

“IT TOTALLY SUCKED THE HAPPY OUT OF THE GAY:”

COMING OUT IN RURAL NEWFOUNDLAND

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ABSTRACT

The coming out process for lesbian, gay, and bisexual (LGB) individuals has been found to significantly impact psychological well-being. Past research suggests that self-disclosing one's sexual orientation is a major developmental milestone for sexual minorities that can be hindered by the coming out experience. Individuals who experience positive reactions to coming out have been found to have an increased sense of belonging and self-esteem and less mental health concerns. In contrast, individuals who experience negative reactions to coming out have reported an increase in depressive symptoms, substance abuse, incidents of self-harm, and suicidal behaviours. Past research indicates that negative reactions to coming out can significantly compromise both physical and psychological well-being. The present study explored the coming out experiences and psychological well-being of six LGB individuals from rural locations in Newfoundland. Data collected was analyzed using Interpretive Phenomenological Analysis (Smith, Flowers, & Larkin, 2009) and revealed four themes: (i) *Fear of Rejection/Negative Repercussions*; (ii) *Living a Lie*; (iii) *Masking the Pain*; and (iv) *Finding Light in the Darkness*. This study contributed to current literature regarding coming out in rural areas. Moreover, it contributed to the limited literature existing on coming out in rural Newfoundland. This study highlighted the many challenges faced by LGB individuals from this rural area and also provided insight into the impact of those challenges on psychological well-being. The implications of the research and considerations for future research are discussed.

Keywords: coming out, self-disclose, LGB, psychological well-being, rural, urban

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CHAPTER ONE: INTRODUCTION

The coming out process for lesbian, gay, and bisexual individuals (LGB) and its impact on psychological well-being has been extensively researched. Yet, the literature regarding this topic is limited within the Canadian population (Morrison, 2011), particularly regarding those who live in rural areas. LGB individuals often face numerous challenges that impact mental health during the coming out process. These challenges can lead to significant strain on familial relationships and peer relationships and can result in mental health issues such as depression, anxiety, eating disorders, and substance abuse, as well as self-harming behaviors and suicide (as cited in Baiocco et al., 2015).

Similarly, statistics presented by the Canadian Mental Health Association (CMHA) state that sexual minority members are at an increased risk for mental health concerns such as depression, anxiety, self-harm, substance use, and post-traumatic stress disorder (PTSD) when compared to their heterosexual counterparts. The CMHA asserts that sexual minority members tend to face ongoing stigma and discrimination throughout their lifetime which further influences psychological well-being. In addition, sexual minority individuals are frequent targets of hate crimes and physical and sexual assault and that they are 14 times more likely to be at risk of suicide and substance abuse (Meyer, 2003; Benibgui, 2011).

Background and Significance of Study

Improving mental health among LGB individuals includes gaining support and acceptance from society. In order to foster psychological well-being for sexual minority members, it is important to understand the challenges they encounter and to expand public knowledge about the LGB community. It is also important to understand the similarities and differences between LGB individuals who disclose their sexual orientation in rural versus urban

areas. Therefore, the current study aims to add to the literature by exploring the experiences of LGB individuals from rural Newfoundland with respect to coming out and psychological well-being.

Researcher Background

This research area is of particular interest to me since I am a member of the LGB community. I also have experiences with coming out in a rural area and have felt the intense impact of stigma, family and peer rejection, and general homophobia. In adolescence, struggling with my sexual orientation and not knowing how to ‘come to terms’ with who I was and how to share that personal aspect of my life with others was emotionally taxing. I spiraled into a deep depression, developed extreme anxiety, and did not have resources to help me cope with the experiences I faced.

As I progressed in age, I realized I had to learn how to accept myself for who I was and not for who I was wished to be. I decided to self-disclose my sexual orientation with close friends and family to begin my self-acceptance journey. Consistent with existing research on coming out, some of my experiences were positive while others negative (Kosciw, Palmer, & Kull, 2015). According to Haverkamp and Young (2007), researchers in the field of counselling psychology tend to choose areas of research that personally resonate with them on some level. My experiences of coming out in a rural town led me to wonder how other LGB individuals perceived and experienced the coming out process. I wondered if their experiences were positive or negative, if their well-being was impacted, and how they coped with any stress they may have felt at that time. These questions influenced my interest in researching the coming out experience in rural Newfoundland.

To elaborate and add clarity, Newfoundland is an island located on the most easterly side of Canada. It is the southern part of the province, Newfoundland and Labrador which has a combined total of 521,542 people (Statistics Canada, 2016). Although Newfoundland and Labrador are considered one province, Newfoundland remains detached from its close neighbour and from the rest of Canada. It is primarily known for its heritage and fishing economy and has only two cities. Therefore, the majority of Newfoundland is made up of many small communities. It is important to note that the island of Newfoundland is very homogenous and therefore lacks ethnic and cultural diversity. This is largely due to the impact of settler colonialism in the province as a whole.

Newfoundland is the “traditional territory of the Mi’kmaq and Beothuk people from the time immemorial” (Manning, 2017, p. 314). Although Newfoundland is known for its heritage, much of the history ignores the experiences of Indigenous Newfoundlanders and focuses on “dominant stories” that often revolve around the population of Newfoundland settlers (Manning, 2017, p. 315). The colonization of the island of Newfoundland led to the oppression and marginalization of many Indigenous Newfoundlanders, disregarding their culture, identity, sexuality, traditions, narratives, and more (Manning, 2017; Morgensen, 2012). Morgensen (2012) states that literature focusing on colonialism and gender and sexuality displays “broad evidence of distinctly settler-colonial power relations” which was, and still is, the case for Newfoundland (p. 10). The power exerted by settlers forced the regulation of “sexual relations, gender identity, marriage reproduction, and genealogy, and all similar means for restricting indigenous national difference” (p. 10). The effects of settler-colonialism in Newfoundland has led to the predominantly white, heteronormative, Christian population throughout small communities across the island.

Due to settler-colonialism and lack of progressiveness on the island, Newfoundland remains a conservative environment which is especially evident in rural areas. This can pose an additional risk for any individuals who deviate from the constructed “norm.” A study by Price-Feeney, Ybarra, and Mitchell (2019) argues that sexual minorities from small or rural locations are likely to encounter more challenges than those in living in larger, urban centers. Additionally, they suggest that when comparing urban and rural areas, it is possible that rural communities lack the same ethnic/racial diversity, are more conservative and religious, and have lower education (Price-Feeney et al, 2019; Poteat et al., 2009; Drumheller & McQuay, 2010). This can lead to increased negative reactions toward LGB people.

Newfoundland is my home and where I completed an undergraduate degree (hons) in psychology. Like many other people, I moved from my small hometown into one of the two cities in order to attend university. During this time, I completed a thesis on self-stigma about seeking mental health services. Having prior knowledge regarding the impact of stigma on mental health and its influence on one’s desire to seek help surely aided in my current research. I have always been interested in the experiences of others and hope to facilitate this research project in a way that will be helpful to both LGB and heterosexual individuals, their family members and friends, as well as mental health professionals.

I decided to focus on experiences of LGB individuals in Newfoundland due to the lack of literature on this topic within the province and to collect data from a secluded island with a substantial amount of rural communities. This study will primarily focus on lesbian, gay, and bisexual individuals to explore their experiences of coming out in a rural place. I decided not to include transgender as a focal part of the study because it is very possible that their coming out experiences are vastly different from those who disclose their sexual orientation. This study will

explore sexual identity, rather than gender identity. However, if a transgender individual identifies as lesbian, gay, or bisexual, they will be included in the study.

In addition, the current study does not focus on the term or label ‘queer’ since the definition of this term often varies, is vague, or is considered a slur. Although many individuals have reclaimed this label for personal identification, others have not and may find the term insulting or offensive. Recent scholarly research includes the term queer as an attempt to counter stigma surrounding the label (Love, 2009). However, at times, “the word ‘queer’, like ‘fag’ or ‘dyke’ but unlike the more positive ‘gay’ or lesbian’, is a slur” (Love, 2009, p. 2). For instance, in less progressive and rural places many individuals often view the word queer in a negative light. According to Nikki Baldwin, the director of Planned Parenthood and coordinator of programs offered to gender and sexual minorities in St. John’s, Newfoundland, there are “different perspectives on the use of the word queer.” (Druhan, 2019, p. 1). In an interview, Baldwin stated that she has learned some youth, as well as adults, remain uncomfortable by the word. In addition, she mentions that individuals residing in the capital city of Newfoundland seem to have positive associations with the word queer, while individuals from rural areas of Newfoundland continue to have negative associations (Druhan, 2019). Since the current study explores experiences in rural areas of Newfoundland, I decided to focus on lesbian, gay, and bisexual people.

It is important to note that the community as a whole extends beyond the scope of the current study. If you would like more information on the coming out experiences of other vulnerable minorities within the LGBT+ community, see ¹ Marple (2005), ² Morgensen (2013), ³ Pearce and Murray (2018), and ⁴ Wilson (1996).

Summary

The present study aims to explore psychological well-being and the process of coming out among lesbian, gay, and bisexual people in rural Newfoundland. It will follow the qualitative research method, Interpretative Phenomenological Analysis (IPA). Since there is minimal research regarding the coming out process of Canadians, especially Newfoundlanders, this study will contribute to the field by sharing the experiences of LGB people. The present study aims to expand knowledge on the topic and to highlight the importance for future research.

CHAPTER TWO: LITERATURE REVIEW

There has been extensive research on the self-disclosure process among LGB individuals and its impact on psychological well-being. The following chapter will discuss a review of the literature and will begin by explaining sexual minority identity development, and then the coming out process, along with the positive outcomes associated with self-disclosure as well as the risks associated with self-disclosure. The risks will be explored and examined with reference to geographical location and utilizing the minority stress model to describe negative outcomes from both an internal and external standpoint. Finally, several ways of stress-related coping utilized by LGB individuals will be explored. The chapter will close with a brief description of how this study addresses an important gap in the literature and present the research question and methodology.

Sexual Minority Identity Development

Developing a sexual identity is crucial for the sexual minority member. Oftentimes, sexual minority individuals struggle with forming a sense of self due to the pressure to conform to a heteronormative society (Herek, 2007). Although the term homosexuality has been removed from the diagnostic manual as a disorder, many still believe that it is an illness (Drescher, 2010). The psychological impact of this negative assumption is mostly seen among adolescents and young adults.

According to Savin-Williams (2005), the sexual identity development models that have been created in the past typically revolve around particular aspects of an individual's life. These aspects are known as the psychosocial self, sexual fantasies, sexual behaviours, and romantic interests (Savin-Williams, 2005). Although these core characteristics are essential in forming a sexual identity, sexual minorities go through a series of stages which lead to the coming out

process (Cass, 1979, 1984; Fassinger, 1991, Savin-Williams, 1988, 1990, Troiden, 1979). The Homosexual Identity Formation Model developed by Cass (1979) is perhaps one of the most well-known models that reflects the developmental process of sexual minorities. Cass (1979) developed this model with the underlying assumption that sexual minorities go through a series of stages that are influenced by the environment in which they live. According to Cass (1979), the developmental process has 6 stages; identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis (as cited in Kenneady & Oswalt, 2014).

Based on this model, the first stage of sexual identity formation, identity confusion, typically begins when an individual begins to notice that their behavior is not congruent with the heterosexual norm. Cass (1979) states that there is an internal conflict between one's previously assumed heteronormativity and one's current attractions and feelings. The second stage of development, identity comparison, entails the confusion felt by the individual and then utter denial of the possibility of being homosexual. This stage involves the use of defense strategies which are typically used to mentally block the recognition of same-gender attraction. The second stage ends with the individual beginning to identify differences between themselves and their heterosexual counterparts (Cass, 1979).

As the individual progresses through the third stage, identity tolerance, there is a slow, but steady increase in the acceptance of same-gender attraction. Individuals are faced with urge to engage in homosexual experimentation, both emotionally and behaviourly (Bilodeau & Renn, 2005) and make contacts and friends with others in the gay or lesbian community (Cass, 1979). However, the individual does not fully acknowledge their sexual identity. The fourth stage, identity acceptance, focuses on the increase of interaction with other sexual minority members.

The sexual identity of the individual becomes more transparent and the individual begins to view their identity and their role as a sexual minority in a positive light (Cass, 1979). The fifth stage, identity pride, refers to the individual feeling a sense of pride with respect to their nonheteronormative identity. The sexual minority will display more confidence, more involvement in the gay and lesbian community, and likely engage in activism to promote equality among the sexual minority community (Cass, 1979). The sixth and final stage, identity synthesis, refers to the sexual identity of the individual fully developing. The individual recognizes, understands, and accepts their sexual identity but understands that it is not the entirety of the individual's identity. The individual feels the urge to self-disclose their sexual orientation to meaningful people in their life (Cass, 1979).

Like Cass, Coleman (1992) agreed that sexual minorities go through a series of developmental processes that aid in identity formation. Coleman (1982) believed that all previous models of sexual identity development expand our knowledge on the complex developmental processes of sexual minorities. He proposed an additional 5 stage model to aid in understanding of individuals with same-gender attraction.

The first stage, pre-coming out, involves the "slow and painful" awareness of same-gender attraction (Coleman, 1982, p. 471). The awareness that occurs in this stage leads the individual to deny or repress the incurred feelings. Coleman (1982) argues sexual minority members develop a negative sense of self due to the hostile attitudes that surround homosexuality. He states that concealing one's identity can significantly damage psychological well-being and one's perception of themselves. Coleman (1982) states that acknowledging same-gender attraction and interests to oneself brings the individual to the next stage, coming out.

According to Coleman (1982), the coming out stage refers to the individual acknowledging their same-gender interests and accepting their sexuality. They do not identify as lesbian or gay but recognize that their sexual identity deviates from the norm. It is in this stage that the individual either accepts or rejects who they are; two distinct options that have a substantial impact on the individual. If an individual accepts their sexual identity, it is more likely that positive outcomes occur; such as an increase in self-esteem. On the other hand, rejecting one's sexual identity can lead to negative outcomes, such as harming one's self-concept. The affirmation that non-heteronormativity is inherently wrong and unaccepted can halt identity development and land the individual back to stage one. The individual must carefully decide who will be the recipient of this personal and life-altering information (Coleman, 1982).

Coleman's (1982) third stage, exploration, refers to the individual experimenting with their recently discovered and accepted sexual identity. This stage involves interacting with the gay and lesbian community in both sexual and social ways. The exploration stage is often confusing to the sexual minority individual. Coleman (1982) explains that older individuals who have been concealing their identity may feel that exploring their sexual preference is incongruent with their age. In other words, sexual identity exploration that often occurs in adolescence is now occurring later in life (Coleman, 1982).

The fourth stage, first relationships, occurs when the individual truly accepts themselves and feels worthy of love. Coleman (1982) suggests that individuals in this stage are ready to enter committed and stable relationships. During first relationships, obtaining intimacy is the primary concern. The longing for intimacy can pose risks for the sexual minority member. The individual is so desperate for the relationship to work that when obtained, encourages possessiveness and lack of trust (Coleman, 1982). Individuals are at risk of sabotaging the

relationship out of desperation for it to work. Coleman (1982) states that these relationships may end abruptly and the individual is at risk of returning to the exploration stage. This occurs when the individual assumes that a committed, intimate relationship is not achievable. As the individual matures and acknowledges that relationships require trust and freedom, there is a growth in self-acceptance and thus the development of their identity continues (Coleman, 1982).

The final stage, integration, refers to the individual's capability of obtaining and maintaining a long-term relationship. The individual has matured and is capable of managing rejection in a typical way. Although individuals may still be faced with developmental tasks, Coleman (1982) states that they are increasingly able to handle the tasks in a healthier way.

Critiques of Sexual Minority Identity Development Models

The developmental processes in both Cass's (1972) and Coleman's (1982) theoretical models often overlap. Many researchers acknowledge the similarities between the various models explaining sexual minority development. Other researchers argue that although sexual minority identity development occurs in a series of clear stages, not all individuals progress through the stages in the same way. They note that the developmental process of sexual identity is "generally more fluid, with stops, starts, and backtracking" (Bilodeau & Renn, 2005, p. 26).

Another critique of the stage models of sexual minority identity development is that they frequently view coming out as superior when compared to individuals who decide to conceal their sexual orientation. For instance, Rasmussen (2004) argues that this notion is often problematic and is in favour of individuals who decide to come out, deeming them as "role models promoting tolerance and inclusivity, empowering themselves and others" (p. 145). On the other hand, the decision to conceal one's sexual identity is viewed as "an abdication of responsibility, or the act of somebody who is disempowered or somehow ashamed of their

inherent gayness” (Rasmussen, 2004, p. 146). Rasmussen (2004) states that viewing coming out as superior dismisses any factor contributing to why one may choose not to, such as their family dynamic, economic status, or ethnicity/race. Klein et al. (2014) argue that the stage models of sexual minority development assume that every coming out process is a linear event. In addition, the models have been criticized for assuming that in order to achieve a well-adjusted sense of self, every sexual minority member must undergo the specific series of stages listed in the models (Klein et al., 2014).

Research is beginning to explore and identify ways in which intersecting identities play a major role in the coming out process and highlight that these factors are not accounted for in the stage models for sexual minority identity development (Klein et al., 2014). Furthermore, Bilodeau and Renn (2005) state that culture, ethnicity, sexual orientation, gender identity, and nationality can all have an impact on whether or not an individual chooses to self-disclose their sexual orientation or how they perceive or experience that process.

The Coming Out Process

Self-disclosure refers to sharing personal information about oneself to another person (Forgas, 2011). An individual may choose to self-disclose personal information in hopes of deepening a meaningful relationship with another person. Attempting to identify the amount of personal information one should share, how to share that information, and who it should be shared with can be very confusing for an individual (Forgas, 2011). Especially if that information is fundamental to their identity. Disclosing one's sexual orientation to others has been described as a pivotal moment in the formation and development of the individual's identity. Self-disclosure or “coming out” is suggested to be significantly linked to the psychological well-being and personal growth of sexual minority individuals (Berzon, 2001). Past research has indicated

that the coming out process can be either a positive or negative experience for the self-disclosing individual. Some researchers label these experiences as resiliency or risk (Kosciw et al., 2015). For instance, Kosciw et al. (2015) suggest that self-disclosing sexual orientation can be a major developmental milestone among LGB individuals. However, this milestone may be met with negative consequences depending upon the reactions received. Negative reactions to sexual orientation can put the individual at risk of victimization among family and/or peers. Therefore, Kosciw et al. (2015) assert that resiliency may vary with respect to the amount of support the LGB youth receives in their community. This perceived experience is highly dependent upon the social environment surrounding the individual; such as one's ethnicity, age, socioeconomic status, and culture (APA, 2012).

There is no specific answer as to when lesbian, gay, or bisexual youths decide to self-disclose to others. However, scholars indicate that this process typically happens between the ages of 14 or 15 (Ryan, Huebner, & Sanchez, 2009). In addition, disclosing sexual orientation is more of a process rather than an isolated event. For instance, an individual will likely have to come out numerous times in their life. If one chooses, the coming out process will typically happen during every new encounter with new people. Disclosing such information can be either beneficial to the minority member or could come with many risks depending upon their social environment. The American Psychological Association (2019) states that due to distinct circumstances for each individual, some may decide to conceal their identity for an indefinite period of time, some may disclose their identity selectively, or some may decide to be very open about their identity.

Self-Disclosure and Positive Outcomes

For certain individuals, coming out may have positive influences on relationships. Research has indicated that feeling comfortable with one's sexual orientation and being able to integrate it into one's life is a major developmental milestone for this minority group (APA, 2019). There are numerous benefits in being able to discuss one's sexual orientation with others. These benefits include identifying support systems, feeling a sense of belonging, increased self-esteem, less suicide ideation, and minimized incidents of self-harm (Grafsky, 2018). Self-disclosing in relationships deemed valuable to the individual has also been linked to a higher quality of relationship, one based on honesty and trust, and an overall improvement in mental health (Baiocco, Laghi, Pomponio, & Nigito, 2012). It has been found that environments that are increasingly supportive of autonomy tend to encourage feelings of freedom in self-expression, self-acceptance, and openness to relying on other people (as cited in Legate et al., 2012). An American study by Eisenberg and Resnick (2006) examined data from 2,255 LGB students who took part in the Minnesota Student Survey (MSS). The study focused on four protective factors (family connectedness, teacher caring, other adult caring, and school safety) and their relation to sexual orientation and suicide ideation and suicide attempts. They found that all four protective factors played a significant role when examining suicidal thoughts and behaviours. In addition, students who reported having family connectedness were much less likely to have had thoughts of suicide when compared to students who reported experiencing less family connectedness (Eisenberg & Resnick, 2006).

Coming Out to Family and Friends

Disclosing one's sexual orientation to family members is one aspect of the coming out process that is perhaps the most intimidating. However, many individuals wish to improve the

quality of relationship with family through self-disclosure (LaSala, 2010; Savin-Williams, 2001). Research has shown that some individuals who disclose their orientation to their parents are able to psychologically adjust in a positive way (Hong, Espelage, & Kral, 2011). Discussing one's sexual orientation with family often stems from a desire to live authentic lives and eliminate the pressure to hide relationships from family, friends, and coworkers (Grafsky, 2018).

Past research suggests self-disclosing to families who are perceived as open, warm, and accepting have clear health benefits for the minority member (Ryan, Russell, Diaz, & Sanchez, 2010). The literature has also indicated that individuals who received reassuring and accepting reactions after disclosure reported an increase in self-esteem, support, and a decrease in depressive symptoms, substance abuse, and suicidal behaviours (Ryan et al., 2010).

In addition to these positive outcomes, researchers have discovered that individuals who feel at ease with disclosing their identity to their parents experience higher rates of comfort with their sexual orientation. Furthermore, these individuals reported to struggle less with coming out to their heterosexual friends and gained more lesbian/gay friends in the process (D'Augelli, 2002). Others suggest that in instances where parents have had positive reactions toward homosexuality, the whole family environment improved upon self-disclosure. For example, when the individual felt that they no longer had to hide their sexual orientation, both the parents and the child reported experiencing a more authentic relationship (LaSala, 2010). The literature suggests that when LGB individuals feel a sense of autonomy and support, they are more likely to pursue their interests and achieve their goals (Legate et al., 2012).

Self-Disclosure and Risks

In contrast, many individuals who choose to come out may experience difficulty with integrating this portion of their identity into their daily life. It is possible that “coming out of the

closet” may negatively affect one’s psychological well-being with regards to certain prejudices surrounding the LGB community, the fear of losing close relationships, the fear of oppression, lack of social support, and social discrimination (as cited in Solomon, McAbee, Åsberg, & McGee, 2015). Although the coming out process can have potential benefits, more often than not sexual minority members experience negative reactions from people they view as important in their lives.

Social discrimination is a common occurrence for members of the LGB community. In fact, results from a quantitative study by Morrison (2011) which recruited 348 gay men and 169 lesbian women born and still residing in Canada found that the leading type of discrimination experienced by both sexual minority groups was verbal harassment (insults and threats). In addition, these researchers identified other forms of discrimination that occurred over their lifetime. Gay participants reported being subjected to physical violence, having property vandalized, having objects thrown at them, being spat on, and being sexually assaulted. Lesbian participants reported being subjected to physical and sexual assault, having property vandalized, having objects thrown at them, and being spat on (Morrison, 2011).

