Hirschfeld to Hooker to High Schools

Michael J. Maher, Kimberly Landini, Dennis M. Emano, Andrew M. Knight, Geoffrey D. Lantz, Michael Parrie, Shaun Pichler, Linda M. Sever
Loyola University Chicago

Michael J. Maher is a chaplain and part-time faculty member in the School of Education of Loyola University Chicago.
1 East Pearson Street, Office 238, Loyola University Chicago, Chicago IL 60611
MMAHER@LUC.EDU (312)915-7727 phone, (312)915-7207 fax

Kimberly Landini is an alumna of the School of Education of Loyola University Chicago and a practicing school psychologist in the Chicago area.

Dennis M. Emano is an alumnus of the School of Education of Loyola University Chicago and a practicing counseling psychologist in the Chicago area.

Andrew M. Knight is an alumnus of the School of Education of Loyola University Chicago and a practicing counseling psychologist in the Chicago area.

Geoffrey D. Lantz is a doctoral student the School of Education of Loyola University Chicago.

Michael Parrie is an alumnus of the School of Education of Loyola University Chicago and a practicing school administrator in the Chicago area.

Shaun Pichler is an alumnus of the Graduate School of Business of Loyola University Chicago.

Linda M. Sever is an alumna of the School of Education of Loyola University Chicago and a practicing school psychologist in the Chicago area.
Empirical GLBT research has passed through three stages. Transitions between stages have been caused by an interaction of empirical research and institutional policies. The first period is from the late 1800s up to 1972, when research focused on categorizing homosexuality as a disease, treatments for homosexuality, and then research refuting the disease model. The second period ran from 1972 to approximately 1990, when researchers began to apply the disease model not to GLBT persons, but rather to those having negative attitudes toward homosexuality (homophobia), and researchers began to look at what it was like to be a GLBT person from GLBT persons’ perspectives. The third period began in the early 1990s and continues today, when researchers focused on institutions, particularly action research aimed at changing institutions.

**Key Words:** GLBT, homophobia, Hirschfeld, homosexuality, gay, lesbian, schools, APA/AMA, history, research
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While relying on a review of literature, this article is more of a study of the literature and a history of GLBT empirical research. The authors argue that empirical GLBT research has passed through three stages. Transitions between stages have been caused by an interaction of empirical research and institutional policies; research has pushed policy changes that have in turn shaped research. The first period of empirical GLBT research is from the late 1800s up to 1972. In this stage, research focused on categorizing homosexuality as a disease, treatments for homosexuality, and then research refuting the disease model. The later research in this period, along with other social forces, led to the declassification of homosexuality as a disease by the American Psychiatric Association in 1972. This ushered in the second period of empirical GLBT research, from 1972 to approximately 1990. During this period, research emerged that began to apply the disease model not to GLBT persons, but rather to those having negative attitudes toward homosexuality (homophobia). Also in this period, research began to look at what it was like to be a GLBT person from GLBT persons’ perspectives. An important aspect of the research of this period was studies into GLBT youth, including an important 1989 study in youth suicide. Concerns from this study, as well as other political and social debates, led to the third period in empirical GLBT research, starting in the early 1990s. In this third period, research focused on institutions, particularly action research aimed at changing institutions. This is the current period of research at the time of this writing.
An important aspect to note is that these periods have beginnings, but really do not have endings. A period “ends” with the beginning of a new period, not the discontinuation of the types of research that marked the period. While the types of research conducted in a period in some cases wane after a new period has begun, they do not stop. Some of the types of research conducted in the late 1800s are still being conducted well into this third period.

This is a study of empirical GLBT research. Much research and writing on GLBT issues is not included here, such as in the areas of philosophy, arts and literature, theology and scripture study, and popular culture. The distinction of what is or is not considered empirical research is unclear in places. The authors have chosen to include research into GLBT history, for example. Also, some action research describes procedures but lacks data describing outcomes. Also, this study is not meant to be an exhaustive review of all literature in GLBT empirical research. The authors cite key researchers and their works, determined by impact on the field and prolificacy; however, citation of specific works of research is meant here to be more illustrative than determinative. While the authors acknowledge that what exact studies were best to include in this study is debatable, the authors believe that the major points of the history of GLBT empirical research are represented in this study.

It must be noted that the vast majority of GLBT empirical research after the 1930s has been conducted in the English-speaking world, especially in the United States. Even when studies have been conducted in non-English-speaking communities, the researchers have often been from the English-speaking world. Furthermore, even when research in non-English-speaking communities has been conducted by local researchers, the research
has typically been published in English, frequently exclusively. The authors recognize that this points to a serious problem; empirical GLBT research is largely based on a limited population that is distinct from the majority of GLBT persons around the globe. Again, this study is meant to describe the development of GLBT empirical research, which does not express the full range of GLBT persons’ lived reality throughout the world.

GLBT research necessarily takes place in social contexts influenced by many factors. While not the focus of this review, the authors here occasionally note movements in politics that coincide with movements in GLBT research. Within the world of GLBT academics, philosophical debates have occurred, which necessarily have influence in creating the contexts of empirical research. Much has been made of Essentialist views of homosexuality versus Constructivist views (Greenberg, 1988; Foucault, 1978; Katz, 1995; Timmons, 1990). Related to this is the differing views of homosexuality as behavior versus homosexuality as the foundation of an identity, or Assimilationist views versus Radical views (Sears, 2006). Another strong factor in forming context has been religion. It is not treated in this article as a unique category because relatively little GLBT empirical research has been conducted into the area, but it does impact empirical research throughout the decades.

Over the decades, researchers have used a number of terms, some more inclusive than others: homosexual; sexual minority; invert; queer; homophile; gay; gay and lesbian; lesbian and gay; gay, lesbian, and bisexual; gay, lesbian, bisexual, and transgendered; gay, lesbian, bisexual, transgendered, and queer; gay, lesbian, bisexual, transgendered,
and questioning; etc. There have been debates over the best uses of which terms (Boswell, 1980; Leck, 1995; Morris, 2000). In this article, the authors use “GLBT.”

**Period 1: Late 1800s to 1972: Disease, Treatments, Prevalence, and Causes**

The history of empirical research into homosexuality truly begins in the late 1800s in Germany. Researchers studied homosexuality as a disease (Stein, 1996). While this model is currently unpopular with many, especially GLBT persons, the early researchers actually viewed themselves as reformers working against the prevailing model of homosexuality as sin and as crime (Sears, 2007). Krafft-Ebing published *Psychopathia Sexualis* in 1887, which forwarded this disease model (Stein, 1996). Famed scholar Hirschfeld published the pamphlet *Sapho and Socrates* in 1896 and formed the Scientific-Humanitarian Committee a year later. The organization was committed to abolishing Germany’s sodomy laws and included as members Krafft-Ebing, as well as early activists Brand (publisher of *Der Eigene*) and researcher Freidlander.

Hirschfeld founded the Institute of Sex Science in 1918 in Berlin. Despite his celebration as an early gay liberator, Hirschfeld did follow a type of disease model and considered homosexual men to be an “intermediate sex.” It was this position that caused his rift with Brand and Freidlander (Sears, 2006).

