

## Psychosocial aspects of adolescents' homosexual feelings in Croatia

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A survey was carried out on a sample of 3351 girls and 3041 boys ranging in age from 14 to 19 in four Croatian counties (Primorsko-goranska, Ličko-senjska, Istarska i Dubrovačko-neretvanska) to determine whether certain personality characteristics and general satisfaction with life accounted for the difference between boys and girls who had experienced a sexual attraction for members of the same sex. The results show that 13.3% of girls and 10.0% of boys in the population under review reported that they had experienced homosexual feelings. Adolescents who experience such feelings are more prone to depression, have psychosomatic symptoms more frequently, are more aggressive and seek attention and recognition from their peers more often. Their overall satisfaction with life is lower than those adolescents who have never encountered any homosexual feelings.

*Key words:* homosexual feelings, adolescence, psychological adjustment

Adolescence is a stage of life attracting continual attention from theoreticians and researchers in psychology and other social disciplines. Characterized by sudden bodily and hormonal changes, it represents an important milestone in a person's life, both on a psychological and social scale. An epigenetic determined longing to unravel an identity crisis coupled with an increased capacity to develop qualitatively new, intimate relationships (Erikson, 1968) can precipitate a particularly turbulent and troublesome period for the individual.

During puberty adolescents undergo dramatic biological, cognitive, emotional and social changes, one of the most significant being the development of awareness about their own sexuality (Halonen & Santrock, 1996). The onset of sexual attraction occurs biologically with the stimulation of the sexual glandular organs: with young girls this is around the age of twelve and fourteen with young boys. Some research, however, reveals that the first sexual attraction can already occur around the age of ten (McClintock & Herdt, 1996; Harrison, 2003). This corresponds to the early secretion of sexual steroids from the adrenal cortex.

The development of sexual identity during childhood and pre-adolescence is a fundamental organizing feature of

human experience and development. It is a process which can be extremely disturbing for all adolescents. However, it has been shown to be particularly stressful for homosexual adolescents (Newman & Muzzonigro, 1993; Rosario, Schrimshaw, Hunter, & Gwadz, 2002). Although the previous decade has seen a heightened awareness on homosexuality and led to more tolerant attitudes towards that sexual orientation, society still continues to stigmatize and marginalize it (Greene & Herek, 1994; Rosario et al., 2002). Stigmatization very often is accompanied by imminent social, behavioural and health disorders for those whose sexual identity is in the minority (i.e., who are gay, lesbian, or bisexual). These can be internalized as hatred towards oneself coupled with low self-esteem or externalized through high risk behaviour along with intensive psychological stress (Rosario et al., 2002). Gary (1987) showed that quite a large number of homosexual adolescents experience problems in school. There is also more frequent risky sexual behaviour, for example early initiation of sexual intercourse and greater number of sexual partners, as well as use of addictive substances, conduct problems, depressed mood, loneliness with homosexual adolescents (Wichstrøm & Hegna, 2003). Problems with health in the wake of emotional disturbances are common. According to the American Pediatric Academy (Committee on Adolescence, 1993), the psychosocial disorders of homosexual adolescents are primarily the result of social stigma, hostility, hatred, alienation as well as limited understanding on human sexuality generally and the absence of opportunities for open, non-discriminatory socialization.

Many young people come to terms with an atypical sexuality by first undergoing, often before puberty, a period

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of *sexual questioning*. Sexual questioning "encompasses a series of internal processes by which individuals assess, recognize, and interpret features of their subjective experience that violate heterosexual norms" (Savin-Williams & Diamond, 1998, p. 248). Feeling sexual attraction towards persons of the same sex is a disturbing process incompatible with the inner expectations of the adolescent.