A study by Perrin-Wallqvist and Lindblom (2015) conducted in Sweden found that some LGB individuals experience feelings of alienation in today’s society and education system. In this qualitative study, the researchers interviewed three men and three women. Of these participants, half were students while the other half were in the work force. Results indicated an underlying theme in the participants’ responses. Specifically, the individuals explained that within their environment, there is a heterosexual expectation which leads them to feel increasingly segregated, misplaced, and uncomfortable in their own environment (Perrin-Wallqvist & Lindblom, 2015). Additionally, participants expressed that their geographical

location often added to feelings of alienation. For instance, those who were raised in rural areas mentioned that the lack of education surrounding sexual orientation had a significant impact on their own sexual identity. Since homosexuality was essentially unheard of in these small communities, some individuals did not realize nor contemplate their sexual orientation. Furthermore, some participants mentioned leaving their rural towns and moving to more urban areas in hopes of finding a more accepting environment. They asserted that feelings of past alienation heavily influenced the way in which they have progressed through life (Perrin-Wallqvist & Lindblom, 2015).

Coming Out in Rural Areas

Most research suggests that the coming out process is very dependent upon the environment/social setting of the self-disclosing individual. Since the process of ‘coming out’ is an ongoing one, researchers have suggested that the relationship between self-disclosure and well-being are subject to change depending on social contexts (Legate, et al., 2012). Some researchers have presented conflicting findings with respect to LGB individuals residing in rural areas. For instance, Price-Feeney et al. (2019) assert that rural communities often have higher levels of social capital. Social capital refers to the social relationships an individual can use to their advantage (Price-Feeney et al., 2019). The social capital an individual has in rural communities tends to be strongly affiliated with organizations within the community (e.g., schools, churches). Thus, the community often invests in programs for their youth which could aid in identity development.

On the other hand, Badgett et al. (2016) suggest that LGB individuals in rural geographical locations are more likely to experience higher rates of poverty than urban residing LGB individuals and their heterosexual counterparts. Some researchers suggest there may be a

relationship between the presumed conservative and hostile climate of their location and the minimal support available for LGB persons (Mendez, Holman, Oswald, & Izenstaark, 2016). In addition, Mendez et al. (2016) state that the majority of research concentrating on poverty and the LGB community has been conducted in large, urban populations where resources are more readily available.

Over the years, studies focusing on health-related outcomes for LGB people have noted that there have been higher occurrences of mental health issues when compared to heterosexual individuals (as cited in Rosenkrantz, Black, Abreu, Aleshire, & Fallin-Bennet, 2017). However, little research has solely explored the distinction between those living in urban versus rural areas. In fact, Rosenkrantz et al. (2017) state that many surveys concentrating on health in rural areas use heteronormative methodology. They assert that only recently have surveys included questions regarding sexual behavior and sexual orientation.

Results from existing research on differences between urban and rural areas suggest that LGB individuals residing in rural areas often face barriers in receiving health related supports. For instance, a meta-analysis focusing on American sexual minority experiences of the U.S. healthcare system found common themes with respect to healthcare for sexual minority groups in rural locations as in urban areas. These similarities include lack of education for healthcare providers, the expectation of stigma among LGB individuals, barriers to proper health services, and an overall psychological impact relating to living in a rural area (Rosenkrantz et al., 2017). In addition, of the 58 articles they analyzed they discovered an association between discrimination and generalized stigma in social settings.

Price-Feeney et al. (2019) assert that the barriers sexual minority groups face are likely more intense than their heterosexual counterparts. They contend that rural areas may lack

essential supports and have increased negative reactions toward LGB individuals due to the lack of ethnic/racial diversity, lack of education, and increased levels of religiosity and/or conservative beliefs. Furthermore, residing in a rural area may also inhibit socialization for LGB individuals which is an important part of human development (Price-Feeney et al., 2019). The lack of socialization opportunities for LGB individuals is, in part, attributed to the minimal number of individuals who choose to disclose their sexual identity in this environment.

Moreover, past research has indicated that minority members residing in rural locations reported feeling less accepted in school settings, had elevated levels of depressive symptoms, reported a lower sense of well-being, experienced higher levels of victimization, and appeared to struggle more academically (Kosciw et al., 2015; Galliher, Rostocky, & Hughes, 2004). In addition, LGB boys and girls residing in rural environments were identified as being more likely to feel unsafe in religious environments (i.e., places of worship) (Price-Feeney et al., 2019). Although there are some interesting distinctions between the experiences of urban and rural LGB minority groups, one common finding is that regardless of location, LGB individuals appear to be equally 'out' to others (Price-Feeney et al., 2019). In other words, rural LGB individuals appear to disclose their sexual orientation to people in their lives the same amount as urban LGB individuals.

In addition, results from a National School Climate Survey in the United States identified that sexual minority members reported more instances of being victims of harassment and assault (Kosciw & Diaz, 2006). Research also revealed that rural LGB boys were more likely to engage in suicidal behaviours, experience dating violence, and engage in severe substance use (Poon & Saewyc, 2009). A Canadian study by Poon and Saewyc (2009) that focused on analyzing LGB participants from grades 7 to 12 from a 2003 British Columbia Adolescent Health Survey shared

similar results. Through their secondary analysis of 30,588 participants, the researchers found that rural LGB girls were more likely to report extreme substance use behaviours and experiences with verbal sexual harassment than urban LGB girls. In addition, the researchers found that rural LGB boys were more likely to have impregnated someone than nonurban LGB boys, and that rural LGB girls were more likely to report having had sex before the age of 14 than those living in urban settings (Poon & Saewyc, 2009).

Kosciw, Greytak, and Diaz (2009) examined an American national survey that included 5420 LGBT middle school students. They found that individuals living in rural communities and areas of lower educational opportunity were at a higher risk of experiencing a hostile school environment. Additionally, research has indicated that when educators and other students refrain from commenting on homophobic remarks made by peers, LGB individuals feel more isolated and less safe in their environment (Espelage & Swearer, 2008). LGB adolescents have reported that they perceive their school environment as unsafe due to experiences with harassment and discrimination from peers, educators, and other school personnel (Kosciw et al., 2009). In addition, these adolescents reported that the incurred harassment and discrimination was directly related to their sexual orientation and behaviour.

A substantial amount of North American research suggests that many rural areas are more conservative, heteronormative, and thus less accepting of sexuality minority groups. Drumheller and McQuay (2010) suggest that LGB individuals strongly desire to 'fit in' and their wish to assimilate may often encourage members to conceal their sexual identity. Assimilation of this nature refers to going to great lengths to hide one's sexual identity in order to maintain the ability to participate and enjoy activities of daily life (Drumheller & McQuay, 2010). A rural and conservative climate has been linked to increased levels of psychological distress and mental

health concerns in the LGB community. This is due to an increased exposure to homophobia, rejection, discrimination, and violence (Barefoot, Rickard, Smalley, Warren, 2015; Edwards, 2005; Palmer, Kosciw, & Bartkiwicz, 2012).

In addition, Barefoot et al. (2015) assert that psychological distress from living in a rural environment is also attributed to limited support from family, peers, and communities, as well as a higher level of perceived alienation and invisibility due to lack of educational, promotional, and social groups representing the LGB community (Barefoot et al., 2015; Edwards, 2005). Furthermore, a qualitative study by Willging et al. (2006) which interviewed rural mental health providers in New Mexico, U.S.A. found that treatment of sexual minority members is often based in heterosexism. For instance, the researchers discovered that LGB persons may often be assumed to be straight, isolated from their peers in treatment facilities, encouraged to conceal their sexual orientation, experience discrimination by staff members, and/or be denied treatment completely (Willging et al., 2006). The mental health concerns LGB individuals experience have been associated with increased experiences of stigma due to the social environment and a higher likelihood of minority stress (Barefoot et al., 2015; Swank, Frost, & Fahs, 2012).

Minority Stress Theory

As previously noted, many LGB individuals are at increased risk of experiencing minority stress due to their sexual orientation. A substantial amount of research focusing on the self-disclosure process in LGB persons refers to the minority stress theory developed by Meyer (2003). This model is an extension of the stress model created by Dohrenwend (1998) that offers insight into the additional stress individuals of a sexual minority group may experience due to social factors (Meyer, 2003). These factors include the excess pressure faced by LGB individuals who are expected to conform to heterosexual norms and the prejudice and discrimination that can

occur when one deviates from such norms. It also explains the association between stigma, coping strategies, stressors, and psychological well-being (Mendez et al., 2016). The minority stress theory argues that LGB individuals may be increasingly vulnerable due to specific stressors relating to sexual orientation alone (Berg et al., 2016). In addition, this theory suggests that harsh encounters and experiences can be associated with an unaccepting, homophobic, and violent culture or environment (Marshall et al., 2011). Therefore, the goal of the minority stress model is to examine the psychological conflict that can occur regarding self-disclosure and to explain the increased mental health concern for those who identify as lesbian, gay, or bisexual.

According to Rubino, Case, and Anderson (2018), some individuals experience two types of stressors relating to the marginalization of the LGB community from living in a hetero-normative society. These stressors are separated into two groups: proximal and distal (Meyer, 2003). Proximal stressors are described as being internal; thus, the internalization of self and social stigma and the presumption of being rejected are included in this group (Rubino et al., 2018; Meyer, 2003). Distal stressors are described as external; therefore, the actual experience of rejection, discrimination, violence, and victimization are included in this group (Rubino et al., 2018). This meta-analysis using the minority stress model revealed that LGB individuals had double the likelihood of experiencing a mental illness over their lifespan relative to their heterosexual counterparts.

Internalized Homonegativity

At times, anticipated negative reactions alone can lead an LGB individual to develop internalized homonegativity (Solomon et al., 2015). Internalized homonegativity has been explained as when an LGB individual subconsciously begins to internalize negative societal attitudes toward gender and sexual orientation (Berg, Munthe-Kaas, & Ross, 2016). The process

of internalization occurs when the LGB-identifying individual applies social norms to their own behavior thus creating dissonance between their same-sex attraction and desire for heteronormativity (Frost & Meyer, 2009).

Baiocco, Laghi, Pomponio, and Nigito (2012) discovered that many sexual minority adolescents have an internalized self-stigma, such as negative attitudes, perceptions, and representations of oneself that affects overall psychological well-being. Research has repeatedly found that internalized homonegativity can create psychological conflict between one's romantic desires and one's romantic actions (Berg et al., 2016; Herek, 2007). Specifically, it has been discovered that internalized negative attitudes regarding homosexuality have heavily influenced whether an individual feels safe enough to self-disclose and enter a same-sex relationship. In many cases, the internalization of stigma and negative attitudes has been linked to elevated levels depression, psychological distress, eating disorders, mood and anxiety disorders, suicide ideation, and substance-use disorders, as well as an increase in experiences with bullying and lack of feeling safe in their own environment (Cochrane, Sullivan, & Mays, 2003; Holley, Shumway, & Boccellari, 2012; Price-Feeney et al., 2019).

Furthermore, when compared to societal homophobia, some researchers assert that the result of internalizing homophobia could be more damaging. This assumption is based on the notion that internalizing such negative beliefs about the self can be long lasting (Solomon et al., 2015). Additionally, this process has been found to impact overall psychological well-being in several ways. For example, Frost and Meyer (2009) state that internalized homonegativity can lead to feelings of shame, low self-esteem, an increase in depressive symptoms, unstable relationships, and feelings of inferiority.

Psychological Well-Being and Self-Disclosure

Most of the existing literature agrees that the coming out process can have an array of effects on psychological well-being. In fact, research on negative mental health outcomes for LGB individuals has been extensive and fairly consistent. Literature regarding this topic continues to suggest that sexual minority groups are at an increased risk of depression, substance use disorders, mood and anxiety disorders, conduct disorders, and suicide attempts (Newcomb & Mustanski, 2010; Fergusson, Horwood, & Beautrais, 1999). Interestingly, although there has been movement toward a more tolerating society, the instances of mental health concerns among LGB individuals has not decreased. Newcomb and Mustanski (2010) believe that this may be, in part, due to sexual identity-based stressors including internalized homonegativity.

Previous research has found a link between eating disorder symptoms and identifying as a member of the LGB community. Some researchers suggest that lesbian and bisexual women are at an increased risk of developing an eating disorder than their heterosexual peers (Koh & Ross, 2006). One factor that researchers continuously find that helps explain the link between eating disorders and LGB individuals is internalized homonegativity. The most common finding is the association between internalized homophobia and binge eating (Bayer, Robert-McComb, Clopton, & Reich, 2016). Haines et al. (2008) suggest that internalized homonegativity has been linked to experiences of body shame and self-objectification. In addition, other researchers have found that shame and depression have been related to internalized homonegativity among lesbian and bisexual women (Szymanski et al., 2001).

Additionally, Bayer et al. (2016) discovered that shame significantly mediates the relationship between binge eating and internalized homophobia. Hence, lesbian and bisexual women who reported negative feelings regarding their sexual orientation also reported increased

levels of shame and binge eating. Bayer et al. (2016) suggest that binge eating behaviours may be a way to manage negative emotions among this population. In addition, sexual minority individuals may be at a heightened risk than their heterosexual counterparts of developing eating disorders due to the additional shame they experience regarding their sexual orientation. Bayer et al. (2016) state that experiencing negative societal reactions to their sexuality in general may lead sexual minority members to feel inherently flawed, thus perpetuating more disordered eating behaviours. The literature suggests that shame can play a large role in whether LGB individuals choose to disclose their sexual orientation to others.

As previously noted, psychological well-being can be greatly impacted as a result of negative parental reactions. Research has shown that parental reactions often include disappointment, anger, shock, and guilt (LaSala, 2000). The negative reactions experienced by the LGB individual may lead to mental health concerns in the individual. In fact, Hong et al. (2011) argue that numerous studies have underestimated the impact of familial support and connection on the LGB persons suicidal ideation. Moreover, a study by Ryan et al. (2009) that focused on 224 LGB young adults' experiences of coming out found that negative parental reactions and attitudes were largely associated with poorer health outcomes for those individuals. In addition, this study revealed that LGB young adults:

who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection (Ryan et al., 2009, p. 346).

Another factor contributing to negative mental health concerns among LGB individuals is the loss of friendships. Rejection from peers has been found to be associated with low self-esteem and reduced coping ability, as well as suicidal behaviour (Hong et al., 2011). Results from an American study including 143 middle school students indicated that homophobic victimization within the school setting significantly predicted anxiety, depression, psychological distress, and low sense of belonging among peers (Poteat & Espelage, 2007). Furthermore, a review by Espelage and Swearer (2008) identified that emotional distress and suicidal behaviour was associated to homophobic peer reactions and affected both LGB and identity questioning youth.

A study by Hatzenbuehler (2011) which reviewed 31,852 grade 11 students who participated in the Oregon Healthy Teens Survey in 2006-2008 found that 1,413 individuals identified as lesbian, gay, or bisexual. The researchers thoroughly examined the surveys to identify whether social environments surrounding LGB individuals influence increased rates of suicide. The analysis revealed that when compared to their heterosexual counterparts, LGB adolescents were at a considerably higher risk of attempting suicide. In addition, Hatzenbuehler (2011) found that LGB individuals residing in less supportive environments were more likely to attempt suicide. Conversely, LGB individuals living in more supportive environments reported less suicide attempts.

Non-Suicidal Self-Injury (NSSI) and Suicide Ideation

Over the past two decades, a substantial amount of literature surrounding the LGB community have focused on the risk of suicidal ideation and non-suicidal self-injury among (NSSI) among this population. Researchers often group suicidal ideation and non-suicidal self-injury together. However, Batejan, Jarvi, and Swenson (2015) argue that the intention behind

these two phenomenon are quite different. Non-suicidal self-injury (NSSI) refers to deliberate harm to oneself without the intent to die by suicide, whereas suicidal thoughts or behaviours typically involve some intent to end one's life (Nock & Favazza, 2009). The results of two meta-analyses during this time have concluded that sexual minority members (both adults and adolescents) are at a particularly high risk of contemplating suicide or attempting suicide when compared to their heterosexual peers (King et al., 2008; Marshal et al., 2011). This is consistent with findings from a study by D'Augelli, Hershberger, and Pilkington (2002) which revealed that 70% of LGB adolescents reported feeling suicidal partially due to their sexual orientation. In addition, both meta-analyses found that LGB individuals were at an increased risk relative to heterosexual individuals of engaging in suicidal behaviours, deliberate self-harm, and suicidal ideation. The results of these analyses support the notion of the minority stress theory which suggests that minority individuals are at heightened risk of experiencing negative mental health outcomes and engaging in self-harm due to stressors associated with their sexual orientation (Meyer, 2003).

Research has found that the transition from adolescence to adulthood is a critical period for identity development (Arnett, 2007). Moreover, the transition into adulthood for sexual minority individuals has been significantly associated with suicidal ideation and NSSI (Lytle, De Luca, & Blosnich, 2014). Some researchers have found that adolescents are disclosing their sexual identity at younger ages than earlier generations (Riley, 2010). Research results relating to coming out in adolescence has been conflicting. An American online study by House, Van Horn, Coppeans, and Stepleman (2011) found that younger age of coming out is related to higher levels of suicide attempts and self-harm in LGB individuals. However, some researchers suggest LGB youth are still exploring their sexual identity, thus concealing their orientation in fear of negative

reactions or lack of support (Riley, 2010). Concealing one's sexual identity has been associated with feelings of loneliness and relationship difficulties (Ryan et al., 2010). Coming out during adolescence has been associated with reduced feelings of isolation and emotional distress (Ford, 2003). Yet, a substantial amount of research has found NSSI more prevalent among sexual minority youth. Therefore, it is unclear whether coming out during adolescence has increased benefits.

Some literature suggests that sexual minority individuals engage in NSSI for similar reasons as the heterosexual population. For instance, Alexander and Clare (2004) assert that some lesbian and bisexual people have reported to self-harm due to childhood trauma or deeply suppressed negative emotions. In contrast, Alexander and Clare (2004) also found that 'feeling different' due to sexual orientation was an additional reason lesbian and bisexual reported NSSI. These individuals listed 'feeling different' as a result of not adhering to society's gender norms. This, in turn, led the women to be teased/bullied and experience feelings of self-hatred, shame, and confusion (Alexander & Clare, 2004). King et al. (2008) state that the risk of suicidal thoughts and behaviour are high among LGB individuals, however, there are differences with respect to gender. For instance, lesbian and bisexual women were more likely to report recent suicidal tendencies, whereas, gay and bisexual men were more likely to report past suicide attempts (King et al., 2008). Furthermore, researchers have suggested that there are several predictors of self-harm and suicidal ideation with relation to overall sexual identity. These include minimal family support, lack of social support, and victimization (Liu & Mustanski, 2012; Ryan et al., 2010).

Ample research suggests that bisexual individuals may be at an even higher risk of experiencing mental health problems, suicidal tendencies, and engaging in self-injury when

compared to lesbian and gay individuals. A common finding in the literature is that bisexual individuals face double the stigma from both the heterosexual and LGB communities (Fredrickson-Goldsen, Kim, Barkan, Balsam, & Mincer, 2010; Loosier & Dittus, 2010).

Therefore, this sexual minority group can experience stressors unique to their identity since there is strain on the 'fitting in' process. For instance, a study by Robin et al. (2002) concentrating on bisexual high school students found that these students were 5 times more likely to have a suicide attempts when compared to lesbian and gay individuals. In addition, a meta-analysis conducted by Batejan et al. (2015) found that bisexual individuals were at an increased risk of engaging in NSSI. Furthermore, results from a study by Loosier and Dittus (2010) revealed that when compared to heterosexual and lesbian and gay youth, bisexual adolescents reported poorer mental health conditions, including elevated depressive symptomology, substance use, suicidal ideation, and delinquency.

Similarly, Batejan et al. (2015) found that individuals questioning their sexual identity were at higher risk of engaging in NSSI compared to lesbian/gay individuals and heterosexual individuals. Although research is lacking regarding questioning individuals and NSSI, it has been suggested that these individuals may be at heightened risk of NSSI due to experiences of identity confusion and stress (Batejan et al, 2015). Another suggested explanation for the higher risk is similar to that of bisexual individuals. Batejan et al. (2015) pose that an undetermined sexual orientation may lead to feeling unaccepted in both the LGB and heterosexual communities.

Ways of Coping, Social Support, and the Coming Out Process

Research on stress-related coping strategies utilized by the LGB community has varied over the years. According to Newman (2008), coping is defined as managing personal resources and regulating emotions to better handle stressful situations. The ability to apply coping

strategies can influence how an LGB individual manages stressors associated with their environment. Meyer (2003) proposed that positive ways of coping along with social support, can significantly impact minority stress and psychological outcomes associated with sexual orientation. Therefore, educating sexual minority individuals on coping strategies and creating awareness of the LGB community is essential to promoting mental health. Research focusing on sexual minority adolescents has drawn attention to the fragile sense of self one may have when undergoing identity development (Skinner & Zimmer-Gembeckz, 2007). It suggests that adolescents have more difficulty coping with stigma than adults. For instance, developing adolescents are typically prone to intense emotional flooding, concerns regarding self-image, fear of rejection from peers, and internalizing stigma (Skinner & Zimmer-Gembeckz, 2007).

In Western countries, society has been advancing toward a more inclusive environment for the LGB community (Hicks & Lee, 2006). However, some researchers note that oppression of sexual minority groups continues to remain an issue (Ali & Lambie, 2018). An American-based, non-profit organization called the PEW Research Centre (2014) found that marginalization faced by sexual minority groups in the United States is evident due to the lack of civil rights for LGB individuals. For example, the PEW Research Centre (2014) suggest that the difficulty of adoption, obtaining access to medical treatment, and obtaining equal rights in the workplace for sexual minority members illuminates the ongoing struggle they face. On an individual level, LGB individuals may face prejudice, discrimination, and violence (Kosciw et al., 2014). Additionally, the possibility of hate crimes or little to no protection from the law can make identity development an unnerving process. Needham and Austin (2008) suggest that the coming out process for LGB individuals requires appropriate coping strategies and a supportive environment to ensure positive outcomes. Disclosing one's sexual identity is an ongoing process,

meaning it is not an isolated event (Klein et al., (2012). Therefore, it is important for the LGB individual to obtain healthy ways of coping since coming out will happen continuously throughout one's lifetime and a positive reaction is not always ensured.

Coping strategies can be divided into two distinct groups known as non-adaptive and adaptive. Non-adaptive coping strategies are often described as rumination, substance use, self-blame, aggression, and passive avoidance (Hampel & Petermann, 2005; Carver, 1997). It is not uncommon for sexual minority individuals to avoid situations exposing them to homonegative attitudes. However, alienating oneself from certain social groups may lead to feelings of isolation and internalized homophobia (Miller & Kaiser, 2011). In contrast, avoiding negative social situations may encourage the individual to seek out like-minded peers.

Adaptive coping strategies are a healthier solution to handling stressful environments. These strategies seek to minimize negative emotions, develop a sense of control, engaging in positive self-talk, and searching for support on the social level (Dewaele, Van Houtte, Cox, & Vincke, 2013). Research has been consistent with emphasizing the importance of social support. Ali and Lambie (2018) describe social support as being an elaborate construct including actual support and perceived support. Actual support refers to the emotional, instrumental, and informative aspects of support, while perceived support refers to external support from family, friends, or society (Ali & Lambie, 2018). Interestingly, a meta-analysis by Chu, Saucier, and Hafner (2010) discovered that well-being among adolescents has a stronger association with perceived social support than actual support. Moreover, when an LGB individual receives social support research has indicated lower levels of depression, higher levels of self-esteem, and higher levels of well-being (Budge et al., 2014; Beals & Pepalu, 2005). Although social support has been found to improve overall well-being for sexual minority members, research has

indicated that the availability of such social support is often limited (Doty, Willoughby, Lindahl, & Malik, 2010).

