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CHAPTER 1: INTRODUCING LGBTQ PSYCHOLOGY

Overview

- What is LGBTQ psychology and why study it?
- The scientific study of sexuality and 'gender ambiguity'
- The historical emergence of 'gay affirmative' psychology
- Struggling for professional recognition and challenging heteronormativity in psychology

WHAT IS LGBTQ PSYCHOLOGY AND WHY STUDY IT?

For many people it is not immediately obvious what **lesbian**, **gay**, **bisexual**, **trans** and **queer** (LGBTQ) psychology is (see the glossary for definitions of words in bold type): is it a grouping for LGBTQ people working in psychology? Is it a branch of psychology about LGBTQ people? Although LGBTQ psychology is often assumed to be a support group for LGBTQ people working in psychology, it is in fact the latter: a branch of psychology concerned with the lives and experiences of LGBTQ people. Sometimes it is suggested that this area of psychology would be more accurately named the 'psychology of sexuality'. Although LGBTQ psychology is concerned with sexuality, it has a much broader focus, examining many different aspects of the lives of LGBTQ people including prejudice and discrimination, parenting and families, and **coming out** and identity development.

One question we're often asked is 'why do we need a separate branch of psychology for LGBTQ people?' There are two main reasons for this: first, as we discuss in more detail below, until relatively recently most psychologists (and professionals in related disciplines such as psychiatry) supported the view that **homosexuality** was a mental illness. 'Gay affirmative' psychology, as this area was first known in the 1970s, developed to challenge this perspective and show that homosexuals are psychologically healthy, 'normal' individuals. Second, and related to the **pathologisation** of homosexuality, most psychological research has focused on the lives and experiences of **heterosexual** and **non-trans** people. LGBTQ people are given little or no consideration within **mainstream psychology**. For example, most research on mothers is based on heterosexual mothers, and prejudice against LGBTQ people is given scant attention in social psychological research on prejudice. LGBTQ psychologists believe that if psychology is to be a true 'psychology of people', then

it must examine the experiences of all people and be open to the ways in which people's lives differ (see also Box 1.1).

Insert Box 1.1 about here

It is important to note that there are no universally agreed definitions of the terms 'lesbian, gay, bisexual, trans and queer' and as you will discover when you read this book there are lots of other words and phrases that are used to categorise sexuality and gender identity. The terms 'LGBTQ' are most often associated with **western** cultures, non-western cultures use different language and concepts to describe variation in sexual and gender identities and practices (see Chapters 2 and 4).

The term 'gay affirmative' psychology is no longer used; it was replaced by the term 'lesbian and gay psychology' in the 1980s to signal that the research area examined the lives of both gay men and lesbian women. More recently, the terms 'LGB', 'LGBT' and occasionally 'LGBTQ' or 'LGBTQI' have been used. Not only can these increasingly lengthy acronyms be confusing, but there is also considerable debate about the scope of the field. Should it just focus on same-sex sexuality and the experiences of lesbian, gay and bisexual people? Or should it also include the experiences of trans and **intersex** people, who, in societies that assume a direct correspondence between gender identity and **natal sex**, are positioned outside of social norms around **sex/gender**? Should queer perspectives be incorporated? Our view is that this area of psychology should be inclusive (Clarke and Peel, 2007b). Although there are important differences between LGBTQ people (see Chapter 4), the shared experience of living outside dominant sexuality and sex/gender norms, and the close links between sexuality and sex/gender, merit an inclusive approach. In addition, as we discuss further in Chapter 2, there has been considerable debate about the usefulness of identity categories such as 'bisexual' and 'lesbian'. Whereas some LGBT theorists and activists argue for the importance of such categories to, for example, claim rights and give people a voice, others - particularly **queer theorists** - have argued that identity categories are **instruments of regulation** and **normalisation**. We use the term 'LGBTQ' to signal our inclusion of both of these perspectives in our discussion of the field.

Because the field of LGBTQ psychology has primarily concentrated on the experiences of younger, white, middle-class, able-bodied, urban-dwelling gay men and lesbians, there has been little examination of the breadth and diversity of experiences within LGBTQ communities. This means that our adoption of an inclusive approach will often be

limited by this emphasis on the experiences of particular groups of gay men and lesbians in existing research. We highlight the breadth and diversity of experience within LGBTQ communities where possible and draw your attention to the gaps and absences in current knowledge. Another reason for using the term ‘LGBTQ psychology’ is to signal our concern for diversity and to emphasise that LGBTQ psychologists are not in agreement about the remit of the field, the types of research questions we should ask, or the methodologies we should use to answer these questions. This is of course similar to the wider discipline of psychology, where multiple paradigms and theories all rub shoulders together. As such, LGBTQ psychology is a microcosm of psychology and it embraces a plurality of perspectives on whom or what we research and the theories and methods we use in conducting research. Debates among LGBTQ psychologists are often as lively (or livelier) as those between LGBTQ psychologists and mainstream psychologists!

With all of that in mind, our definition of LGBTQ psychology is as follows: LGBTQ psychology is a branch of psychology that is affirmative of LGBTQ people. It seeks to challenge prejudice and discrimination against LGBTQ people and the privileging of heterosexuality in psychology and in the broader society. It seeks to promote LGBTQ concerns as legitimate foci for psychological research and promote **non-heterosexist**, **non-genderist** and inclusive approaches to psychological research and practice. It provides a range of psychological perspectives on the lives and experiences of LGBTQ people and on LGBTQ sexualities and genders.

Another question we’re often asked is ‘can heterosexuals (and non-trans people) be LGBTQ psychologists?’ Like all other areas of psychology, LGBTQ psychology is open to any psychologist with a scholarly interest in the area (see Peel and Coyle, 2004). The phrase ‘LGBTQ psychologist’ means a psychologist involved in this type of psychology. As Kitzinger et al. (1998: 532) noted: ‘No implications are intended as to the characteristics of the psychologists themselves: a “lesbian and gay psychologist” can be heterosexual, just as a “social psychologist” can be anti-social or a “sport psychologist” a couch potato.’ However, as will become apparent, many of the psychologists who work in this area are LGBTQ-identified (see Box 1.1 above). We now explore the historical development of LGBTQ psychology, starting with the work of early sexologists who founded the scientific study of sexuality and ‘gender ambiguity’.