As a result, these sensations are significantly linked to stress and feelings of guilt and shame. Primarily due to programmed social patterns, homosexuality is frightening for many adolescents. The natural reaction, therefore, is to attempt to suppress these homosexual impulses. The upshot is painful confusion which can trigger specific problems as a result of possible exposure to social stigmatization. Research has proven that homosexual adolescents are more vulnerable to feelings of alienation, depressiveness, suicide, abuse and rejection from family and friends. The ensuing confusion is resolved in such a manner that adolescents on the one hand deny and inhibit their homosexual feelings, considering homosexuality wrong and stifling the experience of same sex attraction. On the other hand, they may be able to successfully work out a *modus vivendi* of self-acceptance and integration of their own homosexual identity (Newman & Muzzonigro, 1993).

The majority of experts acknowledge that the following progressive stages occur in the development of homosexual identity (according to Harrison, 2003):

- Sensitization or early awareness occurring around the age of ten, when the child experiences same sex attraction for the first time as well as feelings of being different;
- Identity confusion where persons strive to keep their sexual identity hidden as society encourages heterosexuality;
- Repudiation and inhibition of one's own homosexual tendencies occur while simultaneously suppressing feelings of same sex attraction;
- Acceptance of identity which includes integration of homosexual identity and generally a limited disclosure or *coming out*.
- Consolidation of identity which includes a complete process of disclosure. Homosexual identity is incorporated into various social aspects of relationships and behaviour. At this stage, persons consciously recognize and accept their own homosexuality.

Homosexual adolescents who have integrated a positive identity demonstrate a better psychological adjustment, greater satisfaction with life, higher self-esteem, and lower level of depressiveness and psychological stress than those who have not succeeded in doing so. Integration of a positive identity is nevertheless only possible in a welcoming, supportive environment of family, peers and social community (Carver, Egan, & Perry, 2004).

Given the relatively small amount of research dealing with the psychosocial problems and adjustment of homosexual adolescents, the aim of this research was to examine the frequency of homosexual feelings with adolescent boys and girls in Croatia and to check whether boys and girls who still experience or have experienced homosexual feelings differ in some personality characteristics and emotional functioning from other adolescents.

## METHOD

### *Participants*

Pupils from all classes in all high schools in four counties (Primorsko-goranska, Ličko-senjska, Istarska i Dubrovačko-neretvanska) participated. A proportional stratified sample was selected, given the total number of pupils in certain classes. Seventeen per cent (17%) of the high-school population in all counties was surveyed. Recruited pupils agreed to participate in the study. A total of 3351 girls (52.4%) and 3041 boys (47.6%) ranging in age from 14 to 19 were tested ( $M = 16.78$  years,  $SD = 1.19$ ).

The survey was carried out in the schools during December 2003. Participants were anonymous. The examiners were psychology students, trained for the purpose.

### *Questionnaires*

*Frequency of homosexual feelings* was, inter alia, analyzed through responses to the statement: "It happened that I was attracted sexually to a person of the same sex", which served as a criterion variable in this research and was intended to measure sexual attraction as a central dimension of adolescent sexual orientation (Friedman et al., 2004). Sexual attraction consists of a cognitive sense of being attracted to an external object and internal physiological reaction to another person. The statement was explicit and it was assumed that the participants understood it correctly. The measure yielded scores on a single scale, from never to often.

Five self-report questionnaires (scales) assessing some aspects of psychological functioning were also administered: *Depressiveness and existential crises* (8 items), *Psychosomatic symptoms* (8 items), *Manifest aggressiveness* (6 items), *Seeking attention and recognition from peers* (5 items) and *Global satisfaction with life* (4 items).

The eight items of the *Depressiveness and existential crises scale* were as follows: "I feel downhearted and sad", "I feel tired and worn out", "I feel lethargic and sluggish", "I am nervous and anxious", "I feel I do not belong to the world in which I live", "I believe that I am useless", "Life is generally very boring", and "I have had suicidal thoughts". The Cronbach alpha coefficient was .85.

