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LGBT People's Experiences of Stigmatization: A Phenomenologic Study

LGBT Bireylerin Damgalanma Deneyimleri: Fenomolojik Bir Araştırma

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Abstract: This study is an in-depth analysis of LGBT people's experiences of stigmatization, phenomenological qualitative study. LGBT people were contacted using snowball sampling. Data from 33 participants were collected in face-to-face in-depth interviews using the phenomenological interview technique and semi-structured questionnaires. Content analysis of the participants' experiences of stigmatization identified three themes and four subthemes: 'being LGBT; otherness', 'pretending: life in the closet', 'self stigmatization': 'Feeling like a problem that needs to be solved'. LGBT people experience intense stigmatization, are subjected to violence and being perceived sick, perver or dangerous. LGBT people experience self-stigma. LGBT people are pretended not to be other and live secret life. This study determined that the participants who suffered from family and society were subjected to stigmatization or they internalized this stigma and they pretended and live secret life.

Keywords: LGBT, Nursing, Psychiatric Nursing, Stigmatization, Discrimination.

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Öz: Bu çalışma, LGBT bireylerin damgalanma deneyimlerinin derinlemesine bir analizini içeren fenomenolojik nitel bir çalışmadır. LGBT bireylerle kartopu örnekleme yöntemiyle iletişime geçilmiştir. 33 katılımcıdan veriler, fenomenolojik görüşme tekniği ve yarı yapılandırılmış anketler kullanılarak yüz yüze derinlemesine görüşmelerle toplanmıştır. Katılımcıların damgalanma deneyimlerinin içerik analizi, üç tema ve dört alt tema olarak belirlenmiştir: 'LGBT olmak ötekilik, rol yapma, dolapta yaşam, kendini damgalama, çözülmesi gereken bir sorun gibi hissetmek. LGBT bireyler yoğun bir damgalanma yaşamakta, şiddete maruz kalmakta ve hasta, sapık veya tehlikeli olarak algılanmaktadır. LGBT bireyler kendilerini damgalamayı da deneyimler. LGBT bireyler öteki değilmiş gibi davranır fakat gizli bir hayat yaşarlar. Bu çalışmada, aile ve toplumdan zarar gören katılımcıların damgalanmaya maruz kaldıkları veya bu damgalamayı içselleştirdikleri, ısrarlı ve gizli bir hayat yaşadıkları tespit edilmiştir.

Anahtar Kelimeler: LGBT, Hemşirelik, Psikiyatri Hemşireliği, Damgalama, Ayrımcılık.

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1. Introduction

Stigma is not a self-evident phenomenon, but like all concepts, it has a history (Tyler & Slater, 2018). The stigma has been used in studies as a tool since Goffman's study (Goffman, 2009). People are exposed to "othering" due to their sexual orientation. Human relationships with the "other" have been in question since ancient Greece. Relationships with others are based on the determination of difference. Goffman defined stigmatization as "devaluing people," claiming that "people who have this label may be so undesirable that they are not even perceived as human" (Goffman, 2009). Stigmatization means "to disgrace an individual as different from others, to separate the actor from others, to humiliate and to denigrate the actor" (Bresnahan & Zhuang, 2016; Açıkgöz & Akkuş, 2018). Stigmatized people are seen as disreputable, beneath certain social standards, and worthy of reproach. They are exposed to a biased perspective and may suffer from problems such as a loss of status, discrimination, social disapproval, exclusion, and rejection (Link & Phelan, 2001). Stigma refers to a process of shame and humiliation that negatively affects a person or an event (Hatzenbuehler, 2016; Li et al., 2019). LGBT stigma refers to complex intertwined processes such as social exclusion, reduced access to opportunities, and power inequalities that disproportionately affect sexual minorities (Logie et al., 2020). This stigma, which has undergone various political changes, has various problems, including violence, family denial, denial of healthcare, and other human rights violations (Logie et al., 2019a; Wendi et al., 2016). Research shows that these individuals, who have sexual orientations that are different from most people in society, must hide themselves in many areas of life. It is emphasized that in areas such as the military service, family internet use, school, health services, and the workplace, these individuals feel they must hide their sexual orientation and sexual identity for fear of being stigmatized (Croff et al., 2017; Rowan & Beyer, 2017; Karataş & Buzlu, 2018; Johnsan et al., 2018). Culturally specific sexual belief systems expose people's biases. Sexism prevents people from seeing others as human beings and gives them sexist labels (Christy et al., 2015; Göçmen & Yılmaz, 2017). Discrimination, othering, and stigmatization can lead to verbal and physical violence. LGBT people who live in patriarchal societies are among the groups most likely to suffer these assaults (Wang et al., 2015; Göçmen & Yılmaz, 2017; Mallory et al., 2017). Meyer (2003) articulated the minority stress model, which defines stress processes as including encountering bias and rejection, anticipating rejection, hiding, feeling internalized homophobia, and having healing coping processes. The minority stress model provides a conceptual framework for understanding why people who experience discrimination also suffer from more mental disorders. When the stigma experienced by LGBT individuals is examined in the literature, studies examining the rights violations they experience and discrimination they are exposed to have been found (Yeşiler, 2010; Yalçınoğlu, 2013). In addition, LGBT individuals show that verbal, physical and sexual assault is common in society and institutions that represent the society (Espelage et al., 2008; Russell et al., 2011). Stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems. Goffman's (2009) stigma claims are explained with a general theory. In a comprehensive review, Link and Phelan (2001) argue that "stigmatization" exists in cases of labeling, stereotyping, separation, loss of status, and discrimination. Consequently, Goffman (2009) made a distinction between those who have been discredited and those who have not been discredited. Those who have lost their reputation use several strategies to cover up, prevent the "expansion" of the stigmatization, and reduce tension in their interactions with others.

