

Heterosexual Bias in Psychological Research on Lesbianism and Male Homosexuality

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ABSTRACT: *Heterosexual bias is here defined as a belief system that values heterosexuality as superior to and/or more "natural" than homosexuality. It is argued that a reconceptualization of homosexuality as a valid option for an adult life-style would suggest changes in the questions formulated, the data collected, and the interpretations made in research on lesbianism and male homosexuality. Recent research is assessed and reviewed in terms of the extent to which it reflects a change in the social values of the behavior under study. Suggestions are made for priorities in future research.*

In January 1975 the governing body of the American Psychological Association (APA) voted to oppose discrimination against homosexuals and to support the recent action by the American Psychiatric Association which removed homosexuality from its official list of mental disorders.

The text of the policy statement, which was submitted to the Council of Representatives by APA's Board of Social and Ethical Responsibility for Psychology and was recommended by the Board of Directors, follows:

The American Psychological Association supports the action taken on 15 December 1973 by the American Psychiatric Association removing homosexuality from the Association's official list of mental disorders. The American Psychological Association therefore adopts the following resolution:

Homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities;

Further, 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)

This article assesses psychological research in the 8-year period prior to the enactment of the APA resolution in the context of historical and socio-political conceptualizations, and suggests priorities for future research on lesbianism and male homosexuality that (a) are consistent with the goal of "removing the stigma of mental illness long associated with homosexual orientations" and (b) respect the needs and rights of gay people.

The article focuses on heterosexual bias in psychological research and the ways in which its impact can be lessened. For this purpose, heterosexual bias is defined as a belief system that values heterosexuality as superior to and/or more "natural" than homosexuality. A corollary to this belief is that discrimination on the basis of sexual orientation is justified in such civil liberty issues as employment opportunities, options to participate in the government and military, child custody and visitation privileges for gay natural parents, as well as placement of children with gay foster or adoptive parents.

Heterosexual bias can be seen most clearly in research that begins with the assumption that homosexuality is per se indicative of psychopathology. How this assumption came to be part of the zeitgeist of psychological research can be traced through the history of the struggle for homosexual rights.

Historical Context of the Study of Homosexuality

The "Stonewall" riots during the summer of 1969 in New York City, often thought of as the begin-

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ning of the gay movement, might be better thought of as the 100th anniversary of gay liberation. The homosexual rights movement has a long and impressive history dating back to as early as 1869. In that year, Benkert, a Hungarian doctor, wrote a lengthy open letter to the Prussian Ministry of Justice arguing for a rational approach to homosexuality and against the enactment of a new penal code that added homosexual acts between males to the category of crimes (Lauritsen & Thorstad, 1974).

It is interesting to trace historically how psychology became involved in the issue of sexual orientation. In the 18th century, the subject of human sexuality was a medical concern. At first, medical concepts were used to reinforce traditional religious values that were then under attack (Bullough, 1974; Szasz, 1974). This trend continued into the 19th century when all nonprocreative sexuality was considered "pathological."

The medical writings of this period considered "paederasts, sodomites and saphists" to be hereditarily insane. For example, Bullough (1974, p. 107) uncovered this 19th-century quotation by Moreau (1887):

Not infrequently, under the influence of some vice of organism, generally of heredity, the moral faculties may undergo alterations, which, if they do not actually destroy the social relations of the individual, as happens in cases of declared insanity, yet modify them to a remarkable degree, and certainly demand to be taken into account, when we have to estimate the morality of these acts.

Early psychological writings on homosexuality do not document empirical research. Most of the writings are generalizations based on an analyst's construction of his or her client's reconstruction of childhood and following from idiosyncratic variations of a psychoanalytic perspective. These inferential analyses generally served to perpetuate a 19th-century tendency to describe that which the analyst found aesthetically unpleasant or "sinful" as a form of deep-rooted psychopathology.

