes much of his social isolation to his avoidance of being put in situations where he may be falsely perceived as expressing sexual interest. He stated that this acts as a barrier for against him starting any kind of relationship with anyone. He provided an anecdote of a time he met a woman at a party. The two of them connected well and spoke effortlessly. He stated that he felt a real connection with this woman. His explanation captures the authentic nature of his experience:

I went to this party one time and there was some girl there that, we just sort of started talking in a perfectly normal way, and it honestly felt like how I would want a conversation to go. It didn't feel like it had any implications behind it or whatever, and we could talk so naturally and even somebody else at the party was like, "wait, you guys don't know each other?" And she's like "I could have sworn you were friends for years." You know, I was like... "interesting." But that's what I ideally want to happen, but, later that night, her and her friend I guess propositioned

me for sex and I just really... (shrugs) “I don’t know what to tell you,” because it was from across the room, [...] she was making signs and stuff like that and pointing to upstairs and... so, it was... it’s like it ruined the best possible situation that I could have expected.

Peter stated that this situation created an awkwardness, which prevented him from speaking to this woman further. He stated that he attempted to reach out to her on Facebook to explain what had happened but that he could not bring himself to do so. He lamented the lost connection.

Andrea stated that her friends are all quite accepting, although not always understanding. She stated that this is through no fault of their own. She stated that some of her heterosexual friends do not understand some of the experiences she has been through.

(...) My heterosexual friends, I guess, don’t understand some of the experiences that I’ve been through and some of the thoughts that I’ve had [...] and the process I’ve been through with my sexuality, like it’s, I think it’s... it’s just not something they’ve been through so it’s probably just hard for them to understand, but they are very supportive and very accepting.

When she was asked to describe her experiences coming out to new people, she responded as follows:

It’s honestly mostly a positive experience, I feel like I appreciate the power of being vulnerable with people, and every time I open that little part of myself up to people, I feel like it’s usually a positive experience and then I feel a little bit closer to that person, that they know a little bit more about me. So I actually see it as something really positive now.

Andrea stated that she has had wonderful experiences in relationships with great people, which have helped her learn more about herself.

II.3.6. Religion, Spirituality, and Oneness

Three of the participants listed religion and spirituality as a significant component to their sense of connection and wellbeing.

Alice named religion and spirituality as a major component in her wellbeing. She stated that she is on a spiritual path. She lamented her rejection from the Methodist and Pentecostal church. She stated that:

“I still sometimes argue with God; I still say like ‘why did you put me through all this? Why did I go through this gender change? Why did I go through this...’?”

She stated that she used to sing in the church choir until she had a negative encounter with another churchgoer.

I was singing in a choir at church and one guy started giving me the evil eye and I [haven't gone] anymore to my church choir in the past three, four weeks. I don't feel like going to church Sunday morning there.

Alice stated that she wants to change the way the church sees gender and sexual diversity. She stated that “spirituality is for everyone; however people perceive it.” She stated that she sees the beauty in all people.

Kayla stated that for her, speaking about sex is akin to speaking about spirituality; she sees the two as intimate topics, which allows her to gain insight. She described it as something that gives her hope.

I almost always seen it as an opportunity to talk to people and to meet other wonderful people, and for the most part, when someone is open to have a conversation about sexuality or gender... or sexual orientation, it, for me, becomes a really amazing gift because it's a very intimate conversation. It's akin to talking about spirituality with someone to me [...], it's very [...] precious and you gain a lot of insight from it.

Maureen discussed her journey of breaking away from the Catholic Church. She stated that she followed a sector of Buddhism that believes that everything comes from within and that we project it out. She stated that she became more and more spiritual from there.

II.3.7. Opportunity to Educate

Six of the participants stated that when they are faced with adversity, they use this it as an opportunity to educate people who may not be well versed in gender and sexual diversity.

Alice stated that she uses objectification as an opportunity to educate people.

Naveen stated that he believes he could have a powerful voice if he were to return to social media to speak about intersexuality. He stated that he has friends in churches who are against gay marriage, gender diversity, and sexual.

“I try to argue with them: ‘listen, people are born the way they are, you know? [...] They don’t choose.’”

Naveen stated that he tries to teach people to give the same respect to a gay couple as they would to a heterosexual couple. He believes that he is “reaching their ears slowly” and that only time will tell.

Kayla stated that she enjoys every opportunity she can get to educate people about sexual and gender diversity. Like Alice, she stated that she uses negative experiences to educate people who may not understand different sexualities. Kayla stated that she does not blame people for holding heteronormative worldviews. She explained:

It’s just, people don’t know sometimes. It’s not necessarily that they’re closed minded, per se, sometimes some people have just not been exposed to it, and I’m like, okay cool, it’s happening, you’re going to get exposed, I’m going to talk to you about it and then they get engaged and they’re like “okay!” So that’s a really precious moment to me when I’m with someone who is genuinely just... they don’t know. They don’t know about other sexual orientations. They don’t know about sexuality. They don’t know about different types of gender. I get to have that conversation with them and they’re like, “huh.” And I can see the little wheels spinning in their head, and I’m like “this is so cool! It’s the first time you get to talk about it,” it’s like you water a little seed, you know, and I’m like, awesome! Like, this person might go on and have more questions later and they might start talking about it more, so... that is the best for me. Absolutely the best.

Kayla described the opportunity to educate people as having a positive impact on her

wellbeing because it allows her to make a difference in the way people view sexuality and gender expression.

Lily stated that she does not volunteer information about herself to others, but “God help you if you engage me.” She stated that she loves to debate and have a dialogue with people who are serious about learning about sexual diversity. She stated that she loves to educate people on the topic.

Sophie stated that she educates people when they make inappropriate comments towards her; she stated that she explains what things are appropriate and inappropriate to say about somebody else’s sexual orientation.

Theme Discussion of Section II.3

It is evident in the literature that acceptance or rejection by one’s family is a significant contributor to mental health outcomes in LGBTQ+ individuals (Hyde et al., 2010; Ryan et al., 2009). The current study supports that people in the LGBTQ+ community are profoundly impacted by their families in terms of acceptance or rejection. Many of the participants stated perceived that their sexual repression was caused, enhanced, or maintained by the negative views held by their families. The participants of this study confirmed supported Hyde and colleagues’ (2010) statement that when one’s family fosters negative and false information about sex and sexuality, sexual dysfunction can follow. It is evident, based on this study that these factors can also lead to sexual repression and poor mental health.

In her 2014 study, Charron discussed the unique, specific oppression that bisexual women in the Christian faith suffer. Charron (2014) found that bisexual women of the Christian faith had a hard time reconciling their conflicting identities. The current study

shows that this is true for other queer people of faith. Some of the participants of this study expressed strong, conflicting feelings of being unable to reconcile their queer identity with their faith. This study shows how this can lead to repression and poor mental health.

Alternately, some of the participants named spirituality as an essential component to their wellbeing. These participants expressed that their sexuality is like a spiritual journey. For these participants, sexuality is inextricable from spirituality. This felt sense is a contributor to optimal sexual and mental wellbeing.

This study shows that people in the LGBTQ+ community must worry about other forms of institutional rejection, such as in their home communities and in schools. The participants explain how feeling accepted or rejected in educational institutions, namely high school, college, and university, have impacted their mental wellbeing. Many of the participants explained that they suffered from sexual repression when met with bullying. According to the participants, these experiences hindered their sexual development. That being said, for some of the participants, namely Grace, schooling has had a healing impact. This study shows the profound impact of institutional acceptance or rejection on sexual and mental wellbeing amongst LGBTQ+ individuals.

As expressed in the literature, many of the participants of this study also said that they do not always feel accepted by the LGBTQ+ community (Fahs, 2009; Flanders et al., 2017; Ross et al., 2010). This study emphasized the rejection faced by many people who identify as bisexual, pansexual, sexually fluid, transgender, intersex, graysexual, and in some cases, lesbian. Bisexual people are often rejected by the gay community for not being gay enough (Fahs, 2009; Flanders et al., 2017; Ross et al., 2010). This was

expressed by every participant who did not identify as monosexual, that is, as having a sexuality that adheres to a binary (Ross et al., 2010). This study emphasized the rejection faced by many people who identify as bisexual, pansexual, sexually fluid, transgender, intersex, graysexual, and in some cases, lesbian. Similarly, the transgender and intersex participants of this study expressed that they are not accepted as being authentically female. The participants of this study explain how this has poorly impacted their sexual and mental wellbeing by creating a sense of loneliness and isolation. Alternatively, the participants emphasized the impact that being accepted into the queer community has had on their sexual and mental wellbeing.

Many of the participants explained that community is something that they have to travel to find. For some participants, this meant visiting different cities. For some participants, this meant engaging in nightlife. For some others, this meant finding groups of people who are likeminded. This theme was represented in Jennie Livingston's 1991 documentary, *Paris is Burning*.

Many of the participants explained that having the opportunity to educate people who are not well versed in issues of sexuality has had a tremendous healing impact on them. For these participants, being able to teach people and to see that they are being heard gives them a sense that they are doing their part to make the world a safer place for queer people.

II.4. Internalized View of Self and Mental / Emotional Impact

The participants of this study described the mental and emotional impact of internalization. Many of these internalizations have fuelled the sexual repression and poor mental health of the participants. Many participants list mental illness, such as

depression, anxiety, and posttraumatic stress disorder (PTSD) as being comorbid with sexual repression. The main sub-themes that arose for this theme were: mental and emotional impacts, self-image and beliefs of self, and behaviours.

II.4.1. Mental and Emotional Wellbeing

The participants of this study expressed that their mental and emotional wellbeing has been greatly impacted by their experiences as members of the LGBTQ+ community.

Grace stated that there was a time when she was questioning whether or not she was a lesbian, rather than bisexual. She stated that during this time, she feared confirming the people who believed that bisexuality is a phase for lesbians before coming out to come out. She stated that she felt horrible about herself during this time and that she came to hate herself more and more. Eventually, she realized that bisexuality is the truest way to self-identify.

Grace stated that her inability to experience her sexuality and sexual preference together had a negative impact on her mental health when she was in high school.

Jennifer stated that she frequently feels vulnerable and intimidated when coming out to new people. She stated that she is embarrassed when people respond to her with: “I’m not queer, why are you hitting on me?” She stated that it is difficult for her to open herself up to rejection. As stated earlier, she often feels intimidated when she is around heterosexual people because she is unsure of how they will react to her. She stated that fear and shame are part of her everyday life.