Past literature has debated whether the acceptance of stigma is a healthy coping strategy. Some researchers suggest that accepting stigma can encourage an LGB individual to advocate for the LGB community (e.g., protesting homophobia and unequal rights) (Dewaele et al., 2013). In addition, accepting stigma may also decrease the likelihood of internalizing homonegative reactions, thus reducing depressive symptoms and feelings of aggression. Dewaele et al. (2013) suggest that accepting stigma may be more beneficial to those living in geographical locations with harsh laws regarding homosexuality (e.g., death penalty, prison time). The researchers also assert that accepting stigma in this type of environment may increase feelings of alienation and encourage non-adaptive coping strategies. They assert that accepting and internalizing stigma can be beneficial if the individual is able to overcome and separate themselves from internalizing negative beliefs, thus developing a sense of self-control (Dewaele et al., 2013).

Visibility of sexual minority status has been an additional ambiguous coping strategy. This strategy refers to managing the amount of 'out' one chooses to be in varying social situations (Dewaele et al., 2013). Visibility in this sense is how open one chooses to be about their sexual orientation (e.g. holding hands in public, showing public displays of affection, etc.). For instance, LGB individuals who are faced with discrimination regarding sexual orientation in a particular social setting may decide not to disclose their orientation in other settings. The decision to conceal one's orientation can be perceived as a self-preservation tactic. Therefore, with the unclear advantages or disadvantages of a particular coping strategy (pretending to be straight, passing as straight, or concealing sexual orientation) at a given time, it is difficult to classify a particular way of coping as either adaptive or maladaptive.

Research has indicated that the stress endured from the coming out process could contribute to personal growth. The decision to self-disclose has been correlated with increased self-esteem, self-compassion, and healthy identity development (Savin-Williams, 2001; Floyd & Stein, 2002; Crews & Crawford, 2005). In addition, the coming out process has been found to encourage feelings of openness, authenticity, and honesty among LGB individuals (Savin-Williams, 2001). Although self-disclosure has been associated with some positive outcomes, researchers continuously suggest that the need for social support is of utmost importance (Ali & Lambie, 2018). Psychotherapy or counselling focusing specifically on sexual orientation has been suggested as a means of providing social support to LGB individuals. In general, this type of therapy has been lacking and the availability of such mental health services continues to be a concern.

Rationale for the Present Study

The coming out process is a major developmental milestone for LGB individuals (Legate et al, 2012). The experiences one may encounter during self-disclosure can be either positive or negative. However, a large portion of research indicates the self-disclosure process to be more negative than positive. Reaching this milestone can come at an expense for one's psychological well-being if the coming out process is experienced negatively (Frost & Meyer, 2009; Frost et al., 2013). Since the literature focusing on psychological well-being of Canadian LGB individuals regarding the coming out process has been limited, it is important to expand the literature by researching these processes within Canada. In addition, it is essential to become aware of the emotional impact the coming out process has on individuals residing in rural locations where awareness and support may not be readily available. Further research is required to create a better understanding of the coming out process experienced by LGB individuals in rural

locations within Canada. The present study explores the coming out experiences and psychological well-being of LGB individuals from rural areas in Newfoundland, Canada where research has been especially limited. Moreover, this study takes a qualitative research approach to provide an in-depth analysis of those experiences, how they impacted psychological well-being, and the potential coping strategies used to overcome negative obstacles.

CHAPTER THREE: METHODOLOGY

The following chapter begins with an introduction of qualitative inquiry, followed by a detailed description of the methodological approach used in the current study - interpretive phenomenological analysis (IPA). The recruitment procedure used for this study is described including details about participant recruitment and data generation. The last portion of this chapter will address trustworthiness, or rigour, and ethical considerations.

Qualitative Inquiry

Qualitative inquiry refers to an array of research approaches that focus primarily on personal or social experiences that happen within a natural setting (Hays & Singh, 2012). The qualitative research method steers away from large data samples and extensive computation and analyses and rather emphasizes the importance of exploring and thoroughly understanding the human experience (Morawski, 2016). In fact, this method aims to create an objective stance on subjective experiences (Johnson & Rasulova, 2016). Researchers who use qualitative inquiry use several strategies to collect data. Some examples of these strategies include grounded theory, phenomenology, case studies, and narratology (Johnson, Dunlap, & Benoit, 2010). Each individual technique has distinct characteristics and is unique in its way of collecting and interpreting data. In this type of methodology, the researcher is considered the tool since he or she is the means of data collection and interacts with participants to gain better understanding of the experience under investigation (Johnson et al., 2010). I chose to use a qualitative inquiry approach since it enabled me to collect increasingly meaningful and descriptive data regarding the lives of lesbian, gay, and bisexual individuals who grew up in rural locations. Furthermore, this research method ensured an in-depth understanding of the psychological impact, whether it be positive, neutral, or negative, of LGB people who grew up in rural areas.

Interpretative Phenomenological Analysis

Interpretative phenomenological analysis (IPA) is the type of qualitative methodology that was selected to examine individual experiences of coming out as lesbian, gay, or bisexual in rural Newfoundland. In definition, IPA examines how people experience and interpret significant life experiences (Smith, Flowers, & Larkin, 2009). This research method was developed in the 1990s to conduct in-depth investigations of lived experiences and how particular experiences intersect with our daily lives (Kirkham & Smith, 2015). In addition to examining perceived individual experiences, IPA also focuses on the role of the researcher in the data collection process. In other words, how the researcher interprets or makes sense of a lived experience that is not their own. According to Smith et al. (2009), the researcher engages in what is known as a double hermeneutic since the researcher is “trying to make sense of the participant trying to make sense of what is happening to them” (p. 3). Typically, a researcher using IPA seeks out a small number of participants to engage in the study. IPA prefers a relatively homogenous sample and though it aims to uncover in-depth information of a particular case, it often utilizes the homogenous sample to explore the similarities and differences among the participants of the study (Smith & Osborn, 2003; Smith et al., 2009).

IPA is considered a relatively new methodology; however, its popularity has substantially grown over the years. In fact, IPA continues to rapidly spread throughout various fields of psychology such as clinical, counselling, and educational psychology (Smith et al., 2009). This new approach to qualitative inquiry draws primarily on three core philosophical theories from the past: phenomenology, hermeneutics, and ideography (Smith et al., 2009).

Phenomenology. Phenomenology is a type of study that focuses on the interpretation and comprehension of a lived experience (Smith et al., 2009). Among phenomenological researchers,

the area of focus is on the meaning and feeling of being a human. In addition, phenomenologists aim uncover human perceptions of the world they live in, more specifically they wish to understand the significance of the major events experienced throughout the lifetime (Smith et al., 2009).

The phenomenological approach was founded by philosopher Edmund Husserl. In addition to Husserl, there are three other philosophers who have largely contributed to the ideas and developments of this approach: Heidegger, Merleau-Ponty, and Satre (Smith et al., 2009). The contributions of these philosophers have been adapted by IPA with respect to phenomenology. According to Smith et al. (2009), Husserl first asserted that “the founding principle of phenomenology inquiry is that experience should be examined in the way it occurs, and in its own terms” (p. 12). In order to achieve the maximum phenomenological potential, Husserl believed that it is essential to disengage from reality or *natural attitude* and adapt a *phenomenological attitude*. In other words, it is important to engage self-reflection regarding personal experiences. Husserl argued that in order to engage in this type of attitude one must *bracket* or separate the perceptions he or she has to ensure the data collection process is unbiased. In addition to Husserl, Heidegger, Merleau-Ponty, and Satre furthered the development of phenomenology and thus influenced IPA. These philosophers “contribute to a view of the person as embedded and immersed in a world of objects and relationships, language and culture, projects and concerns” (Smith et al., 2009, p. 21). The input of all four philosophers has largely led IPA researchers to focus on the importance of interpretation and how meaning and experience can differ from one individual to the next. The following section will explore the idea of interpretation by describing a philosophical foundation known as hermeneutics.

Hermeneutics. Hermeneutics is the second major philosophy that IPA draws upon. It is grounded in interpretation and concentrates on analyzing phenomena with specific methodological techniques. It aims to reveal the original meaning and relationship between texts and the intent of the author regarding texts from past to present (Smith et al., 2009).

According to Schleiermacher, a hermeneutic philosopher, a holistic approach should be taken during the interpretative process. He believed that every writer has a distinct approach and intent to their work which places particular meaning and diversity to their literature. The aim of the interpreter should be to fully understand the writer through in-depth analysis, so in-depth that Schleiermacher believes that the interpreter should have a better understanding of the author than themselves (Smith et al., 2009).

The hermeneutic circle is perhaps the most important concept of the hermeneutic theory. The hermeneutic circle focuses on varying levels of the dynamic relationship between the part and whole (Smith et al., 2009). To clarify this concept to Smith et al. (2009) suggests that in order to “understand any given part, you look to the whole; to understand the whole, you look to the parts” (p. 28). This concept is important for IPA methodology since there is no particular sequence of analyzing the data. Rather, it is focused on the researcher’s level of interpretation of the participants’ understanding of their experience.

Idiography. Idiography is known as the third most significant theory utilized by IPA and concentrates on the particular. It has two distinct levels on which it operates. The first level used by IPA involves its concern with detail and the depth of the analysis. Due to its commitment to detail, the analysis must be as thorough and in-depth as possible (Smith et al., 2009). The second level concentrates on understanding how people perceive certain experiences that happen in particular contexts. For this reason, IPA prefers to collect small, intentional sample sizes;

generally 3 to 6 participants (Smith 2004; Smith et al., 2009). Therefore, idiography avoids making generalizations, but will find other ways to confirm generalizations through careful analysis (Harré, 1979).

The main goal of IPA is to explore and analyze lived experiences and to create an understanding of how individuals perceive the world around them (Smith et al., 2009). I chose IPA for my study since it provides a framework and guide for a detailed analysis and interpretation of how individuals experience coming out as lesbian, gay, or bisexual in rural areas of Newfoundland. IPA's framework is user friendly and thoroughly explains its methods and techniques to ensure an accurate and reliable study.

Data Collection.

Participants. Six participants were recruited to partake in this study through using purposive homogenous sampling. In order to achieve this type of sampling, participants were selected based on their knowledge of the research topic and their ability to answer the research question from personal experience. Smith et al. (2009) suggest that a sample size consisting of 5 to 8 participants ensures a detailed and concise analysis.

The participants were recruited through both digitalized posters (See Appendix A) and hard copy posters (See Appendix B). The posters included the purpose of the study, selection criteria, duration of participation time, my contact information, and emphasized confidentiality and anonymity. The posters were distributed at numerous counselling locations, LGB safe spaces, and on Facebook where individuals were directed to inquire about the study through a project-specific email address (comingoutrural@hotmail.com). Recruitment through Facebook was done very carefully. The settings of the post were changed to ensure that both comments and tagging of individuals in the post was disabled. Taking this precaution allowed interested

individuals to contact me through advertised means while remaining anonymous to all others on the social media site. A caption was included in the post that stated the importance of disabling the comment section for each share. In addition, it was advised that if an individual knew someone who they think would be interested in participating, they could share the poster to them via private conversation.

Recruitment criteria. The following criteria was used to recruit a purposeful sample and to ensure that information provided by participants was descriptive and rich: English speaking participants who were over the age of 18, who self-identified as lesbian, gay, or bisexual, who were openly out to at least one person in their lives and not in a current state of crisis, who were from a rural area in Newfoundland, and who were willing to discuss and answer in-depth questions regarding their experience of coming out in rural Newfoundland and share basic demographic information.

Semi-structured interviews. Participant data was collected through the use of a semi-structured interview guide (See Appendix E). This type of interviewing method was used due to its ability to obtain in-depth information regarding the research question, with the bonus of allowing the participant to provide additional information about their experience (Smith et al., 2009). The questions were asked carefully and in an open-ended manner. I also avoided steering participants to conclusions due to my own personal assumptions about the coming out experience. The interview guide consisted of 8 questions that were prepared prior to meeting with the participant and used as a guide for the interview. Smith et al. (2009) suggest that having 6 to 10 questions is a reasonable number to collect detailed information about the research topic. Interview prompts were included in the interview guide to encourage discussion when needed (Smith et al., 2009).

Semi-structured interviews typically span from 45 to 60 minutes (Smith et al. 2009). Therefore, participants were informed of the time commitment on the poster distributed. According to Smith et al. (2009), it is critical that participants understand what is expected of them. Information regarding the interview was made clear to potential participants during recruitment and during the informed consent process. Each interview began with explaining informed consent and ensuring understanding. In addition, participants were asked if they would consent to an audio recording of the interview. The recording was completed on my password protected phone. When consent was obtained, the participant was asked general demographic questions such as age and sexual orientation. The research question followed, along with additional questions that were relevant to the topic of the experiences of coming out as lesbian, gay, or bisexual in rural Newfoundland and psychological well-being.

According to Smith et al. (2009), the place in which the interview takes place is very important. It was essential that the participant felt comfortable and safe during the interview process. Smith et al. (2009) state that ensuring that the participant feels comfortable is of utmost importance during the interview. Therefore, participants were asked prior to the interview if meeting in classrooms and private rooms rented within community buildings felt safe for them.

Data Analysis.

IPA is a qualitative research method that is well-known for its concentration on *focus*. It is used to analyze how individuals make sense of their experiences (Smith et al., 2009). Therefore, IPA was the method used in the current study to explore the coming out experiences and psychological well-being of LGB individuals in rural Newfoundland. IPA is committed to following an idiographic framework. Each individual case or interview was thoroughly analyzed before moving to the next. The next case was treated with the same amount of critical analysis as

the first and so on. In order to achieve IPA, Smith et al. (2009) propose a six-stage framework for conducting IPA that is beneficial to analyzing data. This recommended process was the chosen analysis method for my study and will be further explained in the following paragraph.

The first stage of IPA is referred to as *reading and re-reading*. In this stage, each transcript of the audio-recorded data received in-depth analysis and review. It often helps to listen to the recording while reading the transcript to ensure accuracy (Smith et al., 2009). According to Smith et al. (2009), it is also helpful to write observations and impressions in a notebook or to voice record personal insights and interpretations of the participants perception of their experience. Focusing on the participants' sense of meaning and imagining myself in their world aided in an in-depth analysis and examination (Smith et al., 2009).

The second stage involved initial noting. This stage has been referred to as the most intense and time consuming. It required adding descriptive, linguistic, and conceptual commentary to each transcript to aid in a detailed and rich analysis. Smith et al. (2009) define descriptive comments as “describing the content of what the participant has said”, linguistic comments as “exploring the specific use of language by the participant”, and conceptual comments as “engaging at a more interrogative and conceptual level” (p. 83).

The third stage focused on developing emerging themes that surfaced throughout the data review. In order to complete this task, I concentrated solely on the notes to identify recurring statements and to group those statements in thematical categories.

The fourth stage involved searching for connections across emergent themes. In other words, searching for ways that the identified themes were related. Smith et al. (2009) suggest creating a new category that includes super-ordinate thematical relationships to highlight

significant recollections of the participant. Themes that were similar were placed in the same group. Developing this category provided structure to the overall analysis.

The fifth stage involved applying stages one through four to the other transcripts. This stage requires *bracketing* or separating oneself from the first case and moving onto the next. Prior themes may influence the way the next case is examined. Therefore, it was important to be able to separate cases to give new themes the opportunity to emerge.

The final stage involved identifying patterns across cases. The themes from the transcripts were grouped in accordance to their similarities, differences, and relationships. Smith et al. (2009) suggest grouping the data to creating super-ordinate themes, while also paying attention to unique aspects of each super-ordinate theme. Since IPA researchers focus on both similarities and differences, it was important to make note of those unique aspects.

Trustworthiness

Qualitative research is evaluated by the level of trustworthiness achieved. In order to develop trustworthiness, I focused on four criteria of which it is comprised: credibility, dependability, confirmability, and transferability (Cope, 2014).

Credibility refers to the researcher's ability to accurately interpret the views of the participant or "the truth of the data" (Cope, 2014, p. 89). Cope (2014) suggests that the researcher can enhance credibility by creating an authentic environment. In other words, encouraging honest discussions and building rapport with the participant. To achieve credibility in qualitative studies, it is important that the researcher is observative, engaged, and reflective. Therefore, I was extremely attentive when interacting with the participant. I also ensured that the participant felt comfortable throughout the entire interview.

Dependability refers to the ability of another researcher to conduct a study, in the same conditions, and gather similar results (Cope, 2014). This can be achieved by using an appropriate and reliable form of analysis in the study. IPA is a well-known and vastly spreading method of analysis that offers guidelines and techniques to achieve a dependable study.

Confirmability refers to how much the data collected represents the views of the participant and not the personal biases of the researcher (Cope, 2014). This can be achieved by being able to explain how the conclusions of the researcher were made and using direct quotes from the participant in the study to support the conclusion. In order to achieve confirmability, I reflected on personal biases and ensured that they did not interfere with the research at any given time. In addition, I did not influence the direction of the discussion in any way.

Transferability refers to the ability to generalize the collected data to similar populations (Cope, 2014). In other words, if an individual that was not a participant in the study can relate to the results. A qualitative study is not always transferable if the goal of the study is to identify distinctions rather than to make generalizations (Cope, 2014).

Ethical Considerations

It is essential to gain ethical approval when conducting research in this field. To gain approval, an application was sent to the University of Saskatchewan Advisory Committee on Ethics in Behavioural Science Research and was approved on January 17th, 2020 (BEH approval #1699). Like any study, this type of research came with ethical considerations such as informed consent and confidentiality. Participants received a consent form prior to participating in the study and were given an additional consent form during the interview which was thoroughly explained to them before signing. The consent form included the nature of the study, the types of questions they could expect, the assurance of confidentiality, the right to withdraw participation

at any given time, along with the potential risks and benefits of participating in the study. Since asking questions regarding one's experience of coming out as lesbian, gay, or bisexual can be a possible trigger, I included phone numbers to mental health services that participants could contact for further consulting if needed. In addition, I ensured participant confidentiality by removing all personally identifying information and asking participants to choose a pseudonym to use in place of their real name.

CHAPTER FOUR: RESULTS

In this chapter, results of the current study are presented. The goal of this research project was to explore psychological well-being of LGB individuals who experienced coming out in rural Newfoundland. This chapter will begin with an introduction of the participants and continue with thematic findings across cases. Each case was individually analyzed before moving onto the next (Smith et al., 2009). The themes identified through in-depth analysis apply to all participants, although their experiences may have presented themselves in unique ways (Smith et al., 2009). All personally identifying information has been removed and pseudonyms have been selected to maintain the confidentiality of participants in this study. In addition, the names of the participant's hometowns were removed to protect them from being identified.

In order to ensure comprehensibility for the reader, double quotation marks (“ ”) were used to represent direct excerpts from the participants' transcripts. Single quotation marks (‘ ’) were used to represent direct language within the double quotation marks. In addition, excerpts from transcripts have been edited to exclude *filler* words such as “ahhh”, “yeah”, “um”, or “like” and ellipsis (. . .) were placed to represent removed words that were unrelated to the phenomenon. Squared parenthesis ([]) were also used to clarify data for potential readers.

Introduction to the Participants

The six individuals who participated in this study identified as either lesbian, gay, or bisexual. Three of the participants were gay, two were bisexual females, and one was a lesbian. The individuals who took part in this study ranged from 27 to 45 years of age. The participants were from different rural communities across Newfoundland and each person had experienced coming out in their respective hometowns. All participants included in this study expressed that

their psychological well-being was impacted by their coming out experience in rural Newfoundland.

Bill. Bill was a 28-year-old male who identified as gay. He grew up in a rural town in the central region of Newfoundland and is still living in this town which has grown in population over the years. Bill was able to travel to meet for an interview to share his experiences of coming out in rural Newfoundland. He experienced mixed reactions from the community during his coming out process. As a believer in God and the Christian faith and as a regular church-goer, he was able to share his story of coming out as gay in a ‘religious’ town and the reactions he received from local residents. He explained that coming out in rural Newfoundland significantly impacted his overall well-being in both positive and negative ways. Bill believed that due to lack of education in the province, some residents still maintain an “old-fashioned” type mentality regarding beliefs and values. In other words, Bill believed that some individuals considered heterosexual relationships as the only legitimate form of relationship and that deviating from this norm was unacceptable.

Emily. Emily was a 27-year-old female who identified as bisexual from a small, conservative town in Newfoundland. She described her coming out experience as both good and bad, with mixed reactions from family and friends. When Emily decided to disclose her sexual orientation, her parents were divorced and living in different small communities in the province. She emphasized that she had to come out to family members residing in two separate towns which made her experience more daunting. Emily explained that coming out to family members in one specific town was more difficult than the other due to reactions she received. She explained that she has been openly out as bisexual for a little over a year and stated that her well-being was positively and negatively impacted by her coming out experience. Emily listed

religion as playing a role in her coming out experience and believed that coming out in a larger centre with more diversity would have been easier.

Larry. Larry was a 38 year-old-male who identified as gay. Larry moved to a city where he was able to meet for an interview. During the interview, he described the town where he grew up as being very rural with a small population. He expressed that the coming out process was a very difficult time for him and that he is only recently able to talk about it. He explained that he hid his true self for a long time due to fear of rejection. Larry had multiple coming out experiences throughout his life but officially disclosed his sexual orientation to family and friends in recent years. He expressed that his well-being was significantly affected by the coming out process and that he received mixed reactions from family and friends in his hometown. Larry asserted that communities where the Christian faith is dominant typically hold heteronormative values that negatively impact the LGB community. However, larger centres appear to be more accepting in his experience as a gay male.

Dee. Dee was a 31-year-old female who identified as bisexual. She was from an incredibly small town in Newfoundland with a population of approximately 500. Dee had moved to a city in Newfoundland where she was able to meet for an interview. During the interview, she became emotional as she described her coming out experience as being very negative and forced. She emphasized that she was mistreated in numerous ways due to her sexual orientation. Dee is openly out and has been for quite some time, although she stated that she would never want to relive her past. She believed that religion played a significant role in her coming out experience. She stated that her well-being was negatively impacted during this time, although she felt relieved that she no longer kept her sexual orientation a secret.

Caleb. Caleb was a 29-year-old male who identified as gay. He was from a small Christian community in Newfoundland with a population of approximately 600 people. Caleb had several coming out experiences and was able to compare and contrast each one. There were several instances where he disclosed his sexual orientation to others but retreated multiple times for fear of receiving negative reactions. He described the coming out process as a very confusing. Caleb's parents were divorced and he decided to complete his final year of high school in his father's community. After moving to the community, Caleb had a very negative experience during his first day at his new school, which he believes was influenced by his sexual orientation. Caleb explained that his well-being was significantly impacted by his coming out experience in both negative and positive ways.

Samantha. Samantha was a 45-year-old female who identified as lesbian. She was from a very small town in rural Newfoundland but moved away so that she could live an openly out lifestyle without the worry of negative reactions from a small town. Samantha has been openly out for a long time but stated in the interview that she still feels as though she is treated differently than her heterosexual siblings. Samantha expressed that she struggled during her coming out process and that disclosing her sexual orientation to her family was a very stressful time. Samantha described her experience as being both difficult and liberating, which affected her overall well-being. She stated that "religion reigns supreme" in small towns within the province and that there is a lack of education and research available to the public about the LGB community.