Despite prevailing Victorian attitudes, Freud's letter to an American mother requesting treatment for her son is a sympathetic statement:

Homosexuality is assuredly no advantage but it is nothing to be ashamed of, no vice, degradation, it cannot be classified as an illness; consider it to be a variation of the sexual function produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci, etc.). It is a great injustice to persecute homosexuality as a crime and cruelty too. If you do not believe me, read the books of Havelock Ellis. (Freud, 1935/1951, p. 786)

It should be noted that Freud wrote this letter

to a worried mother concerned about her son. His use of the phrase *arrest of sexual development* does indicate that he viewed homosexual orientation as less mature and perhaps as less healthy than heterosexual orientation. Despite Freud, however, the belief that homosexuality is "inherently pathological" has been exaggerated over the years in many psychoanalytic writings on lesbianism (Caprio, 1954; Kaye et al., 1967) and male homosexuality (Bieber et al., 1962; Hadden, 1971; Socarides, 1970). The assumption of pathology continues to be found in even the most contemporary of psychoanalytic writings (Hendin, 1975).

Pioneers in the Empirical Study of Homosexuality

Whereas theoretical writings and case studies on treatment of homosexuality abound, empirical research on the subject did not begin until the 20th century and remains rather scarce even today.

Pioneer studies of homosexuality have greatly changed contemporary beliefs about lesbians and gay men. Perhaps most influential was the work of Kinsey, Pomeroy, and Martin (1948), which demonstrated that homosexual behavior was much more widespread than had been previously believed. Shock waves were felt across the country when it was revealed to a naive American public that "37 percent of the total male population has at least some overt homosexual experience to the point of orgasm between adolescence and old age" and that "an additional 13 percent of the males (approximately) react erotically to other males without having overt sexual contact after the onset of adolescence" (p. 650).

The frequency of homosexual behavior in women has been less well studied, but it appears to be approximately half that found in men (Kinsey, Pomeroy, Martin, & Gebhard, 1953). Davis (1929) reported, however, that over half of the women she studied reported "intense emotional relations with other women."

Three years after the Kinsey report, Ford and Beach (1951) published data which strongly questioned the belief that homosexual behavior was "unnatural." They found that some forms of homosexual behavior occurred in almost all species. Furthermore, homosexual behavior was found in almost all the human societies studied, even those like the United States which maintain strict cultural injunctions against such behavior. In almost all cultures studied, "a number of individuals,

predominantly men, choose to exhibit some measure of homosexual behavior" (Ford & Beach, 1951, p. 143).

Although these early studies indicated that homosexual behavior was more common than generally thought, "inversion" was still generally considered pathological. The first empirical studies to address the question of whether or not homosexuality *per se* was indicative of psychopathology were devised in the late 1950s by Hooker. She demonstrated that trained clinicians could not differentiate the sexual orientation of homosexual nonpatients from that of nonhomosexuals who were also nonpatients by the use of standard projective techniques (Hooker, 1957, 1958). It is significant that this type of research question had not been formulated until this late date and that these findings have been generally ignored in psychoanalytic writings since their publication.

As we will see, research on the adjustment of homosexual individuals remains an active concern of psychologists, but Hooker's research was a breakthrough in that it suggested that homosexuality *per se* did not indicate an impairment in adjustment that could be detected with traditional assessment procedures.

In recent years, increased visibility and the organization of gay people into lobbying groups have forced a reexamination of long-held beliefs regarding homosexuality. These pioneer studies supplied a good deal of momentum to the gay rights movement of the late 1960s and early 1970s and gave politically active mental health professionals some empirical data to support an offensive against strongly held cultural stereotypes and myths.

A Look at Recent Research

The remainder of this article reports the results of a survey of psychological research on lesbianism and male homosexuality published during the 8-year period from 1967 through 1974. The extent to which this research reflects continued heterosexual bias or foreshadows a change in emphasis consistent with the subsequent APA position is examined. An analysis of research questions being asked during this period should reflect the value struggle taking place during this time.