In the early Twentieth Century, Freud widened the scope of the disease model to include psychological components. Freud postulated that homosexuality is an arrest in psychosexual development and a deviation from the normal developmental path to heterosexuality (Murphy, 1992). By the 1950s, clinical research focused on the origins of
homosexuality, including whether or not it was an inborn trait or an acquired condition. Both psychoanalytic and behavioral approaches to treating homosexuality were reported in the literature during this time period (Stein, 1996). Prior to the 1970s, much of the research was based on the disease model, and mental health professionals focused on changing the orientation of GLBT persons (Fort, Steiner, & Conrad, 1971). The U.S. military also engaged in studies of homosexual behavior in men (directed at preventing it) using the large numbers of men in all-male environments made available through World War I (Chancey, 1989) and World War II (Berube, 1990).

Despite this tone of the time, researchers began to study homosexuality as it occurs in the population, with an emphasis on it as a normal part of human behavior. A landmark study was that directed by Kinsey, the book *Sexual Behavior in the Human Male* (Kinsey, Pomeroy, & Martin, 1948), followed by *Sexual Behavior in the Human Female* (Kinsey, Pomeroy, Martin, & Gebhard, 1953). Kinsey proposed the “Kinsey Scale” that placed sexual orientation on a continuum, and the studies shocked many with reported rates of homosexual behavior far above general expectations. Research of this kind was not conducted in a political vacuum; the early GLBT organization, the Mattachine Society, actively encouraged research in homosexuality, including assisting the 1950s studies of Bowman and Hooker in California (Sears, 2006). Bowman criticized sodomy laws based on psychiatric research (Bowman & Engle, 1956). Hooker became an icon of GLBT liberation with research strongly arguing against the disease model of homosexuality (Hooker, 1957, 1965).

Another important work of the time was the sociological book, *The Homosexual in America* (Cory, 1951), which described the lives of GLBT persons in their own terms.
The history of this research is a bit odd, however. “Cory” was a pseudonym adopted by the researcher Sagarin, a gay man. Sagarin began psychotherapy in the 1950s under Ellis, a famed researcher who strongly argued for the disease model of homosexuality (Ellis, 1959, 1965). Under the name “Sagarin,” the author of *The Homosexual in America* became a well-known researcher arguing homosexuality as deviance and a strong critic of researchers such as Hooker, until he was “outed” at the 1974 American Sociological Association meeting (Sears, 2006).

The research of the 1940s to the 1960s in the United States had a dramatic impact on how homosexuality was viewed in psychology and psychiatry. In 1972, the American Psychiatric Association officially removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders-III (DSM-III). Then in 1975, the American Psychological Association followed suit by releasing a statement that homosexuality implies no impairment in judgment, stability, reliability, or general social or vocational capabilities (Tozer & McClanahan, 1999). Studies began to shift for a time away from debate about homosexuality as a disease (O’Donohue & Caselles, 1993); however, these did not completely disappear.

A significant amount of research after the 1972 decision was not clearly in a disease model, but not uninfluenced by this model. For example, famed researchers Masters and Johnson (1979) argued from their research that homosexuality was not a disease, but also continued to provide therapies designed to change (cure?) homosexuality. On the other hand, several researchers worked to show biological causes of homosexuality. These researchers desired to be reformers again trying to remove the stigma of sin and crime from homosexuality. One example was the widely reported brain
research of LeVay (1991, 1993). There were also studies of genetic causes, including studies into twins (Bailey & Pillard, 1991; Hershberger, 1997). Another area that developed was studies in gender nonconformity in children leading to homosexuality in adulthood, also known as “sissy” and “tomboy” studies (Green, 1987; Rotnek, 1999). Some of these became clearly focused on homosexuality as a disease, which it was argued could be treated in childhood (Zucker & Bradley, 1995).

Despite the actions of the American Psychiatric Association and the American Psychological Association, efforts to reorient GLBT persons continued in the form of conversion therapies, which caused significant ethical debates in health care for GLBT persons (Haldeman, 1994). In 1992, a group of scientists founded the National Association for Research and Therapy of Homosexuality (www.narth.com). The organization clearly supported a disease model of homosexuality, engaged in activism against GLBT rights movements, accused researchers who tried to change policies in schools of attempting to recruit the young into GLBT lifestyles, and supported research from this perspective. One of its founders is an often-quoted psychology researcher, Nicolosi (1991, 1993).

**Period 2: 1972 to 1990: Homophobia and Being GLBT**

As noted above, the 1972 change in the DSM had a profound impact on GLBT research. Rather than focusing on the causes or cures of homosexuality, research began to study non-GLBT persons and their mostly negative attitudes toward homosexuality (O’Donohue & Caselles, 1993). To a great extent the “disease model” began to be
applied to non-GLBT persons to describe their reactions to homosexuality. Another important development of this time (although having some foreshadowing by Cory’s 1951 book) was the beginnings of research that focused on describing and understanding what it was like to be a GLBT person.

**Homophobia**

*Defining Homophobia*

Almost coinciding with the removal of homosexuality from the Diagnostic Statistical Manual, a new term came into existence which alluded to psychological pathology in heterosexual persons who had negative attitudes toward homosexuality: homophobia. Weinberg (1972) is recognized as the person who coined the term homophobia, but the concept had earlier origins. Researchers had alluded that negative societal attitudes are responsible for generating difficulties for gay and lesbian people before homosexuality was removed from the DSM (Churchill, 1967; Cory, 1951; Hoffman, 1968; Hooker, 1965; Szasz, 1965). While the term “homophobia” is commonly understood to refer discrimination related to homosexuals, the term is in fact meant to reflect a fear of homosexuality (Weinberg, 1972) based on a fear of being or becoming gay (Herek, 1984). As Weinberg himself explained, he “‘coined the term homophobia to mean it was a phobia about homosexuals… It was a fear of homosexuals which seemed to be associated with a fear of contagion’” (Herek, 2004, p. 7). Smith (1971), the first to measure homophobia, defined homophobia as, “a negative or fearful
response to homosexuality” (p. 1091). Other early terms used to describe negative attitudes included “homosexphobia” (Levitt & Klassen, 1974) and “heterosexism” (Morin & Garfinkle, 1978). Many other terms have surfaced since the origin of the term “homophobia” (i.e. homosexism, homonegative, antihomosexual, homoerotophobia, gayism, etc.).

The problem with the usage of the term “homophobia” is that feelings among heterosexuals about sexual minorities do not typically constitute a phobia per se, and the existing research evidence indicates that homophobia does not typically reach the level of pathology in general (Herek, 2004). In a study of college undergraduates, it was demonstrated that fear was a major predictor of negative attitudes toward homosexuality, but it did not predict all persons who had negative attitudes. Herek (1985a) concluded that people may have negative attitudes toward homosexuality for a variety of reasons, not all of which might be truly described as “phobic.”