How Individuals Experience Coming Out as Lesbian, Gay, or Bisexual in Rural Newfoundland

Using IPA, the experience of individuals coming out as lesbian, gay, or bisexual in rural Newfoundland required engaging with the reflections of each participants’ major life event of coming out in rural Newfoundland (Smith et al., 2009). This type of analysis is “always dependent on what participants tell us about that experience, and that the researcher then needs to interpret that account from the participant in order to understand their experience” (Smith et al., 2009, p. 3). In order to gain understanding of the lived experiences of participants, I followed this model and carefully examined how they made sense of their experience. Using this analytic lens with each transcript, I was able to identify several recurrent themes across cases. Through the use of IPA, four super-ordinate themes were identified, along with ten sub-themes.

Figure 4-1 on the following page depicts an illustrative representation of the themes and subthemes identified.

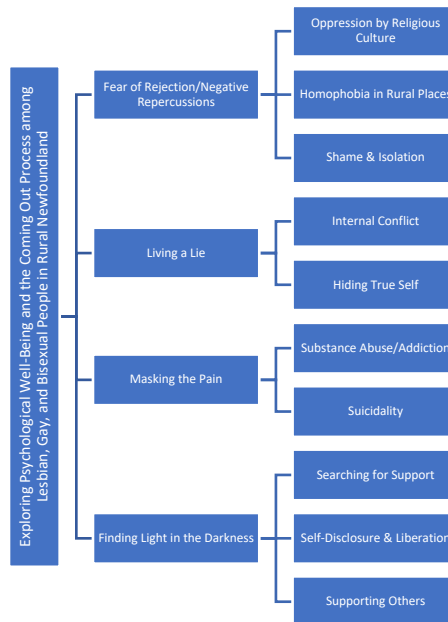


Figure 4-1. Experience of Coming Out as Lesbian, Gay, or Bisexual in Rural Newfoundland: Summary of Themes and Sub-Themes

The themes identified represent the experiences of participants regarding psychological well-being and the coming out process in rural Newfoundland. The first super-ordinate theme which emerged from the data was *Fear of Rejection/Negative Repercussions*. It consisted of three sub-themes that were derived from participants' transcripts which supported its significance: *Oppression by Religious Culture, Homophobia in Rural Places, and Shame and Isolation*. The second theme *Living a Lie* consisted of two sub-themes that emerged from the data: *Internal Conflict* and *Hiding True Self*. The third theme, *Masking the Pain* consisted of two sub-themes: *Substance Abuse/Addiction* and *Suicidality*. The final super-ordinate theme identified in this study, *Finding Light in the Darkness*, included three sub-themes: *Searching for Support, Self-Disclosure and Liberation, and Supporting Others*. These themes will be further explained in the following section.

Fear of Rejection/Negative Repercussions

Fear of rejection and negative repercussions was a recurrent theme across participants' accounts. Many voiced that one of the reasons they were hesitant to come out was due to the fear that people in their town would not accept them for who they were. In this category, three sub-themes were identified *Oppression by Religious Culture, Homophobia in Rural Places, and Shame and Isolation*. All three were mentioned by participants as playing a role in why they believed that coming out in a rural place prompted a fear of rejection and/or repercussions in them.

Oppression by Religious Culture.

All participants in this study voiced their impression that small towns in Newfoundland are predominately Christian and consist of mainly heterosexual relationships. Past research indicates that individuals holding religious beliefs are more likely to perceive homosexual

relationships in a negative light (Whitehead, 2017). In addition, researchers have found that individuals who have traditional religious values and interpret the Bible in a literal way are much more likely to disagree with homosexuality than individuals who do not hold the same beliefs (Barringer, Gay, & Lynxwiler, 2013). All six participants stated that religion played a part in their coming out story in one way or another. For example, Larry stated:

I think the Pentecostal church is or has been, I don't know if it still is ... it has negatively impacted young gay people or young people's perception of the gay community. I don't think it's a hate promoting faith. I don't want to imply that, but it very much promotes that marriage is between a man and a woman, the whole purpose of marriage is to procreate, those sorts of things, right?

Larry further explained that small towns in Newfoundland have a different feeling or general atmosphere when compared to more diverse places. He shared that a small community he worked in one time, which was only a half hour away from the city, was incredibly different with respect to views on sexuality. Larry believed "people were tolerant [not accepting], like they would just bite their tongue, but you could tell there was an ignorance." He mentioned that "there's going to be certain faiths that may oppose such a lifestyle." This opposition to sexual diversity can create difficulty for people who are trying to come out and not hide their sexual identity.

Caleb also expressed that the general religious environment in his hometown influenced his coming out experience. He explained that the town he grew up in had three churches and a very small population. He mentioned that, where he is from, "the church has a say in everything." Caleb explained that "everything is religious based here" and that the town council makes decisions based on discussions with the church, such as painting a rainbow sidewalk as a

symbol of Pride in the town. He compared coming out in rural Newfoundland as “coming out in a Bible Belt” and continued the description of what this meant by saying “a small town is one thing, but coming out in a place where it is staunch Pentecost church goer’s ... they’re very, very religious ... it’s super hard to come out in a small town. Especially if there’s religious influences around.”

Caleb mentioned that “small towns breed this mentality of close-mindedness” and people are expected to fit in and “be a certain way.” In other words, acting in a way that is the norm such as living behind a “white picket fence, going to work, doing these things. If you think outside the box, you’re automatically a target.” Caleb voiced that it was difficult to come out in a town where such strong beliefs can affect the way people perceive you as a person. He stated that he “opposed religion for so long because it impacted [him] in a small town.” In our interview, he frequently emphasized that everyone in the small town was “super religious and “not accepting of gay people.” He noted that “in the place that I was in, in a small town, it was such a small town, it’s not really accepted” and that he believed it was “safer” for him to just keep it [his sexual orientation] to himself.

Similarly, Bill stated, “I always said central Newfoundland was the Bible belt of all areas in Newfoundland.” He expressed that he was concerned about how people would react if they knew he was gay. He shared:

Being from a small town and knowing that most people are church goers and follow the Bible more than what I personally do, I was very concerned about the way people would react to [being gay]. These friends I’ve had for years had just seen me as who I was. And then all of a sudden, I was going to be this openly gay person in life. Would they still respect me? Accept me?

Bill received mixed reactions from people in his hometown, including from several “church-goers”. In other words, individuals who frequently attend religious institutions and hold traditional Christian beliefs. Some were very supportive, while others were not understanding or willing to understand his sexual orientation. He stated, “we have a very big church community and a lot of churches believe that homosexuality is a sin.” This appeared to make his coming out process more difficult when he believed some people would not accept his sexual identity. He described one interaction he had with a family member while he was in church:

They said, ‘oh, you’re finally over your sickness.’ And I said, ‘I’ve never been sick.’ I said, ‘what sickness?’ And they said, ‘well you’re in church. You’re not gay anymore.’ And I said, ‘I’m still gay. I am a child of God and a child of God is welcomed anywhere.’ I said, ‘but you’re just a hateful person.’ And I left church and we haven’t spoken since.

Samantha grew up in a similar environment as Larry, Caleb, and Bill. She was from a very small town that held Christian values and beliefs and moved away to a larger center when she had the chance. She felt pressure to come out because rumours were circulating around in the church of her home-town that, “Samantha was spotted at a queer bar.” Samantha felt pressured into having to “say the words” that she was a lesbian, although she didn’t feel like she should have to. She also shared:

I still know that religion reigns supreme in small town Newfoundland and everything else. And there’s so much debate within each organized religion about it and everything. So, that still plays a role in it but despite the fact that it [sexuality] is a large part of who you are as an identifier, you don’t need to be identified by it.

Samantha stated that individuals in small towns tend to focus on one’s sexual orientation instead of focusing on who they are as a person. She said, “it’s still funny when you go back to a

place where by they say, “you know Timmy?” “No, I don’t know Timmy.” “Oh, well Timmy’s gay.” Samantha explained that individuals from small towns introduce or describe someone by labelling them based on their sexuality, even though “it’s totally irrelevant but it becomes an identifier.” For instance, when talking about someone in general, Samantha states people from her hometown will say things like, “Yeah, that’s Sally. She’s a lesbian, you know?” And then continue about the fact that she had pizza for supper.” However, she asserted that heterosexual individuals in the town do not get introduced based on their sexuality. Samantha said, “it makes no sense to me. Because you don’t say, ‘Well, John, he’s a straight man and he had pizza for supper.’” Samantha suggested that the lack of education in small towns plays a role in the way people perceive diversity. She noted that with respect to sexual orientation and diversity, “I don’t think people are unwilling to learn, as much as they haven’t learned how to learn.”

Like other participants, Emily believed that her coming out process was impacted by religious values of her family, particularly her father. She stated she “had a lot of fear, especially of rejection” when she was contemplating coming out. She expressed that her dad was from an incredibly small and predominately Christian town which influenced the way he perceived her. Emily shared that she has mentally blocked a lot of the things her father said because of the emotional response it triggered in her. She said, “I’m trying to think of it [what her dad used to say to her], but it was mainly referring to the fact that he was a bit religious too. He would say things like, ‘God don’t believe in homosexuals’.” He also told her that she was “going to hell for it.”

Emily has a young daughter and voiced that her dad would look down on her for teaching her daughter to be accepting of sexual diversity. Emily stated that her father “threatened to take her [daughter] away from her.” She expressed that because her father opposed the way she was

raising her daughter, he would say things like, “I might go for custody of my granddaughter ... seems all whores are raising her.” She continued by sharing her belief that his actions were primarily due to his religious beliefs and that “my daughter even told me how he would tell her I was going to hell because I would be with a woman. And how she was going to hell too if she decided to be like me.” Emily emphasized that her daughter was only 6 years of age when he made those comments. She shared that her young daughter said that she “would probably marry a woman because she didn’t like boys.” Emily stated:

Once my dad heard that, he even told her [daughter] over the phone that he would disown her if she married a woman because she couldn’t give him grandkids. He even put her down about how wrong it was. And it did change her [daughter’s] mind after that.

Like, she stopped saying that she would marry a woman after that.

Dee shared very similar experiences to the other five participants with respect to oppression by the religious culture of rural Newfoundland. She stated that she lived in “a small town where there was 500 people, but 5 churches.” Dee expressed that “everyone was highly Christian and it [homosexual relations] was looked at as something that was completely wrong by at least 95% of the town.” In our interview, Dee shared that her grandparents were “very religious” and did not believe anyone should deviate from the heterosexual norm. She said that she struggled for a long time with her sexual orientation because she felt different and feared the reactions she would receive. In addition, she recalled having an experience with a female and was worried about rumours spreading around the town and in the church. Dee was nervous at the time and said that “I didn’t want my grandparents to be in church and [someone] be like, ‘Oh, your granddaughter’s a heathen or something like that’ and nan passes out in church.” In an emotional moment in the interview, Dee reflected on her past experiences and about a situation

with her uncle that she believes was influenced by religious beliefs. She used to knit and sew barbie doll outfits with her grandmother and shared:

I didn't have any male barbies. It would always be 'barbie married barbie.' It was me marrying two women. And he [her uncle] would comment on that and say that, 'women can't marry women' or 'women can't kiss women.' He also said, 'God doesn't like that and people who do that are going to hell.'

After receiving numerous negative comments about her deviating from traditional religious beliefs, she was raped by her uncle at a young age. Dee shared that "he didn't say anything during the rape about that [homosexuality being a sin], but I still feel like it [his religious beliefs] played a major role" in why this had happened to her. She stated that this specific experience "totally sucked the happy out of the gay."

Homophobia in Rural Places.

Research continuously identifies the prominence of homophobia in rural areas. Rural communities have been known to be more conservative and less accepting of anything other than heteronormativity (Hubach et al., 2019). According to Latchmore and Marple (2005), sexual minorities living in a rural environment experience dual isolation. That is, isolation due to living in a predominantly heteronormative culture and from being unable to attend urban LGBTQ culture and political movements due to geographic location (Latchmore & Marple, 2005). The participants in the current study all experienced homophobia in their respective hometowns, although the way in which their experiences manifested differed. For example, Larry shared:

I remember her [his friend] talking about boys she liked. And I remember me wanting to have the same kind of conversation because I liked boys too ... that was kind of me putting my toe in the water. So, I told her and it kind of all went to crap. She told people

and it got ugly. Like really ugly. I was basically assaulted in the school locker room.

Another boy grabbed me by the testicles and pushed me against the locker and said, ‘how do you like that, faggot?’

Larry expressed that within two or three days of telling his friend, he “started to hear rumblings around school.” He said he “heard the word faggot and queer and stuff like that” and realized that he could not be his true self where he was currently living. He vividly recalled the moment when the sexual assault happened and “remembers not even crying” due to the level of shock he was experiencing. The boys left the locker room and he knew he had to hurry back to class out of fear his teacher would come looking for him and he did not want anyone to know. Larry recalls “just dealing with the physical part of it because it hurt” and taking a second to reposition his clothing before heading back to class. He shared:

When I think of back home ... there was obviously really dark stuff when I was in junior high and I first tried to come out. Then I think of high school and I guess ... the rumours just flew around. Even though I wasn’t openly out, people knew. I probably heard the word faggot 20 times a day. It was that kind of stuff that was really commonplace. Even in school, I felt that if I had been too flamboyant, I felt physically unsafe. I would not have been surprised if someone threatened to kick the shit out of me ... I just didn’t feel safe.

Larry believed coming out in a city in Newfoundland in the 1990s would have been much easier than coming out in more rural areas of Newfoundland during the same era. The city where he currently resides is much more accepting. Larry stated, “I think people here are just much more open. And not just tolerant. I think they’re accepting.”

Similarly, Caleb experienced homophobia in rural Newfoundland. He found himself coming out of the closet and going back in multiple times due to negative reactions and fear. He shared that in high school he wanted to be his true self and so he attempted to come out again. However, he began to get “picked on a lot more” and “bullied a lot.” Caleb recalls “getting the typical name-calling” such as “faggot” and it began to impact his psychological well-being. He stated that he didn’t feel welcomed in social circles at times because he was “the gay guy.” The constant bullying due to his sexual orientation started to affect “all other areas of my life, like my grades and all this stuff.” Caleb asserted that “incidents like that add up over time. You don’t want to go back to those. You don’t want to have to relive that.”

During his school years, Caleb’s parents separated and Caleb moved to another town to live with his dad where he became “more comfortable telling people” about his sexuality. However, that took a turn for the worst. He stated:

...but then I started a new high school. And then everything changed all over again. My first day, on my way home on the bus, these four or five guys just got off the bus at my stop and beat the shit out of me. They just attacked me for no reason, other than the fact that I was gay. So that had such a dramatic impact on my whole entire life. I dropped out of high school that day.

Caleb believed that coming out in a city would have been easier. He commented “... it would have been nice to come out in a city because there would have been more options ... being gay, for one, in a small town is horrible.” Caleb also stated that coming out in a city would have provided more options for relationships and for support, which lack in rural areas.

Bill also recalled instances of homophobia he experienced in his town. He explained that “[he] had some good reactions and not so good reactions... I had stuff thrown at me. I was called

a fag a few times. But you understand that those people themselves are struggling with their own sexual identity.” Bill mentioned that during community outings he would experience instances where people would comment on his sexuality. He stated that:

Being in a small town and trying to come out and knowing everybody knows everybody made it very nerve-wrecking ... you knew it was going to get around a lot faster than you wanted it to ... Coming out in a small town, I knew it was going to spread like wildfire. I knew there would be a lot of judgments made. There would be a lot of talk. And that makes it very difficult when you're already in a really dark place in your life ... To see that there is going to be people dislike you for something that literally has nothing to do with them at the end of the day ... I mean, it's none of nobody's business.

Bill explained that going through the coming out process in a small town was very challenging at times. He said that he expected people to “snub” him when he walked into corner stores because now they know he was gay. Bill explained that there is a lack of education in small towns and that many people are still “stuck in the early, early days of life” such as the 1950s-60s and that people aren't open to it. Bill believes that coming out in a city would have been easier than coming out in a small town. He stated that in a city “people don't know their neighbours ... they don't care what you do.” Whereas, in Newfoundland he states there is an older population who “have a lot of time on their hands.” Bill states that “people don't know their neighbours in cities. People don't have time to be up in the windows wondering who you are or what you're doing.” Bill also expressed that cities have a larger gay population which makes it easier for one to come out, experiment, and be themselves. He mentioned that many “people from different areas in Newfoundland have moved to cities to come out because then they don't have to deal with their families.”

Similarly, Samantha recalled instances where she experienced homophobia in a small town. She shared that she lived the experience of coming out in a small town and in a larger centre in Newfoundland. She stated, “the thing is, is that I did it on both sides and I got to see the freedom that came with a city, but the oppression that came even heavier with a small town.” Samantha stated that the hostility of the small town made it “stressful to the point where [she] refused to go back.” While reflecting on her experience she said:

I couldn't handle it and it just wasn't worth the emotional energy that I was having to expend to do it. And I miss my family and everything else, but I realized that it was going to be a point and you know ... we went through stages for a long time.

Samantha expressed that some people's perceptions of her changed in her hometown after she came out. When she would return to her town, she said she realized that “this is not where I can be me.” Additionally, Samantha recalled old friends still living there not picking up the phone to answer her calls.

Emily shared her experiences of homophobia in the town she lived in. She recalled telling a friend about her sexuality and receiving a response she was not expecting. Emily said:

Once I told her, she changed right off the bat. She jumped to the conclusion that just because I like women ... that I was hitting on her and wanting her. She started to make me feel uncomfortable because she would always say that I wanted her and tell people shit like that. She'd almost make it seem like I was, I don't know, I'm gonna say like a pervert ... it made everyone around me look at me in a completely different way.

Emily expressed that coming out changed a lot of her friendships due to people assuming she was acting in a predatory way. She couldn't be herself anymore “because now it was taken wrong.” She stated that her dad would constantly “look down” on her because she was different.

Emily shared that her father told her daughter not to hang around with a young classmate who was gay. He told her daughter that, “she shouldn’t be around her or people like her because she was going to turn gay too.” Emily believes that if she came out in a city instead of a small town in Newfoundland, that her experiences would have been much more positive than they were.

Dee shared similar experiences to the other participants regarding homophobia in her town. She stated that her peers began to harass her even before she officially came out. Dee shared that:

There was one point at school where someone grabbed me by the back of the head and smashed my face into the drinking fountain breaking one of my teeth. I think she called me a ‘carpet muncher’ before she did that. This was even before I came out, but kid’s kind of knew ... and it was rumoured at that point. I can remember in dressing rooms and stuff, girls would all go and change separately from me. Just because they didn’t want me to look at them. Like I wasn’t going to anyway, but they felt uncomfortable.

Dee mentioned that she felt “really uncomfortable” and that everyone “was looking at [her] weird” in her hometown. She also stated that she once attended a wedding there in which she felt “more uncomfortable than [she] ever felt in [her] entire life.” It was so apparent that everyone was staring at her, that prompted her friend to ask, “do you have something on your head?” To which she replied, “I don’t know. Maybe a big G for gay.” Dee believes that the community she grew up in has not changed much with regards to its perception of sexual minorities over the years. She stated that she once lived in a small town near Calgary, Alberta and she “never once felt like [she] was being judged” for dating a woman. She believes that Newfoundland is still “a little bit behind” in comparison to other provinces in Canada.

Shame and Isolation.

Many scholars have stated that the prevalence of shame among LGB individuals is related to internalizing homophobia (Szymanski, Chung, & Baslam, 2001). In other words, some individuals may internalize negative stereotypes they hear or see about sexual minorities and begin to feel badly about themselves. Another relationship researchers have identified is the role of social isolation among sexual minorities (Perone, Ingersoll-Dayton, & Watkins-Dukhie, 2020). Feelings of shame and isolation were revealed among participants in this study.

For instance, Bill shared that he “didn’t want everyone to know about [him]” due to judgments he expected. Bill stated that he was “miserable with who [he] was” and “put everybody else’s thoughts and what they would think ahead of [his] own ... it caused a lot of self-hate, depression.” He also shared that while he remained in the “closet” he felt a lot of anger. Bill said the anger he carried “put a lot of strain on relationships with [his] family and friends.” And that he “wanted to be alone more ... it was a really depressing road.”

Additionally, Emily stated that she was “pretty much a loner with no friends at all.” She said, “I always kept to myself because of fear of judgment.” When speaking of her coming out process, Emily shared “I knew I’d lose people and they’d think differently of me for it. But I was hoping they wouldn’t.” Emily expressed that her main concern was the judgment of others because she felt confident it would be there. She said:

It was stressful. I handle stress very well, but it was hard to think and realize you have people in your life that you thought would understand and accept you no matter what and then all of sudden, they don’t and look down on you for it ... it made me lose a lot people.

Emily shared that once she came out, her father said very hurtful things and encouraged

others to think negatively of her. She stated that people started to “joke and poke fun because I actually did like women”. She shared:

He made it seem very, very bad to everyone around me. I had to stop going out there too, where I spent half of my childhood growing up, because anytime I would go out people would come up to me and say, ‘oh, you’re bisexual are ya?’ ... and it wasn’t put in a nice way. It was hurtful ... I felt pushed away. I didn’t want to interact with anyone after that because he made me feel bad enough as it was.

Emily expressed the severity of the isolation she felt due to negative reactions regarding her sexuality. She explained, “it made me become more alone than I ever was, instead of getting comfort out of my family ... I became more alone and more isolated because I couldn’t talk about it anymore after that.”

Samantha also felt isolated and alienated in while living in her hometown. In fact, as an adult, she had to make several trips back to her hometown to live for a while. She stated that she “ended up completely isolated” and that she “had no friends.” Samantha shared:

Overall, it just leaves you feeling alone and smothered in so many ways ... You’re alone in the sense that nobody’s acknowledging this part of your existence. And that, for lack of a better word, but at the same time truly descriptive word, ignorance, is what pushes on your shoulders and makes you feel like you’re weighed down.

She shared that her father had “pounded standing up for justice” in her for her entire life and that’s how she was raised. Samantha said she learned to say “fuck you. I really don’t care. I matter” fairly early in life. However, at the same time, she expressed that “it still leaves that lonely feeling because you don’t feel like you have anybody out there that you can be honest with, that used to be close to you.” Samantha stated that she developed “stomach ulcers from the

stress” she experienced from being in her hometown. With respect to family dynamics, she mentioned that her family, especially her mother and sister, took years to come around to her being a lesbian.

She shared, “I still say I’m the outsider ... I’m also the outsider because I have mental health issues. So, I’m sort of the queer, bipolar freak in the corner.” Samantha gave an example of why she still feels that she is treated differently by her family:

... there is not the same respect ... For example, if my partner and I are in the bedroom at my parents’ place, my mother will not knock on the door. She will give it a quick tap and then barge in. She never does that with my siblings and their husbands.

Similarly, Caleb felt like he did not fit in among his peers or others in his hometown. He explained that he “didn’t want to be there at all for the longest time.” He stated:

It was terrifying for me ... I was trying to find my place in the world. I didn’t really have a lot of close friends in my hometown ... I didn’t feel comfortable discussing it [his sexuality] with my family. I don’t have siblings. I’m very estranged with my cousins ... I didn’t feel like I had someone to support me when I did come out.

