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• MAJOR CONTRIBUTION

**The Hidden Minority:
Issues and Challenges in Working
With Lesbian Women and Gay Men**

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This article provides an overview of salient issues related to scientific and therapeutic work with lesbian women and gay men. It is presented in five sections which provide the reader with a review of terms and concepts, a sense of the social context (historically and currently) faced by gay people, a discussion of psychology's approach to gay/lesbian issues, an overview of gay identity development, and an outline of roles and responsibilities of counseling psychologists in working with these populations. Resources are indicated for those wishing further information and direction.

They comprise approximately 10% to 15% of the overall population, yet lesbian women and gay men are often referred to as a "hidden minority" because they remain invisible to psychologists in scientific, educational, and therapeutic work (Atkinson & Hackett, 1988). This invisibility is due to a complex web of negative societal attitudes and stigmatization, fear on the part of gay and lesbian students/clients, and lack of awareness or knowledge on the part of researchers and service deliverers (Gonsiorek, 1982a; Stein & Cohen, 1986). Difficulties encountered in the mental health system include diagnostic and treatment bias, lack of sensitive services, and overt discrimination (American Psychological Association, 1990). Moreover, the literature indicates lack of attention to gay/lesbian issues by counseling psychologists; in a 6-year comprehensive review of the empirical literature, Gelso and Fassinger (1990) noted that only one study appeared in our core journals, and they called for a more active role in reaching this understudied, underserved population. This article provides a context for the discussions of therapy and training which follow, and it includes terms and concepts, social context (historical and current), psychology's approach to gay people, gay identity development, and roles and responsibilities of counseling psychologists. Selected resources are noted in the references for those wishing further study.

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TERMS AND CONCEPTS

Sexual orientation refers to a complex web of behaviors, emotions, fantasies, attitudes, self-identification, and sexual and life-style preferences regarding one's choice of intimate partners (Klein, Sepekoff, & Wolf, 1985). Sexual attraction is only one aspect of sexual orientation, with affectional/emotional and even political factors (Faderman, 1984) being more important for many people than erotic attraction to a partner (Clark, 1987; Coleman, 1988). Thus the term *homosexual* has been criticized for its emphasis on sexuality, and the alternative term *gay* adopted for its emphasis on positive attitudes and the myriad aspects of preference (Clark, 1987). Gay women often prefer to be called *lesbian* to make themselves more clearly visible, and use of the term *straight* to describe heterosexuals (implying that gays are somehow crooked or deviant) is generally eschewed in favor of the term *nongay* (Atkinson & Hackett, 1988).

Traditionally, gay sexual orientation was viewed as a rare and deviant form of behavior, in contrast to societal heterosexual norms (Atkinson & Hackett, 1988). Yet the landmark Kinsey studies found that over 60% of the male respondents had engaged in same-sex sexual behavior in their teens, and 30% had gay experiences in their early 20s (Kinsey, Pomeroy, & Martin, 1948); findings for women were not as dramatic but consistent with the data regarding men (Kinsey, Pomeroy, Martin, & Gebhard, 1953). Although these studies have been criticized for sampling bias, they suggest that same-sex behavior is far from rare, and sexual orientation is not a dichotomous classification. Kinsey and associates argued that sexual preference should be viewed along a continuum, and in their research, few people were exclusively gay or nongay but rather were distributed across the continuum, suggesting greater flexibility in sexual orientation than is commonly assumed (Kinsey et al., 1948, 1953).¹

Iasenza (1989) points out that confusion about sexual orientation is at least partly related to problems in consistently defining and measuring it. She asserts that major identity definitions such as gender identity (male or female), sex-role behavior (feminine or masculine), and sexual orientation (homosexual, bisexual, heterosexual) are often used interchangeably. In addition, assumptions regarding the interrelatedness of these identities persist, contributing to stereotyping; an example is the belief that gay men (sexual orientation) are more feminine (sex-role behavior) or want to be women (gender identity), a belief that is clearly simplistic and erroneous (Iasenza, 1989).

The Kinsey reports and subsequent research (e.g., Churchill, 1971) demonstrate that about 10% to 15% of the population is predominantly gay or

lesbian, and this figure appears to be stable throughout history and across cultures. Thus, although gay people are clearly a minority due to their oppressed status and their numbers, they are a significant minority, representing approximately 22 million individuals in the United States at this writing (Rudolph, 1989). Gay people also experience a unique situation among oppressed groups, in that they are usually reared in nongay families, which seldom provide the support needed in accepting and affirming a nonsanctioned identity, and may actually be an additional source of oppression (Atkinson & Hackett, 1988; Brown, 1989).

Homophobia is the term used to describe the fear and hatred that characterizes reactions to gay people by family, friends, and society (Weinberg, 1972). Because gay men and lesbian women grow up learning the same negative attitudes toward same-sex feelings and behavior that nongays do, internalized homophobia (Pharr, 1988) is a major obstacle for gay people confronting their sexual orientation, further complicating an already complex process of self-definition. There is ample documentation that the psychological problems experienced by gay people are profoundly influenced by the internalization of hostile and derogatory societal attitudes (Alexander, 1986; Beane, 1981; Cabaj, 1988).

In addition to homophobia, gay people also face heterosexual bias or *heterosexism*, an ideology that sanctifies nongay norms and devalues gay experience as inferior or insignificant (Iasenza, 1989). Even people who hold more liberal attitudes about lesbian women and gay men may believe that heterosexuality is inherently "natural," and thereby justify their ignorance or neglect of gay experience. Heterosexism precludes true appreciation of gay life-style and choices and represents mere tolerance, suggesting that only when attitudes become truly affirming will gay people attain equality in society (Atkinson & Hackett, 1988; Pharr, 1988). The following brief examination of historical and current social context highlights the pervasive destructiveness of homophobia and heterosexism in gay and lesbian lives (for more extensive discussion, see Atkinson & Hackett, 1988).