Jennifer stated that she suffered from isolation in high school. She stated that when she fell in love with a man, she became scared that everyone who teased her and called her a “fag” was right. She, like Grace, expressed a fear of validating her victimizers. The

stigma of being transgender fed into feelings of body and gender dysphoria.

(...) I didn't know exactly how to express even what I wanted, like...it was embarrassing to say things like, well in high school I'd tuck because I didn't like the sight of my penis, or that I would look at myself and hope that my chest would somehow grow a little to give that idea of that appearance, or whatever, and I became very critical of my physical body as a teenager and then, I also was very limited as to how I can express it, so I wasn't allowed to put make-up, I couldn't grow my hair, the clothes... my parents had to buy [my clothes] because they didn't trust me with what it is I was going to buy because to them, [dressing like a woman was] like, no.

This sense of body dysphoria has to do with the stigma discussed earlier of being raised with rigid, set gender roles. She listed this as something that led to poor mental health and sexual repression; Jennifer was unable to actualize her true, authentic gender expression. Even though she is now living in accordance with her true gender expression, she still suffers from adverse mental health impacts.

Alice stated that she is receiving therapy to help her overcome her depression, anxiety, and PTSD. She stated that she has a lot of anger. She expressed that she internalizes other people's interpretations of her as anger, insomnia, nail biting, and avoidance of the gym. She stated that she will find excuses to stay in her home.

(...) Sometimes I get agoraphobic and then I use the excuse, "oh, well, it's cold and winter, I'm just going to stay inside for five months and read a whole bunch of novels." I don't want to go outside. I don't want to see anybody. "Oh, it's too cold." But it's not too cold, I feel anxious.

Alice stated that her avoidant behaviour causes distress. She described herself as an extrovert who loves people and that it causes her pain when her anxiety leads her to withdraw into her home.

Alice, like Jennifer, experienced a large quantity of loneliness and isolation during her education; she listed college as having the worst impact on her. Alice stated that she has had a number of psychologically abusive partners, which has made it difficult for her

to feel loved by her husband. She stated that she feels shame towards her masculine side. She also stated that she feels stifled when she cannot be all of who she is; masculine and feminine. She stated that she was shy to participate in this study. She stated that she was shy to take singing classes due to her low voice.

Alice stated that the guilt she experiences is a contributor to her sexual repression. She stated that her guilt stems from the gender change, which has left her sterile. She stated that she often wonders what might have been had she not gone through any gender change. She stated that she has guilt associated with her fear that she may not be considered for adoption.

Alice stated that to be free would be to have less body tension and to not live in chronic pain. She stated that her sexual repression is linked with her chronic pain and physical health issues; the two of these influence the other. She stated that freedom would also mean finding a balance between enjoying her marriage and not feeling guilty and ashamed. She expressed her desire to live without self-condemnation and shame. She stated that she wants to free herself of the negativity of her past.

Naveen expressed that his shame prevents him from exposing his body and engaging in activities that he perceives as normal, such as swimming. Kayla discussed positive emotional impacts she has experienced. She put an emphasis on the positive internalizations she receives from others. She listed some of these internalizations as support and hope.

And some people do react that way [negatively], so I do have to stress that in internalizing, as much as I'm talking about the negative aspects, I do internalize all the support that I've gotten from other people as well. Because there's a lot of friends and family that really validate it, that have supported me and that have said, you know. It's a beautiful thing, and just in this group today alone, I'm going to internalize the things that have been talked about, "it's a gift from God," I'm going

to hold onto that because I think that's absolutely beautiful and I internalize all the hope that I can get...

As previously discussed, Sophie experiences nervousness and anxiety when coming out to heterosexual men. She stated that she experiences nervousness in new places; she finds herself assessing the new environment and wondering what the reaction will be if she discloses that she is a lesbian.

Sophie, like Jennifer and Alice, experienced a great deal of loneliness and conflicting feelings when she came out. She stated that she often experiences a sense of sexual repression when she feels like she is "the gayest person" in a social gathering. She associates sexual repression with loneliness:

"(...) Part of the reason why people feel like they're being repressed is because they feel alone. Right? And I think that there's a lot of loneliness in the community."

Lily explained that she experiences anxiety in trying to navigate social networks that are predominantly heteronormative, such as her crafting community. Lily stated that for her, sexual repression is about fear: fear of herself, fear of the unknown, fear of what society will think of her for wanting the package but not the husband, and fear of failure. Like Alice, Lily expressed her belief that her chronic pain and health problems would not be nearly as bad if she had not repressed herself or taken abuse because she was fearful. Lily believes that it is her fault that people do not take her sexuality seriously, given that she came out every three years before marrying her husband.

Lily stated that she has let other people's perceptions of her influence her far too much. She believes that she does not internalize as heavily as she used to:

I think that at this point now, I internalize far less than I did before. I finally have gotten to a little healthier mental health space, I think, where I'm not constantly burdened with anxiety for all the multitude of things in my life, where I can actually give some bandwidth to this, and where my old plucky self is finally coming

back...

Lily stated that there are still people in her life who have the power to make her feel poorly about herself. She stated:

(...) I think that one of the challenges I've yet to face will be in the people in my own family who still have the power to make me feel like I'm a five year old (laughs). And that I'm less equipped to hold my ground with.

She stated that she carries the comments of the people she cares about who are more critical of her in her "backpack of sorrows." Lily stated that she needs to strengthen her self-esteem and coping skills before having conversations with the more difficult people in her life. She stated the importance of working on herself so that negative reactions from these people do not "influence [her] journey [...] and process to develop confidence and [...] lesbian life skills." She stated:

"So I think that I'm in a healthier space for internalizing less, but I'm still not immune to it. I still... I think that harsh comments still would have a great capacity to make me feel bad."

Lily demonstrates self-awareness around how she is impacted mentally and emotionally by other people's perceptions of and reactions to her.

Lily stated that she experienced a lot of loneliness and isolation before leaving her husband five several years ago. She stated that having an insecure husband led to social isolation; he was uncomfortable with her having friends or hobbies of her own, so the only friends she was allowed to have were friends who had been around for many years. Lily stated that this is typical of the relationships she used to have with men. She stated that her assertive, outgoing self would become subsumed and buried in the identity of the man she was dating. She described this process as part of delivering herself to men in exchange for the package of having a home, children, and career. She stated that she felt

like she was prostituting herself to get what was expected of her.

And that's what I feel like; I prostituted myself throughout my life, sometimes deliberately, realizing that I was doing it but doing it nevertheless because I couldn't face my own realities, and I was too afraid to just... to fail. I wanted to stay in the safe zones of what I knew how to do and what seemed to be working even when I was lying to myself and none of it was working. [...] It is a lonely place to be.

Peter listed loneliness as a main contributor to his mental health. He stated that it was hard for him when he did not understand why he was losing friends.

(...) It was tough during the part where I didn't understand what was happening because then I... I thought, I'm just trying to figure out what I'm doing wrong in life and why I didn't have friends and what was happening there, so yeah, that was definitely tough and led to a lot of depression and, you know, just being confused about myself and life and... I mean, I struggle with suicidal thoughts frequently and it's a huge... there's so many factors factored into that, but, my relationships with people is definitely a portion of that, for sure.

Peter eventually realized that he was losing female friends because he was not pursuing them for romantic and sexual relationships. Prior to this realization, Peter grew to believe that there was something inherently wrong with him that drove people away.

Andrea stated that her mental health has been greatly impacted by her inability to express her sexual orientation. She stated that she already has anxiety and that the thought of coming out to her parents made this worse. She stated that she had catastrophizing thoughts, imagining the worst-case scenarios; she had to go to therapy to get tools to help her have that conversation with her parents. She stated that she suffered from anxiety as an internal impact of having to hide and censor that part of herself from her parents and by not being as open as she wanted to be. Andrea stated that her anxiety leads to automatic thinking. She often fears that people will react a certain way towards her. She stated that her fears are due to internal aspects, rather than external, perhaps due to her own perceptions of herself.

Andrea stated that there was a direct correlation between a lack of community and her mental health. She stated that in the past, she felt like she was not able to express her sexual orientation. She stated that this had a significant impact on her mental health. her past with feeling like she was not able to express her sexual orientation had a significant impact on her mental health.

Like, I think that there were a couple years when I was younger, like in my early twenties, late teens, when I definitely experienced a lot of anxiety and depression and a lot of it was relating to the fact that I... I was just scared to express myself that way, to approach any social groups for the first time, or just put myself out there, make friends, just name it to myself, to other people... [...] Yeah. It was really hard.

She stated that her upbringing made it difficult to talk about her sexual orientation. She stated that sexual diversity was never talked about in her house. She stated that she was never exposed to any queer role models and that her parents are both conservative. She stated that her inability to talk about her sexuality led to loneliness, which worsened her anxiety and depression. She stated that she is no longer as anxious as she used to be when coming out to new people.

Andrea stated that for her, sexual repression means trying to push that part of oneself away, actively or maybe not actively. She stated that she felt sexually repressed for a long time but not because she wanted to push that part of herself away or that she was doing this consciously.

I think I very much wanted to bring that part of myself out and explore it, but I just felt like I didn't have the means to, I felt like I didn't have the courage, I didn't have the self-awareness, and I didn't feel like there was any community around me or people around me that I could reach out to to talk about it with or explore it with. So I think just by kind of circumstance, it felt very repressed, so... and that's something I think about a lot, actually. I think that it was a very lonely experience. It felt like a very confusing time, there was a lot of low self-esteem going on and it absolutely impacted my mental health. I had a lot of anxiety, a lot of negative thoughts about the future. Depression.

While Andrea stated that she believes that this is mostly behind her now, it is still something that she thinks about quite often. She stated that it strongly resonates with her.

II.4.2. Self-Image / Beliefs of Self

The participants of this study expressed that their internalizations of other people's interpretations and reactions to their sexuality has influenced their self-image and their beliefs of self.

Grace stated that her mother's negative reaction to her sexual orientation led her to question whether or not she was truly bisexual.

(...) The first person that I came out to other than myself was my mom because she and I, we were, we still are, very close, and when she had a negative response to me it was kind of like....I kind of told myself "okay maybe this is something that I shouldn't...like maybe this isn't true, maybe this isn't something that I should be pursuing" [...].

