

INTERNALIZED HOMOPHOBIA, DISCLOSURE OF SEXUAL ORIENTATION, AND SOCIO-DEMOGRAPHIC FACTORS AS PREDICTORS OF PSYCHOLOGICAL WELLBEING AMONG GAY AND BISEXUAL MEN IN SOUTHWEST NIGERIA

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BACKGROUND TO THE STUDY

The concept of ‘sexual orientation’ is a relatively recent discovery in the annals of social scientific scholarship (Herek and Garnets, 2007). According to Herek and Garnets (2007), it has not always been obvious that people could be defined in terms of their sexual tastes and practices, perhaps because sexuality and sexual preference was largely thought to be monolithic in its formation and uniform in its expression. It was not until 1868 that the term “homosexual” was first used in a German pamphlet by Karl Maria Benkert (Herek and Garnets, 2007). And when the term “heterosexual’ eventually made its first appearance in an English text, it was used to denote sexual attraction to both sexes, a phenomenon which has now come to be known as “bisexuality” (Katz, 1995). Much advances have been made in theory, practice and policy about the phenomena of sexuality and sexual diversity since Benkert (1868). Nevertheless, the controversy as well as the aversion historically associated with the subject of homosexuality still largely remains in force, even in the 21st century.

On the subject of psychological wellbeing, some consensus has emerged over the last five decades even as emerging scholars continue to refine and re-engage past conceptions. One such consensus is that psychological wellbeing has a strong subjective component, being a function of the interplay of social and individual identities and how these identities are constructed, negotiated and realized in a limiting personal, social and cultural contexts (Christopher, 1999). However, according to Ryff (1989), psychological wellbeing can be broadly conceptualized as the outcome of six functional domains namely: autonomy, environmental mastery, positive relations with others, purpose in life, personal growth, and self-acceptance.

If psychological wellbeing is partly a function of social identity and social integration as implied in Ryff’s dimensions of *positive relations with others* and *environmental mastery*, then minorities in general – across diverse socio-demographic groupings – are at a serious disadvantage. Minority groups, by virtue of their minority status, stand the threat of being constantly treated as misfits and being viewed as threats to the majority-determined norms. A still relatively recent instance of this mischaracterization was the former classification of homosexuality as a mental illness; and the categorization of blacks as mentally-deficient relative

to other races. However, despite this long-overdue reversal, a significant proportion of people and professionals in most societies still regard homosexuality and other non-conforming sexual and gender orientations as indicating abnormality (Herek and Garnets, 2007). Consequently, minority groups have learnt to exist on the fringes of society in a bid to navigate a hostile socio-cultural climate without having to commit identity suicide. One of such highly visible and victimized minority groups are sexual minorities, usually classified under the common rubric of LGBTQ (Lesbians, Gays, Bisexuals, Transgenders, and Queers). In the latest extension of the acronym, it now usually includes IA, and less commonly, P; denoting Intersex, Asexual, and Pansexual respectively.

It is, therefore, not surprising – given the well-documented socially-mobilized and institutionally-nurtured attitudes of demonization, pathologizing, denunciation, and criminalization of LGBTQ populations – that many of them develop the so-called Stockholm syndrome, a phenomenon characterized by an affective and cognitive identification with one’s oppressor and the internalization of the oppressor’s philosophy (Newcomb & Mustanski, 2010). In the LGBTQ literature, this psychological capitulation is better known as “internalized homophobia”, “internalized heterosexism”, or “internalized homonegativity”. *Internalized homophobia has been defined as the individual’s self-stigmatization as a result of the acceptance of society’s negative messages and attitudes towards non-heterosexuals* (Meyer and Dean, 1998). It is one of the most frequently studied correlates of mental wellbeing among homosexuals (Newcomb & Mustanski, 2010; Szymanski et al., 2008; Williamson, 2000).

Internalized homophobia has also been viewed as a natural outcome of the general process of socialization in which society, through its intertwined institutions, tries to inculcate its values, beliefs and norms into its younger elements. Socialization, in itself, is a neutral mechanism by which culture and processes are transmitted from one generation to another often in the context of external influences to achieve equilibrium between change and stability. However, the content, as distinct from the form, of socializing missions is often a mixed bag of good and bad, positive and negative, and progressive and regressive. Internalized stigma, a direct result of internalized heterosexism, is therefore one example of the more unfortunate outcomes of socialization, entailing a negative, intolerant content, and having significant implication on identity stability as well as overall psychological balance.

