

# CANON, CATECHISM, AND CURRICULUM: GSAs AND STUDENT MENTAL HEALTH IN ONTARIO CATHOLIC SCHOOLS

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I “[crave] spaces to talk about LGBT issues and to talk about myself in a space where I know someone’s not going to be like, ‘well, that’s weird’” (Lapointe & Crooks, 2018, p. 9). This excerpt, taken from an

interview with a Canadian high school student, highlights that many lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth yearn to feel recognized and safe in their identities. The quoted student was a member of their secondary school’s Gender and Sexuality Alliance (GSA), a student-facilitated club open to LGBTQ youth and their cisgender and heterosexual (CH) allies.

LGBTQ adolescents are at greater risk for suicidality, substance abuse, depression, anxiety, disordered eating, and HIV/AIDS than their straight and cisgender peers; moreover, anti-LGBTQ stigma, including having a hostile school environment, significantly increases these risks among LGBTQ youth (Adelson et al., 2021). Student-led GSAs, also known as Gay-Straight Alliances, aim to mitigate this risk by supporting LGBTQ students in a welcoming environment and reducing homophobia and transphobia in schools (Callaghan, 2014).

Statistical modelling conducted by Poteat et al. (2020) revealed that youth who were more involved in their school’s GSA had greater perceived peer validation, self-efficacy, and hope, which, as a result, showed further correlation with reduced symptoms of depression and anxiety. Moreover, Canada has long been considered a global leader with respect to equality for LGBTQ individuals, and in Ontario specifically, same-sex marriage has been legal for over 19 years (CBC News, 2015; Elliott and Bonauto, 2005). Given (1) the positive impact GSAs have on students and (2) the historically progressive nature of LGBTQ acceptance in Canada and Ontario, one might expect to see widespread approval for establishing GSAs through-

out publicly funded schools in Ontario. Nevertheless, the permissibility of GSAs in Ontario schools has been the subject of ongoing political disputes. The province’s Catholic schools, in particular, have shown resistance to the initiation of GSAs (Callaghan, 2014). Canadian Catholic schools are constitutionally mandated to follow policy and curriculum aligned with Catholic doctrine; however, these schools are also required to adhere to the 1982 Canadian Charter of Rights and Freedoms and Canadian common law (Callaghan, 2014). In a 2004 policy document compulsory for Ontario Catholic schools to follow, the Ontario Conference of Catholic Bishops encouraged homophobic ideology by declaring homosexuality as a sin and suggesting a Twelve-Step program to alter students with same-sex attraction (Colterman-Fox et. al). In 2008, Kathleen Wynne, the Ontario Minister of Education, composed a document explicitly indicating GSAs as a method of reducing discrimination against LGBTQ students (Callaghan, 2017, pp. 104-108). Despite this drive for egalitarianism, some Catholic school boards in Ontario moved to ban GSAs, choosing to endorse the views of policymaking Bishops.

In order to mitigate outcomes of bigotry towards the LGBTQ community in Ontario youth, it is imperative to analyze the impact that the Catholic schooling system’s intolerance towards GSA clubs has on students. This research is intent on investigating how the resistance against the establishment of GSAs in Ontario publicly funded Catholic schools affects LGBTQ students. Focus is directed toward the well-being of LGBTQ youth, as well as encouraging acceptance in the greater community of Ontario. While the inclusion of GSAs in school cannot solve the issue of LGBTQ discrimination on its own, Ontario government policy and literature review advocate for students to have the opportunity of participating in a GSA.

The potential consequences of opposition to GSAs are harmful— due to the structural stigma that Catholic schools in Ontario perpetuate against the LGBTQ community, LGBTQ students attending these schools experience greater risks to their mental health, including feelings of estrangement and emotional distress.

