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WINDOWS IN THE CLOSET:
PERSPECTIVES ON HOMOSEXUALITY FOR THE HELPING PROFESSIONS

by

DONNA AILEEN COFFIN

A Thesis Submitted to the Faculty of the
DEPARTMENT OF COUNSELING AND GUIDANCE
In Partial Fulfillment of the Requirements
For the Degree of
MASTER OF ARTS
In the Graduate College
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This thesis has been approved on the date shown below:

BETTY J. NEWLON
Professor of Counseling and Guidance

Date
DEDICATION

This work is dedicated to my lifepartner Sandra Florence, whose humor, support, love and encouragement sustained me and made this work possible.

This work is also dedicated to Michael and Paul who went before, and to my God-children, Brittney and Brian Angelo, who will go after, with the hope that this will help to make the world a gentler place to walk.

Finally, the work is dedicated to my sisters and brothers in the community. In the words of Sappho:

My lovely friends

How could I change towards you who are so beautiful?
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ABSTRACT

Historically, homosexual behavior has been treated progressively as a sin, crime, disease or mental illness, and alternative, minority sexual orientation. In the early 1970's, a century-long political struggle resulted in the declassification of homosexuality as a mental illness by the dominant professional mental health organizations in this country. This study reviews both developments, concluding that most helping professionals are unaware of this sociohistorical context for homosexual experience. Additionally, helping professionals lack factual information necessary to cope with declassification and to competently serve gay clients, and operate instead from heterosexually-biased viewpoints. Reviews of new paradigms for understanding sexual normality, identity, orientation, and relationship are presented as a means of retraining the professional. Related ethical questions are discussed. Finally, heuristic models of the coming out process are presented with discussion of their usefulness in therapeutic assessment and evaluation.
INTRODUCTION: CHANGING PERSPECTIVES ON HOMOSEXUALITY

I hear it was charged against me that I sought to destroy institutions,
But really I am neither for nor against institutions,
(What indeed have I in common with them? or what with the destruction of them?)
Only I will establish in the Manhatta in every city of these States inland and seaboard,
And in fields and woods, and above every keel little or large that dents the water,
Without edifice or rules or trustees or any argument,
The institution of the dear love of comrades.

Walt Whitman, 1867
"I Hear It Was Charged Against Me"

You may forget but
Let me tell you
this: someone in
some future time
will think of us

Sappho, c. 500 B.C.
(Barnard, 1965, p. 60)

The "History" section of this chapter briefly reviews the treatment of homosexually-oriented persons from the early American colonial period through the early 1970's in the United States, with reference to related events abroad. As such, it provides the historical context for the current-day relationship between gays and helping
professionals. The controversy ending with the declassification of homosexuality as a mental illness in 1973 is described, along with the political and academic influences which produced this profoundly important change.

In the following section, "The Problem Defined", the central thesis of the work is developed. Some implications of a non-pathological definition of homosexuality per se for helping professionals are discussed. The legacy of homophobic prejudice still influencing the professions is described along with research verifying some of its possible consequences to gay clients. The need for re-educating professionals about human sexuality in general, and homosexuals specifically, is demonstrated.

The "Scope and Purpose of the Work" are then discussed. Four areas within the field of sexuality are delineated for further exploration in the following chapters. The areas within which new perspectives are to be presented are generally described as sociohistory, research, ethics, and theoretical models of sexual identity and sexual orientation.

Finally, the assumptions which underlie the work are summarized, along with its limitations in theory and application. Definitions of terms with which the reader may be unfamiliar, or which may be defined somewhat differently than conventional usage, are presented. The reader may, in fact, wish to consult the "Definitions" section before continuing.
History of the Problem

Religious Influences in Early America

Over the last several centuries, homosexual behavior has been treated progressively as a sin, crime, disease or mental illness in American culture (Coleman, 1978, 1982a; Cory, 1956; DeMonteflores & Schultz, 1978; Evans, 1978; Katz, 1976; Kinsey, et al., 1953; Kinsey, Pomeroy, & Martin, 1948; Lauritsen & Thorstad, 1974; Licata, 1981; Pillard, 1982; Simon & Gagnon, 1967). Sixteenth and seventeenth century American colonists, following European tradition as defined by church authority, considered homosexual acts to be sins. The issue was moral and theological, rather than medical or legal. However, as societies in which the Bible was the basis for secular law, homosexual acts, whether consensual or otherwise, were treated as criminal offenses as well. Capital punishment was often the penalty. Katz (1976, pp. 11-12) documents instances of persons being executed for homosexual acts by hanging, choking, burning, and drowning. (The term "faggot" is in fact considered by many to be a linguistic reference to the common practice of burning homosexual men, beginning as early as the Catholic Inquisition and continued in the American colonies, as documented by Katz, 1976, pp. 22-23, and Evans, 1978, pp. 12-13, pp. 89-99).

A double standard existed for homosexual as opposed to heterosexual rape with the latter being punished by flogging and a fine in some cases, the former with death. In cases of homosexual rape, the victim was sometimes punished as well (Katz, 1976, pp. 21-23). As Szasz (Pillard, 1982, p. 407) has stated, "For centuries, no penalological
distinction was made between religious unorthodoxy and sexual misbehavior, especially homosexuality." Other writers (Evans, 1978, pp. 51-62, Kinsey, et al., 1953, p. 482) have documented the religious tradition of equating heresy and homosexuality. In the contemporary period, popular figures such as Anita Bryant, Jerry Falwell, and Jimmy Swaggart have continued the line of traditional American thought which considers homosexuality a sinner's choice.

Legal Reform

A period of reform followed the American revolution, although severe penalties remained characteristic. For example, legal revision took place promoted by such prominent figures as Thomas Jefferson, who suggested modification of the Virginia penalty for "Sodomy" from death to castration (Katz, 1976, pp. 12, 23-24). In 1983, Virginia law defines a "crime against nature" (oral or anal sex) as a Class 6 felony punishable by a one to five year prison sentence (Stoddard, et al., 1983, p. 168). In Arizona, a "crime against nature" (oral or anal sex, sex of partners unspecified) remains a misdemeanor, punishable by a $500 fine and/or thirty days in jail (Stoddard, et al., p. 133). Twenty-eight states retain laws of this nature, often specifying only acts between the same sex as illegal, continuing the criminal treatment of homosexually-oriented individuals. Most recently, in a wave of AIDS-related homophobia, Texas reinstated a previously repealed anti-sodomy statute, which as commentators noted, made millions of Texans, heterosexual and homosexual alike, criminals overnight.
Psychiatric "Treatment" and the Disease Concept

The latter half of the nineteenth century saw a shift from the moral-legal conception of homosexuality, to a medical-psychological perspective. Homosexuals began to be considered as suffering from a mental illness or disease, rather than as sinners, while criminal penalties remained (Katz, 1976, pp. 129-134). Silverstein (1977a) describes the ascendency of the medical and psychiatric professions which accompanied this attitudinal shift. He states "Around the turn of the century, psychiatry became a new force...With the concomitant decline in religion, the process of transferring society's problems to the medical people was accelerated" (p. 154).

Originally, the change to a "disease" perspective probably constituted a humane reform. However, there was often little difference between forms of treatment and punishment, giving rise to the suspicion that no true change had occurred, but rather that the locus of social control had simply been shifted to the medical profession. Katz (1976, pp. 129-207) cites examples of medical "treatments" for homosexuality used in the nineteenth and twentieth centuries including surgical procedures such as castration, cliteroidectomy, hysterectomy, vasectomy; drug therapies including hormones, LSD, sexual stimulants and depressants; aversion therapies employing nausea-inducing drugs, electric shock, and/or negative verbal suggestion; and electroconvulsive shock treatment. He concludes that "At its time of origin, the medical practitioners' concept of homosexuality as a sickness may have been a liberal and humane advance over the conception and punishment of
homosexuality as a crime. In 1976, psychiatrists and psychologists are among the major ideologues of homosexual oppression" (p. 130).

Katz is referring, no doubt, to such contemporary figures as Charles Socarides and Irving Bieber, psychoanalysts specializing in the treatment of male homosexuality, and strong proponents of a mental illness model. Characteristic of their writings are statements such as the following:

The "solution" of homosexuality is always doomed to failure and, even when used for utilitarian purposes -- for example, financial benefits when being supported by a partner, is characterized by strife and turmoil. Homosexuality is based on the fear of the mother and the aggressive attack against the father, and is filled with destruction and deceit. It is a masquerade of life...(Socarides, 1972, p. 119).

The most profound positive emotional attachment in the lives of most homosexuals are (sic) women...heterosexual relationships are avoided as a consequence of early established fears of attack by men perceived as aggressive and dangerous. Homosexuality evolves as a substitutive adaptation permitting sexual gratification with minimal anxiety since it is perceived as safer (Beiber, 1976, pp. 163-164).

The logic of carrying on sexual and affectional relations with persons of the sex one is thought to fear and avoiding them with persons with which one is said to have the most meaningful relationships in life seems perverse indeed. Notable, too, are the opposite conclusions drawn by the two regarding the role of women in the lives of male homosexuals. Socarides cites no research to support his statements which are based on his clinical observations. Gonsiorek (1982c) and others (Meredith & Reister, 1980) have pointed out the numerous biases and methodological flaws inherent in Beiber's studies, which are based on a strictly
clinical sample. Responding to such psychiatric ideology, Gonsiorek (1982b) warns that:

Often in the training of psychotherapists, social oppression of homosexuals is implicitly supported. As a result, mental health practitioners often become agents of social control and not human development, and often perpetuate the stigmatization homosexual individuals experience. Mental health practitioners need not only examine the limitations of their techniques but also understand the social and cultural context in which they operate. Too often, mental health practice becomes an attempt to control and normalize society's minorities. Neither society nor the mental health institutions nor homosexual patients are well-served by this state of affairs (pp. 494-495).

Pillard (1982, p. 415) gives other contemporary examples of public officials "attempting to turn an administrative decision into a medical decision" continuing this 19th century development of psychiatric social control. He cites examples of psychiatrists being called in to "diagnose" a minister who performed a gay marriage ceremony, and to rule on whether a gay dance ought to be allowed on a college campus (pp. 413-415).

Persecution and Extermination

An escalation of homosexual persecution took place in the mid-twentieth century with the arrest and extermination of thousands of homosexuals under the German Nazi regime (Lauritsen & Thorstad, 1974; Lautmann, 1981; Rector, 1981). Estimates of the number of homosexuals actually murdered in the death camps ranges from a low of 10,000 (Lautmann, 1981, p. 141) to from 100,000 to 500,000 based on estimates from SS weekly newsmagazines (Rector, 1981, p. 115). Homosexuals were made to wear pink triangles and were singled out for special persecution (Lautmann, 1981, p. 141). During the Nazi period, scapegoating of
homosexuals was used as a means for securing political power (Lauritsen & Thorstad, 1974, pp. 40-44; Licata, 1981, pp. 165-167; Rector, 1981, p. 154).

In the Soviet Union, anti-homosexual laws had been abolished by the Bolshevik revolution in 1917. In 1934, Stalin himself acted to make homosexual acts criminal offenses punishable by up to eight years in prison (Lauritsen & Thorstad, 1974, p. 69). In Cuba, under Castro, homosexuals have been imprisoned in work camps. Homosexuality is officially said not to exist in the People's Republic of China. In the United States, during the McCarthy period, a corresponding period of homosexual persecution towards political ends occurred, resulting in Federal employment policies mandating discrimination against gays (Weinberg & Williams, 1974, p. 279).

Legal and Psychiatric Dissension

With the exception of such examples of exceptional persecution, the medical and psychiatric hegemony over issues of human sexuality prevailed in EuroAmerican culture. However, beginning with the pioneering work of Alfred Kinsey and his associates (1948, 1953), dissenting voices began to be heard. His discovery of a high rate of homosexual as well as other non-procreative sexual activity among "normal" Americans revealed the distortion of cultural myths about sexuality. He also was among the first to elucidate the true sources of many of our cultural taboos.

The more general condemnation of all homosexual relationships (especially male) originated in Jewish history in about the seventh century B.C. upon the return from the Babylonian
exile...homosexual activities had previously been associated with the Jewish religious service, as they had been with the religious services of most of the other peoples of that part of Asia, and just as they have been in many other cultures elsewhere in the world. In the wave of nationalism which was developing among the Jewish people, there was an attempt to disidentify themselves with their neighbors by breaking with many of the customs which they had previously shared with them (Kinsey, et al., pp. 481-482).

Ford and Beach (1951) in their classic work on cross-cultural Patterns of Sexual Behavior widened the crack in the sociocultural edifice. A study of sexual practices in other societies revealed that the United States was in the minority in its condemnation of homosexuality. They reported "In 49 (64%) of the 76 societies other than our own for which information is available, homosexual activities of one sort or another are considered normal and socially acceptable for certain members of the community" (p. 130).

In 1957 in Britain, always a strong influence on American culture, a task force appointed to review the legal position of homosexuals in English society (Saghir & Robbins, 1973, p. 321) recommended an end to what longtime critic of the psychiatric profession Thomas Szasz (1963, p. 249) terms "moral Fascism." They suggested the elimination of all criminal penalties for consensual homosexual relations between adults in private. Enacted in 1967, ten years later, these reforms led the way to similar changes in the United States. Following the recommendation of the American Law Institute, Illinois pioneered the removal of criminal penalties for private consensual homosexual acts between adults in 1962, with twenty-one states following suit between 1971 and 1979 (Stoddard, et al., 1983). Such a change in legal attitude
reflects, according to Szasz (1963) a realization that a "person's body is his own property" (p. 248).

In the academic world of research, a new trend of thinking about homosexuality began to be articulated. In what was to become a classic article, Simon and Gagnon (1967, p. 180) complained at the propensity of researchers to focus on only the sexual aspects of homosexual lifestyles, stating, "the homosexual - no matter how good his adjustment to non-sexual areas of life - remains suspect" and that "the presence of homosexuality is seen as prima facie evidence of major psychopathology." In reality, they assert, based on their own research within the homosexual subculture, "there are as many ways of being homosexual as there are of being heterosexual" (p. 181). They direct other researchers to attempt greater objectivity by focussing on the influences of social context, identity management, and "coming out" to significant others (p. 185).

Political Activism: A Visible Gay Liberation Movement

Simultaneous with this beginning shift in research perspective was the wave of political radicalism among women, ethnic minorities, and newly emerging gay liberationists. In line with traditional American values of pluralism, tolerance, and respect for individual freedom and cultural diversity, these minorities began to demand greater cultural inclusivity and universal civil rights. While homophile organizations had been active behind the scenes throughout much of the twentieth century, a new kind of activist arose to join the general political evolution of the sixties. Licata (1981, pp. 170-178) describes this
transformation from educational and informative approaches in the 1950's spawned by the "righteous indignation" of homosexuals in the McCarthy era, to an era of civil rights activism in the sixties. In 1969, the revolt of patrons at the Greenwich Village Stonewall Inn against police harassment marked another shift. This uprising, which is celebrated annually across the nation in mid-June as "Gay Pride Week" or "Christopher Street" parades, marks the beginning of modern gay liberation as a more radical, even militant, political movement. The Stonewall revolt also marked the one-hundred year anniversary of its predecessor, the original homosexual liberation movement begun in Prussia and Germany in the nineteenth century (Lauritsen & Thorstad, 1974, p. 5).

This new era of activism was distinguished by its larger numbers of participants, and by its tactics. Confrontation of established institutions, community-building, and involvement in the political process as a visible minority group characterized the change (Licata, 1981, pp. 178-184). Lobbying and confrontation with the dominant institutions of the mental health profession (the American Psychiatric and Psychological Associations) resulted in a period of heated debate within the ranks of professionals. Called into question in the face of research to the contrary (Kinsey, et al., 1948, 1953; Saghir & Robbins, 1973; Simon & Gagnon, 1967; Weinberg & Williams, 1974) was the century-old premise of homosexuality as a *prima facie* form of psychopathology.
The Advent of Declassification

In 1971, the National Association of Mental Health responded by declaring "deviate sexual behavior does not constitute a specific mental or emotional illness" (Saghir & Robbins, 1973, p. 321). This important body further recommended an end to criminal penalties for private adult consensual sexual acts. As reported above, twenty-one states followed this recommendation during the last decade.

Following a period of strong dissension within the American Psychiatric Association (Bell, 1972; Green, 1972a, 1972b; Hatterer, 1972; Hoffman, 1972; Karlen, 1972; Marmor, 1972; Socarides, 1972), another profound change took place. A vote of the membership removed homosexuality from the category of "sexual deviance" in its Diagnostic and Statistical Manual of Mental Disorders. However, a new category of "ego-dystonic homosexuality" was created for those persons "for whom changing sexual orientations is a persistent concern" and who experience associated "loneliness...guilt, shame, anxiety, and depression" (American Psychiatric Association, 1980, p. 281). Davison and Neale (1982, pp. 363-366) have discussed some of the contradictions of labelling an individual as mentally disordered on the basis of what are quite likely reactions to societal prejudices. Nonetheless, the idea that homosexuality was psychopathological per se had been successfully challenged and defeated both from within and without the profession, at least at the level of institutionalized ideology.

The American Psychological Association followed suit shortly thereafter, adopting a policy intending to assist society in removing the
stigma from homosexually-oriented individuals. The stand taken by the psychologists was even stronger and more far-reaching than the psychiatric declassification:

The American Psychological Association supports the action taken on December 15, 1973, by the American Psychiatric Association, removing homosexuality from that association's official list of mental disorders...Homosexuality, per se, implies no impairment in judgment, stability, reliability, or general social or vocational capabilities; further, the American Psychological Association urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations...and urges the enactment of civil rights legislation at the local, state, and federal level that would offer citizens who engage in acts of homosexuality the same protections now guaranteed to others...[and] supports and urges the repeal of all discriminatory legislation singling out homosexual acts by consenting adults in private (Conger, 1975, p. 633) (emphasis added).

Following its own policy, its Board of Social and Ethical Responsibility appointed a Task Force on the Status of Lesbian and Gay Male Psychologists to investigate the lifestyle, needs, and problems of gays within its own professional organization (Kooden, et al., 1979).

The Problem Defined

We have been the silent minority, the silenced minority --invisible women, invisible men. Early on, the alleged enormity of our "sin" justified the denial of our existence, even our physical destruction. Our "crime" was not merely against society, not only against humanity, but "against nature" --we were outlaws against the universe. Long did we remain literally and metaphorically unspeakable, "among Christians not to be named" -- nameless. To speak our name...was to make our existence tangible, physical...For long, like women conceived only in relation to men, we were allowed only relative intellectual existence, conceived only in relation to, as deviants from, a minority of --an "abnormal" and embarassing poor relation. For long, we were a people perceived out of time and out of place --socially unsituated, without a history...We remained an unknown people, our character defamed...That time is over (Katz, 1976, p. 1).
The advent of declassification of homosexuality as a mental illness has created a number of serious problems for mental health professionals. Centuries of negative myth and stereotype do not dissolve overnight with a vote of the American Psychiatric Association. In the past, programs of professional training usually have been either silent on the subject of homosexuality or characterized by misinformation, often based on research that is steadily being debunked (Coleman, 1978, 1982a; Freedman, 1971; Gonsiorek, 1982a, 1982b, 1982c, 1982d; Pillard, 1982). So counselors and therapists are not prepared to work with gays as relatively normal individuals who experience typical problems in daily living (Beane, 1981; Davison & Friedman, 1981; Garfinkle & Morin, 1978; Graham, et al., 1984; Kooden et al., 1979; Martin, 1982; Morin, 1977; Morin & Garfinkle, 1978; Plummer, 1975; Roman, Charles, & Karasu, 1978; Weinberg & Williams, 1974).

Nor have helpers been given the "social interactionist" (Plummer, 1975) or "societal reaction" (Simon & Gagnon, 1967) frameworks for interpreting client behavior that would make it possible to separate generic psychological problems from those of the individual as a member of a stigmatized minority. As Weinberg and Williams (1974) conclude in their cross-cultural research into male homosexuality in the Netherlands, Denmark and the United States:

It is evident that among homosexuals, psychological and social functioning is affected by the perception and internalization of societal rejection. Prejudice and discrimination do exist. It seems obvious, therefore, that a major strategy in alleviating some of the homosexuals' problems is to alter reactions to homosexuals...those aspects of social organization that support the moral meanings of homosexuality as sinful, immoral,
dangerous, perverted, revolting, or sick should be primary targets for change (p. 279).

Noting that "education may help dispel falsehoods" (p. 284), they make the additional point that "by lessening rejection by heterosexuals, such education would alleviate many of the unnecessary identity problems of homosexually-oriented people who will also be among students in such classes" (p. 285). Thus, as well as providing better-trained professionals, counselor-teachers may make helpful interventions simply by presenting positive and accurate information on homosexuality in the classroom.

This is equally true for those professionals who may present such didactic information as part of interventions in counseling sessions. An awareness of the effects of communicating negative perceptions of homosexuality is especially important in avoiding damage to individuals who may seek counseling for reasons other than sexual identity, who may not reveal themselves at first or at all, or who may be in very early explorative phases of forming a homosexual identity.

Writing primarily of sociology, but in words applicable to the mental health fields as well, Plummer, in his groundbreaking book Sexual Stigma (1975), says of previous research into sexual "deviance,"

...from so much effort comes so little understanding and so little progress...the main contributors to this field have been clinicians; and the standard of their work has often been on the margins of scientific acceptability. At their very worst, they are riddled with simple inaccuracies, smothered in ideological invective, and worryingly injurious to the population under study. But for the possible harm they do, they should not be taken seriously...But at their best, they are paralysed by the limitations of their paradigm...They divorce the 'pervert' from his cultural context, locate him in a rhetoric of pathology, seek to explain his behaviour with reference to psychologicistic factors
residing firmly 'within him', and present individualistic programmes for prevention and cure (p. 45).

He continues by articulating the need for what he refers to as a "social interactionist perspective" (p. 115), stating "questions need to be asked about the causes, characteristics, and consequences of (a) the general process of 'becoming sexually different' (action), (b) the general process of 'sexual problem definition' (reactions) and (c) the interplay between sexual experiences in a society and the reactions toward them as deviant (interaction)" (p. 45).

In a related discussion, Gonsiorek (1982d, p. 489) has noted the similarity of Allport's "traits due to victimization" to the descriptive adjectives often used by psychoanalytic writers to describe homosexuals, traits such as self-derision, aggression against one's own group, and enhanced striving (pp. 489-490). Nonetheless, training programs generally have relied on psychoanalytical interpretations of gays as developmentally disordered, or on pathological interpretations consistent with other psychological theories such as behaviorism (Coleman, 1978, 1982a).

Researchers have been able to empirically validate the distortion of clinical judgment which may occur when persons are known to be homosexually-oriented. A study of California psychotherapists (Garfinkle & Morin, 1978) found their clinical judgment of the psychological health of an anonymous individual to vary as a function of the sexual orientation attributed to the individual. Male therapists showed a stronger bias, and tended to define psychological health in terms of culturally dominant masculine values. When the case study was attributed
to a gay individual, the person was rated as more feminine and became less mentally healthy by definition. These researchers "hope that the future education and training of therapists will include active efforts to alter therapists' potential bias based on sex-role expectations and will be particularly aimed at eliminating homosexual stereotypes and traditional sex-role expectations which may adversely affect the treatment of homosexual clients" (p. 110).

Davison and Friedman (1981) performed a related study of New York undergraduates. In this case, there was a tendency for the fictitious individual in the case study to have "non-sexual problems construed in sexual terms" (p. 37) as well as to be given a different diagnosis when described as having extramarital affairs with men as opposed to women. In concluding their discussion of the results they suggest, "Without ignoring the psychological problems that homosexual clients sometimes have, therapists should focus on life problems rather than the so-called problem of homosexuality" (p. 43).

Pillard (1982) has also described the negative attitudes of mental health professionals towards gays as well as the understandable fears and suspicions of homosexually-oriented persons when seeking counseling or therapy. He states that "psychiatrists lack knowledge and understanding of their sexual practices and lifestyle" and notes that professional training provides "no adequate attempt to equip the therapist-in-training with an understanding of lesbians and gay men as members of a subculture" (p. 410).
Martin (1982) has commented on the difficulty most therapists experience in admitting their prejudices, even to themselves. Nonetheless, biases are bound to be communicated to clients. As she observes, "There is nothing neutral about the choices we make concerning when to inquire, when to interpret, and when to remain silent. Any of these behaviors may communicate the therapist's homophobic biases" (p. 343). She further notes the failure of the media and other aspects of culture to provide true images to counter stereotypes. Since gays have also internalized negative attitudes and images, they may be unable as clients to recognize or challenge them in the helping professional (p. 342).

