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Effectiveness of a Homophobic Intervention upon Graduate Counseling Students

A Thesis Presented to the

Department of Counseling

and the

Faculty of the Graduate College

University of Nebraska

In Partial Fulfillment

of Requirements for the Degree of

Masters of Arts

in Agency Counseling

by

Bryce Thull

December 1994

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THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate College, University of Nebraska, in partial fulfillment of the requirements for the degree of Masters of Arts in Agency Counseling, University of Nebraska at Omaha.

Committee

Name	Department
Scott Harrington	Counseling
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Chairman

11-30-94

Date

Abstract

This study compared the homophobic attitudes of graduate level counseling students before and after a presentation exploring homophobia. The attitudinal scores of both the control and experimental groups were pretested and posttested by the Index of Attitudes toward Homosexuals (IAH) and compared by an Analysis of Covariance (ANCOVA). The outcome indicated that the IAH posttest scores of the experimental group receiving the homophobic intervention were significantly reduced ($p < .001$) compared to the IAH posttest scores of the control group that did not receive the intervention. The results demonstrate that a specific presentation about homophobia may be effective in reducing negative attitudes toward homosexuals.

Acknowledgements

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CHAPTER ONE

Introduction

Background

Homosexuality was officially removed from the American Psychiatric Association's (APA's) list of mental illnesses in 1973. Although twenty years have passed since homosexuality ceased being considered a pathological sickness, gay men and lesbian women still suffer from the stigma of homosexuality (Dworkin & Gutierrez, 1989; Hammersmith, 1987).

Issues related to homosexuality are in the news regularly. Both Oregon and Colorado have had anti-gay laws on voter ballots ("Gays Under Fire," 1992). As Governor of Arkansas, Bill Clinton campaigned to lift the United States military ban on gays, if elected president. Reported hate crimes against homosexuals rose over thirty percent in five major U.S. cities. Over 91,000 deaths since 1980 had been related to AIDS, a disease readily associated with homosexuality.

Rudolph (1989b) explains that professional counselors are not exempt from the negative social climate that homosexual men and women experience, and that psychotherapy for lesbian women and gay men has suffered. Dworkin and Gutierrez (1989) believe many professional counselors, despite feeling ignorant and inadequately trained to treat gay men and lesbian women, are directly violating the Ethical Standards of the American Counseling Association (ACA, previously American Association for Counseling and Development, AACD), because these same counselors still continue to serve homosexual clients anyway.

The sociological stigma that a society and culture place on any group or

subculture is extremely difficult to change and challenge (Hammersmith, 1987). The term "homophobia" is the most commonly used in reference to the negative attitudes toward homosexuals (Croteau & Kusek, 1992; Iasenza, 1989). The term "homophobia" itself has limitations and does not fully reflect the social or political complexities more easily understood in terms such as "racism" and "sexism" (Herek, 1984a). Though there are recognized limitations of the term, "homophobia" will be used for the sake of simplicity. This study investigated the effectiveness of an intervention that challenges homophobic attitudes among graduate counseling students.

Rationale

Professional counselors need to address their own prejudices, biases, and attitudes in general, so that they can engage their clients, effectively, professionally, and ethically (Dworkin & Gutierrez, 1989). Recognizing this as an ongoing process for all professional counselors, graduate school programs are necessary places for counseling students to initiate such a personal examination.

Homosexuals seek counseling 2 to 4 times more than heterosexuals (Rudolph, 1989a). Homosexuals face the problems of physical assault, discrimination, drug dependency, depression, loneliness, and suicide. Those who do seek professional counseling are often left dissatisfied (Rudolph, 1989b). The problems homosexual youths experience makes them much more "at risk" for personal problems and struggles. An estimated 30 percent of all teens who commit suicide annually are homosexual (Wakelee-Lynch, 1989). Young, Galagher, Belasco, Bass, and Webber (1991) compared the fear of AIDS and homophobia over a four year period in a university study. Although the fear of AIDS diminished, homophobia remained constant and does not seem to be

diminishing. The impact of AIDS patients, families, and friends, will continue to increase and require special attention. This study was specifically focused upon the prejudices, biases, and negative attitudes professional counseling students have toward homosexual males and females, and if such negative attitudes can be reduced. The academic structure provides an already existing system in which to implement studies. The implications and findings should generalize to professional counselors.

Purpose

The purpose of this research was to engage and challenge the negative attitudes that professional counseling students have regarding gay men and lesbian women. Dworkin and Gutierrez (1989) revealed graduate counseling students, as well as professionals, struggle with the issue of homosexuality. Students possess some knowledge about homosexuality, but students feel their training is inadequate to treat homosexual clients. Students had the same negative attitudes toward gay men and lesbian females that the general population had.

The hypothesis of this study was that a presentation focused upon homosexuality in a professional counseling graduate course could reduce homophobia as measured by a homophobic index. It is assumed that finding and testing specific training programs that are effective in reducing homophobia can be applied to nurses, physicians, social workers, teachers, administrators, and other professions, as well as professional counselors.

Definitions

The following terms have been used in the introduction and will be used throughout the text. These definitions are important to the scope of this research and

need to be clarified.

Homophobia - refers to the "the responses of fear, disgust, anger, discomfort, and aversion that individuals experience in dealing with gay people" (Hudson & Ricketts, 1980, p 358). Homophobia is only one dimension of a broader domain of anti-gay responses and prejudices.

Homophobic Index - any test instrument used to gauge attitudinal differences of acceptance or rejection of homosexuals. The specific index used in this study was the Index of Attitudes toward Homosexuals (IAH).

Intervention - an educational or training presentation of various time intervals (e.g., one class period, one semester course, or a weekend workshop). For the purpose of this study, other synonymous terms are experimental treatment, exposure, or educational unit. The intervention employed by this study was a two hour class room presentation.

Professional counselor - is one who has obtained a valid license or certificate as a mental health practitioner from their state governing body. This could include social workers, school counselors, marriage and family counselors, career counselors, college student personnel, psychotherapists and others. This research certainly is applicable to psychiatrists and psychologists, but they have their own professional rules and guidelines apart from "professional counselors." Related professionals who might benefit from this

research, but not necessarily "professional counselors" are teachers, physicians, nurses, clergy, and other human service professionals. Professional counselors usually, but not always, have at least a master's level degree in the some area of counseling.

Graduate student - a student pursuing a post-baccalaureate degree in the counseling field so as to practice as a "professional counselor." In this study, subjects had been officially accepted to the University of Nebraska at Omaha Graduate Counseling Program. Those subjects who had not been officially accepted into the program were not included in the study.

CHAPTER TWO

Review of Related Research and Literature

Introduction

The scope of this research was more specific to the field of mental health care (including professional counseling, psychology, psychotherapy, etc.) verse the broader field of health care (nursing, medicine, dentistry, etc.). As a result, many published research articles within the larger field of health care have been omitted. These health care articles are certainly valuable resources, yet the mental health field has specific issues unique unto itself, however, similar to the field of health care.

Homophobia

There are multiple facets of prejudice against homosexuals beyond a simple fear or phobic reaction reflected in a word like "homophobia." The social, religious, and political elements of prejudice against gay men and lesbian women is difficult to grasp in one term (Herek, 1984a). "Homophobia" is one of the more commonly used terms, but it does not necessarily reflect all the theoretical or political dimensions of prejudice toward homosexuals.

Herek (1984b) provides an extensive overview that explores the complexity of both the positive and negative attitudes toward homosexual people. The attitudes people have toward gay men or lesbian women are only a part of other anti-gay responses (Hudson & Ricketts, 1980). Hudson and Ricketts (1980) furnish further background into the broader scope of the prejudice against gay men and lesbian women. They propose "homonegativism" as an umbrella term to account for all the different aspects of prejudice against homosexuals. Hudson and Ricketts (1980) attempt to refine the use of

"homophobia" as a single dimension that they measure with a scale they called the Index of Homophobia (IHP) also known as Index of Attitudes toward Homosexuals (IAH). This is the instrument utilized in this research.

Counselors and Homophobia

Research studies about homophobia, not in the area of health care, have increased greatly within the past five years. Much of this research has been in the field of mental health and counseling. In 1991, a whole issue of The Counseling Psychologist was devoted to counseling gay men and lesbian women. In that same issue, Fassinger (1991) explains key concepts, provides historical background, and outlines the role and responsibility of counseling psychologists in their work with lesbian women and gay men.

A special 1989 issue of Journal of Counseling and Development also focused upon counseling issues with gay men, lesbian women, and bisexuals. Included in this issue are articles concerning cultural, clinical, and educational concerns with regard to homosexual clients. Dworkin and Gutierrez (1989) reveal in this issue the inadequate preparation counselors receive during their training with regard to gay and lesbian clients.

Training Models

Two articles summarize and evaluate the effectiveness of many past educational interventions combating homophobia (Croteau & Kusek, 1992; Rudolph, 1989a). The past research usually reported effective homophobic treatments, but the literature either totally failed to describe the intervention or was too unclear to duplicate. In contrast, Rudolph (1989a) offers a well designed and documented 3 day (20 hours) multimodal workshop for professional counselors. Rudolph's (1989a) results found that the workshop reduced the subjects' homophobic attitudes as measured by the (IAH). He also conducted

a study of the subjects' therapeutic behaviors by their written responses to simulated homosexual counseling sessions before and after the workshop. The results indicated that the multimodal workshop did indeed change counseling behaviors effectively.