THE SCIENTIFIC STUDY OF SEXUALITY AND 'GENDER AMBIGUITY'

Sexology is the systematic study of sexuality and gender identity. Although sexuality and gender ambiguity have been written about for centuries (for example, we know of numerous ancient texts on sexuality including the Indian text the *Kama Sutra*), it was only in the nineteenth century that these issues were treated as formal subjects of scientific and medical investigation. Whereas contemporary researchers would tend to classify trans as an example of gender diversity and LGB sexualities as sexual diversity, early sexologists classified both '**cross-gender identification**' and same-sex sexuality under the broad rubric of '**inversion**', which was associated with homosexuality (Meyerowitz, 2002).

Magnus Hirschfeld and Karl-Heinrich Ulrichs

The first social movement to advance the rights of **homosexual** and trans people was established in Germany in 1897. The Scientific Humanitarian Committee was founded by a medical doctor, Magnus Hirschfeld (1868-1935), and an openly homosexual lawyer, Karl-Heinrich Ulrichs (1825-1895), among others, and adopted the motto 'justice through science' (Kitzinger and Coyle, 2002). The Committee sponsored research, published a journal, the *Yearbook for Intermediate Sexual Types*, produced information for the public, including leaflets and a film, *Different from the Others* (1919), and conducted one of the earliest sex surveys (which found that 2.2 per cent of the population was homosexual). Hirschfeld also headed the Institut für Sexualwissenschaft (the Institute for Sexual Science), an early private research institute in Berlin, that was founded in 1919 and destroyed by the Nazis in 1933. Much early experimentation with **sex change surgery** was undertaken here in the 1920s and 1930s, supervised by Hirschfeld (Meyerowitz, 2002).

Ulrichs and Hirschfeld developed the theory of a third, intermediate, sex between women and men (which included people who would now be called trans, intersex, lesbian, gay and bisexual). Ulrichs introduced terminology in 1864 and 1865 to describe a natural 'migration of the soul', a woman's soul in a man's body and vice versa (Oosterhuis, 2000). An Urning was a male-bodied person with a female psyche who desired men and an Urningin was a female-bodied person with a male psyche who desired women. Ulrichs also introduced terms for 'normal' (heterosexual and feminine) women (Dioningin), and 'normal' (heterosexual and masculine) men (Dioning), female and male bisexuals (Uranodioningin and Uranodioning respectively) and intersexuals (Zwitter). This terminology reflects a theory popular among early sexologists, that of universal human bisexuality, which held that each individual contained elements of both sexes. Masculine men and feminine women were

thought to be ideal types, the opposing poles of a continuum of human sexual and gender expression.

Although Ulrichs refined his typology to acknowledge that not all male-bodied people who desired men were feminine and that people varied in relation to who they desired, their preferred sexual behaviour (passive, active or no preference), and their gender (feminine, masculine, or in between), the **gender inversion theory of homosexuality** was to be his lasting contribution to sexology. The theory was developed by Hirschfeld and was to influence the work of other leading sexologists (Bullough, 2003). Hirschfeld also wrote about **transsexualism** (and **transvestism**); describing it as a form of neurological intersex in his book, *Die Transvestitien* (1910). Hirschfeld argued that **transsexuals**, intersexuals and homosexuals were all distinct types of 'sexual intermediaries', natural (if inferior) variations of the human condition.

Recent reappraisals of Hirschfeld's contributions to sexology suggest that, although his ideas were more or less ignored in the English speaking world for the second half of the twentieth century, his conceptualisation of sexuality and gender was perhaps the most radical to emerge from early sexology (Brennan and Hegarty, 2007; Bullough, 2003).

Richard Freiherr von Krafft-Ebing and Henry Havelock Ellis

Richard Freiherr von Krafft-Ebing (1840-1902), an Austro-German psychiatrist, and one of the world's leading psychiatrists of his time, is generally regarded as the 'founding father' of sexology. His major work, *Psychopathia Sexualis* (first published in Germany in 1886; it was translated into English and published in the US in 1939), challenged the view that 'sexual perversion' was a sin or a crime, and instead presented it as a disease. The first edition of the book proffered 45 case histories of sexual perversion (including what we would now call male homosexuality, lesbianism and transsexualism). The book was intended as a forensic reference for doctors and judges and some portions were written in Latin to discourage lay readers. However, the book was very popular with lay readers and went through many editions and translations (the twelfth edition published in 1903 contained over 300 case histories). A number of people wrote to Krafft-Ebing after reading the book to share with him their histories of sexual and gender 'deviance'. Krafft-Ebing included some of these autobiographical accounts in later editions of the book. Krafft-Ebing's views on sexual perversions such as homosexuality were complex and changed throughout his lifetime. Dutch historian Harry Oosterhuis (2000), the author of an excellent book on Krafft-Ebing, argues that Krafft-Ebing died supporting the homosexual rights movement and viewing

homosexuality as compatible with mental health. However, for the most part, his work reflected rather than challenged the prevailing orthodoxy that homosexuality was pathological, and did much to link **non-reproductive sexuality** with disease. *Psychopathia Sexualis* (1997) is still widely available and provides a fascinating insight into the lives of Victorian people whose sexual and gender identities and practices departed from **normative** heterosexuality.

Henry Havelock Ellis (1859-1939), a British doctor whose wife, Edith, was openly lesbian, is a central figure in the modern study of sexuality. Ellis's major work was the six volume *Studies in the Psychology of Sex*, published between 1897 and 1910 (a seventh volume was published in 1928). Ellis, along with his contemporary Sigmund Freud (see below), opened up sexuality to serious research and challenged the moral values that blocked public and scientific discussion of sexuality. Ellis's volume on homosexuality, *Sexual Inversion* (first published in Germany in 1896 and published in England the following year; see Ellis and Symonds, 2007), presented homosexuality as a biological anomaly, akin to colour blindness. This was a radical argument that challenged the dominant view that homosexuality was the result of choice and therefore sinful or criminal behaviour. Gay scholars generally view Ellis's work as sympathetic and helpful, whereas some lesbian scholars have been critical of Ellis for presenting stereotypes of lesbian identities and sexual practices as scientific fact (Jeffreys, 1985).

Ellis's work further contributed to the construction of homosexuality and trans as distinct categories (the contemporary distinction between transsexualism and transvestism was first promoted by an US-based doctor, Harry Benjamin [1885-1986] who challenged the prevailing orthodoxy about the treatment of transsexualism in his book *The Transsexual Phenomenon* [1966] and developed the contemporary **Standards of Care** for the treatment of transsexualism and **Gender Identity Disorder**). Ellis defined 'eonism' as a separate category from homosexuality that included cross-gender identification as well as **cross-dressing**. Ellis, along with Edward Carpenter ([1844-1929] an open homosexual and socialist reformer), founded the British Society for the Scientific Study of Sex Psychology in 1914, a scholarly scientific organisation that was also committed to social change. The Society focused on public education and sponsored public lectures and produced a variety of pamphlets on sexuality.