Clearly, problems of misinformation, "homophobia" or fear of homosexuality, and "heterosexual bias," i.e. "the valuing of heterosexuality as superior to and/or more natural than homosexuality," (DeCecco, 1985; Garfinkle & Morin, 1978, p. 101; Herek, 1985; Morin, 1977) continue to pervade the helping professions. Effective and non-harmful interventions are not likely to be produced by helpers operating under the handicap of such a perceptual grid. Nor can gay professionals provide a total solution. As Beane (1981, p. 226) has noted, gay therapists are not available in sufficient numbers, nor would this necessarily always be desirable. Gays themselves do not always have an awareness or acceptance of the range of values, roles, and lifestyles in their own community, nor are they immune to the negative attitudes of the dominant culture.
Roman (et al., 1978) has demonstrated the desire of mental health professionals already in practice for reeducation. In a study of New York psychotherapists heavily influenced by psychoanalytic traditions, these researchers determined that the "Change in societal attitudes towards homosexuality and bisexuality is indicated as having an influence on the view of more than half the group concerning their current concept of the 'normal' range of behavior" (p. 412). They report some "typical suggestions for training" (p. 412) delineated by their respondents:

- Review new concepts of homosexuality and bisexuality and its (sic) impact on family, society, child development, and sex roles.
- More research into the impact on marriage and families of...homosexuality...so we can relate them to therapeutic goals.
- More attention should be paid to the way we communicate our biases and values to patients rather than encourage change and growth.

A Midwestern study of 112 therapists (Graham, et al., 1984) surveyed attitudes and knowledge concerning homosexuality, as well as treatment strategies. Admitting that a low response rate weakens the results, the researchers report a "lack of awareness and concern with the quality of therapy" (p. 492) being provided gay clients. Citing the professional standards of the American Psychological Association (1981), they point out the ethical responsibilities of psychologists to "maintain current knowledge of scientific and professional developments to preserve and enhance their professional competence" and to "limit their practice to their demonstrated areas of professional competence" (Graham, et al., 1984, p. 484).
The ethical standards of the American Association for Counseling and Development (1981, pp. 323-324) similarly require that counselors "accept only those positions for which they are professionally qualified," show an awareness of the "negative impact of... sexual stereotyping" to protect the client's "individual rights and personal dignity," and continuously strive to "improve professional practices, services, and research." Most important with regard to counselors possible projection of their own homophobic values and attitudes onto the client is the ethical requirement to avoid "engaging in activities that seek to meet the counselor's personal needs at the expense of the client" (p. 324). The ethical codes of the National Association of Social Workers and the American Association for Marriage and Family Therapy have similar stipulations (Corey, Corey, & Callahan, 1984, pp. 330-339).

Taking an even more pro-active position, the American Psychological Association has encouraged its members along with other mental health professionals to "take the lead in removing the stigma" (Conger, 1975, p. 633) that has plagued homosexuals in their dealings with the profession. Certainly, such a supportive stance would go a long way towards improving relations between the mental health and gay communities. Such dialogue is crucial to understanding. As Pillard (1982, p. 412) explains, "Meaningful relations with homosexuals are an enriching, not a demeaning, experience for mental health professionals; we must become able to seek more opportunities for them to occur."
Scope And Purpose Of The Work

Changing cultural attitudes, influenced by evolving redefinition of male and female roles, and the efforts of the civil rights, women's and gay movements, have resulted in changing attitudes towards homosexuality and gay individuals. So have changing attitudes towards non-procreative sex (Green, 1972b; Marmor, 1972). This change has been formally expressed by the official actions of the National Association of Mental Health, and the American Psychiatric and Psychological Associations. However, not enough has been done at a practical level to implement the recommendations of the American Psychological Association and to enable members of this and other professions to meet their ethical commitments. Too little information is available to provide the new perspectives necessary to assist counselors and other helpers to cope with the change. Notable exceptions include: DeCecco, 1985; DeCecco & Shively, 1985b; Gonsiorek, 1985; Moses & Hawkins, 1982; Paul, et al., 1982. However, even these works sometimes assume the reader has worked through an understanding of some of the related complex theoretical and ethical issues or is capable of locating gay individuals in their proper sociohistorical context.

For reasons of ignorance and homophobia, the ability of most professionals to understand and help gay clients has been limited. The purpose of this work, then, is to address the need as described herein to enlighten and reeducate professionals about a much misunderstood minority. In doing so, the author further hopes to improve the quality
and availability of professional help available to members of the gay community.

As systems and ecologically-oriented therapists have long pointed out, people are best understood in the context of their sociocultural milieus. This is also implicit in the writings of humanistic counselors who seek to understand the phenomenological world of the client as part of their interventions. Cross-cultural studies have further elucidated the necessity of not taking for granted the differences produced by subcultural membership or client biculturality. As Pedersen (1981) has written in *Counseling across Cultures*

There is a tendency to look for pathology in the client while overlooking the pathology of the surrounding environment ...and to neglect the larger network of persons within which the client is located...[this approach] ignores the client's cultural context and allows culturally encapsulated counselors to assume their culturally limited views can accommodate the broad range of cultural variations with validity (p. 31).

He makes an additional important point, stating, "our goal should rather be the maintenance of the natural support system networks in the client's environment to mediate mental health" (p. 31). Certainly some knowledge of that cultural context and its supportive institutions and values is a necessary prerequisite. So one need of mental health professionals is to understand some aspects of what has been the primarily underground cultural milieu of the gay individual.

Another need is for paradigms of sexuality which encompass the full range of human homosexual-heterosexual variation. A related area involves the components of sexual identity as well as some sort of model of sexual identity development and acquisition. Sexual orientation must
be defined and understood in relation to, and as distinguished from, other concepts such as gender identity and sex-role.

As Roman's (et al., 1978) respondents noted, there is also a need to identify therapist values and biases related to homosexuality and gay people so as to become aware of how these may be influencing (or damaging) the therapeutic process. Ethical dilemmas relating to treatment of gay persons must be resolved. Newly acquired information on sexuality and related lifestyles must be related to the assessment and evaluation processes of the helping relationship. They are crucial to the identification of appropriate targets for therapy and problem-solving.

The area to be addressed is vast. Comprehensive consideration of all the related issues is well beyond the scope of this endeavor. Consequently, the focus of this study will be on areas which have begun to be well-articulated and which together constitute a foundation for learning about homosexually-oriented individuals and their lives. Being provided with an overview of current thinking and research in key areas, the reader will be able to identify some areas of ignorance, to clarify related values conflicts, to replace myths with facts, and old paradigms with new ones. In some cases, the reader may be inspired to further explore topics relevant to his or her area of expertise. The reader's thinking about issues in which understanding is ordinarily narrowed and distorted by ignorance and cultural prejudice will be challenged and expanded.
Towards this end, four perspectives on homosexuality as part of the normal range of human sexuality will be explored: sociohistory, scientific research, ethics, and new psychological theories about sexuality and the development of sexual identity. This exploration will provide windows in the closet of the gay experience and will illumine for helping professionals new vistas of human sexual variation.

Index of Homophobia

As part of this exploration, the reader may wish to take the Index of Homophobia (Appendix 1) as a self-test prior to reading Chapters 2 through 5. This inventory helps to sensitize the test-taker to areas of bias and values conflicts relating to homosexually-oriented individuals. By taking the test before and after reading this text, readers will have an objective basis by which to measure the movement or stability of their attitudes towards working and associating with homosexuals. In this way, readers will have a partial means for evaluating the ethical basis and appropriateness of their working with gay clients in general, or with any clients on issues related to sexual identity.

Assumptions

The positions, suggestions, and implications of this work are based on the following premises:

1. Homosexuality is a positive, alternate form of sexual expression falling within the normal range of sexual variation.
2. Homosexuality, *per se*, is not a mental illness, or other form of psychological deficiency.

3. Homosexuality differs from heterosexuality primarily in terms of the sex of the love/sex object, as well as its non-procreative character.

4. Homosexuality represents a minority sexual orientation in that while universal, it is also less common than heterosexuality in practice, for cultural and/or biological reasons not fully understood at this time.

5. Gay people have two types of problems: generic human problems in individual development and daily living, and problems resulting from membership in a stigmatized minority group.

6. Biases against homosexuality as a viable, valuable form of sexual expression continue to exist within the psychiatric, psychological, counseling and other helping professions in spite of the 1973 American Psychiatric Association's declassification of homosexuality as a mental illness. These biases are based primarily on methodologically flawed research, cultural values now in the process of change, and misinformation.

7. Heterosexual bias or homophobia damages the services provided to homosexually-oriented individuals, often resulting in useless or even harmful interventions.

8. There is a need within the helping professions for education and training which is scientifically accurate in terms of research findings and in accord with the current stance of the leading professional mental health organizations.
9. The ethical precepts of all the major mental health professional organizations require that their members obtain such training, or refrain from practicing with homosexually-oriented individuals, or those in the process of trying to clarify confusion regarding sexual orientation.

10. The helping relationship is never entirely apolitical or value free. One can, however, become aware of one's politics, values and biases.

Limitations

The validity and application of the ideas presented herein are limited by the following conditions:

1. Much controversy still exists regarding many of the assumptions and conclusions of this work. At present, the entire area of research into human sexuality may be characterized as volatile and subject to the influences of rapidly changing cultural values and attitudes.

2. No original research data are presented herein to support the assumptions, positions, and conclusions of this treatise. However, the assumptions are based on an existing, growing body of research which has withstood criticism to date. As such it represents "state-of-the-art" knowledge on human sexuality and supports the suggestions and conclusions of the paper.

3. No single etiological or descriptive model of human sexuality exists at this writing. Consequently, no attempt is made to deal with the question of the etiology of homosexuality, or heterosexuality.

4. Too little research has been done on models of sexual orientation and identity formation to warrant claims of universal validity. Thus,
the models presented herein must be evaluated through usage as to their truth and utility while and until definitive research results are forthcoming.

5. **Specific** issues for treatment as well as suggested approaches for intervention and problem-solving are beyond the purview of this paper. The professional is still called upon to find and critically evaluate the worth of more specific writing addressing the concerns of gay clients, and to recognize distortions, omissions, and untruths which could lead to harmful or unethical interventions.

6. Professionals who cannot accept the Assumptions and theoretical and ethical positions enumerated herein may find the paradigms for sexual identity and orientation or the developmental model of the coming out process an appropriate conceptual framework for goal-setting and intervention. Nor will they find many of the suggestions for interacting with gay clients applicable. Nonetheless, the work may be useful in clarifying the nature of one's own values and biases, the limits of one's competence and effectiveness with gay clients, and the issue of referral.

**Definition of Terms**

The following definitions will help the reader to understand the discussions which follow. The definitions reflect the author's theoretical assumptions about human sexuality, and may not correspond to other definitions or common usage in all cases.

BISEXUAL: Synonym: AMBISEXUAL. A person who prefers sexual and
affectional partners of either sex without a clear preference for one sex over the other.

CLOSET: A person is said to be "in the closet" when one does not acknowledge one's homo- or bisexual orientation 1) to anyone including oneself, as in self-labelling, regardless of behavior which may be interpreted as indicating such a sexual orientation 2) to anyone other than oneself or 3) to any non-gay person. People are often "in the closet" in certain environments, e.g. work or school, and not in others, e.g. gay meeting places, the homes of trusted non-gay friends, etc.

COMING OUT: As in the "coming out" process. This term has a variety of meanings including 1) the point at which a person has his/her first sexual experience with a member of the same sex 2) the point at which a person self-identifies as a homosexual or gay 3) the period during which a person first publicly enters the homosexual subculture and 4) the point at which a person reveals her/his homosexual or gay identity to other non-gay individuals.

GAY: When used as a noun, a self-identified homosexually- or bisexually-oriented individual. The term may also be used as an adjective. Synonym: homosexual, homoerotic. However, the connotations of "gay" include reference to the entire lifestyle and cultural milieu of the person, not just sexual object choice or preference. As such, it is viewed by many, particularly younger gay persons, as a more positive, comprehensive, and political (c.f. gay liberation) term. "Gay" is also used as a noun to refer only to gay men as opposed to gay women, as in
the phrase "gays and lesbians often hold different, even opposing, values." The etiology of the term is thought by some to be from French theater (gai), referring to young men who played women's roles at a time when women were not allowed to act in the theater.

GAY LIBERATION: A sociohistorical civil rights movement by homosexually-oriented persons and their allies. This movement has roots dating from 19th century Europe, whereas the term is popularly used to refer only to activism after 1969.

GENDER: The biological sex of a person.

GENDER IDENTITY: The biological sex with which a person identifies. Gender identity may or may not be the same as gender.

HETEROSEXUAL: A person who prefers sexual and affectional partners of the opposite sex. Term is also used as an adjective. Synonym: heteroerotic.

HETEROSEXUAL BIAS: "The valuing of heterosexuality as superior to and more natural than homosexuality" (Garfinkle & Morin, 1978).

HOMOPHOBIA: A fear, intolerance of, and dislike of homosexually-oriented persons and homosexual acts which is learned and not based on facts. This term is also used to refer to self-hatred by gay people as the product of internalized social prejudice.

HOMOSEXUAL: A person who prefers sexual and affectional partners of the same sex. The term may also be used as an adjective.
[Note: Both heterosexual and homosexual are somewhat misleading terms when used as nouns, as they refer to fixed and mutually exclusive classes of individuals which exist only in theory and rarely in reality. Furthermore, they tend to imply primarily sexual behavior at the expense of other aspects of the person's identity, e.g. affectional preference or fantasy (Kinsey, et al., 1948, 1953; DeCecco, 1981; DeCecco & Shively, 1985a; Moses & Hawkins, 1982). However, to avoid confusion, these terms are used herein in keeping with popular usage.]

HOMOSEXUALLY-ORIENTED: This term is used as an adjective interchangeably with the somewhat misleading noun "homosexual" to mean preferring sexual and affectional partners of the same sex.

LESBIAN: A homosexually-oriented woman. The term is from the island Lesbos, inhabited by Greek poet Sappho and her followers. Sappho is noted for her homoerotic writing (Barnard, 1965).

SEX-ROLE: "Physical and psychological characteristics that are culturally associated with females or males" (DeCecco, 1981, p. 61). This term includes such attributes as body language, manner of speech, interests, preferred activities.


SEXUAL PREFERENCE: This term is used interchangeably with "sexual orientation" to describe whether a person prefers same- and/or
opposite-sex partners, sexually, affectionally, and in fantasy. Sexual preference does not have to be acted out sexually to be so-defined.

SEXUAL ORIENTATION: An "individual's physical sexual activity with, interpersonal affection for, and erotic fantasies about members of the same or opposite biologic sex" (DeCecco, 1981, p. 61).
CHAPTER 2

A SOCIOHISTORICAL PERSPECTIVE:
THE HIDDEN HISTORY OF AN INVISIBLE MINORITY

The persecutor desires the victims to remain ignorant of their oppression. But even less does the oppressor want these victims to imagine the possibility of resistance. The victims' awareness of oppression may, by itself, lead only to fatalistic resignation before what seems an overwhelming force. Knowledge of resistance suggests that even under conditions of extreme persecution there exists the possibility of struggle. Knowledge of past and forgotten rebellion, large or small, successful or unsuccessful, is nourishment for the hungry spirits of the dispossessed; it provides food for present survival and energy for renewed struggle. It is exemplary (Katz, 1976, p. 335).

What is it then between us? What is the count of the scores or hundreds of years between us? Whatever it is avails not -- distance avails not, and place avails not,.... I too felt the abrupt questionings stir within me, In the day among crowds of people sometimes they came upon me, In my walks home late at night or as I lay in my bed they came upon me,.... I too had received identity by my body....

Walt Whitman, c. 1856
From Crossing Brooklyn Ferry

Introduction

This chapter complements the history presented in Chapter 1. While that section reviewed the history of treatment of homosexuals by church and state, this chapter describes in brief the history of attempts by this sexual minority to educate and organize politically in its own
behalf. It spans the nineteenth and twentieth centuries in Europe and
the United States, although many individual efforts predate the events
included herein. Most of this activity took place behind the scenes, and
is thus unknown to most gay and non-gay individuals.

An understanding of gay history is crucial for several reasons.
First, history demonstrates the distortion inherent in attempts to
characterize gay liberation as the recent social rebellion of a handful
of sexual anarchists or as a fad or temporary trend (Margolis, 1986).
Knowledge of the history of the movement puts it into proper perspective
alongside other civil rights movements, such as those of women and ethnic
minorities.

Second, an understanding of gay history provides the
sociohistorical context crucial to a proper assessment and
phenomenological understanding of homosexually-oriented individuals. The
treatment of gay people has varied greatly in different historical eras,
in different geographical regions, and in response to the political
influences of organized gay liberation. At the individual level, helping
professionals will find great diversity in self-concept, level of
self-esteem, and lifestyle, influenced in great measure by this
environmental, or sociohistorical, context. The nature of the problems
for which help is sought, as well as the nature of appropriate solutions,
will vary depending on this same context. A gay person active in the
civil rights movement lives in a milieu worlds apart from one in an
isolated rural area who has only heard of such a movement. A person who
came out in the anti-homosexual McCarthy era of the 1950's often has a
different world view and concept of gay identity than one who came out in
the more favorable climate of the activist early 1970's, or in the
homophobic reaction of the present period.

While this chapter will focus primarily on historical events,
rather than treatment issues, the reader will become increasingly aware
of the necessity to assess individual differences in the gay population.
The ability of the counselor or therapist to distinguish problems in
daily living from those which are primarily a function of membership in a
stigmatized group will be enhanced by this historical overview.

The works of Licata (1981), Lauritsen and Thorstad (1974), Katz
(1976), and Cory (1956) will be the primary references for this
sociohistorical perspective.

The Early German Homosexual Emancipation Movement

Most contemporary Americans, including helping professionals,
date gay liberation from the radicalism of the 1960's in the United
States. Some are even aware of the uprising against police harassment at
the gay Stonewall bar in New York which is commemorated each year with
gay liberation parades. Media historians and gay community leaders alike
often cite this event as the beginning of the gay movement in this
country, and even the world. This belief, however, is highly inaccurate.
It is furthermore a result of the active suppression of information about
the history of homosexual emancipation efforts in both Europe and America
(Katz, 1976, pp. 335-443; Lauritsen & Thorstad, 1974, p. 5; Licata, 1981,
p. 161; Symonds, 1896, p. 94). This suppression ranges from denial by
critics and teachers of the true meaning of the obvious homoeroticism and
gay references in the writings of such great literary figures as Walt Whitman and Gertrude Stein, to the violent forms of repression exercised for twenty years by the Nazis in Germany.

As Lauritsen and Thorstad (1974, p. 5) point out, the Stonewall riot in 1969 is, in reality, the 100th anniversary of homosexual emancipation efforts begun in Europe in Prussia, and soon afterward in Germany. These writers cite one of the earliest acts of homosexual resistance by a Hungarian doctor named Benkert. Using the pseudonym of Kertbeny, he wrote a letter to the minister of justice protesting a new law which added penalties for homosexual acts by males to the Prussian penal code (Lauritsen & Thorstad, 1974, p. 6). In this letter, written in 1869, he referred to a tradition of a more "rational approach to homosexuality" (Lauritsen & Thorstad, 1974, p. 6) and reasoned against legal restrictions on adult private consensual sexual relations. As the researchers point out, this letter is also notable for its use of the term "homosexuality", since prior to the nineteenth century, homosexual acts were considered sins of sodomy. Homosexuality as a condition of one's being was not recognized as such.

Dr. Benkert argued that homosexuality was, in fact, an inborn condition, and thus that society need not fear that legalization would enable it to become widespread. He noted its cultural universality, and mentioned the homosexuality of many great historical figures such as Newton, Byron, Moliere, Pope Julius II, and Louis XV. In spite of his eloquent pioneering defense, however, the law remained. While France and Russia reformed laws after their respective revolutions, giving
homosexuals the same legal status as heterosexuals, the new nation of Germany, the "Fatherland", continued to increase restrictions into the twentieth century (Lauritsen & Thorstad, 1974, p. 7).

In spite of the hostile legal climate in Germany at the end of the nineteenth century, or perhaps because of it, this nation became the birthplace of the first homosexual liberation organization. In 1897, Dr. Magnus Hirschfield founded the "Scientific Humanitarian Committee" to eliminate the anti-gay parts of the German penal code, to educate the public, and to interest homosexuals as a group in struggling for their civil rights (Lauritsen & Thorstad, 1974, p. 11). He urged prominent homosexuals to come out and give power and credibility to the cause (Lauritsen & Thorstad, 1974, p. 25).

He was also one of the first political organizers to recognize an implicit link between the gay and women's movements, and attempted to link the two causes, as well as to recruit lesbians into his organization. Some alliances occurred: in Berlin in October, 1904, the German lesbian feminist Anna Ruhling gave a speech entitled "What Interest Does the Women's Movement Have in a Solution to the Homosexual Problem?" (Lauritsen & Thorstad, 1974, p. 11). Eighty years ago, activists detected a relationship between homophobia and the oppression of women: both demand the enforcement of traditional sex-roles for men and women.

Towards the goal of unifying the two movements, Hirschfield carried on a correspondence with Emma Goldman, the prominent American feminist anarchist, who was active in such causes as birth control and
free speech. An influential article by Goldman appeared in the annual publication of the Scientific Humanitarian Committee in 1923. In this publication, the Yearbook of Sexual Intermediate Types (gays were conceptualized as an androgynous "third sex" during this period), she discussed her position on homosexuality:

> It is a tragedy, I feel, that people of a different sexual type are caught in a world which shows so little understanding for homosexuals, is so crassly indifferent to the various gradations and variations of gender and their significance in life...I empathize deeply with them, for I know that their sufferings are of a larger and more complex sort than those of ordinary people (Katz, 1976, pp. 378-379).

Hirschfield published other letters from America in his Yearbook, such as this excerpt from an anonymous Bostonian, written in 1907, which reveals the repressive climate in the United States:

> ...here in the United States we really need this kind of activity. In the face of Anglo-American hypocrisy, however, there is at present no chance that any man of science would have enough wisdom and courage to remove the veil which covers homosexuality in this country. And how many homosexuals I've come to know! Boston, this good old Puritan city, has them by the hundreds...(Katz, 1976, p. 382).

In Germany, the homosexual emancipation movement continued to expand and gain momentum. In July of 1919, Hirschfield founded the Institute for Sexual Science in Berlin. A forerunner of the famous Kinsey Institute at Indiana University, it was a repository of scientific information on sexuality culled from anthropology, biology, literature, medical and statistical studies (Lauritsen & Thorstad, 1974, pp. 27-28). A truly international effort, it contained the writings of American birth control pioneer Margaret Sanger, among others, and was visited by a
Bolshevik delegation from Russia, where anti-homosexual laws had been abolished in 1917 (Lauritsen & Thorstad, 1974, pp. 28-29).

By 1922, twenty-five years after the founding of the Scientific Humanitarian Committee, twenty-five branches of the organization existed throughout Germany. In further attempts to expand the movement beyond Germany to other nations, Hirschfield lectured abroad and, in 1921, established the World League for Sexual Reform (Lauritsen & Thorstad, 1974, p. 29).

The forces of reaction were in ascendency, however, and also in 1921, anti-Semites beat Hirschfield almost to death after a lecture in Berlin. In Vienna, Austria, in 1923, fascists bombed and shot at a crowd at one of his lectures (Lauritsen & Thorstad, 1974, p. 31). The situation of the movement continued to deteriorate over the next ten years as Hitler rose to power. On May 6, 1933, Nazi students attacked Hirschfield's Institute for Sexual Science calling it "an unparalleled breeding ground of dirt and filth" (Lauritsen & Thorstad, 1974, p. 40). Books by Sanger, Proust, Gide, Zola and others were hauled from the Institute to be sorted by "medical experts" and the "Un-German" part, over 10,000 books, were burned in public in Berlin a few days later as a "deed of culture" (Katz, 1976, pp. 480-481; Lauritsen & Thorstad, 1974, p. 40).