This article is designed to examine, in depth, the experiences of stigma that LGBT individuals use in the face of stigma. This article is about going through Goffman's stigma revisiting. This research examines LGBT people's experiences of stigmatization including an in-depth analysis of their emotions and thoughts regarding them. The purpose of this research was to answer the question: What are LGBT people's life experiences of stigmatization?

2. Method

2.1. Design

This study was qualitative study with a phenomenological design. This study was conducted using the "method of love (without prejudice)" with psychological phenomenology (Moustakas, 1994). As

phenomenological qualitative research offers an integrated and flexible perspective for inquiring into human behavior and analyzing people's views and experiences, it was used in this study. It is also sensitive to the nature of environments, the researchers' participation is high, and it presents participants' perceptions, thoughts, and experiences. To conduct an in-depth analysis of the LGBT participants' experiences of stigmatization and their emotions and thoughts about them, in-depth interviews and the phenomenological interview technique were used (Yıldırım & Şimşek, 2016). The report of this study was written according to the Qualitative Research Reporting Consolidated Criteria (COREQ) guidelines (Tong et al., 2007).

2.2. Participants

A total of 48 LGBT people were contacted, and 33 of them agreed to participate in our study. Each participant completed one interview. The study population comprised 33 LGBT people (16 gay men, 7 lesbians, 5 bisexuals, and 5 transgender individuals) in Turkey. Snowball sampling, a purposive sampling method, was used. The sample size is determined by the iteration point, which means collecting data until the data reaches its satisfaction point, until new data cannot be obtained, or until information starts to be repeated (Yıldırım & Şimşek, 2016). Based on the sample size method for this study's objective, when the data started to be repeated, and new information stopped appearing, data collection was ended. To constitute a rich information source about the research topic, after contacting one LGBT person as a source, others were contacted. An invitation was created for the first person to participate in the research. In the snowball sample selection, the first sample was reached by making an announcement in the institution where the researchers work. The first person to hear the announcement and agree to participate in the research is a university student. After the snowball method was explained to this person, an appointment was made from the participants who agreed to participate in the study and met the inclusion criteria, and the day and hour of the interview was taken in an environment where they felt comfortable. The study included LGBT people who could speak Turkish, who were at least 18 years old, who volunteered to participate, and who were not diagnosed with any psychiatric disorder. Those who did not meet these inclusion criteria were excluded from the study. This research was conducted in a province in Turkey from January 2018 to July 2018.