Sigmund Freud

Sigmund Freud (1856-1939) was an Austrian neurologist and psychiatrist and the founding father of psychoanalysis. Although psychoanalysis is not considered part of mainstream psychology, most readers have probably heard of Freud and have some understanding of concepts associated with Freud's work such as 'the unconscious', 'penis envy' and the 'oedipus complex'. Freud published numerous books and papers on sexuality including *Three Essays on the Theory of Sexuality* (1905). Freud is famous for redefining sexuality as a primary force in human life and for his rich and complex writing about sexuality. For instance, Freud argued that humans are born 'polymorphously perverse', meaning that any number of objects (including people) could be a source of sexual pleasure, and that we become heterosexual after negotiating various stages of psychosexual development. This means that Freud rejected the notion, popular among other sexologists, that homosexuality and heterosexuality are inborn and instead viewed all forms of sexuality as the product of the family environment.

Homosexuality and bisexuality are often viewed as forms of 'arrested psychosexual development' in psychoanalytic theory and there has been a lot of debate about what Freud really thought about homosexuality. Sympathetic commentators have pointed out that Freud was a supporter of homosexual law reform, which suggests that he viewed homosexuality as compatible with mental health (Abelove, 1993). However, many of his followers used and developed his ideas in support of a pathologising model of homosexuality, including advocates of **conversion therapy** (see Box 1.3 below).

Freud was critical of the notion that homosexuals constitute a third sex on the grounds that: 'A very considerable measure of latent or unconscious homosexuality can be detected in all normal people. If these findings are taken into account, then, clearly, the supposition that nature in a freakish mood created a 'third sex' falls to the ground' (1953: 171). More radically perhaps, Freud's focus was on pleasure rather than on reproduction and although he viewed **penis-in-vagina intercourse** as the ultimate expression of mature, healthy adult sexuality, he did not uphold the 'reproductive sexuality = healthy/non-reproductive sexuality = pathological' distinction to the same degree that many of his sexological colleagues did. Freud's original theories have been extended and reworked by a wide-range of scholars including the feminist theorist Juliet Mitchell (1974), the post-structuralist thinker Jacques Lacan (1968), and, more recently, the queer theorist, Judith Butler (1997).

Early sexologists are hugely important in the historical development of LGBTQ psychology for a number of reasons:

- They established sexuality and gender identity as legitimate foci of scientific investigation.
- They developed many of the concepts and language that we use today.
- They challenged the prevailing orthodoxy regarding sexual and gender diversity.
- They established sexuality and gender identity as central to individuals and to human existence.
- They enabled the voices of sexual and gender 'deviants' to be heard.
- They viewed scientific research and social activism as compatible endeavours.

It has been widely argued that the most significant impact of the work of first wave sexologists was the popularisation within western culture of the idea that we all possess an innate **sexual orientation** that organises our sexual behaviours. In the words of the French **post-structuralist** theorist, Michel Foucault (1978: 43):

> Homosexuality appeared as one of the forms of sexuality when it was transposed from the practice of **sodomy** onto a kind of interior **androgyny**, a hermaphroditism of the soul. The sodomite had been a temporary aberration; the homosexual was now a species.

In other words, early sexologists were influential in the development of the concept of sexual identities: there was a shift from viewing sexuality in terms of behaviour (practising sodomy or non-reproductive sexual acts) to viewing it as central to our sense of self (being a 'sodomite'). Foucault was also commenting on the popularisation of a gender inversion model of homosexuality alongside the linking of sexuality and identity.

Alfred Kinsey and Colleagues

As we can see, LGBTQ psychologists inherit a long European tradition of emancipatory scholarship and social activism (Kitzinger and Coyle, 2002). Although doctors in the US had studied and wrote about variant sexuality for as long as European sexologists had (see Terry, 1999), it wasn't until the 1950s and the work of Alfred Kinsey (1894-1956) and colleagues that the scientific study of sexuality was truly established in the US.

Kinsey, a biologist and an expert on the gall wasp, founded the Institute for Research in Sex, Gender and Reproduction at Indiana University in 1947, now called the Kinsey Institute for Research in Sex, Gender and Reproduction. Kinsey and his colleagues published two books, *Sexual Behaviour in the Human Male* (1948) and *Sexual Behaviour in the Human Female* (1953), more widely known as the Kinsey Reports, which detailed the findings of comprehensive sexual histories collected from over 10,000 people. Kinsey's methods and findings have generated a huge amount of controversy (Ericksen and Steffen, 1999). In terms of his contributions to LGBTQ psychology, he challenged the notion that homosexual behaviour was relatively infrequent. Kinsey found that many people have had same-sex sexual experiences and people's sexual preferences could change over the course of their lifetime. Fifty per cent of the men and 28 per cent of the women in his studies had had same-sex sexual experiences. Furthermore, 38 per cent of the men and 13 per cent of the women had had orgasms during these experiences.

Kinsey and his colleagues developed a 7-point scale for measuring sexual preference (see Box 1.2). Rather than using discrete categories, Kinsey and colleagues placed people along a continuum of sexual behaviour. A number of researchers, including the feminist sexologist Shere Hite, who published the ground-breaking book *The Hite Report: A Nationwide Study of Female Sexuality* (1976), criticised the emphasis on sexual behaviour and the neglect of the meanings that people give to their experiences in Kinsey's work. However, classifying people in terms of behaviour and sexual practices, rather than discrete identity categories, allowed Kinsey to observe greater diversity and flexibility in human sexuality than in much previous (and subsequent) research. Researchers at the Kinsey Institute have undertaken wide-ranging research on sexuality since Kinsey's death in 1956, including a ground-breaking study of nearly a 1,000 gay men and lesbians in San Francisco, beginning in 1968, by the psychologist Alan Bell and the sociologist Martin Weinberg. The study resulted in two books – *Homosexualities* (Bell and Weinberg, 1978) and *Sexual Preference* (Bell et al., 1981).

Insert Box 1.2 about here

Kinsey is widely regarded as the 'father' of modern sexology and his work is often associated with the 'sexual revolution' in the US in the 1960s. Kinsey's research had a profound impact on social and cultural values in the US and in other western countries and his findings challenged widely held beliefs about sexuality.