### **Structural Stigma in Catholic Education**

Link and Phelan (2001) brought a contemporary definition of stigma to the field of social psychology, describing the concept as occurring when four connected aspects of social interactions combine: (1) identifying and labelling human differences, (2) associating these labels with negative stereotypes, (3) separating labelled people into distinct categories as outcasts, and (4) discriminating against and reducing the social status of the labelled group (p. 367). Furthermore, the authors assert that stigmatization relies on social, economic, and political power which allows the four aforementioned elements to occur. Cook et al. (2014) describe stigma as a multilevel system, with the structural level occurring broadly and, overarching personal and interpersonal stigma. Structural stigma is perpetrated by broad social institutions and forces, including legislation, mass media, and government or other organizational policies.

The Ontario Catholic school system’s intolerance of GSAs is a striking example of structural stigma affecting the LGBTQ community. Catholic schools are legislatively required to abide by the beliefs of the Roman Catholic Church, a dominant institution. The doctrine of the Catholic Church elicits a culture of homophobia, demonstrated through the Roman magisterium’s firmly established interpretations of same-sex intercourse as sinful (Loughlin, 2018). This homophobia is stigmatization; the doctrine targets people who are attracted to members of their own sex and labels them as immoral. The Canadian Catholic Church holds great social, economic, and political power, allowing and amplifying this unsettling stigma. Catholicism was brought to Canada by European colonialism and gained influence as the church assimilated Canadian Indigenous peoples into Catholic beliefs (Voisine et al., 2022). In current Canada, Catholicism is the largest religious denomination, the Catholic Church is the wealthiest charitable organization, and Catholic education is po-

litically protected by the Canadian Charter of Rights and Freedoms (Austen, 2022; McMullin, 2021; Peters, 1998, p. 2). In the early 2010s, many Catholic schools and school boards in Ontario moved to ban GSAs, including headline examples of the Halton Catholic District School Board, the Toronto District Catholic School Board, and St. Joseph’s Catholic Secondary School in Mississauga (Callaghan, 2017, pp. 104-108; Goldstein et al., 2019, p. 34; Iskander & Shabtay, 2018). This opposition is a clear exhibition of structural stigma, and it most expressly targets LGBTQ youth who attend Ontario Catholic schools. Since then, school environments have become more accepting; however, discrimination against LGBTQ students is still ongoing in Canadian schools (Taylor & Peter, 2011; Peter et al., 2021).

### **Health Implications of Structural Stigma**

Recently, there has been an increase in research and understanding of the capacity for stigma to create health disparities between the socially privileged and the marginalized members of society (Major et al., 2017, pp. 3-4). Stigmatization provokes emotional, cognitive, behavioural, and physiological responses that can exacerbate each other, altering one’s health. Although the specific connection between structural stigma and increased mental health risk in LGBTQ individuals is still emerging as a causal relationship, a fair amount of scholarly study based in the United States has been conducted on this association. Figure 1 (Hatzenbuehler, 2014) represents psychiatric morbidity as a function of structural stigma towards lesbian, gay, and bisexual adults across the United States in 2009, one of the first statistical verifications of this connection using data. In the graph, the category, “protective policies,” refers to the state-level inclusion or exclusion of sexual orientation as a protected class. Participants were evaluated to determine if diagnostic criteria were met for dysthymia, generalized anxiety disorder, post-traumatic stress disorder, or two or more comorbid psychiatric conditions. These data are plotted as a ratio of the likelihood of straight participants in the same state meeting diagnostic criteria. Although Hatzenbuehler (2014)’s study took place in the United States, data were grouped according to the prevalence of state policies protecting people of dif-

ferent sexual orientations from discrimination. The Ontario Human Rights Code prohibits discrimination based on sexual orientation, comparable to the political protection of sexual orientation minorities in States placed in the category of “protective policies” in Hatzenbuehler’s research (Ontario Human Rights Commission, 2021). Given the results of Hatzenbuehler’s study, it can be expected that without political protection, lesbian, gay, and bisexual adults in Ontario would have rates of psychiatric conditions similar to those in the study’s category of “no protective policies”.

