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Substance Use and Social Identity in the Lesbian Community

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SUMMARY. Although the study results report discrepancies in the rates of substance abuse in the lesbian community, the general consensus in the field of gay and lesbian studies is that these individuals, as a whole, have a higher rate of substance use. For this study, data were collected via the Internet on the use of drugs and alcohol, level of self-esteem, and degree of social identity in the lesbian community. A correlation analysis was used to determine if negative social identity within the lesbian community leads to low self-esteem that is reflected in higher rates of substance abuse. Though a positive relationship between social identity and self-esteem was determined, no significant correlation between negative social identity, low self-esteem, and substance use was determined. How-

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ever, it is important to consider that respondents with *higher* levels of self-esteem reported more frequent use of specific drugs. That outcome in itself is an implication for further investigation. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. ATOD use, social identity, self-esteem, lesbian health, lesbian substance use

INTRODUCTION

While current research in the area of lesbian health problems is limited (Bernhard, 2001), it is evident that not only is access to health care restricted for lesbian and bisexual women but also homophobic attitudes still exist among health care professionals (Bernard, 2001; Cochran, 2004; Eliason, 2004). Substance abuse among women tends to be highly stigmatized in American culture and being both a lesbian and substance abuser dramatically increases that degree of stigmatization (Stern, 1993). Although there are reported discrepancies in the rates of substance abuse in the lesbian community, the general consensus is that some lesbians have high rates of substance use (Cochran, 2004), constitute part of a high-risk population (Bradford, Ryan, & Rothblum, 1994; Cochran, 2004; Eliason, 2004; Fortunata & Kohn, 2003; Gruskin, 2001; Heffernan, 1998; Hughes, 2003; Olmsted, 2004; Parks, 1999; Sorensen & Roberts 1997) and have higher rates of alcohol, tobacco and other drug use (ATOD) than heterosexual women. Some studies suggest that drinking patterns of lesbians are more consistent with national norms for male than female drinkers (Rosser, 1994). Obtaining accurate information on the prevalence of substance use and abuse in the gay and lesbian community is generally difficult because these populations are, for the most part, "hidden" from society (Stern, 1993).

Theoretical Considerations

In a widely used gay identity model, Cass (1990) describes sexual orientation development as a complex process with six stages of development including: (1) Identity Confusion; (2) Identity Comparison; (3) Identity

Tolerance; (4) Identity Acceptance; (5) Identity Pride; and (6) Identity Synthesis. Stages 1 through 3 describe the psychological processes involved in identity development from defining homosexual thoughts, emotions, and/or actions (e.g., *I may be gay*) to accepting these thoughts, emotions, and/or actions as homosexual (e.g., *I am gay*). Stages 4 through 6 describe the psychosocial aspects of identity development. These are the stages in which identity is defined through the individual's perception of social expectations ranging from fear of family and friends discovering one's sexual orientation to being an integrated part of the heterosexual society. The latter three stages are related to the development of *social identity*. At this point, individual identities are categorized by membership in the gay as well as heterosexual community.

Social identity theory was formulated by Henri Tajfel (1978) and is an important social psychological theory of intergroup relations and group processes. Central to social identity theory is the tenet that individuals are connected to social structures through self-definitions as members of certain social categories. While there is no implication of right or wrong ideologies within these social structures, there is a conception of the social structure that forms individual social identities as a member of particular social categories (Abrams & Hogg, 1990).

Social identity theory is based on two underlying processes: categorization and self-enhancement. Categorization is the cognitive process that assigns subjective meaning to stereotypes and norms in a group or category and allows for individual interpretation. Stereotypical perceptions of a particular group are an individual's image of certain sets of characteristics, either favorable or unfavorable, that define that entire group. Self-enhancement guides the social categorization process ensuring that these perceived norms and stereotypes are favorable (Robinson, 1996). In other words, it is assumed that an individual's membership in a particular group is a categorization of *positive* stereotypes and normative beliefs. However, both processes may differ depending on the status of the individual and her definition of acceptable behavior in specific situations.