Over the next two years, the twenty-five year old homosexual emancipation movement in Germany was destroyed. The international World League for Sexual Reform also fell apart as Europe came under Nazi domination. Hirschfield was forced to flee to France, never to return to
his homeland. In the extreme reaction which followed in Germany, kisses and embraces between men, and, absurdly, even homosexual fantasies were made illegal (Lauritsen & Thorstad, 1974, pp. 40-45). Homosexuals were rounded up, placed in the death camps, assigned pink triangles, singled out for exceptional persecution, and put to death in numbers ranging from estimates of 10,000 to 500,000 (Lautmann, 1981, p. 141; Rector, 1981, p. 115).

Hitler's motives in attacking homosexuals were primarily political, with his anti-homosexual rhetoric supposedly justifying the "Blood Purge" of his former allies Ernst Roehm and the Brownshirts (Katz, 1976, p. 395; Rector, 1981, p. 154). Although Hitler had known of the homosexuality of Roehm and many of his followers for the entire ten year period during which they were political allies, these murders were carried out by his followers under the guise of moral indignation.

Lauritsen and Thorstad (1974, p. 43) report the relationship of religious ideology and totalitarian politics exploited by Hitler, stating that "the real fascist position in sexual matters was expressed by their slogan 'moral purity'...on the level of sexual morality, fascism was totalitarian Christianity." Dr. Kersten, Himmler's physiotherapist, voiced his objections to Himmler regarding this cynical use of homosexual scapegoating to solidify Hitler's political power, saying "In earlier days if you wanted to get rid of anyone you said they were a witch or in league with the devil. Today you accuse them of homosexuality" (Rector, 1981, p. 117).
It is significant that while the details of the Jewish holocaust are well-known and continually republicized, American history textbooks fail to even mention the use of homosexual persecution by Hitler as part of his rise to power, or the massive homosexual genocide in the death camps. Equally significant, and to some, frightening, are the historical parallels regarding the polarization of the gay and women's movements on the one hand, and totalitarian Christian ideologues on the other, as opposing forces in contemporary American politics.

The Anglo-American Connection

A British Society for the Study of Sex Psychology was founded in 1914 and represented the only true organization of English homosexuals in the early part of this century. This society was in contact with Americans such as birth control pioneer Margaret Sanger and sexologist-reformer Dr. William Robinson (Katz, 1976, p. 383). For the most part, however, gay liberation in England consisted of the literary efforts of individuals, rather than the actions of an organized movement as in Germany. Its two primary proponents were John Addington Symonds and Edward Carpenter, both of whom corresponded with and were influenced and inspired by the work of poet Walt Whitman in America.

In addition to his efforts on behalf of homosexual liberation, John Addington Symonds was a "historian of Renaissance Italy and classical Greece, a literary scholar, critic, essayist, poet, translator, and biographer" (Katz, 1976, p. 340). In 1896, he published an essay entitled "A Problem in Modern Ethics" in which he discusses "sexual inversion" in cross-cultural, historical, and literary perspective
After nearly one-hundred pages of scholarly inquiry into attitudes towards homosexuality throughout the world and over time, he asserts that "the treatment of sexual inversion by society and legislation follows the view taken of its origin and nature" (p. 93). His own view is that homosexuality is an inborn condition posing no danger to society, as demonstrated by his own cross-cultural exploration. He concludes that with regard to homosexuality "Society lies under the spell of ancient terrorism and coagulated errors. Science is either wilfully hypocritical or radically misinformed" (p. 94). He further questions, in light of the scientific and historical facts available, "whether England is still justified in restricting the freedom of adult persons, and rendering certain forms of sexuality criminal" (p. 98).

Symonds went on to collaborate with Havelock Ellis in writing the now classic text Sexual Inversion (Katz, 1976, pp. 364, 374). This book contained one of the earliest recorded statements of lesbian rights, written by an anonymous American woman:

Inverts should have the courage to be themselves and to demand an investigation. If one strives to live honorably, and considers the greatest good to the greatest number, it is not a crime nor a disgrace to be an invert. I do not need the law to defend me, neither do I desire to have any concessions made for me, nor do I ask my friends to sacrifice their ideals for me. All I desire--and claim it as my right--is the freedom to exercise this divine gift of loving, which is not a menace to society nor a disgrace to me (Katz, 1976, p. 374).

Symonds co-authorship of Sexual Inversion is not widely recognized, since after his death, the Symonds family bought and destroyed most copies of the first edition which showed him as author along with Ellis. Fearing damage to the family reputation if Symonds
were recognized as a pioneer of gay liberation, his family and the
executor of his estate also succeeded in having his name removed from the

In a letter to Ellis early in their collaboration in July, 1892,
Symonds further describes his position on homosexuality and normality,
writing "With regard to 'abnormal' and 'morbid' I think sex inverted can
only be called 'abnormal' in so far as they are in a minority, i.e. form
exceptions to the large rule of sex. I doubt, from what I have observed
on the matter, that sexual inversion is ever and by itself morbid" (Katz,
1976, p. 356). His words, which precede the declassification of
homosexuality as a mental illness by the American Psychiatric Association
by over eighty years, stand as a memorial to his courage and foresight.

Symonds found many sympathetic allies in England and in America
(Katz, 1976, pp. 340-358). Another historical essay was written in
England ten years later by Edward Westermarck entitled "Homosexual Love"
(Westermarck, 1906, pp. 101-136). His research examined the roots of
religious proscriptions of homosexual acts. According to Westermarck,
"the Hebrews abhorrence of sodomy was largely due to their hatred of a
foreign cult...so closely was sodomy associated with heresy [in the
Middle Ages] that the same name was applied to both" (pp. 126-127).
Examining cross-cultural differences in the treatment of homosexuals, he
concluded that the origin of various attitudes "was originally an aspect
of economics, a question of under or overpopulation, and that it was
forbidden or allowed accordingly" (p. 123).
Socialist Edward Carpenter, influenced by Americans Walt Whitman and Henry David Thoreau, was another early British pioneer of gay liberation. As did Magnus Hirschfield in Germany, Carpenter recognized the importance of the related struggle for women's liberation. In a letter to Walt Whitman in 1874, he insists "the women will save us. I wish I could tell you what is being done by them --everywhere-- in private and in public...While Society is capering and grimacing over their heads they are slowly coming to know their minds; and exactly as they come to know their minds they come to the sense of power to fulfil them" (Katz, 1976, p. 359).

Carpenter published a pamphlet in January of 1895 entitled "Homogenic Love and Its Place in a Free Society." Unlike his other writing on marriage, women, and sex, this work was circulated only in private, no doubt in the English gay underground (Katz, 1976, p. 363).

In spite of the negative public reaction surrounding the arrest and conviction of Oscar Wilde for sodomy in 1895, Carpenter continued his defense of homosexuality with the publication of an essay entitled "An Unknown People" (later retitled "The Intermediate Sex") in 1897. He also wrote his own sexual history to be published anonymously as part of Ellis' and Symond's Sexual Inversion. His work in the first two decades of the twentieth century complemented that of Symonds and Westermarck, with investigations of early connections between religion and homosexuality, as well as cross-cultural investigations of same-sex relations in classical Greece and medieval Japan.
In 1922, Carpenter made a presentation about Walt Whitman before the English homosexual emancipation organization, the British Society for the Study of Sex Psychology (Katz, 1976, p. 364). Like Symonds, he had corresponded with Whitman, who expressed much respect for Carpenter, calling him a "radical of the radicals" and a "come-outer" (Katz, p. 362). A study of the correspondence of all three reveals the powerful reciprocal influences of Whitman's art, Symonds' literary efforts, and Carpenter's political activism (Katz, pp. 337-365). In a later publication of Carpenter's remarks before the society, Carpenter defended Whitman's reluctance to speak overtly to Symonds of the "homo sexual [sic] passion" expressed in his "Calamus" poems, or to ever confirm his own homosexuality, noting that:

Things are pretty bad here in this country; but in the States...they are ten times worse. Symonds ought to have known and allowed for this...We must remember, too, how different, the atmosphere on all these matters was then [1891] (especially in the U.S.A.) from what it is now [1924] in the centres of modern culture...where you can nowadays talk as freely as you like, and where sex variations...are almost a stock subject of conversation (Katz, 1976, pp. 364-365).

This quotation is particularly enlightening for Americans, who in their national chauvinism, are likely to consider their own nation the harbinger of all social change. Americans may not recognize their tradition of sexual conservatism compared, for example, to other European nations such as France or England.

Despite Whitman's failure to come out publicly, an action Carpenter said would have had "the whole American Press at his heels, snarling and slandering, and distorting his words in every possible way" (Katz, 1976, p. 364), Carpenter considered him a father of homosexual
emancipation. In his speech before the British Society for the Study of Sex Psychology he stated "In the case of Whitman--united as he was by most intimate ties to one or more men-friends, we see already the emergence of a new organic inspiration and a new power of life. His poems radiate this power in all directions. Thousands of people date from their first reading of them a new era in their lives" (Katz, 1976, p. 365).

Carpenter was an equally visionary pioneer of homosexual emancipation. In the same speech on Whitman, he himself predicted "the loves of men towards each other--and similarly the loves of women for each other--may become factors of future human evolution just as necessary and well-recognized as the ordinary loves which lead to the...propagation of the race" (Katz, 1976, p. 365).

Homosexual Liberation in the United States

In the sexually conservative climate of the late nineteenth and early twentieth century United States, homosexual liberation made a slow start. As in England, most of its original impetus came from the courageous efforts of outspoken individuals. Mention has been made of one of these pioneers, feminist-anarchist Emma Goldman, who lectured on homosexuality in the early part of this century throughout the United States. In her autobiography, she commented on the response to these lectures, both from her anarchist allies, and by members of the then virtually invisible homosexual community. Stating, in reference to her public defense of Oscar Wilde, "no daring is required to protest against a great injustice," she continued
...the subjects I treated were anything but tame: anti-war topics, freedom in love, birth-control, and the problem most tabooed in polite society, homosexuality...Censorship came from some of my own comrades because I was treating such "unnatural" themes as homosexuality....it was inadvisable...they argued....I minded the censors in my own ranks as little as I did those in the enemy's camp. In fact, censorship from comrades had the same effect as police persecution; it made me surer of myself, more determined to plead for every victim, be it one of social wrong or moral prejudice.

The men and women who used to come and see me after my lectures on homosexuality, and who confided in me their anguish and their isolation, were often of a finer grain than those who had cast them out. Most of them had reached an adequate understanding of their differentiation only after years of struggle to stifle what they had considered a disease and a shameful affliction. One young woman confessed to me....she had hated herself....my lecture had set her free. I had given her back her self-respect (Katz, 1976, pp. 376-377).

Another contemporary of Goldman who spoke in favor of homosexual rights was Margaret Sanger, who had ties to both the German and English movements. Documents indicate she had planned to go beyond public verbal support for gay liberation and start an American branch of the British Society for the Study of Sex Psychology (Katz, 1976, pp. 383, 632; Licata, 1981, p. 163).

Licata, in his 1981 article reviewing the history of the homosexual rights movement in the United States (pp. 161-189), identifies eight stages from the turn of the century to the contemporary period. Each stage is characterized by somewhat different goals and tactics, as well as a different self-consciousness on the part of the individuals involved. The efforts of Goldman and Sanger fall into Stage 1 which he refers to as the period of "Sporadic Individual Attempts". During this period, which he defines as extending from 1908 to 1945, "It was necessary to first introduce the idea that homosexuality actually existed
in North America" (Licata, 1981, p. 163). This was done in part through the efforts of Edward Prime Stevenson. So repressive was the climate in the United States, that his book, *The Intersexes: A History of Simisexualism as a Problem in Social Life*, was published abroad under a pseudonym in 1908. He wrote of the lives of individual homosexuals, the "intersexes", who were reported to inhabit America's major urban centers, such as New York, Denver, St. Louis and San Francisco (Licata, p. 163).

The first American homosexual rights organization was founded by Henry Gerber in Chicago in 1924. Gerber was a German-American immigrant and thus was familiar with Hirschfield's Scientific Humanitarian Committee, or at any rate with the existence of an organized homosexual movement in Europe (Katz, 1976, pp. 385-397; Licata, 1981, pp. 163-164). He resented the treatment he and others like him received in American society, having experienced greater freedom in his youth in Germany. "What could be done about it?" he questioned. "Unlike Germany, where the homosexual was partially organized and where sex legislation was uniform for the whole country, the United States was in a condition of chaos and misunderstanding concerning its sex laws, and no one was trying to unravel the tangle and bring relief to the abused" (Katz, 1976, p. 388).

Thus motivated, Gerber founded the Society for Human Rights (named after the German homosexual movement) applying for and receiving a charter for this non-profit corporation from the State of Illinois on December 10, 1924. Wondering how he could advance his cause in the face of "resistance from our own people," he outlined a plan of action (Katz, 1976, pp. 388-389). His goals included organizing as large a group of
homosexuals as possible, consciousness-raising lectures for the members regarding society's attitudes, the education of legal authorities and legislators, and international communication with other homophile movements through a publication entitled Friendship and Freedom.

Eventually, public reaction and misunderstanding of the purposes of the organization led to attacks in the media and by police in 1925. Inflammatory headlines ("Strange Sex Cult Exposed") appeared in the press, along with false accusations that the group was encouraging married men to abandon their wives and children (Katz, 1976, p. 391). Gerber was arrested on charges of obscenity related to the group's literature, his property confiscated without a warrant. Although cleared of all charges due to lack of evidence that any crime had been committed, Gerber lost his government job, and was forced to disband the Society. In an article written by Gerber in 1962, he noted "The experience generally convinced me we were up against a solid wall of ignorance, hypocrisy, meanness, and corruption. The wall had won" (Katz, p. 393).

In spite of his efforts on their behalf, Gerber had received no support during this struggle from the "thoroughly cowed" members of the Chicago gay community (Katz, pp. 389-393). Discouraged, he left Chicago for New York, where he enlisted in the Army and served for almost twenty years. Nonetheless he continued to write, as indicated by this excerpt from the literary magazine Chanticleer in 1934: "Have you ever honestly asked yourself why homosexuals should be persecuted or punished by law? Of course, you know that in France, Spain, Belgium, Russia, Czecho-Slovakia, Mexico, South America, and even our own Phillipine Islands,
homosexuals are not persecuted or punished unless they commit anti-social acts" (Katz, 1976, p. 395).

In spite of the demise of this early Chicago organization, one cannot fail to note that Illinois was the first of the United States to legalize private adult consensual homosexual relations in 1962. While this legal reform followed Gerber's struggle for legislative change by thirty-five years, it precedes by a decade or more the actions of the other states which have followed suit. No doubt this leadership is due at least in part to the daring and foresight of homosexual rights pioneer Henry Gerber. He died in 1972, having completed, just prior to his death, a translation of a one-volume homosexual encyclopedia written by Magnus Hirschfield, pioneer of the German homosexual emancipation movement (Licata, 1981, p. 165).

Licata (1981, pp. 165-167) calls the second stage of the gay rights movement in the United States "The Dawning of Minority Consciousness." During this period (1945-1950), which followed a bleak, closeted period for homosexual Americans between the wars, overt discrimination by the federal government ironically helped to create a consciousness amongst gays of their status as a minority group:

Authorities in the armed services began to realize that large numbers of the enlistees and draftees were homosexual, and they discharged thousands during the war years. In the early war period, homosexual personnel were given a yellow, undesirable discharge, but by 1943-1944, a special, blue, general discharge was being issued to those who had fought in the war effort. This blue discharge was neither honorable nor dishonorable...

The government's identification and labeling of thousands of individuals marked a new institutional position. For the first time, homosexual men and women became a statistically and socially designated minority (Licata, 1981, p. 166).
Gays, having been so labelled by their discharge papers, often congregated in urban areas, being unable to return to their former neighborhoods without stigma and open discrimination. The emergence of gay urban neighborhoods and higher visibility led to increased harassment, especially by police. Once again, as in Germany, a hostile climate spawned organized efforts for self-protection and survival by homosexuals (Licata, 1981, p. 166).

A number of such efforts took place in urban areas throughout the nation. In New York, about 1945, Quakers organized a legal defense committee for gay men entrapped by police in public places while seeking sexual partners. In Los Angeles, the Knights of the Clock were formed in 1949 by a black gay male, Merton Bird, to address the special problems of interracial homosexual couples (Licata, 1981, pp. 166-167).

Los Angeles was also the site of one of the earliest lesbian liberation efforts. Using the anagram-pseudonym Lisa Ben, a gay woman began a publication entitled *Vice Versa* which she described as "a magazine dedicated, in all seriousness, to those of us who will never quite be able to adapt ourselves to the ironbound rules of Convention" (Katz, 1983, p. 620). Nine issues, containing reviews of films, fiction, magazine articles, and even music treating the subject of homosexuality, were published in 1947 and 1948 (Katz, 1976, p. 635; Katz, 1983, pp. 618-628; Licata, 1981, p. 165). Although, as with Gerber in Chicago, she did not receive much in the way of community support or visible response, she proudly considered it "my personal contribution to others of my ilk, meant to provide an outlet for the creative self-expression so often, of
necessity, pent up within us" (Katz, 1983, p. 628). Her courageous individual effort is historically significant as the first recorded lesbian publication in the United States.

Licata (1981, p. 167) identifies a third stage of the gay rights movement, the "Search for Identity", in the early part of the 1950's. This new phase was catalyzed by the negative impact of the homosexual scapegoating of the McCarthy political period, and by the more positive, if controversial, publication of the Kinsey reports (Kinsey, et al., 1948, 1953). Ironically, the outbreak of "queer-baiting" in American politics coincided with the publication of research indicating that 28% of American females and over 50% of American males reported awareness of homosexual responses by the age of 45. Based on diverse samples numbering thousands of individuals, the results furthermore demonstrated an incidence of homosexual arousal to orgasm by age 45 in 13% of the women and 37% of the men (Kinsey, et al., 1953, p. 487). One can only wonder at the extent of the hypocrisy involved, as hundreds of homosexuals were denied civil rights, classified as security risks, and fired from government employment coinciding with publication of these reports. In the volatile climate created by headlines such as "Perverts Called Government Peril", Henry Hay founded what was to become one of the most powerful and successful of the early gay organizations, the Mattachine Society (Katz, 1976, pp. 406-420; Licata, 1981, p. 168).

Hay took a radical stance early on, having been inspired in part by hearing of Gerber's Chicago organization from a former member. In the fall of 1931, Hay decided "I didn't want to live the life of a lie, so I
declared myself on campus [Stanford University] to all the people that I knew" (Katz, 1976, p. 407). Later on, the political developments of the McCarthy period frightened and moved him:

The anti-Communist witch-hunts were very much in operation; the House Un-American Activities Committee had investigated Communist "subversion" in Hollywood. The purge of homosexuals from the State Department took place. The country, it seemed to me, was beginning to move toward fascism and McCarthyism; the Jews wouldn't be used as a scapegoat this time--the painful example of Germany was still too clear to us. The Black organizations were already pretty successfully looking out for their interests. It was obvious McCarthy was setting up a pattern for a new scapegoat, and it was going to be us--Gays. We had to organize, we had to move, we had to get started (Katz, 1976, p. 408).

Planning for a gay rights organization began in 1948, and once again Los Angeles, California was the site. An early prospectus for the organization contained the declaration "We, the androgynes of the world, have formed this responsible corporate body to demonstrate by our efforts that our physiological and psychological handicaps need be no deterrent in integrating 10% of the world's population towards the constructive social progress of mankind" (Katz, 1976, p. 410).

By 1951, the group had evolved into a California corporation called the Mattachine Society. This name was chosen by Hay from medieval-Renaissance French history, as the name of "lifelong secret fraternities of unmarried townsmen who never performed unmasked" (Katz, 1976, p. 412), but who used music and dance to protest against oppression amongst the peasants. Hay said "We took the name Mattachine because we felt that we 1950's gays were also a masked people, unknown and anonymous, who might become engaged in morale building and helping
ourselves and others, through struggle, to move toward total redress and change" (Katz, p. 413).

In the "Missions and Purposes" section of the group's letters of incorporation, the following objectives were defined:

TO UNIFY [homosexuals] isolated from their own kind...[so that] all of our people can...derive a feeling of "belonging"....

TO EDUCATE [society about] ....an ethical homosexual subculture...paralleling the emerging cultures of our fellow-minorities--the Negro, Mexican, and Jewish peoples....

TO LEAD...more...socially conscious homosexuals [to] provide leadership to the whole mass of social deviates....

[to engage in] political action [against] discriminatory and oppressive legislation....[to assist] our people who are victimized daily as a result of our oppression....(Katz, 1976, p. 412).

In addition to the type of political activities consistent with the group's stated purposes, Mattachine held a number of discussion groups with the intent of discovering the nature, values, and "social directions" of the homosexual. In a report summarizing the conclusions reached in these discussions, Hay declared: 1) homosexuals should channel their sexual energy into creative directions, since it is not used for procreative purposes 2) gays often become loners not by choice, but out of fear of society which does not accept them 3) gays often tend not to see their problems in terms of membership in a stigmatized minority, but consider them personal, individual problems; nonetheless they have much in common, and 4) society would stop its attacks on gays if it were educated to realize the potential contribution of homosexuals to society (Katz, 1976, p. 412). Mattachine, while primarily a male organization, soon had chapters in all the major cities of California, as well as New
York and Chicago. As Licata notes, the rapid spread of the organization and related efforts is "proof that a gay communication network already existed surreptitiously but effectively in the large cities" (1981, p. 168).

In the next period, which Licata (1981, p. 169) calls "Righteous Indignation" (1952-1953), homosexuals began to feel and vocalize their anger. The first American convention of gay women and men took place. The homophile publications ONE, Inc. and Mattachine Review brought the gay communication network aboveground. Despite numerous organizational struggles and factional conflicts, the movement continued to thrive, and political action became more overt.

The next stage, "Information and Education" (1953-1960) is named for the primary strategy of the various organizations in this period: education of the non-gay public, and the dissemination of information to unify the gay community (Licata, 1981, p. 170). Gays continued to act to carry out the agenda outlined in the Mattachine charter. Attempts by the federal government to suppress gay publications were successfully defeated. It was also during this period that the first lesbian organizational efforts began.

In San Francisco, on September 21, 1955, four lesbian couples founded the first successful activist gay women's organization, the Daughters of Bilitis. While originally intended as a social alternative to gay bars, it soon became active in the gay civil rights struggle, primarily due to the leadership of the now-prominent lesbians, Phyllis Lyon and Del Martin. Like Mattachine, it soon had chapters in Los
Angeles and on the East Coast (founded by Barbara Gittings), as well as its own publication, The Ladder (Katz, 1976, pp. 420-433; Licata, 1981, p. 171). D.O.B. was "A Woman's Organization for the Purpose of Promoting the Integration of the Homosexual into Society," and as such endorsed the following objectives:

1. Education of the variant...to enable her to understand herself and make her adjustment to society...establishing...a library...sponsoring public discussions...

2. Education of the public...leading to an eventual breakdown of erroneous taboos and prejudices....

3. Participation in research projects by duly authorized and responsible psychologists, sociologists and other such experts directed toward further knowledge of the homosexual.

4. Investigation of the penal code as it pertains to the homosexual, proposal of changes,...and promotion of these changes through the due process of law in the state legislatures (Katz, 1976, p. 426).

The new political presence of women added to the diversity of issues addressed by the movement. As women, lesbians encountered additional forms of discrimination economically and with regard to child custody rights. Black writer Lorraine Hansberry described the situation in two anonymous letters to The Ladder in 1957:

I'm glad as heck that you exist....Our problems, our experiences as women are profoundly unique as compared to the other half of the human race....

I think it is quite time that equipped women began to take on some of the ethical questions which a male-dominated culture has produced and dissect and analyze them quite to pieces in a serious fashion. It is time that 'half the human race' had something to say about the nature of its existence....As per marriage, as per sexual practices, as per the rearing of children, etc. In this kind of work there may be women to emerge who will be able to formulate a new and possible concept that homosexual persecution and condemnation has at its roots not only
social ignorance, but a philosophically active anti-feminist

As women experiencing society without the protection of the men who have
created and ruled it, it is not surprising that lesbians have been at the
forefront of the women's movement, in this century as in the last. Nor
is it surprising that homosexuals have been the first to understand the
connection between the persecution of homosexuals and the oppression of
women. Perhaps the greatest social transgression of the lesbian woman is
that she dares to take for herself the ultimate male prerogative in
loving a woman, as the male homosexual is despised for having taken the
role of a woman simply by being loved by another man.