Croteau and Morgan (1989) gave broad guidelines for educators specifically in the field of AIDS. This article reveals the dangers of excluding gay men and lesbian women from the AIDS educational agenda and the homophobic messages being communicated in some of the current educational programs. Croteau and Morgan (1989) offer concrete ways at fighting negative messages about homosexuality by use of inclusive language, which also makes homosexuals more visible as a client population.

Croteau and Kusek (1992) researched the effectiveness of speaker panels as educational interventions regarding homophobia. They offer recommendations for continued implementation and research in many arenas including professional counseling, college student development, community groups, and other human service occupations.

Homophobic Measurements

Various instruments have been developed and used in the study of homophobia. The circumstances and environment of each research project obviously played a part in the type of measuring tools utilized. The instrument cited most in this review of literature was the Index of Homophobia (IHP; Hudson & Ricketts, 1980). Hudson and Ricketts (1980) suggested renaming the IHP the Index of Attitudes Toward Homosexuals (IAH) and both names are seen in the research literature.

Serdahely and Ziemba (1984) used the IHP to study the effectiveness of a homosexuality unit within an undergraduate college sexuality course. The methodology of that study used the IHP to compare the change of subjects with high IHP scores to that

of subjects with low IHP scores after the homosexuality unit. The results revealed a significant reduction of the high IHP scores after the intervention compared to those subjects without the intervention. Serdahely and Ziemba's (1984) use of the IHP and methodology was different than this current study, but they did use the same revised scale which they called the IHP-M. The IHP is the same as the IAH.

The impact of AIDS has provided ample grounds for research studies exploring health care professionals' attitudes and behavior toward homosexual patients. The results of two studies reveal that health care professionals possess a high degree of homophobia (Royse & Birge, 1987; Young, Henderson, & Marx, 1990). Royse and Birge (1987) used their own instrument to measure the attitudes of student health professional about AIDS, homophobia, and patient empathy. The research article does not give a detailed description of the measurement tool, but it did conclude homophobia was inversely related to empathy and that students in the health professions may need supplemental education about homosexuality and AIDS.

Young, Henderson, and Marx (1990) compared nursing students attitudes for heterosexual AIDS patients verses homosexual AIDS patients. The IHP was one of the instruments used to measure subject's attitudes. This study found that scores on the IHP were more reflective of prejudicial attitudes apart from any scales that measured fear of the disease AIDS. Young, Henderson and Marx (1990) recommended additional education to combat homophobia for nursing students and other health care workers just as Royse and Birge (1987) recommended.

Rudolph's (1989a) subject population consisted of counseling professionals and counseling students. Rudolph used the IAH and other measurements to pretest and

posttest subjects who had and had not received the experimental education intervention. The results revealed that his multimodal workshop was effective at changing homophobic attitudes and possibly counseling behaviors.

McDermott and Stadler (1988) used the IHP in conjunction with other instruments to survey counseling students in the United States. The conclusion of their study states that professional counseling students demonstrate the same degree of homophobia as the dominant culture, although these same students had overall better attitudes toward ethnic minorities. In addition, McDermott and Stadler (1988) found a statistically significant correlation between subjects' life experiences with minorities and corresponding attitudes. This meant the more experience subjects had with minorities the lower prejudicial attitude scores they achieved verse the lack of experience subjects had with minorities the higher prejudicial attitude scores.

D'Augelli (1989) found the same correlation between subject's life experience and attitudinal scores as did McDermott and Stadler (1988), but there were also differences in the two studies. D'Augelli's subjects were college students studying to be resident assistants for a university, not counseling students. D'Augelli used Attitudes Toward Lesbians and Gay Men (ATLGM; created by G. M. Herek) to measure attitudes instead of the IHP. One benefit of using the ATLGM, compared to the IHP, is the ATLGM can be separated equally between ten questions concerning gay men and ten questions about lesbian women. This distinction is crucial to research regarding attitudinal differences of males and females toward homosexual men and women. D'Augelli found that males were overall more homophobic compared to females, and males were also more negative toward gay men than lesbian women. This type of information could be very helpful in

targeting antihomophobic educational programs to specific audiences.

Young, Galagher, Belasco, Bass, and Webber (1991) repeated a survey in 1989 to compare the fear of AIDS and homophobia on the same university population four years after the initial survey in 1985. The authors used the same instrument designed in the original 1985 study that consisted of 99 items measuring the fear of AIDS, changes in behavior, and knowledge of AIDS. Seven items within the larger instrument were designated as the homophobic scale. The results of the survey indicated that although the fear of AIDS had decreased over the span of four years, homophobia remained unchanged, thus a direct correlation between the fear of AIDS and homophobia could not be substantiated. The survey showed subjects to be much more knowledgeable about AIDS than in the earlier survey, but the correlation between the fear of AIDS and homophobia was inconclusive.

The last homophobic instrument reviewed was not used as a measurement of change. Iasenza and Troutt (1990) used a simple written word association for training university student leaders. The goal was not to compare and analyze subjects before and after the training program. The written word association was only a tool to facilitate student discussion about prejudices and how the students might develop ways of combating prejudice on campus. The subjects were asked to anonymously write down the first words that came to their mind in response to six minority group descriptors (gay man, black person, woman, Hispanic person, Jewish person, and lesbian). The responses were collected and written on a black board. Thus, the simple six word association instrument only facilitated group discussion, education, and specific plans of action.

Homophobia and Overt Behavior

Only one study in this review measured actual overt behavior, and it was conducted in a shopping mall in the United Kingdom. The intention of Gray, Russel, and Blockley (1991) was to supplement the attitude surveys documenting homophobia with actual behavioral data. Gray, Russel, and Blockley (1991) observed the responses of people being asked to change some money by someone wearing a pro-gay t-shirt compared to someone wearing a plain shirt. The results supported, in concrete behaviors, that homosexuals do suffer from prejudice.

Every other homophobic instrument researched in this review was done with paper and pen. Rudolph (1989a) asked subjects to responded to video vignettes in writing, but subjects are not measured in live situations. Young, Henderson, and Marx (1990) compared nursing students written responses to written scenarios. Young, Galagher, Belasco, Bass, and Webber (1991) asked subjects in a written survey, if specific behaviors had changed or remained the same. These are all good attempts at measuring behaviors, but they are limited because they are all self reported and usually hypothetical situations, not actual situations.

Long Term Effects

Little of the research literature about homophobia in this review contained long term studies. Young, Galagher, Belasco, Bass, and Webber (1991) conducted a replicated survey four years after the original survey on a university population. There had not been a specific or planned intervention during the course of the two studies which required evaluation. The authors credit public education programs about AIDS as being effective, but this was more by observation than by design.

Rudolph (1989a) conducted an eight week follow-up to his multimodal workshop addressing homophobia. The paper and pen survey was done by mail, and it revealed this multimodal intervention remained effective eight weeks later.

Summarization and Implications

The research concerning homophobia has been done in the field of health care, in university settings, and in shopping malls. The purposes and methodologies of this research have varied according to the specific context of each project. Some research has been done in the field of mental health, but it is sparse and not well established. Homophobia is a relatively new issue for professional counselors and explains some of the research gaps in this area. The prejudice experienced by homosexuals is more visible today and is exemplified by the increased research of the last twenty years. However, this same research reveals the complexity of an issue that is difficult to ascertain let alone resolve.

The various attitudinal instruments used to gauge homophobia reflect homophobia's multiple dimensions and relative newness. The problem of AIDS has created a real need for health care providers to address homophobia resulting in the development of homophobic measurements for health care professionals (Royse & Birge, 1987; Young, Galagher, Belasco, Bass, & Webber, 1991). The IHP (or IAH) scale has also been used in past research by health care professionals (Young, Henderson, & Marx, 1990), but the IAH has also been utilized in university settings (Serdahely & Ziemba, 1984), and with mental health professionals (McDermott & Stadler, 1988; Rudolph, 1989a). The use of the ATLGM with college students (D'Augelli, 1989) reflects the continued development of research in homophobia by distinguishing between

attitudes toward lesbian women and attitudes toward gay men.

Ultimately, most of the research was concerned with changing homophobic attitudes and homophobic behaviors. A variety of educational interventions were suggested and tested, but research comparing the effectiveness of various methods is lacking. Most educational interventions showed some effectiveness, but differences in methodologies and measurement varies considerably. It is not clear from the research if any particular method of intervention is more or less successful compared to any other method of intervention for homophobic attitude modification (Croteau & Kusek, 1992; Rudolph, 1989a). Croteau and Kusek (1992) evaluated six studies that involved homophobic reduction, involving at least one identified homosexual speaker as part of the treatment procedure. Although Croteau and Kusek found the same correlations being made between previous contact with homosexual individuals and positive attitudes toward homosexuals, the six studies had significant differences in treatment parameters. This made for extremely limited comparisons. Croteau and Kusek, however, provide specific information on implementing and researching speaker panels in the future.

Aside from the attitudinal studies, very little integration of homosexuality issues has been incorporated into counseling training programs (Iasenza, 1989). Course work has remained focused in traditional areas, which reflects how much educational programs are as much apart of their own environments and dominating cultures, prejudices and all.