SOCIAL CONTEXT

Historical Patterns

Atkinson and Hackett (1988) note that gay people have been largely invisible in history, and most of our knowledge is derived from religious and legal sanctions against same-sex behavior. We know little about everyday experiences of gay people in different historical periods, and existing evi-

dence largely concerns gay men. Attitudes appear to have ranged from tolerance to oppression, and the norm in Western societies has been hostility and condemnation.

Tolerant attitudes in classical Greece supported homoerotic attachments as a positive stage of development for men; evidence of homoerotic attachments between women exists in the writings of Sappho, a poet from the island of Lesbos (hence the term *lesbian*; Bullough, 1979). Other evidence for tolerant attitudes exists in cross-cultural research; one comprehensive survey of sexual practices throughout world cultures concluded that no absolute norms for sexual behavior could be identified, and indicated that 64% of the cultures studied viewed same-sex behavior as normal for at least some portion of the population (Ford & Beach, 1951, cited in Atkinson & Hackett, 1988).

Despite historical and cross-cultural evidence for acceptance of gay people, most of our current thinking has been shaped by intolerant Western religious views, particularly those of Christianity (Bullough, 1979). The interpretation of biblical references has been a particular source of controversy. Boswell (1980) notes that scriptural references commonly used to condemn same-sex acts also explicitly condemn hypocrisy, and yet Western society did not create taboos against hypocrites as "unnatural" and enact laws punishing their sins with castration or death. The point is that societies may selectively use biblical material to justify the persecution of those held in contempt because of personal prejudice, which we see manifested today in the antigay attitudes of the religious right (Rudolph, 1989).

Throughout history, religious views have influenced legal codes, which also have been largely antigay (Atkinson & Hackett, 1988). In the sixth century, homosexuality and blasphemy were declared responsible for plagues, famines, and other natural disasters; as a result gay people were sought out and put to death in times of crisis. The tendency to scapegoat gays continued into the medieval period, when accusations of witchcraft often were associated with same-sex activity; indeed, the derogatory term *faggot* is derived from *fagot* (a bundle of sticks), a reference to the practice of using men accused of same-sex activity as kindling for burning witches. A 1260 legal code outlines punishments for lesbian activities, including clitorectomies for first offenses, further mutilation for second offenses, and burning at the stake for repeated behavior.

In the 16th century climate of Protestant-Catholic conflict, cases of legal action against same-sex behavior appeared, often used as an indirect way to eliminate political and religious foes (Atkinson & Hackett, 1988). During the 17th century, same-sex behavior was viewed as a "crime against nature," and classified with other forms of behavior condemning man for "spilling his

seed" except to procreate; little attention was paid to lesbian activity, undoubtedly due to the low regard in which women have historically been held (Bullough, 1979). With the widespread adoption of the Napoleonic code, consenting sexual activity by adults in private was considered outside the purview of the law; however, English laws passed to protect children from prostitution inadvertently resulted in the prohibition of any sexual act between adult males (Bullough, 1979).

In the U.S. colonies, occasional convictions for sodomy occurred; however, courts often had difficulty identifying crimes punishable under the sodomy laws, and many eventually prohibited all forms of anal and oral contact in laws that are still on the books today. Thus it would seem that legal prohibitions against same-sex behavior rest on a fairly unstable foundation in terms of current acceptable sexual practices in our society (Atkinson & Hackett, 1988).

Current Realities

The historical pattern of social, legal, and religious discrimination against gay people continues in various forms to this day and interacts with other forms of oppression such as sexism and racism. The current legal status of gay people in the United States is largely dependent on local and state statutes, varying according to geographic location and the whims of employers, public officials, and the lower courts. No federal statute exists protecting lesbian women and gay men from employment, housing, or child-custody discrimination, and 25 states still have laws prohibiting various types of consensual sexual behavior (including, in Missouri, certain uses of the hands) which are used largely against gay people (Martin, 1989; Melton, 1989).

The sodomy laws have been particularly troublesome, as they are often used to justify discrimination against gay people. Gay people are frequently denied child custody as "unindicted criminals," and a recent Washington, DC federal court ruling denied a lesbian woman's job-discrimination suit against the FBI on the grounds that the Constitution was not meant to protect those who engage in criminal acts. In some states, the prevalence of AIDS has been cited by courts and legislators as reason to keep sodomy illegal (Martin, 1989). In 1986, the U.S. Supreme Court delivered a serious blow to protection of gay rights; in *Bowers v. Hardwick*, its first major ruling on a gay rights issue, it refused to extend constitutional protection to private homosexual acts between consenting adults (Melton, 1989). Essentially, this ruling denied to gays the legal protection assumed by nongays, and supported the constitutionality of the sodomy laws.

Due to lack of legal protection, gay people are vulnerable to many kinds of discrimination. For example, though employment protection exists for gay people in 13 states, 17 counties, and 63 cities at this writing (mostly prohibiting job discrimination by public agencies), many gays remain barred from certain occupations or are targets of arbitrary dismissal. This is particularly true in the military, where gay people are subject to discharge solely on grounds of sexual orientation. Women are especially vulnerable; even though they comprise 10% of the armed forces, they represent 25% to 33% of those discharged for homosexuality (Martin, 1989).

Another area of discrimination affects the efforts of gay people to create and maintain families. Although the American Civil Liberties Union (ACLU) supports the legalization of marriage for gay and lesbian couples, this idea has not received widespread support. Some states have domestic-partner laws, but most gay and lesbian couples cannot assume the basic rights of non-gay couples (e.g., insurance benefits, filing joint income tax returns, next-of-kin rights when a partner is hospitalized, and legal custody of children). The combination of the AIDS epidemic (prompting the need for legally sanctioned medical decisions and wills) and the "gayby boom" of increasing numbers of gay and lesbian parents has led to a push for legal protection of family rights (Garrison, 1989).