The final stages of homosexual emancipation in the United States
are those with which most contemporary Americans are at least somewhat
familiar, and usually mistakenly consider to represent the entire history
of the movement. Licata considers that "The most important feature of
the American homosexual rights movement during the fifties was that it
survived and grew" (1981, p. 173). But in the "Civil Rights Activism"
period of the sixties, the political agendas created by the early
organizers began to be expressed in new types of action. Adopting the
strategies of the Black civil rights movement, gay activists began to
stage demonstrations and protests. The first of these were targeted at
government discrimination and took place in Philadelphia and Washington,
D.C. after 1965 (Licata, pp. 173-174). On the West Coast, many
organizations were springing up, and in San Francisco, the large gay
population was organizing into a powerful voting bloc. In the next
decade, this voting bloc would be instrumental in electing San
Francisco's first woman mayor, Dianne Feinstein, and the first openly gay city supervisor, Harvey Milk. Similar events took place in Los Angeles in the Hollywood-Silverlake area, where a gay swing vote was demonstrated (Licata, p. 175). By the eighties, West Hollywood would secede from Los Angeles, passing ordinances outlawing discrimination against homosexuals, and electing a lesbian mayor.

The 1960's also saw the creation of a gay church by gay Southern Baptist minister Troy Perry (Licata, 1981, p. 176). The Metropolitan Community Church, which has chapters in major cities throughout the nation, provides a means for excommunicated, religiously disenfranchised homosexuals once again to express their spirituality in public worship.

Notable among the west coast gay organizations of this period was PRIDE (Personal Rights in Defense and Education) which protested police tactics in Los Angeles, and published what was to become a nationally circulated newsletter, The Advocate. SIR (Society for Individual Rights) in San Francisco collaborated with the Daughters of Bilitis to establish the Council on Religion and the Homosexual, which included representatives of most major denominations along with gay rights leaders. This was significant since through their association with this organization, heterosexual church leaders sometimes experienced first-hand the discrimination and police harassment gays have always known (Licata, 1981, pp. 174-176).

National level organizing advanced with the formation of ECHO, an organization of East Coast Homophile Organizations. In 1966, the National Planning Conference of Homophile Organizations took place,
including representatives from the South and Midwest, as well as the well-organized coastal cities. This group of fifteen national leaders created a "Homosexual Bill of Rights" as the national gay political agenda and also created a National Legal Defense Fund. The tenets of the bill of rights included: 1) decriminalization of private consensual sex acts for persons over the age of consent 2) an end to discrimination based on sexual orientation in the granting of federal security clearances, citizenship, and discharge from the military, as well as in all federal, state, and local government employment (Licata, 1981, pp. 174-177).

Coalition-building between the gay movement and women's, ethnic minority, and anti-war organizations was also characteristic of the sixties. The slogan "Gay is Good" paralleled the "Black is Beautiful" thesis of an earlier period. In spite of the high level of organized political activity, most homosexuals, especially those isolated from urban areas, did not experience much alleviation of the extreme stigma and discrimination characterizing their daily lives.

This failure of society to respond produced the next phase of the movement, which Licata calls simply "Gay Liberation" (1969-1973). He dates this period from the Stonewall riot chronicled in the first chapter, and describes it as "characterized by militant contempt for institutional American reform" (Licata, 1981, p. 178). This younger, more radical contingent of liberationists chose the word "gay" to express their new identities and to express a break with what they felt were the oppressive connotations of the word "homosexual" and its history. A
A period of radical writing and organizing ensued, led by people disillusioned with the failed reformist tactics of the fifties. In some cases, these gay groups aligned themselves with left-wing political ideologies and attacked the sacred American institutions of marriage, family, and monogamy. Many ideological splits followed, such as the rift between the reformist, single-issue Gay Activist Alliance and the militant revolutionary Gay Liberation Front. Fueled by the women's movement, lesbian separatism emerged in opposition to the previously male-dominated homophile organizations, creating additional rifts among gay women. Hostility to this more visible generation of gays was generated, or perhaps just released, among sexually conservative and fundamentalist religious segments of the population, and found expression in public figures such as Anita Bryant.

Nonetheless, great strides were made as a result of such visible, vocal militancy. Possibly, the extreme positions adopted by the most militant gay activists made negotiation with the reformist elements more appealing. At any rate, political and social institutions began to respond with action. The organized women's movement (especially the National Organization for Women) and many politicians took stances supportive of homosexual civil rights. Cities passed legislation to ensure freedom from discrimination, monies were made available to fund research and social programs for gays, and government policy changed to allow employment of known homosexuals in certain areas. This period, which Licata (1981, pp. 181-183) calls the stage of "Institutional Response" (1973-1979) saw the declassification of homosexuality as a
mental illness (see Chapter 1) and the creation of the National Gay Task Force in Washington, D.C. Projects of the latter organization continue to include a "media watch" for defamatory and distorted images of gays in television and film, legislative lobbying, educational activities, an AIDS project and a national newsletter.

A strong conservative backlash followed, and continues into the present period, nurtured by so-called Christian demagogues and the current public hysteria over the AIDS epidemic. Losses occurred in areas of previous gains, with cities repealing gay rights ordinances, and social programs helpful to gays defunded, spurred in part by coalition-building and political action among anti-ERA, pro-life, and conservative religious groups. The seventies ended with violence, as protestors erupted into riot following a lenient verdict for the murderer of gay supervisor Harvey Milk in San Francisco in 1979. In New York, more violence occurred over a showing of the film Cruising which was considered by many gays to contain distorted and exploitive imagery about gay men (Licata, 1981, p. 183).

Summarizing a decade of homosexual emancipation efforts, Licata writes:

The achievements by the American homosexual rights movement have pushed forward the limits of acceptable sexual behavior for all people and have increased the acceptance of non-conformity and alternative life-styles by society in general. The riots of the 1970's, however, confirm that much remains to be done by the American homosexual rights movement, including enactment of national civil rights protection, elimination of discriminatory policies by agencies such as the U.S. Immigration and Naturalization Service, insurance of child-custody equality for homosexual parents, and provision for better protection from violence against gay men and lesbians (1981, p. 183).
More profound than an end to the daily consequences of sexual orientation discrimination is the implicit impact of an end to homophobia in American society. This study of the history of the homosexual emancipation movement has revealed its conceptual and ideological connections with other proponents of radical social change in European and American society, especially the women's movement. It seems likely that the true underlying issue is that of equal rights between men and women, and between people in general. The homosexual emancipation movement is a vital element in the struggle to create a truly inclusive democracy.

Cultural chauvinism is blinding. A knowledge of history is a powerful antidote to myopic attempts to "blame the victim," to see the results of centuries of persecution as the "neurosis" of the individual, or to present the most recent stage of a century-old political movement as the rowdy antics of a collection of freaks or sinners. Jonathan Katz, an eloquent historian of the evolution of homosexual emancipation, has stated it this way:

Knowledge of Gay history helps restore a people to its past, to itself; it extends the range of human possibility, suggests new ways of living, new ways of loving. The study of homosexual history suggests a new basis for a radical critique of American society. The study of homosexual social life raises questions about the sexual division of labor and power; the manifestations of male domination and female oppression; the character of same-sex relations, and indirectly of relations between the sexes; the nature of "masculinity" and "femininity"; the influence of socially assigned sex-roles; the character of family life and marriage; the role of religious, legislative, judicial, medical, and psychological professions in the social creation of pain; and the various effects of sexism on the quality of social life (1976, p. 8).
Small wonder gay people, through the sheer and simple symbolism of their lives, sometimes inspire such fear and avoidance in others. How many are willing to see reflected, as if in a photographic negative, or even to see dissolving, many of the assumptions around which their daily lives are constructed, and which they have considered sacred universal truths?

Relevance to the Helping Professions

The most obvious use of a knowledge of gay history to the helping professional is in providing a context for the life experience of the individual seeking help. As in interactions with ethnic minorities, failure to understand sometimes profound cultural differences may lead to useless or harmful interventions. A correct understanding of the position of the homosexual in society as that of a sexual and political minority enables the helper to transfer knowledge and concepts from cross-cultural counseling (Pedersen, et al., 1981). The helper is sensitized to look for the genesis of many of the gay individual's presenting problems in the social environment, and not to mistake consequences for causes.

For example, high levels of fear may be realistic and functional responses to a hostile environment. Katz (1983) has documented the misinterpretation possible when individuals are described without reference to the influences of their environments. He reviews a paper read by psychoanalyst Dr. A. A. Brill before a joint meeting of the American Psychiatric and American Psychoanalytic Associations in Boston in 1933:
...by discussing homosexuality and paranoia together, without stressing the social persecution of homosexual acts, Brill sometimes suggested that homosexuality and paranoia were inherently linked. In May 1933, after the start of the full-scale Nazi persecution of homosexuals in Germany..., the Freudian association of homosexuality and a "delusion of persecution" was irresponsible and malevolent (p. 483).

Even gays who do not know the details of homosexual history have heard stories of socially-acceptable forms of persecution enforced by police and psychiatrists, as well as informal harassment, from older homosexuals. Today gays often enter an environment colored by memories of a more oppressive past. Consideration of the facts of homosexual history helps professionals avoid what Katz (1983, p. 483) calls "The tendency within psychoanalysis and other psychologies to reduce human responses to the subjective, denying social realities." Helpers realize the necessity to approach such clients from viewpoints such as systems theory or the Adlerian model which emphasize the social elements of individual existence.

Rapport is enhanced when the professional can demonstrate an understanding of attitudes and responses born in the gay subcultural milieu. To attempt to understand the gay person without reference to gay history is like trying to understand the Black individual in contemporary society without knowledge of Black history. How does the picture of the Black change in light of knowledge of the kidnapping, enslavement, destruction of families, and disenfranchisement from representative government and economic participation that characterized the original experience of Blacks in America and in relation to Whites? How does interpretation of the experience of the Jewish individual change in light
of knowledge of the Holocaust? Gays have experienced both the Holocaust and experiences similar to those of Blacks: the destruction of relationships, discrimination, and slander from academic, medical, and legal sectors. Full understanding of gay experience requires thoughtful consideration of the impact of longterm social marginality on the individual. As Bell and Weinberg (1978) note,

it should be recognized that what has survival value in a heterosexual context may be destructive in a homosexual context, and vice versa. Life-enhancing mechanisms used by heterosexual men and women should not necessarily be used as the standard by which to judge the degree of homosexuals' adjustment. Even their personality characteristics must be appraised in light of how functional they are in a setting that may be quite different from the dominant cultural milieu (p. 231).

This information helps make possible an appreciation of the true diversity of homosexual experience. Bell and Weinberg (1978, p. 231) caution that "It must also be remembered that even a particular type of homosexual is never entirely like others categorized in the same way, much less like those whose life-styles barely resemble his or her own."

An overview of the homosexual sociocultural milieu makes possible an assessment on a number of dimensions, the importance of which might otherwise likely be overlooked. When the varieties of homosexual experience are apparent to the helper, new questions arise:

Where is the person from, an urban or rural area? Is there an organized gay political movement, or social organizations providing an alternative to bars?

How does the person identify? What sort of stance does the person have vis-a-vis society at large? Has he or she been involved in the movement? Which factions: radical, reformist, lesbian separatist, only underground or closeted gay organizations, no contact at all, by choice or not?
How old is the person, when did he or she come out and in what part of the country? What was the status of homosexuals in that era and in that geographical region? In what different gay milieus has the person lived over time? How has self-concept changed depending on the external environment and in conjunction with the progress of the movement in America or other native lands?

What sort of treatment has the person experienced as a direct result of being homosexual? Has the person ever been "out" (openly gay) in any environment? How has the social response to the person as a homosexual changed over time, or has it?

What clues can you find in the person's language? Does the person use the words "gay" or "homosexual," or more derogatory terms such as "queen," "faggot," or "dyke"?

These and many other questions will present themselves to thoughtful helpers who attempt to link the historical information presented herein with the phenomenological worlds of their clients. The main point is that helpers cannot assume that their worlds are the same as the subcultural worlds of gay clients. Nor are the worlds of any two gay clients necessarily similar or even contiguous. Clients must be "located" historically and geographically, within the gay subculture, and in the society at large.

At a practical therapeutic level, knowledge of the gay individual's context is critical in defining goals for treatment or problem-solving. While coming out to significant others in the family or workplace has benefits in terms of clients' mental health and well-being, a client who has lived through the McCarthy period will have a different sense of the risks involved than a younger person for whom such times are more remote. Depending on laws and local gay legal defense capabilities (which are sometimes part of formal organizational efforts), real risks relating to employment may be in conflict with other aspects of a
client's life. For example, a man may desire to live in a longterm relationship with another man, but may unconsciously or intentionally avoid intimacy because of fear of loss of a government or teaching job. Because of his perception that it is necessary to keep his personal life separate from his work life, serious tensions may erupt within his interpersonal relationships. He may not acknowledge his partner to coworkers, or take him to office functions at which family members are normally included. His fear of telling his own parents about his sexuality may mean Christmas is spent separately, as he returns to his family of origin without his partner. Later, there may be unexpected or unrecognized repercussions to the relationship. Knowledge of gay history and the degree of homosexual oppression helps to put such behavior into proper perspective. Knowledge of gay organizations may provide the helper with contacts, including other professionals, with whom to consult. These individuals may help provide a realistic picture of gay life in the specific community, information about available resources, and creative solutions successfully tried by other gays to cope with some of the problems described herein.

Psychologically, people who have led mostly isolated existences as homosexuals will have different issues than those who experienced early the supportive social and networking functions of the organized gay movement. One example is anger and grief over lost opportunities for dating partnership, and socialization earlier in one's life. Lack of support for one's identity may have delayed realizations about one's sexual preferences, or led to secondary problems such as impotence in
marriage or alcoholism. Connection to an organized gay movement obviates many of the difficulties of developing a positive, functional identity. Absence of such support may manifest as a variety of psychological problems.

Knowledge of the gay emancipation movement also gives the professional ideas and direction for locating and assessing appropriate community resources for gay clients. For example, many helpers are unaware of the existence of gay religious organizations which might benefit clients with strong spiritual values or conflicts between sexual identity and religious teachings. Gay political organizations are always in communication with other types of organizations and can often connect the interested individual with a helpful contact person. Because of the underground nature of much of gay life, political organizations usually fulfill social needs for gay members which are not always directly related to their political agendas. Usually, too, different levels of involvement are possible which do not violate the individual's sense of self-disclosure. A closeted person may not wish to be involved in negotiations with public officials, but may be willing to work behind the scenes, such as helping with clerical functions. These types of organizational resources are especially important for clients with substance abuse problems for whom gay night clubs are not a healthy social environment.

At a community level, counselors and others may work with gay organizations to form self-help groups for clients, or to create social alternatives. For example, there may be a need for childcare exchanges
for gay parents or for social opportunities for gay teenagers. Clients recovering from drug or alcohol abuse may have fears about confidentiality or discrimination and misunderstanding in mixed (gay and non-gay) settings. They may need support groups with only gay members in early stages. Later, participation in mixed groups under sensitive leadership may provide opportunities for experiencing social acceptance from non-gays as an important healing experience. Mixed groups also provide a safe space for dialogue between gays and non-gays to remove misconceptions and stereotypes about gays and promote social change.

Outreach to large numbers of homosexuals may be crucial to the success of community mental health ventures. Access to other community members will depend upon developing high levels of trust with key gay community leaders. This in turn will depend in part upon understanding the structure and networks of that community, which are a product of local and national gay history. A demonstrable knowledge of gay sociohistory will assist the professional in creating rapport as well as being useful at a practical, organizational level.

At least as important as these uses of knowledge of homosexual sociohistory by the professional is an assessment of clients' knowledge of their own history as gay people. Many gays have absolutely no knowledge of a history of gay liberation prior to the early 1970's and the media-publicized urban demonstrations. As Katz (1976, p. 335) asserts in the quote which opened this chapter, such knowledge gives hope for positive change, the courage to assert oneself, to demand one's rights. Knowledge of gay history may have profoundly healing and
image-building effects, especially for clients who were isolated when coming out, who believed they were "the only one in the world." The helper with even a sketchy knowledge of this history can refer the interested client to sources of such information (as well as contemporary resource organizations mentioned herein). [The National Gay Task Force, 80 Fifth Avenue, New York, New York 10011, (212) 741-5800] keeps current listings of local and national political and professional organizations.

In their article about the coming-out process, DeMonteflores and Schultz (1978, pp. 64-65) discuss the importance of "recasting" one's personal history in order to "animate the cognitive transformation" which makes it possible to label oneself homosexual:

For an individual who is coming out, exploring the past often reveals previously disowned feelings of attraction to members of the same sex. Patterns of past behavior and relationships which have been forgotten or ignored are now seen and integrated into the developing identity. The meaning of love is altered to include a same-sex object. Anger and anguish at having failed for so long to recognize an important part of the self may also be experienced (p. 64).

They continue, noting, "For the relatively new self-consciously gay community, a parallel reconstruction of an obscured and devalued past is also underway" (1978, p. 64). The necessity of these complementary processes to the formation of a stable, positive identity cannot be overemphasized. Most gay and lesbian clients, regardless of the courageousness and success of their adjustment to a stigmatized social status, have an ongoing struggle to maintain a healthy self-esteem. Each day presents challenges to a strong self-image through choices about, and the consequences of, self-disclosure. The "Catch-22" of the "self-protective" lie about one's sexual orientation is that it erodes one's
sense of self. Each time one hides, one begins to believe to some degree
that that which is hidden, the "love that dares not speak its name," is
unworthy or shameful.

History provides facts to counter the fictions of homophobia. An
exploration of gay history gives the gay client the opportunity to
discover role models, to find hope in the gains of the movement over
time, to discover the possibility of changing the environment, of an
alloplastic rather than autoplastic adaptation. The same knowledge on
the part of the helper makes a true collaboration, and healing, possible.
CHAPTER 3

A RESEARCH PERSPECTIVE: HEALTHY HOMOSEXUALITY

Who are you that wanted only to be told what you knew before?
Who are you that wanted only a book to join you in your nonsense?

Walt Whitman, c. 1856
From "By Blue Ontario's Shore"
(Whitman, 1983, p. 274)

This chapter will review the issue of the "normality" of homosexuals and homosexual acts. Relevant research is examined, including data regarding statistical frequency of homosexual acts in the United States, and evidence from psychological testing (Bell & Weinberg, 1978; Freedman, 1971; Kinsey, et al., 1948, 1953). Methodological critiques of research purporting to demonstrate a higher rate of pathology in homosexuals than in heterosexuals are presented, along with critiques of research attempting to change individuals' sexual orientation (Coleman, 1978, 1982a; Freedman, 1971; Gonsiorek, 1982a, 1982b, 1982c, 1982d). Evidence of heterosexual bias underlying much research is identified and discussed (Morin, 1977).

Biological, Anthropological, and Sociological Data

Homosexuality has been referred to as deviant sex, a crime against nature, an aberration, and a psychosexual disorder (DeMonteflores & Schultz, 1978; Katz, 1978). Regardless of the choice of language, the
implication is the same. Homosexual acts are culturally defined as outside the realm of "normal" human sexual variation.

This position cannot be justified, either by cross-cultural study, biological facts, or statistical research. The first researchers to clearly demonstrate the prevalence of homosexual behavior, and implicitly, the extent of American sexual hypocrisy, were the members of the Kinsey research team at the Institute for Sex Research of Indiana University (Kinsey, et al., 1948, 1953). Noting that "twelve ways of obtaining data give results that are...consistent" (Kinsey et al., 1948, p. 626) in a study utilizing thousands of subjects, they reported:

In these terms (of physical contact to the point of orgasm), the data in the present study indicate that at least 37 per cent of the male population has some homosexual experience between the beginning of adolescence and old age...This is more than one male in three of the persons that one may meet as he passes along a city street. Among the males who remain unmarried until the age of 35, almost exactly 50 per cent have homosexual experience between the beginning of adolescence and that age. Some of these persons have but a single experience, and some have much more or even a lifetime of experience; but all of them have at least some experience to the point of orgasm (p. 623).

The researchers note that these data are in line with the few earlier studies on males which utilized sampling procedures sound enough to be considered reliable. These studies, which were done between 1929 and 1947, sometimes with younger populations (Kinsey, et al., 1948, p. 621), revealed incidences of homosexual experience for between twenty and thirty percent of the males sampled.

Data on females revealed a smaller, but substantial, percentage of homosexual contacts. By age forty-five, 13% of the women in the Kinsey sample had experienced at least one homosexual contact to orgasm
(Kinsey, et al., 1953, p. 487). The overall conditioning of females regarding sexual expression (especially during the period researched), differences in level of opportunity (e.g. less exposure to single sex environments, such as the military), and physiological differences in arousal and the experience of orgasm, may be among the factors resulting in a smaller percentage of reported homosexual experience among females. Percentage of overall homosexual response (overt physical or intrapsychic arousal), as opposed to experience leading to orgasm, was reported at 28% for females and 50% for males by age forty-five (Kinsey, et al., p. 487).

The Kinsey researchers, while somewhat surprised by the large percentages recorded, were not at a loss to explain the results. Homosexuality, they argue, is a fact of nature:

The impression that infra-human mammals more or less confine themselves to heterosexual activities is a distortion of fact which appears to have originated in a man-made philosophy, rather than in specific observations of mammalian behavior. Biologists and psychologists who have accepted the doctrine that the only natural function of sex is reproduction, have simply ignored the existence of sexual activity which is not reproductive. They have assumed that heterosexual responses are a part of an animal's innate, "instinctive" equipment, and that all other types of sexual activity represent "perversions" of the "normal instincts." Such interpretations are, however, mystical....

Homosexual contacts in infra-human species of mammals occur among both females and males. Homosexual contacts between females have been observed in such widely separated species as rats, mice, hamsters, guinea pigs, rabbits, porcupines, marten, cattle, antelope, goats, horses, pigs, lions, sheep, monkeys, and chimpanzees (Kinsey, et al., 1953, pp. 448-449).

Extensive observations of homosexual activity, including incidences to orgasm, are reported for an equally wide range of male mammalian species (Kinsey, et al., 1953, pp. 448-449).
The "normalcy" of homosexuality, if defined by its natural occurrence under "normal" circumstances, is thus a proven fact. This leads to a simple explanation of human homosexual activity:

The inherent physiologic capacity of an animal to respond to any sufficient stimulus seems, then, the basic explanation of the fact that some individuals respond to stimuli originating in other individuals of their own sex—and it appears to indicate that every individual could so respond if the opportunity offered and one were not conditioned against making such responses. There is no need of hypothesizing peculiar hormonal factors...and we know of no data which prove the existence of such hormonal factors...There are no sufficient data to show that specific hereditary factors are involved. Theories of childhood attachment to one or the other parent, theories of fixation at some infantile level of sexual development, interpretations of homosexuality as neurotic or psychopathic behavior or moral degeneracy, and other philosophic interpretations are not supported by scientific research, and are contrary to our specific data on (sic) our series of male and female histories (Kinsey, et al., 1953, p. 447).

In addition to this discussion of the biological and physiological "normalcy" of homosexuality, the researchers also discuss anthropological evidence for both the prevalence and acceptance of homosexual behavior in other cultures (Kinsey, et al., 1953, p. 451 ff.). They refer to Ford and Beach (1951) (see Chapter 1) who reported acceptance of homosexual behavior for certain members of society in 64% of the 76 cultures studied (Kinsey, et al., 1953, p. 451).

Clinicians have echoed these conclusions in recent years. Several arguments were presented by psychiatrists speaking before a gathering of the membership of the American Psychiatric Association in 1972. In a paper presented during debates leading up to the declassification of homosexuality as a mental illness, Marmor (1972) mentions the existence of other cultures in which homosexuality "is not
regarded with contempt or hostility" (p. 117). He quotes Beach, who believed "Human homosexuality reflects the essential bisexual character of our mammalian inheritance" (Marmor, 1972, p. 116), and argues for the biological and cultural usefulness of homosexuality. He writes that "in contemporary society, in which man's survival is seriously threatened by his reproductive propensities, the existence of a group of men and women who do not propagate serves an adaptive, rather than a maladaptive, function in terms of species survival" (p. 115). He argues that the only factor preventing homosexuals from making an entirely successful adaptation in society is the disapproval of heterosexuals, and concludes that "the entire assumption that homosexual behavior per se is 'unnatural' or 'unhealthy' is a moral judgment and has no basis in fact" (p. 115).