CHAPTER THREE

Methodology

The design of this study took the form of an experimental research study. The dependent variable was the posttest score upon a revised version of the Index of Homophobia (IHP; Hudson & Ricketts, 1980). The creators of the IHP suggested the revisions that were made and they suggested the IHP be called the Index of Attitudes Toward Homosexuals (IAH) instead of IHP to reduce any bias that might be caused simply by the name. The IAH was used to pretest and posttest both the control and experimental groups. The pretest scores were used as a control variable to assist in comparison of the posttest scores. Both the control and experimental groups consisted of University of Nebraska at Omaha (UNO) graduate counseling students during 1994. The independent variable was a two hour class presentation with panel discussion concerning homosexuality. The control group had their regularly scheduled class without the special two hour class presentation.

Subjects

A class of 23 master's level students in counseling was selected for the experimental group and a different class of 24 master's level students in counseling was selected for the control group. Any students who might have been in both classes were identified and their results were not included in the statistical analysis.

Instrument

As mentioned, a revised version of the Homophobic Index (IHP) renamed Index of Attitudes Toward Homosexuals (IAH; Hudson & Ricketts, 1980) was used to pretest and posttest both the control and experimental groups. The IAH is a 25-item

questionnaire which uses a 5 point, Likert-type format to gather data. The scores could range from 25 to 125, least accepting to most tolerant, respectively. The test-retest reliability and coefficient alpha are from .90 to .97. Demographic information including sex, age, ethnic background, number of graduate courses in counseling, and past experience with homosexuals was also collected.

Procedure

The experimental group was tested March 30th, 1994, and the control group was tested six weeks later on May 12th, 1994. Each class section was given the demographics questionnaire and the IAH pretest at the beginning of class. The control group then had their regularly scheduled class lesson, but was given the IAH posttest ten minutes before class ended.

Following the demographic questionnaire and the IAH pretest, the experimental group received a two hour presentation concerning homosexuality. The first hour consisted of a group activity and lecture. Initially, each member of the class was given an index card with either a myth or reality (not identified on the card) concerning homosexuality written on the card (see appendix). Thus, each person was told to find their "partner" or opposing card holder and decide which card was a myth and which was a reality. This exercise took twenty to thirty minutes and led into a discussion of the myths and realities of homosexuality. The presentation leader then talked about the impact homophobia has upon both clients and counselors. She gave examples of using inclusive language with clients and how it enhances and builds trust in counseling relationships. She also talked about her work with high school students and her training in counseling. This concluded the first hour of the presentation (see appendix for outline

of presentation).

The second hour involved a panel discussion involving three members. The panel consisted of the mother of an adult homosexual, a current college male homosexual student, and a male homosexual who was also a father. Each panel member gave a 5 to 10 minute introduction of himself or herself. During the last 30 to 40 minutes, panel members answered questions from the class concerning their past and present experiences with jobs, family life, school, and friendships. Panel members shared stories of their own personal struggles and accomplishments regarding homosexuality in their own lives. After the panel discussion, the class was given the IAH posttest.

The experimental group was asked not to discuss the experiment with other students because of the danger of contaminating the control group which was tested after the experimental group.

The test results were statistically compared using an analysis of covariance (ANCOVA) because the sample population consisted of two intact groups not randomly chosen, nor equally matched. The ANCOVA minimizes, but not totally eliminates, random variations that may have occurred in such a comparison (Keppel, 1973). The ANCOVA used the IAH pretest as a control variable of all the subjects' (47 total) before the control (24) and experimental (23) posttest mean scores were compared. The probability level of .001 was utilized. The null hypothesis stated that there would not be any significant difference in the means of the IAH posttest scores of the control and experimental groups when compared to their corresponding pretest scores.

Limitations

This study shares many of the same limitations of previous studies and was unable

to reduce those limits. Although the limitations are real and important, the significance of the results do not allow the study to be easily dismissed. The simplicity of the research compared to the complexity of homophobia's impact upon the counseling relationship was not meant to minimize the results, but meant to invite continued research in this area.

First of all, the experimental group and control group were not randomly chosen nor very large. The classes selected were already in tact for convenience and may not be free of some unknown systematic bias. There was also a six week lapse between the experimental and control testing that could have had some impact upon the results.

Second, the generalizability of this student population to already practicing professionals needs some consideration. The UNO student counselor population was predominantly female and white non-Hispanic. Of the total sample population (47), 39 subjects were female and 8 were male. Only four subjects described themselves as something other than white non-Hispanic. A broader study of demographic characteristics of professional counselors and students is needed, but this was beyond the scope of this research.

Third, a comparison of the effectiveness of the lecture, panel speakers, and myth/reality activity was not conducted. This type of information would certainly be helpful to educators who are looking for effective tools for implementation into their already existing curriculum. The inability of being able to compare different educational methods in this study is reflective of other research. Croteau and Kusek (1992) do a thorough review of literature regarding panel discussions. They found strong evidence that speaker panels do reduce homophobia, but the various methodologies differed so much that comparisons were impossible to make. Rudolph (1989a) describes the

limitations of a dozen studies that attempt to positively influence counselors' or others' attitudes toward homosexuals with varying treatments and educational presentations. Rudolph (1989a), then provides his own multimodal presentation with experimental results and limits. Iasenza (1989) offers some suggestions and guidelines specifically for counselor training and research.

Fourth, the question of how homophobic attitudes correspond to behavior is extremely important, but not specifically addressed in this study. This is an obvious limit to this research as well as most attitudinal experiments. There are few people who would argue that our attitudes affect our behaviors, but how homophobic attitudes specifically translate into homophobic behaviors remains unanswered. A study by Gray, Russel, and Blockley (1991) provides evidence that homosexuals do suffer from negative behaviors, but the study do not attempt to alter attitudes nor behaviors.

Rudolph (1989a) compared the written responses of counseling subjects to audiotaped vignettes of gay and lesbian clients. He compared the results of subjects who had received an educational presentation about homosexuality to those who had not received any type of presentation. Although the vignettes were simulated, Rudolph provides one possible means for a limited measure of possible homophobic behavior, and his findings support the effectiveness of his specific intervention.

The connection between attitudes and behaviors still persists. The complexity of such an undertaking was beyond the scope of this research, but certainly crucial for continuing research.

Fifth, a procedure error limited a more intensive statistical analysis. The demographic questionnaire and the IAH were done separately and collated by coding

each instrument with the last four digits of social security numbers to assure anonymity. This was done successfully with the experimental group, but was not performed with the control group. The lesson of having both the demographic and attitudinal questionnaire in one combined instrument was well-learned and can be easily corrected in future research. However, this mistake did limit a more extensive statistical analysis.

The final limitation of this project was that it did not test the long term effectiveness of the homophobic intervention. Again, Rudolph (1989a) provides evidence that attitudinal change was maintained after an eight week follow-up to his multimodal workshop, but long term effectiveness of any type of homophobic intervention still requires more research.

The complexity of addressing most of these limitations is in sharp contrast to the simplicity of this study. The hidden biases of intact sample groups, the generalizability of results from students to practicing counselors, the effectiveness of different types of interventions, the correlation between attitudes and behaviors, and the long term effectiveness of attitude change are difficult to solve. The procedure error of collecting all the data with one instrument is ed and would increase further analysis. Overall, this research should at least provide a small stepping stone for continued and more extensive research into the impact of homophobia upon counseling students and professional counselors.

CHAPTER FOUR

Results

Demographics

The demographic data collected from the students in this survey reveals a real lack of diversity compared to the general population, but not necessarily compared to the diversity in graduate counseling students. The data was very typical of all the graduate counseling students at University of Nebraska at Omaha (see Appendix D). The lack of heterogeneity is not only a challenge for research of a more diverse cross section of counseling students (if one exists), but also a challenge for all graduate counseling programs to recruit a wider range of students (see Appendix C for questionnaire and Appendix D for results).

Both the control group and the experimental group were predominantly white or caucasian. The control group included only two students who identified themselves as Black - Non Hispanic Origin, while all the other students identified themselves as White - Non Hispanic Origin. The experimental group included two students who identified themselves as Asian or Pacific Islander and all the other students identified themselves as White - Non Hispanic Origin (see Table One).

Table One
Demographic Data Summary

		Control (24)	Experimental (23)
Sex	-	22 Female, 2 Male	17 Female, 6 Male
Mean Age	-	34.87 years old	35.18 years old
Ethnicity	-	22 White-NonHispanic 2 Black-NonHispanic	21 White-NonHispanic 2 Asian/PacificIsles
Mean # Of Hours in Program	-	3.5 Hours	8.09 Hours

Both the control group and the experimental group were predominantly female. The control group only had 2 males out of 24 students. The experimental group had 6 males out of 23 students.

The age of the control group students ranged from 23 to 52 years of age, with a mean age of 34.87 years old. The age of the experimental group students ranged from 23 to 61 with a mean age of 35.35 years old (see Appendix D for complete data).

Only one person in the entire sample population identified him or herself as homosexual. The overall experience and exposure of both groups to homosexuals is summarized in Table Two. Three people in the control group and 5 people in the experimental group had no contact nor awareness of contact with homosexuals. The majority of subjects in both groups replied to responses #3 and #4, reflecting less known personal experience with homosexuals than responses #1 and #2.

Table Two
Previous Experiences with Homosexuals

Possible Responses	Control	Experimental
#1 - I am homosexual.	1	0
#2 - I have a close friend who is homosexual.	2	9
#3 - I have acquaintances who are homosexual.	18	9
#4 - I am not aware of knowing any homosexuals nor am I aware of having any interactions with homosexuals.	3	5
TOTAL	24	23

The correlation between experience and scores on the IAH needs more exploration. This topic will be consider at greater length in the conclusion.