Although I am aware that value issues are generally more apparent in treatment than in research articles, these will not be considered here. The issue of heterosexual bias in treatment is reviewed by Berman (in press).

ASSUMPTIONS AND SPECULATIONS

Two basic assumptions are made in the following analysis of recent research in this area. First, research reflects the value systems of its investigators and the social climate within which it takes place. Most research is conducted within the institutional framework of funding, prestige, and scientific respectability. Investigators are most likely to do research that is acceptable to others and that, above all, is publishable.

Second, an analysis of the research questions being asked in a given time period may be used as an indicator of the zeitgeist of that period and/or the values of individual investigators. In particular, the questions being asked in the 8-year period prior to the APA resolution reflect the social climate regarding lesbianism and male homosexuality.

It is my contention that the last 10 years represent an intensification of the struggle to free homosexuality of its stigma. Some of the struggle, particularly as it relates to the issue of mental illness, should be seen in psychological research.

One might reasonably expect a delay before a changed perspective on lesbianism and male homosexuality begins to be seen in published research. Research prior to the APA resolution might be expected to reflect the heterosexual bias that is just beginning to give way to alternative perspectives. We might begin to see research reflecting a homosexual bias—for example, that gays often function better than straights. The analysis of research questions that follows is not intended to be an indictment of individuals or social institutions that have supported a heterosexual bias in the past, nor is it intended to argue for research reflecting a homosexual bias. Rather, the analysis is intended to suggest new research questions and to facilitate changes in the focus of research that might now be under way.

Method

This survey assessed the value system underlying research on homosexuality by generating a taxonomy of research questions found in journal articles during the years 1967 through 1974. In order to sample questions most frequently asked in research on homosexuality, a review was made of each article listed in the *Psychological Abstracts* under "homosexuality," "lesbianism," and "male homosexuality." Only those studies reporting empirical research published in English-language

journals were reviewed. Case histories, treatment articles, theories, reviews of the literature, books, dissertations, or unpublished papers read at conventions were not included. A total of 139 studies emerged from this selection procedure, and each was abstracted (Morin, 1976) and assessed to find the major research question or questions. I then developed a taxonomy of these research questions and calculated frequencies for each question category.

Results

Of the studies that employed homosexual participants, 22 used lesbians (18%), 88 used male homosexuals (72%), and 12 used both lesbians and male homosexuals (10%). In 15 studies, heterosexuals were used as participants to investigate attitudes toward homosexuality or latent homosexual impulses. Two studies were on homosexual behavior in lower animals. Of the research conducted on lesbians and homosexual men, 82% was comparative, assessing ways in which homosexual groups differ from heterosexual controls; the remaining research was primarily of a survey nature on more narrowly defined topics, for example, homosexuals in heterosexual marriages or homosexual behavior in prisons.

A taxonomy of research questions in psychological research on lesbianism and male homosexuality from 1967 through 1974 is presented in Table 1. Research questions were categorized into five general areas: assessment/diagnosis (16%), causes (30%), adjustment (27%), special topics (20%), and attitudes toward homosexuality (8%). A total of 170 major research questions were found in the 139 studies; a more specific breakdown of the focus of research is found under each general heading.

Discussion

Before discussing the taxonomy of research questions, a brief discussion of research samples is in order. First, the finding that there are approximately four times as many studies of homosexual males as of lesbians supports both the contention that homosexuality is seen as a more serious "problem" in males for a variety of reasons and the contention that lesbians, and to a large extent women in general, have been ignored in research. Findings from research that has employed both lesbians and homosexual males tend to emphasize the uniqueness of the experiences of the two groups. Generaliza-

TABLE 1

A Taxonomy of Research Questions in Psychological Research on Lesbianism and Male Homosexuality (1967-1974)