2.3. Data Collection

This research was conducted in a province in Turkey from January 2018 to July 2018. To determine a site for the interviews, safe environments were investigated, and two environments that the participants liked were submitted for them to choose between. Interview appointments were made with the LGBT people who agreed to participate in the research, considering and prioritizing their work and school schedules. A quiet and comfortable environment was provided for the interviews. The interviews were conducted when the participants were ready. Prior to starting, the participants were informed about the objectives of the research and its codes of conduct. After obtaining the participants' informed consent, the interviews were recorded. The interviews lasted roughly 60–90 minutes; the duration varied depending on the participants' responses. Before the interviews, warm-up conversations of 10–15 minutes were performed. All the interviews were conducted and voice-recorded by the first researcher and lasted an average of 72 minutes (min: 60, max: 92). The recorded data was then converted to text in a one-to-one word document. During the interviews, the researchers used calm, nonjudgmental, and emotion-revealing communication techniques ("hi," "yes," "I am listening," "please continue," etc.). Further, therapeutic approaches (for instance, quietness when the participants wept) were used as appropriate for changing moods and body language. In addition, to avoid bias, the second researcher accompanied the interviews and both the first and second researchers took notes during the interviews (Wilson, 2015). The interviewers (S.G.K., K.G., E.T., E.G.E., K.G., Y.T.C) are not affiliated with any of the participants. Data analysis started with the first interview and was made by the all authors under the mentorship of the first author. As each new interview was conducted, initial ideas about concepts and themes were documented in memos. The sample size and the code of data collection were determined according to the principle of data saturation, when no new

information is identified in data analysis, recruitment of participants for interviews was stopped. A total of 109 pages of transcripts were created. The first author held each meeting for peer review. Before the research, the first author offered 1-week training to all the researchers on the “without prejudice” technique and “phenomenological approach” to reduce prejudices (Moustakas, 1994). The first author was experienced in logotherapy and phenomenological approach and using phenomenology in dialogists. Anonymity is provided in the information that can directly identify the names and introductory information properties of the participants.

2.4. Data Collection Instruments

Data were gathered using the 'Sociodemographic Data Form' and 'Semistructured Interview Guide'.

Sociodemographic Data Form: This form contained questions about the participants' sociodemographic characteristics (gender, age, education level). Participants filled out this form themselves.

Semistructured Interview Guide: The interview consisted of approximately six open-ended questions. A semi-structured format was used to allow the researcher to expand upon it. The semi-structured questionnaire interview guide consisted of six questions regarding introduction, self-definition (gender identity, sexual orientation), whom are you open about your sexual orientation and , negative attitude, hiding behaviors, and the stigmatization situations they experienced. The literature on stigmatization was scanned and was inspired by Goffman and Meyer's research in the creation of a semi-structured questionnaire interview guide. The questions on the semi-structured questionnaire were evaluated by first researcher on the subject (Table 1). A pilot test was conducted with three LGBT people to ensure its validity and reliability and produce its final version. After the pilot test, the participants were asked whether there were any items they thought should be added to or deleted from the semi-structured questionnaire, and their responses were considered. The three question expressions for stigmatizing the pilot test result were first asked as a closed-ended question and if the answer was yes, an open-ended question was asked.

2.5. Ethical Considerations

Ethical committee approval to conduct the research (decision 2017-215) was obtained from the Ethics Committee of the Institute of Social Sciences in Turkey, and institutional permissions were obtained from the institutions where the study was conducted. Information about the research, its objective, significance, and confidentiality was provided in the invitation letter that was given to the participants. Those who responded to the data collection tools consented to participate in the research. Although the research participants were not asked to give their names, the names they used were kept confidential, and nicknames were used to identify their statements in the study.

2.6. Data Analysis

Data collection and analysis occurred simultaneously and were managed using thematic analysis. During analysis, first and second authors trained researchers independently coded and categorized the data. Data categorized and coded approach inductive was used for data analysis (Bradley et al., 2007). Transcripts checked against the original recording for accuracy. The interviews were then reviewed and areas where the interviewer may have influenced that questioning were documented in a reflexive journal. Peer debriefers and peer auditor were involved in coding and interpreting the data.

The qualitative data were recorded by transcribing voice recordings written on paper, and these qualitative data were combined with observation notes to obtain the raw data. First, the transcription text has been read in detail in order to grasp its general meaning. In the analysis phase. Secondly, important statements regarding the stigmatization experiences of the participants were determined. In the third step, important expressions were carefully examined and the resulting meanings were determined. These meaningful units were coded one by one and the meaning integrity was tried to be established. In the fourth step, the researchers created themes and sub-themes from expressions with common meanings. In the fifth step, the researchers made a description of the phenomenon by bringing together all the themes. In the sixth step, the definition made was transformed into dense expressions describing the aspects that are thought to be