The students in the experimental group had taken more counseling classes on

average than the control group, but any useful correlation between the number of courses to the scores on the IAH was not possible. Only one person had taken the Practicum course and their results were not included in the study to minimize differences in the sample population. The impact of the Practicum course and number of completed counseling classed might be useful areas for future area of research.

IAH Scoring

Range

The possible range of a subject's score upon the IAH was between 25 (lowest) to 125 (highest), most tolerant to most homophobic. The highest score in this research project was 105 and the lowest was 25. The control group's range expanded by one increment from the pretest to the posttest, whereas the experimental group's range narrowed by five increments. Table Three reflects the ranges of scores of the four tests administered.

Table Three
Test Group Ranges

	High - Low= Range
Control Pretest	100 - 25 = 75
Control Posttest	105 - 29 = 76
Experimental Pretest	102 - 37 = 65
Experimental Posttest	98 - 38 = 60

Mean

A comparison of the mean scores of the four test samples, before the ANCOVA, gives a possible indication that the class intervention on homosexuality might have been effective in reducing homophobic attitudes as measured by the IAH (See Table Four).

Table Four
IAH Results Summary

	Control (24)		Experimental (23)	
	Pretest	Posttest	Pretest	Posttest
RANGE	100-25=75	105-29=76	102-37=65	98-38=60
MEAN	68.71	70.75	61.95	55.13
SD	17.00	18.63	16.16	14.88
CHANGE IN SD	Up 2.04		Down 6.83	

The mean score of the control group's pretest on the IAH was 68.71 and actually increased to 70.75 when posttested. The mean pretest score of the experimental group was 61.96 and decreased 6.83 to 55.13 when posttested after the 2 hour presentation. However, this early observation does not take into account the differences in the two groups, so an ANCOVA was performed to minimize any predictable differences in the two groups.

Analysis of Covariance (ANCOVA)

The analysis of covariance (ANCOVA) was used to adjust for chance differences between treatment groups by using the control variable and reducing the error of variance (Keppel, 1973). In this case, the IAH pretests for both the control and experimental groups were used to better compare differences in the experimental variable, namely the IAH posttest. It was assumed that any group of control scores would follow a similar linear regression pattern for the purpose of removing any predictable variability. ANCOVA does not guarantee that the two groups compared were free of some unknown systematic bias that would nullify any statistical analysis or conclusions. This doubt is reduced greatly if the study had been on random subjects and not intact class populations.

Nevertheless, the ANCOVA did reveal a statistical significance in the change of the experimental group's posttest mean score compared to the control group's posttest

mean score (see Table Five).

Table Five

ANCOVA Summary of Experimental Group's IAH Posttest Scores Versus Control Group's IAH Posttest Scores

Variable	SS	df	MS	F	p
Treatment	933.67	1	933.67	30.96	$<.001$
Error	1326.74	44	30.15		

CHAPTER FIVE

Summary, Limitations, and Implications

The results of this study indicate that a two hour class presentation about homosexuality was effective at reducing homophobia among graduate counseling students as measured by the IAH. This outcome is consistent with the results of previous investigations in which homophobia was measured after some type of treatment (Croteau & Kusek, 1992; Serdahely & Ziemba, 1984; Rudolph, 1989a). Despite the limitations of comparing different methodologies (Croteau & Kusek, 1992), this study supports the basic tenet that an educational intervention about homosexuality does reduce homophobia. The classroom presentation was one type of experience that provided a limited, but safe, atmosphere for students to explore their own preconceptions and biases. Rudolph (1989a), provided a more extensive workshop that could be used with already practicing professionals. Both formats are useful information for counselor educators, because effective curriculum can be developed to address important issues like homophobia, sexism, racism, or any other prejudice that would impede the client/counselor relationship.

The context of this research is in the field of professional counseling, but could be applied to health care professionals or other occupations. The ethical, professional, and pragmatic implications of the relationship between a person's personal prejudices is extremely important especially in the counseling relationship. This does not just apply for clients with different sexual orientations, but also people of different age, race, socio-economic status, religion, gender, disability, or culture. Each personal bias of a counselor is important in the way it impacts the client/counselor relationship. This is both

an ongoing personal struggle all counselors must face and an ongoing professional battle for the agencies, schools, and systems counselors maintain. This research was done within an educational setting, but its application was not meant to be limited only to education.

Limitations

This study attempted to correlate a subject's previous experience with homosexuals to scores on the IAH, but it lacked the sophistication to investigate that relationship. The results of this study do nothing to refute the results of previous studies, however, which did find a correlation between lower homophobic index scores and previous experiences with homosexuals (D'Augelli, 1989; McDermott & Stadler, 1988). This correlation is meaningful because educational interventions can provide experience for people who otherwise are inexperienced.

The limitations of attitudinal surveys compared to tangible behavioral outcomes is important, but not remedied in this research. The size and demographic characteristics of the sample population was limiting. The majority of the subjects were white females, which limits generalizability. The subjects were also part of intact classes and not randomly chosen, so the threat of some unknown systematic bias exists. This research project is also limited because it does not compare the effectiveness of the different educational components in the intervention, nor does it measure for long term effectiveness.

Implications

Iasenza (1989) earlier brought attention to the gap between the current need for education and research concerning sexual orientation and the lack of education and

research in this area. The burden of an educational curriculum to cover "everything" is difficult and never ending. Homophobia is a problem of our entire culture, not just the counseling profession. Whether counseling professionals are more or less homophobic than the general population, professional counselors need to actively reduce the homophobic biases they do possess. This study not only furnished a model that explored homosexuality, but it also indicated this method was effective at reducing homophobia as measured by the IAH. This research provides a concrete way for professional counselors, educators, and other professionals to be more proactive in confronting and combating homophobia.

Even though 20 years have past since homosexuality was considered an illness by the American Psychiatric Association, homosexuality remains a difficult issue for professional counselors and society. The negative attitudes and prejudices are laborious to address let alone change. This study offer one means of engaging professional counselors and others in combating homophobia.

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Appendix A

Two Hour Presentation

Outline

Two Hour Presentation
Outline

PART I Group Activity (55 minutes)

1. Pass out a Myth or Reality Card to everyone. Have each participant search for their corresponding match or partner card.
(This could take 20 to 30 minutes.)

2. Depending on time limitations, you can stop the activity before everyone has found their partner card. Begin a discussion by asking "How many struggled with the exercise?" Use this to exemplify the lack of education in the area of homosexuality. Go through all the myth and reality partners and discuss each one.

3. Next, ask how many participants know someone who is lesbian or gay? Discuss the problem of identifying someone who is homosexual and the fact homosexuals come in a wide variety of sizes, shapes, and colors. The problem of homosexuals being "invisible" is very important for counselors and the reason for using inclusive language. For example use the term "sexual orientation," not sexual preference, not alternative lifestyle, nor homosexual behavior. You could use the terms "life partner or significant other."

4. Ask participants about their own prejudices and homophobic attitudes. What are steps people can chose so that it does not interfere with the counselor/client relationship.

PART II Panel Discussion (55 minutes)

1. Each panel member takes 5 to 10 minutes to introduce him or her self. The three member panel (mother of adult homosexual, homosexual male college student, male homosexual who is also a father) reflected a wide spectrum of human experience with homosexuality. This is an important criteria for choosing panel members.

2. Panel members use the rest of the time to answer questions and share their life experiences.

PART III Debriefing (10 minutes)

Give the audience sometime to absorb the presentation. Have resource materials available and be prepared with names and phone numbers of local support groups for further personal investigation.

Appendix B

Realities and Myths

Printed on Cards for Presentation

Realities And Myths
Printed on Cards for Presentation

MYTH 1
It is difficult to guess a person's sexual orientation solely on the basis of their social behavior or mannerisms. Many - heterosexuals and homosexuals - challenge traditional female and male roles. There are "effeminate" heterosexual men and gay men who are very masculine in appearance. There are "mannish" heterosexual women and highly feminine lesbians. There are also feminine gay men and masculine lesbians. All people dress in many different ways. Gay people are represented in every occupation. There is no "gay" profession. There may be jobs where it is more comfortable to be "out."
FACT 1
lesbian and gay men are easily identifiable by their appearance and choice of occupation.

MYTH 2
Lesbian and gay men want to have sex with straight people.
FACT 2
Lesbian and gay men are much more likely to have fulfilling relationships with other lesbians and gay men.

MYTH 3
The only thing gay people think about is sex.
FACT 3
Society has "hypersexualized" lesbians and gays by focusing on sexual orientation - the one characteristic in which they differ from heterosexuals. Sex is important for all adults - by is no more important to homosexuals.

MYTH 4
Homosexual men and women constitute only a small segment of the general population.
FACT 4
According to the research done by Kinsey and his associates (1948, 1953), 22 million women and men (or 10% of the American population) are predominately homosexual. When the fact that gay men and lesbians have families and friends is considered, it is easy to realize that almost everyone comes in contact with gay people.

MYTH 5
Gay men and lesbians are promiscuous and cannot maintain long term relationships.
FACT 5
As do heterosexuals, gays and lesbians form a variety of relationships, lasting from one night to many years.