She stated that it was not until she saw empirical validation that bisexuality is an accepted and defined sexual orientation that she allowed herself to accept her sexuality. She also stated that this validation came from her research on Kinsey scales. Jennifer stated that being misgendered can negatively influence her self-image.

(...) I'm at a point where it's fine if I get misgendered the odd time, but when it seems to be [recurrent] and occurrence is high, then it affects my internalized view, and so I feel like I'm flawed, I feel like I'm, my passitivity is constantly being questioned, and it affects me in a deeper kind of level where I don't look at myself as a beautiful woman, I look at myself as some fucked up person, pretty much.

She explained how being misgendered can lead her to question where she is falling short in terms of being perceived as a woman. She stated that she generally has a tough enough skin not to let it get to her, but when it happens frequently, it weighs down on her. She also stated that when months pass without ever being misgendered, she will feel safe, and

then feel shocked and disarmed when it happens because she is not prepared. Jennifer stated that she used to have a metaphorical “queer shield” that she used to carry around with her where she would have automatic defences prepared. She stated that she does not carry this around anymore because it is too heavy to constantly be on guard.

Alice stated that she sees herself as being “a little bit different.” She does not choose to see this as being an inherently negative quality. When the researcher reflected that her gender is not always perceived as authentically female, she responded:

No. And I could understand why, because, as I say, I am a little bit different, but I think that a lot of great women, not all, but a lot of great women in history have been a little bit different. Margaret Thatcher was very strong and outspoken[.]

Alice stated that she embraces her strength. Although Alice holds positive views of herself, she also stated that she struggles with self-love and self-acceptance. She stated that she grapples with self-loathing. She stated that she is taking steps towards being more self-accepting.

Alice explained how socially prescribed femininity affects her self-image and understanding of herself as a woman who is both feminine and masculine. Alice stated that she sometimes confuses wanting to be desired with the archetypal image of a Stepford wife.

“... About my sexuality, I feel... I sometimes want to feel desired and I confuse that with being womanly and baking a cake and rollers in my hair and all these braziers, like... it's... sometimes artificial for me.”

Alice provided an anecdote of a time when a man made a disgruntled noise of disgust towards her boots and told her that she should go get some nicer shoes. Alice, who requires these boots for medical reasons, thought that she could never wear dresses because of her unfeminine footwear.

“And then I saw [in] downtown Rideau, girls, punk rockers, with these, like, Doc Marten type boots, wearing dresses! And so then I began to re-invent the way I dress.”

Alice expressed the curative power of seeing these girls wearing dresses with combat boots and realizing that this was an acceptable style. This, for Alice, meant that she could mix and match feminine and masculine clothing. While Alice stated that she still feels self-conscious at times, she now has the freedom to combine clothing that may not be seen as matching by others.

Alice stated that when negativity is internalized, her self-care falls apart. She stated that she “[has] to spend a lot of [her] time in a day spraying [herself] with a Teflon so other people’s stuff doesn’t stick.” She stated that she internalizes other people’s negativity far too much. She stated that she tries to take people’s negativity and turn it into love. As stated earlier, Alice expressed suffering from minority stress.

Naveen stated that he tries to cover up his body instead of trying to embrace and experience body positivity. He stated that this is a product of internalizing other people’s perceptions of normalcy. Naveen stated that he wants to be as positive as he can because he does not want to focus on the negative anymore.

Kayla stated that she has a positive perception of herself. Although her self-image is positive, she agreed with Alice that people’s comments stick. She stated that they stick because they are hurtful and because they do not fit in with the image she has of herself. She describes it as being given this thing that does not match how she perceives herself and that it is hard to let it go. When discussing the objectifications and misconceptions that bisexual women suffer, she stated that she felt torn between two extremes.

Is my sexual orientation doomed to either be extremely sexy and attractive to some and demonized by others? What’s the middle between that, you know? Can’t it just

be a part of who I am? Can't people just be like, "cool, good for you," you know?

Kayla, like Naveen, stated that she is done focusing on the negative. She stated that other people's negativity belongs to them, not her.

... There came a point in my life where I was like, no, I'm done. This ball of negativity that they've said these comments, they're theirs, they're not mine, I'm going to stop trying to understand it because it just came from a bad place, one way or another, so it's not even worth me wasting my time on it.

Sophie stated that she sometimes wishes that things were different because it is not always easy being gay. She stated that she realizes that she cannot change who she is so she embraces her identity and is proud to be gay. She stated that she sees herself as someone who has a lot of support and as someone who is more mature than when she was when she began her journey. She stated that she tries not to take people's negativity personally. She takes comfort in the fact that she has more people on her side than against her.

Lily stated that she has had a bumpy relationship with her own sexuality. She stated that it was not until after her biological, professional, and social expectations were complete that she asked herself: "well, who the hell am I holding up some bogus standard for?" and "what's going to make me happy?" She stated that her inability to accept herself for so long has led her to have a self-perception of herself as a 42 year old "baby dyke." She stated that she never figured out what her type in women is because she was never allowed to explore that side of herself. She stated that she "fought [herself] tooth and nail for so long". She stated that she finally has self-love, although there is self-deprecating humour behind it.

Lily stated that, when she was fighting back against her sexual aggressors, she developed "twisted views of what being self-empowered was." She expressed self-

awareness in that she knows to be careful when she starts dating again because of the maladaptive behaviours she has developed over the years. She stated that she has a lot of unwillingness to acknowledge her own motivations, drivers, and feelings because of her own internalized expectations of herself. She stated that she repressed herself, sexually and creatively, because she always found herself mirroring the man she was with and became subservient to him.

Maureen expressed that she is in a stage of her life where there are no longer adverse economic impacts consequences of being gay, so she no longer cares what people think about her. She stated that she is more concerned with real issues, such as pedophiles and murderers. She stated that gay people and love is no different than heterosexual people and love and if anyone chooses not to speak to her for being gay, she does not feel like she is missing out on anything. For Maureen, this has become a non-issue.

Peter stated that he internalized his failing friendships as a sign that there was something inherently wrong with him. He began to foster negative views of himself in order to explain why people were naturally drawn away from him.

I was always just assuming that I was doing something wrong or that I was annoying, I guess, or something like this, and so I used to readily say that I'm annoying, I guess, to people because that was the only conclusion I could draw...

When friends stopped being his friends, both male and female, he chalked it up attributed it to a personality or behavioural flaw of his own. He stated that he has only recently stopped referring to himself as annoying.

Andrea stated that the idea of gay pride does not resonate with her. She stated that she is happy to be who she is, but that "pride is a strong word."

II.4.3. Behaviours

Some of the participants named specific behaviours that they adopted as a result of negative internalizations or as a result of being different.

Grace stated that, in the beginning, she tried to ignore her sexuality, hoping that it would go away and that she could live her life as a heterosexual woman.

Alice stated that she often holds back on some of her masculine impulses and that she urges her husband to take on more stereotypically masculine roles, such as contacting the landlord if there is a problem. Alice stated that she has quit many gyms because of the looks and comments she received from men. As stated earlier, Alice avoids activities that she enjoys because she does not want to deal with the way other people will respond.

Naveen, like Alice, listed avoidance as a way of staving off other people's negativity. He stated that he no longer makes YouTube videos because his weight gain has made his breasts more prominent. He stated that he does not swim as often as he would like, but when he does, he puts his shirt on immediately after he gets out of the water. He stated that he has shut down a bit and is not as open as he would like to be.

As stated earlier, Lily acted out sexually as a way of pushing back against being sexually assaulted and objectified. She stated that she engaged in "horrible behaviour" when she developed feelings for her female friends. She stated that she used to sleep with her friends' boyfriends when really she wanted her female friends. She said that this was a confusing time for her.

Theme Discussion of Section II.4

As supported in the literature, people in the LGBTQ+ community suffer disproportionately from adverse mental health impacts (Meyer, 1995; Verduzco, 2016; Fischgrund et al., 2012; Ross et al., 2010; Flanders et al., 2017; Schrimshaw et al., 2013;

Maguen and Shipherd, 2010; McCann, 2015; Lev, 2013; Lahood, 2012; Haas, 2010). The participants of this study explained the ways in which harmful internalizations have impacted their mental health. According to the literature, queer people can internalize negative views of themselves when these views are expressed by those around them (Meyer, 1995; Ross et al., 2010). These internalizations can lead to skewed sense of selves and harmful beliefs of self, as was expressed by the participants of this study. These skewed beliefs have led the participants to question the validity of their sexual or gender expression and to wonder if there is something wrong with them. According to Hyde and colleagues (2012), internalized poor attitudes about sex and self can lead to poor sexual functioning. The participants of this study confirmed that negative internalizations of self and sexual / gender orientation can lead to poor mental health and sexual repression.

Some of the participants expressed that their negative internalized views of self have driven them to adopt maladaptive behaviours. For many of the participants of this study, this means actively denying and ignoring crucial parts of themselves that do not fit within a heteronormative, gender-binary framework. Furthermore, one participant expressed engaging in sexually promiscuous behaviour as a means of pushing back against being objectified. This is consistent with Fahs' (2009) concept of performing sexuality. Fischgrund and colleagues (2012) discuss the impacts of forced hypermasculinity on the wellbeing of men who do not fit within a heteronormative, gender binary framework. The maladaptive sexual behaviour that Lily described was used as a means to fight back against the identity that other people were creating for her; this mirrors Fischgrund and colleagues' (2012) idea of performing gender as a form of

self-preservation. This is a form of sexual repression because it prevents the individual from actualizing one's true sexual and gender expression. For Lily, this was repression in the sense that she did not want to have sex with men but she did anyway. She perceived this as maintaining her sexual repression.

II.5. Safety: Implications of Disclosure and Safe Spaces

Safety was listed as a major contributor to sexual repression and poor mental health among the participants of this study. The sub-themes that emerged for the theme of safety were: physical, emotional, and psychological safety; ability to disclose and implications of disclosure; and safe spaces.

II.5.1. Physical, Emotional, and Psychological Safety

It is crucial to not overlook the reality of physical, emotional, and psychological safety concerns in with the LGBTQ+ population. A lack of safety can lead one to repress their sexuality or to keep it hidden.

Grace stated that she avoided dating for a year after her experience with the couple that tried to lure her for a threesome. She feared being used for physical gain. She was afraid that her university dating experience would be like this. She perceived this situation as unsafe and avoided it. Nowadays, Grace stated that she feels the safest around other members of the LGBTQ+ community, her close friends, and her partner.

