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A Study of Heterosexual Graduate Counseling Students: Attitudes Toward Lesbian Women and Gay Men

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A STUDY OF HETEROSEXUAL GRADUATE COUNSELING

STUDENTS: ATTITUDES TOWARD LESBIAN WOMEN AND GAY MEN

This study examines the attitudes of heterosexual graduate counseling students toward lesbian women and gay men. The study focuses on the attitudes these students may have on the counseling relationship in relation to the identity development of the gay or lesbian client. The study focuses on gender, contact with gays or lesbians, and the effects of gay and lesbian lifestyles, and Human Immunodeficiency Virus (HIV) and Acquired Immunity Deficiency Syndrome (HIV/AIDS). Eighty-three graduate counseling students at Lindenwood University responded to a demographic information sheet and a questionnaire.

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The study includes a questionnaire titled "Attitudes Toward Lesbian and Gay Men (ATLM)". This instrument includes 100 items on a five-point Likert scale ranging from "Strongly Dislike" to "Strongly Like". The items are organized into five sections: 1) Demographic Information, 2) Attitudes Toward Lesbians, 3) Attitudes Toward Gays, 4) Attitudes Toward HIV/AIDS, and 5) Attitudes Toward Counseling. The study also includes a questionnaire titled "Attitudes Toward Lesbian and Gay Men (ATLM)". This instrument includes 100 items on a five-point Likert scale ranging from "Strongly Dislike" to "Strongly Like". The items are organized into five sections: 1) Demographic Information, 2) Attitudes Toward Lesbians, 3) Attitudes Toward Gays, 4) Attitudes Toward HIV/AIDS, and 5) Attitudes Toward Counseling.



An abstract presented to the Faculty of the Graduate School
of Lindenwood College in Partial Fulfillment of the
Requirements for the Degree of
Master of Art
May, 1995

Thesis
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1995

Committee on Abstracts of Candidacy

This study discusses attitudes of heterosexual graduate counseling students toward lesbians and gay men and some of the possible consequences these attitudes may have on the counseling relationship in relation to the identity development of the gay or lesbian client or couple. Special emphasis is focused on gender, contact with gays or lesbians, and education regarding gay and lesbian lifestyles, and Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). Eighty-three graduate counseling students at a Midwestern university responded to a demographic information sheet and a questionnaire. The questionnaire utilized was the short version of Attitudes Toward Lesbians and Gay Men (ATLG-S). This instrument includes two sub-scales, Attitudes Toward Gays (ATG-S) and Attitudes Toward Lesbians (ATL-S). The results suggest attitudes towards gay and lesbians become more positive when an individual's knowledge and awareness is increased about gay and lesbian lifestyles. These findings are discussed and suggestions are made regarding preparing counselors for working with gay and lesbian clients as well as suggestions for further research.

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This paper is dedicated to my family who raised
me to believe a strong faith in God and prejudice are not compatible.
To Becky Doss, for her love, support, and encouragement.
And to Kaitlin, Michael, Nancy, for her attention and challenges.

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| <p>This paper is dedicated to my family who raised me to believe a strong faith in God and prejudice are not compatible.</p> <p>To Jackie Dixon for her love, support, and encouragement and to Reverend Susan Nanny for her affirmation and challenge.</p> | |
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Lucy Christine Marshall, B. S.

This thesis prepared in the Faculty of the Graduate School
of London was presented in Partial Fulfillment of the
Requirements for the Degree of
M.A. in Counseling

**A STUDY OF HETEROSEXUAL GRADUATE COUNSELING
STUDENTS: ATTITUDES TOWARD
LESBIAN WOMEN AND GAY MEN**

Linda Christine Marshall, B. S.

A thesis presented to the Faculty of the Graduate School
of Lindenwood College in Partial Fulfillment of the
Requirements for the Degree of
Master of Art
May, 1995

Abstract

This study discusses attitudes of heterosexual graduate counseling students toward lesbians and gay men and some of the possible consequences these attitudes may have on the counseling relationship in relation to the identity development of the gay or lesbian client or couple. Special emphasis is focused on gender, contact with gays or lesbians, and education regarding gay and lesbian lifestyles, and Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). Eighty-three graduate counseling students at a Midwestern university responded to a demographic information sheet and a questionnaire. The questionnaire utilized was the short version of Attitudes Toward Lesbians and Gay Men (ATLG-S). This instrument includes two sub-scales, Attitudes Toward Gays (ATG-S) and Attitudes Toward Lesbians (ATL-S). The results suggest attitudes towards gay and lesbians become more positive when an individual's knowledge and awareness is increased about gay and lesbian lifestyles. These findings are discussed and suggestions are made regarding preparing counselors for working with gay and lesbian clients as well as suggestions for further research.

Chapter 1

Introduction

Over the past twenty-two years since the American Psychiatric Association declassified homosexuality as a mental illness, professional literature on sexual orientation has expanded. Despite this many mental health professionals remain biased and unqualified to serve the large number of clients with gay and lesbian concerns (Betz, 1991; Buhrke, 1989; Fassinger, 1991; Gramick, 1983; Iasenza, 1989; May, 1995; Murphy, 1992; Stein, 1988; Walters & Simoni, 1993; Wisniewski & Toomey, 1987). Several of these references cite many studies when discussing existing prejudice or lack of available education regarding gay men and lesbians. In "Educating Mental Health Professionals About Gay and Lesbian Issues," Murphy (1992) discussed previous studies and organizations that have found that "graduate education and field training in human sexuality for mental health professions is poor, but training about gay and lesbian issues is even worse" (p. 233). The following represent three of the examples listed by Murphy: 1) A study completed by Dulaney and Kelly (1982) found only six schools of social work offered a course on homosexuality. 2) A survey done by the Committee on Lesbian and Gay Concerns of the American Psychological Association, in 1990, found that only nine percent of the 303 responding department chairpersons offered clinical training in the area of sexual orientation. 3) In 1984, Graham, Rawlings, Halpern, and Hermes surveyed 400 mental health practitioners in

a mid-western city, the findings of the study indicated that therapists providing services to gay men or lesbians generally do not have the training to do so. Ruth Fassinger (1991) referred to the gay and lesbian population as the "hidden minority" because they remain invisible to psychologists in scientific, educational, and therapeutic work. This, she points out, can lead to such difficulties in the mental health system as "diagnostic and treatment bias, lack of sensitive services, and overt discrimination" (p. 157). Walters and Simoni (1993) pointed out that Gelso and Fassinger noted in a study completed in 1990 that "counseling researchers have historically ignored gay men and lesbians" (p. 94) and that Nicolosi found in his research in 1990, the focus of therapy was reparative, which exemplifies "culturally insensitive practice" (p. 94). Wisniewski and Toomey (1987) found one third of the social workers they surveyed, using an Index of Attitudes Toward Homosexuals, had scores in the homophobic range.