MYTH 6
Homosexuals and heterosexuals choose their orientation.
FACT 6
Researcher agree that sexual orientation is not a choice. It is a discovery.

MYTH 7
Gay men hate women; lesbians hate men.
FACT 7
Many gay people have close friends of the opposite sex, while preferring those of the same sex as their intimate sexual partners. Friendship between gay people and people to the opposite sex, both straight and gay, can be very rewarding because of the absence of pressure to have sex.

MYTH 8
lesbian and gay males could change if they really wanted to.
FACT 8
Most studies indicate that those who are highly motivated to change their sexual orientation may change their behavior, but not their underlying desire, It is often societal homophobia that forces people to attempt change.

MYTH 9
Homosexuals "recruit" by molesting children.
FACT 9
There is a consensus that the sexual orientation of a child is established anywhere from 2-4 years of age, and cannot be change thereafter. Neither heterosexuals nor homosexuals, therefore, can "recruit" children - or adults, for that matter. In Los Angeles, the Police Department reported 97% of those convicted for child molestation in 1971 were heterosexual men involved with young girls.

MYTH 10
Gay people don't really want to be gay.
FACT 10
Many lesbians and gay men enjoy being who they are and feel liberated when they freely love a person whom they choose. In short, gay people don't want to be heterosexual; what they do not want is to be discriminated against because they are gay.

MYTH 11
Gay people want to make straight people homosexual.
FACT 11
For centuries, straight people have punished and attempted to "cure" homosexuality. Gay people know they cannot be made heterosexual, just as they know that straight people cannot be made homosexual.

MYTH 12
One can promote, encourage, or teach homosexual orientation.
FACT 12
Homosexuality is a state of being...not a course of conduct or behavior. It would be like trying to teach someone to have blue eyes.

MYTH 13
Sexual orientation is a choice.

FACT 13
The Nebraska Psychological Association, in June of 1992, endorsed that current available treatment suggest a person's sexual orientation is a basic and unyielding characteristic in the same way as eyes-skin-color-or height and is not a matter of choice.

MYTH 14
AIDS is a gay disease.
FACT 14
The majority of people infected with HIV in the U.S. are gay males - but AIDS affects everyone. In other countries, it affects equal numbers of males and females, most presumably heterosexual, and their children. The highest increase in recent years in this country has been among injecting drug users, many of whom are heterosexual.

MYTH 15
Homosexuality causes the breakdown of the family.
FACT 15
Unhappily, many gay people are not as close to their parent and siblings as they would like to be, for they dare not "come out" to them. Because they have the same need and desire for family ties as heterosexuals, many lesbian and gay men look instead to circles of friends for primary love and support. Some gay people live with a partner. Some raise their children wit their lover, friends, or alone. Only if "family" is defined very narrowly - as a household of heterosexual married partners and their children - can lesbians and gay men be said not to have families.

MYTH 16
I don't know any gay or lesbian people.
FACT 16
You probably don't know any who are out to you, although a significant percentage of the population is gay or lesbian.

MYTH 17
Gay people are mentally ill.
FACT 17
Dr. Evelyn Hooker, former head of the National Institute of Mental Health Task Force on Homosexuality, concluded that homosexuals are no more or less mentally unhealthy than heterosexuals. The American Psychiatric Association and the American Psychology Association have remove homosexuality from their lists of mental disorders in the 1970's, but this idea persist today.

MYTH 18
Lesbians and gay men do not make good parents.
FACT 18
One out of four families has a lesbian or gay man in the immediate family; heterosexual parents are consistently not found to be more loving or caring than their lesbian/gay counterparts.

Appendix C

Demographics Questionnaire

Demographics Questionnaire

Please answer the following questions as openly and honestly as possible. All material for this research project is confidential.

1. Sex ____ Female ____ Male

2. Age ____

3. Ethnic Background:

____ White - Non Hispanic Origin
____ Black - Non Hispanic Origin
____ Hispanic
____ Asian or Pacific Islander
____ American Indian/Alaskan Native
____ Other Specify _____

4. How many hours completed in the UNO Counseling Program? ____

5. I am currently enrolled or have had the Practicum course. Y N

6. Check the statement which is closest to your own experience:

____ I am homosexual.

____ I have a close friend who is homosexual.

____ I have acquaintances who are homosexual.

____ I am not aware of knowing any homosexuals nor am I aware of having any interactions with homosexuals.

Appendix D

Demographic Data

Demographics Information

Control Group (24)

S	A	ET	H	P	EX
F	26	W	0	N	3
F	35	W	3	N	3
F	45	W	0	N	3
F	40	W	0	N	3
F	23	W	0	N	3
F	*	W	3	N	3
F	36	W	0	N	3
F	32	W	0	N	3
F	37	W	0	N	3
F	32	W	3	N	3
F	30	W	0	N	3
M	34	W	0	N	4
F	23	W	0	N	3
F	26	B	26	N	3
F	25	W	15	N	3
M	37	W	0	N	3
F	29	W	6	N	2
F	38	B	16	N	1
F	27	W	6	N	3
F	44	W	0	N	4
F	51	W	0	N	3
F	49	W	0	N	4
F	52	W	6	N	2
F	31	W	0	N	3

Control Group
22 Females
2 Male
Average age = 34.87
22 White non Hispanic
2 Black non Hispanic
Average of graduate hours 3.5

Key
S = Sex
A = Age
ET= Ethnicity
H = Number of Graduate Hours
P = Whether had Practicum Course
EX = Past experience with Homosexuals
* = Left unanswered
M = Male
F = Female
W = White
B = Black non Hispanic
N = No

Experimental Group (23)

S	A	ET	H	P	EX
F	33	W	9	N	3
F	45	W	50	N	2
F	23	W	4	N	3
F	23	W	0	N	4
F	42	W	0	N	3
M	24	W	12	N	4
F	61	W	12	N	3
M	42	W	3	N	2
F	23	W	6	N	4
M	35	W	2	N	2
F	23	W	9	N	3
M	29	W	21	N	4
M	*	W	15	N	2
F	42	W	18	N	2
M	33	ASIAN	2	N	4
*	54	ASIAN	6	N	3
F	36	W	2	N	2
F	25	W	2	N	2
F	28	W	9	N	3
F	44	W	0	N	3
F	42	W	4	N	2
F	38	W	0	N	3
F	29	W	0	N	2

Experimental Group
17 Females
6 males
Average age = 35.18
21 White non Hispanic
2 Asian/Pacific Islander
Average of graduate hours 8.09

Demographic summary of all 363 students currently enrolled in the Counseling Program at the University of Nebraska, Omaha, as of December 1994.

84% Female
16% Male
Average Age = 38.05
84% White non Hispanic
3% Black non Hispanic
.6% Hispanic
.3 Asian/Pacific Islander
.9% Native American
11% Undeclared Ethnicity

Appendix E

Index Of Attitudes Toward Homosexuals

(IAH)

INDEX OF ATTITUDES TOWARD HOMOSEXUALS

This questionnaire is designed to measure the way you feel about working or 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 marking the appropriate number on the SCANTRON answer sheet:

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

Please begin.

1. I would feel comfortable working 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 homosexuals.
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 be offended.
16. I would feel comfortable if I learned that my daughter' 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 that my son's male teacher was homosexual.
25. I would feel comfortable working closely with a female homosexual.

Appendix F

Scores of

Index of Attitudes toward Homosexuals

(IAH)

Scores of
Index of Attitudes toward Homosexuals
(IAH)

Control Group (24)
Descending Order Scores

PRE	POST
25	29
43	46
51	48
52	50
54	54
61	60
62	60
62	60
62	61
64	63
66	66
67	70
67	75
75	76
77	78
77	80
77	81
79	81
79	84
80	85
80	87
92	97
97	102
100	105
1856/24	1698/24

Average Pretest = 68.71
Range = 75

Average Posttest = 70.75
Range = 76

Experimental Group (23)
Descending Order Scored

PRE	POST
37	36
43	38
45	40
46	43
46	44
50	45
55	45
56	49
56	50
58	51
58	53
59	54
61	54
62	56
64	56
65	56
67	56
69	56
71	59
74	65
83	79
98	85
102	98
1425/23	1268/23

Average Pretest = 61.96
Range = 65

Average Posttest = 55.13
Range = 60

Appendix G

Handout of Resources from

Two Hour Presentation

Counseling Issues for Gay Youth

Theories Class
UNO
March 30, 1994

Facilitator: D. Moritz
Counselor
Burke High School
12200 Burke Blvd.
Omaha, NE 68154
402-557-3222

GAY AND LESBIAN YOUTH

ARE IN A **HIGH RISK** GROUP

FOR:

SUICIDE
(According to a 1989 report to the U.S. Health Services Dept., gay youth are two to three times more at risk than non-gay youth.) The number one cause of death for gay youth is suicide, 2nd cause of death for non-gay youth)

ALCOHOL AND OTHER DRUG USE (Many gay youth use substances to relieve the pain of isolation.)

HIV/STD's (Having sex with multiple partners of the opposite sex just to "prove" they are not gay.)

UNPLANNED PREGNANCIES (Another way to "prove" you can't be gay???)

SEVERE DEPRESSION (Sees no future; feels helpless; hopeless; isolated from friends, family, school and church; detached.)

LACK OF SELF-WORTH AND DIGNITY (Have low self-esteem and feeling of worthlessness. A constant audience for hurtful jokes and put downs. Not valued as a person.)