Herek is probably the most cited researcher on negative attitudes toward homosexuality. Herek (2004) argued that the use of the term “homophobia” limits the conceptualization of anti-gay attitudes (i.e., prejudice) or behaviors (i.e., discrimination) to deviant, individual-level psychopathology, ignoring the broader cultural and societal sources and implications of discrimination against sexual minorities. Herek (1991) argued for the term “heterosexism.” Herek defined “heterosexism” as the attitude that heterosexuality is the only natural and acceptable sexual orientation. Herek (1993) further described “heterosexism” as “an ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community” (p. 90) and further elaborated that heterosexism can be referred to as “cultural
heterosexism” (prejudice at the institutional and societal level) and “psychological heterosexism” (prejudice at the individual level). Most of society’s institutions, including schools, health care organizations, institutions of higher education, religious organizations, and the media, perpetuate heterosexism, though the most obvious form occurs at the individual level (Herek, 1989; Morin & Grafinkle, 1978).

Herek (1984, 1986) proposed a paradigm of heterosexism. Categorizing, in itself, can fulfill the need for an orderly and predictable world. According to Herek, people can express similar attitudes for entirely different reasons. These reasons may serve a variety of needs that can be expressive, experiential, defensive, or symbolic. Expressive attitudes, according to Herek, are developed to affirm values and other aspects of the core self. Experientially formed attitudes develop when feelings and thoughts are associated with interpersonal interactions and then are generalized. Attitudes developed to serve a defensive function are merely a way for a person to externalize or project their own unconscious, conflicting urges, thereby reducing fear and anxiety, while covering feelings of insecurity and guilt. Lastly, attitudes formed based on symbolism are derived from socialization experiences; thus, a person aligns him/herself with important reference groups and conforms to cultural standards and social norms. According to Herek, symbolic attitudes are most likely to change only when large, influential reference groups encourage and support such change. There is a possibility that people with symbolically formed attitudes can change their attitudes if they interact with gay and lesbian people under certain circumstances that appeal to their common group membership; however, defensive attitudes are not likely to change because of their deeply ingrained
psychodynamic roots. Finally, experiential attitudes can be changed when gay and lesbian people come out to their close friends and families (Herek, 1984, 1986).

Despite the debate, the term “homophobia” continues to be used in both common speech and in empirical research. Development of the term “heterosexism” added a word that has become widely used, but sometimes without distinction from “homophobia.”

Attributes of the Homophobic and Causes of Homophobia

With some work beginning in the area in the 1970s, the 1980s saw a huge rise in correlational studies to determine what caused greater negative attitudes toward homosexuality in some and greater positive attitudes toward homosexuality in others. Herek’s (1985b) review of empirical studies on attitudes toward homosexuality showed that those with negative attitudes tended to hold a number of traits. They were less likely to know a gay or lesbian person. Males were especially more likely to perceive their peers as having negative attitudes. They were more likely to live in conservative areas (the Midwest and the South, rural areas or small towns) especially during their adolescence. They were likely to be older and less educated. They were more likely to be religious, hold a conservative theology, and attend church regularly. They were likely to have traditional, restrictive sex-role definitions. They were less sexually permissive and had more guilt or negative feelings about sex. They tended to be authoritarian. They were more likely to have negative attitudes about homosexuals of their own sex than of the opposite sex. They were more likely to be male. Positive experiences with gay and lesbian people could reduce negative attitudes, as could education.
Gender differences have been of great interest to researchers. It seems that heterosexuals have more negative attitudes toward homosexuals of their own gender than of the opposite sex (Millham, San Miguel, & Kellog, 1976; Weinberger & Millham, 1979). Weinberg (1972) found that heterosexual males were more homophobic in general, with their homophobia directed toward homosexual men in particular. Women, on the other hand, were found to be more homophobic toward lesbians than heterosexual men. Several studies have found that men, in general, tend to hold more negative attitudes toward homosexuality than females (Augero, Bloch, & Byrne, 1984/1985; D'Augelli, 1989; D'Augelli & Rose, 1990; Hansen 1982a; Kite, 1984/1985). Related to this gender difference, researchers found that persons with more rigid views of proper gender roles were more likely to have negative attitudes toward homosexuality (Black & Stevenson, 1985; Hansen, 1982b; Morin & Garfinkle, 1978; Weinberger & Millham, 1979).

A significant finding by researchers was the role of personal contact with GLBT persons in reducing negative attitudes toward homosexuality. Many researchers found that persons with more positive attitudes toward homosexuality were more likely to know GLBT persons (DeCrescenzo, 1985; Glassner & Owen, 1976; Hansen, 1982a & 1982b; Herek, 1984a, 1984b, 1991; Herek & Glunt, 1993; Millham, San Miguel, & Kellog, 1976; Morin, 1974; Weis & Dain, 1979). Millham et al. (1976) found that heterosexual people who reported knowing someone homosexual, such as a friend or family member, were significantly less anxious, less discriminatory, and less likely to believe homosexuality is dangerous, sinful or morally wrong. An important aspect of this correlation, however, was the discovery that persons who possess characteristics making
them more likely to have positive attitudes toward homosexuality (educated, liberal, young), also made them more likely to know GLBT persons, while extremely homophobic persons were less likely to know GLBT persons. In other words, while personal contact reduced negative attitudes toward homosexuality, positive attitudes also seemed to cause persons to come into contact with GLBT persons (Herek, 1991; Herek & Glunt, 1993).

*Internalized Homophobia*

An important realization of researchers of negative attitudes toward homosexuality was that these attitudes can be held by GLBT persons themselves. In fact, Weinberg (1972), who coined the term “homophobia,” included in the definition a self-loathing in GLBT persons. These internalized negative feelings were shown by researchers to have serious psychological and social developmental consequences, including influencing identity formation, self-esteem, depression, stress, relationship development, substance abuse, and suicide (Gonsiorek, 1995; Martin, 1982; Malyon, 1982; Mayfield, 2001; Meyer, 1995, 2003; Meyer & Dean, 1998; Rowen & Malcolm, 2002).

The term “internalized homophobia” was coined by Malyon (1982). Malyon’s writings were the first in the literature to acknowledge and address the negative impact of societal prejudice and bias towards GLBT individuals on their psychological functioning. While the term “internalized homophobia” is most often used in the literature, Mayfield (2001) proposed a slight derivation of the term called “internalized homonegativity.”
The derivation stems from the idea that the term “homophobia” is unsatisfactory since it is based on phobia, or the fear and avoidance of homosexuality. “Homonegativity” is a more inclusive term in that it describes all of the possible negative attitudes towards homosexuality, gay men, and lesbians, and not just the fear and avoidance of them (Mayfield, 2001).

A number of attempts to operationalize and measure the construct of internalized negative feelings toward homosexuality exist in the literature. The most notable measures include the Nungesser Homosexuality Attitudes Inventory (Nungesser, 1983), the Internalized Homophobia Scale (Ross & Rosser, 1996), and the Internalized Homonegativity Inventory (Mayfield, 2001). A major critique of existing measures is that they all measure psychological constructs related to, but distinct from, internalized homonegativity, such as difficulty with intimacy, self-esteem, depression, and attitudes toward AIDS (Mayfield, 2001; Williamson, 2000). Additionally, all of the measures were developed and validated on samples of White, urban gay men, so it is argued that the scale items do not accurately capture the heterogeneous experiences of other groups within the GLBT community, such as rural individuals or people of color (Williamson, 2000).