Professional organizations for counselors, social workers, and psychologists direct their constituents that the professional be educated about gay and lesbian issues and be aware of personal biases that may affect the counseling relationship before initiating therapy. Two examples of such guidelines that are addressed to counselors appear in the *Ethical Standards* of the American Association for Counseling and Development (AACD)(1988) and in the *Position paper of the human rights committee of the American Association for Counseling and Development* (Human Rights Committee,1987).

Points #7 and #10 in Section A of the *Ethical Standards* of the AACD (1988) state:

7. Members recognize their boundaries of competence and provide only those services and use only those techniques for which they are qualified by training or experience. Members should only accept those positions for which they are professionally qualified. (p.1)
10. The member avoids bringing personal issues into the counseling relationship, especially if the potential for harm is present. Through awareness of the negative impact of both racial and sexual stereotyping and discrimination, the counselor guards the individual rights and personal dignity of the client in the counseling relationship. (p. 2)

And in the position paper of the AACD (Human Rights Committee, 1987) each member is "charged to (a) engage in ongoing examination of his/her own attitudes, feelings, stereotypic views, perceptions and behaviors that might have prejudicial or limiting impact on women, ethnic minorities, elderly persons, gay/lesbian persons and persons with handicapping conditions..." (p. 1).

While guidelines such as these exist it is important to recognize that "Counselors do not work within a vacuum. They are part and parcel of the society within which they live. Counselors cannot help being affected by the attitudes, beliefs, and values of the time period and the culture surrounding

them" (Dworkin & Gutierrez, 1989, p. 6). It is also imperative to recognize that presently, and for some time, homophobia, an irrational fear of anyone gay or lesbian (Dworkin & Gutierrez, 1992; May, 1995; Morin, 1978; Murphy, 1991; Schreier, 1995) and heterosexism, the belief that everyone is heterosexual and that heterosexual relationships are natural and superior to lesbian and gay life styles (Buhrke, 1989; Dworkin & Gutierrez, 1992; Fassinger, 1991; Gramick, 1983; May, 1995; Murphy, 1991; Schreier, 1995) have been the pervading attitudes of society. Heterosexism and homophobia are not, however, mutually exclusive concepts (Schreier, 1995). The relationship between the two is that heterosexism often leads to homophobia which can then manifest into acting-out behaviors against individuals who are gay or lesbian (Schreier, 1995, p. 20). Such beliefs have increased the repression of gay men and lesbians often resulting in discriminatory behavior in many areas, including jobs, housing, and child custody (Dworkin & Gutierrez, 1989; Haddock, Zanna, & Esses 1993; Murphy, 1992; Schreier, 1995). In its most overt form, homophobia has resulted in violence ranging from verbal harassment to murder (May, 1995; Morin, 1991; Murphy, 1992; Schreier, 1995).

In attempting to determine what characteristics or experiences may play a part in an individual's attitude toward gays or lesbians, various studies have been completed. This research has consistently determined that males tend to hold more negative attitudes towards gays or lesbians than females (Bierly,

1985; Herek, 1988; Herek, 1986,; Herek, 1984; Herek & Glunt, 1993; Larsen, Reed, & Hoffman, 1980; Millham, Miguel, & Kellogg, 1976; Morin & Garfinkle, 1978; Reiter, 1991). This research has also demonstrated that both male and female scores reflect more positive attitudes toward gays or lesbians when the respondent indicated they have a friend or relative who is gay or lesbian (Herek & Glunt, 1993; Millham et al, 1976; Morin & Garfinkle, 1978). Another factor that has been linked to more positive attitudes toward gays and lesbians has been the receiving of education about gay and lesbian lifestyles (Dworkin & Gutierrez, 1992; Fassinger, 1991; Haddock, et al, 1993; Herek & Glunt, 1993; May, 1995; Morin & Garfinkle, 1978) or Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (Bouton, et al; Hayes & Gelso, 1993). For example, a recent study on prejudicial attitudes regarding gays and lesbians suggested one of the most effective ways to reduce negative attitudes toward this culture was by educating oneself about homosexuality, thereby, reducing stereotypes and providing an opportunity to develop positive feelings toward lesbians and gay men (Haddock, et al, 1993). More specifically, several studies have indicated it is necessary for counselors to engage in an ongoing examination of their own attitudes, feelings, or stereotypic views (i.e., homophobic or heterosexist attitudes) and be knowledgeable of the consequences these views may have on the counseling relationship and the identity development of a gay or lesbian individual or couple (Betz, 1991; Browning, Reynolds, & Dworkin, 1991;

Buhrke, 1989; Cayleff, 1986; Dahlheimer & Feigal, 1991; Dworkin & Gutierrez, 1989, 1991; Fassinger, 1991; Gramick, 1983; Hayes & Gelso, 1993; Iasenza, 1989; Markowitz, 1991; Mathews, Booth, Turner, & Kessler, 1986; May, 1995; Murphy, 1992; Shannon & Woods, 1991; Walters & Simoni, 1993; Wisniewski & Toomey, 1987).

Statement of Purpose

In considering the importance of the counselor's attitude in working with this population, the purpose of this study is to determine the degree of homophobia among heterosexual graduate counseling students. There has been a special emphasis placed on gender, contact with a gay or lesbian, and attendance to any lecture, seminar, or class in which gay and lesbian lifestyles or HIV/AIDS was a part of the focus. To consider these factors six hypotheses were formulated. Hypothesis 1: There will be a mean difference in Attitudes Toward Lesbians and Gay Men (S indicates short version) (ATLG-S) scores when analyzed by gender. Hypotheses 2: There will be a mean difference in Attitudes Toward Lesbians (ATL-S) or Attitudes Toward Gays (ATG-S) scores when analyzed by gender. Hypothesis 3: Respondents that have contact with a lesbian or gay person will have lower ATLG-S scores (reflecting a more positive attitude toward gays or lesbians) than those without contact. Hypothesis 4: ATLG-S scores will be lower when the respondent has a friend or relative that has been diagnosed with HIV/AIDS. Hypothesis 5: ATLG-S scores will be lower when the respondent has attended any

any lecture, seminar, or class in which gay and lesbian lifestyle was part of the focus. Hypothesis 6: ATLG-S scores will be lower when the respondent has attended any lecture, seminar, or class in which HIV/AIDS was part of the focus.

of lesbian identity formation, stages in couple relationships, and impact of the effects "coming out" and "passing" take form in a day of lesbian couple, and considerations for the counselor involved with this culture. Coming out is defined as the process whereby a gay man or lesbian consciously accepts a gay or lesbian identity as his or her identity (Dworkin & Gutierrez 1992). The process is "the social process by which gay men and lesbians learn to describe themselves as heterosexual" (Berger, 1990, p. 42).

Identity Formation

Several models have been identified within the field of identity development of gays and lesbians (Erickson, 1978; Coleman, 1982; Finkle, 1991; Laumann, 1991; Kaplan, 1991; Finkle, 1991). Typically, these have described identity formation as a social construction via a process that may include regression to earlier stages, synthesis or subsequence of a subsequent stage, and a process of ongoing work at tasks not completed in a particular stage (Erickson & Gutierrez, 1992). The process of the formation of self-knowledge of the model can occur before, after and the consequence of understanding, providing an opportunity for a person to deal with underlying difficulties (Erickson & Gutierrez, 1992).