At present, many states bar gay parents from adoption, and gay parents are often denied custody of children from nongay unions; because gayness is often and erroneously (Falk, 1989) viewed as unhealthy or harmful to a child, gay people are denied parenting rights solely on the basis of their sexual orientation. Slow legal progress is being made, however; at this writing, 11 gay or lesbian couples nationally have won legally shared parenthood, 11 states have declared sexuality irrelevant in court disputes, and a Florida judge recently awarded custody to a dead mother's lesbian partner on the grounds that she was the "psychological parent," and that the child would not be harmed if raised by a lesbian mother (Garrison, 1989).

Perhaps the most alarming consequence of societal homophobia is the relative impunity with which individuals can harass and assault gay people. Herek (1989) documented the prevalence of antigay violence and the particular ferocity and seriousness of these attacks. Recent studies suggest that as many as 92% of gay men and lesbians report being targets of verbal abuse or threats, and well over one third are survivors of violence related to their gayness. Although the perpetrators of antigay violence are usually young men in informal groups, it should be noted that families, organized hate groups, and even law enforcement personnel commit violence against gay people, which is increasing in frequency (Herek, 1989). Gay survivors of

violence must also cope with the negative attitudes of medical personnel, police, and lawyers: They are often blamed for their assault. Fearing exposure of their sexual orientation and subsequent job dismissal or residence eviction, many gay people are unlikely to report their assault; thus as much as 90% of antigay violence is undocumented (Herek, 1989). After lengthy controversy, Congress recently passed a Hate Crimes Statistics Bill, which mandates collection of statistics on bias crimes of all kinds, including antigay crimes; this has been heralded by activists as a significant victory for gay rights.

In terms of public attitudes toward gays, surveys document attitudes ranging from hostile to ambivalent. Early studies (e.g., Levitt & Klassen, 1974) found that most Americans disapproved of gay life-styles and felt that gay people should be barred from positions of responsibility and influence such as teaching, medicine, the clergy, and the military. More recent polls reveal positive shifts in national attitudes.

A 1989 national poll conducted by the *San Francisco Examiner* (Hatfield, 1989) randomly selected 3,748 nongay and 400 gay or bisexual men and women in a national phone survey; it is thought to be the most extensive study ever done in the United States on gay people's views of their own lives and public attitudes toward them.² The researchers note that it took 27,000 calls to locate 800 people who would admit being gay to a stranger, and in Kansas (population 1 million), it took 1,650 calls and 55 hours of dialing to locate one avowedly gay person (Hatfield, 1989). This experience underscores the discrepancy between the documented 1.5 million openly gay people in the United States and the estimated gay population of 22 million, suggesting that there are literally millions of "invisible" gay people about whose lives we know very little.

With those caveats in mind, poll results indicate that the overwhelming majority of the nongay public, 81%, is opposed to discrimination based on sexual orientation, but 57% disapprove of gays living together as a married couple and 18% think homosexuality should be illegal. Two thirds believe discrimination has decreased during the past 10 years, but almost one fifth reported that they would withdraw support for a gay candidate for political office, even if they agreed with everything that individual said. Nongays would more easily accept a gay friend than a gay child, and one third would "try to change" a gay child. Over one half of nongays know someone gay, and these respondents are almost twice as likely to approve of homosexuality.

In terms of gay people themselves, 7 out of 10 have told their families (75% men, 57% women), with 80% of the families being supportive (interestingly, more so for men); 9 of 10 have told friends, and just over one half have told co-workers (again, only one third of the lesbians have told co-

workers). About one half of gay relationships have endured more than 2 years, and the mean number of relationships is 2.5; 23% of this gay sample were separated, divorced, or widowed, and 9% were married. Three fifths of this sample were in white-collar professions, over one half belonged to an organized religion, and 7 of 10 reported being politically liberal. Many of this sample reported that their sexual orientation was a factor in choosing a place to live (39%) or a job (16%); and 3 out of 4 socialize only with other gays. Thus, although survey results suggest positive change in attitudes toward gay people over time, it is also apparent that gays do not yet enjoy the privilege of widespread acceptance in our society.

Rudolph (1989) documents the effects of AIDS on attitudes toward gay people. AIDS, identified by some as a "gay plague," has been seen as punishment for immoral behavior, exacerbating already existing biases about gay people and justifying opposition to gay rights activities. Rudolph notes the relationship between the AIDS crisis, the widespread acceptance of conservative political ideology, and the resurgence of fundamentalist religiosity, all of which may trigger unconscious homophobia and lead to increased societal intolerance of gay people. On the other hand, the rapid, comprehensive, courageous response by the gay community to the AIDS crisis has also won the respect of government and health leaders as well as ordinary citizens across the nation, suggesting that aspects of the AIDS epidemic may prompt both positive and negative attitudes toward gay people (Yollin, 1989).

Methodological problems exist in the research on attitudes toward gays, including inadequate definition of the homophobia construct, unclear differentiation of attitudes toward gay men versus lesbian women, failure to reflect individual attitudes versus cultural beliefs, and generation of nonrepresentative survey data (Atkinson & Hackett, 1988). However, it is evident that widespread disapproval and stigmatization of gay men and lesbian women exists in American society, and that the recent AIDS epidemic may contribute to justifying and maintaining such attitudes. Rudolph (1989) reminds us that mental health professionals are not immune to the effects of societal prejudice, and may unconsciously perpetuate and antigay zeitgeist. Historical and current mental health approaches to gay people are discussed in the following section.

PSYCHOLOGY'S APPROACH TO GAY PEOPLE

Essentially, the mental health fields translated religious attitudes about homosexuality into quasi-medical terms, and these negative attitudes have

long biased the scientific investigation and clinical treatment of gay men and women (Atkinson & Hackett, 1988). Early social scientific studies of gay people, for example, were investigations of "degeneracy," attempting to explain the causes of "sexual deviance" in order to discern whether it was "curable" (Bullough, 1979). Freud's views on homosexuality were fairly tolerant; widely read and culturally aware, he viewed same-sex behavior as a normal aspect of development, although he thought most people moved beyond it to heterosexuality in adulthood. However, Freud's followers expanded his ideas on variant sexual behavior, with harmful effects on gays; the belief that gayness is an arrested stage of development led inevitably to attempts on the part of analytically trained professionals (and later, behavioral therapists) to "cure" gay people. Gays were thus viewed as neurotic, tormented, alienated, and repressed, and research literature focused on identifying causes of pathology in order to hasten cure (Atkinson & Hackett, 1988).