Table 1

The descriptive data for self-report scales: number of items per scale, means, standard deviations and reliability coefficients

Self-report scale	No. of items	M	SD	Cronbach alpha
Global satisfaction with life	4	70.65	19.47	.80
Psychosomatic symptoms	8	38.25	18.60	.79
Seeking attention and recognition from peers	5	36.49	22.25	.86
Depressiveness and existential crises	8	26.73	18.46	.85
Manifest aggressiveness	6	18.66	17.47	.82

The following psychosomatic symptoms were assessed: "Headache", "Fatigue", "Susceptibility to colds", "Stomach pains", "Pain in neck and shoulders", "Dizziness", "Sleeping problems", and "Bad digestion". The Cronbach alpha coefficient was .79.

The six items of the *Manifest aggressiveness scale* were: "The people I keep company with are aggressive", "I have attacked some people", "I insult people telling them they are stupid etc.", "I curse and shout in public places", "I deliberately destroy things", and "I have taken part in a gang fight". The Cronbach alpha coefficient was .82.

The *Seeking attention and recognition from peers scale* consisted of following six items: "It is essential for me to be recognized by my peers", "It is important for me to be noticed in the company I keep", "I enjoy being "cool" at school", and "I like to be noticed by my peers", "I would do anything to be recognized by my peers". The Cronbach alpha coefficient was .86.

The last scale assessed *Global satisfaction with life* through following items: "I find great satisfaction with life", "I am happy and satisfied with my life", "My life has meaning and purpose", and "I generally feel well". The Cronbach alpha coefficient was .80.

All items were scored on 4-point scale ranging from never to very often. To be comparable, the aggregated results for each questionnaire were transformed to the common scale ranging from 0 to 100.

## RESULTS AND DISCUSSION

### *Frequency of experiencing homosexual feelings of boys and girls in adolescence*

The prevalence of homosexual feelings with adolescents was tested through the explicit statement: "It happened that I was attracted sexually to a person of the same sex". This

research therefore only dealt with one dimension of sexual orientation - homosexual attraction - which does not necessarily relate to sexual behaviour. Sexual attraction is a principal, central component of sexual orientation, but sexual behaviour is not a critical component, a necessary part of sexual orientation (Friedman et al., 2004).

Homosexual feelings do not per se imply a definitive homosexual identity, homosexual identification or homosexual behaviour. During adolescence many young people experiment sexually so that sexual behaviour in this period is not an indicator of an inevitable future gender orientation. Therefore, response to this question about attraction should be viewed as suggesting but not providing an individual's sexual orientation (Friedman et al., 2004).

The frequency of experiencing homosexual feelings referring to the examined population of young boys and girls is shown in Figure 1.

Being attracted to a person of the same sex rarely or often was experienced by 13.3% of girls and 10.0% of boys in our general population. It is difficult to compare these data with data from scientific literature as this literature very often deals with research into actual homosexual behaviour.

Research carried out in the USA in 1992 showed that almost 8% of persons at the time of testing reported that they had experienced sexual attraction (Newman & Muzzonigro, 1993). Research carried out on large samples of population in the USA and Europe during the eighties and nineties of the 20<sup>th</sup> century shows that, depending on the country where the research was being conducted, between 1 and 10% of men and 1 to 6% of women reported having sexual intercourse with members of the same sex (Greene & Herek, 1994; Herek, 2000). Kinsey et al. (1953, according to Newman and Muzzonigro, 1993) cite data of 4% of women and 10% of men who are homosexual. However, there is no reli-

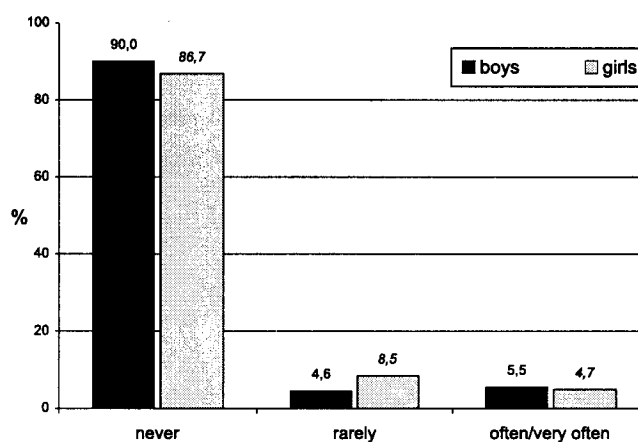


Figure 1. Percentage of participants' response to statement in categories: "It happened that I was sexually attracted to a person of the same sex."