Hoffman (1972) agrees with both Marmor's population argument, and his conclusion that the condemnation of homosexuality is "an evaluative judgment independent of the research data" (p. 107). He asks "Since when are homosexuality and heterosexuality mutually exclusive? I suggest only the most trenchant degree of dogmatism can immunize us to the evidence --both cross-cultural and within our own clinical practice-- that indeed they are not" (p. 106).

Green (1972b), in a third essay presented as part of these debates, raises almost a hundred questions about the cultural and clinical assumptions used to justify the treatment of homosexuals by the psychiatric profession. He questions the basis for assumptions about the inherent superiority of heterosexuality, asking
To what extent do all heterosexuals, not only psychiatrists, have an emotional investment in maintaining the given that homosexuality is a disease or is at least inferior, in the traditional manner that any majority has an investment in maintaining a conviction of superiority over a threatening minority?...I question the given state of "knowledge" that orgasms between males and females are by definition better than between females and females or males and males, that the components comprising the major factor "love," are by definition superior between males and females to between males and males or females and females. I am not convinced we have the data by which to base these judgments. I question them because they are not proved (p. 95).

Evidence from Psychological Research and Testing

Despite the implications of the Kinsey reports, and the well-articulated arguments of other researchers and clinicians, American culture in general, and the mental health professions specifically, have remained largely homophobic. For most people, prevalence is a necessary, but not a sufficient proof, of the normality of homosexuality from a mental health point of view. One could argue, for example, that many reprehensible human conditions, such as greed or violence, occur frequently and universally. In addition to statistical normalcy in the sense of frequency, some information regarding the content of homosexual lifestyles, and the mental health of the homosexual individual has been sought.

Many researchers have tried to examine the sociopsychological correlates of homosexuality and have tested homosexuals to examine their psychological functioning. Unfortunately, however, nowhere is heterosexual bias more clearly observable than in the literature of psychological research. As Morin (1977) has pointed out, the very nature
of the questions asked in such research is indicative of homophobic bias. Reviewing psychological research on gay males and lesbians during the period from 1967 to 1974, he notes that researchers have been preoccupied with questions of cause, diagnosis, and cure (p. 636). Psychologists operating from this perspective assume the pathology of homosexuality; they do not think to ask the same questions with regard to heterosexuality. In other words, no one attempts to draw conclusions about the social usefulness of heterosexuality by researching the mental health of heterosexuals as a group, or generalizing about the content of heterosexual relationships.

Until recently, most research has had as its hidden, and in some cases overt, agenda the establishment of "proof" of the maladjustment or psychological inferiority of the homosexually-oriented individual. Freedman (1971) has reviewed a number of studies of homosexuals which attempt to conclude that a higher level of pathology is characteristic of gays. He points out that these studies are characterized by numerous methodological flaws (pp. 55-65) including: 1) the a priori assumption of homosexual pathology 2) generalizing to the entire homosexual population based on clinical samples of homosexuals, i.e. only those seeking treatment 3) further instances of sampling bias using prisoner populations, or persons arrested for homosexual acts 4) the diversity (socioeconomic, religious, etc.) of homosexual populations, and 5) the difficulty of defining who is homosexual.

Freedman (1971) continues his review with consideration of over a dozen relatively unflawed studies, including his own empirical research.
These works attempt to measure the level of psychological functioning of homosexual persons in relation to that of heterosexuals. Stating that, "the question is whether homosexually-oriented individuals are more disturbed in general than heterosexually-oriented individuals," he concludes, "the majority are not" (1971, p. 95). This is particularly remarkable in view of the fact, as expressed by Freedman, that gays are "in some respects one of the most harassed groups in our society" (p. 101).

Gonsiorek (1982a, 1982b, 1982c, 1982d) has performed a more recent review, with similar conclusions. Extending the list of methodological criticisms, he notes:

...if homosexuals as a group are subject to more environmental stress, then a proper comparison group may not be heterosexuals in general, but heterosexuals with roughly equivalent environmental stress (1982c, p. 388).

The vast majority of the studies...are flawed in that they sample from particular, as opposed to general, segments of homosexual populations, or from extreme or unusual groups, such as prisoners or psychiatric patients (1982c, p. 389).

...the definition of who is homosexual...remains highly problematic...Vague and intangible concepts such as "latent homosexuality" and "pseudo-homosexuality" emerged...[researchers confused] genetic or structural anomalies (such as hermaphrodisim) with gender identity problems and sexual orientation...(1982a, pp. 367-368).

Still another consideration is the question of what measures one uses as evidence of homosexuality. Verbal self-ratings, strictly behavioral measures of sexual activity, ratings of fantasy content, and psychophysiological measures of pupil dilation or genital engorgement or blood supply have all been used as measures of sexual orientation...it is not clearly known how well these different measures correlate, or even if they are measuring the same thing (1982a, p. 371).

Any comparison between homosexual patient groups and heterosexual non-patient groups is clearly specious...(1982a, p. 372).
There is a further assumption that control groups are entirely heterosexual—despite the fact that the Kinsey data would suggest otherwise (1982a, p. 375).

...the same group of psychoanalysts developed a theory about homosexuality; developed the questionnaire to test their theory; designed the research study; served as analysts for the patient subjects; served as raters in the research project on their own patients; interpreted the results; and finally concluded that their theory had been verified...it would be difficult to imagine how to build in more potential for researcher bias into experimental procedures than the Beiber group did (1982a, p. 380).

Having eliminated the vast majority of studies on these and other grounds, Gonsiorek still finds "enough studies of tolerable research design" (1982c, p. 389) to reach the conclusion that "a clear and consistent pattern emerges from studies on homosexuals using psychological testing: homosexuality in and of itself is unrelated to psychological disturbance or maladjustment" (p. 389).

This conclusion is in accord with the findings of Bell and Weinberg (1978) who performed the largest recent study of homosexuals to use statistically-sound sampling procedures to examine this hidden population. They note that differences in types of homosexuals (as defined, for example, by the type of couple relationship in which they participate) must be taken into consideration in any comparisons with heterosexuals to ensure validity. Overall, they conclude that, with regard to psychological and social adjustment,

Many [homosexuals] could very well serve as models of social comportment and psychological maturity. Most are indistinguishable from the heterosexual majority with respect to the nonsexual aspects of their lives, and whatever differences there are between homosexuals' and heterosexuals' social adjustment certainly do not reflect any malevolent influence on society on the part of the homosexuals concerned...Perhaps the
least ambiguous finding of our investigation is that homosexuality is not necessarily related to pathology (pp. 230-231).

Writers such as Coleman (1978, pp. 348-351; 1982a) have performed critiques similar to those of Freedman (1971) and Gonsiorek (1982a, 1982b, 1982c, 1982d) on studies purporting to demonstrate "cures" of homosexuals, i.e. shift to heterosexual orientation. Some of the difficulties with these studies include: single case studies or very small samples; sample bias resulting from self-selection by those seeking such change (e.g. subjects may be characterized by a low degree of self-acceptance); failure to perform longitudinal outcome studies; and lack of correlation between self-reported "cures" and more objective measures of change. In the latter case, behavior may be repressed, while sexual orientation remains unchanged. Coleman concludes,

Attempts to "cure" homosexual behavior have been just that. Emphasis has been placed upon change in behavior, and consequently these studies have not sufficiently shown that any treatment modality can alter an individual's sexual orientation. Even attempts at altering behavior have had limited success and results have been transitory. In addition, a flood of literature has been forthcoming that has put to rest the notion that homosexuality is an illness in the first place (1978, p. 351).

If research into sexuality and its mental health correlates is to be meaningful or useful, it must first be freed of its homophobic biases. Writing subsequent to the declassification of homosexuality as a mental illness in the Diagnostic and Statistical Manual (third revision) of the American Psychiatric Association, Morin (1977) asks, "If homosexuality per se is not indicative of any impairment in stability or mental health, then why must it be diagnosed? If it is diagnosed, to what ends is this information to be used?" (p. 633). He notes that one use of such
diagnostic assessment procedures has been to discriminate against gays in employment. A more appropriate use, he suggests, would be to find the correlates of positive and negative self-identities in persons diagnosed (identified) as gay.

Given the diversity of homosexual populations, even this type of attempt is of questionable value. Morin writes:

That sexual orientation is not a particularly meaningful variable has been substantiated by other researchers, some of whom refer to "homosexualities" rather than homosexuality...the label homosexuality does not regularly describe a heterogeneous, non-clinical, sample, but merely refers to same-sex object choice without any indication of what that means to the individual so-categorized....

The question "Are homosexuals as a group less or better adjusted than heterosexuals?" would be of interest only if one wished to form generalizations or stereotypes that would have little application to an individual case....

An additional weakness of the adjustment studies involves the use of heterosexually-oriented, sex-role stereotyped measures....

A related weakness of adjustment studies has been their tendency to concentrate on deficiencies rather than capabilities for growth (1977, p. 634).

In spite of these criticisms, Morin believes that psychological research has also contributed to the changed perspective reflected by the 1973 declassification of homosexuality as a mental illness. He concludes his discussion with suggestions for improving research, such as expanding the description of samples to clarify just what part of this "invisible or hidden" population is under examination (1977, p. 636).

**Conclusion**

Examination of research evidence from many branches of scientific inquiry leads to a conclusion that homosexuality falls within the normal range of human sexual variation. No evidence for any inherent pathology
in homosexually-oriented individuals has been demonstrated by psychological testing or other means. Where differences between homosexuals and heterosexuals can be demonstrated, they are most likely the result of sociocultural differences between the two groups tested. Specifically, gays may sometimes show personality characteristics or other differences (e.g. lack of assertiveness) resulting from negative societal reactions to persons with homosexual preference. When samples are controlled for variables such as stress, social environment, or marital status (i.e. living with a partner or living alone), significant differences cannot be demonstrated.

Freed of methodological flaws and inherent homophobic bias, psychological and other scientific research may illuminate developmental processes in forming positive, functional sexual identities, regardless of orientation. For gays specifically, research may shed light on factors contributing to self-acceptance and positive social adjustment in the face of social discrimination.
 CHAPTER 4

THE ETHICAL QUESTION: WHO CHANGES?

Therapists are characterized better as secular priests than as professionals applying ethically neutral techniques. Therapists should attend to large-scale social and political factors in their clients' lives as conscientiously as they attend to intrapsychic and interpersonal variables; our students should study philosophy and politics as well as learning theory and research design...to urge that therapists desist from sex reorientation programs is not tantamount to exhorting them not to see homosexuals in therapy; indeed, renouncing these widely used programs can help professionals focus on the problems homosexuals (and others) have, rather than on the so-called problem of homosexuality (Davison, 1978, p. 170).

Ethical considerations in counseling homosexuals are the focus of this chapter (Begelman, 1975; Davison, 1976, 1978; Green 1972a, 1972b; Hoffman, 1972; Money, 1977a, 1977b; Silverstein, 1977a, 1977b). Failure to demonstrate any inherent homosexual pathology has clear implications. Psychological theories and related concepts of mental health used as the basis for helping gays must be free of assumptions that homosexuals are sick or abnormal simply on the basis of their homosexuality (Freedman, 1971; Jahoda, 1958; Kivel, 1983). Another implication involves the existence of programs of "cure" based on change of sexual orientation or "heterosexual shift." Proponents of such therapies argue that gays have a "right to treatment" if they are uncomfortable with their orientation (Feldman, 1977; Hatterer, 1972; McConaghy, 1977; Sturgis & Adams, 1978). Their opponents insist that such programs do not work (Coleman, 1978,
1982a; Davison, 1976, 1978; Freund, 1977), constitute consumer fraud and violate principles of informed consent (Pillard, 1982), are subtle punishment for an already stigmatized group, and have psychological consequences for those seeking a positive adjustment to their homosexual identities in a mostly hostile environment (Begelman, 1975; Silverstein, 1977a, 1977b).

**Ethical Problems in Professional Training and Education**

As seen in the preceding chapter, facts about homosexuality, as demonstrated by scientific research, run contrary to cultural mythology and some psychological ideologies. Psychological research has, almost in spite of itself, helped to establish evidence that homosexual behavior falls within the realm of normal human sexual variation, as has evidence from other disciplines such as sociology, anthropology, and biology. In such a light, attempts to "cure" homosexuality or to "convert" homosexuals to heterosexuality or celibacy are unjustified, and ultimately, unethical.

Helping professionals, however, rarely encounter much objective information as part of their professional training. Psychological tradition, probably more than counseling tradition, has been characterized by approaches damaging to minorities in general and gays in specific. Smead (1982, p. 308) describes some of the weaknesses of this tradition including: focussing on the individual as the locus of the problem and as independently responsible for change; failure to consider the influence of the environment and sociopolitical climate on individual behaviors; and non-democratic process models which present the therapist
as an expert, and do not allow for active collaboration by clients in their own goal-setting, problem-solving, or healing.

Even when training programs do address the subject of homosexuality, it is often the conclusions of the flawed studies reviewed in the previous chapter which are presented as fact. Professionals are thus in danger of allowing both conscious and unconscious sources of prejudice to influence their treatment of gay clients. The guidelines of all professional organizations of helping professionals describe a relationship between training, competency, and ethical practice (Corey et al., 1984, p. 158). Consequently, helpers must take measures to rid themselves of homophobic bias and to inform themselves of the facts about sexuality before they can objectively and competently serve gay clients. They must consider the ecology of the gay individual, looking at the environment for influences on behavior and attitudes (Chapter 2). They must learn to be what Gonsiorek (1982a, p. 377) calls "skeptical and discerning consumers of the past, current, and future literature on mental health and homosexuality." They must rid themselves of assumptions about homosexual pathology, and find models of mental health which are equally applicable to heterosexuals and gays. They must operate on the basis of sexual paradigms which support such non-biased perspectives. They must resolve their own ethical dilemmas, such as those related to helpers' religious beliefs, and understand the basis for their own decisions regarding appropriate goals of counseling and therapy. They must resist the temptation to impose their own values and restore to clients the power to define their own directions and destinies.
Non-Homophobic Models of Mental Health

One ethical consideration in counseling or treating gay clients concerns the use of theories and ideas of mental health which consider homosexuals as sick or abnormal by definition. As has been demonstrated in the first section of this chapter, evidence justifying the use of psychological models which include an a priori assumption of homosexual pathology has not been advanced either by psychological research or other scientific inquiry.

In his 1971 book Homosexuality and Psychological Functioning, Freedman reviews a number of definitions of normality, along with the shortcomings of each, especially when applied to the issue of homosexuality and mental health (pp. 35-47). Definitions of normality as average, for example, run the risk of equating normality with conformity. When statistical averages are employed to describe normal, all non-dominant groups in society become "deviant," regardless of their positive attributes: "In the extreme, this makes a genius as deviant as an idiot, and a moral person as abnormal as a social psychopath" (Freedman, 1971, p. 40). On the other hand, Kinsey's (et al. 1948, 1953) research would establish bisexuality as the norm, but still give no clue as to the attributes of mental health.

Freedman prefers the concepts of "motivation-hygiene" theory for creating a standard of mental health which may be applied to anyone, regardless of sexual orientation. Two types of adjustment are necessary, adjustment to the environment ("hygiene"), by satisfying needs and avoiding aversive situations, and adjustment to oneself (one's
"motivators"), including self-actualization and psychological growth. Sexual behavior can be examined within this framework and related to mental health as follows:

...emotional disturbance results when a person disregards the motivators and tries to derive permanent fulfillment and happiness from one or more of the hygiene factors...Thus, as long as sex (or any other hygiene factor) does not become an obsession, as long as it is recognized as being only a means of satisfying a bodily need and consequently a source of temporary pleasure, and as long as it is used in conjunction with--rather than to the exclusion of--the self-actualization factors, then the individual is psychologically healthy (1971, p. 44).

Freedman presents another conception of positive mental health borrowed from Jahoda (1958). This model has six dimensions for evaluation of an individual's status: attitudes toward the self; growth, development or self-actualization; integration, the synthesizing psychological function; autonomy as independence from social influences; adequacy of perception of reality; and environmental mastery (Freedman, 1971, pp. 38-40; Jahoda, 1958, p. 23). As the writer points out, there is nothing in this conception to prevent a homosexually-oriented person from being evaluated as psychologically healthy simply on the basis of minority sexual orientation. In fact, homosexuals might be stronger than average in terms of self-actualization and autonomy, by some measures.

In an interesting reinterpretation of traditional Adlerian psychological perspective, Kivel (1983) asserts that there is nothing to prevent homosexual lifestyles per se from being considered healthy and functional. She argues that gay persons may be evaluated as successfully fulfilling the life tasks of love, work and friendship, as long as homosexual love is not defined a priori as inferior to heterosexual love,
nor homosexual lifestyles assumed to show a lesser degree of "social interest."

Adler himself took the latter position, at least in some of his early writings. Like Freud, he took a developmental view of human sexuality which defined homosexuality as less mature, more self-interested, and inferior to heterosexual functioning. Homosexual love was *defined* as inferior to heterosexual love by Adler, who wrote that gays are "deficient in deeper comradeship, mutual benevolence, and common efforts" (Adler, cited in Kivel, 1983, p. 219). From this perspective, the homosexual's "entire style of life is deemed faulty, based on feelings of inferiority and the masculine protest; for the compulsory homosexual, compulsory therapy was deemed necessary" (Kivel, 1983, p. 218). Paradoxically, Adler also believed that "successful treatment" of homosexuality was nearly impossible.

On the other hand, Adler also described "cases where an individual foregoes the solution of certain aspects of life for the purpose of making a greater contribution to the advancement of society, as the artist and genius do" (cited in Kivel, 1983, p. 219). In these cases, fulfillment of all three life tasks is not considered necessary for a healthy and mature, socially-interested lifestyle to exist.

Kivel (1983) suggests that the latter position opens one possibility for considering homosexuals healthy within the Adlerian model. Gays could fulfill the work and friendship tasks, even if considered by definition as unable to fulfill the task of sex/love. As an example of the applicability of this concept, she notes the prevalence
of gays in the arts (p. 219). She further suggests modifying the definition of social interest in relation to changing environmental conditions, and that it "is not a concretized concept; it is subject to revision by time and place" (p. 219). Since we live in an era where overpopulation requires even heterosexuals to limit reproduction, she and others argue against an a priori assumption that a same-sex partnership is harmful to the social interest in the area of responsibility for child-rearing. (This argument, however, overlooks the fact that many homosexual couples do rear children from previous marriages, or by adoption, and live in families virtually indistinguishable from traditional nuclear family structures. Both the condemnation and the defense of homosexuality in these arguments are based on generalizations which overlook the diversity of homosexual lifestyles.)

Kivel (1983) concludes her argument by suggesting that a reinterpretation of traditional Adlerian concepts of life task fulfillment and social interest "might well benefit the advancement of society by encouraging contributions from all, a possibility that outweighs rigid adherence to principles that negate the functioning of some of the members of that society" (p. 220).

Mosak (1983), in a lengthy commentary on the article, has noted that Adler's writings on homosexuality represented observations, as well as opinions, that his thinking on the matter was influenced by the times in which he lived, and changed over time along with the rest of his philosophy. He further observes that most contemporary Adlerians do not rigidly follow "The Word" of Adler. However, numerous contemporary
examples of the use of Adler's teaching to enforce virulently homophobic attitudes may be found. One such article by Rabbi Rister (1981) contains completely unsubstantiated interpretations of homosexual development based on the early Adlerian concept of organ inferiority. He suggests some men become homosexual due to having "small genitals" and "effeminate body build" (p. 88). He asks why people in contemporary society are "coming out of the closet in droves," determines it is related to the emerging power of the women's movement, and concludes "It is only natural that feelings of inferiority would arise in men whose superiority was threatened by the opposite sex" (p. 90). In contrast to the example of Rister's use of Adlerian tenets to support a belief in homosexuality as an inferior misadaptation, the Kivel article is useful as an example of how practitioners can and do adapt theoretical paradigms to reflect changing cultural values.

Whatever the professional's theoretical basis, the important point is that, to allow for ethical practice, its associated conception of mental health must be free of constructs which assume pathology in same sex-relationships. Only such non-homophobic models of mental health will truly satisfy the requirements of professional organizations such as the American Psychological Association to eliminate sex and sex-role bias from psychological practice (Corey, et al., 1982, pp. 71-72). For as demonstrated in Chapter 2 and by the discussion of homophobia in Chapter 1, sexism is a critical issue in homophobic prejudice. Additionally, such models reduce the tendency for helpers to subtly impose their own
values, or meet their own needs (i.e. for all persons to be heterosexual) through the use of theories built on anti-homosexual attitudes.

The "Right-to-Treatment" Debate

Closely related to the preceding issue of mental health models, is the debate concerning the ethics of attempting to change the sexual orientation of gay clients. The preceding discussion presented an argument for allowing clients to define for themselves the goals of any helping relationship. But what of the case of the individual who requests assistance in changing sexual orientation to conform with the heterosexual majority? This question encompasses several other issues including: whether or not such a change is possible; the motivation of the client; the appropriateness of a helper accepting such a goal; and the implications of such a goal to other gays not seeking such treatment and to society in general.

A study by Joel Fort and his associates (Fort, Steiner, & Conrad, 1973) looked at the attitudes of professionals practicing in the San Francisco Bay area regarding homosexuality and related treatment goals in 1967 and 1968. At that time, in an area noted for its large gay population, 38% indicated they would work with an individuals to change their sexual orientation to heterosexual (p. 156), while 43% would not. This was true in spite of the fact that 98% believed it was possible for homosexuals to function effectively as homosexuals, and 99% opposed laws restricting homosexual activities between consenting adults (pp. 157-158). Additionally, 97% of the respondents also noted their willingness to work towards goals other than change of orientation, such
as improved interpersonal relationships, greater assertiveness, or self-acceptance (p. 156).

What are the ethical implications of a decision to work towards change of orientation, as endorsed in 1968 by the 38% of Fort's respondents? As the other responses of that group seem to imply, proponents of sexual-orientation change therapies have argued that the "criterion of abnormal behavior is not a necessary prerequisite for behavior modification" (Sturgis & Adams, 1978, p. 165). Whether or not society is "the causal agent of distress in homosexuality," these writers believe homosexuals have a right to behavior modification to enhance heterosexual functioning. Termination of orientation-change therapies would deny the rights of clients to select the goals of treatment (p. 168-169). They do not, however, address the issue of working with heterosexuals to enhance homosexual functioning, or the implication that change in only one direction is useful or desirable.

Feldman (1977) agrees with the individual rights position, stating "an increase in heterosexual behavior, coexisting with continued homosexual behavior, is in my view, an entirely legitimate treatment goal" (p. 248, added emphasis). His position, he feels, avoids any implicit message that homosexual behavior is "bad" and should be eliminated, such as through use of aversion therapy.

Hatterer (1972) presents a psychiatric (rather than behavioral) argument in favor of change therapies, noting that homosexuality "most certainly is a sickness when it makes a person feel sick" (p. 104). It is difficult to understand how the entity "homosexuality" can make a
person feel bad. What seems more likely is that the person's attributions about homosexual acts and feelings might contribute to such "sick" feelings as self-hatred. Attributions about sexuality are, of course, socially conditioned. The implications of this type of thinking to any social minority are frightening. Apparently, by the same logic, negative self-attributions based on one's ethnic membership or sex would also constitute a disease treatable by change to greater conformity with the dominant cultural group.

McConaghy (1977) presents a somewhat contradictory position, since he does not believe it is possible to change from a homosexual to a heterosexual orientation. He suggests that behavior modification should be available "if an aspect of homosexuality has escaped from a person's control and he or she has what appears to be rational grounds for wishing to regain control of this aspect" (p. 224). He gives an example of a married man whose "homosexual impulses" are interfering with preservation of his marriage.

The first three of these positions share an assumption that it is in fact possible to alter homosexual orientation. McConaghy seems to believe there are different varieties of homosexual behavior, some malleable, some not. All neglect the fact that the genesis of homosexuality, or heterosexuality for that matter, has not been established. Even when overt behavior is altered, this does not constitute evidence that a change in sexual orientation (fantasy, affection, preference, etc.) has taken place. It is important to
distinguish between the ability to perform heterosexually, and the desire
to do so.

John Money (1977b, p. 160), an acknowledged expert in the field of
gender identity, has long argued for at least some degree of
biological predisposition in the formation of sexual identity. He notes
that "the developmental determinants [of sexuality] are not fully known,
and the developmental outcome cannot be predictively regulated" (1977a,
p. 231). Consequently, both the efficacy of orientation-change therapies
and their impact on the psychological health of the individual is
difficult to assess.