Meyer (2003) makes the argument that all structural forms of stigma should be classified as objective causes of stress, rather than subjective, due to the intense adaptational demands that structural stigma places on individuals. Further research in the United States has shown this alarming effect on physiological stress (Hatzenbuehler & McLaughlin, 2014). Young lesbian, gay, and bisexual adults who spent their adolescence in States with high structural stigma, measured on the prevalence of same-sex couples, GSAs, LGBTQ policies, and public opinion towards minority sexualities, showed blunted cortisol responses compared to peers who grew up in areas of low structural stigma. Despite all participants living in a state with low structural stigma as adults, the chronic stress as a result of structural stigma in adolescence leads to less reactivity to stress in adulthood, caused by disruption of the hypothalamic-pituitary-adrenocortical axis, a crucial neuroendocrine system. This research supports Meyer’s claim, as the adults who were challenged by environments of high structural stigma in adolescence showed adaptational damages to their physiological stress responses.

## Establishing Causality

Hatzenbuehler (2016) outlines three research methods one can use to establish the strongest possible causal inference between structural stigma and poor health: one can be more confident in a causal effect if (1) the structural stigma has a pronounced impact on the health of only the stigmatized group, (2) experimental and control groups are naturally assigned, and (3) an alternative justification for health trends is implausible (pp. 746-747). Moreover, Hill (1965) established a set of criteria to evidence causal relationships in epidemiology, which include specificity and plausibility. Hatzenbuehler (2016)’s and Hill (1965)’s guidelines can be used to demonstrate that the structural stigma, expressed through prejudice against GSAs in Ontario Catholic schools, is harmful to the health of LGBTQ students.

In partnership with Egale Canada, Peter et al. (2021) compiled a report on homophobia, biphobia, and transphobia in Canadian schools, titled “Still Every Class in Every School” (pp. 1-10). The report offers insightful observations about differences in experiences of gender and sexuality of 4000 students in grade 8 or above. It compares results from Catholic and non-Catholic schools, and while the report does not provide specific data breakdowns for Ontario, national trends have been shown to apply to each of the provinces with little significant variation (Peter et al., 2021, pp. 40; Peter et al., 2021, pp. 67). The overall Canadian data indicates that Catholic schools provide a less supportive climate for LGBTQ students than non-Catholic schools, which is consistent with the current understanding of Ontario schooling systems (Peter et al., 2021, pp. 14).

In Canadian Catholic schools, LGBTQ students were much more likely to agree to the statement

“Sometimes I don’t feel like I belong in my school” compared to cisgender and heterosexual (CH) students, at a rate of 70% compared to 44% (Peter et al., 2021, p. 90). A study by Toomey and Russell (2011)

links the presence of GSAs to feelings of belongingness, showing that students who participate in or attend a school with a GSA are more likely to feel like they belong at school. Arslan (2018) investigated the link

between feelings of belonging in school and the psychological health of adolescents (pp. 26-28). Statistical modelling showed significant relationships between these two variables, with significantly less emotional well-being and greater emotional distress in students who did not feel a sense of belonging. Thus, evidence suggests that LGBTQ students, who are structurally stigmatized in Ontario Catholic schools, experience inferior emotional health than their CH peers who are

not the target of stigmatization, which, in accordance with Hatzenbuehler (2016)’s first research method, supports emerging evidence of a causal relationship. Furthermore, the majority of LGBTQ students specifically

in Catholic schools have feelings of estrangement, suggesting that the environment of Catholic schools may cause greater emotional distress for LGBTQ youth (Hill, 1965). However, this approach alone cannot establish causality between structural stigma and reduced

health, as a smaller, yet notable, proportion of the non-targeted group also experiences this health impact. The research conducted in “Still Every Class in Every School” utilizes natural sampling (Peter et al, 2021, pp.

10-11). Because data are separated into groups based on complex social and political differences, such as

participants’ gender and sexualities, regions of residence, school grade level, and the secularity of schools, it is improbable that the investigators or the participants had agency in assigning subjective categories. As outlined in Hatzenbuehler (2016)’s second research method, the unlikelihood of bias influencing data categorization increases confidence in causal inference.

