



Lesbian and Gay Psychology

**Theory, Research,
and Clinical Applications**

editors

**Beverly Greene
Gregory M. Herek**

Psychological Perspectives on Lesbian and Gay Issues

Volume 1

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*Sponsored by the Society for the Psychological Study
of Lesbian and Gay Issues, Division 44 of the
American Psychological Association*



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**Lesbian
and Gay
Psychology**

PSYCHOLOGICAL PERSPECTIVES ON LESBIAN AND GAY ISSUES

- ▼ 1. Lesbian and Gay Psychology:
Theory, Research, and Clinical Applications
Edited by Beverly Greene and Gregory M. Herek
 - ▼ 2. AIDS and the Lesbian and Gay Community
Edited by Gregory M. Herek and Beverly Greene
 - ▼ 3. Ethnic and Cultural Diversity in the
Lesbian and Gay Community
Edited by Beverly Greene and Gregory M. Herek
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Foreword

I am honored to introduce the first annual *Psychological Perspectives on Lesbian and Gay Issues* volume, an idea that I had some role in developing but that was translated into reality by Beverly Greene and Greg Herek. When a number of people in Division 44—the Society for the Psychological Study of Lesbian and Gay Issues—began discussing this idea, the hope was to provide a uniquely psychological voice among affirmative perspectives about lesbian and gay people.

A number of similar publications exist, but none is specifically psychological. Many are multidisciplinary, and those that are mental health oriented are clinically focused and multidisciplinary within mental health. The decision to publish this as an annual reflects a caution both on the part of Division 44 leadership and Sage Publications about the extent of a market for this publication. Those of us involved in the planning had an intuitive sense that a specifically psychological voice was needed, but it was hard to be certain.

In January 1993 I provided court testimony for the coalition of civil rights organizations seeking an injunction to stop Colorado's Amendment 2, which would have prohibited antidiscrimination ordinances for lesbian and gay citizens. That experience convinced me that our intuitions were correct. In the course of preparing and giving testimony about the psychosocial realities lesbian and gay citizens' experience and why this amendment would be destructive, it became apparent to me that psychology—a peculiar and at times uneasy, but ultimately vibrant, hybrid of science and practice—indeed offers contributions that no other discipline duplicates.

Psychology has much to say about current public policy debates on sexual orientation; what it has to say is empirically robust, theoretically rich, diverse in its perspectives, and consistently relevant. As psychologists, we have much to offer.

The current political and public policy debates offer significant challenges to affirmative perspectives in lesbian and gay psychology. The challenges from the Right are obvious. In an environment in which the stakes are very high, we are called on to rethink and hone our arguments carefully, to look honestly at areas in which we do and do not have empirical support for our positions, and to present our opinions—no matter how deeply held—as psychological scientists first and foremost. A silver lining in these ominous challenges from the right wing may exist. We are required to reformulate and clarify our positions in a more intellectually rigorous and precise manner under the harsh scrutiny of public debate and the courts, more so than is likely in the more accepting embrace of our colleagues.

I suggest there is another set of challenges, often overlooked, that is at least as troublesome, perhaps more so. A significant challenge from the “politically correct” left also exists when dogma is substituted for critical thinking. I believe that lesbian and gay affirmative perspectives in psychology are imperiled to the extent they partake of this fad. Now, more than ever, we need diversity of perspectives and ideas (not only of people), and critical thinking.

Lesbian and gay affirmative perspectives in psychology have come of age. We successfully challenged the illness model of homosexuality and defeated it, primarily by critical thinking and arguments based on empirical information, and have developed the beginnings of a rich theoretical structure with which to understand the lives of lesbian women and gay men without recourse to illness mythologies. That this development is currently more theoretical than empirical is as it can only be; but the time has come for us to take our ideas, submit them to empirical validation, and have the flexibility and courage to revise our theories as data demand. Politically correct thought, with its insistence that no other perspectives are viable, offers only a blind alley and myopic vision for lesbian and gay affirmative psychologies.