*Changing Homophobic Attitudes through Educational Interventions*

With the extensive studies into characteristics of persons with negative attitudes, the 1980s was also a time of research into reducing negative attitudes toward homosexuality through education. Studies into educational interventions were often
conducted with university undergraduate students. Many studies showed that education can help change negative attitudes toward homosexuality, such as workshops, seminars, films, and speaker panels of GLBT persons (Cerny & Polyson, 1984; D’Augelli & Rose, 1990; Goldberg, 1982; McClintock 1992; Morin, 1974; Wells, 1989). Role-playing activities have also been popular (Rabow, Stein, & Conley, 1999; Serdahely & Ziemba, 1984/1985). Some of these studies, however, found that such educational interventions had limited effects, especially in creating long-term attitudinal changes (Goldberg, 1982; Serdahely & Ziemba, 1984/1985).

**Being GLBT**

*Identity Development and Coming Out*

Beginning in the mid-1970s and continuing throughout the 1980s, a great deal of research was conducted in the area of stages of GLBT identity development. Probably the most commonly cited is Cass (1979, 1984). Cass (1979) initially developed a six-stage model. The first stage is “Identity Confusion” in which the individual thinks he or she might be homosexual. (Before this stage, individuals are simply assumed to be heterosexual.) The second stage is “Identity Comparison” in which the individual thinks he or she is probably homosexual. The individual defines himself or herself as homosexual in the third stage, “Identity Tolerance,” but is not comfortable with being homosexual. During this stage, the individual feels he or she *must* meet other GLBT people in order to overcome isolation. Individuals do meet other GLBT people who
“normalize” the experience of being homosexual in the fourth stage, “Identity Acceptance.” These other gay and lesbian people also provide them with information and justifications for homosexuality. In the fifth stage, “Identity Pride,” the individual no longer hides his or her homosexual identity. The individual is willing to tell anyone that he or she is homosexual, but also does not see homosexuality as the most important aspect of his or her identity in the final stage, “Identity Synthesis.” Cass (1984) later tested the model and found that there were no real distinctions between stages one and two or between stages five and six. Cass then collapsed these stages to form a four-stage model of “Identity Confusion,” “Identity Tolerance,” “Identity Acceptance,” and “Identity Synthesis.”

Other similar models were developed in this same period. Plummer (1975) developed a four-stage model based on research of gay men. Coleman (1982) identified five stages to coming out. An often cited researcher was Troiden (1988, 1989), who developed a four-stage model of homosexual identity formation: “Sensitization,” “Identity Confusion,” “Identity Assumption,” and “Commitment.” Troiden’s model is more sociological in nature in that it takes into account the culture of stigmatization, in which GLBT individuals develop a sense of self. Identity disclosure in the Troiden model is not a requirement, but an option, arguing that some environments are entirely too hostile for a GLBT individual to disclose in due to the culture of stigmatization. The Troiden model was one of the first models of GLBT identity development to place less emphasis on the significance of being out. The relationship between being out and identity development has been a point of debate in the research (Davies, 1992; Fassinger & Miller, 1996; McCarn & Fassinger, 1996; Mohr & Fassinger, 2000).
Another point of debate has been differences between men and women in GLBT identity development (Monteflores & Schutz, 1978). Ponse (1978, 1984) developed a "Gay Trajectory" theory with five elements as possible steps, based on research with lesbians. Jennes (1992) argued against the stage theories of Plummer, Ponse, and Cass for explaining lesbian identity development. Jennes’ model of “Detypification” involved redefining the socially constructed category of “lesbian” until it has more concrete meaning and personal applicability for the individual.

While models continued to be developed in this area after the 1980s, most researchers tended to use some of the models already described here, with Cass and Troiden most commonly used.

Violence

One aspect of being GLBT that has attracted attention from researchers is the experience of being victims of violence. Beginning in the mid-1980s, studies began to describe the prevalence of such victimization. In a study published by the U.S. Department of Justice, Finn and McNeil (1987) found that gay and lesbian people were probably the most frequent victims of hate violence. Bohn (1985) found that anti-gay violence affected 20%-40% of gay males. Violence against lesbians was less frequent. Victims of anti-gay violence were less likely to know their assailants than victims of other violent crimes. Anti-gay homicides tended to be more violent than most other homicides, and victims of anti-gay violence were more likely to be outnumbered by their assailants (Bohn, 1985). Later studies continued to show the tendency to be extreme in
anti-gay violence (Plummer, 1999; Russell, Franz, & Driscoll, 2001). Adolescent males tend to be the frequent perpetrators of ant-gay violence (Greer, 1986; Masters, Johnson, & Kolodny, 1992; Plummer, 1999).

An important development in this research has been to recognize not only physical acts, but also verbal assaults as a form of violence. Words such as “faggot” or “dyke” are often associated with hatred and accompanied with violence. They represent a symbolic form of violence and a constant reminder of physical threat (Garnets, Herek, & Levy, 1993). Thurlow (2001) found that homophobic pejoratives constitute one of the most predominate categories of abusive language used among high school adolescents. Unlike racist pejoratives, such homophobic pejoratives were regarded as relatively inoffensive by young adolescents (Thurlow, 2001).

Youth

At-risk

In the late 1980s, a number of researchers began to focus attention on GLBT youth. While previous studies into developmental issues had looked at GLBT youth experiences, these were from the perspectives of GLBT adults recalling their backgrounds, in general. Also, focus of these studies had been on the role of adolescence in achieving adulthood rather than the experiences of GLBT youth as an object of research itself. This was really a new movement in research, made available largely through the establishment of community services for GLBT youth, which provided the
necessary subject pools. The work of Remafedi (multiple citations), Herdt & Boxer (1993), Hetrick & Martin (1987), and Hunter (1990) were important groundbreakers. A major focus of much of this research was the various risk factors encountered by GLBT youth.

Psychological stresses suffered by GLBT youth were discovered in many of the studies (Martin & Hetrick, 1988; Remafedi, Farrow, & Deisher, 1991; Savin-Williams & Ream, 2003; Safren & Heimberg, 1999). The term “gay-related stress” has been coined to describe the emotional and psychological reaction experienced by GLBT persons (Rosario, Rotheram-Borus, & Reid, 1996; Rotheram-Borus, Hunter, & Rosario, 1994). One outcome of this stress includes alcohol and drug abuse (Sears, 1993; Wellisch, DeAngelis, & Bond, 1981). Another outcome was engaging in unsafe sex, putting youth at risk for HIV/AIDS. In addition, some researchers found that GLBT youth engaged in opposite-sex sexual activity in order to “prove” their heterosexuality (Blake et al., 2001; Mallon, 1994; Remafedi, 1987a, 1994; Rotheram-Borus & Fernandez, 1995; Rotheram-Borus, Hunter, & Rosario, 1994).