able data on the numbers of homosexual persons. Because of the stigma which is historically linked to homosexuality, the percentage which is obtained on the basis of self-assessment probably underestimates the actual prevalence of homosexual tendencies in the population.

A series of  $2 \times 3$  two-way analyses of variance (gender  $\times$  category of homosexual attraction) was carried out. The purpose of these analyses is to find out if there is a difference in certain aspects of psychological functioning between boys/girls who have been sexually attracted to persons of the same sex and boys/girls who have not had such experiences.

### Depressiveness and existential crisis

Research shows that failure to resolve an identity crisis successfully can be closely linked to feelings of inadequacy, low self-esteem and a re-examination of the meaning of life (Carver et al., 2004; Safren & Heimberg, 1999). The purpose here was to examine whether boys/girls who experience or have experienced homosexual feelings are more depressed than other adolescents.

The symptoms of depression coupled with a re-examination of the meaning of life are considerably more common with young people who have had homosexual feelings,  $F_{hom.ref.}(2, 5754) = 55.09, p < .001$ . Duncan's post-hoc analysis shows that the group of young people who experience homosexual feelings differs substantially from the groups who have not experienced these feelings. Considering sex differences there was significant overall difference between females and males  $F_{gender}(1, 5754) = 15.81, p < .001$ . These results correspond with the data from other studies, but it is

important to mention that Duncan post-hoc analysis showed no significant difference between sexes within the categories of the young who experienced homosexual feelings,  $F_{hp*gender}(2, 5754) = 3.40, p < .05$ .

While in the general population the symptoms of depression are noticeably more common with women than with men (Ge, Best, Conger, & Simons, 1996; Wichstrom, 1999), in our sample in the category of those who experience homosexual feelings, the symptoms of depression are equally present both with boys and girls. The young men who experienced homosexual feelings were more depressed than the rest of the male population. Some authors suggest that homosexuality is a risk factor for men but not for women (Wichstrom & Hegna, 2003). Namely, a higher level of sexual atypicality with male homosexuals makes them more vulnerable to a psychopathology type usually found in women (internalizing problems). This could explain the absence of gender differences in depression and other aspects of existential crisis, especially attempted suicide among homosexual girls and boys (Wichstrom & Hegna, 2003).

It can be concluded from these data that the existence of homosexual feelings both with boys and girls is significantly and in a similar way related to the symptoms of depression - sadness, anxiety, exhaustion along with an existential crisis, emptiness of life and suicidal ideas.

### Homosexual feelings and psychosomatic symptoms

Psychosomatic symptoms such as headache, stomach pains, back and muscle aches, chronic fatigue etc. are very common during adolescence, especially with girls (Haugland & Wold, 2001). Although psychosomatic symptoms

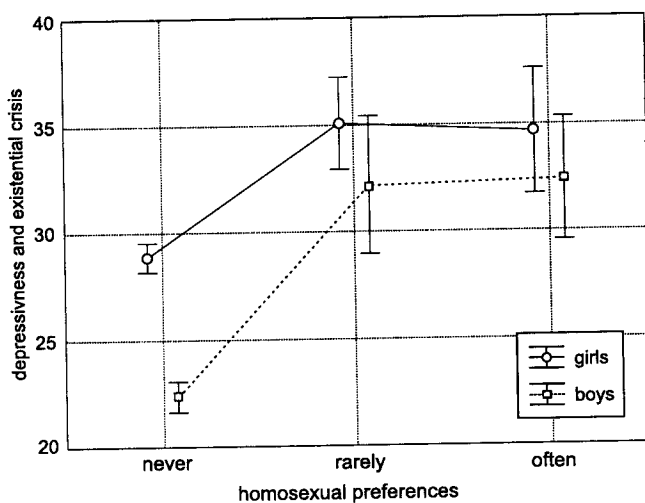


Figure 2. Relationship between homosexual feelings and symptoms of depressiveness and existential crisis (vertical bars denote 0.95 confidence intervals)