necessary for the structure of the phenomenon (Colaizzi, 1978). Analysis continued until consensus was reached on concepts and themes. After 33 interviews, no new information was being generated (March 2018 - May 2018). The concepts that accounted for the data were identified as themes and then organized reasonably (Yıldırım & Şimşek, 2016). Subsequently, we evaluated whether the codes/data included under the themes constituted a coherent whole (internal consistency) and whether the themes described the data significantly (external consistency). Pseudonyms are used for people who are mentioned in the participants' description experiences of stigmatization (Yıldırım & Şimşek, 2016). Validity in qualitative research means the least possible bias in observation by researchers. The statements of the LGBT people, who were grouped by conceptual categories and common features, are presented in the Findings section. To ensure reliability, the qualitative research expert were asked to verify the representative characteristics of the statements for their conceptual categories. For this objective, two lists were given to an experts for their opinions: one included statements, and the other included the names and characteristics of the conceptual categories. One of these lists included coded statements from LGBT people. The second was a list of conceptual themes. The expert were asked to match the statements with the themes, and their matching was compared with the researcher's categorization. In this comparison, 3 statements were coded under a different theme. experts and researchers discussed and agreed on under which theme the 3 statements should be placed. During coding and determining categories and themes, literature findings regarding the subject were also used to increase the study's validity and reliability (Goffman, 1997). The nature of the data was preserved, and direct quotations were used to increase the reliability of the results. The data of the study were conveyed under the main theme and sub-themes with direct quotations (thick descriptions), without adding an interpretation on the content to the reader and by remaining faithful to the nature of the data as much as possible (Bradley et al., 2007).

2.7. Rigour

Lincoln et al. (2015) pointed out that qualitative studies should have trustworthiness and determined some criterias. These criterias are involved as gold standard in the literature. In this research, we followed Guba and Lincoln's gold standards. A *prolonged engagement* was provided with the participants. The reason of this is to provide assurance of a reliable and extrajudicial relationship with participants. Researchers spent time in two environments where the study was conducted. The data were collected by first researcher mentored, peer researchers with other researchers (*triangulation*) to reduce the effect of bias. During the in-depth interviews, voice was recorded and observation notes were kept. The observation notes were taken in the form of important sentences with the change in tone of voice, body language, and emotions and the observations were conveyed. Data analysis started with the first meeting. transcripts were created and sensitizing themes were determined.

3. Results

Table 1: The Participants' Personal Characteristics

Characteristics	Number (N)	
Sexual Orientation/Sexual Identity	Lesbian	7
	Gay Man	16
	Bisexual	5
	Transgender	5
Employment Status	Student	13
	Self-employed	8
	Unemployed	12
Total	33	
Mean Age	22.04±3.56 (min 18, max 33)	

The research data regarding the personal characteristics of stigmatization are shown in Table 1. The mean age of the research participants was 22.04±3.56. Of these, 7 were lesbians, 16 were gay men, 5 were bisexuals, and 5 were transgender people. Of them, 12 said they were unemployed, 8 said they were self-employed, and 13 said they were students (Table 1).

Table 2: Semi-Structured Interview Guide

Initial questions	Answers	Follow-up questions	Probes
How do you describe yourself? What is your gender identity? What is your sexual orientation?	Flexible	1. Whom are you open about your life?	1. What is the reason?
What kind of psychological changes happen when you open your situation to people?	Flexible	How do you feel at home, school, work and the social life after a period of you opened about you?	Do you have anything else to say on this subject?
Have you ever been negative attitudes because of you are a lgbt?	No or Yes	What happened? How they felt? What did they say or do? Whom they told about it?	What were the feelings and thoughts when you had negative attitudes from people? Do you have anything else to say on this subject? How do you feel about this matter? Are you ready to continue?
Have you ever been treated unfairly because you are a lgbt?	No or Yes	What happened? What did they say or do? Whom they told about it?	What were your feelings and thoughts when you have been treated unfairly by people? Do you have anything else to say on this subject? How do you feel about this matter? Are you ready to continue?
Have you ever hidden your behaviors?	No or Yes	What happened? What did you do?	What was the reason? What were the feelings and thoughts when you were hiding your behaviors?
Have you ever been stigmatized?	No or Yes	What happened? How did you feel? What did they say or do?	Do you have anything else to say on this subject? Are you ready to continue?

Table 2 shows semi-structured interview guide for study. It was conducted for questions about creatures of being LGBT.