THE HISTORICAL EMERGENCE OF 'GAY AFFIRMATIVE' PSYCHOLOGY

The Pathologisation and De-pathologisation of Homosexuality

Kinsey demonstrated that homosexuality was far more widely practised than previously assumed and for this reason could be regarded as 'normal' sexual behaviour. However, at the time the Kinsey reports were published most psychiatrists and psychologists regarded homosexuality as 'abnormal'. In 1952, the American Psychiatric Association decided to include homosexuality in the second edition of its *Diagnostic and Statistical Manual of Mental Disorders* (DSM). As Kitzinger and Coyle note (2002: 1):

> lesbians and gay men were characterised as the sick products of disturbed upbringings… Psychology textbooks routinely presented material on lesbians and gay men under headings implying sickness (for example, 'sexual deviation' or 'sexual dysfunction').

Given that most research on homosexuality relied on samples drawn from prisons, treatment centres for the mentally ill and therapists' client lists it is not surprising that these individuals were found to be less well-adjusted than the average person (Bohan, 1996). Morin (1977) found that as much as 70 per cent of pre-1974 psychological research on homosexuality was focused on three questions: 'Are homosexuals sick?' 'How can homosexuality be diagnosed?' and 'What causes homosexuality?' Many psychologists and psychiatrists attempted to treat homosexuality and to convert LGB people (especially gay men) into heterosexuals. Psychotherapy was one of the most common treatments (Bohan, 1996). Numerous forms of behaviour therapy were also used such as aversion therapy (associating electric shocks or nausea-inducing substances with homosexual stimuli) and orgasmic reconditioning (associating heterosexual stimuli with masturbation). Other, more extreme, treatments included the use of hormones such as oestrogens (to decrease 'abnormal' sex drive) or androgens (to increase 'normal' sex drive), castration and clitoridectomy, and even

lobotomies. See Box 1.3 for a discussion of the controversy surrounding the contemporary use of aversion (or 'conversion') therapy.

Insert Box 1.3 about here

One of the first psychologists to challenge the view that homosexuals were mentally ill was Evelyn Hooker (1907-1996). Box 1.4 provides a summary of Hooker's most important study. The publication of Hooker's research prompted other similar studies and gay activists used this research in their campaigns for the removal of homosexuality from the DSM. Gay activists began a series of protests and demonstrations in 1968 and the American Psychiatric Association voted to remove homosexuality five years later in 1973. However, homosexuality was replaced by a new diagnosis 'ego-dystonic homosexuality', to be applied to people who fail to accept their homosexuality, experience persistent distress and wish to become heterosexual (unsurprisingly a parallel category of 'ego-dystonic heterosexuality' was not incorporated into the DSM!). This condition remained in the DSM until 1987 (homosexuality also remained in the World Health Organisation's International Classification of Diseases, a diagnostic manual used widely outside of North America, until 1993). Two years after the removal of homosexuality from the DSM, the American Psychological Association (APA) adopted the official policy that 'homosexuality, per se, implies no impairment in judgement, stability, reliability, or general social or vocational capabilities'. The APA also urged 'all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations' (Conger, 1975: 633). See Box 1.5 for a discussion of the inclusion of transsexualism in the DSM.

Insert Box 1.4 about here

Proving the Normality of Homosexuals

At the time of the removal of homosexuality per se from the DSM, research on gay and lesbian issues was concentrated in clinical psychology. As Kitzinger and Coyle (2002: 2) noted:

> mainstream psychology – dealing with staple topics such as education, work and leisure, lifespan development, parenting, health and so on – simply ignored lesbians and gay men altogether, as though lesbians and gay men never attended school, didn't

have jobs or leisure activities, didn't grow up or grow old, never had children, never got ill and so on.

By leaving lesbians and gay men (and BTQ people) out of the 'everyday' psychology of people and only including them as examples of sexual and gender deviance, mainstream psychology provided a highly distorted image of the lives and well-being of LGBTQ people.

Insert Box 1.5 about here

It is perhaps unsurprising then that the earliest gay affirmative psychological research sought to emphasise the normality of gay men and lesbians and their similarities to heterosexuals. Siegelman (1972) compared the adjustment of non-clinical samples of lesbians and heterosexual women and found no differences between the samples. Similarly, Thompson et al. (1971) found no important differences in the personal adjustment and psychological well-being of matched samples of lesbians and gay men and heterosexuals. Both of these studies were unusual for including lesbians, as early affirmative research, like pathologising research, tended to focus on gay men. Early researchers were strong advocates of positivist-empiricism and were critical of what they viewed as the bad science underpinning the pathologising model. They sought to replace the biased assumptions, samples and measures of the pathologising model with a more objective approach to research (Kitzinger, 1987).

Early gay affirmative research also focused on measuring heterosexuals' attitudes to homosexuality (MacDonald and Games, 1974) (see Chapter 5) and understanding the coming out process and the formation of homosexual identities (Cass, 1979) (see Chapter 7). Some early studies also examined the **sexual identity** development of children in lesbian mother families (see Chapter 9). The psychiatrist Richard Green (1978) examined the sexual identity development of children raised by homosexual and transsexual parents. Green found that the children's gender role behaviour was consistent for their sex and the older children were all heterosexually oriented. Green concluded that children being raised by homosexual or transsexual parents 'do not differ appreciably from children raised in more conventional family settings' (pp. 696-7).

Even now, Green's study stands as one of only a small number of 'affirmative' investigations into transsexual people and their families. Most psychological research on trans has focused on the causes and treatment of trans and on the psychological adjustment of trans people. Some psychologists have also used trans as a lens through which to explore the

social construction of gender (see Kessler and McKenna, 1978, for an early example of this). These researchers are interested in what we can learn about gender as a category by exploring the practices of trans people and the ways in which they 'do' gender in everyday life. Some trans identified researchers have been critical of this research when it ignores the lived experience of trans people, and the ways in which socially constructed categories are lived and embodied (Hale, 2006); this criticism is arguably not applicable to Kessler and McKenna's work (see Crawford, 2000).

Homosexuality and trans were widely regarded as distinct entities by the early 1970s; however, research on trans was often incorporated under the umbrella of research on homosexuality. Including both homosexuals and transsexuals in the same sample, as Green did, was unusual. More common were comparisons of the psychological adjustment and gender roles of samples of lesbians and **transwomen** (McCauley and Ehrhardt, 1978), and of gay men and **transmen** (Roback et al., 1978). Such comparisons often presented transsexuals as conservative in attitude and less well adjusted than gay men and lesbians. For instance, Kando (1976: 45) remarked that 'unlike liberated females and other sexual minorities, transsexuals lack all militancy and desire only middle-class acceptance'.