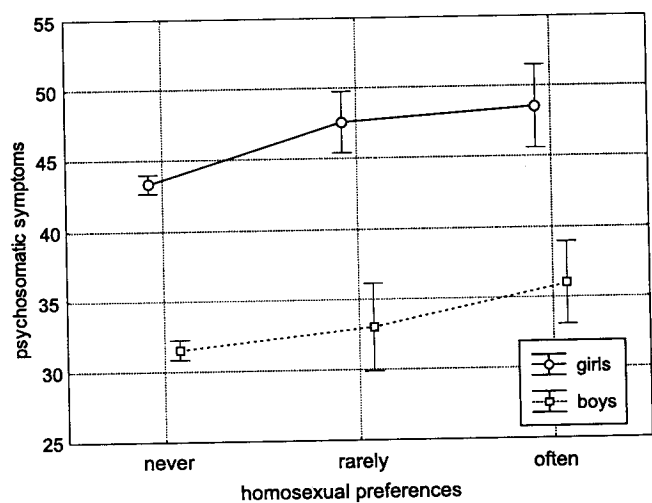


Figure 3. Relationship between homosexual feelings and psychosomatic symptoms (vertical bars denote 0.95 confidence intervals)

are very often a reflection of attention being focused on body changes which occur during adolescence, they can also strike in response to a stressful environment. Homosexual adolescents go through an extremely stressful period of life as, along with the usual problems of adolescence and growing up, they are faced with the confusion of sexual identity which can be connected with more frequent psychosomatic disorders among other problems. These symptoms point to an inadequate unsatisfactory psychological functioning, imminent health complications and are linked to a lower quality and lower satisfaction with life.

Psychosomatic symptoms are also noticeably more present with young people who have experienced homosexual feelings,  $F_{hom.pref.}(2, 5754) = 13.26, p < .001$ . Experiencing psychosomatic symptoms is generally more characteristic for girls than for boys,  $F_{gender}(1, 5754) = 178.66, p < .001$  and this difference is stronger than one between those who experienced homosexual feelings and those who did not. Duncan's post-hoc analysis shows that, in the sample of girls, those who rarely and those who regularly experience homosexual feelings have psychosomatic problems more frequently than those who never experience such feelings. In the sample of boys, higher frequency of psychosomatic symptoms is found only with those who often experience homosexual attraction.

*Manifest aggressiveness*

Being unhappy with oneself is inextricably linked to being unhappy with the world around oneself. On the one hand, this dissatisfaction can be characterized by introversion, apathy, depression while on the other hand a reaction may be to turn against a "hostile" world, expressing anger,

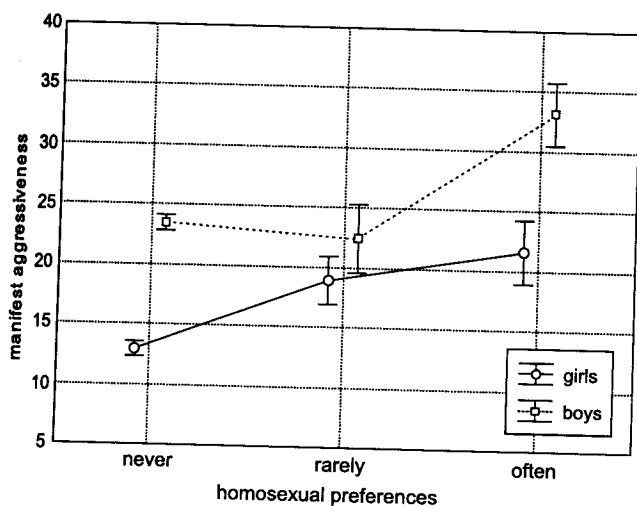


Figure 4. Relationship between homosexual feelings and manifest aggressiveness (vertical bars denote 0.95 confidence intervals)