Jennifer stated that there is danger associated with being transgender. She stated that she has to question her physical safety if she travels outside of Canada or even to certain parts of Ottawa. She stated that there are places where she feels unsafe. She always fears that people will out her or make transphobic remarks towards her. Jennifer stated that it is hard to know which places are safe and which ones are unsafe. She stated:

“So the negative aspect is probably more internal because I don’t really know if those places are dangerous, right, but I won’t take the chance either.”

Jennifer puts these limitations on herself for her own self-protection. As stated earlier, there is a sense of intimidation around heterosexual people because she cannot predict their reactions of her.

Jennifer stated that she saw a lot of fear in the few transgender people she knew in the 1990s. She stated that she felt repressed in the 1990s due to the lack of freedom to talk about her sexuality. She stated that her fear, coupled with the fact that she had nobody to talk to, led to sexual repression.

(...) It’s kind of like seeing the light out of the closet [...], I was opening the door of the closet, I was like “*gasp* oh my gosh, there’s me! Nah.” And then I closed it [...]. I was like “oh my gosh, I can’t take that step!”

Alice stated that she does not feel safe and free; she stated that this is one of the reasons why she is in therapy. It is unsafe for her when the gay community tries to label and forcibly out her. She stated that she does not feel safe in her day-to-day life because she is always wondering who might judge her, say something derogatory, or look at her disapprovingly. It is hard for her to feel safe when she is constantly assessing whether or not she is safe. Like Jennifer, Alice stated that she is afraid of going to certain places because she does not know if she will be safe.

Kayla stated that in general, she feels fairly safe. She expressed gratitude for the generation before her for educating people and making it safe for her to be queer in her part of the world. Kayla noted that safety is not synonymous with freedom; while she always feels safe, she does not always feel free.

Sophie, like Alice, is always assessing her safety when walking into a new place.

Like Alice, her guard is constantly up. She stated that she feels safer now than she did when she was nineteen. She stated that she is not nearly as cautious as she used to be, but that she is cautious nonetheless. Sophie, like Jennifer, is always wondering what other people's reactions are going to be.

Lily stated that she does not feel safe partially due to her divorce situation; she is afraid that her ex-husband will use any opportunity possible to discredit her as a mother and obtain custody of the children. She stated that her ex-husband threatened to do everything in his power to destroy her. Lily, like Jennifer, does not want to take any chances. This prevented Lily from engaging in the community in any way because she did not feel safe to do so. Lily stated that, at least with the people who matter the most, she does feel safe.

Lily stated that she is noticing a shift in the way young people are reacting to homosexuality. She stated that her daughter's generation is showing tremendous respect for gender and sexual diversity. She stated that she is noticing that the younger generations are willing to explore different sexual and gender identities and that they have the safety, freedom, and support to do so. Lily did not have the same safety, freedom, and support when she was growing up. She stated that when she was her daughter's age, it was unsafe to be gay; people got beaten up and called names.

(...) When I was in middle school, people were horrible. They beat up boys for even the idea that they might be gay. They called, you know, Lesley the Lezzie, because she and this other girl would sit in the schoolyard and chat at lunchtime. I mean, maybe they were gay, maybe they weren't, but... you know. It was cruelty. It was constant cruelty.

Lily expressed that, even in her arts high school where many students were "party-gay" or "party-bi," it was not safe to be out because of the physical violence.

Maureen listed the physical dangers of being gay in the 1970s and the 1980s. She stated that police would raid the gay bar and take people's names. She stated that her stepbrother was stabbed for being gay. She stated that she had friends who worked for the government who committed suicide publicly by jumping off a building. She stated that there was bullying by teenagers. She stated that the situation became moderately safer in the 1990s. She stated that the chief of police started the hate crime unit in response to a waiter being thrown off a bridge. This is when, for Maureen, the police stopped being the enemy and became an ally.

Andrea stated that, for the most part, she feels safe. She stated that there have been a handful of times where people have shouted remarks at her for holding hands with her girlfriend, but that the situation never became more escalated than this. She stated that where she lives and who she surrounds herself with is a are major contributors to her feeling safe. She stated that she considers herself lucky for this.

II.5.2. Disclosure: Ability and Implications

For the participants of this study, the ability to disclose their identity and the implications of disclosure play a large part in sexual repression. Without the ability to disclose, they could not actualize their sexuality. If met with hostility when disclosing, they became less likely to disclose and more likely to repress.

Grace stated that, with the exception of those with whom she feels close, she is constantly on the defence to make sure that she does not accidentally say something to out herself. She described herself as having "a foot in the closet and a foot out." She explained what this looked like when she was in university.

The arts scene was mostly queer and trans people, lots of people of colour that were also intersections of our community, and within that group, I was comfortable being

myself, I was comfortable dating women and talking to men and just hanging out with people and just being queer and out, and it was perfectly fine. But then, it was like, when I would go home, I would have to like... put it all back in. Like I would not... I would never talk to my mom about people that I was seeing or anything like that unless it happened to be someone who was a guy, or someone who was agender, where I could use a pronoun that fit what she wanted it to be.

As stated earlier, Grace felt like she could not embrace, let alone disclose, her sexuality.

This led her to repress it.

Jennifer stated that she must disclose her genital makeup to potential partners prior to engaging in intercourse. She stated that it is important for a lesbian or a heterosexual man to be able to make an informed decision regarding whether or not they are comfortable having sex with somebody who has a penis. She stated that, while she understands that potential sexual partners have the right to know, this is a sore spot sensitive issue for her. For Jennifer, disclosure is a necessary prerequisite to sex.

Jennifer stated that she passes as a cisgender woman often enough that she does not have to disclose that she is a transgender woman on a day to day basis, however, there is still the fear of being outed.

Naveen stated that he does not post about his intersexuality on Facebook; he keeps his identity mostly private. He stated that he has not expressed his intersexuality to many people. He expressed a desire to be able to disclose, however, the safety is not there.

Kayla stated that it was not safe to disclose her sexuality when she was fourteen years old because back then, people got assaulted would “get bullied for [being gay].” Like many of the other participants of this study, Kayla has to feel “read the room” around new people to decide if she is comfortable to disclose. Given the negativity she has experienced, she has become choosier more selective about to whom and where it is safe to disclose her sexuality. As stated earlier, she has had bad experiences of disclosing

to people who were not safe to disclose to; namely, the time she disclosed her sexuality to her friend at a sleepover.

As previously stated, Sophie is always nervous disclosing her sexuality to new people, specifically heterosexual men. She stated that she feels safe disclosing to heterosexual women because they do not react poorly, make crude comments, or make her feel unsafe. She stated that she has often had to conceal her identity from the communities in which she lived in due to a lack of safety. Nowadays, although she is still nervous, she mostly feels safe disclosing her identity. She attributes her safety to the people she has on her side and on the overall social acceptance of sexual diversity.

And, but in terms of like, you know, whether I'm at school or even at work, you know, whatever I'm doing in my day to day life, I don't hide who I am anymore, and I'm not as afraid anymore, I guess I kind of look at myself as definitely somebody who is more mature and has a lot of support. I definitely have more people on my side than against me, and I think that helps a lot. So relatively, I feel pretty safe.

Sophie lists her own maturity as a contributor to becoming a well-adjusted lesbian in a heteronormative world. Sophie stated that when she was younger, she would avoid the topic of her sexuality in order to keep herself feeling safe. She attributed her past sexual repression to the fact that she could not be out with others or with herself.

For Lily, the biggest safety implication of disclosure is her ex-husband and custody. She stated that he is heavily monitoring her on social media so she is extremely careful of what she posts.

Lily stated that she does not know how to disclose her sexuality when she is not in a relationship with a woman. She stated that, in the absence of a relationship, she experiences no "burning need" to disclose. She stated that being retired, for medical reasons, plays a role in her sense of freedom to disclose. She stated that "not having the

expectations of a workplace to live up to [...] makes a difference.”

For Maureen, the implications of disclosing her sexuality in the 1970s and 1980s were mostly economic. She stated that, even in recent decades, she kept her identity a secret for from the government, where she was employed, because she did not want to give them anything that they could use against her. She stated that many people working for the government lost their jobs for being gay. She stated that she disclosed her identity only to a small group of people, most of whom were also gay. She stated that she played a role in society in order to conceal her identity. She stated that nowadays, she does not care what people think or if they know she is gay because she does not face the same implications as she used to.

Peter stated that he does not disclose his identity as a Platonist to others, partially because he does not like to categorize it and partly because he does not know how. He expressed that not disclosing it to others has negative repercussions, such as loss of friends, assumptions made about his sexuality, and lost connections. He stated that:

(...) Instead of telling them, you know, like, I'm never going to end up giving you what you want or you're not going to see anything come of this, you know, I suppose I do repress those thoughts and I just kind of let life happen how it's going to happen and if they're going to eventually give up on spending time with me, then, so be it.

He stated that when he has friendships with women, he knows that it is going to get to a point where they will be unhappy that he will not initiate a romantic relationship but that he cannot express this to them right off the bat because then that could lead to other problems, such as not having any kind of friendship with them at all.

Andrea stated that she is becoming more comfortable with disclosure and openness. She stated that she has fears about; she fears that people will think that she is not a real

lesbian because she presents as heterosexual. Andrea believes that this fear is in her head and not a product of a real threat. This goes to show the strength of minority stress.

II.5.3. Safe Spaces

Safe spaces are incredibly important for the LGBTQ+ community. Many participants described their safe spaces. In addition, some participants described their experiences of having their safe spaces infiltrated.

Grace explained that in university, a heterosexual couple infiltrated her safe space for their own personal gain. The same couple who tried to lure her for a threesome approached six more women in the queer community. This couple was met with distaste by the bisexual women whom they tried to seduce.

Jennifer stated that there were no safe spaces when she was coming out. In high school, she had no safe space or people to go to when she was called homophobic slurs. She stated that she felt repressed in the 1990s by the lack of safe spaces and the lack of ability to talk about her sexuality. She stated that nowadays, she is mostly able to avoid people who are negative and to set boundaries with people.

Alice also stated that there were no safe spaces when she was coming out. She stated that she thought of initiating a safe space in college but that she could not. She stated that her experience was so bad that she dropped out of college. She stated that the LGBTQ+ is not always a safe space for her even now; it is not safe when they try to force her to identify and out herself.

Kayla expressed her gratitude to the generations of gay people before her who created the safe spaces that she enjoys today.