For some years I have observed the lack of inclusiveness of biological and psychological perspectives in most gay and lesbian studies programs in North America. Literature, history, sociology, and the arts are well represented. Psychology, if it is included at all, is relegated to its

least empirical, debiologized forms; biology is virtually banned. Often, such programs seem inward looking and self-absorbed with arcane academic debates and, in the process, increasingly become intellectually rigid and irrelevant both to the lives of gay and lesbian citizens and to honest intellectual inquiry.

I have come to a conclusion that there is not a lot of intellectual meat on academia's politically correct bones. Its intellectual intolerance and smugness contain assumptions that are ultimately corrosive to civil rights and intellectual activity, especially one as demanding as lesbian and gay affirmative psychologies. Thus our task is to repsychologize gay and lesbian affirmative psychologies: to put our theories to empirical test; to engage in theoretical revision as necessary; and most important, to reconnect our theories and data to the main body of psychological theory, research, and practice. If gay and lesbian affirmative perspectives end up being merely interesting anomalies or curiosities of late-20th-century North American psychology, we will have failed. The current politically correct foolishness offers such a fast lane into obscurity and irrelevance.

It is my deep hope that this annual publication provides a vehicle for our uniquely psychological voices to understand and affirm the lives of lesbian and gay individuals and to do so within the highest standards of scholarship and intellectual integrity.

JOHN C. GONSIOREK

Preface

This is the first of a series of planned annual publications sponsored by the Society for the Psychological Study of Lesbian and Gay Issues of the American Psychological Association. Its aim is to provide a forum for the dissemination of contemporary lesbian and gay affirmative perspectives that are distinctively psychological. The hope is that this series will evolve into an official division journal.

Lesbian and gay psychology has matured beyond its role as merely lesbian and gay affirmative. It is not sufficient simply to acknowledge that gay and lesbian sexual orientations are within the realm of psychological normalcy. We are challenged to use the tools of this and other mental health disciplines to explore the many complexities and subtleties of lesbian and gay sexual orientations; the unique developmental tasks and stressors among lesbians and gay men; the special nuances and dynamics of same-gender relationships; and the treatment of lesbian and gay clients from diverse racial, ethnic, and class backgrounds as well as to design programs of research and to include material relevant to these issues in the training of psychologists in the broadest sense.

Contributors to this volume draw from a wide range of experiences in diverse areas of psychology. Contents include innovative empirical studies on the children of lesbians, internalized homophobia, lesbian and gay male development, and aspects of relationship quality in cohabiting couples. Theoretical analyses of the relationship between the feminist political movement and choice in sexual orientation, sexual pride and shame in lesbians, and lesbians and physical appearance are also included. The role of individual differences in reactions to lesbians and gay men and empirical research with the Attitudes Toward Lesbians and Gay Men

(ATLG) Scale are reviewed as well as a discussion of appropriate therapeutic boundaries when lesbian therapists treat clients within the lesbian community. The contents of this volume address a variety of general concerns. Future volumes will be organized around specific themes, including AIDS, ethnic and cultural diversity in the gay and lesbian community, and others.

It is fitting that my coeditor and I acknowledge the contributions of the people who were responsible for taking this series from its early stages as an intriguing idea to practical reality. In August 1988 Charles (Terry) Hendrix, the editor of this series at Sage Publications, suggested that Division 44 might want to consider sponsoring a regular publication. The executive committee of Division 44 directed John Gonsiorek to begin discussions with Sage and to lay the important groundwork for this series. While other commitments precluded John's continued direct involvement with the series, we recognize his efforts as critical to its development and are deeply indebted to him. Of course, Terry, his able assistant Dale Mary Grenfell, and the executive committee of Division 44 have been of invaluable assistance in bringing this project to fruition.