rage, and aggression. As a result of stigmatization related to their sexual orientation, homosexual adolescents are confronted with stressors which may increase the possibility of irresponsible and harmful behaviour, e.g. abuse of alcohol and addictive substances, early engagement in sexual intercourse, a considerable number of sexual partners (promiscuity) as well as aggressive and violent behaviour (Wichstrom & Hegna, 2003).

The results of the research on gender differences in adolescence persistently demonstrate that girls are more prone to depressive behaviour while boys succumb to aggressive forms of behaviour (Leadbeater, Kuperminc, Blatt & Herzog, 1999; Wichstrom, 1999). However, can aggressive behaviour reflect dissatisfaction with one's own environment regardless of gender? Are adolescents who experience homosexual feelings more likely to express bare aggression?

The results show that boys generally show significantly more aggressiveness,  $F_{gender}(1, 5754) = 93.30, p < .001$ . Both girls and boys who experience homosexual feelings are statistically more aggressive than the rest of their population,  $F_{hom.pref.}(2, 5754) = 45.83, p < .001$ . The interaction between homosexual preferences and sex provides interesting effects,  $F_{hp*gend}(2, 5754) = 7.56, p < .001$ .

In general, while girls are characteristically more depressive and more likely to encounter psychosomatic problems, boys who are unhappy with themselves more often display externalized behaviour and, in this case, are antagonistic and hostile with others around them. The results obtained here point to a more manifest aggression of boys who experience homosexual feelings. However, boys who do not experience such feelings so often are less likely to succumb to aggressive behaviour.

In accordance with Duncan's post-hoc analysis, girls who frequently experience homosexual feelings do not differ to any great extent in their aggression from boys except from boys who often experience homosexual feelings. But we must take into account large standard deviation while interpreting obtained results.

*Need to seek attention and recognition*

An exaggerated need to seek attention and recognition is also a form of externalization of emotional problems. It arises from the desire to present a specific social picture which fundamentally reflects unhappiness with oneself.

Young girls and boys who feel a sexual attraction to persons of the same sex show significantly higher level of need to seek attention and recognition from their peers,  $F(2, 5754) = 16.64, p < .001$ . According to these results, they strive to be the centre of attention, to be noticed and they will tend to do anything just to gain recognition from their peers. Being respected and accepted is extremely important to them. This tendency is probably the result of an attempt to downplay an internal feeling of being different and inadequate. Some

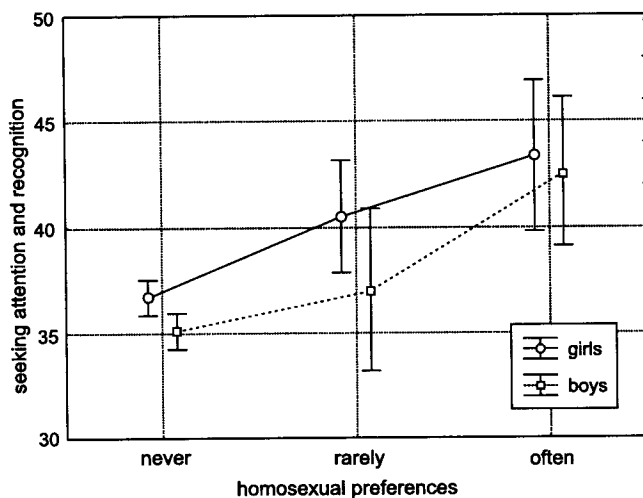


Figure 5. Relationship between homosexual feelings and the need to seek attention and recognition (vertical bars denote 0.95 confidence intervals)

