

Counseling Gay Adolescents

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The literature and practice of counseling homosexuals, including adolescent homosexuals, has undergone a great deal of change, before as well as after the decision by the American Psychiatric Association that homosexuality should no longer be classified as a mental disorder. Homosexuality is regarded by some as a fixed sexual orientation in some adolescents, as distinguished from the more common homosexual phase through which many adolescents pass on their way to a heterosexual orientation. This article outlines recent developments in society and literature and suggests articles, books, and other sources that may be consulted by the counselor who serves adolescents. Potential social and legal problems are discussed, and a short annotated bibliography of additional readings is presented.

Recent events in American society have given the counseling profession a relatively new phenomenon to deal with: the gay adolescent. In the past, adolescence was regarded by many authorities as a time when sexuality was undifferentiated. When or if homosexuality occurred, it was generally regarded as a temporary phase that, if continued into adulthood, indicated pathology (Shearer 1966). Homosexuality was considered an illness that could be cured (see Karlen 1971, pp. 572ff.), and adolescence was seen as a time for possible diagnosis and prevention (Davenport 1972).

More recently, the literature has suggested that sexual orientation may

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in fact be imprinted (Money 1965) in early childhood and fixed by the time of puberty. Moreover, homosexuality itself is no longer classified as a mental disorder by the American Psychiatric Association (Stoller et al. 1973; see also Position statement, *American Journal of Psychiatry*, 1974).

In support of this historic change of nomenclature, the American Psychological Association adopted a resolution in January 1975 that reads, in part,

the American Psychological Association urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations. (Conger 1975, p. 633)

In a five-year follow-up to the decision of the American Psychological Association, *Time* magazine (February 20, 1978, p. 102) conducted a mail survey of the association membership. Of the 2,500 questionnaires returned, 69 percent said that "homosexuality is usually a pathological adaptation." This survey was not conducted by the association, nor has there been any change in the official APA position mentioned previously. To those counselors who concur with this new official posture, the possibility that they may encounter adolescent clients who are homosexual may present a problem.

This article presents a brief historical context for today's changing popular and professional attitudes. Some current counseling procedures used with adolescent homosexuals will be

discussed. The legal aspects of counseling gay adolescents conclude the article, followed by an annotated bibliography of suggested reading.

Developments in the Literature

Homosexuality as a sickness. Emotion has surrounded the issue of homosexuality for quite a long time. Bullough (1974) traced the development of the idea that homosexuality was a sickness from traditional Judaeo-Christian beliefs, through the 18th century when the medical community added its official approval, into the 19th century when, in Victorian society, "all non-procreative forms of sexuality were looked upon as pathological" (p. 99). Until recently, the professional literature supported the view of homosexuality as pathological, and traditionally counseling literature contained studies on the search for a cure for those so afflicted. Rehm and Rozensky (1974) described the modification of a 21-year-old patient's homosexuality and heterosexual avoidance through multiple behavior techniques. Birk (1974) described the process of partial or near-complete heterosexual shifts through group therapy.

There are numerous other examples in the literature of the change-oriented approach to gay counseling (Karlen 1971, Chapter 28). Such examples seem to be decreasing in frequency. On the other hand, there seems to be an increase in the number of articles that deny the necessity of a change to heterosexuality or simply ignore the issue altogether. Homosexuality seems gradually to be losing its sickness label.

A pioneer in removing the stigma of pathology from homosexuality was Hooker (1958), who found in her

sample of noninstitutionalized homosexuals and controls that Rorschach, Thematic Apperception Test, and Make a Picture Story results obtained from homosexuals could not be distinguished from those of control-group members when the participants' sexual orientations were not known. Hoffman (1971) used Hooker's data as well as his own (1968) to support his belief that therapists err in treating the homosexual as a patient in need of a cure. Lazarus (1971) admitted his own failure to effect a change through behavioral therapy. Instead, he has "succeeded in helping several people of both sexes accept and adjust to basic homosexual or bisexual proclivities" (p. 350). Increased intimacy, rather than change to heterosexuality, was seen as the desirable outcome of the group therapy reported by Johnsgard and Schumacher (1970). Similarly, the goal of the sexual-retraining programs for homosexual pedophiles at California's Atascadero State Hospital (Serber & Keith 1974) was not a change of sexual orientation but rather an increase in the age of preferred partner. This goal was achieved through group-therapy experiences with other homosexuals and increased awareness of the support offered in the gay community.

In addition to the clinical data in the literature, there are increasing numbers of theoretical papers (e.g., Binder 1977; Cangemi, Laird & Deeb 1974) and informative reviews of the literature that suggest future research needs (Bell 1975).