Chapter 2

Literature Review

The subsequent pages provide information from various sources about gay and lesbian identity formation, stages in couple relationships, and insight on some of the effects "coming out" and "passing" may have on a gay or lesbian couple, and considerations for the counselor involved with this culture. Coming out is defined as the process whereby a gay man or lesbian comes to accept a gay or lesbian identity as his or her identity (Dworkin & Gutierrez, 1992). Passing is defined as "the social process by which gay men and lesbians present themselves to the world as heterosexuals" (Berger, 1990, p. 328).

Identity Formation

Several models have been formulated to describe the identity development of gays and lesbians (Cass, 1979; Coleman, 1982; Falco, 1991; Lewis, 1984; Sophie, 1982; Troiden, 1989). Typically theorists have described identity formation as a three to seven stage development process "that may include regressions to earlier phases, stalling or incomplete movement through stages, and a tendency to repeat efforts at tasks not completed in a particular stage" (O'Connor in Dworkin & Gutierrez, 1992, p. 5). As may be true of any identity model, knowledge of the model can assist both the client and the counselor "in understanding, predicting, and normalizing experiences, as well as identifying difficulties that may stem from

development processes and tasks" (Fassinger, 1991, p. 168). However, they may not be as sensitive to individual diversity (e.g., ethnicity, age, gender, etc.) as they should. For example, "because many lesbians come out in the context of a relationship, the loss of that relationship may threaten their lesbian identity: (Browning et al., 1991, p. 188). It is also important to note that at any stage the individual may choose not to develop any further, thereby giving the person an active role in acquisition of a gay or lesbian identity.

Presented here is perhaps the most well-known model on identity formation by Cass (1979), and the model that has served as an outline for several of the models cited above. This model involves the following six stages. In Stage One, Identity Confusion, previously accepted heterosexual identity is questioned and feeling of confusion and alienation are expressed. In Stage Two, Identity Comparison, the possibility of being gay or lesbian is accepted and one admits same-gender feelings of attraction. In Stage Three, Identity Tolerance, the person seeks out others that are gay and lesbian and draws closer to the gay/lesbian community. During Stage Four, Identity Acceptance, the individual accepts that "I am gay/lesbian," and begins to relax with new self-image, and selective disclosure strategies are defined.

"'Passing' or 'coming out' is the phrase used to describe the process and events that surround a person's awareness and disclosure of his or her homosexuality" (McWhirter & Mattison, 1984, p. 140). In Stage Five, Identity Pride, the individual becomes immersed in the gay and lesbian culture,

often rejecting heterosexual majority and adapts an "us versus them" philosophy. In Stage Six, Identity Synthesis, finds the person seeing his or her gay or lesbian life style as just one part of their identity and integrates this identity into their overall sense of self.

Stages of Gay and Lesbian Couple Relationships

In providing an overview of stages of gay and lesbian couple relationships two models will be summarized, McWhirter and Mattison's (1984) model for gay couples and Clunis and Green's (1988) model on lesbian couples. The stages for gay couples represents a time span of one to beyond twenty years, the model for lesbians is from one to ten years. It should be indicated, however, that literature on lesbian couples from eleven years to twenty years and beyond suggested the characteristics associated with these categories in McWhirter and Mattison's stages are similar (Blumstein & Schwartz, 1983; Dworkin & Gutierrez, 1992). In reviewing the stages the reader should keep in mind each stage is built upon the prior and that characteristics listed represented ones that were most frequently reported by the participating couples. It is also important to acknowledge that a gay or lesbian couple were likely to share many of the same types of conflict and stress that nongay couples presented, however, living with oppression, lack of personal or societal support, and homophobia tended to exacerbate conflict areas and negatively affected the development of the couples relationship (Browning, et al., 1991; Shannon & Woods, 1991).

Clunis and Green's (1988) stages of couple relationship for lesbians were divided into five stages. McWhirter and Mattison's (1984) stages of couple relationships for gay men had six stages. The first stage for lesbians included a pre-relationship period where interest has sparked, assumptions were made about the other's interest, and often a pre-mature bonding occurred that produced unreasonable expectations (Clunis & Green, 1988). Beginning with the second stage for the lesbian couple the probable characteristics and time frame coincided with stages in the gay model. The lesbians' first year (romance) and the gay mens' (blending) often were characterized by merging and fusion, a minimizing of any conflict so as to maximize comfort, and equalizing of the partnership, and a time of intense sexual activity. During years two and three both gay (nesting) and lesbian couples (conflict) established basic rules that assisted in homemaking and compatibility, and experienced a need to deal with issues that had been ignored while trying to pursue a relationship with little conflict. In years four and five, gay couples (maintaining) and lesbians (acceptance/commitment), were stabilizing, becoming more familiar with each other while reappearing as an individual. Also, traditions/celebrations were often established. Years six through ten were identified in the gay model as a "building stage" and for the lesbians model as a "collaborating stage." In either, an increase of productivity by working together on joint projects and an increase in dependability of partner usually occurred.

As previously mentioned, it was at the end of ten years that the lesbian model stopped, but the gay model continued. Years eleven through twenty (releasing) were a time when the couple learned to give the self wholly to the relationship. Merging of money and possessions also occurred. During this period either of the individuals might have felt that the other partner was taking him/her for granted or that the relationship was in a rut. The last stage (renewing) encompassed twenty years and beyond. Security was achieved, during this stage the couple might have spent more time together doing such things as traveling, and a rejuvenation often occurred as they remembered years past.

"Coming Out" or "Passing"

The process of "coming out" or "passing" are not one time events. Either may be accomplished in various ways by gays and lesbians, and may certainly play a part in the identity formation of the individual or the couple's relationship (Berger, 1990; Buhrke, 1989; Cass, 1979; Dworkin & Gutierrez, 1992; Greene, 1994; McWhirter & Mattison, 1984; O'Neill & Ritter, 1992; Stein, 1988). This coming out process begins with self-recognition. In this process, one must confront negative societal attitudes as well as one's own internalized oppression, repeating the process over and over in each new situation in which one's gayness is not known" (Fassinger, 1991, p. 167).

Additional parts of the process often include socialization with the gay community, disclosure to others, positive self-identification, integration and

acceptance (Cass, 1979; McWhirter & Mattison, 1984). As noted by John Jacobs and William Tedford (1980), coming out could have a positive or negative impact; "self-disclosure leaves one more vulnerable to criticisms that could lower self-esteem. However, the causal chain maybe the reverse-- persons with low self-esteem may feel that they have little to lose by being open" (pp. 379-380). In a couple relationship, where each partner is in the "coming out" or "passing" process can have varying effects on each person's identity formation or the couple's relationship. Stage discrepancy between partners is one of the most common influences on stage movement. Therefore, the combination of possibilities of what could influence the couple are probably infinite. The focus here is on effects that seemed frequently listed in the research reviewed.