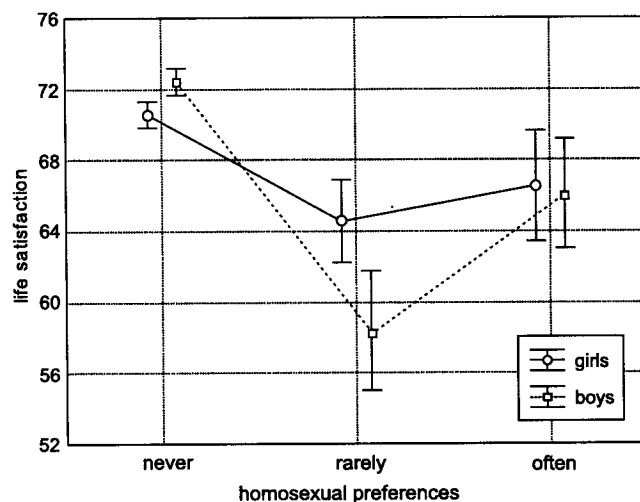


Figure 6. Relationship between homosexual feelings and life satisfaction (vertical bars denote 0.95 confidence intervals)

studies also suggested an association between homosexuality and gender nonconformity (see in Carver et al., 2004). Egan and Perry (2001) confirmed that sexual-questioning children experience the disturbing sense of feeling different from same-sex others.

There is no significant difference between sexes,  $F(1, 5754) = 2.86$ ,  $p = .102$ , as far as expressed need to seek attention and recognition from their peers is concerned, nor the significant interaction between variables examined,  $F_{hp*gend}(2, 5754) = 0.357$ ,  $p = .70$ . Duncan's post-hoc test shows that significant differences exist among groups of girls and boys who are devoid of any homosexual feelings and boys who rarely experience homosexual feelings, on the one hand, and girls who have such feelings rarely and frequently along with boys who often experience homosexual feelings, on the other hand.

#### Homosexual experience and satisfaction with life

The feeling of a more abiding satisfaction is a desirable psychological state eagerly sought after most frequently by man. It directly determines the quality of life. In Figure 6 the differences in experiencing life satisfaction in the groups in question are shown.

There is a significant difference in life satisfaction between young people who have and those who have not experienced homosexual feelings,  $F_{hom.pref.}(2, 5754) = 51.10$ ,  $p < .001$ . The most satisfied with their lives were adolescents, both boys and girls, who had never experienced sexual attraction for persons of the same sex. Even though there were no general significant differences between sexes,  $F_{gender}(1, 5754) = 2.35$ ,  $p = .125$ , a significant interaction,  $F_{hp*gend}(2,$

$5754) = 7.19$ ,  $p < .001$ , points to interesting differences between the categories. The least satisfied with their lives were boys who reported that they rarely experienced sexual attraction for men. We could suggest, following Herek (2000) and Troiden (1989), that this category of young men is probably most likely to have the greatest confusion about their own gender identity resulting in a lower level of a more permanent feeling of satisfaction with life. A post-hoc analysis shows that the other category of boys with homosexual tendencies demonstrates a lower level of satisfaction with life from those boys devoid of homosexual feelings. Furthermore, the girls who never experienced homosexual feelings are significantly more satisfied with their lives compared with girls who question their sexual orientation.

#### CONCLUSIONS

The problems of a clear-cut definition of one's own gender identity is reflected both on the psychological and social plan. Adolescents who feel a sexual attraction for members of their own sex significantly more often demonstrate symptoms of depression and existential crises. At the same time, they have more psychosomatic problems, e.g. health symptoms which could be linked to more long term stress under which they live. On the other hand, they demonstrate more frequently the need to express anger as well as the need to seek attention and recognition from their peers. Finally, their global level of satisfaction with life is lower than that of their peers who have no homosexual preferences. These results are in accordance with Cochran's (2001) conclusion that sexual-minority adolescents and young adults were disproportionately at risk for various social, physical, emotional, cognitive, and mental health problems.