Developments in Society

APA nomenclature change, 1973. During the past four decades, there has been a movement toward more objective sex education (Calderone 1966) that has

included efforts to reexamine assumptions and opinions and to educate people about sexual matters on the basis of scientific evidence rather than popular prejudices. This movement, together with the change in emphasis of the professional literature previously outlined, contributed to the decision in late 1973 by the American Psychiatric Association that homosexuality, as defined in the association's official manual, should no longer be classified as a mental disorder (Stoller et al. 1973).

Although they may not be thought of as direct results, some developments have followed the American Psychiatric Association's decision. These events might have been less likely to occur had homosexuality still been classified as an illness. There has been a decided increase in the amount of media space (television, newspaper, etc.) devoted to issues of homosexuality in formats ranging from news items to situation comedies and dramatic productions. Also, two journals that appeared in 1974 deal directly with homosexuality: *The Homosexual Counseling Journal* (a publication of the Homosexual Community Counseling Center, 30 East 60th St., New York, N.Y. 10022) and the *Journal of Homosexuality* (Haworth Press, 130 West 72nd St., New York, N.Y. 10023). This increased exposure and information, if viewed carefully, can greatly aid counselors in their understanding of the homosexual lifestyle.

For gay people themselves, probably the most important development has been the legalization in some states of sexual relations that were previously proscribed. For example, in California such a law was enacted on January 1, 1976.

Present status. To the counselor, the recent changes in popular and profes-

sional attitudes regarding homosexuality, which have occurred in a relatively short period of time, may seem to have left many issues unresolved. But some trends are emerging to settle the present situation to some degree. One key problem in the literature has been that researchers and theorists were viewing homosexuality as a behavioral activity rather than a basic orientation or state of being. When viewed as a behavioral activity, the change-oriented approach to treatment seems logical, if homosexuality is assumed to be basically undesirable. With new research and theories supporting the view that homosexuality, like heterosexuality, is a pervasive, basic orientation that is developed early in a person's life and is relatively fixed at some point before puberty (Money 1965), the current emphasis in the counseling literature on adjustment of persons to their sexual orientation (rather than an attempt to change it) may be more appropriate.

The role of counseling. Many recent articles have pointed to the need for counselors who are prepared to deal with "an increasing number of homosexuals seeking help not only in dealing with their homosexuality, but also with the special educational and career choices confronting them" (Brown 1975, p. 325). Killinger (1971) described the counselor's relation to gay liberation and the young gay in terms of the responsibility to remove narrow or destructive attitudes toward homosexuality and to learn where the new gay stands by interacting with avowed homosexuals (p. 718). Echoing this need for consciousness raising, Kuehring, Fain, and Tyler (1974) pointed out that the gay client in crisis must not be left to educate his or her counselor about the gay community. Norton (1976), a gay person who counsels and teaches in New York,

stated that a counselor may help a counsellee "through understanding some of the terms and facts and by eliminating the myths by which gay and straight alike have been conditioned" (p. 375). DeCecco and Freedman (1975) suggested that counselors may be useful in helping homosexual clients understand their power and dependency needs, which should result in more exercising of the clients' rights. Cahon (1973) dealt with questions of vocational and career guidance for gay students. He said that, if they are to be effective in helping gays, career counselors must seek out gays but must be careful not to turn career counseling into psychotherapy.

Gay Adolescents and Counseling

The importance of proper counseling for adolescents is strongly stated in a unique and interesting article that presents the transcript of an interview between University of Florida staff psychologists and Robert Ivey (1972). In this article, Ivey (who is the author of the article as well as the interviewee) gives a personal account of his own experience with counseling:

A knowledgeable counselor could have told me that homosexuality is commonplace, even though homosexuals are a minority. The sex practices of homosexuals could have been explained to me and specific skills could have been taught—about dating other homosexual boys, for example. But none of this took place.

I was told I was "going through a phase" and that I would "outgrow it." Senior high school guidance counselors really lean on this interpretation. I think most youths seeking counsel about homosexuality are told this. Also, I was given a lot of tips about how to be more successful on dates with girls.

Homosexuality may be hard for the heterosexual counselor to accept. It is a feeling that some persons with exclusively heterosexual feelings may find hard to even imagine. But I believe that when a guidance counselor plays down homosexuality or leads a gay youth into thinking that he or she needs to change into a heterosexual, that counselor is guilty of an outrageous violation of personal freedom and breach of professional ethics. (p. 751)

Incidence of adolescent homosexuality. Researchers in the three decades since Kinsey have generally agreed that adolescent homosexuality is not atypical. Pillard (1974) found the incidence among male teenagers under age 19 to be 35 percent and for females of the same age group the incidence varied between 6 and 11 percent. Broderick (1968) reviewed the studies of Kinsey and Ramsey and found in both samples that approximately one-third of the boys reported some homosexual incident before puberty, the percentage increasing in early adolescence.