The source of gay-related stress was found to be experiences of violence and abuse, especially in schools. Researchers found that GLBT youth were subject to very high rates of verbal and physical abuse in their schools, coming from fellow students and also from faculty (Friend, 1993; Price & Telljohann, 1991; Rigby, 2000; Remafedi, 1987a, 1987b Rotheram-Borus & Fernandez, 1995; Thurlow, 2001). Another source of stress for GLBT youth was found to be difficulties with their families, sometimes resulting in homelessness. It was also found that youth shelters provided poor services for GLBT youth, including little protection from violence, and in some cases actually
refused to provide services for GLBT youth (Martin & Hetrick, 1988; McFarland, 1998; Savin-Williams, 1994; Tharinger & Wells, 2000; Wellisch, DeAngelis, & Bond, 1981).

**Suicide**

A very controversial study from the U.S. Department of Health and Human Services (Gibson, 1989) concluded that GLBT youth were two to three times more likely to attempt suicide than other youth, stating that up to 30% of teen suicides were committed by GLBT youth. Gibson concluded that suicide was the number one killer of GLBT youth. “Gay youth face problems accepting themselves due to internalization of a negative self-image and the lack of accurate information about homosexuality during adolescence...Lesbian and gay youth are more vulnerable than other youth to psychosocial problems including substance abuse, chronic depression, school failure, early relationship conflicts, being forced to leave their families, and having to survive on their own prematurely” (p. 3-110). There were government attempts to suppress the report, including some Congress members who lobbied to have mental illness as the cause for the suicides (Schneider & Owens, 2000).

In their review of the literature, Savin-Williams and Ream (2003) found that the reported rate of suicide attempt by GLBT youth averaged 30% to 40%, which suggested that gay youth were at a very high risk for suicide and suicidal behavior. However, many studies that have attempted to address suicide risk among GLBT youth have been criticized for their methodological limitations, such as using samples from community support groups, which tend to attract persons who are often more distressed than other
Despite this methodological concern, studies consistently showed a higher risk of suicide among GLBT youth (D’Augelli, Hershberger, & Pilkington, 2001; Herdt and Boxer, 1993; McFarland, 1998; Morrison & L’Heureux, 2001; Remafedi, Farrow, & Deisher, 1991; Russell & Joyner, 2001). Remafedi analyzed the results of ten peer-reviewed and six population-based controlled studies investigating the association between suicide attempt and homosexuality. Remafedi observed high rates of attempted suicide ranging from 20% to 42% among GLBT participants (Remafedi, 1999a, 1999b) and a “statistically significant association between suicide attempts and homosexuality, strongest among males” (1999b, p. 885).

Resiliency

Later researchers began to be critical of the focus on risk factors in GLBT youth rather than resiliency. Anderson (1998) criticized GLBT youth research for failing to accurately reflect the diversity that exists in GLBT youth development and contributing to the inadequate provision of services to gay youth. According to Anderson, shifting the focus on strengths could help dispel the myths and misconceptions that exist about the GLBT community as well as implement a more adequate array of programs and services geared toward this population. Similarly, Savin-Williams and Ream (2003) directed attention to the need for more research emphasis on the exploration of resiliency, strengths, and effective coping in GLBT youth. Savin-Williams and Ream found that the majority of GLBT youth who participated in their internet survey reported never
considered, planned, or attempted suicide, contrary to previous research which tend to emphasize the risk for suicide in gay youth. Furthermore, despite half of these youth reporting victimization, few reported depression, low self-esteem, substance abuse, or a desire to change their sexual orientation.

Some previous research did focus on “coping” by GLBT youth, sometimes including unhealthy methods of coping (Bohan, 1996; D’Augelli, 1994; Martin, 1982; Sears, 1993; Troiden, 1988, 1989). Various forms of social support were found to be very important (Berger & Mallon, 1993; Kimmel, 1977). Savin-Williams (1990) found that self-esteem was important for GLBT coping.

**Cultural Studies**

Beginning in the 1980s, a new aspect of what it was like to be GLBT emerged—studies into GLBT culture. This took the GLBT experience beyond the individual and into a group experience. Likewise, reactions from others focused not on individual negative attitudes toward homosexuality, but social structures. Major areas of interest included history, countries other than the United States, subcultures within the United States, and religious/cultural groups. Frequently, the subject matter overlapped between these categories. Some of these studies blurred the lines between empirical research and other forms of writing, such as journalism, biography, and travel writing.

The academic world was a bit surprised in 1980 when a serious academic book (with footnotes in Latin and Greek) by Yale historian John Boswell made the best-seller lists. *Christianity, Social Tolerance, and Homosexuality: Gay People in Western Europe*
from the Beginning of the Christian Era to the Fourteenth Century (Boswell, 1980) was a landmark book in the area of GLBT history. Boswell later went on to write Same-Sex Unions in Premodern Europe (1994), which added to debates over same-sex marriage in religious circles. The 1989 book Hidden from History: Reclaiming the Gay and Lesbian Past (Duberman, Vicinus, & Chauncey) was an edited piece with a wide range of periods and locations included. Grahn’s Another Mother Tongue: Gay Words, Gay Worlds (1984) provided a historical linguistic study. In 1982, journalist Randy Shilts’ first book was published, The Mayor of Castro Street: The Life and Times of Harvey Milk (Shilts, 1982). Attracting more attention (and eventually made into a film) was And the Band Played on: Politics, People, and the AIDS Epidemic (Shilts, 1987). Shilts’ final book before his death was published during the “Gays in the military” debate, Conduct Unbecoming: Gays and Lesbians in the U.S. Military (Shilts, 1993). Another examination of GLBT persons in the military had been published a few years before, Coming Out Under Fire: The History of Gay Men and Women in World War Two (Berube, 1990). Some studies combined biography of an individual with history of an institution or movement, such as Don’t Be Afraid Anymore: The Story of Reverend Troy Perry and the Metropolitan Community Church (Perry & Swicegood, 1990) and The Trouble with Harry Hay: Founder of the Modern Gay Movement (Timmons, 1990), which gave a history of the Mattachine Society. The period after World War II up to Stonewall has been the focus of important GLBT histories of the United States (D'Emilio, 1983; Duberman, 1994; Katz, 1976). The topic of Nazi persecution of GLBT persons was another important topic (Heger, 1980; Plant, 1986).
In 1980, a study of GLBT communities within the United States was published, *States of Desire: Travels in Gay America* (White, 1980). A number of studies of GLBT communities within the United States followed, including such titles as *Farm Boys: Lives of Gay Men from the Rural Midwest* (Fellows, 1998). There were also ethnographic studies into religious communities, such as *A Whosoever Church: Welcoming Lesbians and Gay Men into African American Congregations* (Comstock, 2001) and *A Gay Synagogue in New York* (Shokeid, 1995). Researchers also looked at racial/ethnic minority GLBT persons in studies of psychological health (Akerlund & Cheung, 2000; Bohan, 1996; Greene, 1997; Meyers, 1995, 2003; Zea, Reisen, & Poppen, 1999). These studies pointed to evidence that racial/ethnic minority GLBT persons often had greater challenges as a “double minority” as compared with White counterparts. Often, racism within the GLBT community was a challenge in finding community for them.