METHODS

Aim of the Study

The aim of the study was to determine the existence of a relationship between negative social identity and low self-esteem, reflected in

higher levels of substance abuse in the lesbian community. The investigators compared data among these three variables and determined how they relate to specific demographic information. A second aim was to explore the use of the Internet as a research method for accessing hard-to-reach populations.

Design and Procedure

The data collection method employed was a type of nonprobability sampling procedure referred to as a purposive sample. The survey instrument consisted of 44 questions arranged in four separate components: (1) factual questions designed to elicit demographic information; (2) subjective information designed to elicit respondents' perception of how well they "fit" in the heterosexual community; (3) behavioral information involving alcohol and drug use habits; and (4) subjective questions examining respondents' perception of their substance use. The research hypothesis was that negative social identity within the lesbian community leads to low self-esteem that is reflected in higher rates of substance abuse ($\alpha = .05$).

The first section of the survey contained the independent variables: sexual orientation, race, age, age of "coming out," relationship status, employment status, education, and religious preference. These variables represent demographic information that could have an effect on respondents' level of social identity as well as their alcohol and drug use behavior.

The second section was a series of subjective experience questions (i.e., subjective definition of reality) both positively and negatively worded, regarding social identity. These dependent variable items were based on a forced-answer, two-category set of responses, each item calling for one of the fixed-alternative expressions "T" (signifying true) or "F" (signifying false). For this response dichotomy, numerical weights of 0 and 1 were assigned to the positively worded questions. The order was reversed, 1 and 0, for the negatively worded questions. This method of reverse coding was used to assess internal validity. Scores above the intermediate values were identified as the "positive social identity category," and scores below were the "negative social identity category." The dependent variable of social identity was therefore dichotomous.

The third section was designed to measure alcohol and drug use patterns among the participants. These questions concerning ATOD use were taken from the National Household Drug Survey (United States

Department of Health and Human Services, 1996). Only questions involving the frequencies of use were utilized for this study.

The last questions involved respondents' perception of their behavior: (a) I do not have a problem with alcohol or drugs of any kind, (b) I am worried about my alcohol and/or drug use, (c) I am currently seeking help for my alcohol and/or drug problem, and (d) I should seek professional help for my alcohol and/or drug problem.

To reduce researcher bias and strengthen the validity of the study, a pilot study was conducted using a convenience sample ($n = 50$) of clientele from a fall retreat/workshop for lesbians at a bed and breakfast in northern Ohio. The survey process was completed through direct administration rather than on the Internet. Anonymized respondents were selected on voluntary bases and were also asked for suggestions on improving the questionnaire. Cronbach's alpha was used to measure the internal reliability of the multi-item indices and evaluate the validity and reliability of the questionnaire. As a result of this pilot study, several survey changes were made before administering it to the target population.

In order to effectively recruit respondents from the lesbian population, the survey was placed on a Web page and posted on the Internet. The site was hosted by a local Internet service provider, registered with all available search engines and indexed through five key words to aid visitors accessing the site. To solicit lesbian participation, the survey was linked to various lesbian organizations involved in Internet interactions such as the Lesbian Resource Project and National Lesbian Political Action Committee. The site was also incorporated into the Lesbian Health Web ring. Those who did not identify as lesbian were directed to exit the page. Respondents were self-selected and the size of the sample depended upon the number of willing respondents in the lesbian community, given that respondents were not invited to participate or contacted directly. A similar study using the Internet as a tool for collecting data on the prevalence of recreational illicit drug use is currently being conducted and is entitled DRUGNET (Nicholson, White, Cline, Minors, & Duncan, 2001).

The final instrument was written using Hyper Text Markup Language (HTML), and a Practical Extraction and Report Language (PERL) script for handling anonymous Common Gateway Interface (CGI) forms was used to process the survey responses. The files were stored in tab delimited text files that could be seamlessly pulled into an SPSS data file for analysis. The survey was placed on the Internet in Au-

gust 2000, and data were collected until March 2001 using a URL provided by a local Internet Service Provider.