As the couple's relationship increases in commitment, a partner may frequently feel an increase in pressure to more fully accept his/her own identity as gay or lesbian (Buhrke, 1989; Dworkin & Gutierrez, 1992; McWhirter & Mattison, 1984; Murphy, 1989; O'Neill & Ritter, 1992; Stein, 1988). This feeling of increased pressure can extend the amount of time spent in Stage Four, where the individual is still "getting comfortable with the fit" of their identity (McWhirter & Mattison, 1984; O'Neill & Ritter, 1992).

Additional pressure can be added to one's progressing in identity formation when one partner is in Stage Five and the other partner is not. As discussed previously in this paper, Stage Five is when an individual often maintains an

"us versus them philosophy" (Cass, 1979; McWhirter & Mattison, 1984).

One example frequently cited in this scenario suggested that if the other partner was in Stage Four of identity formation, the rage associated with the "us versus them" philosophy often retarded progression to Stage Five for the other person.

Progression through the stages of identity formation or couple relationship often receives added stress from family and friends. Those problems most frequently relate to the degree of openness each partner has achieved with family or friends (Berger, 1990; Blumstein & Schwartz, 1983; Dworkin & Gutierrez, 1992; McWhirter & Mattison, 1984; Murphy, 1989; O'Neill & Ritter, 1992; Zacks, Green, & Manow, 1988). If they are not able to disclose about their identity or relationship, feelings of isolation and distance are prevalent (Dworkin & Gutierrez, 1992; Murphy, 1989; O'Neill & Ritter, 1992). Not being able to be open often increases guilt, often attributing further to a decreased self-esteem and a slowing down of the integration of self-identity (Green, 1994; Murphy, 1989).

Likewise, "passing" seems to be an indication that the gay person devalues himself or herself. "Low self-esteem then is reinforced by the daily stress of managing or concealing personal information" (Berger, 1990, p. 329). John Alan Lee (1977) suggested that the greatest cost of passing, "for those whose current status is built around the assumption that they are heterosexual is the fear of disclosure, and with it attendant guilt and anxiety"

(p. 61). Furthermore, if "passing" is the person's response to lack of self-acceptance as gay or lesbian, then when in a relationship, the partner becomes a constant reminder of the person's "failing" (Berger, 1990, p. 329). Also, couples who often feel a need to hide their relationship often experience unknowing invasion of their couple boundaries by family or friends (Blumstein & Schwartz, 1983; Dworkin & Gutierrez, 1992; Murphy, 1989; O'Neill & Ritter, 1992). Not surprisingly, many studies suggested that "passing" or "coming out" to significant others held the greatest likelihood for effecting one's identity or the couple's relationship (Berger, 1990; Blumstein & Schwartz, 1983; Buhrke, 1989; Kurdek, 1988; McWhirter & Mattison, 1984; Murphy, 1989; O'Neill & Ritter, 1992). It is very relevant that each of these studies found "coming out" to significant others to have a significantly positive effect on both identity formation and a couple's relationship.

Possible Considerations for Counselors in Therapy with Gays and Lesbians

"In no other profession does the personality and behavior of the professional make such a difference as it does in counseling" (Meier & Davis, 1993, p. 60). For every client the counselor must establish an empathic relationship and provide a non-judgmental environment. Various sources suggested that for this to occur for lesbian and gay clients several issues needed to be addressed by the counselor (Browning, et al., 1991; Buhrke, 1989; Cayleff, 1986; Dworkin & Gutierrez, 1989, 1992; Fassinger, 1991; Holahan & Gibson, 1994; Iasenza, 1989; Markowitz, 1991; May, 1995;

McWhirter & Mattison, 1984; Murphy, 1992; Ritter & O'Neill, 1989; Ritter & Terndrup, 1994; Shannon & Woods, 1991; Stein, 1988; Taylor & Robertson, 1994). The following represents a broad overview of the most frequently cited suggestions for counselors working with the gay and lesbian culture.

A necessary starting point is for the counselor to respect the worth, dignity, potential, and uniqueness of each client. "The sex, race, class, and sexual orientation of the client must be considered, understood, and honored to prevent doing harm, serve the client's welfare, respect autonomous principles, and ultimately, to provide effective counseling" (Cayleff, 1986, p. 345). In so doing the counselor should take a gay affirmative approach that validates a gay sexual orientation, recognizes the oppression gay people face, and then actively assist them to overcome the external and internal effects (Browning, et al., 1991; Dworkin & Gutierrez, 1989; Fassinger, 1991; Markowitz, 1991; May, 1995; Murphy, 1992; Ritter & Terndrup, 1994; Shannon & Woods, 1991; Taylor & Robertson, 1994).

In addition, the counselor may need to become aware of his/her own homophobia and heterosexism (Browning et al., 1991; Buhrke, 1989; Dahlheimer & Feigal, 1991; Dworkin & Gutierrez, 1992; Fassinger, 1991; Holahan & Gibson, 1994; Markowitz, 1991; May, 1995; Ritter & O'Neill, 1989; Shannon & Woods, 1991; Taylor & Robertson, 1994). This is very important if the client is to receive gay and lesbian affirmative counseling, as

ignorance, insensitivity, stereotyped thinking, outright prejudice, discrimination, and a host of negative attitudes all can be loosely grouped under the umbrella of homophobia or heterosexism (Browning, et al., 1991; Buhrke, 1989; Dahlheimer & Feigal, 1991; Iasenza, 1989; Markowitz, 1991; May, 1995; Murphy, 1992; Shannon & Woods, 1991; Taylor & Robertson, 1994). Along with introspection, a therapist may need to take an experiential approach to observe their own homophobia as well as the negative messages gays and lesbians regularly encounter. Such experiences might include carrying a local gay newspaper around for one day, walking around holding hands with a same-sex friend, or visiting a gay or lesbian bar (Dahlheimer & Feigal, 1991; Iasenza, 1989; Morin & Garfinkle, 1978).

Along with respecting the dignity and uniqueness of a gay or lesbian client and attaining a heightened level of self-awareness, a counselor must be committed to becoming educated about gay and lesbian life-styles and concerns (Browning, et al., 1991; Buhrke, 1989; Dahlheimer & Feigal, 1991; Dworkin & Gutierrez, 1989; Fassinger, 1991; Holahan & Gibson, 1994; Iasenza, 1989; Markowitz, 1991; May, 1995; McWhirter & Mattison, 1984; Murphy, 1992; Ritter & Terndrup, 1994; Shannon & Woods, 1991; Taylor & Robertson, 1994). Education needs to include such information as identity development and management, couple relationships, familiarity with special issues and how they often affect gays or lesbians (e.g., substance or sexual abuse, and spiritual/existential issues). By being knowledgeable a counselor will be better

equipped to assist clients in developing and maintaining a positive gay identity, become aware of how oppression affects him/her, desensitize shame and guilt, and affirm the client's lifestyle.