It is within an intricately linked web of socio-cultural factors as well as a highly charged socio-political context that members of sexual minorities in every society must negotiate their psychological and, in some cases, physical survival. The question of disclosure (and concealment) of sexual identity, therefore, becomes salient. This subjective experience of internalized flight-or-fight reaction is what Meidlinger and Hope (2014) has conceptualized using the term *Outness*, and connoting the degree of “openness about one’s sexual orientation”. They incorporated the two poles of openness-orientation, namely concealment and disclosure, in order to better capture and reconcile the conflict experienced within the individual as they try to

wrestle with the impulse “to tell or not to tell” (Schope, 2012). Thus, *disclosure is “the active indication of one’s sexual orientation through speech or action while concealment is the active avoidance of this disclosure”* (Meidlinger and Hope, 2014, p. 3).

Aside constructs such as internalized homophobia and disclosure of sexual orientation, several socio-demographic variables have also been found to play a critical role in determining the level of psychosocial adjustment and psychological wellness of sexual minorities. For instance, with respect to first experience of same-sex attraction and intercourse, homosexual men tend to report an earlier age than homosexual women (Floyd & Bakeman, 2006; Herek, Cogan, Gillis, & Glunt, 1998; Savin-Williams & Diamond, 2000). Men also report more experiences of discrimination and hence higher potential negative consequences of disclosure (Meidlinger and hope, 2014).

THE RATIONALE FOR THIS STUDY

In many parts of the world, it is still a crime to be openly homosexual or to engage in same-sex coupling. For instance, Nigeria, according to the Research directorate, Canada, (2019), as in other African countries bar South-Africa, is still considered a hostile environment, both in the attitude and behaviour of her citizens as well as in the letters of her laws, to homosexuals (a term still more associated with gay men than other sexual minority groups in Nigeria). According to Pew Research Centre (2013), 98% of surveyed Nigerians believed that homosexuality should be opposed by society. And even more incredibly, in a joint poll by TIERS (The Initiative for Equal Rights) and NOI Polls (2017), 90% of respondents held the view that Nigeria “would be a better country without homosexuals”.

These attitudes and opinions have seen negligible improvement in the last few years as only 7% of Nigerians, in a 2019 follow-up to the 2013 survey by Pew Research, felt that homosexuality should be accepted (Masci and Desilver, 2019). This hostile and sweeping rejection was replicated in even more severe statistics across all African countries, except South-Africa which continues to see a consistent improvement in the general attitude of its citizens towards sexual divergence. The latter is also the first African country to have legalized same-sex marriage since 2006 (Poushter and Kent, 2020). Other African countries, such as Angola, Mozambique, Lesotho, Botswana, and Republic of Seychelles, are also reported to have significantly improved their constitutional tolerance for same-sex union. However, this has not reflected much in the attitude and perception of the general citizenry of these relatively more tolerant states towards sexual divergents.

In the light of these grim statistics, it is less surprising to discover that most societies, including Nigeria, still view sexual minorities as moral pariahs, threats to common decency, and as undeserving of the benefits of humane governance. Consequently, homosexuals and other sexual minorities are under constant threat of being shamed, hounded, exploited, stigmatized, bullied,

criminalized and, in some extreme but not uncommon cases, lynched (Aken'Ova, 2000; All Africa, 2002; Okanlawon, 2020). All of these negative factors constitute powerful stress-inducing experiences for minority groups in general, including sexual minorities. Minority groups are, therefore, much more unwitting targets of such experiences as stigma (felt and enacted), discrimination, harassment, victimization, blackmailing, and ostracism.

One consequence of the foregoing reality, where sexual minorities are concerned, is that it has inevitably rendered them one of the most vulnerable groups to diverse mental health crises, ranging from mild general disaffection with their life to severe psychiatric conditions and even suicide. It is, however, worth stressing that it is not their sexual orientation, per se, that's causing this distress, but the society's rejection of their fundamental identity.

In addition to the foregoing, this research was undertaken as a result of the following realizations, that;

1. It is an area of enquiry that is largely neglected by the research and scientific community in Nigeria, in part because it is a taboo subject in public discourse.
2. So much has been studied and written about the wellbeing (and its correlates) in normal heterosexual populations. Homosexuals are a particularly at-risk population for mental and socio-economic distress, yet, relatively little empirical attention has been given to them in Nigeria.
3. The unrelenting discrimination and open stigma experienced by persons sexually and emotionally attracted to same sex are due largely to scarcity of free and open enquiry into the phenomenon in Nigeria, needlessly perpetuating the aura of mystery around it.
4. Like every other minority, and perhaps even more so, sexual minorities – whose identities are strongly at odds with society's dominant inclinations – are seriously endangered, not only physically but also psychologically. And since an open, direct appeal to society for understanding and acceptance is often too risky, the onus is on workers of knowledge to bridge this gap in the service of progress and health.