DROP-OUTS (No sense of belonging, poor school performance, social isolation, rejection of peers, and hostile environment.)

GAY AND LESBIAN YOUTH SUICIDE

Gay and lesbian youth belong to 2 groups at high risk of suicide: youth and homosexuals. A majority of suicide attempts by homosexuals occur during their youth are 2 to 3 times more likely to attempt suicide than other young people. They may comprise 30% of youth suicides annually. Sexual orientation is often formed by adolescence. The earlier youth are aware of a homosexual orientation and identify themselves as gay, the greater the conflicts they face.

Lesbian, gay, bisexual, and transsexual youth face problems in understanding and accepting themselves due to the lack of accurate information available to them in early adolescence and the internalization of a negative self image. Openly gay youth face extreme physical and verbal abuse, rejections and isolation from family and peers. Many gay youth hide their identity and socially withdraw for fear of adverse consequences. Most report being very much alone. This results in gay and lesbian youth being more vulnerable than other youth to psychosocial problems such as chronic depression, substance abuse, school failure, relationship conflicts being forced to leave their homes and having to survive on their own prematurely. Gay youthface difficulty in their first intimate relationship because they are not allowed to develope relationship skills as heterosexual youth do, have extreme dependency needs due to prior emotional deprivation and have few social supports. Young gay and bisexual males living on the streets are at high risk of being infected with the AIDS virus. Helping professionals frequently worsen the problems of gay youth by failing to either accept them in their orientation or support them in their problems with others. Ethnic minority gay youth face discrimination as homosexuals and ethnic minorities in our society as well as lack of acceptance by their ethnic group.

The root of the problem of gay youth suicide is a society that discriminates against and stigmatizes homosexuals while failing to recognize a lesbian, gay or bisexual orientation in large numbers of it's young people. Legislation needs to guarantee homosexuals equal rights in our society. We each need to make a conscious effort to promote a positive image of homosexuals at all levels of society that provides gay youth with a diversity of lesbian and gay male adult role models. We each need to take personal responsibility for revising homophobic attitudes and behavior. Families should be educated about the development and positive nature of homosexuality. Parents must be able to accept their child as gay. Schools need to include information about homosexuality in their curriculum and protect gay youth from abuse by peers to ensure an equal education. Helping professionals need to accept and support a homosexual orientation in youth. Social services should be developed that are sensitive to and reflective of the needs of gay youth. We must offer gay youth hope for the future and the vision of a better life as a lesbian or gay make adult.

Commissioned Paper
U.S. Department of Health and Human Services
National Institutes of Mental Health
Presented June 11, 1986

HOMOPHOBIA IS:

Homophobia is the fear (unjustified beliefs) and the hatred of gays and lesbians.

Homophobia is the fear of being perceived gay or lesbian.

Homophobia is the fear of one's own physical or sexual attraction for same gender.

Homophobia is the fear of being gay or lesbian.

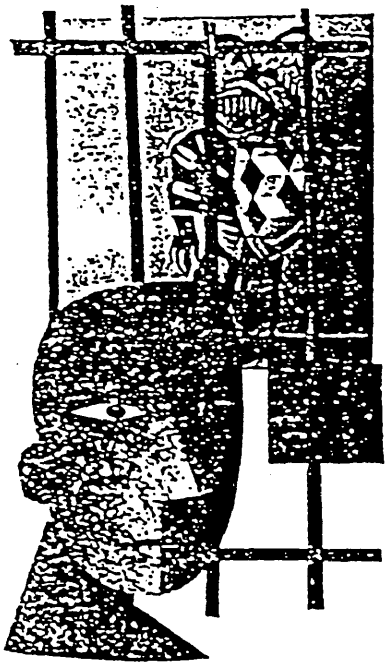
Homophobia

When men are unsure about their sexuality, they may not allow themselves to be close with other men.

MEN IN OUR SOCIETY CAN BECOME RABID ON THE SUBJECT OF homosexuality. Ostensibly normal guys can go berserk at the thought of other men sleeping with each other. It is as if they fear they will be suspect if they don't put on an exaggerated show of repulsion at the very thought of it.

The fear of being thought to be homosexual can be so pervasive that men may pull back from any affectionate closeness with one another. So men end up isolated, suspicious, and competitive with one another, pathetically dependent on women to affirm their manliness. They may become parodies of masculinity: aggressive, tough-minded, unaesthetic, and unsentimental, driven by galloping heterosexuality and determinedly unaffectionate with one another. A culture dominated by such men can be tough going.

Marvin is a powerful and sensitive massage therapist; he straightens me out when I've sat too long in my office. He has been living with his brother. Recently, the brother was moving away with his girlfriend, and after they had packed the moving truck, the two brothers were hugging and crying in their front yard. A bunch of guys drove by in a car and shouted insults. They drove past again and threw beer bottles and insults about "fags." The ever tolerant Marvin says he's glad he's not a brother to one of those guys.



Many, if not most, boys go through a pubertal period when masturbation is a group activity, when they become aware that they have homosexual tendencies. One way in which boys protect themselves from any pull toward homosexuality is to turn homophobia into a team sport, hiding their own innate homosexual capacity behind their shared fear of it and bragging about being sexually attracted to girls. Most teenage guys are vigorously homophobic.

Even those men who ultimately come to prefer homosexuality have gone through homophobic spells, and some of them have been so conflicted about their sexual choices that they remain homophobic, despising their sexual orientation and repulsed by any signs of "imperfect" masculinity in themselves or in their fellows.

Most men, once they have established themselves heterosexually and come to feel secure about their masculinity, let down the homophobic boundaries. But some have been so traumatized by the awareness that they could swing either way that they don't dare relax their homophobia.

I've known heterosexual men who are uncomfortable at restaurants with gay waiters. Such a man may become dominating or sexist or competitive. He may switch the topic to sports, war, or business: what he thinks a "real" man would talk about. These terrified men cut themselves off from their own warmth, sensitivity, and nurturance in the belief that emotional hardness is true masculinity. And they try to force other men to do the same.

Marvin tells me there are men who won't get massages for fear they will be sexually aroused by the touch of a man. Homophobic men prefer a massage that hurts, while less threatened men enjoy the pleasure they feel with the passing of male energy from the masseur to the client. Homophobia is not just gay bashing and displays of hyperheterosexuality. The fear of feeling good with another man is homophobia too.

How can men overcome their homophobia? First, realize that we all have the capacity, if not the inclination, to make love to someone of our own gender. Then, realize that homosexuality isn't catching. There is nothing to fear from inside us; there is nothing to fear from the other guys.

Instead of putting up barriers to closeness with other men, straight or gay or anything in between, take down the barriers. Anything that lets men feel good with one another—like a massage, like hugging your friends, like recalling your shared adolescence—will enhance both your mental health and your security in yourself as a man. Men don't have to sleep with one another, but they must be able to love one another in order to love themselves as men. □

Frank Pittman, M.D., is a psychiatrist and family therapist in Atlanta and author of Private Lies: Infidelity and the Betrayal of Intimacy.

Campaign to End Homophobia

Information About Lesbian, Gay, and Bisexual People

1. Lesbian, gay, and bisexual people cannot be identified by certain mannerisms or physical characteristics. People who are lesbian, gay, or bisexual come in as many different shapes, colors, and sizes as do heterosexuals. In fact, many heterosexuals portray a variety of the so-called lesbian and gay mannerisms.

2. Most lesbian, gay, and bisexual people are comfortable with being their biological sex; they do not regard themselves as members of the other sex. Being lesbian, gay, or bisexual is not the same thing as being transsexual, where a person feels that they are the wrong biological sex.

3. The majority of child molesters are heterosexual men, not lesbian, gay, or bisexual women and men. Over 90% of child molestation is committed by heterosexual men against young girls. The overwhelming majority of lesbians and gay men have no interest in sexual activity with children.

4. Sexual experiences as a child are not necessarily indicative of one's sexual orientation as an adult. There is a huge difference between sexual activity and sexual attraction.

5. Many, and perhaps most, lesbian, gay, and bisexual people have early heterosexual experiences, but are still lesbian, gay, or bisexual; many avowed heterosexuals have had sexual contact, including orgasm, with members of their own sex, but are still heterosexual.

6. Some lesbian, gay, and bisexual people know at an early age -- sometimes as soon as 7 or 8 years old -- that they are attracted to their own sex. Some people learn much later in life, in their 60's and 70's. Some research indicates that sexual orientation is determined before birth and age 3. And, having said all that, no one knows what causes sexual orientation.

7. It is impossible to convert heterosexuals to being homosexual. Based on what is known about sexual attraction, this is simply not possible, nor is it possible to convert homosexuals to being heterosexual.

8. Although homosexual "seduction" does occur, it is far less common than heterosexual "seduction", and, in fact, it may be even less common due to the fact that heterosexuals may react with hostility to sexual advances from members of their own sex. This misinformation, together with the misinformation about molestation, is the basis for attempts to keep lesbians and gay men from working with children.

9. Homosexuality is not a type of mental illness and cannot be "cured" by appropriate psychotherapy. Although homosexuality was once thought to be a mental illness, the American Psychiatric Association and American Psychological Associations no longer consider homosexuality to be a mental illness. Some people believe that it is homophobia that needs to be cured.