Contemporary cultural studies into GLBT communities outside the United States began to proliferate. An edited work was published in 1992, *Out in the World: Gay and Lesbian Life from Buenos Aires to Bangkok* (Miller), which included studies of GLBT communities in South Africa, Egypt, Hong Kong, Thailand, Japan, Argentina, Uruguay, Australia, New Zealand, Czechoslovakia, Germany, and Denmark. Other edited works specific to regions followed, including *Gays and Lesbians in Asia and the Pacific: Social and Human Services* (Sullivan & Wai-Teng Leong, 1995), which contained studies in Singapore, the Philippines, Australia, and Japan; *Latin American Male Homosexualities* (Murray, 1995), which included studies in Mexico, Brazil, Peru, Costa Rica, and the United States; and *Sexuality and Eroticism among Males in Moslem Societies* (Schmidt & Sofer, 1992), which included studies in Morocco, Syria, Iran, Israel, Turkey, Pakistan,
Books also came into print that were ethnographic studies of GLBT communities in single countries, such as Mexico (Carrier, 1995), Russia (Essig, 1999; Tuller, 1996), Cuba (Bejel, 2001; Leiner, 1994; Lumsden, 1996), Costa Rica (Schifter, 2000), and Australia (Plummer, 1999). Studies were also conducted in countries outside the United States that were not only ethnographies, but addressed particular GLBT concerns, such as harassment of GLBT students in schools in the United Kingdom (Thurlow, 2001) and mental health of Chinese gay men living in Hong Kong (Wong & Tang, 2003).

In addition to the studies cited above that touch on religious communities, there have been a significant number of ethnographies of Catholics. GLBT priests, nuns, and brothers have been an important topic (Curb & Manahan, 1985; Gramick, 1989; Stuart, 1993; Wolf, 1989). Other topics have included AIDS (Smith, 1994) and Catholic schools (Maher, 2001).

**HIV/AIDS, a Subtext of 1980s**

Beginning in the 1980s, HIV/AIDS became a sort of subtext to many of the published GLBT research studies, and the focus of some studies. Researchers expressed concern that safer-sex education in schools was not addressing the needs of GLBT youth (Pederson, 1994). Researchers were able to demonstrate that HIV/AIDS education aimed at GLBT youth reduced their risk of infection (Blake et al., 2001). Researchers also found that internalized homophobia increased the likelihood of engaging in unsafe sex for GLBT persons (Williamson, 2000).
Period 3: Early 1990s to Current: Action Research Aimed at Institutions

Beginning in the early 1990s, a new period emerged in GLBT empirical research; focus shifted to institutions, especially to action research focused on changing institutions. The 1992 national elections in the United States included debates about GLBT persons in the military, and anti-GLBT legislation was put before the voters of Oregon and Colorado. However, some of the greatest influence in this shift came not from political debate, but the research into GLBT youth suicide. The 1989 Gibson study was often cited by activists seeking to change schools, and by researchers who provided the data to do so. In addition to schools, the workplace and the family were major areas of institutional GLBT research. While the military and religious institutions also debated policies, these debates tended to remain political or theological rather than relying on empirical research.

An important element also emerged in research methodology of this period. Many GLBT researchers made intentional efforts to have subject populations that better expressed the diversity of GLBT persons. Earlier research tended to use populations that were readily available, but most often these populations were over-represented by White, middle class, educated males. It became increasingly unacceptable in this period for GLBT researchers to not include a diverse population of subjects in their research. Also, researchers began to include in their reviews of literature studies in racial ethnic minorities and how those shed light on the diverse GLBT populations in their own studies.
Schools

The research of the 1990s into GLBT youth experiences led to research into secondary schools starting in the late 1980s and expanding in the 1990s. Schools became a major point of policy questions and places for GLBT research. Researchers began to look at schools in terms of their total environments. Witlock and Kamel (1989) argued that the existence of gay and lesbian youth was being denied in high schools. Sears (1991, 1993) found that school administrators and professional staff were completely untrained in addressing the needs of GLBT youth.

In 1988, the National Education Association adopted a resolution on student sexual orientation that “all persons, regardless of sexual orientation, should be afforded equal opportunity within the public education system” (National Education Association, 1988 in Besner & Spungin, 1995, p. 99). Massachusetts became a focal point of GLBT issues in schools. In 1992, the Massachusetts Governor’s Commission on Gay and Lesbian Youth (1993) conducted five public hearings across the state. Based on previous research and on its own surveys of students in public high schools in the state, the commission found that GLBT youth experienced harassment in school, isolation and suicide, school withdrawal and poor school performance, a lack of adult role models, and a lack of understanding in their families. Lipkin (1992, 1999) reported that a high school program in Massachusetts involving information, support groups, and school community programs has been very successful in better serving gay and lesbian youth in high schools.
Violence, Harassment, and School Policies

As described above in previous sections, researchers found extremely high levels of harassment experienced in secondary schools by GLBT youth. These included physical violence and verbal harassment. Researchers and activists called for school policies to prevent harassment of GLBT students. Beginning in 1999, the Gay, Lesbian and Straight Education Network began conducting a “National School Climate Survey,” almost annually, which demonstrated these findings (www.GLSEN.org). The effects of the harassment were made clear. Remafedi (1987a, 1987b) found verbal and physical abuse, as well as other sexuality-related conflicts, to be the leading factor contributing to school drop-out. Students who become tired of passing/hiding, experience intense anxiety that their sexual orientation will be discovered, and fear they will be the subject of public humiliation or violence by their heterosexual peers often consider dropping out of school as a solution (Martin & Hetrick, 1988). GLBT youth who reported significant verbal harassment were twice as likely to report that they do not intend to go to college and their grade point averages were significantly lower (Kosciw, 2004). Researchers found that teachers frequently did nothing to prevent harassment, and sometimes were the perpetrators of harassment against GLBT students (Bott, 2000; Thurlow, 2001; Warwick, Aggleton, & Douglas, 2001; Witlock & Kamel, 1989).

Educational Interventions for Students
As described above, researchers had previously looked at educational interventions to reduce negative attitudes toward homosexuality in adults. Some researchers began advocating for educational interventions for high school students; however, there is a lack of empirical study on the effectiveness of these interventions. Suggested procedures have included workshops, speakers panels, placing posters in schools, running articles in school newspapers and yearbooks, and professional staff placing GLBT symbols, such as rainbows or pink triangles in their classrooms and offices to indicate that these were “safe spaces” for GLBT students (Anderson, 1994, 1997; Bauman & Sachs-Kapp, 1998; Gevelinger & Zimmerman, 1997; Woog, 1995). Price (1982) was one of the earlier researchers to study levels of negative attitudes toward homosexuality among high school students.