Table 3: Themes and Sub-Themes of the Participants' Experiences of Stigmatization

Experiences of Stigmatization Themes	Sub-Theme
Being LGBT: Otherness	<ul style="list-style-type: none">➤ "being one's self in the family'➤ 'being one's self society"➤ "being subjected to violence"➤ "being perceived as sick, perver and dangerous"
Pretending: Life in the Closet	
Self-stigmatization: "Feeling Like a Problem that Needs to be Solved	

Table 3 shows the 3 themes and 4 sub-themes of the participants' statements. The themes are, 'being LGBT: otherness', 'pretending: life in the closet' and 'self stigmatization: 'Feeling like a problem that needs to be solved'. The sub-themes are 'being LGBT: otherness'; 'being one's self in the family', 'being one's self society', 'being subjected to violence' and 'being perceived as sick, perver and dangerous'.

Results On 'Being Lgbt; Otherness' Theme: Sub-themes and statements related to 'Being LGBT: Otherness'; Theme were as follows;

Being one's self in the family' process included stigmatization by family, being in constant conflict with family expectations, and experiences of having the burden of embarrassing family, normalization effort The statements related to 'Being one's self in the family' process were as follows;

- *They saw me as someone else's child, not their own. They alienated me. (K.B.B., lesbian)*
- *My family expects me to marry and have children" (K. D., bisexual male)*
- *"My father always says that he will have a son-in-law. My daughter will get married." (K. B. B., lesbian)*
- *My family has abandoned me. They see me as the daughter of another family." (K. B. B., lesbian)*
- *"My mother called this situation sexual terror." (K. B. B., lesbian)*
- *"I experienced the most distress with family members." (K. B. B., lesbian)*
- *"They did not accept me as their daughter. They saw me as the daughter of someone else, and they excluded me." (K. B. B., lesbian)*
- *"I experienced so much pressure from my brother. He attempted to shoot himself because his brother was gay." (K. H., gay man)*

Being one's self in the society. Experiences related to the sub-theme of 'Being one's self in society' process included experiences of stigmatization related to school life, receiving healthcare service, and working life. 'Being one's self in society' process also refers to honestly express themselves and to be authentic in themselves and in public. However, the statements about experiences related to costs of this are given below:

- *"Some have held someone in contempt. Last year I was asked during venipuncture, even though they had sensed [I was]." (K.B., gay)*
- *"People used to call me things like gay, transvestite, and especially faggot in the cafeteria" (K.E., gay).*
- *"Some people at school used to call me a faggot" (K.S., gay).*
- *I was under neighborhood pressure during high school. People used to holler behind my back things like, "you faggot." They'd tell me to dress and talk normally. (K.H., gay).*
- *'I experienced peer pressure in high school. People shouted behind my back that I was a faggot. They told me to fix my clothes and my way of talking." (K. H., gay man)*

- *"Homosexuals are like a lower class. It's like we are not human beings." (K. D. A., gay man).*
- *"The nicknames that people called me made me feel very upset. Calling me a faggot was very easy for people." (K. D. A., gay man)*

Being subjected to violence. To be LGBT meant to live as an object of violence. The statements about the experiences of living as an object of violence are as follows:

- *I was threatened with death."(K. Y. A., bisexual) (sexual violence)*
- *"My boyfriend restrained me and raped me for a year. My family rejected me, and nobody has called and asked about me." (crying and shaking) (N., gay man)*
- *I barely saw my father for one year. He threatened to kill, cut and injure me, and he was also physically violent with me." (M. S., gay man) (domestic violence)*
- *"Homosexuals should not be seen as sexual objects. I am seen as a sex object" (K. Y. A., gay man)*
- *I have also experienced a high level of abuse (in a shy, embarrassed tone of voice)."(K. G., gay man)(sexual violence)*

Being perceived as sick, perver and dangerous. Experiences related to 'being perceived as sick, perver and dangerous' are as follows:

- *"If you are a lesbian, you are thought to be open to any kind of sexual experience, even to perversion. Although I told men that I am a lesbian, I was subjected to perverted offers as if I am available for everything." (B., lesbian)*
- *"Just as a woman does not like every man, as a lesbian I do not like every woman, but women are afraid of me" (B., lesbian.*
- *"People tell me to go to a doctor." (K.G., gay man)*
- *He did grab me by the ear. They asked me if you would like to do something like this. I was only given this offer. May be you are not gay. It is because of the family situation you live in, here is the loss of the mother at a young age, etc. Nobody should enter the deer who lost his mother at a young age but became gay! These are stupid conversations (angry)(H.P gay man)*