10. Most psychiatric and psychological attempts to "cure" lesbians and gay men have failed to change the sexual attraction of the patient, and instead, have resulted in creating emotional trauma. Many lesbians and gay men have known heterosexuals who tried to convert them to being heterosexual, without success.

11. Lesbian, gay, and bisexual people have the same range of sexual activity - from none to a lot -- as heterosexuals do. Some lesbian, gay, and bisexual people are celibate, some have been in monogamous relationships for decades, some have had several lovers across a lifetime, and some have many partners in any given period of time.

12. If you think about all the heterosexuals you know, they, too, fall across a spectrum of sexual activity and types of relationships. What is different is that we have gotten more information about the sexuality of lesbian, gay, and bisexual people and little information about the diversity and depth of their relationships.

13. For example, the only "homosexual" stories generally covered by the mainstream media are sensational ones — bath house raids, a gay man accused of molesting school boys, or a case of lesbian battering -- while the everyday lives of most lesbian, gay, and bisexual people are effectively kept secret or never discussed in a matter-of-fact way.

14. Many people accuse lesbian, gay, and bisexual people of "flaunting" their sexuality when they talk about their partner, hold hands or briefly kiss one another in public. And yet these are activities that heterosexual couples do all the time — in fact, some heterosexual couples do much more than this in public. Who's flaunting their sexuality?

15. There is no definable "gay lifestyle." In fact, there is no standard heterosexual lifestyle. Although some people might like to think that a "normal" adult lifestyle is a heterosexual marriage with 2 children, less than 7% of all family units in the United States consist of a mother, father, and two children living together.

16. Think of all the heterosexuals you know. How many have similar "lifestyles?"

17. Although there are many widely held stereotypes about people who are lesbian, gay, or bisexual, the most accurate generalization might be this: lesbian, gay and bisexual people are different from one another in the same way that heterosexual people are different from one another.

18. People who are lesbian, gay, and bisexual work in all types of jobs and they live in all types of situations. They belong to all ethnic and racial groups. They are members of all religious, spiritual, and faith communities. They have different mental and physical abilities. They are young, middle-aged, and old.

19. Whatever is generally true about heterosexual people, is probably true about lesbian, gay, and bisexual people, with two important exceptions: their sexual attraction is different, and lesbian, gay, and bisexual people are affected by homophobia in powerful and unique ways.

20. Each day, they must face oppression because of their sexual attraction. This affects decisions about jobs, family, friends, and housing....virtually all aspects of what most people would consider "everyday" living.

21. Sometimes the oppression escalates into acts of verbal and physical violence. The National Gay and Lesbian Task Force received reports of 7,248 incidents of anti-gay violence and victimization in 1988 in the United States; actual levels are presumed to be much higher. In surveys of lesbian, gay, and bisexual people, 52% to 87% have been verbally harrassed, 21% to 27% have been pelted with objects, 13% to 38% have been chased or followed, and 9% to 24% have been physically assaulted.

22. Despite all of this, many lesbian, gay, and bisexual people live proud, fulfilled lives. Many are committed to educating others about homophobia as well as caring for themselves and other members of their community.

In general, gay, lesbian, and bisexual students want what all young people want; to be cared about. Here are some suggestions if a student needs to discuss concerns with you:

- Be yourself.
- Remember the lesbian, gay, or bisexual student may be experiencing grief reactions, since most teens know the society says they are "wrong," "sick," "sinful."
- Use the vocabulary the student uses; if the student uses "homosexual," follow his or her lead. Likewise, if the student says "lesbian" "gay" or "bisexual" use that term.
- Students may appear confused about their orientation when, in fact, they are only confused with what terminology to use.
- Use the term "same sex feeling" if the student appears uneasy with other vocabulary. "so, what you are concerned about are your same sex feelings for other girls."
- Be aware of your comfort and limitations. Do not add pain resulting from your judgment about sexuality generally or homosexuality specifically.
- Thank the student for trusting you.
- Respect confidentiality. Do not mention student's names to other teachers or break confidentiality.
- Ask yourself questions:

  (1) Does the student have friends he or she can trust with the information?

  (2) Do parents know? What would happen if they knew?

  (3) If parents cannot support, are there other adults available for support?

- Be aware of cultural roles which may affect the student.
- If trust and openness exist, sexual behavior need addressing. Gay and bisexual male students are especially in need of clear guidance regarding protection from AIDS as are <u>all</u> students of <u>all</u> sexual orientations.
- Know your community resources: Lesbian, gay, bisexual (youth support groups, counseling centers, medical centers, parents and friends support groups (P-FLAG), etc.

Inclusive, sensitive, non-heterosexist language:

SEXUAL ORIENTATION
not
sexual preference
not
alternative lifestyle
not
homosexual behavior

LIFE PARTNER OR SIGNIFICANT OTHER

SAME GENDER RELATIONSHIPS

Inclusive language:

__ gives **all** students a permission to celebrate **all** diversity.
__ signals gay youth that you are an educator who is "safe".
__ delivers a message that all families and relationships are important and valuable.
__ makes no assumptions.

Gay youth want to view schools as safe, non-hostile, secure, and inclusive!!

D. Moritz February 10, 1994 OEA Seminar

"In Germany they first came for the Communists and I didn't speak up because I wasn't a Communist. Then they came for the Jews, and I didn't speak up because I wasn't a Jew. Then they came for the trade unionists, and I didn't speak up because I wasn't a trade unionist. Then they came for the Catholics, and I didn't speak up because I was a Protestant. Then they came for me - and by that time no one was left to speak up."

-Pastor Martin Niemoller

ACTIONS WE CAN TAKE:

>>>>>>Address and assess our own level of homophobia

>>>>>Treat the topic of "sexual orientation" as you would human variation: not good or bad.

>>>>> Do not allow the use of the slurs such as "fag", "queer", "dyke", ect. in your presence anymore than you would permit a racial or sexual slur.

>>>>>Include gay/lesbian concerns in all prevention programs (wellness etc.) and in all in-services regarding high risk youth.

>>>>>Advertise resources (PFLAG, support groups) for gays and their families.

>>>>>>Advocate for change in human relations and personnel polices to protect students and staff from discrimination on the basis of sexual orientation.

>>>>>Include issues for gay students and staff in school newspaper.

>>>>>Address heterosexist language.

>>>>>Let others know that "limp wrist" gestures and jokes are not amusing--they cause pain and embarrassment.

>>>>>When discussing multi-cultural and diversity issues, include gay issues.

>>>>>Advocate in-service for all staff members.

>>>>> Take a risk and offer hope for our "invisible minority."

RESOURCES:

Project 10 (a dropout prevention program for gay youth), Fairfax High School, 7850 Melrose Avenue, Los Angeles, California, 90046, 213-651-5200

Project 21 (a National Gay Alliance for Curriculum Advocacy), Mid-American Region, C/O Robert Birle, 4600 North Winchester Avenue, Kansas City, Missouri 64117 816-453-1854

Parents Families and Friends Of Lesbians and Gays, (PFLAG), 1012 14th Street, NW, Suite 700, Washington, D.C. 20005, 202-0638-4200

Gay and Lesbian Parents Coalition International (GLPI), P.O. Box 50360, Washington, D.C. 20091

"Just for Us", Newsletter, (for children of gay parents), Colage, 3023 North Clark, Box 121, Chicago, Il 60657

Hetrick-Martin Institute, 401 West Street, New York, NY 10014

The Harvey Milk High School, New York, NY

BIBLIOGRAPHY

Biery, Roger E. Understanding Homosexuality: The Pride and the Prejudice. Austin, TX: Edward William Publishing.

Borhek, Mary V. Coming Out to Parents: A Two Way Survival Guide for Lesbians & Gay Men & Their Parents.

Borhek, Mary V. My Son Eric. Pilgrim Press, 1979 (religious theme)

Clark, Don. The New Loving Someone Gay.

Eichberg, Rob Ph.D. COMING OUT: An Act of Love.

Fairchild, B. & Hayward, Nancy. (1989) Now That You Know. New York: A Harvest/HJB Book

Griffin, Carolyn, Wirth, Marian, WIrth, Arthur. Beyond Acceptance. Prentice-Hall, Inc. 1986

Heron, Ann. One Teenager in Ten. Alyson Publications, 1983.

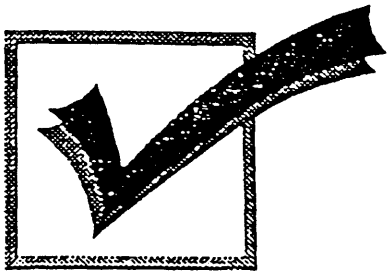
Pharr, Suzanne. (1988) Homophobia: A Weapon of Sexism. Inverness, CA: Chadron Press.

Bridges of Respect: Creating Support for Gay and Lesbian Youth. American Friends Service Committee.

BIBLIOGRAPHY ON HOMOSEXUALITY:

For Adults in the Lives of Youth

by - Jean Durgin-Clinchard



Heterosexism surrounds us. Gay youth and the youth who grow up with gay parents, or other gay family members need to know that they are not alone. Youth who know only heterosexism in their lives are left without the understanding that the recognition of diversity allows them. The professionals who work with youth - teachers, media specialists, librarians, counselors, school nurses, ministers, religious educators, to name a few - will want to inform themselves about the issues all youngsters are facing. The following list is a sampling of good books among the many that are available. Professional journals provide another rich source of authoritative information.