*Attitudes of Teachers and Other Professionals*

Researchers found that the lack of training, personal attitudes and beliefs, and fear to address the topic of homosexuality impacts the way teachers and other school personnel address, or don’t address, the needs of GLBT students in schools (Martin & Hetrick, 1988). Several studies found that teachers and other school professionals held negative attitudes toward homosexuality, which impacted the way they addressed GLBT issues in schools (Fontaine, 1998; Price, J.H. & Telljohann, 1991; Sears, 1991; Telljohann & Price, 1993). Studies also showed that many teachers and other school professionals felt unprepared for addressing GLBT student needs (Fontaine, 1998; Sears, 1991; Telljohann et al., 1995). Researchers found that workshops and training did reduce
negative attitudes toward homosexuality in school professionals (Lipkin, 1992; Remafedi, 1993). Many researchers called for more training for professionals working in schools (Anderson, 1994, 1997; Gevelinger & Zimmerman, 1997; Herek & Berrill, 1992; LeCompte, 2000; Schneider & Owens, 2000).

Silence in the Curriculum

When looking at school curricula, researchers found an overwhelming silence on the topic of homosexuality (LeCompte, 2000; Lipkin, 1995; Telljohann & Price, 1993; Telljohann et al., 1995; Woog, 1995). Friend (1993) described this as having two forms, “systematic exclusion” and “systematic inclusion.” Systematic exclusion described the public silencing of positive role models, messages, and images of gay and lesbian people. Systematic inclusion described the presence of only negative images of homosexuality in the schools: homosexuality only discussed as behavior, or only discussed in the context of AIDS/HIV, and faculty making gay jokes in the school. Other researchers (Rogers, 1994; Sears, 1993) described this in terms of “formal curriculum” and “hidden curriculum.” The “formal curriculum” included minimal information on homosexuality, always in a negative way, while the “hidden curriculum” was made up of silence and negative comments by students and faculty. Blake et al. (2001) found significant differences in the degree of engagement in high-risk behaviors between GLBT adolescents attending schools that provide “gay-sensitive” HIV instruction and those that do not. Health classes were found to rarely include safe sex practices for same-sex sexual behavior (Morrison & L’Heureux, 2001). It was also argued by researchers and activists
that GLBT issues should be integrated into the larger curriculum of social studies and literature rather than excluded to HIV/AIDS concerns (Anderson, 1994; Besner & Spungin, 1995; Ginsberg, 1998; Hollander, 2000; Kielwasser & Wolf, 1994; LeCompte, 2000; Schneider & Owens, 2000; Woog, 1995).

GLBT Teachers

Studies into GLBT issues in schools were not limited to student experiences. The experiences of GLBT teachers also became the subject of research in the 1990s. Some researchers expressed concern that closeted GLBT teachers modeled shame to GLBT students (Cass, 1979; Friend, 1993; Lipkin, 1995, 1999; Khayatt, 1997; Macgillivray, 2000; Warwick, Aggleton, & Douglas, 2001). Sears (1993) found that GLBT teachers often worked very hard at becoming very popular teachers to deflect suspicion, made strong separations between their personal lives and their school lives, and engaged in a high degree of regulation about how they dressed, how they spoke, and their general demeanor. A number of studies chronicled the experiences of GLBT teachers who chose to come out of the closet (Woog, 1995; Zirkel, 1999). One such teacher even conducted research on his students’ reactions to having a gay teacher (Rofes, 2000). Researchers also chronicled various court cases involving GLBT teachers dismissed from their school for their sexuality (Besner & Spungin, 1995; Sears, 1993; Walters & Hayes, 1998).

Gay-Straight Alliances
In the 1980s, a number of GLBT youth organizations began to form, some in schools and some outside schools. One of the most famous was “Project 10” founded at Fairfax High School in Los Angeles by Virginia Uribe in 1984 (Henning-Stout, James, & Macintosh, 2000). In the 1990s, researchers began to look at the effects of these groups. Studies into non-school-based groups found that they assisted in the mental health and overall well-being of the GLBT youth served by them, especially in overcoming loneliness and isolation (Greeley, 1994; Herdt & Boxer, 1993; Schneider, 1989). Studies into school-based programs had similar findings (Chojnacki & Gelberg, 1995; Blumenfeld, 1995; Bott, 2000; Hollander, 2000; Lee, 2002; Martin & Hetrick, 1988; Walters & Hayes, 1998). Researchers found that belonging to such groups assisted GLBT youth in developing and coming out, including to family (Lee, 2002; Martin & Hetrick, 1988). It was found that GLBT youth without access to such support groups often were at greater risk for engaging in dangerous behavior or being the victims of violence and abuse as they were forced to socialize in an adult GLBT world (Black & Underwood, 1998; Russell, Franz, & Driscoll, 2001; Unks, 1995). School-based groups began to be commonly known as “Gay-Straight Alliances” or “GSAs.” The name reflected a movement to allow non-GLBT students to participate, and also allowed for students unsure of their sexual identities to participate (Ginsberg, 1999). Often times, groups had legal battles in order to be able to meet on school property and be recognized as official school organizations (Henning-Stout, James, & Macintosh, 2000; Macgillivray, 2000).

GLBT Persons in the Workplace
Beginning in the mid-1990s, corporate institutions began to focus on GLBT research regarding workplace diversity. Researchers found that negative attitudes toward homosexuality and discrimination toward GLBT persons had a major impact on work environments. No U.S. federal law prohibited discrimination on the basis of sexual orientation or gender identity; however, certain states and localities did offer some protections. These protections varied regionally and reflected local attitudes towards GLBT persons (Wald, Button, & Rienzo, 1999). Company policies prohibiting discrimination based on sexual orientation were found to have positive results for GLBT workers (Button, 2001; Ragins & Cornwell, 2001). Some researchers made distinctions between formal discrimination, such as corporate policies, and informal discrimination, such as behaviors of employees which the company tolerated (Croteau, 1996; Liddle, Hauenstein, & Schuck, 2004). GLBT workers reported being terminated from their jobs due to discrimination significantly more than heterosexual workers (Mays & Cochran, 2001). Research showed that gay men earned less than heterosexual men (Badgett, 1995, 2001), possibly due to their being tracked into low-paying “gay ghettos” of careers where gay men were accepted by peers (Ragins & Cornwell, 2001). Lesbian women, conversely, tended to earn more than heterosexual women (Black, Gates, Sanders, & Taylor, 2000), perhaps because lesbian women were more likely to gain entry into high-paying positions of authority than are heterosexual women (Blanford, 2003). Fear of discrimination was found to affect a large percentage of GLBT workers (Croteau, 1996; Fassinger, 1995).
Given the prevalence of discrimination, researchers found that many GLBT persons faced a great dilemma in deciding whether or not to come out at work. It was found that GLBT employees who perceived their work environments as hostile were more likely to seek employment elsewhere (Day & Schoenrade, 1997). Closeted workers showed less job satisfaction than out GLBT workers (Day & Schoenrade, 1997). Also, remaining in the closet at work was found to have a wide range negative health and psychological effects for GLBT persons (Chung, 1995; Day & Schoenrade, 1997; Driscoll, Kelly, & Fassinger, 1996; Fassinger, 1995; Liddle, Luzzo, Hauenstein, & Schuck, 2004; Lucas & Kalplan, 1994). Despite the negative effects of remaining in the closet, researchers found that many GLBT persons chose not to come out for fear of career consequences (Lucas & Kalplan, 1994; Powers, 1993). Those GLBT persons who did come out at work often did so to overcome strong feelings of isolation (Van Den Bergh, 1999). The fact that many GLBT persons were in the closet in the workplace proved to be a challenge for research into the area (Lucas & Kalplan, 1994).