Maureen credited the nightclubs and the discos for creating safe spaces for gay

people. She stated that those were the only places where gay people felt safe to be out and to meet other gay people. She stated that they would go to the nightlife on the weekends, socialize, and then go back to their regular business, putting on a façade to protect their identities. She stated that they “wore different hats” back then. Maureen provided an anecdote of a time when she had to react to a safe space being infiltrated.

I had a roommate who used to do hot hot hot hot tub parties for women every second weeks (laughing), so women were coming out and there were a lot of bisexual women going to those hot tub parties, until one colleague of mine showed up at my place, and her background was Jehovah’s Witness. (Laughing) I opened the door, closed the door and ran upstairs and I told [my roommate] “what are we going to do? She’s a JW, what am I going to do?” So, [she] went down and she opened the door and she says “come in!”

Maureen stated that they invited her co-worker into the party to expose herself to homosexuality. Instead of being turned away, she was invited into the safe space to learn about homosexuality. For the most part, however, infiltrations of safe spaces were not well tolerated. Maureen stated that if a heterosexual person walked into a gay club, the word would get around fast and they would be escorted out. Another infiltration was the police who did raids and took people’s names.

Andrea stated that the places where she spends the most time, like school, are safe spaces. She chooses to be in places that are safe for LGBTQ+ individuals.

Theme Discussion of Section II.5

According to the participants of this study, safety concerns are a major contributor to sexual repression and mental health outcomes. The literature points to the lack of safety that queer people experience (Verduzco, 2016). There are many safety concerns when it comes to disclosure (Schrimshaw et al., 2013). As expressed by the participants of this study, these safety concerns can be physical, emotional, or psychological. Many of

the participants stated that a lack of safety has led them to conceal their identities, which further leads to sexual repression and poor mental health outcomes. The participants expressed the importance of safe spaces in regards to their freedom to express their sexuality and gender identity. They reported that access to safe spaces has reduced sexual repression because it allows them to freely express that part of themselves. Furthermore, the participants stated that having access to safe spaces has positively impacted their mental health.

II.6. Attitudes about Sex and Self as a Sexual / Gendered Being

When discussing sexual repression and mental health, it is important to explore the individual's attitudes about sex and their attitudes about themselves. The sub-themes that emerged here were: attitudes of the binary; confidence and understanding of self; and sex.

II.6.1. The Binary

Most of the participants of this study do not adhere to the binary of masculine / feminine, gay / straight. Many have felt repressed by trying to fit themselves within this binary, as we saw earlier with Alice when she tried to repress her masculine side. As previously stated, the bisexual / pansexual participants experienced a great deal of pushback for not adhering to the binary of gay / straight.

Jennifer stated that, as a teen, she never had a perception of gender. She stated that looking back, she would refer to her teenage self as gender queer. Jennifer stated that her sexuality is never really defined. She stated that she will refer to herself as gay or bisexual depending on the context she is in. Jennifer stated that being transgender does not mean that one is changing their gender, but rather, they are aligning themselves with their true gender. Jennifer opposes having the word "transgender" as an identifier. She

sees “trans” as being an adjective attached to a noun, which is “woman.”

Alice stated that she is allowing herself to be her authentic self, more and more.

This authentic self is both masculine and feminine.

I still sometimes have my cowboy days. I just want to take on the world, I want to be Hercules, and I just want to be, like, Tarzan, and I notice I do this and, like it doesn't really matter what clothes I'm wearing...

Alice says that she sometimes wonders if she is metagender. She stated that she has a wardrobe for every gender expression.

Alice stated that her sexual behaviour is more stereotypically masculine. She stated that this matches her husband, Naveen, whose sexual behaviour is more stereotypically feminine. She stated that their “psyches fit.”

In addition to not adhering to a binary, Alice does not see gender as being fixed.

And so, gender to me, I just see it like a buffet, and you say, “what would you like on your pancake? Or, do you want a pancake at all? Do you want a waffle? Or maybe you want a roti? Or an Indian style...” that's how I see it.

Naveen, as stated, does not adhere to the gender binary. He stated that he loves the masculine side of women. He stated that, in many ways, he feels sexually oriented as a female. In terms of sexual behaviour, he described himself as having more “stereotypically feminine behaviours.” He stated that he prefers for his wife to initiate most of their sexual encounters. He joked: “she is the man in the relationship.” Naveen stated that he likes the feminine and the masculine combined in one person. He stated that he does not know if that makes him bisexual. Naveen expressed that he does not believe in gender-designated roles. Naveen shared that he has been positively impacted by the realization that not all women are the same and that not all men are the same. This was a healing realization for him.

Kayla stated that she does not think that people fit into a binary. She stated that she is now considering whether or not she is pansexual, rather than bisexual, because she is not a fan of the binary.

Because I don't necessarily like my females feminine. [...] Like not necessarily. Sometimes it's nice if it fits you, if that's what you're happy in, cool. But I've also got several friends in the community that are female that assume... like, they're expression is a lot more masculine and it's attractive because that's what fits them. That's what they feel comfortable in. That's what makes them happy. That's attractive. You know, I'd rather that than they be suffering in a gender role that doesn't fit them, you know? So yeah, I should look into that.

It was not until this study that Kayla learned the difference between bisexuality and pansexuality. This opened the door for her for further self-exploration.

II.6.2. Confidence and Understanding of Self

The participants discussed their self-confidence and their understanding of themselves in terms of their sexual and gender orientations.

Grace stated that she is comfortable with her sexuality.

Jennifer stated that when she first heard the word “transvestite,” it was like a light went on above her head. This was the first time that her experience as a feminine male-born person was normalized. Jennifer stated that now that she is out, she feels insecure about approaching heterosexual men. She stated that she is more afraid of rejection now than she was before she was out.

(...) Mainly because I'm afraid of that rejection and because I'm, now that I came out I'm much more in a, like... it's me, so it's much more vulnerable when I have connections with people, where before I was very nonchalant about it, like I kind of had this existing barrier for years and years and years, so, it gave me a lot of that false sense of courage...

She expressed that it is much more vulnerable being her true self than it was when she was concealing her identity. She stated that before she came out, she enjoyed the

validation she received from flirting with people so much that she did not fear rejection.

Now, however, everything is new for her again. She explained:

“...Now it’s new again for me. It’s new dating again. It’s kind of weird because it’s like I’ve had all this experience but they don’t relate to my existing experience...”

Jennifer explained that she is working on navigating this newness.

Alice understands herself as a queer woman of faith. She expressed that she embraces herself. She stated that she has a theory that she possesses a gene called the H antigen factor. She stated that, since there is no testing available for this in Canada, this remains a theory. Alice stated that she is trying to let go of what she does not like about herself and keep the parts that she does like. She expressed that part of her sexual repression is due to the fact that she has not yet let go of the parts of herself that she does not like.

During the course of this study, Kayla’s understanding of self as a bisexual woman has been challenged; as previously stated, she is now considering pansexuality as a way to identify. However, Kayla expressed a strong understanding of self in the absence of labels.

In a way, I’m using the term bisexual because it’s the one right now that kind of is the most accurate, but, you know, the way I see it sometimes, there’s not necessarily a label or a word that’s going to fit my sexual expression best, or my sexual orientation best, so for now, yeah, I’m using “bi,” but in the end, it’s what you feel inside and it’s really what inhabits you, so that’s really what matters.

Kayla demonstrates a strong understanding of self. Kayla expressed that she finds it difficult to attract women; she lacks the “lesbian life skills” that Lily named. She stated that she does not appear to know how to flirt with other women.

I find it difficult and I don’t know if it’s because I’m a noob or because I don’t know how to flirt with women or whatever but I find it hard sometimes to find another woman, [...] if I go to the Lookout, which is my watering hole typically,

and I see a cute girl, I'll be like "you're so cute," and they're just like "thanks! You too!" and I'm like, "no! Like, homo intended," you know?

Kayla finds it difficult to convey interest to other women.

Sophie stated that she has mostly always accepted that she is gay. She stated that she felt liberated when she was honest with herself. She stated that she sees sexual repression as not accepting who you are and not being open with who you are. She stated that this relates to her from her past when she could not be open and honest.

Lily shared that she has little confidence as a lesbian, although her understanding of self is far stronger than it used to be. She stated that she never got to figure out if she has a type, she never got to develop flirtation skills, and she never learned how to deal with rejection. She stated that she wants to learn how to use rejection as a way of learning; if there is something she can change, she is open to change, and if not, so be it.

So, I'm trying to, I guess, process things that come at me now with a little bit more of a grain of salt and not to carry them around unnecessarily, and if they deeply affect me to try and look at why and then see if there's a reason and if it's fair, a fair and valid criticism, well, maybe I should do something, and if it's not, to actually let it go.

Lily expressed that she is entering the lesbian world with no frame of reference and no road map. She equated herself to a teenager with no skills. She stated that she is happy to be single right now and focus on making friends and trying to find her place in the world as a lesbian. She stated that, in the end, "we are all unfinished projects; we're never done."

Maureen stated that her relationship with her sexuality is "a journey, and it's not an end to something." She stated that through her journey, she has learned to accept that her sexual orientation is nobody else's business. She speculated how different her life may have been if she had had children before leaving her husband. She considers herself lucky

that it never occurred to her to have children. She stated that she must have been ahead of her time.

Peter understands platonic attraction as being a spectrum; it is not either there or not there. He stated that with his first girlfriend, it was at one hundred per cent right away. Peter does not believe that he is asexual because he can objectively recognize when somebody is sexually attractive, even though this recognition does not stir desire. He stated that there are benefits to being how he is: he has time to develop skills, focus on hobbies, and is not consumed with the desire to pursue relationships. He described it as a double edge sword; the “loneliness is a real factor.” He stated that he feels like he can give more of himself to someone because of the way he is. He perceives Platonism as noble; it is noble in the sense that he is not mindlessly entering into relationships for the pursuit of sex. Peter expressed self-acceptance: “Yeah, it’s not exactly great, but I think I’m alright with it.”

Andrea perceives her sexuality as something that has an evolving role in her life. She stated that her experiences with dating have helped her learn a lot about herself. She stated that sexuality used to be a very rather exploratory and scary thing, but now, she is able to be more involved in the community and is surer of herself. She stated that coming out to herself was gradual. She stated that it was hard for her to accept this about herself because she was never taught about sexual diversity during her upbringing. She had had no exposure to anything outside of the heteronormativity of her household until she began to question her sexuality. At first, she thought she might be bi, but she eventually accepted her sexual orientation at the age of nineteen or twenty. She expressed that she is never done coming out to other people; there will always be new people to come out to.