WHAT'S THE STUDY ABOUT?

This study attempted to answer the following four questions;

1. How psychologically healthy are gay and bisexual men relative to their heterosexual counterparts in Nigeria?
2. Are there significant differences in the psychosocio-demographic profiles of gay and bisexual men in Nigeria?
3. How ingrained is internalized homophobia among gay and bisexual men in Nigeria and is it a factor in their psychological wellbeing?

4. What's the dominant disclosure attitude among gay and bisexual men in Nigeria and to what extent does it impact psychological wellbeing, if at all?

STUDY OUTCOMES

Psychosocio-Demographic Patterns

The data analysis was based on one hundred and twenty-two responses (n=122). Respondents were people who identified as either gay or bisexual men in Nigeria. The breakdown of data according to sociodemographic distribution revealed that the age range of participants was between 16 and 48 years with an average of 27 years. Most were either Yoruba (38%) or Igbo (35%), with other ethnic groups making up the rest (27%). In the sex and gender categories, majority (94%) identified their sex as male; of these, 71% actually see themselves as a man (cis-male), 7% (n=8) see themselves as a woman (trans-female), while 17% (n=21) see themselves as both a man and a woman (intersex). According to self-identified sexual orientation, 51% (n=62) said they were gay, while 49% (60) identified as bisexual. Majority (92%) of respondents had at least tertiary level of education; 61% had employment, 12% were unemployed, and 27% were students. Also, majority (85%) was not married and had no offspring; 13% were married with at least 2 children. In terms of religiosity, 17% said they were not committed to any faith; and of those who identified with a faith group, 23% were extremely committed to their faith, 48% were either “moderately” or “very” committed to their faith, while 10% were casual practitioner of their religious faith.

In the psychosexual domain, while about 4/5th (77%) of respondents already had their first sexual intercourse by age 20 years, a significant minority, representing 12% (15) of the total sample, had their first sexual encounter before the age of 11 years, and by age 25 years, almost all the participants (93%) have experienced sexual intercourse. Furthermore, over 4/5th (84%) of respondents said their first sexual intercourse was with a cis-male, while 15% claimed to have had their first sexual encounter with a cis-female. In terms of frequency of sexual intercourse, exactly one-third (33%) reported high frequency (at least once a week), 28% reported a moderate frequency (at least once a month), while 17% and 14% said they have sexual intercourse “at least once in 3 months” and “at least once a year” respectively; eight respondents (7%) reported they “never” engage in sexual intercourse. By frequency of masturbation, a significant proportion (71%) reported high frequency of masturbation (ranging from “multiple times a day” to “at least once a day”), and 15% reported not masturbating at all.

Hypotheses Testing

Four key hypotheses were tested in this study, stating them succinctly;

1. There will be no significant difference in the level of psychological wellbeing of gay versus bisexual men in Nigeria.
2. There will be no significant difference in the level of psychological wellbeing between those who have high and those who have low internalized homophobia.
3. Disclosure of sexual orientation will not significantly affect psychological wellbeing of both gay and bisexual men in Nigeria.
4. Both disclosure of sexual orientation and internalized homophobia will not jointly affect psychological wellbeing.

The first hypothesis was confirmed, that is, no significant difference was statistically found in the level of psychological wellbeing of both gay and bisexual men. The implication of this is that both gay and bisexual men in this study had comparable degree of psychological wellbeing. In other words, gay men did not report higher level of wellbeing than bisexual men. Extending this finding outside the confines of homosexuality, previous studies comparing the mental health of straight and queer people have reported conflicting findings – some studies found no difference while others reported significant difference between homosexuals and heterosexuals when it comes to mental health markers. However, whether a difference is found or not appears to more often depend on whether the homosexual samples are obtained from the general population or from a clinical sample. Samples sourced from the general population often yield comparable level of wellbeing to the heterosexual samples. When reported in the literature, negative mental health outcomes among sexual minorities have often been at least partially explained by the heterosexist discrimination faced by sexual minorities, not by sexual minority status alone. In the current study, the result suggests that within-homosexual population difference in wellbeing does not exist.

Hypothesis two was also confirmed; that is, internalized homophobia (IH) did not significantly influence psychological wellbeing of gay and bisexual men. In other words, in this particular study sample, having high or low level of internalized homophobia (a level arbitrarily determined since there was no local empirical precedence to reference) was not found to significantly contribute to psychological wellbeing. This finding, however, runs contrary to global empirical literature in which IH was often found to predict subjective wellbeing. One reason for this discrepancy in outcome may be the generally low level of IH in our sample, which consisted mainly of samples defined by high level of education and high religiosity (which are strong protective factors). Frequency of sexual intercourse, however, was found to moderately correlate positively with IH, which seems to counter-intuitively suggests that homosexuals with higher IH also tend to have more regular sexual intercourse.