Results On 'Pretending; Life In The Closet' Theme: The results about 'pretending; Life in the closet' theme included the experiences regarding not acting with an open identity, hiding, and leading double lives within family and society. LGBT individuals expressed that as a result of their hiding behaviors, they were forced to pretend to be someone they weren't. They stated that they exhibited hiding behaviors in order to protect themselves from being stigmatized, marginalized, and being exposed to violence. They asserted that they led a double life and revealed their real identities and acted as themselves (without hiding anything) only in certain settings only. Such settings where they could be themselves are settings containing only LGBT individuals. They used the "closet" metaphor to refer to this living setting where they reveal their gender identity they hide when they distance from the society where they pretend. They stated that they experienced their double-life as pretending or secret lives. They used the "closet" metaphor for their secret lives. Their statements about 'living in the closet' metaphor are as follows:

- *"When I enter an environment, I pay attention to my hands, my arms and my voice. I try to speak in a deeper voice. I try to talk less." (K. H., gay man).*
- *"I have homosexual friends who get married just to be socially accepted." (H. P., gay man).*
- *If my family knew my situation, I might feel that I could never look at their faces again." I have to hide. (K. G., gay man)*
- *"I live secret life myself because I don't want to be excluded from society."(K. K., gay man)*
- *"I am not equal to anyone around me. We are lower class, but thank God, I live a hidden life." (K. Y. E., gay man)*
- *"I withdraw myself from environments that do not show respect for me." I built a secret life for myself. I live in hiding(K. D. A.,transgender).*

- *"I could not go out in public for a while. I secluded myself because people could tell by the tone of my voice. I did not get over this until I was twenty-three years old."* (K. H., gay man)
- *I play a role in my business life* (H. P gay man)
- *"My father thinks my boyfriend is my friend, which is better. He also does not reveal the nature of our relationship."* (K. E., gay man)

Results On 'Self-Stigmatization: Feeling Like A Problem That Needs To Be Solve' Theme. As a result of their stigmatization experiences, the LGBT individuals expressed that they accepted the fact that they themselves were the problem, they viewed themselves as a problem needing to be solved, and they experienced search behaviors for both the cause of and solution to that problem. Their statement about self-stigmatization are as follows:

- *"When people exclude you, you sometimes may not behave like a human."* (K. N., gay man)
- *"Why am I not like them? Why can I not be like them?"* (K. D. A., K. N., K. Y. A., gay men)
- *"I have become a man again. I suddenly feel something inside. My grandmother prayed, and I became a man. I am joining the army."* (C.O., gay man)
- *"Now, I have a girlfriend. Although we have been unable to have sexual intercourse, I feel so happy and safe." I live a normal life and I feel safe* (N., gay man)
- *"When I noticed, I did not do any research, but I checked whether there is a treatment."* (K. B., gay man) (What is homosexuality?)
- *"I first went to the religion teacher because I believed that I would go to hell."* (K., gay man)
- *So you feel like you're cursed* (H.P Gay man)

4. Discussion

The findings regarding the participants' experiences of stigmatization are discussed in 3 main themes and 4 sub-themes.

4.1. Experiences Of Stigmatization

Today, many people are stigmatized for various reasons (Göçmen& Yılmaz, 2017). Stigmatization triggers feelings of sadness, low self-esteem, and anger (Moufakkir, 2015). LGBT people are predominantly labeled and tainted as "other" (De Vries, 2015; McConnell et al., 2018). This study collected the stigmatization experiences of LGBT individuals under themes of 'being LGBT', 'pretending', and 'self-stigmatization.' They expressed that when they lived their gender identities openly, they were exposed to stigmatization, rejection, and loss of reputation. They stated that they had experiences containing marginalization leading them to live as an 'object of violence' or to be perceived as either 'sick' or dangerous'. They stated that they have paid the price of showing their gender identity in an authentic and honest way by living in fear. Some of them stated that they hid their gender identities, pretended in society, and they led a double life. They in turn thought that they were protecting themselves from being stigmatized in the society. This situation was explained with "life in the closet" metaphor. The other stigmatization experience was determined as "self-stigmatization".