Caleb expressed that when he attempted to self-disclose, his mother assumed he was “doing it for attention” and so he did not feel safe having that conversation with her and he felt very alone. During our interview, Caleb also mentioned that he has always felt people’s judgments of him when he walked into a room. He said, “I feel like that’s still a thing even in my hometown.” He noted that sometimes he can sense when people are uncomfortable with his presence in the room and he thinks “okay, this person obviously doesn’t feel comfortable around me.” Further in our interview, Caleb expressed that he still feels isolated sometimes when it comes to attending family events. He shared:

I've been in relationships and my family knows I've been in them, but we've never talked about them. I feel like there's just this block that is just there. I have cousins and we all go to family dinners together ... and they're all there with their partners. And for me, I don't feel like I'd ever be comfortable going to a Christmas dinner with my significant other around my family. It's impacted my openness with my family for sure. Because I don't know what to be open about, what not to be ... They've never been to this point where they're like 'we don't accept you for who you are.' But I don't know to what extent they do accept me, you know?

Dee also experienced feelings of shame and isolation due to her sexual orientation. She shared:

I felt really ashamed for a long time because that was what I'd always heard that, 'that was wrong' and 'you shouldn't do that.' And there was no one that I knew of, when I first realized I was bi, in my town who had any ties to that community. There was no one there ... I didn't have anyone that I felt like I could ask for advice in the whole experience of talking about it or even just 'being'.

Dee mentioned that it took quite a while for her grandparents to come around to the idea of her being bisexual. She stated that "there were never any invites of any girl that I ever dated to come over ... I always noticed that." She recalled a time in her life that she became very depressed due to these feelings of shame and isolation. She said:

I didn't really know how to be myself because I was afraid to be myself. The one time that I had made any indication in a group of friends towards being interested in girls as well as guys, I was ridiculed a little bit and it was made a joke of.

Further in our interview, she shared that when she came out to others in the town and

their behaviour began to change towards her:

It made me not want to go out very often. I kind of just didn't really enjoy going anywhere. Any community type event or anything where there would be a lot of people, I avoided. Just because I didn't want to deal with that or even the people that didn't want their children around me.

Larry expressed experiences similar to the others that led to feelings of shame and isolation. He mentioned that well before he officially came out, he was at school and he felt singled out by his peers. He shared:

... I remember wearing nail polish. I remember dying my hair. I remember wearing plaid pants and being made fun of because I wore plaid pants. And I wasn't just made fun of in general. It was always attached to the sexuality. It was like 'queer,' 'faggot,' 'freak,' right?

Living a Lie

All participants in the current study felt as though they were withholding information about their sexual orientation to others. Many of them felt a struggle within themselves about how, or if, they should even come out. This led to the identification of two sub-themes labelled *Internal Conflict and Hiding True Self* which are discussed below.

Internal Conflict.

Past research suggests that individuals who identify as lesbian, gay, or bisexual are likely to experience an internal struggle while coming to terms with their sexual orientation (Cass, 1979). In addition, research has found that LGB individuals are more likely than their heterosexual counterparts to conceal information themselves (Boyle & Omoto, 2014). Struggling to accept one's sexual orientation was common among participants. For instance, Bill shared that

he significantly struggled with coming to terms with his sexual orientation. He recalled having a lot of fear, anxiety, and nervousness about coming out and telling others he was gay. He expressed that while he wanted to come out and be himself:

... I was afraid I'd let the people I loved down. I didn't know how family and friends would react, or if I would be kicked out, or if I would be alone during the [coming out] process. What would happen? How would people view me? Would I be attacked? Beat up? Everything goes through your head during the coming out process. And trying to get to that point takes a lot of courage and time.

In addition, Emily explained that she struggled with accepting her sexual orientation. When reflecting on her coming out experience, Emily mentioned that she was deeply hurt by the negative reactions she received after disclosing her sexuality to others. She stated that the reactions she received led her to think about "how much easier it would be if I just put who I am aside and become the type of 'normal' [others] seen." She said that she even began to question her own sexuality and wondered if it was just a phase for her. Emily shared, "maybe I'm not bisexual at all." It was apparent during our interview, that Emily encountered a significant conflict between her desire to be openly bisexual and her desire to be "normal."

Caleb also questioned his own sexuality when he began to have feelings for the same gender. He stated, "I thought there was something wrong with me" when he started to have feelings for "guys." He shared that he was very confused during that period in his life. Caleb recalled thinking, "this is not how life is supposed to be. I'm not supposed to like guys ... this is not right, this is not right." Caleb explained that the situation was distressing for him because he knew people in his hometown were not ready to accept him for who he was. He shared that he

came out to others but then decided to go “back into the closet” multiple times throughout his life due to experiences with bullying, negative reactions from peers and from locals in the town.

Samantha shared a different type of internal conflict regarding her sexual orientation. Unlike most participants in this study, she wanted people to ask her about her sexuality, but no one did. Samantha stated, “I always wanted to come out. I was never in the closet per say. It was just an instance that ... I spent my whole life and nobody asked the right question.” Samantha’s inner struggle was slightly different than the rest in that she “dropped hints” to people and hoped they would figure it out. It appeared as though she was not trying to hide who she was, but she was also not being completely truthful due to not feeling it was necessary to have to “say the words.” While reflecting on her experiences, Samantha shared:

I quit high school and at one point my guidance counsellor asked me ‘is it a boy issue?’ And I looked at her and said, ‘no, it’s not a boy issue’ and I sort of prompted her [to ask the question] and I still didn’t get it ... So, by the time I finished high school I was just totally pissed off that nobody has asked the right question.

Samantha recalled going back to her hometown after living away for a while and “having to” come out due to rumours that were circulating in the town. Samantha said:

... leading up to that weekend there was a genuine fear. There shouldn’t have been because I was comfortable with me, but yet I must have practiced in my head a million times how I was going to say, ‘I’m a lesbian.’ You rehearse but you don’t get a dress rehearsal to see how things are going to go at the ‘show.’

Hiding True Self.

Avoiding self-disclosure and sexual identity concealment was found among the majority of participants in this study. Many stated that they felt the need to fit in by living a

heteronormative lifestyle. For example, Dee voiced how difficult it was for her to fit in among her peers. She stated that that she spent a very long time hiding who she was out of fear of judgment and rejection. During our interview, Dee expressed:

... hiding a big part of who you are for a long time is hard from everyone that you know and you're not being who you really are. It takes a lot of effort, like extra effort, that normal people don't have to go through. They don't have to get up every day and be like, 'I got to pretend to be normal again.'

Dee also shared that one of her only close friends in school also feared being openly gay in their town. She stated, "[he] hid it to the point where he actually faked a whole relationship with a girl all through high school ... he was not ready, not whatsoever, to be open about it." She expressed that he was consistently bullied in school for the possibility of being gay, which she believed prolonged his decision to conceal his sexual orientation.

Similarly, Caleb stated that he felt that it was "safer" for him to conceal his sexual orientation in the social environment he lived in. Caleb shared that he had multiple girlfriends over the years to help hide his true sexual identity when others suspected he was gay. He explained, "getting in a relationship with a girl was a safe spot for me ... it was like a façade, like a sheet of armour ... it just took the attention away from me."

During our interview, Bill also shared that he chose to conceal his sexual orientation from others. In fact, he noted that he hid his true identity from everyone for many years. He said, "I was at a point in life where I just wanted to be happy... hiding gets very difficult after 20, almost 20 years." Bill stated that hiding his sexuality was "the biggest secret I've ever carried from anybody in my life ... it was the biggest secret and it was the darkest secret." He explained that he wanted to come out to others but could not find the courage to do so for a very long time. He

shared that he was “angry” and “miserable” for many years and “no one really understood why I was so angry all the time.”

Emily also shared that she kept her sexuality “a secret for so long.” She stated that hiding her sexual identity was “basically one of the only deep secrets I had, it was getting tiring keeping it hidden.” She explained that she did not have many close friends and feared reactions from family prior to coming out and this influenced her decision to conceal her identity for a long period of time. Emily stated that her father’s reactions to other sexual minorities in the town discouraged her from coming out. She was especially discouraged by his reaction toward one of her friends who she described as being “different” and a “stereotypical lesbian.” She said:

... it took me a long time to come out to my father because when he knew I was hanging around with her, he would say that all I hung around with was garbage because of how she looked ... that all I brought home was garbage and I should get better friends because of pretty much how she looked. He would [tell her friend] things like, ‘if you teach her [Emily] that being with anything other than a man is okay and she goes with a woman, I won’t have anything to do with her or you.’”

While reflecting on past experiences, Emily expressed that prior to coming out she reached a point where she wondered if self-disclosing was even worth the hassle she anticipated. She expressed that even after she came out, she reminisced on how much easier it was when people assumed she was straight. She recalled times when she wanted to “just go back” to hiding her true sexual identity.

Similarly, Larry experienced difficulty with disclosing his sexual orientation to others. He was very concerned how others would view him if they knew he was gay. He stated that when he moved away from his hometown and into the city, he started to become more open with

others about his sexuality. However, he was not completely honest with some people, especially his family and coworkers. Larry officially came out in very recent years. He shared:

I got into a relationship in 2000, a ‘roommate relationship’ ... all of our friends knew but we weren’t out to our families. We were together for 15 years ... ‘roommates’ for a long time. And yeah, it was actually around ’05 that I started [his professional career]. I spent the first 10 years of my career not being open at work. I didn’t talk about it ... I was always worried about who was going to find out or who’s going to be around at a social gathering ... I remember one time at work, a friend who was a co-worker, [and] of course didn’t know any different, just mentioned the fact that I was gay at work. And I was like, ‘Oh my God, shut up’ and he was like, ‘what?’ and I [said], ‘I don’t talk about it at work!’

During our interview, Larry expressed that he thinks “the biggest thing the general public should understand about anyone’s sexuality is that it’s really nobody’s business unless they want to make it your business ... don’t ask unless somebody volunteers, in my opinion.”

Masking the Pain

It was very common that participants attempted to seek out ways to cope with the pain they were experiencing as a result of their coming out process. Nearly all participants self-medicated by using drugs or consuming alcohol and some developed addictions. This led to the sub-theme: *Substance Abuse/Addiction*. Furthermore, many participants experienced thoughts of suicide or made suicide attempts which they attributed to their coming out experience. Their narratives are described in the second sub-theme in this category: *Suicidality*.

Substance Abuse/Addiction.

Many participants in this study found comfort in drugs, alcohol, or gambling when asked

about ways they may have coped during their coming out process. For example, Bill shared, “one of the biggest challenges I faced before I came out was I got into a gambling addiction. And I had spent a lot of money, I was on the verge of losing everything I had.” He stated that oftentimes the burden of hiding his identity would make him feel down. Bill explained, “when I would get down, I would play the slot machines, or the VLT’s as most people know them, and after I come out, after I got more comfortable, I still struggled with the VLT’s.” Bill was relieved to share that he no longer plays the VLT’s and went to rehab for his addiction. However, while he reflected on this difficult time in his life he shared:

I coped very negatively getting involved with gambling ... I ended up [gambling] because it was a safe place. When you go in and play the machines you meet people whose partners don’t know, or their family and their friends don’t know, what they’re doing. So, I felt safe in knowing that they didn’t care about my sexuality. We were all doing the one thing in there that nobody else knew about ... It was like everybody was keeping this secret.

While trying to cope with the pain she felt, Dee turned to drugs and alcohol. She explained that she started abusing drugs at a very young age and that she attributed her drug use to the trauma she experienced from being picked on at school and from being raped. Dee said:

When I first came out, I didn’t cope well ... [I] turned to drug and alcohol use for a while just to cope with whatever was going on ... For a while, I didn’t really think too much about why I was doing these things. So, I wasn’t even connecting that, ‘oh yeah, you’re drinking a lot because you don’t want to feel these things ... and don’t want to be present for them.’ There were times that I was invited to go to places ... where I knew other

people would be, and I would be drinking beforehand so I would feel okay to go and not care about the way people were looking at me.

Ultimately, Dee shared that drugs were the “only thing that made [her] feel anything good.” She stated, “I wasn’t happy. I didn’t feel like I deserved a life at all.” For Dee, substance use eventually led to addiction and she ended up “selling drugs to pay for drugs.” When her mother found out, Dee was given an ultimatum between going to rehab or going to jail. Dee explained that she chose to go to rehab for her addiction to cocaine.

Similarly, Caleb, Samantha, and Emily turned to drugs and alcohol as a form of medication for the pain they were feeling. Caleb recalled “turning to substance abuse” at a young age. He said, “I feel like it was my way of masking all the emotions I was going through ... my ability to fit in was through substances. Drinking, partying ... I was instantly accepted into these groups of people.” Caleb shared that this situation for him did not end well, as he developed a drug problem “which was very unhealthy and got [him] into a lot of trouble.” Caleb said that, “I coped by masking my emotions with drugs ... it was my survival mechanism that I developed.”

Samantha stated that she “self-medicated with alcohol” to eliminate the stress she was feeling due to underlying mental health concerns and from her coming out experience. She noted that self-medication is common in “both the queer community and in the mental health community” and her “coping mechanisms really sucked at the time.”

For Emily, drinking, drugs, and partying was how she dealt with the emotional turmoil she felt. She shared:

It allowed me to forget the sadness and troubles for a short while. And even though this was a bad way of coping, it didn’t make me go downhill. I found people in this scene that I needed in my life.

Suicidality.

Five out of six participants mentioned suicide during our interviews. Four participants made suicide attempts, while one contemplated it. For instance, Larry shared:

... when I was in junior high, I basically became suicidal after my first attempt of coming out because I was assaulted as a result. I felt I had nobody to confide in, nobody to talk to. Basically, over a couple weeks I saved up a bottle of pills. Took a bunch of pills one night and didn't die ... I remember calling one of my friends and they didn't know, but I remember that night calling her and basically saying my goodbyes.

Similarly, Bill shared that he attempted suicide from being in a "really dark place" during his coming out process. Caleb also expressed being in a really dark place. He shared that he would get very depressed and that everything that was happening to him revolved around his sexuality. He said, "... there has been times I thought about killing myself and stuff as a kid ... it just would have made it a lot easier."

Both Samantha and Dee expressed that they attempted suicide by overdosing on pills. Samantha said, "what I do know is that throughout my teen years I was depressed because I couldn't be me. At 17, I swallowed a bunch of pain killers because I didn't see it getting any better."

Dee explained that she attempted suicide in her teenage years from struggling with her sexual identity. She stated:

Just a bad series of events led me to becoming more depressed. Just going to school and getting picked on for the possibility of being gay, led me, at 13 to try to take my own life. I overdosed on pills ... I was home by myself after school, my mom took my sister to go grocery shopping, and I just took the whole bottle of pills. She was probably gone for an

hour. I went to sleep after I did it. I started throwing up and almost choked on my own vomit. My sister found me like that when she came home. She was 8 or 9 years old at the time. And my mom took me to the hospital. She told me not to say anything about it being a suicide attempt. She was pretty ashamed of my mental health.

Finding Light in the Darkness

All participants emphasized the importance of finding support during the coming out process. They also stated that although they received some negative reactions from others, coming out was also liberating in the sense that they were finally free. In this section, three sub-themes were identified: *Searching for Support*, *Self-Disclosure and Liberation*, and *Supporting Others*.

Searching for Support.

According to all participants in this study, finding a support system should be an essential part of the coming out process. Although not all participants were granted this luxury, they emphasized the importance of having a confidant. Across the literature, identifying support systems to support the coming out process have been linked to increased self-esteem, less suicide ideation, and an increased sense of belonging among LGB individuals (Grafsky, 2018).

When asked what would have been helpful during the coming out process, Caleb mentioned that having a support system would have helped. He felt like he had no one to talk to when he was struggling to find himself. Caleb's advice to others experiencing coming out was to "find a friend." He stated that later in life, he "had a few friends that [he] could turn to and that helped [him] immensely." In fact, Caleb believes that he "probably wouldn't have made it through" if he didn't have those friends. Caleb expressed, "high schools now have gay/straight alliances and all this support, and I feel like if I had that growing up, it would have been

amazing.” He emphasized the importance of having such supports in rural places and in schools and that it is something that is severely lacking in smaller communities.

Caleb included that he was able to begin his healing process through exploring his spirituality. He explained that he started meditating and practicing Buddhism. Caleb shared, “I think the healing and this connection that I’ve been looking for was what I was missing as a child. When I came out, I didn’t have all these supports. So, I found that in my spirituality.”

Bill, Larry, Emily, Samantha, and Dee all stated that finding a support system or someone “you could trust” is very important for psychological well-being during the coming out process.

Bill said that starting a new job and meeting new openly gay people helped him in his journey of coming out. He shared that he had an openly gay friend and co-worker who took him “under his wing” and “led the way” for him to come out. He said that particular friend was a “big support ... and a big help.” He noted that his friend welcomed him into the small gay community in his town where he was able to find likeminded individuals and a support system. Bill also shared that he engaged in a lot of self-talk to “build up as much positivity” as he could to relax himself.

Larry explained that when he graduated high school, moved away from his hometown, and began university, he “didn’t really hide anything” from his classmates and found friends he could be himself around. Larry shared that he became an activist for “LGBTQ2” rights, even though he kept his sexual identity a secret from co-workers in later years. Larry included that his sister also came out as “gay” and that gave him “an easy outlet to talk about rights.” He mentioned starting therapy in 2018 which helped him tremendously in understanding himself. He shared that he started a “major health change, like, weight, working out, all those sorts of things ... and that was part of dealing with the reality of my sexuality and having these couple of

identities ... that I had going on.” In other words, Larry believed that he held two different personas. One, being an openly gay male to his friends and the other being the presumed straight male to his work colleagues. He shared that he experienced some confusion and conflict between maintaining two separate personas in different environments.

Samantha also began therapy in her quest for finding support. She noted that it “took a lot of years of therapy before ... every once in a while, there’d be something in a session and I’ll be home alone thinking ... ‘damn, that really happened.’” She shared:

I think it’s a lifetime process of understanding all of the things that have occurred because of that one thing about you ... and it’s a major part of you ... but it’s only one part of you. But it causes a lot of scars that take a lot of time, especially when you’re dealing with family, if family don’t react well, that creates some cuts pretty quick.

Emily expressed that she had one friend that she could confide which helped significantly during her journey. She shared:

I know a lot of people have zero support when they come out. If I didn’t have that, I probably wouldn’t have come out at all, I really don’t want to think about what could’ve been if there was no support for me.

Dee shared that she found comfort in a friend that moved to her community in Grade 9. This friend was also struggling with his sexual orientation and the coming out process. She expressed that they were both going through the same experience which made them bond and trust each other. Dee explained that although they were both hiding their sexual identities from others, they could self-disclose their sexual orientations to each other and it was comforting. Dee stated that “it was a good experience” to have support during that time.

Self-Disclosure and Liberation.

All participants in this study concluded that despite unfavourable experiences, coming out was like a “weight off the shoulders.” They expressed that telling others about their sexuality and not hiding it anymore helped immensely. When asked about how he felt after telling others, Bill shared:

Relieved! Such a stress relief. It was like you really learn to grow as an individual and grow in your personal life, your family life, with your friends, your work experiences. Life just got really easy ... I got more confident as time went on. I became a happier person with my own self and body. I became comfortable with my image, who I was, the way I portrayed myself and that was something I had lost for many, many years ... This is what it's like after 20 years to be happy.

Bill expressed that one of his biggest regrets in life was not coming out sooner. He shared, “I wish I would've come out with a rainbow cake. I really do. If I had my time back, it would have been like sparklers, and it's like ‘hey, bitches, here I am!’ And that's the way I would've come out.” He stated that “overall, I had a very supportive family”, including a “very supportive grandmother.” In fact, Bill expressed that his grandmother was his “rock during all of it.” He shared that he was “very thankful for the good” aspects of his coming out experience. He noted that his friendships strengthened and that those friends “had [his] back” when he would “go out to places where people may make comments.” He explained that it was a relief to have supportive friends who would stand up for him in instances where he experienced negative reactions or remarks.

Samantha shared that “saying the words” and coming out to her family was a huge relief for her. When asked about the feelings she experienced after coming out, she stated “the biggest

thing was that I was able to say, ‘I don’t give a fuck anymore’ ... it was a weight off the shoulders because you were finally free to do whatever you want.”

Similarly, Emily expressed that coming out to others was liberating in a way. For example, she shared:

I finally found someone I was close enough to that I knew would accept everything that is me ... I finally started having friends and going out and stuff. I finally felt that I could live the life I’ve been wanting to, that I was too afraid to live all along ... With coming out, I’m much more happy with myself now ... because I’m not hiding anything anymore.

Supporting Others.

All participants in this study voiced wanting to take part to help others who may be facing the same struggles they faced. In addition, many shared that they were very interested in participating in this research project due to the lack of education and research in Newfoundland regarding the coming out process. When asked what prompted Bill to take part in the interview he said:

Just to help out and so that you could give some advice to other people and make sure people know that it’s not as difficult as it seems once you’re out ... for anybody that is young and struggling in the area, take it from someone who really struggled and tried to take their life. Come out. It’s a million times better than lying about who you are for years. Stand tall, stand strong ... You will really learn to love yourself a lot sooner in life. Additionally, during our interview Caleb shared that he always wanted an opportunity to tell

his story. He stated coming out in a small town in Newfoundland "...sucks. I'm not going to lie. I'm not going to sugar coat it." He shared:

Growing up in a small town, it's really difficult and you really don't have a lot of people to turn to, to tell your story ... even just getting it out is kind of therapeutic for me ... and also, hopefully this has an impact on others.

His advice to other individuals who may be struggling with their sexual identity was to "find a friend, someone that you trust wholly." He continued:

... [find] someone that you know is going to have your back through it all and just tell them first. Like, you could have parents who are super religious and disown you. I mean, it's going to affect your life. I wasn't that person. I was lucky. But everyone's not so lucky ... People stress, "come out, be yourself" but sometimes it's not as easy at that. It's not as cut and dry. But it's important to have someone that knows. You don't want to keep this all internalized.

During our interview, Larry shared that he wanted to participate in the study to help others and to aid in academic research. He stated, "if you can help someone in some way, whether it's mental health or their own coming out ... then it's kind of important to take that opportunity I guess. I kind of see it as a duty, really ... it's like a responsibility."

When asked about the advice he would give to others, Larry said, "I think it's important to really take your time and make sure that it's the right person or people that you confide in." He also mentioned the importance of not rushing the coming out process and to "make sure you have strong allies, at least one or two" before self-disclosing.

Emily shared that the reason she wanted to take part in the study was to help others and herself. For example, Emily stated:

I figure if my story could be of help to others and I have been wanting to tell my personal story for a while ... in hopes it could help others in some way. Talking about my full story out loud, I hope will also benefit myself in understanding myself and my personal issues better.

Emily expressed that she believes “most people in Newfoundland are not understanding. They’re one-sided. They have their opinions and that’s it ... they won’t listen to reason. You’re going to need a crutch, it’s not an easy process here at all.” She hoped that sharing her story will help others navigate through their own coming out process and enlighten people on the hardships that come with living in rural Newfoundland.

Dee expressed that she feels “there is not as much support or information available” in Newfoundland. She believes that “not many people are educated” on sexual diversity in this province. Her advice to others struggling with their sexual identity was “don’t hide who you are and try to be someone else because that’s not going to work. But when you do come out, make sure it’s to someone that you feel is safe to come out to.” She expressed that taking part in this study will hopefully help others because homophobia is still rampant in Newfoundland. Dee stated that:

It’s not dead. Homophobia is still out there. I feel like we’re probably the province that has had the least amount of education on the matter and kind of live by more old standards ... I feel like it’s a little bit behind on that.