The subjects were graduate counseling students (N = 20) enrolled in two classes at the University of Missouri, St. Louis Campus. The students were advised, by their professors, that a graduate student from another campus was seeking volunteers to complete a questionnaire. The sample was composed of 10 males and 10 females.

Procedure

The questionnaire was administered by the researcher, that they would be administered a questionnaire. The questionnaire was administered on paper and included 20 of 20 was administered to the beginning of the research period. The first part was self-report, the average age of the participants was 26.5 years. The first and instrument was 10 minutes. It was usually said 100% of the instrument was completed in any way by 100% of the participants. The first part was self-report.

After that, and after completing the questionnaire, the researcher asked for the participants' names and addresses, and then the researcher contacted them by mail. The researcher then contacted them by mail.

The demographic data were collected from the questionnaire. The demographic data were collected from the questionnaire. The demographic data were collected from the questionnaire. The demographic data were collected from the questionnaire. The demographic data were collected from the questionnaire.

Chapter 3

Method

Subjects

The subjects were graduate counseling students (N=82) enrolled in four classes at the University of Missouri, St. Louis Campus. The students were advised, by their professors, that a graduate student from another college was seeking volunteers to complete a questionnaire. The sample was composed of 64 females and 18 males.

Procedure

The students were instructed, by the researcher, that they would be completing a demographic form and one questionnaire on gays and lesbians. The test was administered at the beginning of the class period. No time limit was set, however, the average time for completion of the demographic sheet and instrument was 10 minutes. It was clearly stated that the instruments were not coded in any way to assure confidentiality, that participation was voluntary, and after completing the questions each person should place his/her questionnaire and demographic forms in the box provided at the front of the room.

The demographic sheet consisted of 12 questions (see Appendix 1). Statistics were not completed on all demographic information collected at this time, as some of the questions were included to be utilized in a future research. The questionnaire (see Appendix 2) was the short form of Attitudes

Toward Lesbians and Gay Men (ATLG-S) (Herek, 1988). It consisted of 10 items, that were answered by using a 9-point Likert-format from strongly disagree to strongly agree. The ATLG-S contained two sub-scales, Attitudes Toward Lesbians (ATL-S) and Attitudes Toward Gay Men (ATG-S). Items 1-5 comprised the ATL-S sub-scale; items 6-10 constituted the ATG-S. "Each short version correlated highly with its longer counterpart (ATG with ATG-S, $r=.96$; ATL with ATL-S, $r=.95$; ATLG with ATLG-S, $r=.97$)" (Herek in Herek & Green, 1994, p. 213). Internal consistency reported in alpha coefficients for the two sub-scales and the total scale were ATLG-S = .90, ATL-S = .77, ATG-S = .89 (Herek, 1988). The range of scores was from 10 (extremely positive attitudes) to 90 (extremely negative attitudes). Scoring was reversed for questions 2, 4, 8, and 10 per test instructions.

Five questionnaires of the original 82 were not included in the statistical analysis. As this study was concerned with attitudes of heterosexual graduate counseling students, three questionnaires that indicated lesbian as sexual preference were not included and two more questionnaires (1 male and 1 female) were not used as they were only partially completed, therefore, the sample consisted of 60 women and 17 men. To test for any significant differences in gender, mean scores were compared with the Mann-Whitney U on the ATLG-S, ATG-S, and ATL-S ($p < .05$). The Mann-Whitney U was also utilized to test for any significant difference in the ATLG-S scores and a yes or no response to demographic questions 9, 10, 11, and 12. The Mann-

Whitney U, a non-parametric test, was used because it compares two samples for significant differences, and does not require that data be normally distributed or that sample variances be equal.

graduate counseling students at the University of Missouri, St. Louis Campus (84 females and 15 males) who previously indicated, sexual orientation preference, i.e., 1 lesbian and 2 incomplete forms, i.e., 1 male and 1 female, reduced the usable sample to $N = 77$ (60 females and 17 males). This sample consisted of 18 African Americans and 59 Caucasians, with the average bracket income of \$30,000 to \$39,999. The means, standard deviations for the ATLG-S, ATL-S, and ATL-A are presented in Table 1.

As a matter of course, the male scores for ATL-A, ATL-S, and ATL-S were higher than the last 2 counterparts. To determine if the difference could be considered significant the Mann-Whitney U was used. The Mann-Whitney U was also used to test for significant differences in scores when compared to a yes or no response to question 7 (i.e., "I am a lesbian"). For all tests, the level of significance is based on $p < .05$. All such hypothesis testing results follow.

Hypothesis 1. There will be a positive relationship between scores on the ATLG-S and gender.

Since the ATLG-S scores for females were significantly higher than for males, it is clear that the scores for the ATLG-S were significantly higher for females than for males.

Chapter 4

Means and Results Discussion

The studies initial sample contained 82 graduate counseling students at the University of Missouri, St. Louis Campus (64 females and 18 males) As previously indicated, sexual orientation preference, i.e., 3 lesbians, and 2 incomplete forms, i.e., 1 male and 1 female, reduced the useable sample to N=77 (60 females and 17 males. This sample consisted of 14 African-Americans and 63 Caucasians, with the average bracket income of \$30,000-34,999. The sample's mean and standard deviations for the ATLG-S, ATL-S, and ATG-S tests are shown in Table 1.

As Table 1 illustrates the male mean scores for ATLG-S, ATL-S, and ATG-S were higher than the female counterparts. To determine if the difference could be considered significant the Mann-Whitney U was used. The Mann-Whitney U was also utilized to test for significant difference of scores when compared to a yes or no response to questions 9, 10, 11, and 12. For all tests the level of significance was set at .05. For clarity each hypothesis is stated and results follow.

Hypothesis 1: There will be a mean difference in ATLG-S scores when analyzed by gender.

When the ATLG-S scores by gender were tested, the male mean rank (42.71) was greater than the female mean rank (37.95). For this test the observed

Table 1

Means and Standard Deviations

| | <u>Mean</u> | <u>SD</u> |
|---------------|-------------|-----------|
| ATLG-S | 29.81 | 18.49 |
| Female ATLG-S | 28.85 | 17.80 |
| Male ATLG-S | 33.23 | 20.95 |
| ATL-S | 14.20 | 8.38 |
| Female ATL-S | 14.05 | 8.39 |
| Male ATL-S | 14.76 | 8.56 |
| ATG-S | 15.62 | 11.16 |
| Female ATG-S | 14.81 | 10.57 |
| Male ATG-S | 18.47 | 12.99 |

significance level corrected for ties was ($p=.4386$), therefore, the hypothesis was rejected. (Table 2)

Hypothesis 2: There will be a mean difference in ATL-S or ATG-S scores when analyzed by gender.