'Being Lgbt: Otherness Theme' Goffman explains his understanding of the social in modern sociological theory. "We believe that stamped people are not completely human" (Goffman, 1963: 5). He expanded the limits of stigma with his explanation. In this sense stamped normal it has to be compared with what is not. The peculiarity of being in between While it does not make it belong to the world of normals, it does not make it feel alien to this world. This definition means being the Other. The 'Otherness' theme and the sub-themes of this main theme are 'being one's self in the family', 'being one's self in the society', 'Being subjected to violence', 'Being perceived as sick, perver and dangerous'

Being oneself in the family Although the participants revealed their sexual identities and orientations to their families, their families continued to expect them to establish heterosexual families. Wanting to escape the standards of femininity and masculinity dictated by social sexual roles rather than maintaining the traditions their families expect of them may embarrass LGBT people. Owing to family humiliation, the LGBT people did not further explain their sexual orientations to their families because they feared that the information might clash with family expectations. According to result of study results show that LGBT people's remain prominent in abstract conceptions of family, but also that LGBT people frequently define biological and legal relatives as members of their current family, and few define their current family as only consisting of chosen family (Hull & Ortyl, 2018).

'Being one's self in the society' In the sub-theme of being 'one's self in the society', participants described their experiences with getting healthcare and being in school. The participants said they were subjected to teasing, humiliation, exclusion, and insults. These negative reactions have also been described in the literature (Barrientos et al., 2010; Logie et al., 2019b). Herek (2009) conducted a study with 662 gay men, lesbians, and bisexual people in America and found that more than half of them had problems finding jobs and felt excluded by society in health care institutions. LGBT participants are also stigmatized in various ways in society. In the sub-theme of being LGBT, participants described their experiences with getting healthcare and being in school. The participants said they were subjected to teasing, humiliation, exclusion, and insults.

'Being subjected to violence' The participants said that they were occasionally exposed to sexual harassment, mobbing, and sexual abuse. The World Health Organization (WHO) defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (Krug et al., 2002). Our study determined that LGBT participants were exposed to physical, verbal, sexual, and psychological violence in everyday places such as schools and parks, when among friends, and on the streets. Their freedom is violated, and negative attitudes are directed toward them. The research shows that in Turkey and most societies in the world, serious discrimination against LGBT people is common even in the most fundamental areas of life and that they are exposed to various types of violence (Krahé et al., 2000; Sakallı-Uğurlu, 2006; Göregenli, 2009; Buijs et al., 2011; Yılmaz & Göçmen, 2015).

'Being perceived as sick, perver and dangerous' LGBT people have to pay a cost for openly being themselves in an authentic way. Authenticity and its costs are fear and being perceived as sick, perver and dangerous. Existentialist philosophers define authenticity as "self-honesty" or one's "real self" (Van Deurzen & Arnold-Baker, 2005). One's real self includes resistance as a reaction to the isolation, rejection, and anxiety caused by other members of society. There is indeed widespread agreement that authenticity refers to that which is "real" or "genuine" or "true" (Anthony & Joshi, 2017; Lehman et al., 2019). To have authenticity, LGBT identity means having positive emotions and thoughts about oneself in the context of identifying as LGBT (Szymanski et al., 2017; Petrocchi et al., 2020). Authenticity also involves the courage to take risks, take action in the world, and attempt new ways of being. Therefore, LGBT people said, when they clearly tried to be authentic, they experienced fear and were perceived as sick and dangerous.

'Pretending: Life In The Closet' Theme In the 'pretending: life in the closet' theme, the LGBT participants said that they pretended to protect themselves against stigmatization and that they wanted do things such as getting married to meet social expectations. Kaptan and Yüksel (2014) reported that heterosexist ideology creates homophobia and that because of society's homophobia, hiding is not sufficient for LGBT people, and they feel compelled to adopt false identities in other words, to pretend. Self-stigma can result from an awareness of the public stigma, as people with stigmatized conditions are keenly aware of the social devaluation connected with their orientation. It is a concept that tries to explain how the idealized self of individuals are in the society rather than their real self. In the work 'Presentation of Self in Daily Life', Goffman uses theater to exemplify how people display performance in order to show the desired self during interpersonal interactions by comparing the behaviors of people on and behind stage. Goffman emphasizes that participants are viewed as actors throughout interactions. The actor may tend to

conceal/hide or downplay all activities, facts, and purposes that do not match the idealized form of themselves or their products (Jacobsen&Kristiansen, 2014).