Furthermore, LGBTQ Catholic school students were less likely to report the existence of a GSA or similar club (57% of participants), than LGBTQ students in non-Catholic schools (75% of participants) (Peter et al., 2021, p. 97). Engagement in supportive GSAs is shown to predict fewer mental health concerns, in-

cluding symptoms of depression and anxiety (Poteat et al., 2020). Schools that do not offer GSAs lack this protective factor, and thus, it is plausible that the structural stigma of resisting GSAs in Ontario Catholic schools results in a greater risk to LGBTQ students’ mental health, suggesting a causal relationship (Hill, 1965). However, according to Hatzenbuehler (2016)’s third approach, alternative explanations for the link between the structural stigma of intolerance of GSAs in Ontario Catholic schools and impaired health should be explored. Beyond the causal inference, it is possible that LGBTQ Catholic school students underreported the presence of GSAs and are simply less aware of clubs offered to them. While it is certainly possible for underreporting to be a factor in the disparity of GSAs present in Catholic versus non-Catholic schools, this explanation alone is implausible, as it returns to indications of structural stigma. As has been established previously, Ontario Catholic schools perpetuate structural stigma towards LGBTQ students by opposing the implementation of GSAs. If Catholic school students are unaware of GSAs in their schools, this is likely influenced by the overarching stigma imposed by Catholic anti-LGBTQ doctrine. This can be seen in an interview with an LGBTQ student who attends a Canadian Catholic school, describing the permissibility of participating in a GSA at their school (Peter et al., 2021, p. 124):

We were allowed to operate a GSA but we were under no circumstances allowed to call it a GSA or talk about LGBTQ stuff outside of the club as per the Catholic school board’s directive... we had to call it ‘unity group’. Our ‘teacher leader’ was a nun who was very much rooted in traditional [C]atholic views and had no knowledge of LGBTQ issues. I was on the planning committee, and I often felt like we were just very very restricted in what we could do, and as if we were always being watched/censored. It wasn’t fun.

This account of student experience exemplifies the structural stigma that their Catholic school perpetu-

ates. It is clear that the mentioned school values the notion of Catholic morality over protecting LGBTQ students and CH allies with a welcoming space. Research and student experience show a lack of other plausible explanations, and consequently, demonstrate confidence in causality (Hatzenbuehler, 2016). Thus, causality is strongly suggested, and structural stigma in Ontario Catholic schools likely results in increased mental health risks among LGBTQ students.

## Conclusion

In Canada, the hugely powerful Catholic Church establishes overarching anti-LGBTQ stigma on a structural level—more dominant than any stigma at the personal level. The experience of structural stigma is linked to worse health, and it can be particularly damaging in youth. Ontario Catholic schools have made headlines for their fervent resistance against the initiation of GSAs. This instance of structural stigma targets LGBTQ Catholic school students specifically, who face inferior emotional well-being to their peers. LGBTQ youth in Ontario Catholic schools are struggling, presumably as a result of structural stigma. Both the Ontario Conference of Catholic Bishops

and the Ontario Ministry of Education have constitutionally protected rights and power to implement educational policy in Ontario. While provincial law requires schools to permit GSAs, Catholic schools have the right to enforce their religious doctrine. Despite their political disagreement, both governing bodies aim to see the educational success of students. Future policy should continue to emphasize student education, while also striving to support youth well-being. To see students thrive, acceptance of all sexualities and gender identities should be encouraged. Ultimately, the structural stigma of intolerance of GSAs in Ontario Catholic schools likely causes LGBTQ students to face greater risks to their mental health. While further research must be conducted in order to more firmly establish a causal relationship, evidence of embedded homophobia within Catholic doctrine in the Ontario education system perpetuates a powerful and broad social stigma. The prevalence of mental health struggles in LGBTQ youth is concerning, particularly in those attending Catholic schools. It is imperative that LGBTQ youth are protected in schools, and solutions must be considered to balance Catholic religious rights in education with the health and social needs of students.

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