Major emphasis of research	No. of studies with questions reflecting this emphasis
Assessment	
Projective techniques	10
Pencil-and-paper measures	10
Behavioral measures	7
Total	27
Causes	
Parental background	15
Biochemical models	12
Learning models	8
Family constellations	8
Other psychoanalytic models	3
Pornography	2
Ethological model	2
Total	50
Adjustment	
Psychological measures	33
Behavioral measures	7
Cognitive measures	6
Total	46
Special topics	
General surveys	6
Gender identity	4
Heterosexually married	4
Prison behavior	3
Coming out	2
Aging	2
Male prostitutes	2
Pedophiles	2
Relationships	2
Insertees versus insertors	2
Social interaction	2
Identity and commitment	1
Language	1
Military	1
Total	34
Attitudes toward homosexuality	
General survey	5
Personality characteristics	7
Methods of attitude change	1
Total	13
Total number of studies	139
Total number of research questions	170

tion of findings from one group cannot be reasonably applied to the other.

Second, the psychological literature on lesbianism and male homosexuality has been confused by a failure on the part of researchers to agree on sample definitions. Three distinct definitions are found

in the published research: (a) the presence of homosexual behavior, where the degree of homosexuality is assessed on the basis of sexual histories (e.g., Kinsey et al., 1948); (b) the erotic preference for same-sex "objects," a definition used in attempts to assess degree of homosexuality by measuring such things as penile volume response to moving pictures of male and female nudes (e.g., McConaghy, 1967); and (c) the self-reported identity of respondents, used in those studies where all the subjects identify themselves as "homosexual" (e.g., Evans, 1969). Results gathered from these three different sources are not comparable to one another.

Future research will be even more complex as samples are selected that identify themselves as "gay" and not as "homosexual." The emerging definition of "gay" or "lesbian" is different from that of "homosexual." The term *gay*, like the terms *black*, *Chicano*, and *woman*, connotes a value system as well as designates group membership. *Gay* is proud, angry, open, visible, political, healthy, and all the positive things that *homosexual* is not. Future research will have to account for the various definitions of the samples under study.

The remainder of this discussion is divided into five parts corresponding to the five major sections of the previously mentioned taxonomy. A brief examination of the type of research question being asked in the first three sections clearly demonstrates the continued influence of heterosexual bias and an outdated medical model. If gay life-styles had been viewed as viable alternatives, then the focus of these research questions would surely have been different. The order of discussion of the following five sections reflects what is, in my view, an increasingly positive direction for future research.

CAN HOMOSEXUALITY BE DIAGNOSED?

The clearest example of heterosexual bias in psychological research on homosexuality is found in the studies categorized in the taxonomy under assessment/diagnosis. Studies of diagnostic validity account for 16% of the published research surveyed.

Diagnostic studies may be divided into three categories: projective techniques, pencil-and-paper measures, and behavioral measures. The use of the projective techniques is illustrated in a study by Hopkins (1970), who attempted to find lesbian signs on the Rorschach. Woodward, McAllister, Harbison, Quinn, and Graham (1973) used several pencil-and-paper measures, including the Minnesota

Multiphasic Personality Inventory (MMPI), to assess which instruments most accurately diagnose sexual orientation. And in a behavioral study, McConaghy (1967) used a device called a "phalometer" to measure penile volume responses to moving pictures of male and female nudes in order to diagnose sexual orientation in male subjects.

If homosexuality per se is not indicative of an impairment in stability or mental health, then why must it be diagnosed? If it is diagnosed, to what ends is this information to be used? One use of these assessment procedures has been to screen out applicants for employment purposes. Assessment has also been used for administrative decisions such as consideration of special placement in prisons, schools for the mentally retarded, and mental institutions. Most frequently, however, assessment has preceded treatment; for example, McConaghy and Barr (1973) used a decrease in penile volume response elicited by same-sex nudes as an index of therapeutic success after classical avoidance conditioning involving electric shock to the genital area.

Undoubtedly, there are positive uses that could be made of assessing sexual orientations. The least offensive technique of assessing sexual orientation is through self-report, a measure used only to assess the validity of the above techniques. Such an approach does not assume pathology and gives credence to an individual's self-hypothesized identity. This approach would allow the investigation of what factors are associated with positive and negative reported identities and would eventually suggest ways of facilitating positive identifications regardless of sexual orientation.