Of course, these statistics do not give an accurate picture of true adolescent homosexuality because the data include all homosexual acts observed in adolescence. Moreover, the statistics do not include those adolescents who may be homosexual but do not become involved in overt acts until adulthood. Gadpaille (1969) delineated two kinds of homosexual behavior: phase specific and (in his opinion) appropriate (homoeerotic experimentation) and out of phase (clinical homosexuality). Although other authors may not always share Gadpaille's appropriateness bias, most agree that many adolescents are merely playing around while others are actually playing out the first scenes of their ultimate adult sexuality. In his study of juvenile homosexuality in an institutional setting, McCleary (1972) cautioned that some boys are true

homosexuals from an early age but others are merely practicing homosexuality temporarily.

Differentiation. In answer to the question, How can you tell whether an adolescent patient who says he or she is homosexual is really homosexual or just going through a phase?, Weisenfreund (1976) stated that the therapist must explore what the patient means by stating that he or she is a homosexual.

Too often an adolescent believes himself homosexual because of a transient homosexual desire or because he was told that his behavior was effeminate. . . . The therapist should explore his previous and present sexual activities . . . (and) should be careful not to encourage the patient into premature identification in one sexual orientation or the other. (pp. 7-8)

Even more complicating is the fact, postulated by Kinsey and supported by Kremer, Zimpfer, and Wiggers (1975), that homosexual behavior exists not as an all-or-nothing concern but rather on a continuum from exclusively heterosexual (Kinsey rating = 0) to exclusively homosexual (Kinsey = 6). Persons are said to exist somewhere along this 7-point scale, most persons falling inside the extremes of 0 and 6. Therefore, a person who is predominantly homosexual may have some heterosexual response and vice versa.

As Kremer, Zimpfer, and Wiggers (1975) found, these problems indicate that "there is no sure way for a counselor dealing with a population of adolescent boys to determine what their adult sexual behavior will be" (p. 97). The conclusions of that study indicate that "counselors cannot tell a client that his homosexual interests are temporary, are part of a phase, or are permanent. Counselors can, however, help the client focus on his feelings in

order to clarify and understand them" (p. 98).

Treatment approaches. Kremer, Zimpfer, and Wiggers are typical of those who offer recent approaches to counseling the adolescent homosexual. The treatment literature in this subfield has generally followed the same development described earlier with regard to homosexuality. Authors typical of the change-oriented approach make statements such as "We must not forget that homosexuality is a disease, and as such is a public health problem" (Shearer 1966, p. 514) and "I consider anything approaching fixed object-choice directed toward a member of the same sex—that is, a stable homosexual orientation—as a pathologic manifestation of character development" (Kestenbaum 1975, p. 99).

On the other hand, "a growing body of literature suggests that homosexual behavior is a natural, though less prevalent, form of human sexual expression" (Kremer, Zimpfer & Wiggers 1975, p. 96). Hoffman (1970) stated, "Probably by the time senior high rolls around, sexual matters are settled for most homosexual students. . . . I believe what the student really needs is acceptance from the family" (p. 48). In an article that covers many aspects of counseling of youthful homosexuals, Brown (1975) said that "it is the counselor's responsibility to see that homosexuals are treated with respect and assisted so that they may take their rightful place in society. . . . Particularly in dealing with the youthful homosexual, the counselor plays a crucial role in helping the individual maximize his potential" (p. 333).

Helping adolescents understand. A long time may pass before a device for assessing and predicting homosexuality from adolescent behavior will appear on the counseling scene. In the mean-

time, counselors will have adolescents coming to them with homosexual concerns, fears, and questions, the numbers of such clients possibly increasing in the future. As stated by Kremer, Zimpfer, and Wiggers (1975), Brown (1975), Killinger (1971), Ivey (1972), and elsewhere in the literature, the counselor must be prepared for such concerns on the part of his or her adolescent clients. This readiness can come from studying many varied sources besides those articles reviewed in the preceding paragraphs.

Roesler and Deisher provided a valuable study of the development of homosexuality in 16 to 22 year olds. They found that certain significant events usually preceded the individual's self-designation, I am a homosexual. These events included early sex play that the individual recalled as homosexual in nature, actual seeking of persons for homosexual contacts (as adolescents), and coming out (i.e., participating in the gay world).