There are obvious research biases in this approach, including the presumption of pathology in same-sex orientation, the exclusive study of psychiatric patients, and the culture-bound nature of this literature, with cross-cultural studies suggesting that maladjustment stems from societal homophobia rather than inherent pathology (Atkinson & Hackett, 1988). It was not until the Kinsey studies that same-sex behavior was examined descriptively using nonclinical samples of gay people. When researchers finally investigated whether gay people differed from nongay people on measures of pathology, no differences were found (e.g., Hooker, 1957). Subsequent research (e.g., Gonsiorek, 1982b; Ross, Paulsen, & Statstrom, 1988) has consistently demonstrated no support for homosexuality as inherently pathological; moreover, research suggests that acceptance of sexual orientation and development of a positive gay identity lead to enhanced psychological adjustment of lesbian women and gay men (Miranda & Storms, 1989).

Consistent with changing views and in response to pressure by gays, the American Psychiatric Association in 1973 declassified homosexuality as a mental illness, followed by a similar move on the part of the American Psychological Association in 1975. After decades of discriminatory treatment of gay people by the mental health system, there have been some important changes; generally, there has been a movement toward the treatment of the problems of lesbian women and gay men, rather than the condition of sexual orientation. Diagnostic issues have been a pivotal concern regarding the focus of treatment. In the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1983), the diagnosis of "ego-dystonic homosexuality" was included for individuals who expressed persistent and pervasive dissatisfaction with their homosexuality

(grouped with other "Psychosexual Disorders" such as exhibitionism, masochism, and pedophilia). Unfortunately, this continued to place emphasis on individual rather than social causes of distress, and was insensitive to internalized oppression and external discrimination; thus, in a recent revision of the manual (American Psychiatric Association, 1986), ego-dystonic homosexuality was finally removed as a diagnostic category.

However, while this official trend is more positive, it does not necessarily reflect the attitudes and behaviors of all individual practitioners, and the gay client is still often faced with homophobia, heterosexual bias, and misinformation (American Psychological Association, 1990; Stein, 1988). Research on homophobia indicates that mental health professionals, and psychologists in particular, generally hold more positive attitudes about gay men and lesbians than the public at large (DeCrescenzo, 1984). However, research also suggests that mental health professionals hold heterosexist assumptions (Cabaj, 1988; Garfinkle & Morin, 1978), are generally uninformed about gay and lesbian life-styles and issues (Graham, Rawlings, Halpern, & Hermes, 1983; Stein, 1988), and hold many of the societal stereotypes about gay people (Casas, Brady, & Ponterotto, 1983; DeCrescenzo, 1984; McDermott & Stadler, 1988), leading to distorted judgment about their clinical concerns (Casas et al., 1983).

Borrowing a paradigm from the literature on cross-cultural counseling, it is of vital importance for mental health professionals to develop the attitudes, knowledge, and skills (Atkinson, Morten, & Sue, 1983) needed to work effectively with gay clients. Paulsen (1983) reported that gay and lesbian clients of therapists perceived as holding negative views toward homosexuality experienced greater psychological distress after therapy, and Cabaj (1988) asserted that external and internalized homophobia constitutes a "hidden factor" in both clients and therapists, confounding therapeutic work with complex transference and countertransference issues. Yet there has been a paucity of research on therapist heterosexism and homophobia, and the topic is rarely addressed in training programs (Buhrke & Douce, this issue). Dworkin and Guterrez (1989a) point out that counselors must learn to make their interventions "culturally relevant" for gay and lesbian clients just as they would in any cross-cultural situation, and that they must remain ever-conscious of the effects of societal oppression on their clients' lives. Gay affirmative writers have stressed that many gay people present with discomfort about their sexual orientation because of this oppression, but can develop a positive gay identity given appropriate support and affirmation (Clark, 1987). The developmental process of discovering and accepting one's sexual orientation is reviewed in the following section.

GAY IDENTITY DEVELOPMENT

The acquisition of a positive gay identity and its relevant developmental tasks, referred to as "coming out" (of the closet), is generally thought to be a rather lengthy, often difficult process for gay people, with considerable variation depending on gender, race, ethnicity, social class, age, religion, geographic location, and other factors. In this process, one must confront negative societal attitudes as well as one's own internalized oppression, repeating the process over and over in each new situation in which one's gayness is not known. This process occurs in the context of few (if any) role models, inadequate support systems, lack of legal protection, and, for gay people of some racial/ethnic groups, added isolation and potential loss of primary racial/ethnic identification and community (Navarro, 1989). Brown (1989) notes that coming out also means the ongoing negotiation of three elements common to all gay or lesbian experience: (a) biculturalism, the experience of simultaneous participation in two cultural realities, with the attendant juggling, balancing, and ambiguity; (b) marginality, the experience of being an outsider; and (c) normative creativity, the need to invent intrapsychic and interpersonal boundaries and rules, where none exist, from tools that may be only partially suited to the task.

Several models of gay identity development have been proposed in the literature (e.g., Cass, 1979; Chapman & Brannock, 1987; Coleman, 1982; Minton & McDonald, 1984), which posit anywhere from three to seven stages or steps in recognizing, accepting, and ultimately affirming one's gay sexual orientation. Presented here as a widely cited example is Cass's (1979) model, involving six stages as follows:

1. *Identity Confusion*, characterized by feelings of turmoil, in which one questions previously held assumptions about one's sexual orientation.
2. *Identity Comparison*, characterized by feelings of alienation, in which one accepts the possibility of being gay and becomes isolated from nongay others.
3. *Identity Tolerance*, characterized by feelings of ambivalence, in which one seeks out other gays, but maintains separate public and private images.
4. *Identity Acceptance*, characterized by selective disclosure, in which one begins the legitimization (publicly as well as privately) of one's sexual orientation.
5. *Identity Pride*, characterized by anger, pride, and activism, in which one becomes immersed in the gay subculture and rejects nongay people, institutions, and values.
6. *Identity Synthesis*, characterized by clarity and acceptance, in which one moves beyond a dichotomized worldview to an incorporation of one's sexual orientation as one aspect of a more integrated identity.