'life in the closet' Metaphor A new mental metaphor theory was developed in the 1980s by Lakoff and Johnson(1980). Metaphors are particularly effective ways to learn abstract concepts indirectly. The concept of metaphor can be used to understand how people interpret life and reality (Spitzer, 2015). Metaphors can help determine how concepts that are being analyzed are understood by people (Rızvanoğlu, 2007). People frequently use metaphors to describe feelings and thoughts of their own or those of others (Gecit& Gencer, 2011). They are important ways of determining people's views about life and their perceptions of events. The pretending subthemes of " life in the closet" metaphor" were identified by our study. In our study, the participants said that "life in the closet" is used as a metaphor for people who create secret lifestyles because they cannot be themselves in public due to the fear of being stigmatized (Ezber, 2017) (Table 1). The metaphors for their lives secrecy, not being understood, hiding, and anxiety appear to be limitations to their existence, giving up on being oneself or being imprisoned by boundaries. There may be more than one factor that locks LGBT people in the closet. Factors such as the individual self, families, one's environment and culture, social sexual roles, and hegemonic masculinity may constitute the outlines of the closet and require the mask of pretending. Our study found that the participants felt the need to hide, conceal, and isolate themselves in at least one area of their lives—most of them in more than one area—even to pretend to be someone else. To explain the closet metaphor with Goffman's theory (2016), "the presentation of self in everyday life," Goffman analyzes interpersonal interactions and how individuals "perform" to project a desirable image, using the theater to illustrate individuals' contrasting "front stage" and "backstage" behavior. During interaction, those participating are viewed as actors. In the front stage, an actor is conscious of being observed by an audience. They will perform to those watching by observing certain rules and social conventions, as failing to do so means losing face and failing to project the image/persona they wish to create. The actor's behavior will be different in a private, backstage environment, as no performance is necessary. Goffman's theory of the presentation of the self can be explained by the closet metaphor.

'Self Stigmatization: 'Feeling Like A Problem That Needs To Be Solved' ' Theme. It was determined that the LGBT participants engaged in self-stigmatization. They also engage in pretending to protect themselves against stigmatization. The participants said they faced problems such as discrimination, exclusion, and rejection at unspecified levels by their families and society, and consequently, they engaged in self-stigmatization. One study found that LGBT people are rejected or discriminated against by their families, schools, and employers. This discrimination involved them being evicted from their homes, getting fired from jobs, being unable to get promotions, and suffering insults and abuse (Snapp et al., 2015). Self-stigmatization means accepting and internalizing society's negative evaluations of oneself. When stigmatized LGBT people try to escape stigma by becoming heterosexual, this indicates self-stigmatization. Self-stigmatization has been defined as a concept that includes accepting society's negative assessments. One indicator of this is that a stigmatized LGBT individual identifies and internalizes the stain on themselves and becomes heterosexual or tries to act as a heterosexual by renouncing their homosexuality in order to remove this stain. Albuquerque et al. (2016) stated in their study that homosexual individuals renounced their homosexuality due to prejudice. They stated that they perceived themselves as a problem needing to be solved and they experienced to have search behaviors for reasons and remedies.

Feeling like a problem that needs to be solved Searching for causes and seeking solutions are the concepts of this theme (Table 2). The participants said that particularly when they noticed their orientations, they examined their causes, perceiving them as an illness, and sought solutions. They said that people have difficulties accepting this, based on the perception that socially conventional sexual relationships and orientations are normal, while others are considered deviant. Therefore in the United States, nearly 1.7 million youth under the age of 18 run away from home and often end up homeless each year. Reports estimate that between 20% and 40% of the runaway and homeless youth population identifies as LGBT (Dolamore & Naylor, 2018).

5. Limitations

This research was conducted in only one province in Turkey; its results cannot be generalized to all LGBT people.

6. Conclusion

Our study determined that LGBT people experience intense stigmatization, are subjected to violence and being perceived sick, perver or dangerous. LGBT people experience self-stigma. LGBT people are pretended not to be other and live secret life. Our study suggests that the number of studies that examine the psychosocial lives of LGBT people should be increased. Physicians, nurses, psychologists, psychological counselors, and social workers should be taught to guide LGBT people and help them with the problems they experience during their experience stigmatization. Psychiatric nurses who take an active role in providing stigma and minority stress relief should always be in a leading position in helping LGBT people who have experienced physical, psychological, and social problems in their lives. Psychiatric nurses should also provide psychosocial care for LGBT people using a risk approach.

7. Author Contribution

First researcher conceptualized and designed the study, made the analysis, drafted the manuscript, and wrote the final version. Other researchers collected the data, performed the analysis, and drafted the manuscript.

8. Conflict of Interests

No conflict of interest has been declared by the authors.

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