The mean rank on the ATL-S for males was 40.94, for females 38.45, and the observed significance level corrected for ties was ($p= .6841$). The mean rank on the ATG-S for males was 43.65, for females 37.68, and the observed significance level corrected for ties was ($p= .3289$). The difference was not

statistically significant, therefore, the hypothesis was rejected. (Table 2)

Table 2
Mann-Whitney U Mean Rank Scores for Hypothesis 1 and 2

| <u>Hypothesis 1</u> | <u>Male</u> | <u>Female</u> |
|---------------------|-------------|---------------|
| ATLG-S | 42.71 | 37.95 |
| <u>Hypothesis 2</u> | | |
| ATL-S | 40.94 | 38.45 |
| ATG-S | 43.65 | 37.68 |

Hypothesis 3: Respondents that have contact with a lesbian or gay person will have lower ATLG-S scores (reflecting a more positive attitude toward gays or lesbians) than those without contact.

For this test the mean rank score for respondents that had contact with a gay or lesbian was 37.18. The mean rank score for those respondents that did not have contact with a gay or lesbian, was 41.69. The observed significance level in a two-tailed test corrected for ties was ($p = .3852$), therefore, the hypothesis was rejected. (Table 3)

Hypothesis 4: ATLG-S scores will be lower when the respondent has a friend or relative that has been diagnosed with HIV/AIDS.

The mean rank score was 26.57 for those that answered affirmatively

that they had a friend or relative that had been diagnosed with HIV/AIDS. The mean rank was 42.01 for those that did not have a friend or relative that had been diagnosed with HIV/AIDS. The observed significance level corrected for ties was ($p = .0163$), therefore, the hypothesis was accepted.

(Table 3)

Table 3

Mann-Whitney U Mean Rank Scores for Hypothesis 3 and 4

| <u>Hypothesis 3</u> | <u>Contact</u> | <u>No Contact</u> |
|---------------------|----------------|-------------------|
| ATLG-S | 37.18 | 41.69 |

| <u>Hypothesis 4</u> | <u>Friend Diagnosed</u> | <u>No Friend Diagnosed</u> |
|---------------------|-------------------------|----------------------------|
| | <u>with HIV/AIDS</u> | <u>with HIV/AIDS</u> |
| ATLG-S | 26.57 | 42.01 |

Hypothesis 5: ATLG-S scores will be lower when the respondent has attended any lecture, seminar, or class in which gay and lesbian lifestyle was part of the focus.

For this test, the mean rank score was 30.07 for those that had attended a lecture, seminar, or class and the mean rank score for those that had not attended was 49.17. The observed significance level corrected for ties was

($p = .0002$). Therefore, there was a statistical difference and the hypothesis was accepted. (Table 4)

Hypothesis 6: ATLG-S scores will be lower when the respondent has attended any lecture, seminar, or class in which HIV/AIDS was part of the focus.

The mean rank score for those that answered affirmatively was 36.32 and for those that indicated they had not attended any of the three choices, the mean rank was 43.43. The observed significance level in a two-tailed corrected for ties was ($p = .1762$), therefore, the hypothesis was rejected. (Table 4)

Table 4

Mann-Whitney U mean Rank Scores for Hypothesis 5 and 6

| <u>Hypothesis 5</u> | <u>Attended Class/Seminar</u> | <u>Did Not Attend</u> |
|---------------------|----------------------------------|-----------------------|
| | <u>on Gay/Lesbian Lifestyles</u> | |
| ATLG-S | 30.07 | 49.17 |
| <u>Hypothesis 6</u> | <u>Attended Class/Seminar</u> | <u>Did Not Attend</u> |
| | <u>on HIV/AIDS</u> | |
| ATLG-S | 36.32 | 43.43 |

Chapter 5

Discussion

This study's focus was on the degree of homophobia among heterosexual graduate counseling students with a special emphasis on gender, contact with a gay or lesbian, and attendance to any lecture, seminar, or class in which HIV/AIDS was a part of the focus. To consider these factors six hypotheses were tested. Of these, four were rejected (1,2,3, and 6) and two were accepted (4 and 5). A review of the hypotheses follows preceded by a discussions of possible conclusions that can be drawn from each, limitations of this study, and suggestions for further research are also discussed.

Prior research indicated males often scored higher than females, reflecting more negative attitudes toward gays or lesbians (Bierly, 1985; Herek, 1988; Herek, 1984; Herek & Glunt, 1993; Larsen, et al, 1980; Millham, et al, 1976; Morin & Garfinkle, 1978; Reiter, 1991). Hypothesis 1 and 2 (this study) made the same suggestion, however, in this study gender did not produce a statistically significant difference in scores when compared by gender; so both hypotheses were rejected.

Hypothesis 3 and 6 were also rejected and incongruent with previous studies. It was suggested in Hypothesis 3 that familiarity with a gay or lesbian would produce lower scores, however a statistically significant difference was not seen as had occurred in three earlier studies (Millham, et al, 1976; Morin & Garfinkle, 1978; Herek & Glunt, 1993). In Hypothesis 6 respondents that

had participated in a class, lecture, or seminar in which HIV/AIDS was part of the focus did not score significantly lower than individuals that had not attended. However, in two other studies education about HIV/AIDS was found to lower scores on homophobia (Bouton, et al, 1989; Hayes & Gelso, 1993).

The two hypothesis accepted in this study were 4 and 5. Hypothesis 4 suggested that Hypothesis 4 postulated that those who had a friend or relative diagnosed with HIV/AIDS would be more positive and score lower on the ATLG-S. The difference in scores were statistically significant. This question was not part of a previous study on homophobia, but was formulated by this researcher after reading several articles that suggested further research might want to test for any affect HIV/AIDS may have on homophobia (Fassinger, 1991; Hayes & Gelso, 1993; Herek, 1988; Morin, 1991; Shannon & Woods, 1991). Hypothesis 5 postulated that individual scores of respondents that had attended a class, lecture, or seminar on gay and lesbian lifestyle would score lower than those who had not attended any formal presentations. The hypothesis was accepted and in agreement with several studies (Dworkin & Gutierrez, 1992; Fassinger, 1991; Haddock et al, 1993; Herek & Glunt, 1993; May, 1995; Morin & Garfinkle, 1978).

When considering what this study may suggest regarding graduate counseling students attitudes towards gay and lesbians this author suggests the main theme is one of education. Several primary journals for



counselors, (e.g., The Journal of Counseling and Development (1989), The Counseling Psychologist (1991), Journal of Counseling Psychology (1993), Social Work (1983)), have presented "articles calling for the need for consciousness raising and training in areas of sexuality and alternative lifestyle" (Iasenza, 1989, p. 73). Some of the results from this study seem to indicate the request for education about gays and lesbians has begun. For example, of the 77 participants in this study 41 (over 50%) had attended a class, lecture, or seminar on gay and lifestyle. As previously presented, the receiving of education on gay and lesbian lifestyle seems to have lowered the scores, (i.e. held a more positive attitude toward gays and lesbians). It may also be that this education contributed to the lack of significant difference in scores when compared by gender. However, even if this assumption were correct, this study, like previous ones, was able to measure the existence of various levels of homophobia, reaffirming the need for continuing and ongoing education as requested in very current articles and presentations (Greene, in Greene & Herek, 1994; Holahan & Gibson, 1994; Markowitz, 1991; May, 1995; Schreier, 1995; Ritter & Turndrup, 1994; Taylor & Robertson, 1994). Each of these references suggests counselors need to pursue ongoing education regarding one's own feeling, values and beliefs about gays and lesbians, as well as be educated about gay and lesbian issues, (e.g., identity development, passing, and coming out).