It is obvious, therefore, that this vulnerable category of young people requires special support. The existing social environment, unfortunately, does not lend itself to an effective integration of their sexuality and development of their own sexual identity. Repressive social standards, ridicule, humiliation, rejection, alienation, all these are actions which accompany manifestation of homosexual preference. Homosexual persons are constantly faced with a gamut of negative stereotypes on homosexuality, not only in the wider social context but in their own family. According to Greene and Herek (1994) both "concealment" and "disclosure" carry with themselves different ramifications as each of these processes accompany various types and levels of psychological demands along with stress in the wake of these demands.

It is important to point out that the aetiology of homosexuality still remains unclear but recent literature takes the view that someone's sexual orientation is not a question of choice, e.g. that persons cannot choose to be homosexual or heterosexual (Newman & Muzzonigro, 1993). There are so many important questions in relation to adolescents' sexual orientation that need further investigation, as Carver, Egan, and Perry (2004) emphasized: What are the factors that lead children to engage in sexual questioning? Is sexual questioning in childhood indeed a precursor to later sexual minority status? Is childhood sexual questioning actually a causal factor motivating same-sex sexual exploration? What distinguishes the questioning child who later identifies as heterosexual from the questioning child who later identifies as gay, lesbian, or bisexual? What are the various ways that children cope with sexual questioning (e.g., denial, avoidance, overcompensation, suppression, self-acceptance, and support-seeking), and what are the consequences of different coping reactions for mental health and development? What happens when sexual-questioning children encounter puberty and intensified sexual feelings? How do the children manage disclosure and sexual exploration? What places some children at risk for serious maladjustment, including substance abuse, unsafe sexual practices, social withdrawal, development of a "false self," sustained internalized homophobia, or depression and suicide? What should adults do or not do to assist the sexual-questioning child?

But from the present-day social and cultural point of view, it is important to acknowledge homosexuality as only an alternative form of sexuality which therefore is not linked to pathology, so homosexually orientated persons are entitled to acceptance, trust, respect, dignity, equal human rights like the majority of heterosexual persons.

The level of cultural development of society in a modern global environment is precisely determined by the quality of society's protection of the minority by the majority, protection of the weaker by the stronger.

Integration into society is a vital determinant of social support and can be conducive to the psychological well-being of homosexual persons. Setting up support groups

is recommended for homosexually orientated persons who represent a vulnerable category of population, greater accessibility to health and social services, organization of psycho-educational programs on coping strategies, providing opportunities for face to face encounters, socializing and obtaining positive motivation from peers and healthy models who themselves are homosexuals (Greene & Herak, 1994; Safren & Heimberg, 1999). Apart from that, it is necessary to organize psycho-educational programs for parents, teachers, and adolescents on sexual orientation as the absence of knowledge into human sexuality is generally one of the root causes of stigmatization of homosexual persons.

Psychologists, counselors, social workers and others who work with youth should be aware that some of their clients are homosexual or may have problems with their sexual orientation. Each individual, namely, may pass through various developmental stages until he/she adopts his/her sexual identity. The process of defining a homosexual identity which includes awareness of one's own sexual and romantic attraction, acceptance of them, disclosure of this information to others and, in many cases, becoming part of the homosexual community, can be particularly difficult for those who have internalized negative attitudes of society to homosexuality and rigid stereotypes on homosexuals. This seems to be the reason why many homosexuals seek help from professionals in the "coming out" process. It is, therefore, the professional's duty to understand this phenomenon, develop sensitivity for the problems of growing up of this category of young people and provide the required attention and support in the process of developing their sexual identity. As Hetrick and Martin (1987) pointed out, these adolescents need accurate information and emotional and social support.

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