II.6.3. Sex

Many of the participants described their sexual experiences and attitudes. They discuss their relationship with their sexuality and how they have been repressed. Grace stated that, after her negative coming out experience with her mother, she did not masturbate for four years. She described how this repression led to further repression.

Like... all the things that you do when you're growing up as a teenager and you're just figuring out your sexuality, [...]... I'll be frank, I didn't masturbate for like, four years because I felt that if I were thinking about a girl when I was doing it, it was wrong and I wasn't allowed to do that, so I just didn't. And I feel that kind of stunted me sexually for a while because when I did have my first sexual experience with someone, it felt so... like... alien to me, is a good way to put it, like, I didn't feel that I knew anything about myself or anything about the other person that I was with because... not because it was so new but because I didn't have a chance to kind of look into myself to figure out, like, what are things that I'm looking for in this type of relationship? What are things that I enjoy? [...] And my first sexual experiences, my first three or four of them I guess were very alien to me and I didn't feel like I was in my own body when I was having sex [...], and I just kind of went along with it most of the time because I felt that... I was just kind of going through the motions because I didn't get a chance to kind of like... sit with myself and say like, "hey, what do I want in this," and "how can I define myself sexually?"

Grace became sexually repressed because she had not felt like she was allowed to sit with herself and figure out herself out sexually. She stated that she felt like she did not get to experience that normal part of growing up.

Jennifer stated that she has not had sex for two years; one year before she began hormone replacement therapy. She stated that she is intimidated by her own sexuality. As previously mentioned, she perceives the fact of her genitals as a barrier to intimacy; she worries about lesbians and straight men feeling conflicted about her genitals. Prior to transitioning, Jennifer was always told that anal sex is dirty. When it came time for her to explore that side of her sexuality, there was a lot of shame associated with it. She felt like it was wrong because that's what she had always been told.

Jennifer expressed that there have been limitations put on her sexuality; she stated that she held back on her own sexual pleasure for many years. She stated that she used to be unable to achieve orgasm while having sex with a woman unless she imagined that she was being penetrated, rather than doing the penetrating, or that her partner was a man. She stated that this detracted from the experience of sex. She stated that it made her female partners feel inadequate. Additionally, Jennifer felt that there was something wrong with her. She felt pressured to orgasm because of the expectation that sex ends when the male finishes. She stated that she did not have the courage to tell her sexual partners that she did not enjoy sex in that capacity and that she did not enjoy using her penis. She felt pressured into having sex because she did not know how to express these feelings to her partners. She stated that for a long time, she could not say no to sex.

Jennifer stated that she recently made out with somebody, which is the most sexual she has been in two years. She described this as a positive experience. She stated that this helped her relearn what she likes and how she likes to be touched. She described this experience as liberating. She expressed the desire to familiarize herself with her own sexuality and desires. She explained that she is trying to navigate around the expectation that she should take more of a “male role.” This expectation implies that she is seen as a man. She stated that she still has lingering repression about her own sexuality and her own sense of comfort.

Alice believes that she is currently sexually repressed in part due to the bad relationships she experienced prior to meeting her husband. She stated that she has “emotional scar tissue” when it comes to sex.

I went through a lot of heartbreak and I went through a lot of... so I just kind of have a lot of emotional scar tissue with me with sex, I was very sexual as a teenager

and in my twenties and in my early thirties, but then... I don't know. The past few years... I, um... (sighs). I feel, um... I don't know. I just, I... it's really hard.

Alice struggles with her sexual repression given that she used to be a sexual person. She stated that she contemplated turning that part of herself off and joining a monastery. She stated that on the one hand, she likes her sexuality, and on the other hand, she feels broken.

“I would say scars, or wounds, but I'll say, I'll say neutrally, they're remnants of when I took all the male hormones and binding my breasts, and all these things that I did for years.”

Alice relates her sexual repression to her mental health and physical health. Alice emphasized the effects of her depression on her sexual repression; she stated that her antidepressants reduces her sexual desire and makes it difficult to achieve orgasm. She stated that she is sexually repressed as well as sexually frustrated. She stated that she is able to work on this with her husband.

Naveen stated that Alice has helped him learn “how to use [his] man parts the correct way.” He stated that he was masturbating wrong before he met his wife; he described his masturbation technique as rubbing, which he described as “the more typically feminine way.” He stated that he felt like he was on the receiving end of his masturbation. He stated that before he met his wife, he was almost afraid of his own genitals. He stated that he was able to embrace sex after meeting his wife four years ago. He stated that before this, he was sexually repressed.

Naveen stated that he accepts his body, curves and all. He stated that he loves curvy women and belly fat on women. He stated that his wife has helped him learn about his own body and to tap into his masculine side. He stated that he does not feel sexually repressed anymore because of the positive impacts his wife has had on him.

Kayla stated that she is very passionate about sexuality and that she loves discussing it. She expressed appreciation for what Alice said about sexuality being a gift from God. She stated that she loves teaching new partners about her sexual preferences and learning about theirs. As previously stated, Kayla perceives sexuality as a form of spirituality.

So it's the positive impact of living your own orientation, your own sexuality, and through every interaction you have with people, you learn more about yourself. There's this one saying that goes "you see the most of yourself through the eyes of others." [...] I feel that. Especially through positive and fruitful conversations with others, I get to see some of myself, depending on the interaction I have.

Kayla expressed a healthy relationship with her sexuality.

Kayla stated that she mostly feels repressed right now in the sense that her current partner is a man but that she still desires to be with women. She stated that she lacks the ability to flirt with and meet other women and for this reason, that part of her is being repressed. Kayla expressed the desire to explore this side of herself more. She stated that she is holding this part of herself back due to her busy schedule and because she does not know how to meet women.

Lily struggles with her history of having sexual relationships with men. She stated that these sexual relationships kept happening because she could not say no.

Being willing to have sex and to be able to get off is not the same thing as actually being attracted to somebody and falling in love with somebody. It's not the same thing, you know, being kept as a pet by a man is not the same thing as having a relationship.

She stated that she used to think that she was sexually attracted to men until she had the above revelation. Looking back on her sexual experiences with men, Lily perceives herself as prostituting herself; there was no real attraction, no real love, but she delivered herself to these men because it was what was expected of her.

Maureen stated that the day she left her husband was liberation. She stated that she never felt repressed after that. She was free.

Peter stated that, while he can recognize the sexual attractiveness of other people, he does not feel sexually attracted to them. He described platonic love as follows:

It's an attraction where you feel deeply for somebody and sexuality isn't a factor in that attraction in any way. It doesn't mean that it won't happen or that you don't want it to happen, not like you're striving for it but like, if it wasn't there, it would make no difference in your attraction to the person.

Peter stated that he never used to consider why he was not seeking sexual relationships. He stated that with his first girlfriend, he chalked up assumed that the lack of sex was because he was to him being used to spending a lot of time on his own. He stated that it was not until his second relationship that he started to consider that he was different.

(...) I probably only started considering it as a thing, I guess, after my second relationship once I realized that that wasn't what I wanted and it only felt like it had, like, two per cent of the value that my first relationship had, and I kind of... it was more about learning to be okay with not being in a relationship and pursuing relationships. And so that was probably only within the last decade.

Peter stated that he tried ending this sexual relationship rather quickly because it was not something that he wanted. He stated that it felt like having sex was meaningless; he did not have a deep connection with the other person and there was no purpose to it. He stated that he might have felt differently about the sex if he had had a real connection with this partner and if the relationship was not "surface level stuff."

Peter does not understand other people who develop crushes on celebrities and have sexual fantasies about them. This is not something he has experienced and it makes no sense to him. He stated that recognizing somebody as sexually attractive is as close as he gets to feeling sexual attraction. As stated earlier, he has been put in situations where he has had the chance to have sex with people whom he recognized as sexually attractive

and has declined.

Theme Discussion of Section II.6

The participants of this study stated that they often feel restricted by society's expectations; that they adhere to a strict gender and sexual binary. It is well documented that Western culture tends to favour the binary of gay/straight and male/female (Moleiro & Pinto, 2015; Haas et al, 2010; Fausto-Sterling, 2000; Holly, 1982; McCann, 2015). Many heterosexual cisgender people do not understand that sexual orientation and gender identity are not intrinsically linked (Hass et al., 2010; Moleiro & Pinto, 2015). What this means is that gender orientation does not predict sexual orientation. The participants of this study express how limiting and restricting these views can be when they are imposed on the individual. This perpetuates the pathologization that gender queer individuals suffer in Western society (Lev, 2013; McCann, 2015). The participants of this study confirmed expressed that this pathologization leads to sexual repression and poor mental health in that it causes harmful social scripts to become internalized. Many of the participants of this study explained that the insistence on adhering to a strict binary has have led them to question their normalcy and whether or not their expression of self is inherently wrong.

Hyde and colleagues (2012) discuss how knowledge about sex and proper sex education can help adults develop healthy attitudes about sex and how misinformation can lead to sexual dysfunction. This theme is present amongst the participants of this study. The participants outlined how they have been harmed by unhealthy attitudes about sex. Furthermore, many of the participants expressed the positive impacts that sex-positive attitudes have had on their mental health. Most of the participants agree that

sexual wellbeing is crucial to their overall wellbeing. The participants vary greatly in the depth of perceived sexual repression and poor mental health they experience as a result of sex-negativity and misinformation about normal sexual functioning.

PART III. GENERAL DISCUSSION, LIMITATIONS, AND CONCLUSION

Many of the participants expressed positive coping, which helped them overcome their sexual repression. Many other participants stated that they still struggle with sexual repression. Even the participants who expressed healthy attitudes towards their sexualities and bodies expressed that they sometimes suffer from the lasting impacts that these repressive events have caused. Six major themes emerged as factors that may have led to and maintained sexual repression and poor mental health: misconceptions, including expectations, rules, and objectifications; stigma; belonging, acceptance, and community; internalized view of self and emotional / mental impact; safety, including implications of disclosure and safe spaces; and attitudes about sex and self as a sexual / gendered being. The findings of this study suggest that the abovementioned themes are the main contributors to sexual repression and poor mental health in the LGBTQ+ community.