For instance, Markowitz (1991), warned that therapists must

acknowledge and understand the extent to which they may have internalized society's negative portrayal of gays and lesbians. She also suggests that without self-examination and education a counselor may respond in a defensive manner if a client accuses the therapist of being homophobic or asks if the counselor is heterosexual or gay. Holahan and Gibson (1994), suggest that being educated about the gay and lesbian issues and lifestyle, will enable the counselor to be more effective in helping this population. Taylor and Robertson (1994) offer that increased knowledge and talking with gays and lesbians can help a counselor to be more affirming of their lifestyle. In *Lesbian and Gay Psychology* (1994), Greene points out that a therapist that was unfamiliar with gay and lesbian couples may not be aware of the challenge "coming out" or "passing" may have on a couple's relationship or on each partner's own identity formation.

Several limitations to this study must be kept in mind when drawing conclusions from it. Some of the limitations included would be the small size of the sample, the number of males (17) versus the number of females (60), and that the test was conducted at only one location in one region of the country. Another limitation was the inability to be more specific when determining a graduate counseling student's previous knowledge about gays or lesbians or about any previous research on this population. In addition, this study could not assess if a respondent held any stereotypic beliefs that might adversely effect the therapeutic relationship.

Both the limitations of this study and findings suggest future studies be completed at multiple locations, with gender totals being more equal. This would help to better assess the effect of education on heterosexual graduate counseling students toward gays and lesbians. Additional research seems to be needed regarding HIV/AIDS and its influence on homophobia. It might also be helpful to have further research completed on gays and lesbians that have been in therapy and learn what types of intervention have been of value or a hindrance.

Appendix 1

DEMOGRAPHIC QUESTIONNAIRE

Please check only one answer for each of the following questions.

1. Gender?

Male ___ Female ___

2. Ethnic Origin?

African-American ___

Asian ___

Caucasian ___

Hispanic ___

Native-American ___

Other ___ Homosexual ___ Gay ___ Lesbian ___ Bisexual ___

3. **Current** Marital Status?

Single ___

Married ___

Separated ___

Divorced ___

Widowed ___

Living with partner ___

4. Number of children? 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 or more ___

5. In which **one** of these groups did your **total** family income, for 1993, before taxes, fall?

\$4,999 or below ___

\$5,000 - 9,999 ___

\$10,000 - 14,999 ___

\$15,000 - 19,999 ___

\$20,000 - 24,999 ___

\$25,000 - 29,999 ___

\$30,000 - 34,999 ___

\$35,000 - 39,999 ___

\$40,000 - 44,999 ___

\$45,000 - 49,999 ___

\$50,000 - 54,999 ___

\$55,000 - 59,999 ___

\$60,000 or above ___

6. Frequency of church attendance?

- Once a week ___
More than once a week ___
Once a month ___
Religious holidays ___
Never ___

7. Religious affiliation?

- Catholic ___
Baptist ___
Protestant ___
Jewish ___
Other ___

8. Sexual preference? Heterosexual ___ Gay ___ Lesbian ___ Bisexual ___

9. Have **any** of your female or male friends, relatives, or close acquaintances, let you know they were gay or lesbian?

- Yes ___
No ___

10. Have any of your friends or relatives been diagnosed with HIV/AIDS?

- Yes ___
No ___

11. Have you attended any lecture, seminar, or class in which Gay and Lesbian lifestyle was part of the focus?

- Yes ___
No ___

12. Have you attended any lecture, seminar, or class in which HIV/AIDS was part of the focus?

- Yes ___
No ___

Appendix 2

Below is a list of issues concerning Gays and Lesbians. Please read all statements very carefully and respond to each of them on the basis of **your own true beliefs**. Do this by reading each statement and then writing, in the space provided at its left, only **one** of the following numbers: 1, 2, 3, 4, 5, 6, 7, 8, 9. The meaning of each of these figures is:

- 9: Strongly agree
- 8: Mostly agree
- 7: Somewhat agree
- 6: Slightly agree
- 5: Neither agree or disagree
- 4: Slightly disagree
- 3: Somewhat disagree
- 2: Mostly disagree
- 1: Strongly Disagree

- ___ 1. Lesbians just can't fit into our society.
- ___ 2. State laws regulating private, consenting lesbians should be loosened.
- ___ 3. Female homosexuality is a sin.
- ___ 4. Female homosexuality in itself is no problem, but what society makes of it can be a problem.
- ___ 5. Lesbians are sick.
- ___ 6. I think male homosexuals are disgusting.
- ___ 7. Male homosexuality is a perversion.
- ___ 8. Just as in other species, male homosexuality is a natural expression of sexuality in human men.
- ___ 9. Homosexual behavior between two men is just plain wrong.
- ___ 10. Male homosexuality is merely a different kind of lifestyle that should not be condemned.

References

- American Association for Counseling and Development. (1988, March). Ethical Standards. Alexandria, VA: Author.
- Berger, R. M. (1990). Passing: Impact on the quality of same-sex couple relationships. Social Work, 35(4), 328-332.
- Betz, N. E. (1991). Implications for counseling psychology training programs: Reaction to special issue. The Counseling Psychologist, 19(2), 248-252.
- Bierly, M. M. (1985). Prejudice toward contemporary outgroups as a generalized attitude. Journal of Applied Social Psychology, 15(2), 189-199.
- Blumstein, P. and Schwartz, P. (1983). American Couples. New York: Morrow.
- Bouton, R. A., Gallaher, P. E., Garlinghouse, P. A., Leal, T., Rosenstein, L. D., and Young, R. K. (1989). Demographic variables associated with fear of AIDS and homophobia. Journal of Applied Social Psychology, 19(11), 885-901.
- Browning, C., Reynolds, A., and Dworkin, S. (1991). Affirmative psychotherapy for lesbian women. The Counseling Psychologist, 19(2), 177-196.
- Buhrke, R. A. (1989). Incorporating lesbian and gay issues into counseling training: A resource guide. [Special Issue]. Journal of Counseling and Development, 68(1), 77-80.
- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. Journal of Homosexuality, 4(1), 219-235.
- Cayleff, S. E. (1986). Ethical issues in counseling gender, race, and culturally distinct groups. Journal of Counseling and Development, 64(1), 345-347.
- Clunis, D. M. and Green, G. D. (1988). Lesbian Couples. Seattle, WA: Seal Press.
- Coleman, E. (1982). Developmental Stages of the coming out process. In J. C. Gonsiorek (Ed.), Homosexuality and Psychotherapy (pp. 31-43).