Researchers began to look at the effects of workplace diversity training targeted to address GLBT issues. Diversity training was found to demonstrate to GLBT workers that company management was committed to valuing them in the workplace (Mobley & Payne, 1992). Often, the reason diversity training that addressed GLBT issues did not occur was because of the lack of U.S. federal regulations prohibiting workplace discrimination based on sexual orientation (Van Den Bergh, 1999). While social and legal concerns prompted some U.S. companies to incorporate GLBT diversity training, others began to include GLBT issues into diversity training because of its positive impact upon company goals and ambitions (Day & Schoenrade, 1997). Some companies did
experience negative backlashes from incorporating GLBT diversity training, including some employees filing claims of religious discrimination for being required to attend such trainings (Kaplan, 2006).

The Family

Another institution that became the subject of research in the 1990s was the family. Researchers found that acceptance by family had a significant impact on self-esteem in GLBT youth (Herdt & Boxer, 1993; Hershberger & D’Augelli, 1995; Savin-Williams, 1989, 1990). Researchers found that coming out to family was a major source of stress to GLBT persons, who often feared rejection and potentially expulsion from the home, in the case of youth (Besner & Spungin, 1995; Gover, 1994; Hershberger & D’Augelli, 1995; Martin & Hetrick, 1988; Rotheram-Borus, Hunter, & Rosario, 1994; Schneider & Owens, 2000). Their fears were found to not be without cause. Several studies showed that GLBT youth experienced various forms of rejection from their families (Ginsberg, 1999; Herdt & Boxer, 1993; Telljohann & Price, 1993). Researchers also found, regrettably, that GLBT youth often experienced verbal abuse, expulsion from the home, and violence from family members (Herdt & Boxer, 1993; Hetrick & Martin, 1987; Hunter, 1990; McFarland, 1998; Tharinger & Wells, 2000). GLBT adults often create support for themselves by creating a “family of choice” rather than relying on their families of origin (Cody & Welch, 1997; Schmitt & Kurdek, 1987). On a more positive side, DeVine (1985) studied how families come to accept a GLBT family member
coming out. Devine developed a five-stage model culminating in a final stage of “Integration.”

An emerging area of research is family studies of families headed by GLBT persons. The 2003 U.S. Supreme Court ruling abolishing sodomy laws and the 2004 media attention to same-sex marriage are possibly indicators in the importance of this area as GLBT persons more easily form partnerships and families of their own. Research into family studies of GLBT persons has been very limited (Allen & Demo, 1995; Doherty, Boss, LaRossa, Schumm, & Steinmetz, 1993). Researchers have begun to look at parenting practices of same-sex couples and at the adjustment of children of GLBT persons (Chan, Brooks, Raboy & Patterson, 1998; Peplau & Fingerhut, 2004; Patterson, 2000). Researchers have also looked at the impact of work stress on same-sex couples (Day and Schoenrade, 1997; Prince, 1995).

**Conclusions**

GLBT research continues to grow, and the authors have some recommendations. Research methodology could be tightened beyond what has been sometimes accepted in the past. The Internet can be a wonderful tool for GLBT research in that it can potentially provide access to stigmatized populations with increased sample sizes; however, Internet-based research has definite flaws and pitfalls as well. Refereed journals should consider integrating GLBT research into all of their issues, rather than reserving GLBT research for annual special GLBT issues, as some journals do. Finally, GLBT researchers across the many fields of study should continue to collaborate in order
to provide a better picture of the complex factors that influence the lives of GLBT individuals.

The history and development of GLBT empirical research and its relationship with institutional policies is filled with epicycles of turning back and around. While the current period is marked by action research directed at changing institutions, the earliest researchers were motivated to conduct their studies by a desire to change the legal institutions of their time and place. Research contributed to institutional changes, which in turn inspired both developments and counter-reactions in research. What some considered progress in one context became villainized in another. Early researchers created a disease model to combat sodomy laws while contemporary researchers used the same model to defend them. Research aimed at showing homosexuality to be inborn in order to combat homophobia was used by some to further the disease model. Research attempting to describe GLBT lived experience in order to celebrate GLBT persons as yet another minority also was used to describe homosexuality as a threat to societal institutions. Research aimed at changing schools inspired accusations of recruiting minors. It is possibly a very complicated example of Hegelian Dialectic where thesis and antithesis form syntheses of eternal internal conflict.

It is also possible that such conflicts are not only typical of the interaction of GLBT persons with the larger populations’ institutions, but are also built within the GLBT communities themselves. As Sears, a self-proclaimed “old radical” lamented, “During the last quarter of the twentieth century, a veritable army of mainstream activists sought the right of homosexuals to serve in the military (not derail the war machine), to marry one another (not castigate it as a bourgeois institution), and to elect gay-friendly
and openly lesbian and gay candidates (not to overthrow the government)” (2006, p. 2). Perhaps the conflicted example of Mr. Cory/Dr. Sagarin (Cory, 1951; Sears, 2006) is not so odd after all.
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August 20, 2007

John P. De Cecco, Ph.D.
Editor, Journal of Homosexuality
P.O. Box 411077
San Francisco, CA  94141-1077

Dr. De Cecco,

Enclosed you will find four copies of our article, *Hirschfeld to Hooker to High Schools: A Study of the History and Development of GLBT Empirical Research, Institutional Policies, and the Relationship between the Two*. We are submitting it for consideration for the *Journal of Homosexuality*. We look forward to the reviewers’ feedback.

CC:  Kimberly Landini
     Dennis M. Emano
     Andrew M. Knight
     Geoffrey D. Lantz
     Michael Parrie
     Shaun Pichler
     Linda M. Sever
A couple of things:

1. For my recent article in JOH with Sever and Pichler, I go two copies of the journal, but they did not. Is there any way to mail them two copies? Here are their addresses:

   Linda Sever  
   849 Ridge Ave, Unit #3  
   Evanston, IL 60202

   Shawn Pichler  
   Michigan State University School of Labor & Industrial Relations  
   403 South Kedzie Hall  
   Michigan State University  
   East Lansing, Michigan 48824

2. Can we get an update on the review of the article below? I submitted it Aug 20 of 2007, about 15 months ago.


   Michael J. Maher, Kimberly Landini, Dennis M. Emanso, Andrew M. Knight, Geoffrey D. Lantz, Michael Parrie, Shaun Pichler, Linda M. Sever  
   Loyola University Chicago

I emailed our press to see what the deal is with reprints, I’ll let you know what I find out. On the other article, I’ll be in the office next week and will check on things and let you know.

Thanks,
Jay

Forwarded here is the answer I got to your inquiry about reprints....

As for the other article, It's in the pile for Dr. De Cecco to review the reviewers' comments and give me an editorial decision. He just returned to the office after an extended absence so has quite a pile, but I should have a letter out to you in a couple of weeks.

Thanks,
Jay