Alpert, Harriet. (Editor) (1988) We Are Everywhere . Freedom, CA: The Crossing Press. $10.95. This is a collection of writings by and about lesbian parents. The children of gay parents are everywhere. Both helping professionals and the people, including youth, they work with will gain from this one.

Robert, L. & Robinson, Bryan E. (1990) Gay Fathers. Lexington, Mass.: Lexington Books, D.C. Heath. $18.95. I have NOT read this one cover to cover, but it looks to be worthwhile.

Biery, Roger E. (1990) Understanding Homosexuality: The Pride and the Prejudice. Austin, TX: Edward William Publishing. $15.95 pbk/$23.95 Biery has put together a well documented and researched book that provides the reader with good immediate information while also providing the references needed to explore specific areas in more detail.

Blumenfeld, W.J. & Raymond, D. (1988) Looking at Gay and Lesbian Life. Boston: Beacon Press. ($14.95) This large book is a compendium of information that makes a wonderful reference book.

Blumenfeld, W.J. (1992) Homophobia: How We All Pay the Price. Boston: Beacon Press. This collection of essays and articles provides a broad background of the effects of homophobia on all of us. The essays are grouped beginning with the origins of homophobia and related oppressions and concludes with a section appropriately called "Breaking Free."

Bozett, Frederick (Editor). (1989) Homosexuality and the Family . Binghamton, NY: Harrington Park Press, Inc. ($17.95) The articles in this book provide information about the critical issues faced by gay men and lesbians of all ages, in all types of families---from gay parenting to coming out within their own families. Important reading for professionals working with youth.

Bozett, F.W. & Sussman, M.B. (eds.). 1989 Homosexuality and Family Relations. Binghamton, NY: Harrington Park Press, Inc. $24.95. This collection of articles covers a wide area of research into the various aspects of family relationships and issues. It includes a section on gay adolescents. A good reference on a variety of issues.

Bridges of Respect: Creating Support for Gay and Lesbian Youth. (1988) 1501 Cherry St., Philadelphia, PA 19102: American Friends Service Committee. $7.50. This is a basic resource guide that summarizes the issues gay youth face and contains extensive listings of materials and resources. Excellent. Succinct.

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Corley, Andre. (1987) The Last Closet. Pompano Beach, FL: The Exposition Press of Florida, Inc. $12.50. The author is a social worker who has worked with the gay parents of children of all ages. This book is a gem for people who are thinking about sharing their gay orientation with their children; it contains both good and sad experiences, as well as a long chapter on the appropriate level, language and metaphors or stories that could be useful in explaining this sensitive subject to one's children.

Cook, Ann Thompson. (1990) Respect All Youth Issue Papers: *I. Who Is Killing Whom?* and *II You Can Help:*& Friends of Lesbians and Gays (P-FLAG) P.O. Box 27605, Washington D.C. 20038 ($5.00 for all 3) These are the first two of three Issue Papers commissioned by P-FLAG, as part of their Respect All Youth Project. Well researched and succinctly presented these papers should be in the vertical file of every school and public library for professional and parent reference.

Cook, Ann Thompson & Pawlowski, Wayne. (1991) Respect All Youth Issue Paper: *III. Youth and Homosexuality.* This 12 page leaflet is the third Respect All Youth Issue Paper from P-FLAG set. As with the other papers it is an excellent reference with suggestions for further reading. Same source as above.

D'Emilio, John & Freedman, E.B. (1988) Intimate Matters: A History of Sexuality in America. New York: Harper & Row, Publishers. The authors discuss how attitudes in America about sexuality have grown and been shaped by the historical context as well as the interaction of literature and media. Fascinating for background and bringing to awareness the sources of one's own belief systems.

Gordon, Sol. (1986) Raising a Child Conservatively in a Sexually Permissive World. Simon & Schuster, Inc., $7.95. W. Walter Menninger of the Menninger Foundation wrote, "...An excellent, sensible, succinct, readable, well-organized, thoughtful, and reasoned guidebook for parents, old and new." Sol Gordon has done an excellent job of covering hard topics to do with sexuality providing an information base for to help a parent or other significant to become an "askable" person.

Fairchild, B. & Hayward, Nancy. (1989) Now That You Know. New York: A Harvest/HBJ Book. $8.95. This ten year old ground breaker in books for parents and friends of gays has been updated to include a chapter on AIDS. It has remained an essential item on reading lists and has proved itself timeless in the manner and accuracy of general information presented. It is well worth reading or re-reading. The AIDS chapter is moving and excellent. Some statistics are outdated.

Friends of Project 10. (1989). Project 10 Handbook: Addressing Lesbian and Gay Issues in Our Schools. 7850 Melrose Ave., Los Angeles, CA 90046: Friends of Project 10, Inc. $10.00 [Note: "Who's Afraid of Project 10?" video, same address, $10.00]

Gibson, Paul. (1989) *Gay Male and Lesbian Youth Suicide*. Vol.3 in Report on the Secretary's Task Force on Youth Suicide. Washington D.C.: U.S. Dept. of health and Human Services. The Secretary attempted to suppress this part of the report because gay male and lesbian youth did not reflect traditional family values. The issue of young people dying is is of paramount interest and this article is a definitive one.

Herdt, (Editor) (1989) Gay and Lesbian Youth, Binghamton, NY: Harrington Press, Inc. $19.95. This is a collection of scholarly studies from around the world on adolescent homosexuality. Comprehensive and valuable, it contains information ranging from prostitution, through sociological theory of gay identity development, to a model community service program for gay male and lesbian youth, and on to gay youth and AIDS.

McPike, Loralee. (Editor) (1989) There's Something I've Been Meaning to Tell You.. Tallahassee, FL: Naiad Press, Inc. $9.95. The stories and interviews in this book are all moving, sometimes funny and sometimes heart wrenching. They are the personal stories told by gay men and lesbians of their experiences in coming out to their children... and how their children reacted.

Nelson, James B. (1988) The Intimate Connection, Male Sexuality, Masculine Spirituality. Philadelphia: The Westminister Press. Nelson adds another dimension to viewing the broad range of sexuality and its expression in men's lives in particular. The author is a highly respected theological ethicist.

Pharr, Suzanne. (1988) Homophobia: A Weapon of Sexism". Inverness, CA: Chadron Press. $9.95. Pharr writes clearly and to the point. If we are to really deal with sexism we must also deal with homophobia. Strongly recommended.

Rofes, Eric E. (1983) "I Thought People Like That Killed Themselves" Lesbians, Gay Men and Suicide. San Francisco: Grey Fox Press. ($7.95) Dated for use of statistics, but this book is valuable reading for anyone working in the area of suicide prevention, youth and adult. The figures have changed but the situations are all too familiar Short, readable but well researched.

Schneider, Margaret. (1988) Often Invisible: Counseling Gay & Lesbian Youth. ($10+) Toronto, Canada: Central Toronto Youth Services (distrib. by Skill System Inc., 1848 Liverpool Rd. Suite 121, Pickering, Ontario, Canada (416) 686-6322. This slim book is excellent for any teacher's library and all counselors'. It provides a good overview of gay and lesbian development, counseling issues, history, resources, and further professional reading. It is well researched and current. ISBN # 0-921708-00-9

Sidaway, C., Hart, E.L. et al. (1990) The Lesbian in Front of the Classroom: Writings by Lesbian Teachers. P.O. Box 7467, Santa Cruz, CA: HerBooks. ($6.50) Powerful and thought provoking. Strongly recommended.

Whatley, Mariamne (1992) *Images of Gays and Lesbians in Sexuality and Health Textbooks*. in Harbeck, Karen (Editor) (1991) COMING OUT OF THE CLASSROOM CLOSET. New York: Harrington Park Press ($12.95??) This is an excellent article that points out the subtle bias that exists in school and college textbooks when gay men and lesbian women are depicted. The importance of this as discussion starters for students is only outweighed by its importance for us as adults in understanding how our own ideas are shaped and influenced. ISBN # 1-56023-013-4

Whitlock, Kay (1988) BRIDGES OF RESPECT: CREATING SUPPORT FOR LESBIAN AND GAY YOUTH. 1501 Cherry St., Philadelphia, PA 19102: American Friends Service Committee. ($7.50) This book contains invaluable listings of resources for anyone working with youth, some of who are gay or lesbian. ISBN # 0-910082-13-8

Books for and about People Affected by AIDS

Any medical information about AIDS is outdated if it is more than one or two years old; however, a good number of novels as well as philosophical books that address psychosocial, political and historical issues are available and do not go out of date except for the medical treatments discussed.

Barbo, Beverly (1988)	The Walking Wounded (biography)
Dietz & Hicks (19889)	Take These Broken Wings and Learn to Fly (Excellent for HIV+ individuals & families)
Levine, Steven (1982)	Who Dies: An Investigation of Conscious Living and Conscious Dying
Martelli, Leonard (1987)	When Someone You Know Has AIDS
Monette, Paul (1988)	Borrowed Time (autobiography)
Pearson, Carol (198)	Goodbye, I Love You (autobiography by a wife of a man with AIDS)
Reider & Ruppelt (1988)	AIDS: The Women (internat'l anthology)
Ruskin, Cindy (1987)	The Quilt Book
Siegel, Bernie (1988)	Love, Medicine & Miracles
Shilts, Randy (1987)	The Band Played On (current history)
Staudacher, Carol (1987)	Beyond Grief: A Guide for Recovering from the Death of a Loved One

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