Pillard (1982) is unequivocal in his position, stating that
offering to change the orientation of a homosexual client is nothing more
nor less than consumer fraud (p. 418). Referring to Coleman's (1982a)
review of such attempts, he states "there is scant evidence that any
treatment can shift sexual orientation in a significant number of people
over more than a brief period of time" (Pillard, 1982, p. 418). Noting
that therapists do not bother to record "how many patients with
heterosexual histories began homosexual behavior during psychotherapy,"
he criticizes orientation-change therapists for "advertising the expected
outcome of a treatment on the basis of evidence that cannot be regarded
as adequate" (1982, p. 418).

Other psychologist-researchers agree with Pillard, including two
who were originally developers and proponents of behavioral therapies to
change sexual orientation. Freund (1977) objects to such therapies for
two reasons. Referring to his own research published in 1965, he
describes attempts to change the sexual orientation of self-referred homosexuals using a combination of techniques including aversion therapy. In the longitudinal follow-up performed over the next several years, Freund discovered that "Virtually not one 'cure' remained a cure" (p. 238). He noted that "patients had become able to enjoy sexual intercourse with females as well, though much less than with males, but there was no true, lasting change in sexual preference" (p. 238). He also notes that it is not even clear that therapy promoted the increase in bisexuality, since many homosexuals increase their heterosexual behavior and adjustment over time with no clinical intervention. This is similar to the increase in homosexual behavior Kinsey noted as a function of the age of the individual (Kinsey et al., 1948, 1953). Many individuals seem to increase their bisexuality (full sexuality) over the course of a lifetime.

Another behaviorist to oppose continuation of orientation-change therapy is Gerald Davison, a former president of the Association for the Advancement of Behavior Therapy. Although Davison (1976) was one of the original developers of behavioral "orgasmic-reorientation" therapy, he now argues against the use of this and other related procedures. While he states that the effectiveness of such techniques remains unproven (1976, p. 162), his objections center on moral issues (1978, p. 170). These revolve around the assertion that therapists never make politically or ethically neutral decisions. Decisions to help homosexuals change imply there is something which needs changing. Otherwise, behaviorists
would also be offering programs to increase the ability of heterosexuals to respond homosexually.

Davison (1976) also questions whether individuals in a culture which deeply stigmatizes gays can ever make a "free" choice to change sexual orientation. Pointing out that there is "no cure without a disease" (p. 159), he states that the existence of change programs "condone the current societal prejudice and perhaps also impede social change" (p. 160). He has also criticized retention of the category of "ego-dystonic" homosexuality in the third revision of the Diagnostic and Statistical Manual of the American Psychiatric Association (Davison & Neale, 1982, pp. 363-366). To feel unhappy regarding one's membership in a severely stigmatized social minority does not represent a mental disorder, he feels, but rather a natural response to social prejudice.

This point has been strongly articulated by Silverstein (1977b) who discusses it in relationship to the idea of a "voluntary" choice to seek help in changing one's orientation:

no one is a "voluntary" patient for sexual orientation change. The myth of the voluntary patient is finally being challenged...I believe it is an excuse for those behavior therapists who act as agents to enforce societal morality...To grow up in a family where the word "homosexual" was whispered, to play in a playground and hear the words "faggot" and "queer," to go to church and hear of "sin" and then to college and hear of "illness," and finally to the counseling center that promises to "cure" is hardly to create an atmosphere of freedom and voluntary choice. The homosexual is expected to want to be changed and his application for treatment is implicitly praised as the first step toward "normal" behavior...The patient asking for sexual orientation change perceives himself "guilty as charged," and his hidden agenda in therapy is punishment for his sins. He perceives the therapist as an agent of society--an agent who will punish his wickedness appropriately (pp. 206-207).
Pillard (1982) raises the related issue of informed consent (1982). Treatment for homosexuals should be as free as possible of any "ulterior forms of restraint and coercion" (p. 419), while therapists should be honest about psychological and material costs to the client, risks, length of treatment, and likelihood of success. Pillard argues that the consent issue is complex and that the degree to which entry into treatment is voluntary may be difficult to assess. He suggests that

The problem for us as therapists is that as the mental health professions increase their alliance with powerful institutions, they develop similar interests in preserving the very coercions which...tend to strip a person of his self-worth and make it impossible for him to be free. The homosexual is coerced into treatment because it is socially undesirable to be homosexual, a situation the pronouncements of the mental health professions tend to reinforce (1982, p. 420).

At the philosophical level, Begelman (1975, p. 179) has described a "moral double standard" that often characterizes the attitudes of helping professionals. While homosexuality, for example, may be attributed to fear of the opposite sex, those holding this viewpoint do not consider heterosexuals to have arrived at their orientation due to fear of the same sex. While psychoanalysts have written of the "tragedy" of homosexuals excluding themselves from relationships with half the human race, they have not seemed to find such tragedy in heterosexuals doing the same (Green, 1972a, pp. 126-127). This double standard is at the heart of the issue of offering to change the orientation of homosexuals. Begelman (1975) refers to such treatments as "practices which by their very existence constitute a significant causal element in reinforcing the social doctrine that homosexuality is bad" (p. 180). He notes a "lack of sensitivity in the literature to the moral significance
of the distinction between 'homosexual problem behaviors' and 'problem behaviors of homosexuals,' stating "the two are far from synononomous" (p. 181). He reviews the argument that offering to treat homosexuality implies that it is a problem behavior, strengthens prejudices against it, and in the long run serves to prevent "the exercise of any real option in decision-making about sexual identity" (p. 180). "As a consequence of this therapeutic stance, as well as a wider system of social and attitudinal pressures," he asserts, "homosexuals tend to seek treatment for being homosexuals" (p. 180).

**A Word about Religious Beliefs**

While the focus of this chapter has been professional ethics, many counselors will have ethical dilemmas arising from their personal religious beliefs. Many religious homosexuals have wrestled with these issues and have articulated belief systems which integrate Christian or other spiritual beliefs with a homosexual identity. An example is found in this statement by Joseph Fletcher:

Love validates sex. Sex is not self-validating or inherently right and good--not in any of its variant forms. A truly loving homosexual relationship is morally justifiable as an unloving heterosexual relationship is not--not even when licensed by marriage. Indeed, marriage as well as sexual acts is validated by authentic loving concern, not by either moral or civil laws. As I see it, this applies to all sexual activity--auto, hetero, or homo--in any truly Christian ethics. Pittinger puts it succinctly when he says what he calls sin is both a "refusal to love" and a "violation of love" (Oberholtzer, 1971, p. 10).

Troy Perry, founder of the gay Metropolitan Community Church, has addressed the issue (Oberholtzer, 1971, pp. 116-122) as have many other thoughtful, spiritually-concerned homosexuals (Nelson, 1985, pp. 163-176).
including members of the San Francisco-based Council on Religion and the Homosexual. W. Dwight Oberholtzer, a minister and professor of sociology at Pacific Lutheran University, has edited a book on the subject Is Gay Good?: Ethics, Theology, and Homosexuality (1971) which may be helpful to those professionals with ethical questions based on religious beliefs. This work also contains an extensive bibliography of related articles, pamphlets, and books dealing with many complex questions which are beyond the scope of this discussion.

Conclusion

The last few decades have been characterized by rapidly changing social attitudes towards sexuality in general and homosexuality in particular. Academic, legal, medical, and mental health institutions, which train most professionals, are by nature and of necessity slow to respond to such changing attitudes. Consequently, professionals must assume much of the responsibility for an ethical self-examination and for clarifying their own values related to the treatment of homosexual clients.

One area for clarification involves questionable goals presented by either the therapist or client. Arguments concerning the implications of change-of-orientation strategies and the unlikelihood of voluntary consent cast grave doubts on the validity of the "right-to-treatment" argument. The weight of evidence suggests change-of-orientation goals are unethical. At the very least, it seems clear that counselors considering working with clients towards such goals have serious prior ethical responsibilities. First, they must determine through a critical
review of research whether any evidence exists that such a goal is possible. In doing so, the reviewer must bear in mind the common methodological flaws and biases described in the preceding chapter.

In accepting such a goal, the possibility that counselors are serving their own needs, rather than clients' needs, must be considered. Helpers must come to terms with the possibility of negative consequences to clients and other gay individuals who are trying to achieve a positive self-identity and adjustment to society should they agree to work to change a person's sexual orientation. Motives which impel clients to request such assistance must be examined. The possible influence of social pressures, family members, previous therapy, religious or other authorities in creating the expressed desire to change must not be overlooked. Incentives for and reactions to previous attempts to change, if the client has such a history, should be explored. Counselors must remember that homosexuals, too, were raised to internalize homophobic attitudes which may result in their own self-hatred and difficulty in achieving self-acceptance.

Most important, alternatives should be examined, or created. Why does the person want to change? Does the desire to change rest on a belief that certain ends are unachievable as a homosexual? If so, does this belief fit the facts? Many clients lack information about the range of lifestyles available in the gay community. Bell and Weinberg (1978) have developed a typology to describe the range of differences expressed in the title of their book *Homosexualities*. In terms of relationships,
for example, they describe different styles such as "Close-Coupled" (monogamous) and "Open-Coupled" (non-monogamous).

As another example, a client may wish to become heterosexual in order to have children and may be unaware that in some states and other countries, gay couples may adopt children. This client may also be unaware of the large number of gays who have successfully raised children, usually those from prior heterosexual relationships.

The counselor as well as the client should examine alternatives. This may mean finding new ways of conceptualizing mental health, or the reinterpretation of psychological theories or religious beliefs. The counselor may need to consider the possibility of an alloplastic rather than an autoplastic intervention. Perhaps the most appropriate use of one's energy is not in changing the client, but rather in helping the client adjust (as must other minorities) to society's injustices, and in empowering the client to bring about social change. Towards this end, concepts of biculturality or dual cultural membership (Corey, et al., pp. 119-120) may provide useful, relatively value-free frameworks within which to address client problems of social adaptation. Such perspectives help the professional to avoid unwittingly attacking gay cultural attributes or attempting to modify the unique traits of individuals. For example, what is considered "effeminate" behavior in a male by the dominant culture is perfectly acceptable in certain segments of gay culture and may be "natural" behavior for the individual involved, a product of a unique personal history. Many other ethnic groups also allow a wider range of expression to males than does the dominant

Finally, rather than enforce conformity and encourage acceptance of restricted options, professionals may opt to use their status, resources, research, and influence to help create an environment in which people are free to express the full range of healthy human sexual variation. Homosexuals will then no longer be forced to seek treatment simply to cope with social ostracism, and may turn their attentions to the generic human challenges which occupy us all.
CHAPTER 5

NEW PARADIGMS FOR A NEW ERA

Listen! I will be honest with you,
I do not offer the old smooth prizes, but offer rough new prizes...

Walt Whitman, c. 1856
From Song of the Open Road

This chapter presents newly-articulated paradigms for understanding sexuality which are compatible with a non-pathological view of homosexual behavior (DeCecco, 1981; Shively & DeCecco, 1977). Reference is made to the findings of early researchers (Kinsey, et al., 1948, 1953) and more recent studies (Bell & Weinberg, 1978) which revealed the incompatibility of dichotomous homosexual-heterosexual paradigms with the statistical facts of human sexual behavior. A working definition of sexual identity (Shively & DeCecco, 1977) is presented to help counselors and others recognize the evolution of its several components in their clients. This model reveals and clarifies much historical confusion about concepts of gender, sex-role, and sexual orientation. Within this model, sexual orientation is elaborated to include historical, physical, cognitive, and affectional elements (DeCecco, 1981; Kinsey, et al., 1948; Moses & Hawkins, 1982; Paul, 1985).

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Such a paradigm, in conjunction with material about human sexuality presented in Chapters 2, 3, and 4, has direct implications for helping gay people in relationships. If the range and diversity of homosexual experience is comparable to that of heterosexuals, generalizations about "homosexual relationships" become relatively meaningless. The sex of one's partner becomes less relevant than the implicit or explicit contract (or understanding) of the relationship between the two individuals. Thus, a shift of perspective from sex of partner to the nature of relationship (Bell, 1972; DeCecco & Shively, 1985a; Kinsey, 1953) is recommended for those helping professionals who serve gay couples.

Finally, a brief review of developmental models of the coming out process is presented. The five-stage model of Coleman (1982b, 1985) is emphasized, along with a discussion of some of the criticisms and limitations of such models (Cass, 1985; DeCecco, 1981; DeMonteflores & Schultz, 1978; Faderman, 1984; Henderson, 1984; McDonald, 1982a; Weinberg, 1984).

Paradigms of Human Sexual Variation

The Kinsey Continuum

The Kinsey researchers were the first to suggest that popular conceptions of homosexuals and heterosexuals as two identifiable, distinct classes of individuals were false and misleading (Kinsey, et al., 1948, pp. 636-642). As early as 1948, almost forty years ago, they produced research demonstrating the prevalence of homosexual activity...
among so-called heterosexuals (see Chapter 3). In their typically colorful style, they exhorted

Males do not represent two discrete populations, heterosexual and homosexual. The world is not to be divided into sheep and goats. Not all things are black nor all things white. It is a fundamental of taxonomy that nature rarely deals in discrete categories. Only the human mind invents categories and tries to force facts into separated pigeon-holes. The living world is a continuum in each and every one of its aspects. The sooner we learn this concerning human sexual behavior the sooner we shall reach a sound understanding of the realities of sex (Kinsey, et al., 1948, p. 639).

![Figure 1. Bipolar model of sexual orientation.](After Kinsey, et al., 1948, p. 638. Adapted from Shively & DeCecco, 1977, p. 46.)

Similar results were discovered for American women in research findings published five years later (Kinsey, et al., 1953, pp. 446-501). In response to these findings, the researchers developed a new conceptual model for sexuality, a seven-point continuum from exclusive heterosexuality (0) to exclusive homosexuality (6) (Kinsey, et al., 1948, pp. 636-647; see Figure 1). Intermediate ratings indicated predominant heterosexuality (1, 2) or predominant homosexuality (4, 5), with equal heterosexual and homosexual activity at the midpoint (3). Both cognitive and overt behavior were considered in assigning ratings: "Individuals were rated as 0's only if they make no physical contacts which result in erotic arousal or orgasm, and make no psychic responses to individuals of their own sex. Their socio-sexual contacts and responses are exclusively
with individuals of the opposite sex" (Kinsey, et al., 1948, p. 639). The researchers note that individuals' sexual activity is volatile, fluctuating in the course of a lifetime. Individuals may be rated zero at one point in life, and rate as three or five in some other decade.

Using both Kinsey scale self-ratings and reported sexual experience, Bell and Weinberg (1978) discovered a high degree of heterosexual activity and feelings among persons identifying themselves as homosexual. About two-thirds of men and over three-fourths of the women studied reported at least one experience of heterosexual intercourse (pp. 55-58). Discrepancies between sexual feelings and overt physical activity were also noted, with individuals reporting themselves to be either more or less homosexual depending on whether feelings or overt behavior was the basis for the rating.

Bell and Weinberg (1978) also note a higher degree of reported heterosexual experience among homosexual women than among gay men, but other findings suggest "the lesbians' greater heterosexuality simply reflects a history of accommodation to males in a sexual context or of conformity to societal expectations" (p. 60). Differences in response between blacks and whites indicate some ethnic factors may be influential. For example, black women tended to feel they were more homosexual in their feelings than in their overt behavior, while the reverse was true for white lesbians (p. 60).

The researchers note that their results are consistent with those of others such as Saghir and Robbins (1973) and Weinberg and Williams (1974). They conclude that "Clearly, among homosexual adults there is a
diversity of experience on the heterosexual-homosexual continuum reflected in their sexual feelings, behaviors, dreams, and fantasies" (Bell & Weinberg, 1978, p. 61). Even prior to the further confirmation provided by these research findings, Bell (1972) had asserted that "There is no question but that a new set of terms transcending the less meaningful or useful homosexual-heterosexual dichotomy or continuum will have to be devised and used to describe the experience of human sexuality" (p. 101).

A Multi-Dimensional Paradigm for Sexual Identity

The complexity of factors involved in an individual's sexual identity have led other writers to propose paradigms more sophisticated than the Kinsey bipolar model. Shively and DeCecco (1977; DeCecco, 1981) have identified four components of sexual identity: biological sex, gender identity, social sex-role, and sexual orientation. While the first of these is determined hereditarily and manifests pre-natally, the second, gender identity, is a psychological perception. As transsexuals often report, one may feel oneself to be a member of the opposite sex regardless of knowledge of one's biological sex. Both biological development and social learning probably contribute to development of an individual's gender identity, although this issue is still being studied (Shively & DeCecco, 1977, pp. 41-42). At any rate, gender identity seems to be established by the age of three or four.

The next component of sexual identity defined by Shively and DeCecco is social sex-role (1977, pp. 42-45). This element is learned and varies from culture to culture. Research indicates that this
component is formed between roughly the ages of three and seven. Social sex-role refers to the "masculinity" or "femininity" of the individual, and includes attributes of behavior, personality, and appearance. These writers list some of the categories of social sex-role as habits (e.g. smoking, drinking), interests as reflected in employment and avocations, social interaction style or interpersonal behavior, speech and vocabulary, grooming and adornment, mannerisms, personality traits, physical attributes, and health.

![Masculinity-femininity: Bipolar model.](Adapted from Shively & DeCecco, 1977, p. 43.)

Traditionally, masculinity and femininity have been considered as mutually exclusive ends of a bipolar continuum, with androgyny occupying the midpoint (see Figure 2). Recently, however, researchers such as Sandra Bem (cited in Shively & DeCecco, 1978, pp. 43-45) have suggested that two continua be used to measure masculinity and femininity quantitatively (see Figure 3). Thus, an individual might be both very masculine (e.g. interests such as football and the military) and very feminine (as indicated by dress and personal adornments). Such a person would be considered androgynous within this paradigm. Individuals who are neither masculine nor feminine are called "undifferentiated" (see
Figure 3). Such a schema is useful in our current society in which a wider range of activities and interests is possible for each sex.

![Figure 3: Masculinity-femininity: Two-continua model.](image)

The fourth component of sexual identity is sexual orientation. Following Bem's model of masculinity and femininity, it is possible to conceptualize sexual identity on two separate continua. In such a model, a separate axis is used to describe the individual's degree of homosexuality and heterosexuality, with a range of response from "not at all" through "somewhat" to "very" (see Figure 4). Thus, a person might be "very heterosexual" and "somewhat homosexual," or "not at all" sexual on either axis (asexual), or any other combination. The important distinction is that this model avoids the implication of a bipolar continuum such as Kinsey's (see Figure 1) that one is homosexual at the expense of heterosexuality, or vice versa. Such mutual exclusivity of response does not fit the data about human sexual behavior (Bell &
Weinberg, 1978; Kinsey, et al., 1948, 1953). A two-axis model allows for both a "qualitative" (homo/heterosexual) and "quantitative" (not at all sexual/very sexual) assessment of an individual's sexual response (see Figure 4).

![Two-axis model diagram]

Many of the shortcomings of previous research into sexuality are the result of confusion over the interrelationships of the four above-mentioned components of sexual identity. Early writers sometimes assumed homosexuals believed themselves to be members of the opposite sex, a phenomenon properly referred to as transsexualism. As DeCecco (1977, p. 61) points out, researchers, especially psychoanalysts, often confuse social sex-role with sexual orientation. For example, some Freudians and Adlerians such as Beiber (1976), Rister (1981), and Socarides (1972), assume a lack of masculinity to be characteristic of male homosexuals, while not discussing the significance of the degree of
masculinity in male (or female) heterosexuals. The implication is often that "effeminacy" and homosexuality are synonymous.

In reality, the four components may converge or conflict in any number of ways and to varying degrees. A person may have a congruent biological sex, gender identity, and sex-role (e.g. male/masculine), with a same-sex sexual orientation (homosexual). Another individual may prefer many attributes of the opposite sex-role, but be heterosexual and gender-identity congruent. An example is the heterosexual transvestite who prefers female-designated attire.

The different combinations of components possible accounts in part for the diversity of identities and associated lifestyles observed among homosexuals and heterosexuals alike. For example, a lesbian woman may prefer most characteristics of the female social sex-role (dress and adornment, interests) yet prefer women physically and affectionally as partners. She may experience no confusion regarding her gender identity as a woman. This woman may appear to fit the stereotype of a feminine heterosexual woman and bear no resemblance to the stereotype of a "butch" lesbian or "dyke." She may or may not play a traditionally masculine provider role in her partnership with another woman. This will depend upon how the two individuals combine their social sex-role preferences to create a functional partnership. At any rate, the roles that are played will be a function of sex-role preference, rather than sexual orientation. Homosexual partners play the entire range of possible combinations of roles, from the traditional heterosexual model in which only one partner works outside the home, to more androgynous arrangements
Components of Sexual Orientation

While sexual identity may be divided into the four components described above, at least three elements may be identified within the single component of sexual orientation. These are a physical or behavioral, an affectional or emotional, and a cognitive component. DeCecco (1981) describes these dimensions as follows:

Sexual orientation refers to the individual's physical sexual activity with, interpersonal affection for, and erotic fantasies about, members of the same or opposite biological sex. Physical sexual activity designates the individual's erotic body contact with one or more persons; this may or may not include genital contact. Interpersonal affection refers to associations, involving varying degrees of love or trust, with coworkers, friends, lovers, and marital partners. These relationships do not necessarily include or exclude physical sexual activity. Erotic fantasies are the individual's mental images of one or more persons engaged in physical sexual activity or involved in idealized affectional (i.e. romantic) relationships (p. 61).

Figure 5. Sexual orientation: Physical activity component. (Adapted from Shively & DeCecco, 1977, p. 46.)
Each of these three elements may be rated on both a homosexual and a heterosexual dimension for a single individual (DeCecco, 1981, p. 61; see Figures 4, 5, 6, & 7). Adding another element to this
multidimensional paradigm, Paul (1985, p. 45) notes in an article on bisexuality that "the truth of human sexuality is that the gender of one's sexual object is not necessarily fixed and invariant over time, nor do people necessarily eroticize only the members of one sex at any point in time." Thus, the three-by-two dimensional model may also be elaborated to include an historical dimension, the time element (DeCecco, 1981; Kinsey, et al., 1948, pp. 638-639; Moses & Hawkins, 1982, pp. 36-40).

Helping professionals must recognize both the multiple components of sexual identity and orientation and their relevance to client concerns. A client who has questions about homosexual fantasies needs to understand the complexity of human sexuality, and the prevalence of bisexual experience in the cognitive, affectional, and behavioral realms. The counselor, on the other hand, must be aware of the many dimensions to be explored in helping an individual to self-awareness about sexual identity. How do these fantasies compare to emotional responses and affectional preference? Have they been expressed in overt physical activity? What is the sexual history of the individual in each dimension? Are the fantasies recent, or longstanding? Do they involve an individual known to the client, or are they entirely fantasy? What are the client's judgments about such thoughts? Are they considered "sins," "normal," "sick," "pleasurable"? What are the sources of such attributions? Are they parents, religion, life experiences, and/or cultural stereotypes in media? To be effective in such an endeavor, counselors must both know the facts about human sexual experience and have explored honestly their own sexual belief systems and histories, in cognitive, affectional and
behavioral dimensions. Not to do so might cause the counselor to shy away from areas of personal discomfort in the client's exploration, or to impose values and stereotypes without awareness of these actions or their possible harmful consequences. An individual may be damaged by either premature or much-delayed self-labelling, as well as by a belief that labels about sexual identity are permanent and irrevocable.

As discussed previously, the issue of convergence or divergence of the components of sexual orientation relates to the assessment of differences in individual experience. It may also relate to client goals, but the picture here is complex and directions not always clear. A client may indicate that divergence presents conflicts, as in the example of a man who loves (affectional preference) his wife, but prefers men as sexual partners (physical and fantasy preference). He may desire greater convergence between these three components of his sexual experience. However, the ethical questions raised in Chapter 4 bear on the appropriateness of such a goal. Affectional preference may be more malleable than sexual preference. In such a case, a counselor might agree to help an individual resolve the conflict, but informed consent would be vital. If, for example, the man wishes to preserve his marriage, he needs to understand the current lack of evidence that a change of sexual orientation is possible. While he might be helped to enhance his heterosexual functioning, or to communicate his confusion to his wife, his homosexual attractions are not likely to be diminished. Preservation of his marriage may involve compromise in the area of sexual satisfaction and could lead to secondary problems as his wife may sense
his conflict. The counselor needs to be honest in presenting the most realistic picture possible of alternatives, as well as the emotional costs involved in each choice and its associated risks. The counselor must also be honest about his or her own biases about the various options for goal-setting.