Finally, my coeditor and I dedicate this first volume to our departed friend and colleague Adrienne J. Smith. Adrienne was a member of the first executive committee of Division 44, in 1984, and served as our president in 1989 and 1990. Her public coming out as a lesbian on the David Suskind show in 1973; her early leadership as an open lesbian feminist therapist when it was not popular to be open; her persistent encouragement and mentoring of anyone in her path to take a more active role in the division's work; and her commitment to bring antiracist, multicultural perspectives to this work provided many of the present generation with a powerful professional role model when there were few. In the last of several conversations with Adrienne, and within weeks of her expected death, I had the pleasure of informing her of the decision to dedicate this volume to her in appreciation for her work. She was pleased and excited that there was a desire to recognize tangibly her significant contributions to Division 44 and to lesbian and gay affirmative psychology and political activism. Her infectious spirit and enthusiasm, her openness and personal warmth will be missed but will always be remembered.

BEVERLY GREENE

Contents

Foreword by John C. Gonsiorek | vii

Preface by Beverly Greene | xi

1. Lesbian and Gay Sexual Orientations: Implications for Clinical Training, Practice, and Research | 1

BEVERLY GREENE

2. When Perceptions Meet Reality: Individual Differences in Reactions to Lesbians and Gay Men | 25

MARY E. KITE

3. Our Politics and Choices: The Feminist Movement and Sexual Orientation | 54

CARLA GOLDEI

4. Sexual Pride and Shame in Lesbians | 71

SUZANNA ROSE

5. Lesbians and Physical Appearance: Which Model Applies? | 84

ESTHER D. ROTHBLUM

6. Boundaries in Lesbian Therapist-Client Relationships | 98

NANETTE K. GARTRELL

7. Lesbian and Gay Male Development: Steps Toward an Analysis of Lesbians' and Gay Men's Lives | 118

ANTHONY R. D'AUGELLI

8. The Nature and Correlates of Relationship Quality in Gay, Lesbian, and Heterosexual Cohabiting Couples: A Test of the Individual Difference, Interdependence, and Discrepancy Models | 133

LAWRENCE A. KURDEK

9. Children of the Lesbian Baby Boom: Behavioral Adjustment, Self-Concepts, and Sex Role Identity | 156

CHARLOTTE J. PATTERSON

10. Internalized Homophobia: Conceptual and Empirical Issues in Measurement | 176

ARIEL SHIDLO

11. Assessing Heterosexuals' Attitudes Toward Lesbians and Gay Men: A Review of Empirical Research With the ATLG Scale | 206

GREGORY M. HEREK

Author Index | 229

Subject Index | 235

About the Editors | 239

About the Contributors | 241

1

Lesbian and Gay Sexual Orientations *Implications for Clinical Training, Practice, and Research*

BEVERLY GREENE

An Overview

A special issue of the *Family Therapy Networker* (1991) posed the following question: "Gays and lesbians are out of the closet . . . are therapists still in the dark?" (Markowitz, 1991, p. 27). In 1975 the American Psychological Association adopted the official policy that homosexuality per se implies no impairment in judgment, stability, reliability, or general social and vocational capabilities and urged all mental health professionals to take the lead in removing the stigma of mental illness that has been long associated with gay and lesbian sexual orientations (Committee on Lesbian & Gay Concerns [CLGC], 1986; Morin & Rothblum, 1991). Before this policy statement, reproductive sexuality was presumed to represent psychological normalcy. Lesbian and gay sexual orientations were presumed to represent the outcome of a disturbance or pathological arrest in development. These long-overdue changes in the diagnostic nomenclature did not develop in a vacuum.

An intense period of political activism and advocacy for gay and lesbian civil rights and the lobbying efforts of gay and lesbian mental health

AUTHOR'S NOTE: This chapter is the extended version of the following article: Greene, B. (1993). Human diversity in clinical psychology: Lesbian and gay sexual orientations. *The Clinical Psychologist*, 46(2), 74-82.

professionals led to the removal of homosexuality from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)* in 1973 (Haldeman, 1991). The Association of Gay Psychologists (AGP) was formed in August 1973, the first organized lobbying effort by gay and lesbian psychologists within the American Psychological Association (Giusti & Katz, 1992). It developed, with the support of the Society for the Psychological Study of Social Issues, Psychologists for Social Action, and the Association for Women in Psychology, a set of objectives that was adopted by the APA Board of Social and Ethical Responsibility in Psychology (BSERP) in October 1975.