Developmental models such as Cass's seek to describe a central process of self-identification unique to the gay population. They are important because they aid both clients and professionals in understanding, predicting, and normalizing experiences, as well as identifying difficulties that may stem from developmental processes and tasks. However, although these models offer clinical usefulness, their limitations suggest careful application. Most of these models, for example, manifest a linear and prescriptive flavor, implying that developmental maturity rests on an immutable homoerotic identification, as well as a positive public (and often political) identity. The models are insensitive to diversity in terms of race/ethnicity, age, class, locale, and occupation, as well as a flexible sexual orientation exhibited by some (McCarn & Fassinger, 1990).

Existing models also fail to distinguish between two parallel and reciprocal processes that occur in gay identity development, a self-identification process regarding sexual orientation and a group-membership identification process involving the awareness of oppression. The preoccupation of current models with political activism as the marker of integrated sexual identity is the result of confounding these two processes; the unfortunate implication is that nonpolitical acceptance of one's gay identity is seen as a form of developmental arrest, and the significance of homoerotic intimacy is given scant attention (McCarn & Fassinger, 1990).

Finally, existing models have been criticized for being androcentric, subtly or explicitly based on male behavioral norms, and ignoring differences between men and women on issues of intimacy, autonomy, and sexual expression (McCarn & Fassinger, 1990). Current societal sex-role socialization and resulting gender differences in behavior (amply documented elsewhere) suggest that gay identity formation may follow different developmental patterns in women and men. For women, who often come out in the context of a relationship, identity and intimacy as developmental tasks may become interwoven, whereas men's socialization toward autonomy and sexual freedom may lead to the resolution of identity tasks prior to the negotiation of intimacy. Feminism, which creates a woman-identified political and social climate (with or without attendant sexual intimacy), also complicates the process (Faderman, 1984). Appropriate models must therefore allow for gender and socialization differences and, for women, feminist politics to be incorporated into the developmental sequence (McCarn & Fassinger, 1990). Empirical research that addresses these issues in gay identity development is sorely needed.

As the preceding discussion suggests, the development of a positive gay identity involves a complex process of homoerotic identification, reference-

group affiliation, and for some, politicized behavior regarding that identity, all of which occurs within a context of societal prejudice, discrimination, and lack of support. The developmental task of exploring and accepting one's sexual orientation and relationship preferences, as well as the ongoing pressure of confronting and negotiating social and legal barriers to the maintenance of a gay life-style, creates an acute need for informed and sensitive interventions. The following section explores assumptions inherent in our current models of intervention, outlines parameters of sensitive and effective service delivery, and suggests ways in which counseling psychologists are particularly appropriate to assume these roles.

ROLES AND RESPONSIBILITIES OF COUNSELING PSYCHOLOGISTS

Many mental health professions are rooted in a tradition of individual pathology and one-to-one psychotherapy, generally assuming that some aspect of the client must change in order to resolve problems. However, the social conditions of the 1960s brought criticism of the individual-psychotherapy tradition and the neutral stance of the mental health professions on social issues. The civil rights, feminist, and other human rights movements motivated disenfranchised groups to demand sensitive mental health services and recognition that many psychological problems result from oppressive environments rather than individual psychopathology. Psychotherapists were accused of helping to maintain the status quo in oppressive social institutions, and intrapsychic views of client problems were criticized for promoting institutional oppression through passive acceptance (Atkinson & Hackett, 1988).

Despite these criticisms, our field has continued to rely heavily on an individual model of intervention. This may cause us to overlook or de-emphasize the role of environmental factors in client problems, to distrust or ignore the efficacy of preventive interventions, and to prematurely narrow the scope of our attention to the individual psyche (Atkinson et al., 1983). For many of the issues clients bring to counseling, particularly clients from oppressed groups, counselors need to consider alternatives and additions to the individual pathology and therapy models. This involves recognizing external as well as internal sources of psychological problems and developing nontraditional interventions designed to assist clients with these problems. The interventions may be preventive or ameliorative, individual, group, or community-based, psychoeducational or therapeutic; the critical factor is

that they are deliberately proactive and affirmative in order to counteract the destructive influence of societal oppression.

A concept that may help to clarify the need for proactive approaches is the concept of the "null environment" (Freeman, 1979). Originally coined in an empirical investigation of men's and women's occupational goals, the null or neutral academic environment, not actively supportive of either gender, was viewed as constituting a form of passive discrimination against women in its failure to counteract lower levels of occupational encouragement experienced by women in society; the error was one of omission rather than commission (Freeman, 1979).

Betz (1989) asserts that the concept of the null environment has clear implications for mental health professionals in creating therapeutic environments and interventions for their gay clients. Because of pervasive homophobia and heterosexism, as well as covert and overt discrimination against gay people, an intervention that is null (i.e., one that is not clearly affirming of gay life-style and choices) essentially perpetuates societal oppression and maintains the attitudinal status quo. Thus, although we can maintain therapeutic neutrality in our work with clients (e.g., not becoming entrapped in a client's interpersonal dynamics and reward/punishment framework), we should deliberately create a gay affirmative approach that validates a gay sexual orientation, recognizes the oppression faced by gay people, and actively helps them overcome its external and internal effects.

It has been argued that despite our attempts to be value-free in our therapeutic work, it is impossible not to communicate values, because our profession is embedded in values and because we live in a culture that endorses values about gender, race, age, class, sexual orientation, (dis)ability, and the like (Atkinson et al., 1983; Dworkin & Guterrez, 1989b). Betz (1989) reminds us that it is naive to assume people can actualize themselves in a context of societal opposition, and that they need support for unpopular alternatives before they can truly make choices. Our work then becomes that of proactively restoring options to our clients so that they can freely reach for "alternatives consistent with self-expression and individuality" (Betz, 1989, p. 143).