What of the individual whose primary emotional relationships and fantasies have always been mostly same-sex, but whose physical sexual attractions have been mostly heterosexual? This divergence in the different dimensions represents a different reality than that of a person whose experience is all homosexual (or heterosexual) in all three dimensions and across time (congruent). Unfortunately, little research exists to clarify the meaning of such convergent or divergent experience. One study by Shively and DeCecco (cited in DeCecco, 1981, p. 63) explored the means used by individuals to label themselves as either homo- or heterosexual. Physical behavior or desire was the basis for self-labelling for 42% of respondents, while 24% indicated biological sex as the most significant variable. Affection accounted for another 18%, erotic fantasy for 6%, and social approval (2.5%) and empathy (1.5%) represented most of the remainder. However, over three-fourths of respondents indicated that physical contact, affection, and fantasy were all important contributors in identifying one's sexual orientation.

Another study by Saliba (cited in DeCecco, 1981, p. 63) found a difference between persons described as homosexual or bisexual, and those described as heterosexuals. The former rated both physical activity and affection as essential to self-labelling, while exclusive heterosexuals
thought physical contact was most important. A sex difference was also noted: women rated affectional relationships higher than physical contact and erotic fantasy in determining sexual orientation, while men gave primacy to physical contact. Such results indicate the necessity for exploring the individual client's basis for sexual self-labelling whenever sexual identity is an issue. They also indicate a further source of confusion in much of the research literature about sexuality. In many studies no objective measures of sexual orientation are used. Self-labelling, with its obvious diversity of meanings, is the usual basis for assigning people to homosexual or heterosexual research groups. Professionals must be alert to this issue and its implications to findings cited in such studies.

The Content and Context of Relationships

The apparent complexity of sexual identity and the bisexual character of much of human sexual experience, have encouraged some writers to suggest that a useful focus for research and psychotherapy for couples is the content or contract of relationships themselves rather than the sex of partners in the dyad. Over thirty years ago, Kinsey and his associates (1953) objected to the classification of human sexual behavior into the three categories of homosexual, heterosexual, and autoerotic:

There is nothing known in the anatomy or physiology of sexual response and orgasms which distinguishes masturbatory, heterosexual, or homosexual reactions...The terms are of value only because they describe the source of sexual stimulation, and they should not be taken as descriptions of the individuals who respond to the various stimuli. It would clarify our thinking if the terms could be dropped completely out of our vocabulary, for
then socio-sexual behavior could be described as activity between a female and a male, or between two females, or between two males, and this would constitute a more objective record of fact (p. 447).

Thus, the Kinsey researchers use the term "homosexual" to describe sexual relationships, rather than the individuals in them. This makes good sense given the realization that the same individuals may simultaneously, or at a prior or subsequent time, be involved in relationships with the sex opposite that with whom they are currently involved. Remarks about these "homosexual" individuals would in this light be virtually meaningless.

Katz (1978, 1983) has documented the use of the term "homosexual" as a noun invented in the nineteenth century. Prior to then the focus of discourse was on the nature of sexual acts rather than on the qualities of persons. At that time, "homosexual" and other terms ("Uranians," "inverts") began to be used by both individuals and members of organizations defending the interests of persons involved in same-sex relationships, and by the medical establishment. The latter was the result, in part, of the takeover by psychiatrists, from religious and legal establishments, of the function of socially controlling the nature of human sexual relationships.

In 1972, Bell voiced objections to the then popular conception of homosexuality, stating "I do not think either a person's sexual object choice or his standing on the so-called Kinsey scale is the principal indicator of where he is sexually" (1972, p. 101). His contention is that the place occupied by sexuality in the life of the individual is at least as important as the sex of the partner. He argues that
individuals differ not only in the proportions of homosexual-heterosexual potential, but also in the extent to which sex is important to them or in the extent to which what they do or feel sexually forms an important part of their self-concept. People in each orientation differ with respect to the nature and number of their sexual partnerships, in the level of their sexual activity, in the kinds of problems and conflicts that they experience as they go about their sexual lives, and in the extent to which their sexual impulses and fantasies or behaviors are ego-alien to them or are hidden to others. In an erotophobic society such as ours, it is reasonable to suppose that homosexuals and heterosexuals alike have difficulty integrating the affectional and sexual aspects of their personhood (pp. 101-102).

This sort of realization has led DeCecco and Shively (1985a) to suggest that the discussion of sexual identity be shifted from its traditional contexts (biology, history, homosexuality, and bisexuality) to "an inquiry about the structure of sexual relationships" (p. 14). Rather than limit and distort understandings of relationship with unjustified, homophobic assumptions, they suggest a focus on the meaning of a relationship to its participants, its explicit and implicit contracts. They argue that a number of conceptual and methodological advantages are to be gained from such a change in perspective. For example, observers could learn more about the attitudes, motivations, and expectations of partners (p. 15). Outlining a summary of these advantages, they note that

(a) The focus is shifted from isolated individuals to their mutual associations. (b) Social scientists could conceive of sexual relationships in other than biological terms or metaphors. (c) The shift would capitalize on the advantages of the psychoanalytic method (the exploration of personally constructed meanings) and symbolic interactionism (the identification of socially constructed meanings) while avoiding the pitfalls of relying on one of these approaches to the exclusion of the other. (d) The shift would allow investigators to view sexual relationships from the vantage point of a morality of individual
choice rather than a traditional morality of externally imposed obligation (p. 1).

An overall advantage of this kind of "contextual shift" is that it avoids any a priori assumptions that an opposite-sex partnership is superior to a same-sex partnership. Is a heterosexual marriage characterized by deceptive infidelity by one or both partners superior to a gay-male partnership in which outside sexual relationships are an agreed-upon part of the contract? Are these two relationships more similar to each other than to a longterm, monogamous relationship between two women? Real structural differences and similarities are easier to perceive when the context and the content of the relationship, rather than the sex of the partners, are the focus.

Implicit moral judgments about the relative superiority of traditional contracts and lifestyles become irrelevant and unnecessary. The vital issues become the ability of partners to agree upon and keep the contract for the dyad, and their ability to function in a healthy manner within that context. This model also permits non-judgmental examination of the effects of the social environment, both on the couple functioning either as individuals or together, and on the structure of the contract adopted. Relationships reflect adaptations to environmental conditions which should not be mistaken for innate characteristics of the participants. A "cross-cultural" approach to understanding the family systems of sexual minorities requires an exploration of individual meanings. It avoids misunderstanding based on homophobic or simply sexually-stereotyped assumptions about the relative appropriateness of certain roles or divisions of labor. It conforms to the ethical
guidelines of the American Psychological Association requiring an end to sexist practice. A relationship is deemed healthy, not if it conforms to social scripting, but if it works for the participants and for society.

Developmental Models of the Coming Out Process

She did not find it gay living in the same place where she had always been living. She went to a place where some were cultivating something....Georgine Skeene was gay there and she was regular, regular in being gay, regular in not being gay....They went quite often, not very often, but they did go back to where Helen Furr has a pleasant enough home....Helen Furr would not find it gay to stay, she did not find it gay, she said she would not stay....Helen Furr and Georgine Skeene were regularly living where very many were living and cultivating in themselves something....They did learn many ways to be gay and they were then quite regular in being gay, and they were learning little things, little things in ways of being gay....[Helen Furr] went on living then....She always was living very well and was gay very well and was telling about the little ways one could be learning to use in being gay, and later was telling them quite often, telling them again and again.

Gertrude Stein
From "Miss Furr and Miss Skeene" (Van Vechten, 1972, pp. 563-568).

Numerous articles have been written describing a series of developmental phases, each characterized by specific "milestone experiences" (DeMonteflores & Schultz, 1978, p. 61) leading ideally to the formation of a stable homosexual identity (Cass, 1979; Coleman, 1982b; Dank, 1971; DeMonteflores & Schultz, 1978; Fein & Neuhring, 1981; Hammersmith & Weinberg, 1981; Kooden, et al., 1979; Lee, 1977; Malyon, 1982; Minton & McDonald, 1985; Moses & Hawkins, 1982; Plummer, 1975; Troiden, 1979). These models, developed both from research (e.g. Kooden, et al. 1979; Plummer, 1975; Troiden, 1979) and clinical observation (e.g.
Cass, 1979), trace the individual's awareness of his/her "difference" through a series of stages in which that difference is understood, named, acted upon, accepted, and positively experienced. While these writers differ in the number of stages they describe, and in the names they give them, they agree in general on the significance of certain events in sexual identity formation, as well as on the nature of the passages involved.

The following model is presented as a practical aid for helping professionals working with gay clients. In view of the complexities of sexual identity and orientation described herein, it is important when considering such models to distinguish between the use of the term "homosexual" to describe same-sex relationships, its use in describing sexual orientation, and its use in describing an aspect of an individual's social identity. Descriptions of developmental models of coming out tend to comingle usage of the term "homosexual" to describe "sexual preference" (as distinct from overall sexual identity) and a social identity formed in response to social stigma and minority group membership.

Self-labelling as homosexual tends to be a function of social interaction. If bisexuality were a cultural norm, there would be no reason to self-label and no coming out process as such. Individuals would all evolve through a generic human process of acquisition of sexual identity. Since this is not such a world, discovery of potential for homosexual response, the degree of that potential, and decisions about whether to act on it, result in what is described as a "developmental
coming out process" and "formation of a homosexual identity." The heterosexual capacity of most people with a homosexual preference is obscured by the secondary effects of the social response to the homosexual element of what is actually a bisexual identity. These responses tend to force polarization both at a social and individual level, and limit concepts of sexual identity for both homosexually- and heterosexually-oriented people. They are responsible for creating a political meaning for the act of self-labelling as "gay" or "homosexual." The heterosexual element of one's identity is not a legal, psychiatric, or moral issue. Political action has been necessary to free the homosexual aspects of sexual identity, to allow for sexual and affectional expression of homoerotic feeling, and to protect the civil rights of those engaged in such expression.

DeCecco (1981) has discussed the role of the organized gay movement in promoting a concept of what he calls the "truly gay person." He cautions those engaged in a study of human sexuality to distinguish between the oversimplifications of such concepts of sexual identity when used for political purposes and the complex nature of sexual identity from a scientific viewpoint. Other conceptual difficulties related to developmental models are discussed in a later section of this chapter. These criticisms have important implications at both theoretical and practical levels. Nonetheless, articles describing such models are helpful for sensitizing professionals to the self-labelling process, social-interactional variables in sexual identification, and the evolutionary nature of sexual identity acquisition. The practitioner who
is careful to remember the limitations of these perspectives will find many applications for the information they contain.

Coleman's Five-Stage Model

Coleman (1982b, 1985) has outlined a five-stage model to describe sexual identity formation in persons with a same-sex orientation. He calls these stages pre-coming out, coming out, exploration, first relationships, and identity integration. According to his model, the "pre-coming out" stage usually corresponds to the childhood and early adolescence of the individual, but may continue indefinitely. As noted in a previous section on sexual identity in this chapter, gender identity forms around age three. Other research indicates that sex-role identity is formed at approximately the same time (Coleman, 1985, p. 32). It is theorized by some that sexual object choice, i.e. sexual orientation, is related to the other two components and forms at approximately the same time, perhaps influenced by some sort of biological predisposition that could have genetic components (Coleman, 1985, p. 32; Money, 1977a, 1977b). While research has been suggestive, none has been advanced to date which can provide a definitive description of the development of sexual orientation at different ages.

Many gay people nonetheless report having experienced a sense of being "different" from an early age, a perception sometimes shared and contributed to by their parents and/or peers. During the pre-coming out period, which Plummer (1975) calls "sensitization," young homosexuals may have a range of perceptions and experiences leading to a more or less-defined awareness that they do not fit significant parts of the
social scripting for their gender. The nature of these events depends in part on other elements of sexual identity such as social sex-role and gender identity. These may include a sense of inadequacy in their assigned sex-roles (Troiden, 1979), interest in the opposite sex-role, "crushes" on same-sex peers or teachers, gender confusion (Plummer, 1975, p. 136), and labelling by others ("sissy," "fairy," "tomboy").

Unfortunately, the individual is simultaneously being conditioned by society to fear and hate homosexuals as well as to ridicule certain sex-role behaviors when manifest by a person of the "wrong" gender. Consequently, young homosexually-oriented individuals do not often continue in an uninterrupted process of discovery and development of sexual identity, as do heterosexually-oriented young people. Rather than engage in a healthy process of dating and sexual exploration, the psychosexual development of the gay adolescent is usually thwarted by impact with the culture at large. This leads in many cases to lowered self-esteem, a heightened sense of personal inadequacy, somatic symptoms, depression, and even self-destructive behavior even without conscious awareness of the source of these feelings. As Coleman describes the process,

During these early years, the child learns about the ethical values of the family and society and incorporates these rules into a personal structure. In this way, most of today's children learn that homosexuality is wrong....A major crisis is created for the individual, the family, and ultimately for society when a child appears about to break with these expectations. Minimally, the child feels "different," alienated, and alone. As they grow up, many such children develop low self-esteem. If acknowledged, same-sex feelings would mean rejection and ridicule; consequently, individuals protect themselves from awareness through defenses, such as denial, repression, reaction formation, sublimation, and rationalization. These defenses keep
the individual from experiencing the crisis that would occur if
the issue of homosexuality were confronted directly (1985,
pp. 32-33).

Malyon (1982) describes this process in similar psychodynamic
terms, stating

the juxtaposition of homosexual desire and introjected
anti-homosexual bias often has the following consequences: (a) a
contamination of self-esteem, (b) an acquired propensity for
intropunitiveness and depression, (c) the development of a
special and highly elaborated defensive motif...a unique
constellation of defenses consisting of denial, compensation,
suppression, and compartmentalization...a psychological
fragmentation. The purpose is to split-off the press of
ego-alien homoerotic fantasies and drives. The possibility of
establishing a homosexual identity is rejected. Instead, the
developmental priority becomes that of enhancing non-erotic
potentials and of striving to appear and become heterosexual.
While this adaptation diminishes conflict and, thereby, binds
anxiety, it also truncates certain aspects of ego development and
inhibits the socialization and integration of erotic and intimate
predispositions" (p. 337).

It is this repression of information about the self that later
necessitates what DeMonteflores and Schultz (1978, pp. 64-65) call
"recasting the past." Gays in the coming out process often review their
personal histories for forgotten and suppressed perceptions and events
that were part of the development of a homosexual identity, but not
recognized as such at the time. Because of this fragmentation and
alienation from self, childhood and adolescence are often lonely and
painful times for young homosexuals.

Young homosexuals able to negotiate the troubled period of
adolescence with courage and self-awareness often pass directly into the
next stage. Many, however, make the passage in a fragmented manner,
sometimes over a period of years or even decades. This second stage,
which Coleman (1982b, 1985) calls simply "coming out," has also been
referred to as "signification" (Lee, 1977; Plummer, 1975), "awareness" (Dank, 1971), and "identity confusion and comparison" (Cass, 1979). According to Coleman, the first developmental task of this stage is identification and acknowledgement of one's homosexual feelings to oneself. According to Fein and Neuhring (1981), this self-acknowledgement phase is most likely to be the period in which a person seeks professional help. The ability to give accurate information, to listen non-judgmentally, to give reassurance, and to validate the person's experience will be crucial to the success of such a collaboration.

Research has indicated the average age at which one first experiences the realization that one may be homosexual corresponds with puberty (ages 13 to 18) (Coleman, 1985, pp. 33-34). Research by the American Psychological Association's Task Force on the Status of Lesbian and Gay Male Psychologists (Kooden, et al., 1979, p. 35) reported ages for certain "milestone" experiences for gay members of their professional organization. Gay male psychologists reported a first awareness of homosexual feelings at age 12.8, a first same-sex experience at age 14.9, an understanding of the term "homosexual" at age 17.2, and self-labelling as homosexual at age 21.1. For lesbian women psychologists, the corresponding ages were 13.8 for awareness, 19.9 for first same-sex experiences, 15.6 for understanding "homosexual," and 23.2 for self-labelling. Average age for first same-sex relationship (as opposed to simply a sexual experience) was 21.9 for men and 22.8 for women.
However, as averages, these figures do not fully reflect the variation in age at which individuals make such passages.

The second developmental task of the coming out stage, as defined by Coleman (1985, p. 34), is to tell others about one's sexuality in order to gain validation and self-acceptance. Many researchers have described the crucial relationship between coming out as a homosexual to others and the achievement of a stable and positive identity (Dank, 1973; DeMonteflores & Schultz, 1978; Hammersmith & Weinberg, 1973; Kooden, et al., 1979). Nonetheless, not every homosexual will reach this stage, nor is it a necessary factor in achievement of a homosexual identity. People may consider themselves gay without ever acknowledging it to others, acting on it, or entering into an intimate same-sex relationship. This might occur, for example, in the case of an individual whose religious beliefs define homosexuality as a sin.

The latter example raises the issue of choice in the coming out process. Many homosexuals maintain that one does not choose one's sexual orientation, only whether and how to express it. This point has been articulated by DeMonteflores and Schultz (1978) who write that "one can choose whether or not to express same-sex feelings in behavior, to label oneself as gay or homosexual, or to disclose one's identity to others. In a certain sense, one may not choose to be homosexual but one may choose to be gay" (p. 62). The research cited throughout this work seems to support such a distinction. Many individuals experience homosexual feelings and fantasies, but not much is known about what factors contribute to individuals' decisions to label themselves gay or to act on
those feelings. (See the section of this chapter entitled, "Components of Sexual Orientation.") However, anecdotal self-reports by gays often reveal much inner agony over an existential choice, the decision to be or not to be oneself (Dank, 1971; Katz, 1978, 1983; Moses & Hawkins, 1982; Plummer, 1975, p. 146). Moses and Hawkins (1982) quote the struggle of one gay man who fought his identity for decades:

While in the closet...I became as macho as I could to retain some integrity, fantasized about men...Lived in dorms, barracks, etc., for ten years from age 14-24. Hid this and suppressed it and spent lots of energy denying it. Marry and it will go away. Well, I married, and I was still full of those feelings. Fifteen years later, changes began; I was 42 years old and the kids were 11 and 13....I cried at night for fear I would die without being loved by a man (p. 84).

The choice to acknowledge one's fantasies and feelings to oneself becomes concretized by the decision to share this information with someone else. Coming out at this stage does not necessarily involve coming out in the gay community or publicly. Often the confidant is a friend or family member, although parents may be among the last told, if they are told at all. Many people fear negative parental reaction, and wait until a gay identity is firmly established before risking disclosure to such powerfully significant others. As Coleman (1985, p. 35) points out, this disclosure may trigger a grieving process as parents mourn the loss of previously held images of their gay child.

The dilemma of self-disclosure is not resolved by one's first decision to reveal one's homosexual identity to another, although certainly a new developmental plateau is reached once the first disclosure is made. However, this passage continues as an ongoing process throughout the lifetime of the gay individual. DeMonteflores and
Schultz (1978) have described some of the extreme psychological pressures of the coming out stage, since it is not a one-time event but rather a continual process:

The choice to come out may assume the proportions of a continual existential crisis. In ordinary situations, the flow of human interaction may be inhibited and made self-conscious by the awareness that a choice to reveal oneself is pending. When each event reflects on one's identity, the weight of choice makes interaction an arena for self-doubt. In forming a new relationship with another, one must always decide how much intimacy is desired. Each of us have hidden facts about ourselves, debating the revealing of which leads to inner tension. However, few of these hidden facts carry with them social penalties as extreme as those imposed for being gay, and few affect as many dimensions of one's personal life (p. 63).

A third stage of "exploration" of one's new self-image and identity follows the stage of coming out to oneself and others (Coleman, 1985, p. 35). This stage may be continuous with the previous two, or may represent a continuation of one's adolescent sexual development delayed for years or even decades (Malyon, 1982). Individuals have their first opportunities for sexual exploration, dating, and socialization with other self-identified gays. Discovery of persons within the gay community that one likes and respects, identification of potential role models, may improve the self-concept of the gay individual. Thus Cass (1979, pp. 229-233) refers to this stage in two parts as "identity tolerance" and "identity acceptance."

DeMonteflores and Schultz (1978, p. 64) have noted that "coming out [exploration, in Coleman's terms] is an adolescent phenomenon at whatever age it occurs." Counselors must bear this fact in mind in order to properly understand the behavior of an individual in this stage, for change, instability, and contradiction are characteristic of adolescence.
These writers continue, "both society and the individual have more tolerance for the trial-and-error process involved if it occurs in one's teens (sic). Major redefinition of the self can be disconcerting if it occurs after one believes oneself to be stable and mature" (p. 64). Helpers must understand that such a change may be profound, much like a death and rebirth for the person involved. Sudden membership in a stigmatized minority group may provoke a radical response. However, as Coleman (1985, p. 37) points out, gay individuals themselves may "lose sight of their goals while in this adolescent adventure. Adolescents are known to act out, rebel, and act in a self-destructive manner; adolescents whose self-esteem is low have a greater tendency to engage in self-destructive behavior." Thus, some may engage in substance abuse to medicate psychological pain, while others may use their newfound sexual expression as a drug, and non-conformity to express anger or revenge. Helpers need to understand that such behavior is a product of the interaction of the person with the social environment, rather than innately associated with homosexual behavior itself.

Dank (1971, p. 182) has pointed out that gays differ from other minorities in that they lack "anticipatory socialization" by other homosexuals. In other words, while Blacks are prepared by their parents and other community members to deal with their ethnicity vis-a-vis the dominant culture, gays do not receive such support as part of growing up. This fact sheds light on the incredible importance of one's first contacts with other gays in the second or third stages of Coleman's model, as well as the subsequent two: these are usually one's first
opportunities for help in understanding one's identity as well as one's position in relation to the heterosexual world. One may learn about the history of underground gay society and seek advice about how to cope and how to "manage" one's identity in the outer world. This is the reason for what is practically a ritual among new gay acquaintences: telling one's coming out story. Usually it is only with other gays that one receives full understanding and validation of the significance of these events. Such sharing is a major component of the gay socialization process.

Having completed one's homosexual adolescence, gay people are ready to enter the fourth stage, called "first relationships." These unions are more mature in that they combine both sexual and emotional self-expression (Coleman, 1985, p. 38). However, many individuals, particularly lesbian women, may move into this stage with virtually no exploration phase. This may be the result of lack of opportunity for dating, as in rural areas, of female socialization about sexuality, of insecurity about one's sexual identity, and many other factors. Such rapid commitment to a longterm relationship, as for heterosexuals who marry before individual autonomy is achieved, may cause later problems for the partners.

Besides the generic human difficulties in creating a stable, functional partnership, gay relationships usually have a number of additional challenges. These include lack of role models, lack of social and familial support, isolation, lack of media images, lack of legally-sanctioned marriage rites, and lack of experience in same-sex
relationships. Individuals whose gay identities are not well-integrated or which contain negative stereotypes and attitudes will have additional struggles. All of these may contribute to heightened insecurity, distrust, or possessiveness. People raised to consider their sexual expression "perverse" or "immoral" may experience moral confusion about the boundaries of sexual expression in relationships. Without the assistance of role models and social scripts, they may experience conflicts over relationship definition and boundaries, such as whether or not to be sexually monogamous.

Helpers must understand the greater need of gay couples for validation and support. This may be especially true in areas of sexual and affectional expression. Negative attributions about homoerotic feelings and the need to inhibit affectional expression in many arenas of social life may interfere with self-expression at other times. Some individuals become discouraged and deny any desire to enter a longterm, committed relationship. While for some this may represent an honest lifestyle preference, for many others, it is a defensive reaction in a society which denigrates and even makes illegal such unions. (California, for example, specifically outlawed same-sex marriage in the last decade, in spite of other reforms of gay civil rights in areas such as employment.)

The final stage of gay identity is called "integration" by Coleman (1978) and "identity pride and synthesis" by Cass (1979). For Lee (1977) this stage involves "going public," that is, making one's identity known in the world at large, leaving the closet to integrate
one's public and private worlds. Given that present social attitudes do not provide for the full integration of the gay individual, this stage is by necessity an ongoing process. The important point is that during this stage individuals strive to create a unified self-image and to integrate the various facets of their lives. This may involve such events as self-disclosure in a work or school environment, introducing one's partner as one's partner to one's friends and co-workers, or active efforts on behalf of the gay community through organized political effort. At this stage, one's self-esteem is maximized and stable, functioning relationships are most possible. Coleman (1985, pp. 39-40) speculates that when this level of integration is achieved, transition through other developmental lifestages, such as midlife and aging, becomes less problematic as well.