BSERP recommended the establishment of a task force on the status of lesbian and gay male psychologists within APA of which half of its membership would consist of AGP members. The task force became the first officially sanctioned and funded gay and lesbian group within a major professional organization (Giusti & Katz, 1992).

The task force also recommended that a continuing committee be established within BSERP as an official part of APA governance. The function of this committee would be to continue as an advocacy group for gay and lesbian issues within APA and to continue the work begun by the task force. Approved in 1980, the Committee on Lesbian and Gay Concerns (CLGC) has been instrumental in developing policy statements on gay and lesbian issues for the association and in establishing standards for eliminating heterosexist bias in psychological research and practice with gay and lesbian persons. Since 1990 the committee has functioned under the aegis of the Board for Psychology in the Public Interest. In 1984 the council of representatives voted to approve the establishment of a formal division, Division 44, within APA to be dedicated to the psychological study of lesbian and gay issues, called the Society for the Psychological Study of Lesbian and Gay Issues (SPSLGI).

Now, 19 years after the introduction of APA policy changes regarding gay and lesbian sexual orientations, gay men and lesbians, once an invisible and silent minority, have assumed a higher level of visibility among those who seek professional psychological services. Although major changes have been made in the diagnostic nomenclature in the interest of depathologizing gay and lesbian sexual orientations, clinical practice, research, and training continue to operate out of both negative bias and misinformation about lesbians and gay men, their respective lifestyles and concerns, and their clinical needs (Garnets & Kimmel, 1991; Markowitz, 1991).

In 1986 a task force of the CLGC conducted an investigation of bias in psychotherapy with lesbians and gay men. The task force surveyed 2,544 psychologists, using open-ended questions, in an attempt to discern major themes of both biased and sensitive practice. Survey results suggest that there is a wide range of variance in the degree to which psychologists adhere to unbiased practice standards with lesbian and gay male clients (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). Data from this study suggest that practice does not conform to APA policy standards, leaving much to be done with respect to educating psychologists about sexual orientation (Garnets et al., 1991). With the introduction of this volume, SPSLGI hopes to advance this slow process another step.

Demographics

It is difficult to determine the exact population of gay men and lesbians in the United States. Estimates range from 4% to 17% (Gonsiorek & Weinrich, 1991), depending on the sampling methods and sources used. Unlike racial or ethnic minorities or members of other groups with physical characteristics that identify them, gay men and lesbians are usually identified by self-report. That is, such people are considered gay or lesbian if they define themselves as gay or lesbian. Few objective measures exist to make such determinations reliably (Gonsiorek & Weinrich, 1991). Golden (Chapter 3 in this volume) discussed the problematic aspects of viewing sexual orientation as a discrete and static rather than a continuous and dynamic phenomenon with multiple components.

For the purposes of this discussion, individuals are presumed to be *lesbians* or *gay men* if their primary affectional/erotic attractions are to people of the same gender (Garnets & Kimmel, 1991; Gonsiorek & Weinrich, 1991). *Bisexuals* are defined as people whose affectional/erotic attractions are to both men and women. *Heterosexuals* are those individuals whose affectional/erotic attractions are to members of the other gender. Although distinctions are made between members of these groups for the sake of clarity, human sexuality exists along a continuum in most persons as an interaction of biological, cultural, historical, and psychosocial influences (Garnets & Kimmel, 1991).

Lesbians and gay men are often presumed to be a part of a monolithic community. This obscures the wide range of diversity within a group that cuts across all cultural, racial, economic, social, age, and other lines.

Brown (1989) suggested that there is no unitary lesbian or gay reality, rather there are multiple realities.