Clark (1987) outlines a number of specific guidelines for implementing gay affirmative counseling of gay men and lesbian women (presented here in abbreviated form):

1. It is essential that you feel comfortable with and appreciate your own sexuality before you can work successfully with gay and lesbian clients. Whether you consider yourself gay or nongay, seek to rid yourself of homophobic feelings or they will act as blind spots with your gay clients.

2. Consider very carefully before entering into a contract to eliminate gay feelings and behaviors in your client. Willingness to enter into such a contract implies that homosexuality is pathological and undesirable. Many clients who ask for change are really asking for acceptance.
3. Encourage your clients to establish a gay support system. Support consciousness-raising efforts such as joining gay rap groups, reading progay literature, and getting involved in gay community activities. Know resources and make them available.
4. Help your clients become aware of how oppression (internal and external) affects them. Help clients free themselves of stereotypes and negative conditioning. Encourage your clients to question basic assumptions about being gay (in both the gay subculture and in society) and to develop a personally relevant value system.
5. Desensitize shame and guilt surrounding homosexual thoughts, feelings, and behaviors by encouraging discussion of gay experiences and showing your approval and affirmation.

In addition to the guidelines offered by Clark (1987), this author would add several additional guidelines for researchers and practitioners:

6. Work to develop the attitudes, knowledge, and skills necessary for effective scientific and therapeutic work with lesbian women and gay men. Educate yourself about gay life-styles and concerns, and be familiar with gender-specific socialization and therapeutic issues as well.
7. Understand the interaction of other kinds of diversity (e.g., racial/ethnic, gender, age, (dis)ability, socioeconomic, religious, geographical) with the development and maintenance of a positive gay identity. Be aware that the coming-out process and preservation of a healthy life-style differ widely within the gay and lesbian population, and adjust your research questions and therapeutic interventions accordingly.
8. Be familiar with the treatment of addictive behaviors such as alcohol abuse and eating disorders, fairly common in the gay and/or lesbian community and often masked by other presenting issues.
9. Acquire knowledge and training in AIDS-related issues and death and dying.
10. Be particularly sensitive to ethical issues such as confidentiality and, for gay and lesbian therapists, the difficulties inherent in providing mental health services within one's own community of social support.

As may be surmised from the foregoing suggestions, a variety of theoretical approaches and techniques may be effective with gay and lesbian clients. Cognitive approaches, for example, may be useful in overcoming negative thinking and self-talk about gayness, whereas client-centered approaches may have great utility in encouraging expression of repressed affect. Gestalt "empty chair" techniques may be particularly effective in bringing into awareness all sides of the ambivalence and confusion about gay and nongay affiliation, as well as helping individuals vicariously confront family, friends,

co-workers, and others about their identity. Feminist approaches are empowering in their examination of oppression and sex-role socialization, as well as their emphasis on equality in relationships (including the therapeutic alliance). Bibliotherapy is particularly important for this population, because so little is known about healthy gay people and life-styles due to societal invisibility and the lack of diverse role models. Family/systems approaches and couples counseling are important for working with relationship issues, and group therapy is an effective means for reducing shame and alienation and developing social support. Cross-cultural approaches provide an important foundation for work with culturally diverse gay and lesbian clients. Overall, any theoretical approach or intervention should be carefully examined and reexamined throughout implementation for inherent bias and should be applied with sensitivity and professional self-awareness. Researchers can do much to explore the relevance and efficacy of particular treatments for gay and lesbian clients, as very little research currently exists.

It should be noted that both gay and nongay counseling psychologists bear responsibility for developing the attitudes, knowledge, and skills necessary for effective work in gay and lesbian issues. Simply being gay does not provide one with the tools needed in investigative work or service delivery with a wide variety of gay men and lesbian women, nor are nongay counseling psychologists unable to work effectively with gay people simply because they have not had the experience of being gay; nongay professionals, however, do need to acquire particular kinds of attitudes and knowledge which may have already been addressed by gay professionals in their personal process of identity development. And all practitioners should take time often in the therapy hour to process their interaction with their clients in order to ensure mutual comfort levels, to check the effectiveness of their interventions, and to uncover any blind spots that may be impeding the therapeutic alliance.

Counseling psychologists are in an excellent position to meet the needs of gay and lesbian people due to unique professional ideals and training (Ivey, 1980; Jordaan, Myers, Layton, & Morgan, 1980; Rude, Weissberg, & Gazda, 1988). Inherent in our philosophy is an approach that frames problems in terms of normalcy and day-to-day problems in living, and eschews a singular focus on pathology and diagnosis. We emphasize positive mental health and focus on strengths and adaptive strategies in our clients. We see ourselves as educators and advocates for clients, and we emphasize the empowerment of individuals. We value preventive as well as ameliorative intervention efforts, and we work toward enhanced functioning for all people. Our scope of vision includes environmental as well as individual interventions, promotion of

mental health at the level of groups and systems, the effective use of community resources, and political involvement where relevant. We see ourselves as versatile, able to function in a variety of settings and to work collegially with other diverse professionals. We emphasize developmental approaches to working with people, including attention to their cultural context and the influence of gender, race, age, ethnicity, sexual orientation, (dis)ability, and sociohistory. All of these characteristics give us the unique opportunity to be in the forefront of affirmative scientific and therapeutic work with gay men and lesbian women. We must each decide how best to live up to our espoused professional philosophies and goals.

NOTES

1. *Bisexuals*, those at the midpoint of the Kinsey scale, face many of the same issues as gay men and lesbians in terms of homophobia, gender socialization, same-sex relationships, and discrimination, which are addressed in these articles. However, bisexuals confront unique problems stemming from their marginality in both the gay and nongay communities, adequate coverage of which cannot be incorporated here. Readers are referred to a special issue of the *Journal of Homosexuality*, Vol. 11, Spring 1985 for an introduction to these issues.