The third hypothesis, which predicted no significant association between disclosure of sexual orientation and wellbeing, was confirmed as well. Although the analysis is not available for this particular study, empirical literature shows that bisexuals are less likely to disclose their sexual orientation than gay men and lesbians. However, a moderate positive correlation (.37) between frequency of sexual intercourse and disclosure was found, implying that disclosure is higher among gay and bisexual men who have more sexual intercourse.

Hypothesis four also found confirmation with no joint influence of IH and sexual orientation disclosure found on psychological wellbeing.

Thus, it would appear that all the variables, usually found to impact wellbeing in extant theoretical and empirical literatures, did not find confirmation in this study. So, what did impact psychological wellbeing as found in this study? The only variable that minimally correlated with wellbeing was *Age at first intercourse*. It, however, must be noted that this study's sample seemed to possess high level of sexual freedom as majority (77%) of respondents had already experienced sexual intercourse before age 20 (a rate significantly higher than among heterosexuals). No other variable, as examined in this study, was found to bear significant correlation with psychological wellbeing.

Study Limitations

1. The study was beset by so many limitations, chief of which was getting sufficient and representative samples. However, the problem was not only that of number and geographical spread, but also that of demographic diversity. This was primarily due to the online modality of the study which, though offered the best channel for reaching the target population, impaired the study in some other ways. They include;
 - It raised the socioeconomic status of the average respondent. Participants were likely to be university educated, resident in a mega urban center, have access to the internet, in the average to above-average income bracket, and ideologically more progressive. All of these sampling-based characteristics could significantly affect such behaviour as disclosure habit and cognitive orientation such as internalized homophobia, generating too much sample homogeneity.
 - The bias inherent in the medium of data collection systematically screened out those who are less educated, resident in less urban centers, and of generally lower socioeconomic status. This yields a significantly different sociodemographic cohort than what may have been obtained if an offline, direct, method of data collection was used primarily or supplementarily.
2. Secondly, majority of respondents also belonged to one LGBT online/social media group or the other. In fact, data was mostly collected via such group platforms. While this

greatly increased accessibility to desired target, it could also have systematically affected the sample pool, and hence the result, in more than one way, including;

- Group identity bolsters self-identity, hence, increases self-acceptance and self-esteem. This may partly account for the high level of psychological wellbeing in the sample obtained for this study.
 - Such groups are also more homogenous or near-homogenous in their sexual identity as well as more accepting of sexual deviation than in the general population. This homopositivity provides a counterpoint to the homonegativity prevalent outside such groups, and is likely to significantly affect the degree of internalized homophobia of group members. Thus, the measured average level of internalized homophobia may actually be higher in the wider population than suggested in the study.
 - Those who have contact with an LGBT group are less likely to feel psychosocially isolated. This, in itself, has been empirically found to be a significant booster of subjective wellbeing.
 - In-group disclosure is also likely to be higher than outside the group, resulting in an overestimation of disclosure habit in this particular study.
3. While this study was able to avoid some limitations extant in previous studies in Nigeria, such as over-representation of the student population, very narrow geographical spread, near-sociodemographic homogeneity, the sample size was significantly smaller than what should have been expected given the expanse of the geographical area (southwest) covered by the study. The sample was, however, not significantly limited in spread as all the major cities in Southwest Nigeria (and outside) were represented. The small sample size of this study, however, significantly impaired the generalizability of the study both within and outside the geographical area covered.
 4. The quality of inferences inducible from the obtained data set was significantly impaired by lack of concurrent data set on heterosexual cohort.
 5. None of the psychometric instruments used for this study have been indigenously developed or localized. This could not be done due to pressure of time, resource, and scarcity of prospective participants. There, thus, exists the possibility that these instruments were deficient in cultural sensitivity and salience.

Directions for Future Studies

1. There is need for similar variables (primarily 'psychological wellbeing' vis-à-vis some of the psychodemographic variables) to be studied among heterosexual counterparts of comparable demographic characteristics in order to afford a comparative analysis. This will also make it possible to draw a more robust conclusion as to whether sexual

orientation is by itself a factor in the psychological wellbeing of gay and bisexual men in Nigeria.

2. Future studies should ensure that sampling is not restricted to group platforms. Sampling by referral method should be explored so that the chances of tapping participants who are not members of LGBT alliances are significantly increased.
3. Qualitative studies are still needed to identify salient factors that are critical among sexual minorities living in Nigeria.
4. Researchers who are interested in this population should consider developing or properly adapting imported instruments to make them more culturally sensitive.