A counselor's awareness should include sociological information as well, for such information may help the adolescent to know that what he or she experiences as new and strange is not really so new and is not, as many people believe, part of a great change in sexual habits. Osofsky (1971) concluded that "a great majority of the evidence, at present, indicates that patterns of adolescent sexual behavior have remained relatively stable for approximately 50 years" (p. 406). He said that what we have seen is an increased openness and acceptance of the behavior that was there all the time.

Adolescents may also be reassured by the knowledge that although others may tell them that sexual activity of any kind is not appropriate for their age, some people and organizations in this country are advocating the recog-

nition of the rights of children and adolescents, including their rights to sexual expression (Farson 1973; Ollendorff 1971). Martinson (1976) provided support for the idea that children are sexually capable when he said, "the capacity to relate to another person in an erotically intimate way and to experience sexual feelings and satisfactions (either homosexually or heterosexually) is clearly present before puberty" (p. 255).

Another helpful perspective may be gained from accounts by gay persons of their experiences. In addition to Ivey (1972) and Norton (1976), the early school-social experiences of Blumenfeld (1971) and the pamphlet *Growing Up Gay* (published by Youth Liberation Press, 2007 Washtenaw Ave., Ann Arbor, Mich. 48104) provide first-hand insights into the maturation of gay teenagers and how they feel about being gay. Also, an extensive overview of all areas of adolescent sexuality, including the adolescent gay experience, was provided in a special issue of the *Journal of Clinical Child Psychology* (1974, 3(3)).

Final Comment

Any counselor who is now more sensitive to the needs and concerns of gay adolescents may appropriately ask, What do I need to know about community or legal attitudes and practices regarding the counseling of under-age persons who may be homosexual? There is no single answer to this important question, for the situation in which the counselor finds himself or herself will differ according to local laws and customs. Consulting a lawyer may be advisable.

Because the whole issue of adolescent homosexuality is an emotional

one that people sometimes tend to ignore or even disbelieve, reactions to individual, school, or agency treatment of adolescent homosexual problems range from skepticism to outright hostility. Laws regarding behavior contributing to the delinquency of a minor are often sufficiently vague to allow prosecution of one who encourages immorality—another vague concept. Kremer, Zimpfer, and Wiggers (1975) cautioned the counselor to consider the fact that homosexuality is still illegal in some states and to be mindful of the ethical issues of discussing homosexuality with a child whose parents might regard such discussion as inappropriate.

Suggested Reading

Bieber, I. The psychoanalytic treatment of sexual disorders. *Journal of Sex and Marital Therapy*, 1974, 1, 5–15.

This article discusses the treatment of such disorders as impotence, frigidity, and premature ejaculation and also the importance of such psychological constructs as falling in love and maintaining long-term relationships.

Bieber, T. B. Group therapy with homosexuals. In H. I. Kaplan, *Group treatment of mental illness*. New York: E. P. Dutton, 1972.

This book presents a brief overview and history of theories of treatment for homosexuals.

Gay counseling in a free clinic. *Journal of Social Issues*, 1974, 30, 97–104.

This article chronicles the beginnings of a gay counseling center and describes the facilities, publicity, and philosophy behind the counseling and referral services offered.

Kraft, T. A case of homosexuality treated by combined behavior therapy and psychotherapy: A total assessment.

Psychotherapy and Psychosomatics, 1972, 19, 342–358.

This article presents the case history of a 22-year-old male homosexual.

Lamberd, W. G., et al. Viewpoints: What outcomes can be expected in psychotherapy of homosexuals? *Medical Aspects of Human Sexuality*, 1971, 5, 90–105.

This article presents divergent views and varying treatment modes and attitudes toward therapy with homosexuals.

Nobler, H. Group therapy with male homosexuals. *Comparative Group Studies*, 1972, 3, 161–178.

Nobler views group therapy with homosexuals as superior to individual treatment. The group helped break down rationalizations about homosexual life and provided an accepting climate for changes in life-styles.

Pittman, F. S., & deYoung, C. D. The treatment of homosexuals in heterogeneous groups. *International Journal of Group Psychotherapy*, 1971, 21, 62–73.

The authors conclude that, when the therapist is not overly anxious, homosexuals can be accepted in predominantly heterosexual groups; such groups can be useful in treatment.

Reed, D., & Munson, H. E. Resolution of one's sexual self: An important step for sexuality educators. *Journal of School Health*, 1976, 46, 31–34.

The article describes a model for sexual self-resolution that includes exercises that elucidate personal sexual attitudes.

Schiller, P. *Creative approach to sex education and counseling*. Washington, D.C.: American Association of Sex Educators and Counselors, 1976.

This book focuses on the actual process underlying a successful program of sex education and counseling.

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