RESULTS

Usable data were collected from 76 respondents from the lesbian and bisexual female community and included in the final analysis. The majority of the respondents (77.6%) considered themselves to be lesbian, and 21.1% considered themselves to be bisexual. Over half (60%) of the respondents were between ages of 18-34 years, 82.7% were under the age of 45, and only 17% of the respondents reported that they were over the age of 45. The majority (93%) of the respondents had some education beyond high school, and 28% had graduated either from college or a post-secondary institution. Approximately 60% reported they were currently in some sort of a relationship with the remainder reporting that they were single (or not in a relationship). An overwhelming majority (81.1%) of the respondents were employed at least part-time and 60.8% were employed full-time. Only one person indicated that she was unemployed and 13 women reported some other employment status (Table 1).

The results of a correlation analysis indicated that there was a significant positive relationship between negative social identity and low self-esteem ($p < .0001$) among the respondents who completed the survey; a significant relationship between the use of marijuana and negative social identity ($p < .05$); and, a positive relationship between *higher* self-esteem and the use of excessive alcohol use ($p < .001$), amphetamines ($p < .001$), speed ($p < .001$), tranquilizers ($p < .01$), narcotics ($p < .01$), cocaine ($p < .01$), sedatives ($p < .01$), and inhalants ($p < .05$). Though the use of several specific drugs seemed to be related to self-esteem, social identity did not prove to be a significant factor in the relationship among the three constructs (Table 2).

A distribution describing the respondents' frequency of use of particular substances including use of alcohol, tobacco, sedatives, tranquilizers, narcotics, marijuana, inhalants, and cocaine is shown in Table 3. Forty percent of the respondents indicated that they consumed alcohol either daily or frequently, while 20% reported that they had *gotten very high or drunk* either daily or frequently. Almost half (47.2%) of the respondents reported that they smoked either daily or frequently.

TABLE 1. Demographics of Lesbian and Bisexual Females in the Study (n = 76)

Characteristics	n	%
Sexual Orientation		
Lesbian	59	77.6
Bisexual	16	21.1
*Neither	1	.01
Age		
18-24 years old	24	32.0
25-34 years old	21	28.0
35-44 years old	17	22.7
45-54 years old	7	9.3
55-64	5	6.7
65+	1	1.3
Highest Level of Education		
High school graduate/GED	5	6.7
Some college or post secondary school	28	37.3
College or post secondary graduate	21	28.0
Some graduate work	3	12.0
Graduate or professional degree	12	16.0
Relationship Status		
Single (no significant other)	31	40.8
Not co-habiting (but have significant other)	18	23.7
Co-habiting w/same sex partner	17	22.4
Other	10	13.2
Employment Status		
Full-time	45	60.8
Part-time	15	20.3
Unemployed	1	1.4
Other	13	17.6

Note. Respondents replying "Neither" were instructed to exit.

DISCUSSION

A correlation analysis was used to determine if negative social identity within the lesbian community leads to low self-esteem that is reflected in higher rates of substance abuse. Though a positive relationship between social identity and self-esteem was determined, no significant correlation between negative social identity, low self-esteem, and substance use was determined. However, it is important to consider that respondents with *higher* levels of self-esteem reported more frequent use of alcohol, tobacco, amphetamines, speed, sedatives,

TABLE 2. Correlation Matrix of Substance Use Behaviors of the Respondents (n = 76). *Regressed on Social Identity (SI) and Self-Esteem (SE) (Pearson Correlation - Sig. (one-tailed))

	SI	SE
SI	1.000 .	** .483 .000
SE	** .483 .000	1.000 .
Use of sedatives	.006 .481	* .242 .035
Use of tranquilizers	-.048 .362	* .242 .035
Use of amphetamines	.100 .230	* .325 .007
Use of inhalants	.127 .173	* .246 .032
Use of "coke"	** .601 .000	** .343 .005

** Indicates $p < .001$. *Indicates $p < .05$.

Note: Table shows only significant variables.