Because lesbians and gay men are not readily identifiable on the basis of physical characteristics, they are often presumed to be and treated as if they were heterosexual. Such treatment forces gay men and lesbians to make conscious decisions about whether to reveal their sexual orientation routinely. A corollary of this, however, is that men and women who do not closely adhere to the traditional gender stereotypes of roles, physical appearance, and mannerisms are often presumed to be gay or lesbian when they are not. Hence there is a tendency among many people to presume that conformity with gender role stereotypes is consistent with a heterosexual orientation. Conversely, the failure to conform to such stereotypes is interpreted as evidence of a gay or lesbian sexual orientation. Although many gay men and lesbians do not adhere rigidly to such stereotypes, many do. The same is true for heterosexuals. This presumption may also reflect the disparaging and distorted view of gay men and lesbians as defective, less attractive, and not "real" men or women or as individuals who do not wish to be members of their own gender. Rothblum (Chapter 5 in this volume) reviewed some of the negative appearance stereotypes that many heterosexuals hold of lesbians. Included in these assumptions is the belief that lesbians are unattractive women. Similarly Kite (Chapter 2 in this volume) discussed the perception that adherence to gender role stereotypes is linked to sexual orientation and to perceptions of gay men and lesbians.

The relative invisibility of gay men and lesbians allows them to "pass" as heterosexual. Both passing and "being out" have their own distinct variations of negative and positive consequences. Rothblum discussed the implications of passing for lesbians who require some way of identifying one another. Both passing and being out are accompanied by varying types and degrees of psychological demands and the stress that is a result of those demands. Gay men and lesbians pass when they do not challenge the assumption that they are heterosexual or when they actively conceal their sexual orientation. Concealing a lesbian or gay sexual orientation is referred to as being closeted.

Passing can be an adaptive coping strategy when used strategically. It has been used historically by racial minorities in threatening situations and can be an adaptive survival tool. It was often effective in helping its users avoid or escape imminent harm or to obtain goods, services, or jobs that would be otherwise inaccessible to them because of discrimination

(Greene, 1992). When used as a long-term survival tool, however, it deprives its user of the spontaneity required for authenticity in interpersonal relationships. There is a consistent pressure to conceal parts of one's self and live with the constant dread of being discovered (Greene, 1992). When passing is accompanied by the belief that being gay or lesbian is a sign of inferiority or pathology, it represents an expression of internalized homophobia. Lesbians and gay men who pass, particularly when it is dangerous not to do so, are confronted with stressors that can leave them at risk for negative psychological outcomes.

Not only does legislation leave lesbians and gay men unprotected by laws that prohibit discrimination based on group membership, but some legislation exists that actually requires discrimination against them, for example, military regulations. Bisexual persons are frequently the objects of hostility from gay men, lesbians, and heterosexuals as well. They may be perceived by members of the gay and lesbian community as individuals who are really gay or lesbian but who conceal or deny their true identity to avoid the stigma (Garnets & Kimmel, 1991). Conversely, they may be viewed by heterosexuals as less normal than or inferior to heterosexuals (Garnets & Kimmel, 1991). Golden (Chapter 3 in this volume) analyzed many of the historical tensions within the feminist community regarding sexual orientation and the frequent demand to declare loyalty by choosing one exclusive identification.

Although there is always great interest in the "cause" of gay and lesbian sexual orientations, the origins of any sexual orientation are not well understood. It is likely, however, that there are multiple determinants (Garnets & Kimmel, 1991). Sexual orientation is likely established by adolescence, usually before sexual activity begins, preceded by a subjective awareness of same-gender attraction (Bell, Weinberg, & Hammer-smith, 1981; Garnets & Kimmel, 1991; Gonsiorek & Weinrich, 1991). Sexual orientation appears to be a stable characteristic over the life span for some individuals; for others, one orientation may be adopted after lengthy experience with the other as an adult. Money (1988) referred to the latter as sequential bisexuality (Garnets & Kimmel, 1991).

Before changes in the diagnostic nomenclature, most psychotherapy with lesbian and gay clients was directed at changing their sexual orientation with the assumptions that heterosexuality was the psychological norm and that it was more desirable. Even after homosexuality was removed from the *DSM* in 1973, it was replaced with the diagnosis of ego dystonic homosexuality. Homosexuality remains a part of the Inter-