2. This survey also sampled 1,871 nongay and 400 gay and bisexual people in the San Francisco Bay area for comparison to national attitudes; only national attitudes are reported here.

REFERENCES

[Works marked with an asterisk (*) are suggested resources for those wishing further information and study; not all are cited in text. Another source of information is the National Gay Task Force, 80 Fifth Avenue, New York, NY 10011, which publishes a variety of materials.]

Alexander, R. A. (1986). *The relationship between internalized homophobia and depression and low self-esteem in gay men*. Unpublished doctoral dissertation, University of California, Santa Barbara.

American Psychiatric Association. (1983). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.

American Psychiatric Association. (1986). *Diagnostic and statistical manual of mental disorders* (3rd ed., revised). Washington, DC: Author.

*American Psychological Association, Committee on Lesbian and Gay Concerns. (1990). *Final report of the task force on bias in psychotherapy with lesbian women and gay men*. Washington, DC: Author.

*Atkinson, D. R., & Hackett, C. (1988). *Counseling non-ethnic American minorities*. Springfield, IL: Charles C Thomas.

*Atkinson, D. R., Morten, G., & Sue, D. W. (1983). *Counseling American minorities: A cross-cultural perspective*. Dubuque, IA: William C. Brown.

- *Backer, T. E., Batchelor, W. F., Jones, J. M., & Mays, V. M. (1988). Psychology and AIDS [Special issue]. *American Psychologist*, *43*, 835-987.
- Beane, J. (1981). "I'd rather be dead than gay": Counseling gay men who are coming out. *Personal and Guidance Journal*, *60*, 222-226.
- *Bell, A. P., & Weinberg, M. S. (1979). *Homosexualities: A study of diversity among men and women*. New York: Simon & Schuster.
- *Berzon, B., & Leighton, R. (Eds.). (1979). *Positively gay*. Millbrae, CA: Celestial Arts.
- Betz, N. E. (1989). Implications of the null environment hypothesis for women's career development and for counseling psychology. *Counseling Psychologist*, *17*, 136-144.
- *Boston Lesbian Psychologies Collective. (1987). *Lesbian psychologies*. Urbana: University of Illinois Press.
- *Boswell, J. (1980). *Christianity, social tolerance, and homosexuality*. Chicago: University of Chicago Press.
- *Brown, L. S. (1989). New voices, new visions: Toward a lesbian/gay paradigm for psychology. *Psychology of Women Quarterly*, *13*, 445-458.
- Buhrke, R. A. (1989). Female student perspectives on training in lesbian and gay issues. *Counseling Psychologist*, *17*, 629-636.
- *Bullough, V. L. (1979). *Homosexuality: A history*. New York: New American Library.
- Cabaj, R. P. (1988). Homosexuality and neurosis: Considerations for psychotherapy. *Journal of Homosexuality*, *15*, 13-23.
- Casas, J. M., Brady, S., & Ponterotto, J. G. (1983). Sexual preference biases in counseling: An information processing approach. *Journal of Counseling Psychology*, *30*, 139-145.
- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, *4*, 219-235.
- Chapman, B. E., & Brannock, J. C. (1987). Proposed model of lesbian identity development: An empirical examination. *Journal of Homosexuality*, *14*, 69-80.
- Churchill, W. (1971). *Homosexual behavior among males: A cross-cultural and cross-species investigation*. Englewood Cliffs, NJ: Prentice-Hall.
- *Clark, D. (1987). *The new loving someone gay*. Berkeley, CA: Celestial Arts.
- *Coleman, E. (1982). Developmental stages of the coming out process. *Journal of Homosexuality*, *7*, 31-43.
- *Coleman, E. (Ed.). (1987). *Psychotherapy with homosexual men and women: Integrated identity approaches for clinical practice*. New York: Haworth.
- Coleman, E. (1988). Assessment of sexual orientation. In E. Coleman (Ed.), *Integrated identity for gay men and lesbians: Psychotherapeutic approaches for emotional well-being* (pp. 9-24). New York: Harrington Park.
- *Curry, H., & Clifford, D. (1980). *A legal guide for lesbian and gay couples*. Reading, MA: Addison-Wesley.
- DeCrescenzo, T. A. (1984). Homophobia: A study of the attitudes of mental health professionals toward homosexuality. *Journal of Social Work and Human Sexuality*, *2*, 115-136.
- *Dilley, J. W., Pies, C., & Helquist, M. (Eds.). (1989). *Face to face: A guide to AIDS counseling*. San Francisco: University of California.
- Dworkin, S. H., & Guitierrez, F. (1989a). Counselors beware: Clients come in every size, shape, color, and sexual orientation. *Journal of Counseling and Development*, *68*, 6-8.
- *Dworkin, S. H., & Guitierrez, F. (Eds.). (1989b). Gay, lesbian, and bisexual issues in counseling [Special issue]. *Journal of Counseling and Development*, *68*, 6-96.
- Faderman, L. (1984). The "new gay" lesbians. *Journal of Homosexuality*, *10*, 85-95.