Dee stated she has had very recent experiences that confirm homophobia is still present in Newfoundland. She shared:

... being openly gay in public can totally lead to some negative experiences. Even taking my kids to the park with a girl who is just a friend, but was also gay and looked the part

we'll say ... them assuming at the park that we were a couple with kids ... my kids were wondering why there were other kids that weren't allowed to play with them. Why those kids were being pulled away from them and why the kids were all leaving the park. That was shitty for me. They didn't know what was going on and it felt shitty for me because I felt like they were experiencing negativity because of me. There is still a lot of old mentality ... but I think it is important to talk to people about your negative experiences and it helps.

Similarly, Samantha voiced that she believes education and research on the topic of sexual diversity is significantly lacking in Newfoundland. She stated that, "there's so many stories to tell and they're all very different stories at times ... but I think a lot of them have the same core." She expressed that "information needs to be out there" regarding the experiences of coming out in rural Newfoundland. Additionally, Samantha stated that there are very little resources in this province for sexual minorities. She shared:

In a small town, you aren't going to have the resources, you aren't going to get the shoulder to cry on. So, that hasn't changed ... If you're a young teen and you're thinking about coming out, be aware of your surroundings. Make sure you have a read on what you think your parents are going to say and everything else. Because unfortunately, it's still a trap. And if you get rejected then it's going to be a hard life for you to live. That being said, be true to yourself and believe in yourself. And even if you have to keep it on the inside for a little while longer, know that it's alright, you're going to be okay at the end of the day.

Summary

In this chapter, the coming out experiences of six sexual minority individuals in rural Newfoundland were interpreted and presented. Data was collected from having face-to-face, semi-structured interviews with participants and later analyzed using Interpretative Phenomenological Analysis (IPA). Throughout the interviews, each participant shared detailed accounts of their lived experience regarding coming out in rural areas and the impact it had on their psychological well-being.

All participants in this study described *Fear of Rejection/Negative Repercussions* as playing a major role in their coming out process. This fear typically derived from the oppression they felt due to the religious culture in their hometowns, the homophobia they experienced while living in rural areas of Newfoundland, and the shame and isolation they experienced from the actions of others or from the negative views they held of themselves due to living in a heteronormative society.

Additionally, participants in this study expressed how they often felt they were *Living a Lie* which they attributed to the pressure to conform to heterosexual norms. Choosing to conceal their sexual orientation led many to experience an internal conflict. Most participants believed that hiding their sexual identity from others for such a long time negatively impacted their overall mental health.

While struggling with the quest to find themselves, participants attempted *Masking the Pain* to cope with any negative emotions they were feeling at the time. Many resorted to substance abuse, some became addicted to drugs, and others attempted or contemplated suicide. As stated by participants, the coping strategies they used to separate themselves from the pain

were typically negative and led to self-destruction. However, some expressed that these negative ways of coping may have been what kept them alive.

Finally, the six LGB individuals who participated in this study described the search for *Finding Light in the Darkness*. All participants expressed that their desire to participate in this study was to share their experiences in hopes of helping others facing the same types of struggles. Most believed that through self-disclosure, they were finally able to live authentic lives and felt liberated and free. Through sharing their lived experiences, participants hoped they could help support others by identifying the lack of education, research, and support regarding sexual identity and the coming out process in rural Newfoundland.

CHAPTER FIVE: DISCUSSION

The final chapter includes a summary of the present study, the results of analysis in relation to current scholarly literature, the strengths, limitations, and delimitations of the current study, recommendations for future research, and implications of the research.

Summary of the Current Study

The purpose of the present study was to explore the coming out process and psychological well-being of lesbian, gay, and bisexual individuals from rural Newfoundland. According to Forgas (2011), self-disclosure refers to sharing personal information to others in hopes of enhancing quality of relationships and meaningful connections. Disclosing one's sexual identity to others is often a difficult task for LBG individuals, especially since their identity is considered a minority with respect to the dominant heterosexual norm (Forgas, 2011). The coming out process and impacts on psychological well-being has been extensively studied by researchers. However, information regarding the impact of the coming out process in rural Newfoundland, Canada has been rarely, if at all, researched. The purpose of this study was to offer insight into the coming out experiences of individuals from rural Newfoundland and to explore the impacts of the coming out process on psychological well-being.

Results from the current study coincided with other research relating to the difficulty of coming out for LGB individuals. For instance, Herek (2007) stated that sexual minority members often struggle with developing a sense of self while living in a heteronormative environment. Similarly, participants in this study shared their experiences of the difficulties they faced when attempting to disclose their sexual orientation to others (e.g. pressure to conform to heterosexual norms, marginalization from being a minority). Past literature suggests that coming out can be either a positive or negative experience for LGB individuals (Kosciw et al., 2015). Many

participants in this study appeared to experience a mixture of both. For example, some participants stated that coming out to others was positive and liberating for their own well-being, but many reactions received from the public were often negative and hurtful.

Each participant went through a series of stages leading up to their coming out experience. These stages were consistent with the Homosexual Identity Formation Model developed by Cass (1979). Cass (1979) proposed that the way one progresses through the stages of sexual identity development is heavily influenced by their socio-cultural environment. The social environment of a sexual minority member can impact their psychological well-being if they experience incongruity regarding “their own sexual behaviour, how they perceive their sexual behaviour, and their ideas about how others perceive their sexual identity” (Halpin & Allen, 2004, p. 111).

The first stage of the Homosexual Identity Formation Model is identity formation. During the interview, several participants shared that prior to coming out to others, they knew that their sexual orientation differed than heterosexual norm. However, many experienced an internal conflict while coming to this realization. After some time, participants moved onto the second stage of this model, identity comparison. In this stage, individuals begin to question their sexual identity later leading to rejecting the notion of being homosexual. Most participants in this study expressed that the environment surrounding them led them to conceal their identity and pursue heterosexual relationships in an attempt to fit in with the culture. The third stage of Cass’ model, identity tolerance, refers to the gradual process of accepting same-gender attraction and beginning to experiment with non-heterosexual relationships. Participants in the present study revealed that they eventually began to accept their identity and had a desire to seek out same-gender relationships. The fourth stage, identity acceptance, refers to an increase in searching for

like-minded individuals and interacting with other sexual minority members. Some participants in the current study sought out other sexual minorities in an attempt to broaden their friend and relationship base. In addition, many believed that finding like-minded individuals gave them a sense of community. The fifth stage, identity pride, was experienced by all participants in this study. Identity pride is described as becoming transparent and disclosing one's sexual orientation, as well as viewing one's sexual orientation in a positive way. Participants believed that coming out to others was a liberating experience and a "weight off [their] shoulders" to be able to live without secrets. They also gained confidence and found a comfort within themselves. Some became activists for the community at large. In the final stage of this model, identity synthesis, an individual has fully developed a sense of their sexual identity. They recognize that it is unique from the heterosexual norm, but understand that their sexual identity is only one component of their whole identity. In the present study, participants stated instances where they believed others in their community only viewed them based on their sexual identity. In fact, one participant stated that one's sexual identity is "... a major part of you ... but it's only one part of you."

Four superordinate themes emerged from the information participants shared when telling their coming out experiences and how this impacted their psychological well-being. *Fear of Rejection/Negative Repercussions*, *Living a Lie*, *Masking the Pain*, and *Finding Light in the Darkness*. *Fear of Rejection/Negative Repercussions* included both the oppression and fear participants felt due to the dominant religious culture in their respective hometowns and the homophobia they experienced while living in rural areas. This super-ordinate theme also referred to the shame and isolation participants felt. They attributed feelings of shame and isolation to the unfavourable reactions of others regarding their sexuality and from internalized homonegativity

due to general negative attitudes toward sexual diversity in the towns. Past research has revealed that coming out experiences are likely to differ depending upon where an individual lives. Additionally, some research has identified that self-disclosure and psychological well-being is dependent upon the social environment surrounding the individual (Legate et al., 2012).

The theme, *Living a Lie*, referred to the inner turmoil participants faced leading up to their coming out experience and the pressure they felt to conceal their sexual identity by hiding their true self. According to the American Psychological Association (2019), choosing to hide one's sexual orientation is common among sexual minority members and depending upon the individual's circumstance, some may choose to conceal their sexual identity for prolonged periods of time. Furthermore, *Masking the Pain* referred participants' desire to find ways to cope with the inner conflict they experienced. Many participants in the current study turned to substance abuse to cope with the stress they experienced, while some contemplated suicide or made suicide attempts. The likelihood of LGB individuals to become suicidal and/or engage in drug use and alcohol use is a common finding in past and current literature (Newcomb & Mustanski, 2010; Ryan et al., 2009). *Finding Light in the Darkness* included participants' experiences of searching for support systems, self-disclosing their sexual orientation, and the duty they felt within themselves to support others who may be struggling with coming out. According to Graftsky (2018), identifying support systems (e.g. confidants) tend to be incredibly beneficial to sexual minority members and increases feelings of belonging and self-esteem.

In the remaining portion of this chapter, a review of the results and their connection to current literature will be further explored, along with the strengths and limitations of the current study, and implications and recommendations for future research.

Fear of Rejection/Negative Repercussions

The participants in this study discussed three aspects regarding why they had a genuine fear about coming out to others: traditional religious beliefs, homophobia, and shame and isolation. Researchers have identified the influence of religious culture on the lived experiences of the LGB community. For example, Janssen and Scheepers (2018) suggest that religiosity “appears to be one of the strongest socializing determinants to explain the rejection of homosexuality” (p. 1974). Additionally, current literature states that although many religions emphasize the importance of respect, the majority of religions view homosexuality as ‘impure’ or ‘unnatural’ (Yip, 2005). Holding such views of homosexuality can lead to devastating impacts on the well-being of sexual minority members, such as increasing the risk of internalizing homophobia, experiencing psychological distress, and other mental health concerns (Ryan et al., 2009).

Participants in the current study all stated that religion, specifically Christianity, played a role in their coming out process and contributed to the hostility they encountered in their towns. They believed that in small towns where “religion reigns supreme,” people hold the traditional belief that “homosexuality is a sin” and the individual is “going to hell” if they partake in this type of relationship. All participants stated that the social environment they grew up in was of religious culture and held old-fashioned beliefs (e.g. beliefs typically held by people in the “1950s or 70s”). This is consistent with previous research. For example, a study by Jansen and Scheepers (2018) found that homosexuality is more likely to be rejected by individuals who follow any type of religious denomination versus those who do not. In addition, the results of their research revealed that individuals who frequently attend religious services are even more likely to reject homosexuality (Janssen & Scheepers, 2018). Furthermore, Price-Feeney et al.

(2019) contend that conservative areas typically have increased levels of religiosity which can lead to negative reactions and impede the amount of support LGB individuals can receive.

The prominence of homophobia in rural places is a phenomenon that has gained more attention in recent years. In most cases, research has focused on LGB individuals who reside in large, urban centres (Mendez et al., 2016). Participants in the current study emphasized that the homophobia they typically experienced was due to their geographic location and the lack of resources and education available in rural areas. Additionally, participants noted that they believed their coming out experience would have been different had they done so in an urban centre. Many voiced that they know of lesbian, gay, or bisexual people who moved away to bigger centres to avoid dealing with the potential negative reactions from their families or others in their hometowns. This is a common in the literature. Mendez et al. (2016) suggest that a relationship exists between conservative environments and hostility with respect to sexual minorities. Additionally, Price-Feeney et al. (2019) argue that rural locations often lack resources, education, and ethnic diversity which creates barriers to supports for LGB individuals. Furthermore, research has found that many sexual minority members often leave their small communities and move to bigger cities in an attempt to find acceptance that they lack in small towns (Wallqvist & Lindholm, 2015).

Participants in the present study all recalled being either verbally, physically, or mentally abused due to the prevalence of homophobic attitudes in small towns. Some were assaulted at school (e.g. being grabbed by the genitals in locker rooms, being grabbed by the head and smashed into a water fountain, etc.), some experienced hurtful name-calling (e.g. faggot, queer, freak, carpet muncher, etc.), and some were shunned by family and friends and were made to feel as though they were not good enough and “perverted.” These findings were consistent with

previous research. For instance, Kosciw and Diaz (2006) found that LGB individuals were more likely to be victims of harassment and assault. Similarly, results from a Canadian study by Poon and Saewye (2009) suggest that LGB individuals living in rural areas encounter more instances of verbal harassment and verbal sexual harassment than their heterosexual counterparts.

Moreover, participants in the present study stated that they believed the harassment and abuse they experienced was attributed to their sexual identity. This is consistent with the *Minority Stress Theory* developed by Meyers (2003). This model states that LGB individuals living in a heteronormative environment often encounter harsh environments, homophobia, and violence (Marshal et al., 2011). Research has shown that many LGB individuals report their sexuality being directly related to the discrimination, victimization, and harassment they have received (Kosciw et al., 2009).

Shame and isolation were common feelings among participants in the present study. Participants reported feelings of alienation, ridicule, loneliness, and belittlement either before coming out or after coming out. Many stated that they began to withdraw from others before self-disclosing due to feelings of embarrassment and/or shame about their sexual orientation. In addition, some withdrew from others out of fear of rejection and/or judgment, which in itself, prompted feelings of loneliness and isolation. In contrast, some participants experienced shame and isolation after coming out. They recalled instances where locals from their hometown would look at them differently, spread rumours regarding their lifestyle, and would no longer include them in social events. Others reported experiencing depression and anxiety due to a lack of belonging among others in their hometowns.

Feelings of shame and isolation is a common finding in LGB research. Jordan (2004) describes *shame* as "a sense of unworthiness to be in connection, an absence of hope that

empathic response will be forthcoming from another person" (p. 122). LGB individuals who experience shame or discrimination based on their sexual orientation typically feel inadequate and avoid interpersonal relationships (Mereish & Poteat, 2015). A study by Bayer et al. (2016) found that sexual minority members who begin to internalize homophobia and have negative thoughts and feelings about their sexual orientation report heightened levels of shame and embarrassment. Additionally, a study by Poteat and Espelage (2007) revealed that feelings of victimization and social isolation among LGB individuals were directly associated with low self-esteem, depression, anxiety, and a low sense of community or belonging.

LGB individuals in the current study also reported experiencing social isolation due to rejection by family and friends. Some participants stated that they began to avoid particular social situations and events in order to preserve their own well-being. Participants also shared that the withdraw and isolation they experienced resulted in loneliness and depression. This is also consistent with current literature. For example, Hartling, Rosen, Walker, and Jordan (2004) suggest that sexual minorities who experience disconnect within relationships they deem meaningful will begin to withdraw or avoid interactions with others thus increasing feelings of loneliness. Additionally, Mereish and Poteat (2015) found that individuals who encounter rejection within their family and community due to their sexual orientation have heightened levels of shame and feel unworthy of meaningful relationships. Feelings of shame have been linked to experiences of loneliness and can significantly impact psychological well-being. Moreover, researchers suggest that LGB individuals are at increased risk of experiencing loneliness due to living in a heteronormative environment, and therefore, can become even more isolated with additional feelings of shame (Mereish & Poteat, 2015).

Living a Lie

In the present study, participants expressed the confusion they experienced within themselves regarding their sexual identity. This led them to encountering an internal conflict regarding self-disclosure and hiding their sexual orientation from others in an attempt to fit in. Each participant noted that they struggled with the desire to be true to themselves versus the desire to fit in and be “normal.” Many believed that disclosing their sexual orientation to others would upset family, friends, or coworkers. Participants were also concerned with how others in the town would view them once they knew their true sexual identity. Moreover, some shared that they began to question their own sexual identity and engaged in romantic heterosexual relationships to eliminate the negative attention they were receiving due to others believing they were gay. These findings were consistent with current literature. Researchers suggest that the decision to keep one’s identity concealed is ongoing and self-disclosure is dependent upon the social environment surrounding the individual (Pasek, Filip-Crawford, & Cook, 2017). It has been found that if an environment is deemed supportive and welcoming, sexual minorities are more likely to disclose their sexual orientation due to a decreased risk of discrimination (Bos, Kanner, Muris, & Mayer, 2009). However, if a social context is perceived as hostile or negative, the individual is less likely to be truthful to others due to fear of judgment and rejection (Pasek et al., 2017).

Research has found that self-disclosure is crucial to one’s identity development (Meyer, 2003). Disclosing one’s sexual orientation to family and friends is typically desired by LGB people as a means to relieve the pressure of hiding their true identity and intimate relationships (Grafsky, 2018). As seen in data from the present study, LGB individuals wished to be honest about their sexual orientation but feared potential negative reactions or repercussions they might

receive. According to Pachankis, Goldfried, and Ramratten (2008), societal stigma attached to sexual minorities and the fear of rejection from close family and friends is a major indicator of self-disclosure. Walsh and Hope (2010) suggest that “actual or anticipated rejection from family members and self-concealment of sexual identity may combine with heterosexual majority attitudes and contribute to negative attitudes about the self as a sexual minority” (p. 57). In other words, internalizing negative attitudes regarding one’s sexual identity based on presumed or actual opinions by others, influence whether an individual will conceal or disclose their sexual identity.

Masking the Pain

Participants in the present study described several ways of coping when struggling with their sexual identity. Many shared that they turned to drugs, alcohol, and/or gambling. In some cases, these coping strategies led some participants to developing an addiction. They shared that coming to terms with their sexual orientation and struggling to share this realization to others was an incredibly difficult time in their lives. Some participants contemplated suicide, while others made suicide attempts to relieve themselves of the pain they were carrying. Research has continuously found a link between struggling with one’s sexual identity and substance abuse, self-harm, and suicidality (Ryan et al., 2009). In fact, LGB individuals are at an increased risk of developing mental health issues (e.g. depression, anxiety, substance abuse) due to the stressors they face as a minority while growing up in homophobic environments (Puckett et al., 2017). According to Goldbach, Fisher, and Dunlap (2015), LGB individuals who experience trauma relating to their sexual identity are more likely to partake in illicit drug use than those who do not have traumatic experiences. When compared to their heterosexual counterparts, LGB individuals

have also been found to engage in prolonged drug use beginning at an early age and continuing into adulthood (Marshall et al., 2009).

A study by Puckett et al. (2017) consisting of 61 LGB individuals residing in the United States found that sexual minorities are at a heightened risk of developing mental health concerns and attempting suicide than their heterosexual counterparts. Moreover, these researchers found that individuals who experienced feelings of guilt, shame, and verbal and/or physical harassment were at an elevated risk of attempting suicide (37%) than their heterosexual peers. Individuals who reported being rejected by friends after coming out were 29 times more likely to have reported making a suicide attempt than those who did not lose friends. In addition, sexual minorities who encountered psychological abuse by family/caregivers were 9.5 times more likely to report a suicide attempt than those who did not. These researchers concluded that rejection from family and friends appears to be the most significant factor in predicting reports of suicide attempts among LGB individuals.

Finding Light in the Darkness

All participants in this study mentioned the importance of identifying support systems to aid their coming out process. They noted that while coming out is liberating and an individual can finally be true to themselves and their sexual identity, it is important to have someone to talk to leading up to that point. Several expressed that having support systems in schools, at home, or in their respective hometowns would have been extremely helpful for them during their coming out process. They believed that there is a lack of resources in Newfoundland to help adolescents or adults who may be struggling with their sexual orientation. Many emphasized the importance of having at least one friend to turn to when considering self-disclosing to others and to be cognizant of potential reactions they may receive. These findings are consistent with current

research regarding the importance of support and having a sense of community during the coming out process.

Some researchers suggest that LGB individuals who have supportive home environments have a higher level of comfort in disclosing their sexual orientation to their family (D'Augelli, 2002). In addition, Ryan et al. (2010) found that sexual minorities who have encountered supportive environments and positive reactions from self-disclosure, have reported increased levels of self-esteem, a sense of belonging, and a lower likelihood of depression, suicidality, and substance abuse. Furthermore, researchers suggest that offering education to LGB individuals on dealing with stressors related to living in heteronormative environments can “offer LGB people opportunity to develop skills and attitudes that lead to self-awareness, authenticity, and resilience” (as cited in Petrocchi et al., 2020, p. 74).

A study by Petrocchi et al. (2020) consisting of 327 LGB individuals found that sexual minorities often have difficulty developing a positive sense of self in heteronormative environments in which they feel oppressed and stigmatized. Results of their study also revealed that when LGB individuals feel safe, welcomed, and accepted in their environment, they have heightened levels of positive sexual identity. Furthermore, the researchers revealed that a sense of safety in one's environment reduces the risk of developing psychological problems that typically emerge from feelings of shame and inferiority regarding sexual orientation (Petrocchi et al., 2020).

Strengths of the Current Study

There are several strengths reflected in this study. The first strength is adding to current literature on coming out as lesbian, gay, and/or bisexual in rural places. There is little research available on the coming out process of individuals in rural locations in Canada. There is even

less research available on the coming out process of LGB individuals in rural Newfoundland. The findings of this study not only contributed to the literature, they also offered participants a platform to share their coming out experiences in rural Newfoundland, and allowed their voices to be heard.

The second strength of this study was the data collection technique. Participants took part in a semi-structured interview which allowed them to share their lived experiences through self-reflection of major life events (Smith et al., 2009). Semi-structured interviews do not follow a strict interview guideline which enhances the quality of research (Smith et al., 2009). Interviews were audio-recorded with the consent of the participants and later transcribed for further interpretation and analysis. The ability to listen to audio-recordings numerous times allowed for an in-depth, meaning-making process of participants' experiences.

The third strength was the method of analysis used to interpret participants' lived experiences (Smith et al., 2009). IPA enabled a thorough exploration of the coming out process and psychological well-being of LGB individuals in rural Newfoundland. This analytic approach allowed participants to provide elaborate descriptions of their coming out experiences. Since IPA typically involves a smaller number of participants, the ability to focus on individual cases allowed for a rich analytical process (Smith et al., 2009). Through the use of IPA, participant's narratives were able to be examined through using a cross-case analytic approach to identify themes. Individual cases were carefully analyzed before moving to the next, and similarities and differences among all cases were noted.

The final strength of this study was the impact it had on the participants and me, as a person with lived experience and as a researcher. Throughout the interviews, many participants voiced that telling their story was 'therapeutic.' They stated that they have not been able to share

their coming out story to many people and viewed their interview as an opportunity to help others and to learn more about themselves. Participants also felt validated in that they were able to share their coming out experience with someone who was genuinely interested in the topic. Every participant in the current study thanked me (the researcher) for doing such important work in this area. Gratitude was felt on both sides, and the overall experience of this research project was positive and inspiring.

Limitations of the Current Study

A limitation of the current study was that I was very new to qualitative research. Past research I have conducted has been quantitative in nature. I felt that it was difficult for me to adjust to the writing style and analytic process of qualitative research. Another limitation was the distance to travel for the interviews. I conducted research from small towns on opposite ends of the province, therefore I chose to travel hours to attend interviews. Unfortunately, some interviews were cancelled after travelling long distances and other arrangements had to be made to meet the participant requirements for this study. A final limitation for this study was the distance between myself and the university I attended. I found the distance difficult at times and somewhat of a barrier for me.