As it has been noticed through the results and the theme discussions, the findings of this study are consistent with Meyer's (1995) concept of minority stress. Every participant expressed at least one of the following: internalized homophobia, stigma, and experiences of violence and discrimination. These, according to Meyer, are the conditions that lead to minority stress. As demonstrated, these conditions have been perceived to prevent the participants from actualizing their sexual and gender expression, potentially leading to sexual repression. Additionally, this study aligns with Meyer's (1995) claim that minority stress can lead to sexual problems. Therefore, it can be deduced that minority stress can possibly also lead to sexual repression in the LGBTQ+ community.

On a general term, the findings of this study are consistent with literature which

claims that many individuals in the LGBTQ+ community suffer from homophobia, biphobia, monosexism, and transphobia (Ross et al., 2010, Whittle et al., 2007). As supported by the literature, when the family members of queer individuals hold these negative views, they can become internalized in the individual and potentially negatively impact their views of themselves as queer individuals (Hyde et al., 2012; Ryan et al., 2009). This study supports the well-documented fact of internalized homophobia (Ross et al., 2010; Schrimshaw et al., 2013; Verduzco et al., 2016; Fischgrund et al., 2012; Meyer, 1995). On a more specific level, this study supports our hypothesis that internalized homophobia may cause queer individuals to repress their identities and conform to the heteronormative expectations that others place on them. The study also supports the idea that internalized homonegativity can may lead LGBTQ+ individuals to believe that their sexual expression is wrong and that there is something wrong with them, leading to sexual dysfunction, sexual repression, and poor mental health (Hyde et al., 2012).

It also supports the statement that people are expected to conform to a strictly heterosexual, gender binary sexual expression (Verduzco, 2016; Parker, 1995). As hypothesized, this insistence is perceived to have led to sexual repression for many of this study's participants; the expectation to express oneself by socially prescribed gender norms is assumed to have acted as a restriction for true and authentic sexual expression, which has caused sexual repression. Both male participants of this study expressed that there is stigma and shame associated with a non-adherence to social scripts of masculinity, as seen in the literature (Verduzco, 2016). These participants expressed the shame and depression they experienced from not conforming to the social scripts of masculinity that dictate what men should look like, how they should behave sexually, and

how they should behave socially (Fischgrund, 2016). This is perceived to have led to depression and sexual repression amongst the male participants of this study, supporting the hypothesis that sexual repression negatively affects mental health. Peter, who identifies as a Platonist, which most closely resembles graysexuality, stated that these social expectations lead to depression because he cannot live up to what is expected of him. While it may be difficult to qualify the sexual repression of a person who identifies as being on the asexual spectrum, these expectations are perceived to have prevented him from expressing his identity and he believes that they create shame and depression. In a way, this lived experience is sexual repression in that he does not feel free to be “out” as a person who experiences attraction in a non-conventional way.

This study is also consistent with the literature that explains the misconceptions and stigma that bisexual people face (Ross et al., 2010; Flanders et al., 2017; Schrimshaw et al., 2013). Participants discussed the invisibility of bisexuality, as stated in the literature (Ross et al., 2010). The study reinforces what the literature stated in that bisexual women in particular reported that they are seen as attention seeking, inauthentic, hypersexual, and expected to behave in certain ways, such as engaging in threesomes (Flanders et al., 2017). Participants expressed that the inability to express their sexuality as bisexual individuals has led to sexual repression, as hypothesized.

As stated in the literature, the transgender participant stated that there is a stigma towards transgender people that still exists in medicine (Lev, 2013; McCann, 2015). While the transgender participant expressed her suffering from gender dysphoria, she did not express any discomfort with the classification of gender dysphoria in the DSM-V, as Lev (2013) suggests. She did, however, express the specific minority stress of being a

transgender woman (Moleiro and Pinto, 2015; McCann, 2015; Lev, 2013). While Lev may be correct that the classification of gender dysphoria may be pathologizing the very people it was meant to aid, this study shows that it gives a voice to the voiceless; the inclusion of gender dysphoria in the DSM-V has given Jennifer the words and the validation to describe her suffering. In fact, while this inclusion may be seen as pathologizing, it can also be seen as liberating. When transgender people approach their doctors with complaints of gender and body dysphoria, their doctors will have a frame of reference, which validates these concerns. Lev may be correct in her assessment that this is two steps forward and one step back, however, it is important to recognize that it is a step.

Also, the findings of this study are consistent with the idea that many researchers believe that sexual orientation and gender identity exist on a spectrum, not a dichotomy (Moleiro & Pinto, 2015; Fausto-Sterling, 2000). Many of the participants of this study stated that they are sexually fluid and that they do not adhere to a masculine/feminine binary. The expectation that every person must fit into this binary leaves no room for individuals who experience gender and sexuality more fluidly. These rigid expectations, in the case of this study's participants, is perceived to have led to sexual repression and adverse mental health outcomes.

As hypothesized, the same psychological factors that lead to and maintains sexual dysfunction can also lead to sexual repression (Hyde et al., 2014). Misinformation, poor attitudes about sex, and poor communication can lead to sexual repression as well as sexual dysfunction (Hyde et al., 2014). As expressed in the literature, misinformation and poor attitudes can be harmful. The participants of this study expressed this. Jennifer

stated that she was always taught that anal sex is dirty. This led her to repress the part of herself that wanted to explore this. Since Jennifer did not like to use her penis in the conventional way, anal sex was a different avenue for her to explore. Given the misinformation and poor attitudes she received about anal sex, she experienced shame and the idea that there was something wrong with her. This was a factor that she believed has led to her sexual repression.

Certain sub-group patterns were noticed during this study. As suggested by the literature, the participants who identify as bisexual, pansexual, and sexually fluid expressed that their sexuality has not always been taken seriously. They stated that many misconceptions exist surrounding their bisexuality or pansexuality, such as being hypersexual, attention seeking, and fence sitting. These participants expressed that they are not fully accepted by heterosexual people nor by queer people, as suggested in the literature. Another pattern was seen in the transgender participant and the female intersex participant. They both stated that they are often misgendered. They both stated that people become aggressive in their attempts to fit these women into a binary. These two participants stated that this has caused them a great deal of distress. Another pattern was generational. The millennial younger generation of participants, while suffering from the factors that lead to and maintain sexual repression and poor mental health, were fairly well adjusted, whereas the Generation Xers participants of the previous generation (born between 1961-1981) suffered more strongly, given the rigid, conservative upbringing that many of them had. The oldest participant, a baby boomer, was, like the younger generation millennials, well adjusted. She attributed this to the fact that she no longer suffers from the same stressors as she did when she was a young gay woman in a

heteronormative world.

Limitations

There are limitations to the research presented. The main limitation is that homosexual and bisexual men were not represented. This can possibly be attributed to the statistically supported fact that men are less likely than women to disclose their sexual orientation and their mental health concerns due to the shame and the stigma (Parker et al., 1995; Schrimshaw et al., 2013; Fischgrund et al., 2012). While there were a number of gay men who reached out to participate in this study, none of them presented to the study. Furthermore, as this study supports, there appears to be an expressed hate towards sub-groups of the LGBTQ+ community by other members of the community; as such, the researcher was contacted by two homosexual men who protested being put into the same category as transgender people. As it turns out, transphobia within the community was potentially a limitation to this study. Another limitation is that no such study has been done for heterosexual individuals, meaning that a comparison of sexual repression between gay and straight populations could not be done. Furthermore, the sample size of some subgroups was a limitation; there was only one transgender participant, two intersex participants, and one participant who falls within the scope of asexuality. Bisexual women and lesbians were well represented in this study. Another limitation is that this study is qualitative and causality cannot be assumed. Given that there could be no experimental design with such a topic, hypotheses could only be supported, not confirmed.

Conclusion

The findings of this study suggest that the factors that may lead to and maintain

sexual repression resemble those that lead to minority stress, sexual dysfunction, and mental illness in the LGBTQ+ community. According to this study, the main factors that were perceived to lead to and maintain sexual repression and poor mental health in the LGBTQ+ community are: Misconceptions, including expectations, rules, and objectifications; stigma; belonging and acceptance, including community; internalized views of self, including mental and emotional impacts; safety, including implications of disclosure and safe spaces; and attitudes about sex and self as a sexual and gendered being. Further research may look at creating an assessment measure for sexual repression. Further research may also look at the specific differences between sexual repression amongst heterosexual individuals and members of the LGBTQ+ community.

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Table 1 – Participant Demographics

Participants	Sexual Orientation	Gender Orientation	Age	Race	Married before coming out
Grace	Fluid (bisexual, queer)	Cisgender	24	Caucasian	No
Jennifer	Fluid (bisexual, androsexual, pansexual)	Transgender	40	Aboriginal	Twice; two women
Alice	Fluid	Intersex female	45	Caucasian	No
Naveen	Heterosexual	Intersex male	34	Indian	No
Kayla	Bisexual	Cisgender	26	Caucasian	No
Sophie	Lesbian	Cisgender	21	Caucasian	No
Lily	Lesbian	Cisgender	42	Caucasian	Yes; to a man
Maureen	Lesbian	Cisgender	65	Caucasian	Yes; to a man
Peter	Platonist; graysexual	Cisgender	27	Caucasian	No
Andrea	Lesbian	Cisgender	26	Mixed (Indian and Caucasian)	No

* The names provided have been changed in order to protect the confidentiality of the participants.