A dichotomous heterosexual/homosexual model of sexuality constrained the development of research on bisexuality. In early gay affirmative research, bisexuality was often stigmatised as 'a passing phase' and bisexuals were presented as confused about their sexuality or 'in denial' about their homosexuality and seeking to avoid the stigma associated with a fully realised lesbian or gay identity (see, for example, Cass, 1979). Although a **dichotomous model of sexuality** continues to dominate research on sexuality and negative assumptions about bisexuality linger on, from the late 1970s researchers began to challenge the dichotomous model. Early attempts to develop alternative, multidimensional models of sexuality include the groundbreaking book *The Bisexual Option: A Concept of One Hundred Percent Intimacy* (1978) by US psychiatrist and sex researcher Fritz Klein (1932-2006) (see Chapter 7). As Fox (1995) outlines, early affirmative research on bisexuality sought to validate bisexuality as a sexual identity and identify the factors involved in the development of positive bisexual identities, and, like early research on homosexuality and lesbianism, sought to prove the normality of bisexuals.

The Emergence of a Critical Alternative to Proving the Normality of Homosexuals

Early affirmative research has been criticised for reinforcing the normative status of heterosexuality by treating heterosexuals as the basis for comparison (Kitzinger, 1987). In short, early gay affirmative research promoted a 'just the same as' message, which, like the pathologising model before it, assumed that differences between people were problematic, rather than just differences.

Most early gay affirmative research was conducted in the US, and there was very little European research offering positive images of gay men and lesbians until the 1960s, and then just a handful of instances (affirmative research on homosexuality began even later in Australasia). One of those early European studies was June Hopkins' pioneering study of the lesbian personality, which is summarised in Box 1.6. Research in Britain only began to flourish in the 1980s, when two important books were published, both of which signalled a departure from the **liberal-humanistic** 'just the same as' message and the positivist-empiricist model that pervaded research in the US (Clarke and Peel, 2007c). In 1981, John Hart and Diane Richardson published *The Theory and Practice of Homosexuality*. They were critical of the male bias in existing research and were careful to distinguish differences in the experiences of gay men and lesbians. They also emphasised the importance of acknowledging the **political** implications of theories of homosexuality. The publication of this text marked the early beginnings of a **critical psychology** approach to lesbian and gay issues.

This critical approach was further developed in Celia Kitzinger's (1987) *The Social Construction of Lesbianism* (see Clarke and Peel, 2004, and Peel and Clarke, 2005, for a discussion of this landmark book). Like Hart and Richardson, Kitzinger was critical of the male bias of gay affirmative research and chose to focus her research on lesbians because of the neglect of lesbian experience within gay affirmative psychology and because of the differences between lesbians and gay men. Kitzinger also provided a searing critique of the positivist-empiricist and liberal-humanistic assumptions that guided much research in the US (see Chapter 2).

Insert Box 1.6 about here

In the 1980s, lesbian and gay psychology began to diversify and move away from a narrow focus on proving the psychological health of lesbians and gay men toward a focus on how lesbians and gay men live their lives. By the start of that decade, lesbian and gay

psychologists in the US were convinced that the time was right to seek professional recognition of this area of psychology and to begin to challenge the **heteronormativity** of psychology from the inside.

STRUGGLING FOR PROFESSIONAL RECOGNITION AND CHALLENGING HETERONORMATIVITY IN PSYCHOLOGY

Groupings within professional bodies such as the American Psychological Association (APA) and the British Psychological Society (BPS) provide a forum for research and other activities in particular areas of psychology. They typically organise specialist events and publish newsletters and journals that communicate the latest developments to researchers and practitioners. Most areas of mainstream psychology (such as social, clinical, health, developmental, education, forensic and sport and exercise psychology) are represented within professional bodies, as are newer areas of psychology or areas affiliated with alternative approaches to psychology (such as the **psychology of women** and **qualitative psychology**; see Chapter 2). In 1984 the APA approved the establishment of Division 44, The Society for the Psychological Study of Lesbian and Gay Issues. Division 44 was the first professional body for lesbian and gay psychologists and represented a huge step forward in the establishing lesbian and gay psychology as a legitimate area of psychological research and practice (see Box 1.7 for details of all the current major professional bodies).

Lesbian and gay psychologists in Britain endured a much longer struggle to achieve professional recognition. A Lesbian and Gay Psychology Section was finally established in the BPS in 1998 after nearly a decade of campaigning and four rejected Section proposals. BPS procedures require a membership ballot before new Sections are formed and shockingly 1,623 members voted against the formation of the Section (1,988 voted for it) – this was the biggest ‘anti’ vote in any comparable ballot in the history of the BPS. Even more shocking is the fact that members of the working group that proposed the Section received abusive hate mail from other Society members (Kitzinger and Coyle, 2002).

Insert Box 1.7 about here

Why was the formation of the Lesbian and Gay Psychology Section within the BPS was so controversial? Sadly, we think the answer to this question is that heteronormativity remains deeply embedded in the discipline of psychology. Although few psychologists nowadays

would describe homosexuality as pathological or promote the use of conversion therapy, psychological theories and research are riddled with **heterosexist** assumptions. Psychology continues to subtly and not so subtly present heterosexuality as the norm or the ideal. For instance, developmental theories that assume that all children are raised in heterosexual households continue to be taught widely in psychology without anyone querying the heterosexist assumptions on which such theories are based.

Sections, divisions and interest groups within professional bodies are vital components in challenging heteronormativity in (and beyond) psychology. LGBTQ psychologists have been very active in promoting non-heterosexist approaches to psychological research and practice. Psychologists in the US have developed guidelines for avoiding heterosexist bias in research (see Chapter 3), for inclusive psychology curricula (APA, 1998), and for unbiased psychotherapeutic practice with gay men and lesbians (Garnets et al., 1991).

One of the biggest changes to the field in recent years has been the inclusion of bisexual, trans and queer concerns. Although, as Kitzinger and Coyle (2002) point out, this area of psychology has always included work on bisexuality and trans, until relatively recently most research has been based on the experiences and perspectives of gay men and lesbians. As we noted above, the inclusion of BTQ perspectives is controversial, but we very much welcome the expansion of the field in this way. Some of the more recently formed professional bodies reflect this wider remit in their title (for example, the Section on Sexual Orientation and Gender Issues in the Canadian Psychological Association), and expanded titles have been called for in the more established professional bodies (for example, the Lesbian & Gay Psychology Section of the BPS has recently been renamed the Psychology of Sexualities Section). BTQ psychologists have been critical of the marginalisation of BTQ experiences in lesbian and gay psychology. We write this book at a time when there is still little in the way of specifically bisexual, trans and queer psychology and most research and practice continues to focus on gay men and lesbians. As we have shown, the early decades of this area of psychology were very much focused on challenging the pathologisation of homosexuality and establishing gay and lesbian concerns as legitimate foci of psychological research. We hope the publication of this book signals a new era, in which LGBTQ psychologists document the lives of LG *and* BTQ people in all their richness and diversity.