WHAT CAUSES HOMOSEXUALITY AND HOW MIGHT IT BE PREVENTED?

At a recent convention, a psychologist asked a distinguished panel just what progress had been made in the study of homosexuality. When asked to be more specific, she replied, "Well, do you know what causes it yet?" Although the question is undoubtedly an intriguing one, it has been most closely associated with technologies that have attempted to correct or prevent the development of the "condition." Studies on the causes of homosexuality account for 30% of the total research surveyed.

The study of the etiology of homosexuality has been approached using four major theoretical models. The psychoanalytic model concentrates on parental background and parenting styles (e.g.,

Evans, 1969; Kenyon, 1968), family constellations (e.g., Siegelman, 1973), or other psychoanalytic notions such as "flight from incest" (Silverman, Kwawer, Wolitzky, & Coron, 1973).

Learning models attempt to explain homosexual behavior on the basis of expectancy of negative reinforcement from the opposite sex (Clark & Epstein, 1972), on the basis of a learned phobia or aversion to the opposite sex (Freund, Langevin, Gibiri, & Zajac, 1973), or as the result of certain developmental experiences such as exposure to pornography in adolescence (Goldstein, Kant, Judd, Rice, & Green, 1971). None of these studies was able to support its hypotheses.

Biochemical models suggest that hormones (Birk, Williams, Chasin, & Rose, 1973; Kolodny, Masters, Hendryx, & Toro, 1971) or other physiological differences (Evans, 1972) account for the development of a homosexual orientation. The results of these studies are inconclusive and frequently contradictory.

Finally, ethological models (Chevalier-Skolnikoff, 1974) simply observe ways in which homosexuality develops naturally in nonhuman primates. With the exception of this final model, the beliefs regarding the cause of homosexuality have led either to suggestions for treatment to change homosexual orientation or to early family interventions to preclude its development.

Consistent with the premise that institutional supports exist for this type of research, the National Institute of Mental Health (NIMH) Task Force on Homosexuality (Note 1) stated in its final report that "for most workers in the field, the prevention of a homosexual orientation in an individual child or adolescent is seen as one of the most important goals" (p. 5). At least publicly, NIMH has not revised its priorities for funding since 1969, although its most recent grants reflect some deviation from its earlier view. Institutional support will likely be forthcoming for research with greater emphasis on the "homosexual as minority" conceptualization. The professionals who award grants appear to be ready; the Congress, which supplies the money, does not. Conflicts are likely to evolve around these funding issues.

ARE HOMOSEXUALS SICK?

Second only to the question of the origin of homosexuality has been the continued effort to find out if homosexuals as a group are less or better adjusted than heterosexuals. Any number of adjustment scales (e.g., the MMPI—Fromhart, 1971;

Loney, 1971; Manosevitz, 1970), behavioral measures (e.g., alcoholism rate—Saghir, Robins, Walbran, & Gentry, 1970), and cognitive measures (e.g., creativity test scores—Domino, 1973) have been used to study adjustment and to make inferences about the inferiority or superiority of homosexuals.

The evidence is clear that "homosexuality is not a unitary phenomenon, but rather represents a wide variety of phenomena which take in a wide spectrum of overt behaviors and psychological experience" (Task Force on Homosexuality, Note 1). That sexual orientation is not a particularly meaningful research variable has been substantiated by other researchers, some of whom refer to "homosexualities" rather than homosexuality (Bell, 1975). Thus, since the label *homosexuality* does not regularly describe a heterogeneous, nonclinical sample, but merely refers to same-sex object choice without any indication of what that represents to the individual so categorized, it has for the most part been a misleading or at least overemphasized variable in psychological research.