Table 2: Themes Chart

Themes	Sub-themes
1. Misconceptions; expectations, rules, objectifications	1. Sexuality or gender not taken seriously
	2. Sexualization
	3. Social rules and role expectations
	4. Myths and heteronormativity
2. Stigma	1. Discrimination
	2. Gender restrictions / stigma
	3. Sexual stigma
3. Acceptance	1. Family
	2. Communities (religion, institutions, social)
	3. Friends
	4. Self
4. Community and connection	1. The LGBTQ+ community
	2. Specific locales (clubs, cities, etc.)
	3. Religion, spirituality, oneness
	4. Friendships and human connection
	5. Education opportunities
5. Internalized view of self and mental / emotional impact	1. Mental illness / wellbeing (including emotions)
	2. Self-image / beliefs of self
	3. Behaviours
6. Safety: Implications of disclosure and safe spaces	1. Physical, emotional, and psychological safety
	2. Disclosure: ability and implications
	3. Safe spaces
7. Attitudes about sex and self as a sexual / gendered being	1. The facts
	2. The binary
	3. Sex
	4. Confidence and understanding of self

Appendix A

Ethics Certificate from the Research Ethics Board



UNIVERSITÉ
SAINT-PAUL
UNIVERSITY

15-01-2018
dd-mm-yyyy

Bureau de la recherche et de la déontologie
Office of Research and Ethics

Ethics Certificate Research Ethics Board (REB)

REB File Number 1360.10/17

Principal Investigator / Thesis supervisor / Co-investigators / Student

Last name	Name	Affiliation	Role
Jacobson	Arielle	Faculty of Human Sciences	Student-Principal Investigator
Maisha	Buuma	Faculty of Human Sciences	Thesis Director

Type of project Master Thesis

Title To Lessen Repression and Depression: The Effects of Sexual Repression on Mental Health Among Lesbian, Gay, Bisexual, Transgender, and Queer Individuals

<u>Approval date</u>	<u>Expiry Date</u>	<u>Decision</u>
15-01-2018 (dd-mm-yyyy)	14-01-2019 (dd-mm-yyyy)	1 (approved)

Committee comments:

The Research Ethics Board (REB) approved the project.
The researcher is invited to use the reference number 1360.10/17 when recruiting participants.

In accordance with the Tri-Council Policy Statement, the Saint Paul University Research Ethics Board has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.

The research protocol may not be modified without prior written approval from the REB. This includes, among others, the extension of the research, additional recruitment for the inclusion of new participants, changes in location of the fieldwork, any stage where a research permit is required, such as work in schools. Minor administrative changes are allowed.

The REB must be notified of all changes or unanticipated circumstances that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety.

Modifications to the project, information, consent and recruitment documentation must be submitted to the Office of Research and Ethics for approval by the REB.

The investigator must submit a report four weeks prior to the expiry date of the certificate stated above requesting an extension or that the file be closed.

Documents relating to publicity, recruitment and consent of participants should bear the file number of the certificate. They must also indicate the coordinates of the investigator should participants have questions related to the research project. In which case, the documents will refer to the Chair of the REB and provide the coordinates of the Office of Research and Ethics.

Signature

Louis Perron
Chair
Research Ethics Board (REB)

1/1

Appendix B

Focus Group Questions

Question 1: Please describe your sexuality, sexual orientation, gender identity, and anything else that pertains to your sexual identity and sexual expression.

Question 2: How do you believe your gender identity / sexual expression is received by others?

Question 3: How do you perceive your gender identity / sexual expression?

Question 4: Describe the extent to which you feel safe / free to express your sexuality / gender orientation.

Question 5: How do you internalize other people's interpretations of your sexuality / gender expression? What is this like for you?

Question 6: What are some important ways that you have been impacted, either negative, positive, or neutral, by your ability or inability to express your sexuality / sexual orientation / gender orientation?

Question 7: Describe the extent to which you feel accepted, understood, and appreciated as a member of the LGBTQ community by your friends, family, peers, etc.

Question 8: How does the term “sexual repression” resonate with you?

Appendix C Consent Form



Consent Letter

Title of the Study: To Lessen Repression and Depression: The Effects of Sexual Repression on Mental Health Among Lesbian, Gay, Bisexual, Transgender, and Queer Individuals.

This study has been approved by the Research Ethics Board (REB) of Saint Paul University.

Purpose of the Study

Ariele Jacobson from Saint Paul University is carrying out a research study looking at the effects of sexual repression on the mental health of LGBTQ individuals. This research will examine the impact of sexual repression on mental health of sexual minorities and lead to a better understanding of how to treat them, potentially reducing the risk of suicide. To date, no research exists on sexual repression and how it relates to mental health. The present study will examine this issue. Key implications of this research involve gaining insight into what causes sexual repression and how it relates to mental health.

Sexual Repression Defined

Sexual repression is defined as the inability to actualize, express, or embody, any part of one's sexual or gender expression. This may pertain to sexual preference, sexual orientation, gender identity, and other aspects that affect one's sexuality or sexual expression. This may happen if a person's sexual or gender expression has not been able to develop fully and properly. It is the hypothesis of the researcher that sexual repression in LGBTQ individuals can lead to lower levels of mental health.

Invitation to Participate

You are invited to participate in the aforementioned study run by Ariele Jacobson, M.A. candidate, who is being supervised by Buuma Maisha, PhD. Both Ariele Jacobson and Buuma Maisha are affiliated with the University of Saint Paul in the faculty of human sciences in the department and counseling and spirituality.

Participation

Your participation will consist of attending one (1) focus group lasting one hour with the possibility to participating in a follow up interview. The focus group will consist of you, a group of up to twenty participants, the researcher, and the research assistant. During this focus group, you will be asked a series of questions pertaining to your

experience as a person in the LGBTQ community. The focus group and follow up interviews will take place at the counselling centre at Saint Paul University. The time and exact location is to be determined. The focus group will be transcribed and voice recorded. These records will be stored securely and shared with nobody outside of the research committee.

Risks

The risk of harm for this study is minimal. Your participation in this study will entail that you volunteer very personal information, and this may cause you to feel emotional and psychological distress. Every effort will be made to minimize these risks. A debrief will be held at the end of the focus group and at the end of the follow up interviews in order to ensure that all participants leave feeling okay and well.

Rights of Participants

Your participation in this study is voluntary. If, for any reason, you wish to withdraw from the study, you are free to do so without implication. You are also free, if you choose, to refrain from answering questions. The information that you provide will help us greatly in our understanding of sexual repression in the LGBTQ community. All information collected from you will remain completely confidential and will be stored in a locked filing cabinet at Saint Paul University in the faculty of human sciences. After the appropriate amount of time, the collected information will be destroyed by shredding. Your answers will remain confidential and will be used for research purposes only. Information collected in this study will be analyzed as grouped data. Your name will not appear in any publication.

Benefits

Your participation in this study will help to contribute to the knowledge on risk factors for persons in the LGBTQ community and may provide a deeper understanding of mental health in the LGBTQ community.

Confidentiality, Anonymity, and Limits to Confidentiality

All of the information that you provide will be kept strictly confidential. Any identifying information will be changed in the final draft of the study in order to keep your personal answers private. If, during the research, any participants express that they are having thoughts of suicide, the researcher and the research assistant will take the necessary steps to make sure that the participant remains safe. Confidentiality will be broken if any of the following circumstances: 1) if the participants reveals that they plan on harming themselves or others; 2) if the participant reveals that a child under the age of 16 is in immediate risk of harm; 3) if the participant reveals that an elderly person is being abused; and 4) if the participant reveals that they have been sexually abused by a health care professional. Please note that, due to the nature of the focus group, confidentiality may be compromised if people you know are also present at the focus group. In signing this document, you consent that you will not disclose the personal information of other participants outside of the focus group.

Contact Information

Should you have any questions or concerns about this research, you may contact Ariele Jacobson at 613-236-1393 ext. 4116 or at ajaco045@uottawa.ca. A copy of the results of the research may be sent to you upon your request.

I, _____, agree to participate in the above research study conducted by Ariele Jacobson of the of the department of Counselling and Spirituality of the faculty of Human Sciences at Saint Paul University, which is under the supervision of Professor Buuma Maisha, PhD. I agree not to share personal details or identifying information of any of the participants outside of the focus group.

If you have any questions regarding the ethical conduct of this study, you may contact the Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, ON K1S 1C4 Tel.: (613) 236-1393.

Participant's signature: _____ Date: _____

Researcher's signature: _____ Date: _____

Consent to Follow Up Interviews

After the focus group, participants may be contacted to participate in a follow up interview. These interviews will be between the individual participant and the researcher. The responses from the focus group might produce more questions, so it is important to conduct follow up interviews so that the researcher can get the most out of the participants' answers.

I, _____, consent to be contacted for a follow up interview, should the researcher think it necessary. I understand that my participation in the focus group does not require me to participate in the follow up study.

Participant's signature: _____ Date: _____

Telephone number: _____ E-mail address: _____

Appendix D
Recruitment Letter



Recruitment Letter

To Whom It May Concern:

My name is Ariele Jacobson. I am a second year counselling intern in the Master of Arts in Counselling and Spirituality at the school of Counselling, Psychotherapy and Spirituality at Saint Paul University. I am conducting a study for me thesis project. My supervisor is Buuma Maisha, PhD.

For my study, I am looking to interview members of the LGBTQ+ community and to access their subjective experiences of mental health. My research aims to determine whether or not there is a correlation of sexual repression and mental health among the LGBTQ community. Sexual repression is defined as the prevention of actualizing any part of one's sexual experience or identity. This includes sexual orientation, gender identity, sexuality, and any other component relating to one's sexual or gender expression.

Participants will be asked to attend a focus group. In this focus group, my research assistant, the participants, and myself will gather together to discuss the lived experiences of the participants as members of the LGBTQ community. Semi-structured interview questions will be asked and follow up questions will be formulated from the responses given. Our plan is to thoroughly explore the subjective experience of each person as an individual and as part of a group. Participants may or may not be contacted for a follow up interview.

The information that we collect will be stored in a locked filing cabinet in the University of Saint Paul faculty of human sciences for the appropriate amount of time. When the legal requirement for storing the data comes to an end, the data will be destroyed via shredding.

Please pass this message along to the members of your group. We are looking to begin in January. Please have members respond to me directly. I can be reached at ajaco045@uottawa.ca or at 613-236-1393 ext. 4116. Please have members include their name, phone number, and weekly availability so that we can organize a date that works for everyone. It is important that members disclose how they identify (ex, cisgender lesbian, transgender heterosexual, transgender bisexual, cisgender queer, and so on).

If you have any questions, please do not hesitate to contact me. Thank you for your time and consideration.

Sincerely,

Arielle Jacobson, M.A. Candidate

Appendix E
Recruitment Poster

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PARTICIPANTS NEEDED FOR A STUDY



We are looking for people to participate in a study about sexual repression and mental health in the LGBTQ+ community

What: Participants will be asked to join us for a one hour-long group discussion about their experiences as members of the LGBTQ+ community.

Who: Persons who identify as gay, lesbian, bisexual, transgender, transsexual, queer, pansexual, asexual, intersex, gender fluid, gender queer, or other classifications of LGBTQ+

Where: Saint Paul University

When: Option 1: Saturday February 3, 2018
Option 2: Saturday February 10, 2018
Option 3: Saturday February 17, 2018

Please contact Ariele Jacobson at ajaco045@uottawa.ca or 613-236-1393 ext. 4116