GAPS AND ABSENCES

Every chapter will highlight gaps and absences in a particular area of research. In this chapter, we note some of the major gaps and absences across the field of LGBTQ psychology as a whole:

- *The lives of LGBTQ people outside of the US*: As will quickly become apparent, a lot of the research we draw on in this book was conducted in the US. This is partly because the field was first established in the US and because there are lots of LGBTQ psychologists in the US. We hope that as the field continues to develop, we will learn more about LGBTQ people living in other countries.
- *Diversity within LGBTQ communities*: Research has tended to focus on the experiences of gay men and lesbians who live in urban areas (often major gay centres such as New York, San Francisco, London and Sydney), and have access to the commercial 'gay scene' and gay and lesbian communities. Most research participants also tend to be younger, white, middle-class, highly educated, professional, and able-bodied. This means that there are significant gaps in our knowledge about the lives of BTQ people, and LGBTQ people who experience both heterosexism and social marginalisation relating to race, culture, gender, old age, disability, rural isolation, social class and poverty.
- *Marginalised sexual and gender identities and practices outside the cultural **west***: We also know little about the experiences of **non-heterosexual** and trans people living in non-western cultures (see Chapters 2, 4 and 11). It is important to note that 'western' is both a cultural and a geographic designation and some countries outside of the geographic west subscribe to western values (e.g., Australia, New Zealand), and countries in the geographic west also incorporate non-western cultures and communities (e.g., gay Muslim communities in Britain).
- *Lenses other than sexuality*: Research tends to emphasise sexuality and sexual prejudice as the defining features of gay and lesbian experience, and neglects the ways in which race, culture, age, gender, social class, and ability shape the lives of gay men and lesbians and BTQ people. Although it is important to include, for example, black LGBTQ people in research, it is also necessary to explore the ways in which social norms around race shape the lives of *all* LGBTQ people.
- *Alternative models of sexuality*: Most research is based on a dichotomous heterosexual/homosexual model of sexuality and overlooks the challenges that bisexuality presents to this model. Furthermore, little is known about the sexuality of research

participants other than their self-identification as lesbian or gay (and bisexual). We can only speculate about how a more nuanced conceptualisation of sexuality might alter research findings.

- *Theoretical diversity*: LGBTQ psychology has little engagement with related areas of research within and outside of psychology such as **feminist psychology** and **queer theory** (see Chapter 2). We think engaging with related areas of research and theory would invigorate LGBTQ psychology.
- *Methodological diversity*: Positivist-empiricism dominates LGBTQ psychological research, although qualitative and critical approaches are gaining momentum in the UK and Australasia. We encourage further engagement with a wide range of methods and approaches to research.
- *Intersex*: We chose not to include 'I' for intersex in our naming of the field, partly because most research focuses on intersex as a theoretical category (e.g., Kessler, 1998), rather than on the lives and experiences of individual intersex people and intersex communities (but see Kitzinger, 2000; Liao, 2007), and partly because there is ongoing debate within intersex and LGBTQ communities about the inclusion of intersex people under the LGBTQ banner.

MAIN CHAPTER POINTS

This chapter:

- Defined LGBTQ psychology as a branch of psychology that seeks to challenge the privileging of heterosexuality within society and provides a range of psychological perspectives on the lives and experiences of LGBTQ people.
- Highlighted the contributions of early sexologists to the establishment of sexuality and gender identity as legitimate foci of scientific investigation and to the development of the modern concepts of sexuality and gender identities.
- Outlined the emergence of 'gay affirmative' psychology, following the declassification of homosexuality as a mental illness, and the emphasis on proving the psychological health of gay men and lesbians and their similarities to heterosexuals in early gay affirmative research.
- Noted the emergence of an alternative, critical, approach to lesbian and gay psychology in Britain in the 1980s, which challenged the 'just the same as' model that prevailed in gay affirmative research in the US.

- Documented the struggles that LGBTQ psychologists have undergone to achieve professional recognition for their work and to challenge heterosexism in psychology.

QUESTIONS FOR DISCUSSION AND CLASSROOM EXERCISES

1) List all the terms and associations you can think of for the categories 'lesbian', 'gay man', 'bisexual' and 'heterosexual'. These can be slang terms, stereotypes, famous people, behaviours or practices, it doesn't matter if some people would consider the words offensive or whether you would use them; the point of this exercise is to identify all the positive and negative cultural associations for these categories. Once you've listed all the associations you can think of, can you spot any themes or patterns? Are most of the terms for each category positive or negative? Could you think of more terms for some categories than for others? Why do you think that is? What do the terms reveal about cultural attitudes towards lesbianism, homosexuality, bisexuality and heterosexuality? (For further information on this exercise, see Peel, 2005.)
2) Without consulting anyone else or giving it too much thought, write down what you think makes a 'real man' and a 'real woman', and ask other people (preferably people of different ages, backgrounds and so on) to do the same. Compare your definitions of the two categories and the language you have used to describe them. Are there any similarities? Any differences? What do the answers tell us about gender? Are the categories 'real man' and 'real woman' enough to capture our experience of gender? (For further information on this exercise, see Bornstein, 1998.)
3) Do you think it is more useful to conceptualise sexuality in terms of distinct categories (lesbian, gay and bisexual) or in terms of Kinsey's continuum of sexual behaviour and preferences? What do you think of the argument that we are all bisexual to a degree?
4) Identify some of the strengths and weaknesses of early affirmative research on homosexuality.
5) Reflect on the heteronormativity you have encountered within psychology. Have social psychology courses included discussion of **homophobia**, **transphobia** and **biphobia**? Have discussions of parenting and child development been based on theories that assume all children develop in heterosexual households and that our gender role is fixed at an early age? Are heterosexist and **genderist** assumptions reflected in your textbooks and other teaching materials? What can be done to challenge heteronormativity in psychology?

FURTHER READING

Dreger, A. D. (1998) *Hermaphrodites and the medical invention of sex*. Cambridge, MA: Harvard University Press.

The prologue (pp. 1-14) to Alice Dreger's fascinating account of the treatment of hermaphrodites (intersex people) in Europe in the late 19th and early 20th centuries explores how ideas of sex, gender and sexuality are formed and changed.