- *Fairchild, B., & Hayward, W. (1979). *Now that you know: What every parent should know about homosexuality*. New York: Harcourt Brace Jovanovich.
- Falk, R. J. (1989). Lesbian mothers: Psychosocial assumptions in family law. *American Psychologist*, *44*, 941-947.
- *Fortunato, J. E. (1982). *Embracing the exile: Healing journeys for gay Christians*. San Francisco: Harper & Row.
- Freeman, J. (1979). How to discriminate against women without really trying. In J. Freeman (Ed.), *Women: A feminist perspective* (2nd ed.). Palo Alto, CA: Mayfield.
- *Friend, R. A. (1987). The individual and social psychology of aging: Clinical implications for lesbians and gay men. *Journal of Homosexuality*, *14*, 307-331.
- Garfinkle, E. M., & Morin, S. F. (1978). Psychologists' attitudes toward homosexual psychotherapy clients. *Journal of Social Issues*, *34*, 101-112.
- Garrison, J. (1989, June). Creating new families. In reprint of published series, *San Francisco Examiner*.
- Gelso, C. J., & Fassinger, R. E. (1990). Counseling psychology: Theory and research on interventions. *Annual Review of Psychology*, *41*, 355-386.
- *Gonsiorek, J. C. (Ed.). (1982a). *Homosexuality and psychotherapy: A practitioner's handbook of affirmative models*. New York: Haworth.
- Gonsiorek, J. C. (1982b). Results of psychological testing on homosexual populations. *American Behavioral Science*, *25*, 385-394.
- Graham, D.L.R., Rawlings, E. I., Halpern, H. S., & Hermes, J. (1983). Therapists' needs for training in counseling lesbians and gay men. *Professional Psychology*, *15*, 482-496.
- *Griffin, C. W., Wirth, M. J., & Wirth, A. G. (1986). *Beyond acceptance: Parents of lesbians and gays talk about their experience*. Englewood Cliffs, NJ: Prentice-Hall.
- Hatfield, L. D. (1989, June). New poll: How U.S. views gays. In reprint of published series, *San Francisco Examiner*.
- Herek, G. M. (1989). Hate crimes against lesbians and gay men: Issues for research and policy. *American Psychologist*, *44*, 948-955.
- Hooker, E. (1957). The adjustment of the male homosexual. *Journal of Projective Techniques*, *21*, 18-31.
- Iasenza, S. (1989). Some challenges of integrating sexual orientation into counselor training. *Journal of Counseling and Development*, *68*, 73-76.
- *Isay, R. A. (1989). *Being homosexual: Gay men and their development*. New York: Giroux.
- Ivey, A. E. (1980). Counseling psychology, the psychoeducator model and the future: A definition in 1976. In J. Whiteley (Ed.), *The history of counseling psychology* (pp. 113-123). Monterey, CA: Brooks/Cole.
- Jordaan, J. P., Myers, R. A., Layton, W. L., & Morgan, H. H. (1980). The counseling psychologist: A definition in 1968. In J. Whiteley (Ed.), *The history of counseling psychology* (pp. 179-195). Monterey, CA: Brooks/Cole.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Philadelphia: Saunders.
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. H. (1953). *Sexual behavior in the human female*. Philadelphia: Saunders.
- Klein, F., Sepekoff, B., & Wolf, T. (1985). Sexual orientation: A multi-variable dynamic process. In F. Klein & T. Wolf (Eds.), *Two lives to lead: Bisexuality in men and women* (pp. 35-50). New York: Harrington Park.
- Levitt, E., & Klassen, A., Jr. (1974). Public attitudes toward homosexuality: Part of a 1970 national survey by the Institute of Sex Research. *Journal of Homosexuality*, *1*, 29-43.

- Martin, N. (1989, June). Legal system offers a partial refuge. In reprint of published series, *San Francisco Examiner*.
- McCarn, S. R., & Fassinger, R. E. (1990). *Development of a model of sexual minority identity development*. Unpublished manuscript, University of Maryland.
- McDermott, D., & Stadler, H. A. (1988). Attitudes of counseling students in the United States toward clients. *International Journal for the Advancement of Counseling, 11*, 61-69.
- Melton, G. B. (1989). Public policy and private prejudice: Psychology and law on gay rights. *American Psychologist, 44*, 933-940
- Minton, H. L., & McDonald, G. J. (1984). Homosexual identity formation as a developmental process. *Journal of Homosexuality, 9*, 91-104.
- Miranda, J., & Storms, M. (1989). Psychological adjustment of lesbians and gay men. *Journal of Counseling and Development, 68*, 41-45.
- *Moses, A. E., & Hawkins, R. O. (1982). *Counseling lesbian women and gay men*. St. Louis, MO: C. V. Mosby.
- Navarro, M. (1989, June). Special problems for gays of color. In reprint of published series, *San Francisco Examiner*.
- Paulsen, J. (1983, April). *Homophobia in American psychiatrists*. Paper presented to the Group for the Advancement of Psychiatry, Philadelphia, PA.
- Pharr, S. (1988). *Homophobia: A weapon of sexism*. Inverness, CA: Chardon.
- Ross, M. W., Paulsen, J. A., & Statstrom, O. W. (1988). Homosexuality and mental health: A cross-cultural review. *Journal of Homosexuality, 15*, 131-152.
- *Rothblum, E. D., & Cole, E. (1989). *Lesbianism: Affirming non-traditional roles*. New York: Haworth.
- Rude, S. S., Weissberg, M., & Gazda, G. M. (1988). Looking to the future: Themes from the third national conference for counseling psychology. *Counseling Psychologist, 16*, 423-430.
- Rudolph, J. (1989). The impact of contemporary ideology and AIDS on the counseling of gay clients. *Counseling and Values, 33*, 96-108.
- *Schneider, B. E. (1986). Coming out at work: Bridging the public/private gap. *Work and Occupations, 13*, 463-487.
- *Schulenberg, J. (1985). *Gay parenting: A complete guide for gay men and lesbians with children*. Garden City, NY: Doubleday.
- Stein, T. S. (1988). Theoretical considerations in psychotherapy with gay men and lesbians. *Journal of Homosexuality, 15*, 75-95.
- *Stein, T. S., & Cohen, C. (Eds.). (1986). *Contemporary perspectives on psychotherapy with lesbians and gay men*. New York: Plenum.
- *Uhrig, L. J. (1984). *The two of us: Affirming, celebrating, and symbolizing gay and lesbian relationships*. Boston: Alyson.
- Weinberg, G. (1972). *Society and the healthy homosexual*. New York: Anchor.
- *Woodman, N. J., & Lenna, H. R. (1980). *Counseling with gay men and women*. San Francisco: Jossey-Bass.
- Yollin, P. (1989, June). Coming to terms in an age of AIDS. In reprint of published series, *San Francisco Examiner*.