Finally, there were several delimitations in this study. One delimitation was that this study focused on only lesbian, gay, and bisexual individuals. Since this study focused on specific self-identified populations, there is a possible lack of transferability of these findings to other groups outside of this demographic. A second delimitation of the current study was only having one individual who identified as lesbian. Three out of six participants in this study were gay males. Therefore, the results of this study may vary regarding individuals who identify as lesbian. A final delimitation of this study was that most participants were from very small

communities. These communities typically had less than 1000 people living in the towns. Therefore, the results of this study may lack transferability to other LGB individuals living in more populated rural areas.

Recommendations for Future Research

The present study explored the lived experiences of LGB individuals coming out in rural Newfoundland. Research has consistently found that LGB individuals are especially at risk for developing mental health concerns. According to Mereish and Poteat (2015), it is of great importance to assess psychological well-being among sexual minority individuals. Psychological well-being is heavily influenced by the type of environment LGB individuals reside in and whether or not that environment is supportive or hostile (Price-Feeney et al., 2019). Future research should further examine the psychological well-being of LGB individuals living in rural Newfoundland, as some may still be struggling from particular aspects of their coming out experience. It is essential that researchers are cognizant of the cultural differences between Newfoundland and other provinces in Canada and investigate positive ways of coping to help sexual minorities in the area.

Due to the lack of research and resources available on the coming out process in Newfoundland, it is essential to shed light on the situation. Research is needed on sexual diversity in this geographic location in Canada. The lived experiences shared in the current study emphasize the importance of conducting further research to provide resources to sexual minorities and to the general public in Newfoundland. Since the coming out process has been found to have significant impacts on psychological well-being, it is crucial to continue exploring the well-being of sexual minorities living in incredibly rural areas.

As previously stated, the results from this study identify the lack of education regarding the coming out process in Newfoundland, it would be worth examining additional coming out experiences to add to current literature. It is also important to continue exploring ways to implement supports in rural areas for sexual minorities. Moreover, research should focus on accessibility of mental health consultants and peer support programs for individuals struggling with others' acceptance of their sexual identity in Newfoundland.

Implications of the Research

The current study identified the impacts coming out can have on the well-being of lesbian, gay, and bisexual people in rural Newfoundland. Research in this area is especially important due to the lack of literature regarding the coming out process in the province. This study provided detailed information based on the lived experiences of individuals coming out in small communities in Newfoundland. It also highlighted the importance of having mental health supports in place for individuals struggling with their sexual orientation and coming out process. The results of this study may be beneficial to the general public and aid in the understanding of the coming out process and the impacts it can have on well-being. This study may also be of interest to others who wish to pursue similar types of research in this area.

The results of this study may also benefit other sexual minorities who have experienced coming out in rural areas, in that they can view others' perceptions of coming out in rural Newfoundland. It may also be helpful to those who are considering coming out in their respective towns. The lived experiences presented in this study may give other LGB individuals a sense of validation. In other words, the findings may be relatable to some, they may provide a sense of reassurance to others who are struggling, and they may also encourage decreased feelings of loneliness and isolation.

An additional way this study may be beneficial is through its social significance. The results of the current study highlight the impact of the social environment on the self-disclosing individual. Participants in this study faced unique challenges due to the way sexual diversity was perceived in their respective hometowns. Past literature and the results of this study reveal that LGB individuals are at an increased risk of experiencing psychological distress due to stigma, marginalization, and discrimination. Therefore, promoting supportive and welcoming social environments may positively contribute to one's overall well-being by creating a sense of belonging, comfort, and safety. Furthermore, encouraging communities to recognize and acknowledge the existence of sexual diversity will likely benefit the sexual minority population in terms of increased self-worth and value. Developing health promoting policies that range from provincial to federal can also have a significant positive impact on the well-being of LGB individuals, in that they will receive more legal, as well as social, protection.

Finally, the current study may benefit mental health practitioners in identifying the need for specialized services. For example, providing rural locations with education (e.g. presentations at schools) and services tailored to sexual minority individuals (e.g. certified counsellors for sexual minority members). Mental health services in Newfoundland are often geographically inaccessible to individuals living in small communities. Therefore, this present study may highlight the importance of reducing the barriers to seeking professional support for LGB members living in rural communities. Oftentimes, specialized support services for this vulnerable population exist only in cities in Newfoundland. This can pose an additional barrier to those living hours away, especially if the individual is unable travel due to socioeconomic status or inability to drive. This study may encourage mental health practitioners to offer online support or to visit small communities more frequently to offer counselling services.

Self-Reflection

Conducting research with this vulnerable population was rewarding from beginning to end. There were many times prior to the interviews that I was unsure if other individuals would be interested in sharing their personal coming out experiences and the impacts it had on their mental health. Since I am from Newfoundland and had my own coming out experience here, I was hesitant that some individuals would not want to share detailed descriptions of their coming out process to a stranger in a conservative province if those experiences were negative or mixed. To my pleasant surprise, there was an abundance of LGB people interested in taking part in this study. Seeing this response to recruitment posters was very reassuring for me and gave me a sense of validation for the importance of this study.

The experiences the participants shared resonated with me, as I had similar encounters during my coming out journey. Hearing these stories were surprising, but also not surprising. To elaborate, I was not surprised that individuals shared very similar experiences as mine due to coming out in small, conservative, heteronormative towns in Newfoundland. However, at the same time, I was surprised because it was almost though I believed that I may have been the only one with this type of experience. It appeared that participants in this study also felt like they were alone during their coming out process which contributed to some of the stress and isolation they felt. I realized that coming out in small towns has had a major impact on individuals living in this area and that it is important it is to conduct research in a province that has very little resources to offer.

Throughout the interviews, all participants noted that Newfoundland lacked education and resources, especially in rural areas, which make up most of the province. There were times where I wanted to delve deeper into what they meant by certain statements, but due to being a

novice qualitative researcher, I felt myself hold back because I did not want to stray too much from the research questions. I realize now that I could have asked participants to elaborate to receive additional clarification on what they meant at certain times. For example, I could have asked participants more about their spirituality and/or religious beliefs and explored the influence that this may have had on their coming out process. This is something that I will be mindful of in my future research endeavours.

As a final note, completing research on this topic was a rewarding experience and influenced my desire to continue exploring this topic. I hope to continue examining psychological well-being and coming out experiences, especially in Newfoundland, with more specific focus groups. Additionally, I am excited to pursue a career as a psychologist and have come to the realization that I would like to be a certified counsellor to serve members of this vulnerable community.

Through this study, it was clear to me that there is a significant need to provide services to LGB individuals in rural places. Listening to and analyzing the lived experiences of the participants in this study emphasized the impacts coming out has on one's psychological well-being. This sparked a desire in me to help individuals who may be struggling with their sexual orientation. I realized that I would like to provide support where support is lacking. Being a member of the LGB community, I understand and relate to the experiences of others. I believe this will be very beneficial in practice and in helping potential clients with overcoming challenges they may face on their journey to self-acceptance.

Conclusion

The purpose of the present study was to explore psychological well-being and the coming out process of LGB individuals in rural Newfoundland. Through an in-depth review of the

literature, a lack of both quantitative and qualitative research has been conducted on sexual minorities in this area. This study added to the literature by exploring the lived experiences and coming out process of six LGB individuals in rural Newfoundland.

Utilizing IPA, four super-ordinate themes and ten sub-themes were identified in the current study: (1) *Fear of Rejection/Negative Repercussions* (oppression by religious culture, homophobia in rural places, shame and isolation), (2) *Living a Lie* (internal conflict, hiding true self), (3) *Masking the Pain* (substance abuse/addiction, suicidality), (4) *Finding Light in the Darkness* (searching for support, self-disclosure and liberation, supporting others). Each theme that emerged from the data provides others with detailed experiences of coming out in rural Newfoundland and one's journey to self-acceptance. In addition, these themes provide insight into the magnitude of the social climate and attitudes towards sexual minorities in the province and what is lacking in the province to aid in one's quest to self-acceptance.

Face-to-face interviews allowed participants to share their coming out experiences and the impacts those experiences had on their psychological well-being. The results were consistent with current literature that focus on coming out as lesbian, gay, or bisexual in rural areas and provide implications for future research. As both a researcher and a member of the LGB community, my hope is that this study will encourage others to pursue research on this topic in Newfoundland. I also hope that this study will provide a better understanding of the impacts coming out in a rural area can have on psychological well-being. The findings of this study provide insight on the importance of increasing accessibility to mental health supports for sexual minority individuals in this area. Although sexual diversity is becoming more accepted in the province, it is a very gradual process and the stigma surrounding sexual orientation is still an

issue faced by many. My hope is that the findings of this study will bring attention to this issue and create a more welcoming, understanding, and accepting environment in rural Newfoundland.

REFERENCES

- Alexander, N. & Clare, L. (2004). You still feel different: The experience and meaning of women's self-injury in the context of a lesbian or bisexual identity. *Journal of Community & Applied Social Psychology, 14*, 70-84. doi: <https://doi.org/10.1002/casp.764>
- Ali, S. & Lambie, G. (2018). The impact of strengths-based group counselling on LGBTQ+ young adults' in the coming out process. *Journal of Gay & Lesbian Mental Health, 23*, 45-62. doi: <https://doi-org.cyber.usask.ca/10.1080/19359705.2018.1530159>
- American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *American Psychologist, 67*, 10–42. doi:10.1037/a0024659
- American Psychological Association (2019). Sexual orientation and homosexuality. Washington, DC: American Psychological Association. Retrieved from: <https://www.apa.org/topics/lgbt/orientation>
- Badgett, M., Durso, L., & Schneebaum, A. (2013). New patterns of poverty in the lesbian, gay, and bisexual community. The Williams Institute. UCLA School of Law, Los Angeles, CA. Retrieved from <http://williamsinstitute.law.ucla.edu/research/census-GLBt-demographics-studies/GLBt-poverty-update-june-2013/>
- Baiocco, R., Laghi, F., Di Pomponio, I., & Nigito, C. S. (2012). Self-disclosure to the best friend: Friendship quality and internalized sexual stigma in Italian lesbian and gay adolescents. *Journal of Adolescence, 35*, 381–387.
- Barefoot, N, Smalley, B., & Warren, J. (2015). Psychological distress and perceived barriers to care for rural lesbians. *Journal of Gay & Lesbian Mental Health, 19*, 347-369. doi: 10.1080/19359705.2015.1041629

- Barringer, M., Gay, D., & Lynxwiler, J. (2013). Gender, religiosity, spirituality, and attitudes toward homosexuality. *Sociological Spectrum, 33*, 240-257. doi: 10.1080/02732173.2013.732903
- Batejan, K., Jarvi, S., & Swenson, L. (2015). Sexual orientation and non-suicidal self-injury: A meta-analytic review. *Archives of Suicide Research, 19*, 131-150. doi: 10.1080/13811118.2014.957450
- Bayer, V., Robert-McComb, Clopton, J., & Reich, D. (2016). Investigating the influence of shame, depression, and distress tolerance on the relationship between internalized homophobia and binge eating in lesbian and bisexual women. *Eating Behaviors, 24*, 39-44. doi: <https://doi.org/10.1016/j.eatbeh.2016.12.001>
- Beals, K. & Peplau, L. (2005). Identity support, identity devaluation, and well-being among lesbians. *Psychology of Women Quarterly, 29*, 140-148. doi: 10.1111/j.1471-6402.2005.00176.x
- Benibgui, M. (2011). Mental health challenges in lesbian, gay, and bisexual adults: Biological and psychological internalization of minority stress and victimization. *Spectrum Research Repository, 1*, 92-115.
- Berg, R., Munthe-Kaas, H., & Ross, M. (2015). Internalized homonegativity: A systematic mapping review of empirical research. *Journal of Homosexuality, 63*, 1-18. doi: <https://doi-org.cyber.usask.ca/10.1080/00918369.2015.1083788>
- Berzon, B. (2001). Developing a positive gay and lesbian identity. In B. Berzon (Ed.), *Positively gay: New approaches to gay and lesbian life* (3rd ed., pp. 18–31). Berkeley, CA: Celestial Arts.
- Bilodeau, B. & Renn, K. (2005). Analysis of LGBT identity development models and

- implications for practice. *New Directions for Student Services*, 111, 25-39.
- Bos, A., Kanner, D., Muris, B., & Mayer, B. (2009). Mental illness stigma and disclosure: Consequences of coming out of the closet. *Issues in Mental Health Nursing*, 30, 509-513.
- Budge, S. L., Rossman, H. K., & Howard, K. S. (2014). Coping and psychological distress among genderqueer individuals: The moderating effect of social support. *Journal of LGBT Issues in Counseling*, 8, 95-117. doi:10.1080/15538605.2014.853641
- Cass, V. C. (1979). Homosexuality identity formation: A theoretical model. *Journal of Homosexuality*, 4, 219-235.
- Canadian Mental Health Association. *Lesbian, gay, bisexual, trans, and queer identified people and mental health*. Retrieved from: <http://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health>
- Chu, P., Saucier, D., & Hafner, E. (2010). Meta-analysis of the relationships between social support and well-being in children and adolescents. *Journal of Social & Clinical Psychology*, 29, 624-645
- Cochran, S., Sullivan, J., & Mays, V. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting & Clinical Psychology*, 71, 53-61. doi: 10.1037/0022-006X.71.1.53
- Coleman, E. (1982). Developmental stages of the coming-out process. *American Behavioural Scientist*, 25, 469-482. doi: <https://doi-org.cyber.usask.ca/10.1177/000276482025004009>
- Cope, D. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41, 89.
- Cramer, R., McNeil, D., Holley, S., Shumway, M., & Boccellari, A. (2012). Mental health in

- violent crime victims: Does sexual orientation matter? *Law & Human Behavior*, 36, 87-95. doi: <http://dx.doi.org/10.1037/h0093954>
- Crews, D., & Crawford, M. (2015). Exploring the role of being out on a queer person's self-compassion. *Journal of Gay & Lesbian Social Services*, 27, 172-186.
doi:10.1080/10538720.2015.1022272
- D'Augelli A. R. (2002). Mental health problems among lesbian, gay, and bisexual youths ages 14 to 21. *Clinical Child Psychology & Psychiatry*, 7, 433-456. doi: 10.1177/1359104502007003010
- D'Augelli, A. R., Pilkington, N. W., & Hershberger, S. L. (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly*, 17, 148–167.
- Dewaele, A., Van Houtte, M., Cox, N., & Vincke, J. (2013). From coming out to visibility management: A new perspective on coping with minority stressors in LGB youth in Flanders. *Journal of Homosexuality*, 60, 685-710. doi:10.1080/00918369.2013.773818
- Dohrenwend, B. P. (1998). Theoretical integration. In B. P. Dohrenwend (Ed.), *Adversity, stress, and psychopathology* (pp. 539–555). New York, NY: Oxford University Press.
- Doty, N. D., Willoughby, B. B., Lindahl, K. M., & Malik, N. M., (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal of Youth & Adolescence*, 3, 1134–1147. doi:10.1007/s10964-010-9566-x
- Druhan, C. (2019, March 20). Our complicated relationship with the term queer. Retrieved August 19, 2020, from <http://inmagazine.ca/2019/03/our-complicated-relationship-with-the-term-queer/>

- Drumheller, K. & McQuay, B. (2010). Living in the buckle: Promoting LGBT outreach services in conservative urban/rural centers. *Communication Studies*, 61, 70-86. doi: <https://doi.org/10.1080/10510970903398010>
- Edwards, J. (2005). Invisibility, safety and psycho-social distress among same-sex attracted women in rural South Australia. *Rural and Remote Health*, 5(1), 343. Retrieved from <http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=343>
- Eisenberg, M. & Resnick, M. (2006). Suicidality among gay, lesbian, and bisexual youth: The role of protective factors. *Journal of Adolescent Health*, 39, 662-668.
- Espelage, D. L., & Swearer, S. M. (2008). Addressing research gaps in the intersection between homophobia and bullying. *School Psychology Review*, 37, 155–159.
- Fassinger, R. (1991). The hidden minority: Issues and challenges in working with lesbian women and gay men. *Counselling Psychologist*, 19, 157-176.
- Fergusson, D. M., Horwood, J. & Beautrais, A. L. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, 56, 876–880. doi:10.1001/archpsyc.56.10.876
- Floyd, F. J., & Stein, T. S. (2002). Sexual orientation identity formation among gay, lesbian, and bisexual youths: Multiple patterns of milestone experiences. *Journal of Research on Adolescence*, 12, 167-191. doi: <https://doi-org.cyber.usask.ca/10.1111/1532-7795.00030>
- Ford, V. E. (2003). Coming out as lesbian or gay: A potential precipitant of crisis in adolescence. *Journal of Human Behavior in the Social Environment*, 8, 93-110. doi: 10.1300=J137v8n02_06
- Forgas, J. (2011). Affective influences on self-disclosure: Mood effects on the intimacy and reciprocity of disclosing personal information. *Journal of Personality & Social*

Psychology, 100, 449-461.

Fredriksen-Goldsen, K. I., Kim, H., Barkan, S. E., Balsam, K. F. & Mincer, S. L. (2010).

Disparities in health-related quality of life: A comparison of lesbians and bisexual women. *American Journal of Public Health*, 100, 2255–2261.

doi:10.2105/AJPH.2009.177329

Frost, D. M., Lehavot, K., & Meyer, I. (2013). Minority stress and physical health among sexual minority individuals. *Journal of Behavioral Medicine*, 36, 1-8.

Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counselling Psychology*, 56, 97–108.

doi: 10.1037/a0012844

Galliher, R., Rostosky, S., & Hughes, H. K. (2004). School belonging, self-esteem, and depressive symptoms in adolescents: An examination of sex, sexual attraction status, and urbanicity. *Journal of Youth & Adolescence*, 33, 235-245. doi: 0047-2891/04/0600-0235/0

Goldbach, J., Fisher, B., & Dunlap, S. (2015). Traumatic experiences and drug use by LGB adolescents: A critical review of minority stress. *Journal of Social Work Practice in the Addictions*, 15, 90-113. doi: 10.1080/1533256X.2014.996227

Grafsky, E. (2018). Deciding to come out to parents: Toward a model of sexual orientation disclosure decisions. *Family Process*, 57, 783-789. doi: 10.1111/famp.12313

Haines, M., Erchull, M., Liss, M., Turner, D., Nelson, J., Ramsey, L., & M. Hurt. (2008).

Predictors and effects of self-objectification in lesbians, *Psychology of Women Quarterly*, 32, 181-187.

Halpin, S. & Allen, M. (2019). Changes in psychological well-being during stages of gay

- identity development. *Journal of Homosexuality*, 47, 109-126.
- Hampel, P. & Petermann, F. (2005). Age and gender effects on coping in children and adolescents. *Journal of Youth & Adolescence*, 34, 73-83.
- Harré, R. (1979). *Social being*. Oxford: Blackwell.
- Hartling, L., Rosen, W., Walker, M., & Jordan, J. (2004). Shame and humiliation: From isolation to relational transformation. In: Jordan, J., Walker, M., Hartling, L. editors. *The complexity of connection*. Guilford Press; New York, NY: 2004. pp. 103-128.
- Hatzenbuehler, M. L. (2011). The social environment and suicide attempts in lesbian, gay, and bisexual youth. *Pediatrics*, 127, 896-903.
- Haverkamp, B. E., & Young, R. A. (2007). Paradigms, purpose and the role of the literature: Formulating a rationale for qualitative investigations. *The Counseling Psychologist*, 35(2), 265-294. doi:10.1177/0011000006292597
- Hays, D. G. & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. New York, NY: The Guildford Press.
- Herek, G. M. (2007). Confronting sexual stigma and prejudice: Theory and practice. *Journal of Social Issues*, 63, 905–925. doi: 10.1111/j.1540-4560.2007.00544.x
- Hong, J., Espelage, D., & Kral, M. (2011). Understanding suicide among sexual minority youth in America: An ecological systems analysis. *Journal of Adolescence*, 34, 885-894. doi: 10.1016/j.adolescence.2011.01.002
- House, A. S., Van Horn, E., Coppeans, C., & Stepleman, L. M. (2011). Interpersonal trauma and discriminatory events as predictors of suicidal and nonsuicidal self-injury in gay, lesbian, bisexual, and transgender persons. *Traumatology*, 12, 75–85. doi: 10.1177=1534765610395621

- Hubach, R., Currin, J., Giano, Z., Meyers, H., Deboy, K., Wheeler, D., & Croff, J. (2019). Experiences of stigma by gay and bisexual men in rural Oklahoma. *Health Equity, 3*, 231-237. doi: 10.1089/heq.2018.0095
- Janssen, D. & Scheepers, P. (2019). How religiosity shapes rejection of homosexuality across the globe. *Journal of Homosexuality, 66*, 1974-2001. doi: 10.1080/00918369.2018.1522809
- Johnson, B., Dunlap, E., & Beniot, E. (2010). Structured qualitative research: Organizing “Mountains of Words” for data and analysis, both qualitative and quantitative. *Substance Use & Misuse, 45*, 648-670. doi: 10.3109/10826081003594757
- Johnson, S. & Rasulova, S. (2016). Qualitative research and the evaluation of development impact: Incorporating authenticity into the assessment of rigour. *Journal of Development Effectiveness, 9*, 263-276. doi: 10.1080/19439342.2017.1306577
- Jordan, J. Shame and humiliation: From isolation to relational transformation. Jordan, J., Walker, M., Hartling, L. editors. The complexity of connection. Guilford Press; New York, NY: 2004. pp. 103-128.
- Kennedy, A. & Oswalt, M. (2014). Is Cass’s model of Homosexual Identity Formation relevant to today’s society? *American Journal of Sexual Education, 9*, 229-246. doi: 10.1080./15546128.2014.900465
- King, M., Semlyen, J., See Tai, S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay, and bisexual people. *BMC Psychiatry, 8*, 70. doi: 10.1186/1471-244X-8-70
- Kirkham, J. & Smith, J. (2015). Painting pain: An interpretative phenomenological analysis of representations of living with chronic pain. *Health Psychology, 34*, 398-406. doi: 10.1037/hea0000139

- Klein, K., Holtby, A., Cook, K., & Travers, R. (2015). Complicating the coming out narrative: Becoming oneself in a heterosexist and cissexist world. *Journal of Homosexuality*, *62*, 297-326. doi:10.1080/00918369.2014.970829
- Koh, A. S. & Ross, L. K. (2006). Mental health issues: A comparison of lesbian, bisexual, and heterosexual women. *Journal of Homosexuality*, *51*, 33-57. doi: 10.1300/J082v51n01_03
- Kosciw J, Greytak E, Diaz EM, & Barthkiewicz MJ. (2011). The 2009 National School Climate Survey: the experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN.
- Kosciw J. & Diaz EM. The 2005 National School Climate Survey: the experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools. New York: GLSEN; 2006.
- Kosciw, J. G., Greytak, E. A., Diaz, E. M., & Bartkiewicz, M. J. (2014). The 2013 national school climate survey: Experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools. New York: Gay, Lesbian, and Straight Educational Network.
- Kosciw, J., Palmer, N., & Kull, R. (2015). Reflecting resiliency: Openness about sexual orientation and/or gender identity and its relationship to well-being and educational outcomes for LGBT students. *American Journal of Community Psychology*, *55*, 167-178.
- LaSala, M. C. (2000). Lesbian, gay men, and their parents: Family therapy for the coming-out crisis. *Family Process*, *39*, 67-81.
- LaSala, M. C. (2010). Coming out, coming home: Helping families adjust to a gay or lesbian child. New York: Columbia University Press.
- Latchmore, V. & Marple, L. (2005). LGBTQ Activism: Small town social change. *Canadian Women Studies*, *24*, 55-88.
- Legate, N., Ryan, R. M., & Weinstein, N. (2012). Is coming out always a "good thing"?