Meyerowitz, J. (2002) *How sex changed: A history of transsexuality in the United States*. Cambridge, MA: Harvard University Press.

Chapter 1 of Joanna Meyerowitz's comprehensive history of transsexuality provides an engaging insight into the work of early sexologists and the development of the concept of 'sex change' and sex change surgery.

Sullivan, N. (2003) *A critical introduction to queer theory*. Edinburgh: Edinburgh University Press.

Chapter 1 of Nikki Sullivan's accessible introduction to queer theory provides an overview of the work of early sexologists and explores how their work contributed to the contemporary organisation of sexuality into sexual identity categories such as 'gay' and 'lesbian'.

Barker, M. (2007) Heteronormativity and the exclusion of bisexuality in psychology. In V. Clarke and E. Peel (Eds), *Out in Psychology: Lesbian, gay, bisexual, trans and queer perspectives* (pp. 95-117). Chichester: Wiley.

British psychologist Meg Barker analyses the representation of homosexuality and bisexuality in introductory psychology textbooks. She highlights the heteronormative assumptions that are widespread in psychology and the invisibility of bisexuality in discussions of non-heterosexuality.

Greene, B. (2000) Beyond heterosexism and across the cultural divide: Developing an inclusive lesbian, gay, and bisexual psychology: A look to the future. In B. Greene and G. L. Croom (Eds), *Education, research and practice in lesbian, gay, bisexual, and transgendered psychology: A resource manual* (pp. 1-45). Thousand Oaks, CA: Sage.

In this chapter US psychologist Beverley Greene (2000) develops arguments around inclusivity and diversity and the need to explore the 'different lenses and realities' of LGBTQ people.

Box 1.1: Key Researcher: Charlotte J. Patterson on Why We Need LGBTQ Psychology

Why study the psychology of LGBTQ lives? When I ask myself this question, I think of the great US writer, James Baldwin (1924-1987). Baldwin, an African American gay man, was a prolific writer, producing plays, novels, poetry and essays. In an essay that Baldwin published in 1955, he wrote: 'I have not written about being a Negro at such length because I expect that to be my only subject, but only because it was the gate I had to unlock before I could hope to write about anything else' (Baldwin, 1955: 8). It was essential, Baldwin believed, for writers to begin from their own experience.

For those of us in psychology who identify as LGBTQ, it can also be important that our work be based in lived experience. Studying the psychology of sexual orientation and gender identity may or may not be the only work we do, but it can often be a door that we must unlock. Publishing LGBTQ scholarship does indeed almost literally open closet doors for some of us; doing this work can sometimes be one way of declaring our sexual and gender identities. More than that, however, studying LGBTQ lives can help us to understand our own lives.

As Baldwin also noted, however, 'it must be remembered that the oppressed and the oppressor are bound together within the same society' (Baldwin, 1955: 21). In saying this, Baldwin was claiming that the experiences of all US citizens are inextricably linked, regardless of race. In the same way, it is important to recognize that LGBTQ lives are bound together with those of people around us. Without comprehending the lives of both LGBTQ and non-LGBTQ people, no psychology can claim to be comprehensive.

Why, then, must we insist on the importance of LGBTQ psychology? First, we need to do this because it is essential for those of us who identify as LGBTQ to care about our own lives. If we fail to do this, how could we achieve any kind of integrity, or call ourselves psychologists? Second, we must insist on this because no psychology that fails to include us will ever be complete. Without understanding the experiences of LGBTQ people, how could any psychology possibly apply to all?

Woven together, psychologies of LGBTQ and non-LGBTQ lives will create a stronger and more durable fabric than either one could make alone. 'Negroes are Americans and their destiny is the country's destiny', wrote Baldwin in the 1950s (1955: 42). Could Baldwin possibly have imagined that the US would some day elect

an African American to be President? I am not sure. I am, however, certain that Baldwin's writings contain a message for us as psychologists. Any psychology of human experience that is worthy of the name must include the psychology of LGBTQ experiences.

Box 1.2: Highlights: The Kinsey Scale

0 Exclusively heterosexual behaviour

1 Primarily heterosexual, but incidents of homosexual behaviour

2 Primarily heterosexual, but more than incidental homosexual behaviour

3 Equal amounts of heterosexual and homosexual behaviour

4 Primarily homosexual, but more than incidental heterosexual behaviour

5 Primarily homosexual, but incidents of heterosexual behaviour

6 Exclusively homosexual behaviour

Box 1.3: Highlights: Contemporary Advocates of the Treatment of Homosexuality

Shockingly, some psychologists and psychiatrists still adhere to the view that homosexuality is pathological and advocate the treatment of homosexuality and the use of 'reparative' or 'reorientation' therapy. We think such terms suggest that the therapist is benevolently helping their client to repair something that was broken or return them to their 'natural' state, which is why we prefer the term 'conversion therapy'. Conversion therapy implies wilfully turning someone from one state to another (Riggs, 2004a).

The National Association for the Research and Therapy of Homosexuality (NARTH) is a US organisation that promotes the treatment of homosexuality. NARTH, alongside religious organisations such as Exodus International (that offers people 'freedom from homosexuality through the power of Jesus Christ'), views homosexuality as chosen behaviour and therefore open to change. As recently as 2003, a paper was published in the *Archives of Sexual Behavior* by a prominent US psychiatrist, Robert Spitzer, reporting a study examining the effectiveness of conversion therapy. Spitzer's highly controversial and much debated findings were that most participants reported a change from a predominantly or exclusively homosexual orientation to a predominantly or exclusively heterosexual orientation as a result of undergoing conversion therapy.

US social scientist Theo Sandfort (2003) argued that Spitzer's methodology was flawed in a number of ways, including the use of a biased sample, drawn mainly from members of religious organisations like Exodus International. Other critics have raised questions about the ethics of Spitzer's study and whether it falls short of the principle of avoiding harm. A study by US psychologists Michael Schroeder and Ariel Shidlo (2001), based on interviews with 150 clients of conversion therapy, found evidence of poor and questionable clinical practice and ethical violations by providers of conversion therapy. In 2002, Shidlo and Schroeder reported the findings of a study of 202 consumers of conversion therapy: most participants indicated that their efforts to change their sexuality had failed and many felt that such interventions were harmful.