- Dahlmeimer, D. and Feigal, J. (1991). Bridging the gap. The Family Therapy Networker, 15(1), 44-53.
- Dworkin, S. H. and Gutierrez, F. J. (Eds.). (1992). Counseling gay men and lesbians: Journey to the end of the rainbow. Alexandria, VA: AACD.
- Dworkin, S. H. and Gutierrez, F. (1989). Introductions to special issue. Counselors be aware: Clients come in every size, shape color, and sexual orientation. [Special Issue]. Journal of Counseling and Development, 68(1), 6-8.
- Falco, K. L. (1991). Psychotherapy with lesbian clients: Theory into practice. New York: Brunner/Mazel.
- Fassinger, R. E. (1991). The hidden minority: Issues and challenges in working with lesbians and gay men. The Counseling Psychologist, 19(2), 157-176.
- Gramick, J. (1983). Homophobia: A new challenge. Social Work, 28(2), 137-141.
- Greene, B. and Herek, G. M. (Eds.). (1994). Lesbian and gay psychology: Theory, research and clinical applications. Thousand Oaks, CA: SAGE.
- Haddock, G., Zanna, M. P., and Esses, V. M. (1993). Accessing the structure of prejudicial attitudes: The case of attitudes towards homosexuals. Journal of Personality and Social Psychology, 65(6), 1105-1118.
- Hayes, J. A. and Gelso, C. J. (1993). Males discomfort with gay and HIV infected clients. Journal of counseling Psychology, 40(1), 86-93.
- Herek, G. (1988). Heterosexuals' attitudes towards lesbians and gay men: Correlates and gender differences. Journal of Sex Research, 25(4), 451-477.
- Herek, G. (1986). On heterosexual masculinity. American Behavioral Scientist, 29(5), 563-577.
- Herek, G. (1984). Beyond homophobia: A social psychological perspective on attitudes towards lesbians and gay men. Journal of Homosexuality, 10(1), 1-21.

- Herek, G. and Glunt, E. K. (1993). Interpersonal contact and heterosexuals attitudes toward gay men: Results from a national survey. Journal of Sex Research, 30(3), 239-244.
- Holahan, W. and Gibson, S. A. (1994). Heterosexual therapist leading lesbian and gay therapy groups: Therapeutic and political realities. Journal of Counseling and Development, 72(6), 591-594.
- Human Rights Committee. (1987). Position paper of the human rights committee of the American Association for Counseling and Development. Alexandria, VA: Author.
- Iasenza, S. (1989). Some challenges of intergrating sexual orientation into counselor training and research. Journal of Counseling and Development, 68(1), 73-76.
- Jacob, J. A. and Tedford, W. H. (1980). Factors affecting the self-esteem of the homosexual individual. Journal of Homosexuality, 5(4), 373-381.
- Kurdek, L. A. (1988). Relationship quality of gay and lesbian cohabiting couples. Journal of Homosexuality, 15(3/4), 93-118.
- Larsen, K., Reed, M., and Hoffman, S. (1980). Attitudes of heterosexuals toward homosexuality: A likert-type scale and construct valididty. Journal of Sex Research, 16(3), 245-257.
- Lee, J. A. (1977). Going public: A study in the sociology of homosexual liberation. Journal of Homosexuality, 3(1), 49-76.
- Lewis, L. A. (1984). The coming out process for lesbians: Integrating a stable identity. Journal of the National Association of Social Workers. 464-469.
- Markowitz, L. M. (1991). Homosexuality: Are we still in the dark? The Family Therapy Networker, 15(1), 27-35.
- Mathews, W. C., Booth, M. W., Turner, J. D., and Kessler, L. (1986). Physicians attitudes toward homosexuality - survey of a California County Medical Society. The Western Journal of Medicine, 144(1), 106-110.
- May, K. M. (1995). Gay and lesbian families. The Family Digest, 7(3), pp. 1,3.

- McWhirter, D. P. and Mattison, A. M. (1984). The Male Couple. Englewood Cliffs, NJ: Prentice Hall.
- Meier, S. T. and Davis, S. R. (1993). The Elements of Counseling. (2nd Ed.) Pacific Grove, CA: Brooks/Cole.
- Millham, J., Miguel, C., and Kellogg, R. (1976). A factor-analytic conceptualization of attitudes toward male and female homosexuals. Journal of Homosexuality, 2(1), 3-10.
- Morin, S. F. (1991). Removing the stigma: Lesbian and gay affirmative counseling. The Counseling Psychologist, 19(2), 245-247.
- Morin, S. F. and Garfinkle, E. (1978). Male Homophobia. Journal of Social Issues, 34(1), 29-47.
- Murphy, B. C. (1992). Educating mental health professionals about gay and lesbian issues. Journal of Homosexuality, 23(1/2), 229-246.
- Murphy, B. C. (1989). Lesbian couples and their parents: The effects of perceived parental attitudes on the couple. Journal of Counseling Development, 68(1), 46-51.
- O'Connor, M. F. (1992). Psychotherapy with gay and lesbian adolescents. In Dworkin, S. H. & Gutierrez, F. J. (Eds.). Counseling gay men and lesbians: Journey to the end of the rainbow. (pp. 3-21), Alexandria, VA: AACD.
- O'Neill, C. and Ritter, K. (1992). Coming Out Within. San Francisco: Harper.
- Rieter, L. (1991). Developmental origins of antihomosexual prejudice in heterosexual men and women. Clinical Social Work Journal, 19(2), 163-175.
- Ritter, K. and O'Neill, C. (1989). Moving through loss: The spiritual journey of gay men and lesbian women. Journal of Counseling and Development, 68(1), 9-15.
- Ritter, K. and Terndrup, A. (1994). Counseling lesbian and gay men: A practical approach to affirming gay identities. American Counseling Association, 1994 Continuing Workshop. Kansas City, MO
- Schreier, B. A. (1995). Moving beyond tolerance: A new paradigm for

programming about homophobia/biphobia and heterosexism. Journal of College Student Development, 36(1), 19-26.

Shannon, W. and Woods, S. (1991). Affirmative psychotherapy for gay men. The Counseling Psychologist, 19(2), 197-215.

Sophie, J. (1982). Counseling lesbians. Personnel and Guidance Journal, 60, 341-345.

Stein, T. S. (1988). Theroretical considerations in psychotherapy with gay men and lesbians. Journal of Homosexuality, 15(1/2), 75-95.

Taylor, E. B. and Robertson, P. E. (1994). Heterosexism/Homophobia: It hurts everyone of us in a variety of ways. Paper presented at 1994 Annual American Association Convention, in Minneapolis.

Troiden, R. R. (1989). The formation of homosexual identities. Journal of Homosexuality, 17(1/2), 43-73.

Walters, K. L. and Simoni, J. M. (1993). Lesbian and gay male group identity attitudes and self-esteem: Implications for counseling. Journal of Counseling Psychology, 40(1), 94-99.

Wisniewski, J. J. and Toomey, B. G. (1987). Are social workers homophobic? National Association of Social Workers, 32(5), 454-455.

Zacks, E., Green, R. J. and Marrow, J. (1988). Comparing lesbians and heterosexual couples on the circumplex model: An intial investigation. Family Process, 27(4), 471-484.