- Exploring the relations of autonomy support, outness, and wellness for lesbian, gay, and bisexual individuals. *Social Psychological & Personality Science*, 3, 145–152. doi: 10.1177/1948550611411929
- Lesbian, gay, bisexual, trans, and queer identified people and mental health (2019). Retrieved from <https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/>
- Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American Journal of Preventive Medicine*, 42, 221–228.
- Loosier, P. S. & Dittus, P. J. (2010). Group differences in risk across three domains using an expanded measure of sexual orientation. *Journal of Primary Prevention*, 31, 261–272. doi:10.1007/s10935-010-0228-2
- Love, H. (2009). *Feeling backward: Loss and the politics of queer history*. Cambridge, Massachusetts: Harvard University Press.
- Lytle, M., Luca, S., & Blosnich, J. (2014). The influence of intersecting identities on self-harm, suicidal behaviors and depression among lesbian, gay, and bisexual individuals. *Suicide & Life-Threatening Behaviors*, 44, 384-391. doi: 10.1111/sltb.12083
- Manning, S. (2017). Contrasting colonisations: (re)storying Newfoundland/Ktaqmkuk as place. *Settler Colonial Studies*, 8, 314-331. doi: 10.1080/22014773X.2017.1327010
- Marshal, M., Dietz, L., Friedman, M., Stall, R., Smith, H., McGinley, J., Thoma, B., Murray, P., D'Augelli, A., & Brent, D. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *Journal of Adolescent Health*, 49, 115-123. doi: 10.1016/j.jadohealth.2011.02.005
- Marshal, M., Friedman, M., Stall, R. & Thompson, A. (2009). Individual trajectories of drug use

- in lesbian, gay, and bisexual youth and heterosexual youth. *Addiction*, *104*, 974-981. doi: 10.1111/j.1360-0443.2009.02531.x
- Mendez, S., Holman, E., Oswald, R., & Izenstark, D. (2016). Minority stress in the context of rural economic hardship: One lesbian mother's story. *Journal of GLBT Family Studies*, *12*, 5, 491-511.
- Mereish, E., & Poteat, V. (2015). A relational model of sexual minority mental and physical health: The negative effects of shame on relationships, loneliness, and health. *Journal of Counselling Psychology*, *62*, 425-437. doi: 10.1037/cou0000088
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*, 674-697. doi:10.1037/0033-2909.129.5.674
- Miller, C. T. and Kaiser, C. R. (2001). A theoretical perspective on coping with stigma. *Journal of Social Psychology*, *57*, 73-92
- Moraswki, J. (2016). Pluralism in qualitative inquiry. *Theory & Psychology*, *26*, 557-558. doi: 10.1177/0959354316641779
- Morgensen, S. (2012). Theorising gender, sexuality and settler colonialism: An introduction. *Settler Colonial Studies*, *2*, 2-22.
- Morrison, M. (2011). Psychological health correlates of perceived discrimination among Canadian gay men and lesbian women. *Canadian Journal of Community Mental Health*, *30*, 81.
- Needham, B. L., & Austin, E. L. (2010). Sexual orientation, parental support, and health during the transition to young adulthood. *Journal of Youth & Adolescence*, *39*, 1189-1198. doi:10.1007/s10964-010-9533-6

- Newcomb, M. E., & Mustanski, B. (2010). Internalized homophobia and internalizing mental health problems: A meta-analytic review. *Clinical Psychology Review, 30*, 1019–1029
- Newman, R. S. 2008. Adaptive and nonadaptive help seeking with peer harassment: An integrative perspective of coping and self-regulation. *Educational Psychologist, 43*, 1-15.
- Nock, M. K., & Favazza, A. R. (2009). Nonsuicidal self-injury: Definition and classification. In M. K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 9–18). Washington, DC: American Psychological Association.
- Pachankis, J., Goldfried, M., & Ramratten, M. (2008). Extension of the rejection sensitivity construct to the interpersonal functioning of gay men. *Journal Consulting Clinical Psychology, 76*, 306-317. doi: 10.1037/0022-006X.76.2.306
- Palmer, N. A., Kosciw, J. G., & Bartkiewicz, M. J. (2012). *Strengths and silences: The school experiences of LGBT students in rural and small town schools*. New York: GLSEN.
- Pasek, M., Filip-Crawford, G., & Cook, J. (2017). Identity concealment and social change: Balancing advocacy goals against individual needs. *Journal of Social Issues, 73*, 397-412.
- Perrin-Wallqvist, R. & Linblom, J. (2015). Coming out as gay: A phenomenological study about adolescents disclosing their homosexuality to their parents. *Social Behavior & Personality 43*, 467-480. doi: <http://dx.doi.org/10.2224/sbp.2015.43.3.467>
- Petrocchi, N., Pistella, J., Salvati, M., Carone, N., Laghi, F., & Baiocco, R. (2020). I embrace my LGB identity: Self-reassurance, social safeness, and the distinctive relevance of authenticity to well-being in Italian lesbians, gay men, and bisexual people. *Sexuality Research & Social Policy, 17*, 75-86. doi: 10.1007/s13178-018-0373-6
- PEW Research Center. (2014). *LGBT in changing times*. Retrieved from:

<http://www.pewresearch.org/packages/lgbt-in-changing-times/>

- Poon, C. S. & Saewyc, E. M. (2009). Out yonder: Sexual-minority adolescents in rural communities in British Columbia. *American Journal of Public Health, 99*, 118-124.
- Poteat, V. P., & Espelage, D. L. (2007). Predicting psychosocial consequences of homophobic victimization in middle school students. *The Journal of Early Adolescence, 27*, 175–191.
- Poteat, V. P. Espelage, D. L., Koenig, B. (2009). Willingness to remain friends and attend school with lesbian and gay peers: Relational expressions of prejudice among heterosexual youth. *Journal of Youth Adolescence, 38*, 952-962.
- Price-Feeney, M., Ybarra, M. L., Mitchell, K. J. (2019). Health indicators of lesbian, gay, bisexual and other sexual minority (LGB+) youth living in rural communities. *The Journal of Pediatrics, 205*, 236-243. doi: <https://doi.org/10.1016/j.jpeds.2018.09.059>
- Puckett, J., Home, S., Surace, F., Carter, A., Noffsinger-Frazier, N., Shulman, J., Detrie, P., Ervin, A., & Mosher, C. (2017). Predictors of sexual minority youth’s reported suicide attempts and mental health. *Journal of Homosexuality, 64*, 697-715. doi: 10.1080/00918369.2016.1196999
- Rasmussen, M. (2004). The problem of coming out. *Theory Into Practice, 43*, 144-150.
- Riley, B. H. (2010). GLB adolescent's “coming out.” *Journal of Child and Adolescent Psychiatric Nursing, 23*, 3-10. doi:10.1111/j.1744-6171.2009.00210.x
- Robin, L., Brener, N. D., Donahue, S. F., Hack, T., Hale, K., & Goodenow, C. (2002). Associations between health risk behaviors and opposite, same, and both-sex sexual partners in representative samples of Vermont and Massachusetts high school students. *Archives of Pediatrics and Adolescent Medicine, 156*, 349–355.
- Rosenkrantz, D., Black, W., Abreu, R., Aleshire, M., & Fallin-Bennett, K. (2017). Health and

- health care of rural sexual and gender minorities: A systematic review. *Stigma & Health*, 2, 229-243. doi: <http://dx.doi.org/10.1037/sah0000055>
- Rubino, C., Case, R., & Anderson, A. (2018). Internalized homophobia and depression in lesbian women: The protective role of pride. *Journal of Gay & Lesbian Social Services*, 30, 244-260. doi: <https://doi-org.cyber.usask.ca/10.1080/10538720.2018.1470419>
- Ryan, C. Huebner, D., Diaz, R., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123, 346-352. doi: 10.1542/peds.2007-3524
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child & Adolescent Psychiatric Nursing*, 23, 205-213. doi:10.1111/jcap.2010.23.issue-4
- Savin-Williams, R. C. (2001). "Mom, Dad. I'm gay." How families negotiate coming out. Washington, DC: American Psychological Association.
- Savin-Williams, R. C. (2011). Identity development among sexual-minority youth. In S. J. Schwartz, V. L. Vignoles, and K. Luyckx (Eds.). *Handbook of identity theory and research* (pp. 671-689). New York, NY: Springer.
- Skinner, E. & Zimmer-Gembeckz, M. (2007). The development of coping. *Annual Review of Psychology*, 58, 119-144.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54. doi: 10.1191/1478088704qp004oa
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis*. Thousand Oaks, CA: SAGE Publications Ltd.

- Smith, J. A & Osborn, M. (2003). Interpretative phenomenological analysis. In J. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 53-80). Thousand Oaks, CA: Sage.
- Solomon, D., McAbee, J. Åsberg, K., & McGee, A. (2015). Coming out and the potential for growth in sexual minorities: The role of social reactions and internalized homonegativity. *Journal of Homosexuality, 62*, 1512-1538. doi: 10.1080/00918369.2015.1073032
- Statistics Canada (2016). *Census Profile Newfoundland and Labrador*.
<http://www.stats.gov.nl.ca>
- Swank, E., Frost, D. M., & Fahs, B. (2012). Rural location and exposure to minority stress among sexual minorities in the United States. *Psychology & Sexuality, 3*, 226-243.
doi:10.1080/19419899.2012.700026
- Szymanski, D, Chung, Y, & Balsam, K. (2001). Psychosocial correlates of internalized homophobia in lesbians. *Measurement & Evaluation in Counseling & Development, 34*, 27-38.
- Troiden, R. (1989). The formation of homosexual identities. *Journal of Homosexuality, 17*, 43-74.
- Walsh, K. & Hope, D. (2010). LGB-affirmative cognitive behavioural treatment for social anxiety: A case study applying evidence-based practice principles. *Cognitive & Behavioural Practice, 17*, 56-65.
- Whitehead, A. (2017). Institutionalized norms, practical organizational activity, and loose coupling: Inclusive congregations' responses to homosexuality. *Journal for the Scientific Study of Religion, 56*, 820-835.
- Willging, C. E., Salvador, M., & Kano, M. (2006). Pragmatic help seeking: How sexual and

gender minority groups access mental healthcare in a rural state. *Psychiatric Services*, 57, 871-874. doi:10.1176/appi.ps.57.6.871

Yip, A. (2005). Queering religious texts: An exploration of British non-heterosexual Christians' and Muslims' strategy of constructing sexuality-affirming hermeneutics. *Sociology*, 39, 47-65.

FOOTNOTES

¹ Marple, L. (2005). Rural queers?: The loss of the rural queer. *Canadian Women's Studies*, 24, 71-74.

² Morgensen, S. (2013). Queer settler colonialism in Canada and Israel: Articulating two-spirit and Palestinian queer critiques. *Settler Colonial Studies*, 2, 167-190.

³ Pearce, K. & Murray, L. (2018). Gay by the bay: Feeling queer, feeling Newfoundland. *ProQuest Dissertations Publishing*, 1, 1-148.

⁴ Wilson, A. (1996). How we find ourselves: Identity development and two spirit people. *Harvard Educational Review*, 66, 303-318.

APPENDIX A: RECRUITMENT POSTER #1

****If you wish to share this poster, please disable the comments section of the post to ensure prospective participants remain anonymous to the public. It is important to avoid tagging to further the confidentiality of participants.****

Are you a lesbian, gay, or bisexual person from a small community in Newfoundland?

Would you be willing to share your experiences of coming out in a confidential research interview?

I am a Masters Student in the School and Counselling Psychology program at the University of Saskatchewan under the supervision of Dr. Stephanie Martin. My current research aims to explore coming out and well-being among LGB individuals from small communities in Newfoundland. I am seeking volunteers to participate in a 45-90 minute interview. The interviews will take place in a private, rented community space. Participants will receive a gift card from Tim Hortons.

In order to take part in this study, participants must:

- be between the ages of 18 and 45
- be fluent in English
- identify as lesbian, gay, or bisexual
- be from a rural location in Newfoundland
- have experienced coming out (to at least one person)
- be willing to share basic demographic information (age, sexual orientation, gender)
- not be in a current crisis
- be able to travel to Grand Falls-Windsor or Corner Brook for interview

If you are interested in learning more about this study, please contact Brittany at comingout.rural@usask.ca

This project has been approved on ethical grounds by the Research Ethics Board on [date]

APPENDIX C: CONSENT FORM



UNIVERSITY OF SASKATCHEWAN
College of Education
USASK.CA/EDUCATION

Consent Form

Researchers

Student Researcher

Brittany Roberts
M. Ed. Graduate Student
Educational Psychology & Special Education
University of Saskatchewan
Email: comingout.rural@usask.ca

Supervisor

Dr. Stephanie Martin
Professor & Registered Doctoral
Psychologist
Educational Psychology & Special
Education
University of Saskatchewan
Phone: (306) 966-5259
Email: stephanie.martin@usask.ca

Purpose and Procedure

You are invited to take part in a research project entitled: *Exploring the Coming Out Experiences and Well-Being of Lesbian, Gay, and Bisexual People in Rural Newfoundland*.

The purpose of this study is to understand the experiences and well-being of LGB individuals in rural Newfoundland. Past research has revealed that the coming out process for all sexual minority members can positively or negatively affect experiences of well-being. Further research has indicated that the influence of the coming out process is amplified in rural locations.

This study aims to identify the experiences of those who have self-disclosed their sexual orientation and are from rural areas. It also provides a platform to LGB individuals who would like to share their experiences of the coming out process.

Participation Requirements

In order to participate, you will be asked to take part in two separate interviews. The first interview will take place over the phone to ensure that you meet participation criteria. To

participate you must be between the ages of 18 and 45, be fluent in English, self-identify as lesbian, gay, or bisexual, be openly out to at least one person in your life, be from a small community in Newfoundland, be able to travel to either Grand Falls-Windsor or Corner Brook for interview, be willing to share basic demographic information such as age, sexual orientation, and gender, and not be in a current state of crisis. If you meet these requirements, you will be asked to take part in the second interview.

The second interview will be face-to-face, take approximately 90 minutes, be audio-recorded, and consist of a series of open-ended questions about your experiences of coming out in rural/small town in Newfoundland. The interview guide will be sent to you along with this form. It will include the topics of discussion and allow you to make an informed decision on whether you would like to participate.

During our research interview, I will record our conversation by using my password protected phone. You may request to turn off the audio-recorder at any time. The interviews will take place in a private rented space within the community. All information you provide will be de-identified and the data will be stored in locked filing cabinets in my supervisor's office. Signed consent forms will be stored separately from the audio recording and transcription of our conversation to ensure confidentiality. Examples of interviewing rooms include a study room in a library, a classroom, or office space. Once the interview is complete, you will be given the option to revise or omit any information you are uncomfortable with. If you decide that you do not want to include your data in the study at a later date, you can find information in the *Right to Withdraw* section to withdraw from the study.

Potential Benefits

There are no guaranteed benefits from this study. However, participating in the study may contribute to the research that already exists on coming out as lesbian, gay, or bisexual in a rural location, particularly in Newfoundland. The information gathered may be useful to both the public and the LGB community by increasing awareness and understanding of the coming out experiences in rural locations.

Compensation

You will be given a \$10.00 gift card from Tim Horton's upon completion of the interview; even if you decide not to continue the interview, you will still receive the gift card.

Potential Risks

There are no direct risks from taking part in this study. However, sharing personal information about the experiences of coming out in a rural location may result in re-living the past. You may experience some emotional stress as you tell your story. If you feel like this is happening, and if you'd like, we can take a break from the interview. If you would benefit from further discussion with a mental health provider, the contact information for these services are listed below:

Provincial Mental Health Crisis Line 24 hour: (709) 737-4668 or toll free at 1-888-737-4668

Mental Health and Addictions Systems Navigator: (709) 752-3916 or 1-877-999-7589

CHANNAL Peer Support Warm Line: (709) 753-2560 or 1-855-753-2560

Newfoundland and Labrador Healthline: dial 811 or call toll free at 1-888-709-2929

Storage of Data

While the research is ongoing, I will be responsible for storing the data. Your privacy is very important to me. All personal information that you share with me will be de-identified to ensure that your identity is never revealed. In addition, transcriptions of audio-recordings will be stored on my password protected computer. Electronic data will be uploaded to a Cabinet on PAWS, the University of Saskatchewan's secure network, and hard copy files will be sent to the supervisor and stored in locked filing cabinets in her office at the university. Signed consent forms will be securely stored in a separate locked filing cabinet from other data (e.g. transcriptions and recordings).

All data held by the researcher will be transferred to the supervisor upon completion of the study and permanently deleted from my files. The information I collect will adhere to the University of Saskatchewan's Behavioral Ethics Board requirements and be kept for a minimum of 5 years, post publication, by my supervisor. After this time, all data will be removed and destroyed beyond recovery.

Confidentiality

Absolutely no personally identifying information will be used in the study. The data will be used for my Masters thesis and may be published in an academic journal or presented at a conference.

Although no identifying information will be included in this study, it is possible that direct quotations from your transcribed interview will be used in the write-up of the study. However, to ensure confidentiality, you are asked to choose a pseudonym (fake name) prior to the interview; your pseudonym will be used in the final write-up of study results.

When reporting the results, the researchers will attempt to identify common themes to reduce the likelihood of your identity being recognized by others. The final write-up of this research project will only include characteristics that are essential to the purpose of the study.

Right to Withdraw

Your participation in this study is completely voluntarily and you have the right to withdraw your participation from the interview at any point in time without penalty. If there are any questions that you are uncomfortable with, you have the right to refuse answering. If you decide you would like to withdraw your participation during the interview, all information you have provided will be destroyed and unsalvageable.

Those who take part in the interview will receive a transcribed copy of the interview by email once it is complete. From the day you receive the transcription (via email), you will have two weeks to review and revise (or remove) your quotations if you deem necessary. If you would like to have your information included in the study, the data/transcript release form will need to be signed, dated, and emailed back to me within those two weeks. If you do not have access to a printer or scanner, the transcript/data release form can be signed and returned by using a digital signature. You also have the option of withdrawing from the study without penalty up until the data analysis begins. Once the analysis begins, it will not be possible to withdraw your data.

Questions

Any questions or concerns that you may have regarding the study can be answered by the researcher (s) at the above contact information.

If you would like to receive a copy of the final report, you can make this request by contacting me through the email address provided. The final report is expected to be complete by May 01, 2020.

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board on January 17th, 2020. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Consent

Signing this document indicates that you have read and understood the description provided. I consent to participate in this research and I understand that I can withdraw at any point in time. A copy of this consent form has been given to me for my records.

Name of Participant

Signature

Date

Researcher's Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

APPENDIX D: PRE-SCREENING TELEPHONE INTERVIEW

R: *Before we get started, I would like to thank you for your interest in this research project! The aim of this study is to learn more about the coming out experiences and well-being of lesbian, gay, and bisexual people from small towns in Newfoundland. Since this research has a specific focus group, I would like to make sure that you meet the recruitment criteria. First, I want to start by asking you if you are between the ages of 18 and 45?*

R: Can you tell me what your age is?

R: Great. And what town are you from in Newfoundland?

R: And what is your gender?

R: Thank you. And what is your sexual orientation (lesbian, gay, or bisexual)?

R: Are you able to travel to Grand Falls-Windsor or Corner Brook for an interview?

R: Awesome. Next, I would like to ask you if are openly out? In other words, have you told anyone your sexual orientation?

R: Since this study also focuses on well-being, I would like to ask you a 'yes' or 'no' question about your experience (I will save the rest for the interview). Do you feel that your well-being was impacted by your coming out experience?

R: I really appreciate you answering these questions. You meet all of the participation criteria. If you are still interested in taking part in this study, I would like to set a time and date to meet with you to talk about your experiences. I am able to rent a private space within both communities I mentioned earlier. When are you able to travel to Grand Falls-Windsor or Corner Brook for an interview? What time works best?

R: When we meet in person, we will go over informed consent before we begin the interview. The interview can range between 45 to 90 minutes and will be audio-recorded. You have the right to withdraw from the interview at any time without penalty or explanation. You will not have to answer any questions you are uncomfortable with. We can also take breaks throughout the interview if you would like. After our interview I will transcribe our conversation (meaning I will listen to the recorded audio and write down what was said). I will send you a transcribed copy of our interview once it is complete and you can review the information to make any revisions as you see fit.

R: Do you have any questions you would like to ask before we end the phone call?

R: Would you still like to participate in this study?

R: Great. I know this is a lot of information at once. If you have any questions or concerns before we meet in person about the consent form, the interview, or confidentiality limitations you can email me at comingout.rural@usask.ca. I can also answer any questions you may have at the interview. Thank you so much for your time and I look forward to meeting with you!

APPENDIX E: SEMI-STRUCTURED INTERVIEW GUIDE

1. Demographics

- Gender: M or F or Other
- Age:
- Sexual Orientation:
- Where are you from:

Interview questions:

Thank you for your interest in participating and sharing your story. Before we get started, I wonder what prompted you to want to participate in this project?

1. What prompted you to want to come out?
 - How did you come to this decision?
 - Why at that time in your life?
 - What thoughts or feelings did you have about your coming out process?
 - Can you tell me more about that?
2. Please tell me about your coming out experience in rural Newfoundland?
 - What was it like for you?
 - Who else was involved?
 - Why did you choose this person(s)?
 - What reactions did you receive?
 - How did these reactions affect you?
 - What did you do with others' reactions?

- How did you respond to these reactions?
3. What was the impact of your coming out process?
- How did you feel after telling others?
 - What changes did you notice in your life, including within yourself?
 - What changes did you notice in your relationships (family, friends, co-workers), if any?
 - How did these changes affect you?
4. If applicable, how did coming out make things easier or harder for you?
- Easier and/or harder in which ways. Please elaborate.
 - How did you feel?
 - What challenges did you face?
 - What supports did you receive?
5. How did coming out in a *small town* affect your overall well-being?
- Physically, emotionally, mentally, relationally, socially and spiritually?
6. How do you think your coming out experience would have been if you did so in a *city*?
- In what ways would it have been different and/or the same? Please elaborate.
 - How do you think the reactions would have been?
 - In what ways do you think they would be different?
 - In what ways do you think they would be the same?
 - Why do you think the reactions would be different and/or the same?

7. There are a number of ways people cope with stress during the coming out process. If applicable, please tell me about some of the ways you coped when you came out? These can be positive or negative.

- What did you do?
- How did you feel?
- What were your thoughts?
- Could you give me an example of a situation where you used a specific way of coping?

8. If you had any advice to give about coming out in rural Newfoundland, what would it be?

- What would have been helpful for you?
- Can you tell me more about that?
- What would you like others to know about coming out in rural Newfoundland?

Thank you for sharing your experiences with me. Is there anything else you would like to add before we end this interview?

APPENDIX F: DATA/TRANSCRIPT RELEASE FORM



Research Ethics Boards (Behavioural and Biomedical) TRANSCRIPT RELEASE FORM

Title: Exploring the Coming Out Experiences and Well-Being of Lesbian, Gay, and Bisexual People in Rural Newfoundland

I, _____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Brittany Roberts. I hereby authorize the release of this transcript to Brittany Roberts to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

_____ Name of Participant

_____ Signature of Participant

_____ Date

_____ Signature of researcher