Research (Kooden, et al., 1979), as cited in Coleman (1985) has indicated that completion of this entire developmental cycle takes somewhere from ten to fourteen years. Of course, not all individuals complete all stages nor do all people necessarily follow the same sequence. However, empirical studies such as that of Troiden (1979) give support to a general conception of the coming out process as described above.

Criticisms and Uses of the Developmental Model

Most proponents of developmental models agree that they are of primarily heuristic value, since in reality few human processes may be described in one-dimensional or linear terms. Coleman (1985, pp. 40-42) warns against oversimplification of issues related to acquisition of a
gay identity. He notes that the complex multi-dimensional nature of sexual orientation and sexual identity (see preceding sections of this chapter) is not really addressed by such a model. DeMonteflores and Schultz (1978) (along with Faderman, 1984, and Henderson, 1984) have noted sex differences in the coming out process, suggesting that sex-role expectations seem to create a more prominent role for sexual activity in the coming out process of gay men than gay women. This may also be the result of differences in sexual anatomy and physiology. Faderman (1984) has commented on the role of the radical women's movement in the cognitive processes of gay women. In such "new gay" lesbians, she asserts, self-labelling may precede rather than follow homosexual feelings or experiences, almost a reverse of the process described here.

McDonald (1982a) has discussed the importance of individual differences in the coming out process. He notes that self-labelling (e.g. "homosexual" vs. "gay" vs. "queer) is an important factor in individual differences, and that this accounts for many of the age group or "cohort" differences that exist (pp. 53-57). While he believes that an "orderly sequence of events underlies the coming out process" (p. 47), the sequencing of these events and time of completion of stages may vary tremendously between individuals. Nor are these events always linear; they may occur simultaneously. He also notes that many confounding variables invalidate most comparisons between models and their associated research samples (p. 49).

Weinberg (1984) has warned against the danger of "reification" of researchers' constructs in such models, commenting that they may obscure
individuals true perceptions about their development. He also describes the influences of moral or ideological positions in the creation of such conceptual frameworks, noting that they may take precedence over scientific fact. He also criticizes the linear nature of the models, again fearing this will cause researchers to overlook alternative interpretations.

Finally, Cass (1985) notes the "multiplicity of terminologies" used in the models as well as the existence of underlying unproven assumptions in these descriptions. The latter include "synonymity of homosexual identity and self-concept; homosexual identity as childhood identity; and homosexuality as distinct essence" (p. 105). She argues that "I am a person who relates sexually to others of the same sex" and "I am a homosexual" do not represent the same degree of identity development (p. 111). She also distinguishes homosexual identity from sexual identity as a childhood outcome (c.f. the discussion in this chapter of components of sexual orientation) (pp. 112-115). The last of her criticisms regarding homosexuality as an essence of self has been well-articulated by DeCecco (1981). He points out that while it is useful both for gays and for the society at large to politically define the existence of a "truly gay" person, in terms of scientific realities (see preceding sections of this chapter), very few, if any, truly exclusively-homosexual persons exist.

Bearing in mind these criticisms and shortcomings, the helping professional may still find much-needed structure and direction for counseling and therapeutic services in such developmental processes. The
needs of clients vary greatly as they move through such a process. Being able to locate a person in such a conceptual framework may aid the tasks of assessment and goal-setting. The person who is still struggling to acknowledge his or her homosexual attractions and preference is a universe away from one with a positive, integrated identity and involved in a longterm partnership. Detailed description of the individual issues and interventions at each stage of the process is beyond the scope of this work. However, the works of other writers give many details regarding the defenses relating to sexual identification characteristically observed in individuals at various stages (Cass, 1979) as well as common psychotherapeutic issues for each passage (Beane, 1981; Coleman, 1978, 1982b, 1985; Dank, 1971; Fein & Neuhring, 1981; Gonsiorek, 1985; Henderson, 1984; Malyon, 1982; Martin, 1982; Moses & Hawkins, 1982; Neuhring, Fein & Tyler, 1974; Paul, et al., 1982).

Conclusion

Increasing scientific knowledge and research about sexuality in conjunction with organized educational and political efforts have helped to promote an enlightened understanding of human sexual variation. Decriminalization of private adult consensual sexual relationships (now being reviewed by the Supreme Court at a national level) and declassification of homosexuality as a mental illness inaugurate a new era in sexual relationships. The need thus arises for a changed conceptual framework for understanding sexual identity, orientation, and
relationships which is compatible with an enlarged vision of human
psychosexual potential.

Self-identification by "bisexuals" and "homosexuals" has been a
necessary part of the political evolution required to bring social
attitudes and institutions into line with emerging scientific facts about
sexual human nature. It has helped to expand the freedom of sexual
self-expression and the range of permissible lifestyles. However, from a
psychosexual rather than a political perspective, sexual identity at the
level of the individual presents a complex and diverse picture.
Multi-dimensional and multi-disciplinary paradigms encompassing history,
biology, psychology, and culture are necessary for an unbiased
understanding of individual sexual experience. Formation of sexual
identity is discovered to be a developmental process regardless of sexual
orientation. When preference is homosexual, however, the collision of
personal identity with social scripting may alter the process.
Homosexual (and heterosexual) partnerships represent the attempted
integration of these multi-faceted individual psychosexual identities.
Their true diversity is perhaps best understood through an exploration of
individual meaning and the overt and implicit contracts of the
participants. Generalizations about structurally similar relationships
(e.g. sexually monogamous, or traditional division of labor) are more
valid than abstractions about gays as a distinct class of people.

Helping professionals may deepen their understanding and
effectiveness in helping both gay and non-gay clients with sexual issues
by using the conceptual framework presented herein. These paradigms are
both more sophisticated and more accurate than the homo/heterosexual dichotomies or the one-dimensional concepts of sexual orientation used in much of the scientific literature of the past. Nonetheless, much more research is needed, such as on the issue of divergent aspects of sexual orientation, before directions are clear for identifying realistic, attainable goals with clients. In order to continue to clarify understanding of human sexuality, writers must be careful to acknowledge the underlying assumptions and paradigms which are the basis of research designs and suggested therapeutic interventions. At present, and always, honesty and informed consent are vital tools of counselors, while images from the diversity of clients' experience are probably the best teachers.
CHAPTER 6

CONCLUSION: DEPROGRAMMING HOMOPHOBIA

We understand then do we not?
What I promis'd without mentioning it, have you not accepted?
What the study could not teach--what preaching could not
accomplish is accomplish'd, is it not?

Walt Whitman, c. 1856
From Crossing Brooklyn Ferry

I am more resolute because all have denied me than I could ever
have been had all accepted me.

Walt Whitman, c. 1865
From "As I Lay with My Head in Your Lap Camerado"

Ending Sexual Apartheid

The legacy of religious, legal, and psychiatric persecution which
constitute the dark side of gay sociohistory (see Chapters 1 & 2) has
resulted in a kind of de facto sexual apartheid (Watanabe, 1985) in the
United States. Gays have been socially segregated and relegated to third
class citizenship by custom and statute, through systematic and informal
social censure. This segregation is reflected by the existence of an
underground gay argot, a subcultural language (Katz, 1983, pp. 571-584).
It is demonstrated by the existence of gay ghettos in all major cities.
It is enforced by state "sodomy" laws (Stoddard, et al., 1983), and by a
continuing ban against homosexuals in the military ("Military Ban," 1985)

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which results in a loss of secondary veterans benefits as well as the opportunity to serve openly in the defense of the nation. Sexual, emotional, and social apartheid is created by religious and civil prohibitions against any kind of gay partnership or marriage, prohibitions perversely coupled with dissemination of the stereotype of sexually-"promiscuous" homosexuals. Sexual apartheid is borne by gays as the constant fear of self-disclosure which characterizes the daily life of homosexually-oriented individuals in this country. It is translated internally each day by the necessity or choice of many closeted gays to lead two separate and disintegrated lives in order to serve society in the workplace and still to be able to express their natural sexual orientation in private (Kooden, et al., pp. 39-61).

The degree of controversy and volatility surrounding the issue of homosexuality is reflected in current events reported daily by the media. Recognition of the extreme degree of harassment, ridicule, and violence to which gay youth are subjected led to the foundation of a non-profit "Institute for the Protection of Gay and Lesbian Youth" in 1980 (Watanabe, 1985). A gay high school was established in Brooklyn, New York, in 1985 to prevent gay youth from being beaten, entering mental hospitals, or dropping out into drug-abuse or prostitution as a consequence of victimization due to sexual orientation (Watanabe, 1985). As a means of improving the lives of gay young people, this represents a step forward; but this step forward also constitutes acknowledgement of the degree of disenfranchisement experienced by homosexuals in our culture.
In the same decade, New York City has recently approved a gay rights bill outlawing discrimination based on sexual orientation in housing, employment, or public accommodation, a bill first introduced fifteen years ago ("N.Y.C. Approves," 1986). (The City of Tucson, Arizona passed such an ordinance in the late 1970's (Curry & Clifford, 1980, Appendix 1), although its existence is known to few members of its gay community, and it is seldom, if ever, used or enforced.) The Supreme Court has agreed to rule on the constitutionality of laws prohibiting consenting adults from engaging in homosexual acts in private, laws which advocates of homosexual civil rights say limit the right of privacy and impose the religious morality of some onto all citizens ("High Court," 1986). A high court ruling striking down so-called "sodomy" laws would put an end to much legally-enforced persecution, while upholding them could lead to renewed harassment in a reactionary period inflamed by the AIDS issue.

While scientific research (see Chapters 3 & 5) has shed much light on the subject of human sexuality, it has been slow to filter into the public consciousness and the mass culture. Thus, social institutions have been slow to act to address and remedy the existential plight of the homosexually-oriented person in a homophobic society. While less and less evidence exists that a homosexual orientation is the product of a conscious choice by the individual, the ethical implications of this knowledge have yet to be applied in most areas (see Chapter 4). Homosexuals continue to be victimized for their preference as if it reflected a wilful choice to rebel against social norms and as if it
represented an a priori break with cultural values. In fact, most homosexuals have struggled in vain to conform as heterosexuals and to avoid stigmatization. Usually, they have come to express their sexual orientation and identities only after realizing the futility and psychological damage of alternatives (Dank, 1971; Moses & Hawkins, 1982; Troiden, 1979).

Academic training programs for mental health professionals, medical practitioners, and other helpers have perpetuated misinformation or given implicit support to cultural stereotype by failure to provide accurate data or alternative images about homosexuality. McDonald (1982b) performed a five-year investigation of the content of texts used in introductory psychology texts and found "five sources of misrepresentative data that reflect a combination of misleading information, liberalism, and heterosexual bias" (p. 45). He charges that writers of such materials have "(1) failed to address the rights and needs of gay people; (2) failed to document accurately the social changes associated with being gay; and (3) perpetuated societal stereotypes, thereby appearing to justify the prejudice and discrimination encountered by gay people in their daily lives" (p. 45).

McDonald (1982b) makes suggestions for rectifying this miseducation of professionals including treating lesbianism as a category distinct from male homosexuality, reflecting differences due to such factors as socialization and sexism; redefining homosexuality to include affectional and sexual components; including homosexuality in chapters which discuss the psychology of other minority groups, and treating it as
a social issue rather than a "clinical entity"; and acknowledging the lack of representative samples of gays in research as well as the diversity of this population (pp. 55-56). Finally, he suggests that writers "reaffirm gay peoples' rights to equality, thereby providing a dignified position for gay men and lesbians within the science of psychology and the human spectrum. Ultimately, authors and researchers must begin to acknowledge gay peoples' right to define themselves" (p. 56).

This work represents just such an effort. In Chapters 1 & 2, the existence of gay people as a distinct sociopolitical minority was illustrated, along with the history of the struggle by homosexually-oriented people and their allies for personal and civil rights. Chapter 3 replaced fictions about human sexuality with facts about the natural occurrence of homosexual activity. A lack of evidence for any a priori assumption of abnormality or pathology in gay people was described. Chapter 5 suggested new ways to conceptualize sexual identity and orientation. The complexity of human sexual experience was elaborated in models which include elements of physical behavior, affection and emotion, and cognition such as fantasy imagery. The development of a homosexual identity through a social interactional as well as an intrapsychic process was described. Some of the ethical implications of this new understanding of homosexuality were articulated in Chapter 4. Taken together, the chapters of this thesis represent an educational approach to the problems of deprogramming homophobia and ending sexual apartheid.
A Look in the Mirror: Deprogramming Homophobia

While education has been shown to have an effect in modifying homophobic responses (Serdahely & Ziemba, 1984), professionals interested in truly serving gay clients will need to go beyond the facts in this text to a deeper self-examination. The reader is again referred to the Index of Homophobia (IHP; see Appendix 1) for an exercise in identifying specific areas of fear or bias. An honest comparison of one's current responses to those recorded prior to reading this text may provide some measure of personal growth or clarification of continuing areas of discomfort. However, readers also need to go beyond the questions in the IHP and responses to material in this text to clarify for themselves the nature of beliefs which underlie their feelings of discomfort. They may then examine the sources and functions of those beliefs to understand further the etiology of personal homophobia and to question its validity. It may be that a belief which has implications for all clients is being unfairly applied, on the basis of stereotype or misinformation, to homosexuals alone. For example, a belief that homosexuals are more likely than others to molest children may underlie fear of homosexuals as teachers. Examination of crime statistics provides no evidence for the validity of such a belief.

Much research has been done to identify the correlates of homophobia (DeCecco, 1985; Herek, 1985; MacDonald & Games, 1974; Morin & Garfinkle, 1978). Findings indicate those most "at risk" for negative attitudes towards gays include those who have had little personal contact with lesbians or gay men; those less likely to report having engaged in
homosexual behavior, or who express more guilt or negativity towards sexuality in general; persons who are older and less well-educated; persons more likely to have lived in areas where such negative attitudes are the norm, such as the Canadian prairies, the midwestern and southern United States, rural areas, and small towns; those more likely to perceive their peers, especially if male, as showing negative attitudes; people who hold conservative religious beliefs; those who express traditional restrictive attitudes towards sex-roles, and who are less permissive sexually; people who manifest "high levels of authoritarianism and related personality characteristics; and those less likely to identify themselves as lesbian or gay (Herek, 1985, pp. 6-7). By implication, it seems likely that contact with persons known to be gay, exposure to less homophobic belief systems through travel, education, peers, or authorities such as clergy or mental health professionals, and examination of the sources and validity of one's own belief systems would be ways of beginning the effort of deprogramming conditioned sources of homophobia.

Herek (1985) also notes that the same outcome, an anti-gay attitude, may have a different genesis and a different function in unique individuals. He describes three different types of attitudes distinguished by

- the social psychological function they serve: (1) experiential, categorizing social reality by one's past interactions with homosexual persons; (2) defensive, coping with one's inner anxieties or defenses by projecting them onto homosexual persons; and (3) symbolic, expressing abstract ideological concepts that are closely linked to one's notion of self and to one's social network and reference groups (p. 1).
He also distinguishes between negative attitudes towards lesbians and those about gay men. These are often quite different, with individuals likely to feel more negative towards gays of their own sex (p. 7).

Herek (1985) notes that strategies for changing such attitudes must vary depending on the origins and functions of the homophobic beliefs. Only about one-fourth of Americans indicate having had homosexual friends or acquaintances (p. 8), so most people do not form their opinions based on personal contact. When they do, opinions may be positive or negative, since stereotypes may be either destroyed or created by generalization from the characteristics of the gay person contacted. Negative attitudes formed in this manner may be changed through exposure to a wider range of gay individuals.

Defensive attitudes, on the other hand, may be harder to change. From a psychodynamic viewpoint, such attitudes "serve a defensive function when an individual perceives some analogy between homosexual persons and his or her own unconscious conflicts" (Herek, 1985, p. 10). Since they are by definition unconscious, the sources of such feelings may be difficult to address. Findings such as the greater degree of homophobia towards members of one's own sex (Herek, 1985, p. 7) support this kind of interpretation; they seem to imply there is a more direct threat to sexual identity when the gay person is of the same sex as the person holding the negative attitude. Change in this case would depend on the individuals' willingness to engage in introspection and perhaps even psychological change.
The final function of attitudes delineated by Herek (1985, pp. 11-13) is symbolic. He likens this to symbolic racism, in which Blacks, for example, are stereotyped as representing violation of strongly held values such as the work ethic. "As with symbolic racism," he notes, "symbolic sexual attitudes express the feeling that cherished sexual values are being violated and that illegitimate demands are being made for changes in the status quo" (p. 12). Symbolic attitudes could also result in positive attitudes towards homosexuals as an abstract minority group. This would be most likely to occur in those who feel that any form of discrimination or abridgment of civil rights violate "cherished" values of freedom, equality, or self-expression.

Attitude change thus relates to attitude function (Herek, 1985, p. 13). Effective change strategies must relate to the source and function of the belief. Symbolic attitudes may change through an appeal to core values of the individuals who hold them. Herek (pp. 13-14) gives the example of changing the beliefs of religious people by offering new interpretations of Biblical scripture (c.f. Nelson, 1985; Oberholtzer, 1971). Citing related research, Herek notes that a transformation of symbolic beliefs to experiential ones may take place when gays and non-gays meet under conditions of "equal status, common goals, cooperation, and moderate intimacy" (1985, p. 14). Another example involves addressing symbolic or defensive beliefs about sex-roles and masculinity by increasing the visibility of "masculine" male homosexuals (MacDonald & Games, 1974, p. 26).
Professionals sincere in their attempt to remove homophobic prejudice will find it necessary to explore both its content and function. Once these are identified, individuals may seek appropriate opportunities for palliative experiences. In this way, they may deprogram prejudice which interferes with both an enlightened understanding of human sexuality and with openness to the uniqueness of each gay individual.

A New Era In Human Sexual Relations

Silverstein (1977a) notes that the official manual of the American Psychiatric Association published in 1942 contained such "mental illnesses" as "Syphilophobia," "Vagabondage," and "Pathologic Mendacity" (p. 154). Forty-five years later, these categories are both amusing and indicative of the temporal and cultural relativity of the judgments of our "secular priests" (Davison, 1978, p. 170), the psychotherapists. One may speculate that the category of "Ego-Dystonic Homosexuality" may appear equally absurd from the enlightened viewpoint of some future generation.

As the end of the millennium approaches, massive worldwide political movements by women and homosexuals have challenged the dominance of centuries-old patriarchal belief systems and related social structures. In all likelihood, humanity is now witnessing, in many parts of the globe, the beginning of a radical re-definition of power relationships between men and women. This transformation is being accelerated in part by rapidly advancing technology. The technological revolution in the worlds of work and medicine makes role-definitions
based primarily on biological differences obsolete, since biological limitations are being transcended. Furthermore, in the course of social evolution, many supposed differences between the sexes are being discovered to be based on social learning rather than biology. At the core of this change is human sexuality as a basic expression of the nature of human relationship.

People no longer live in a world in which the human species must reproduce itself in great numbers to fight the threat of extinction. Prohibitions against homosexuality were born in the world of the past. The survival of the human race is in fact now threatened by its overpopulation, by famine and other economically-induced shortages, and the acts of desperation and war which express socioeconomic competition and inequality. In such a world, homosexuality may be viewed as part of nature's plan, a built-in form of population control, and a means of balancing relationships between the sexes. The existence of homosexual behavior is transhistorical and universal in both human and infrahuman species; yet only recently have people in our culture begun to understand that homosexuality exists as part of natural human sexual variation. Other cultures, such as many of our Native American tribes (Katz, 1976, pp. 281-334), have understood homosexuality in a different light, and have created special roles within their cultures for such persons. Some cultures considered gays to have supernatural powers and designated them to fulfill the roles of shamans and healers (Evans, 1978; Katz, 1976). Writers a century ago (Katz, 1976, 1983; Symonds, 1896; Westermarck, 1906) documented the existence of positive homosexual roles and
lifestyles in other times and cultures, yet only in the last few decades have positive perspectives begun to filter from the gay underground into popular culture in the United States.

The time has come to create a new understanding of these potent and constructive functions of homosexuality and homosexual/affectional relationships in human experience. Gay relationships do not reflect a dislike or rejection of the opposite sex any more than heterosexual relationships express a dislike of one's own sex. Instead, they can be viewed simply as the expression of positive feelings of one person for another, another who happens to be of one's own sex. At best, they are an affirmation of one's own identity and of the human capacity for love and friendship.

Helpers who are unable to adopt a positive and affirming perspective on the potential of homosexually-oriented persons for full self-expression and social participation cannot competently or ethically serve gay people. Those with integrity will recognize their own limitations and move with honesty and creativity to transcend them.
APPENDIX 1

INDEX OF HOMOPHOBIA (IHP)

Questionnaire 1

This questionnaire is designed to measure the way you feel about working and associating with homosexuals. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

Please begin.

1. I would feel comfortable working closely with a male homosexual.
2. I would enjoy attending social functions at which homosexuals were present.
3. I would feel uncomfortable if I learned that my neighbor was homosexual.
4. If a member of my sex made a sexual advance toward me I would feel angry.
5. I would feel comfortable knowing that I was attractive to members of my sex.
6. I would feel uncomfortable being seen in a gay bar.
7. I would feel comfortable if a member of my sex made an advance toward me.
8. I would feel comfortable if I found myself attracted to a member of my sex.
9. I would feel disappointed if I learned that my child was homosexual.
10. I would feel nervous being in a group of homosexuals.
11. I would feel comfortable knowing that my clergyman was homosexual.
12. I would be upset if I learned that my brother or sister was homosexual.
13. I would feel that I had failed as a parent if I learned that my child was gay.
14. If I saw two men holding hands in public I would feel disgusted.
15. If a member of my sex made an advance toward me I would feel offended.
16. I would feel comfortable if I learned that my daughter's teacher was a lesbian.
17. I would feel uncomfortable if I learned that my spouse or partner was attracted to members of his or her sex.
18. I would feel at ease talking with a homosexual person at a party.
19. I would feel uncomfortable if I learned that my boss was homosexual.
20. It would not bother me to walk through a predominantly gay section of town.
21. It would disturb me to find out that my doctor was homosexual.
22. I would feel comfortable if I learned that my best friend of my sex was homosexual.
23. If a member of my sex made an advance toward me I would feel flattered.
24. I would feel uncomfortable knowing that my son's male teacher was homosexual.
25. I would feel comfortable working closely with a female homosexual.

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(Reverse-score 3, 4, 6, 9, 10, 12, 13, 14, 15, 17, 19, 21, 24.)

Scoring: A Measure of Homophobia

The Index of Homophobia is a 25-item summed category partition scale with a score range from 0 to 100. Persons who have very little dread of being in close quarters with homosexual men or women tend to obtain very low scores on the IHP; those who have considerable dread or discomfort tend to obtain higher scores. Persons who score from 0 to 25 are regarded as "high grade homophobics and those who score between 25 and 50 are "low grade homophobics." A person who scores between 50 and 75 is regarded as a "low grade homophobic." "High grade homophobics" score above 75 on the IHP.

Some of the items on the IHP represent positive statements about gay people and their social interactions; the remainder are negative. Positive and negative statements were used to control for any response set biases....

In order to score the IHP it is first necessary to reverse-score all the negatively worded items so that a score of 1=5, 2=4, 4=2, 5=1, and a score of 3 remains unchanged. For convenience, the numbers of all the items that must be reverse-scored have been listed below the copyright notation on the IHP. Once the appropriate items have been reverse-scored, the total score is computed as

\[ S = \frac{(\Sigma X-N) \times 100}{N \times 4} \]

where X is a single item score and N is the number of items that were actually completed. Any item that is left blank or scored outside the range from 1 to 5 is automatically scored 0 and regarded as having been
omitted. The principal advantage of the scoring formula shown above is that the total score will always have a range from 0 to 100 regardless of the number of items left blank or improperly completed. If a respondent completes all 25 items properly, the total score, after reverse-scoring the appropriate items, can then be completed as

\[ S = \Sigma X - 25. \]

(Excerpted with permission from Hudson & Ricketts, 1980, pp. 360-362. Changes, as described in the article, have been made to items 12, 18, 19, 20 and 21, per author Hudson's request, personal communication, February 20, 1986.)
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