Box 1.4: Key study: Evelyn Hooker (1957) on the Adjustment of the Overt Male Homosexual

Evelyn Hooker was a researcher at the University of California, Los Angeles in the 1950s, and much has been written about the role of her research in challenging the pathologising model of homosexuality. Hooker befriended one of her gay male students, Sam From, who introduced her to the middle-class, male homosexual community in Los Angeles. From persuaded Hooker to study homosexuality and Hooker was successful in securing funding from the National Institute of Mental Health (she had to go through a background check to ensure she was neither a communist nor a lesbian, Minton, 2002).

Hooker noted that most research and clinical experience was with homosexual subjects who came to clinicians for psychological help, were patients in mental hospitals, were in prison or were in disciplinary barracks in the armed services. Hooker sought to obtain a sample of 'overt homosexuals who did not come from these sources; that is, who had a chance of being individuals who, on the surface at least, seemed to have an average adjustment' (p. 18). Hooker also wanted to obtain a sample of homosexuals who were 'pure for homosexuality; that is, without heterosexual experience' (p. 20) and she largely succeeded. Her heterosexual sample was also largely 'pure'.

Hooker administered three standard personality tests (the Thematic Apperception Test, the Rorschach Test, the Make a Picture Story Test [MAPS]) to samples of 30 homosexual men and 30 heterosexual men, matched for age, intelligence and education. Hooker asked three expert clinicians to examine the test results. The clinicians were unaware of the men's sexual identities and could not distinguish between the two groups on the basis of their test results (except for the results of the MAPS in which the men often explicitly identified their sexuality). There were also no significant differences between the homosexual and heterosexual men in terms of psychological adjustment.

Hooker concluded that homosexuality is not necessarily a symptom of pathology and that 'there is no single pattern of homosexual adjustment' (p. 29). She argued that some clinicians might find it difficult to accept that some homosexuals 'may be very ordinary individuals, indistinguishable, except in sexual pattern, from ordinary individuals who are heterosexual' (p. 29), and some 'may be quite superior

individuals, not only devoid of pathology… but also functioning at a superior level' (p. 29).

Box 1.5: Highlights: Transsexualism and the DSM

Although there have always been people who have 'cross dressed' and lived as the 'other' gender or between genders for a number of different reasons, the phenomenon of 'changing sex' was only brought to public attention in the 1950s. A media sensation was created when a New York newspaper announced in 1952 that Christine Jorgensen, a former soldier, was surgically reassigned from male-to-female. Since then, the definition, causes and treatment of transsexualism have been widely debated. The diagnosis 'transsexualism' was introduced into the DSM-III in 1980; this was replaced by 'Gender Identity Disorder (GID) in Adolescents and Adults' in the DSM-IV in 1994. GID is applied to people who exhibit persistent cross-gender identification and a persistent discomfort with their sex or a sense of inappropriateness in the gender role of that sex.

The inclusion of GID (and sub-categories such as GID of childhood; see Chapter 7) in the DSM is controversial. Some trans people welcome the diagnosis because it allows them to access treatment. Others are critical of the pathologisation of transgender practices. **Transgender** activist Riki Anne Wilchins (1996, quoted in Mackenzie, 1999: 200) argued that the American Psychiatric Association 'has their *own* disorder – GenderPathoPhilia – which we define as "an abnormal need or desire to pathologise any gender behaviour which makes you uncomfortable"'.

Box 1.6: Key Study: June H. Hopkins (1969) on the Lesbian Personality

June Hopkins conducted one of the first affirmative studies that focused specifically on lesbians. Hopkins was born in Texas and moved to England with her husband in the 1960s, where she secured a post as a clinical psychologist. Although Hopkins was married she knew she was a lesbian (Clarke and Hopkins, 2002). When Hopkins served in the airforce in the 1950s, a number of her friends were dishonourably discharged for being lesbian. She was also troubled by the use of 'lesbian' and 'gay' as diagnoses when she began working as a psychologist. She intended her study to 'fill the void in objective investigation into the personality factors of lesbians' (p. 1433) and to test whether the prevailing view that lesbians were neurotic had any objective, quantifiable base.

Hopkins's hypothesis was that there would be no personality factors that would be statistically significantly different between lesbian and heterosexual women. The main measure was the 16 Personality Factor (16 PF) Questionnaire. Hopkins compared samples of 24 lesbians and 24 heterosexual women matched for age, intelligence and professional or educational background. Most of the lesbians were recruited from a lesbian organisation set up to support research, the Minorities Research Group, and the heterosexual women were recruited from among Hopkins's own networks.

Hopkins's hypothesis was not confirmed: there were a number of differentiating factors on the 16 PF between the lesbian and the heterosexual groups, but 'the traditionally applied "neurotic" label [was] not necessarily applicable' (p. 1436) to lesbians. Some of the differences between the lesbians and the heterosexual women suggested that the lesbians had a resilient personality, which contradicted the vulnerable personality implied by the neurotic label. Furthermore, the differences suggested that 'a good, descriptive generic term for the average lesbian would be "independent"' (p. 1436).

Hopkins concluded her report by noting that 'the following terms are suggested as appropriately descriptive of the lesbian personality in comparison to her heterosexual female counterpart: 1. More independent. 2. More resilient. 3. More reserved. 4. More dominant. 5. More bohemian. 6. More self-sufficient. 7. More composed' (p. 1436).

Box 1.7: Highlights: Major Professional Bodies for LGBTQ Psychologists

- *Division 44 (The Society for the Psychological Study of Lesbian, Gay and Bisexual Issues)* – established within the APA in 1984. Membership is open to anyone with an interest in sexual orientation issues. Division 44 publishes a regular newsletter and various resolutions on LGB rights concerns, organises events, task forces (that raise awareness of particular topics such as ageing), and grants and awards to recognise and promote contributions to LGB psychology. For further details see: http://www.apadivision44.org
- *Gay and Lesbian Issues and Psychology (GLIP) Interest Group* - established within the Australian Psychological Society (APS) in 1994. GLIP publishes a journal and a newsletter, organises events and has produced guidelines and position statements promoting non-heterosexist approaches to psychological practice with LGBT people. Membership is open to anyone with an interest in the area. For further details see: http://www.groups.psychology.org.au/glip/
- *Psychology of Sexualities Section* (formerly the Lesbian and Gay Psychology Section) – established within the BPS in 1998. Membership is only open to BPS members, although non-members can subscribe to the Section journal, *Lesbian & Gay Psychology Review*, and join the Section email listserv. The Section organises various events and awards prizes for achievements in student research. For further details see: http://www.bps.org.uk/lesgay/lesgay_home.cfm
- *Section on Sexual Orientation and Gender Issues (SOGII)* – founded within the Canadian Psychological Association in 2002. Membership is open to anyone. For further details see: http://www.sogii.ca/