TABLE 3. Respondents' Reported Percent of Use of Particular Substances (n = 76)

	Daily	Frequently	Several times a week	A few times in the last 12 months	Have not used in the last 12 months
How often consumed alcohol	10.9	27.9	18.6	29.5	13.1
Gotten very high or drunk	6.6	8.8	17.0	41.2	26.4
Used sedatives	2.7	2.2	2.2	7.7	85.2
Used tranquilizers	3.3	*--	3.7	8.2	84.6
Used amphetamines	2.2	3.3	1.6	17.0	75.8
Used narcotics	2.2	4.3	4.9	15.8	72.8
Used marijuana	5.6	5.6	7.2	17.8	63.9
Used inhalants	1.6	.5	.5	4.3	93.0
Used cocaine	2.7	*--	1.1	10.9	85.3
Smoked cigarettes	46.7	4.3	2.2	8.7	38.0

*Note. Dashes indicate that percentages fell below .5%.

tranquilizers, barbiturates, cocaine, and inhalants because that outcome in itself is an implication for further investigation.

Though it is widely believed that low self-esteem is associated with greater substance use, research has not consistently supported this relationship and some research indicates that there is no correlation (Schroader & Laflin, 1993; Sullum, 1998). However, there is little conclusive research concerning specific behavior that deviates from societal norms using self-esteem as a construct in the predication of ATOD use. The findings in this study indicated that lesbians with higher self-esteem and a more positive social identity tend to use alcohol and drugs more frequently. One interpretation of this could be that individuals with higher self-esteem and a more positive social identity would be more likely to frequent *gay bars* and network in gay and lesbian culture.

Gay bars have traditionally provided a safe place for socialization for members of the lesbian community. These bars create an accepting community away from the prejudices of society. Unfortunately, they also promote the use of alcohol and other substances (Parks, 1999). Therefore, breaking away from the security of the bar may present threats of isolation to many lesbians that are not found in the heterosexual community. As a result, for those who are chemically dependent, recovery is not only the process of overcoming an addiction but a rebuilding of social networks as well. Severing codependent relationships is often necessary for all recovering addicts, even when their social networks are not a construct of shared sexual identity (Parks, 1999). Since most twelve-step recovery programs are constructed around the notion of empowerment, many lesbians oppose them because they feel that such programs are hypocritical in that they are a product of the white, male, Christian, middle-class culture that serve as the oppressor (Stern, 1993).

For these reasons, there is a pressing need for intervention and treatment programs that address the specific needs of the lesbian community. The issue ATOD use in the lesbian community is complex, and simply approaching only the issue of addiction is ineffectual. Programs designed for this community must incorporate the multiple causes of ATOD use and be tailored according to these unique characteristics.

Limitations

The outcome of this particular study may have been different if another sampling design was chosen. Using the Internet for data collection

can be extremely time consuming because the researcher has no means of directly approaching respondents and success depends solely on that percentage of individuals who have access to the Internet.

Another important barrier was the unavailability of well-designed existing scales for measuring social identity. Since social identity is a concept based on individual perception, determining what constitutes negative and positive attributes is problematic. The study was also limited by subject matter. Though the concept is rapidly changing, the Internet has been consistently viewed as a source of entertainment not as a means for education and data collection.

The lack of correlation among social identity, self-esteem, and ATOD use may be a result of the small sample size ($n = 76$). According to Nachmias and Nachmias (1992), the size of the sample inherently produces the standard error; therefore, the smaller the sample, the higher the potential for error. Also, this sample was not a random one, drawing conclusions about the behaviors of lesbians in the general population is limited (Bohrnstedt & Knoke, 1994). A larger, random sample from the entire population would have provided greater opportunity for determining correlation among the variables, but when surveying hidden populations that is rarely an option.

Conclusions

The findings in this study should not deter continued research in this area but rather further interest in the relationship between gay and lesbian culture and alcohol and drug use. In addition, efforts should be made to develop scales that will more accurately measure social identity and self-esteem. It would also be interesting to explore the relationship discovered between high self-esteem and the use of sedative, tranquilizers, speed, and inhalants because these drugs, as well as others, have been associated with the bar culture.

Finally, using the Internet as a survey method has great implications for the future. It will provide an opportunity to reach those populations that would otherwise be unavailable for study. Though these data were collected for the purpose of this research project, the data collection is continuing in order to increase the sample size.

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