The question "Are homosexuals as a group less or better adjusted than heterosexuals?" would be of interest only if one wished to form generalizations or stereotypes that would have little application to an individual case. The unsubstantiated stereotype that heterosexual men are less cultured or creative than gay men is a good case in point. Attempts to support such stereotypes, which have been unsuccessful, represent one of the few cases of homosexual bias in research.

An additional weakness of the adjustment studies involves the use of heterosexually oriented, sex-role-stereotyped measures (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972). "Adjustment," after all, remains a value judgment. Lesbian samples frequently emerge as better adjusted than heterosexual controls (Hopkins, 1969; Siegelman, 1972), most likely due to the male bias of traditional adjustment scales. Again, it should be mentioned that lesbians are not a group and that lesbianism does not represent a personality style.

A related weakness of the adjustment studies has been their tendency to concentrate on deficiencies rather than capabilities for growth. Rapid social change has produced difficulties for both heterosexuals and homosexuals. The emphasis on pathology or deficiencies has served as a distraction from the similar experiences of both groups in making positive adaptations to social change.

Many of the studies reviewed in this category, like their homosexual participants, are difficult to categorize. These studies tended to fall into two groups. The first dealt only tangentially with homosexuality, trying to answer, for example, such questions as what causes men to become male prostitutes (Ginsburg, 1967); in what ways do male-to-female transsexuals differ from nontranssexual, homosexual men (Freund, Langevin, Zajac, Steiner, & Zajac, 1974); in what ways do homosexual pedophiles differ from heterosexual pedophiles (Fisher & Howell, 1970); and in what ways do "insertors" differ from "insertees" in a prison population (Oliver & Mosher, 1968)? The second group of studies differed from all previous research in that they did not reflect the heterosexual bias (or, in a few cases, homosexual bias) that characterized much of the previously mentioned work.

This latter research is particularly significant because it was designed to answer questions that lesbians and gay men themselves have raised as important issues. The questions deal with unique aspects in the lives of lesbians and gay men: coming out (Dank, 1971), involvement of homosexuals in heterosexual marriages (Ross, 1971), problems associated with aging in the homosexual subculture (Weinberg, 1969), the nature of homosexual relationships (Sonenschein, 1968), problems in finding an optimum level of homosexual commitment (Hammersmith & Weinberg, 1973), the issue of self-disclosure of sexual orientation (Myrick, 1974), and the nature and meaning of social support systems for homosexuals (Farrell & Morrione, 1974).

These studies that are of priority to gay people constitute only a small fraction of the recent research. Their number will undoubtedly multiply rapidly in the near future. New journals such as the *Journal of Homosexuality* and the *Homosexual Counseling Journal* have been developed in the last 2 years, reflecting the increasing interest in this area.

It should be noted that of the studies in this second group, none employed traditional, comparative research designs. Many of the issues mentioned above have only been studied superficially, and comparative research designs would appear to have a place in more sophisticated research in this area. Research on lesbian and gay male couples is a good case in point. A comparative study of heterosexual and homosexual couples would likely

suggest new options and alternatives for both types of couples as well as give researchers a better understanding of the impact of sex role socialization on intimate relationships.

These latter studies begin with the common assumption that a homosexual orientation is a viable alternative, even if one with problems associated with it. They break with the medical-model assumption of pathology that characterizes much of the earlier research of this period and are the beginnings of research that will grow in popularity in the near future.

ATTITUDES TOWARD HOMOSEXUALITY

The clearest examples of research that is on the offense rather than the defense with regard to the advancement of gay civil liberties are the studies of heterosexual attitudes toward homosexuality. Most of these studies are surveys of attitudes in the general population (e.g., Levitt & Klassen, 1974) or of mental health professionals (e.g., Davison & Wilson, 1973). Not surprisingly, in neither case were the participants well-informed or particularly favorably inclined toward gay people.

Several studies have gone beyond attitude surveys to assess personality characteristics associated with antihomosexual respondents and to discover the needs being satisfied by those arguing for continued or greater discrimination against homosexuals (e.g., MacDonald & Games, 1974). The findings of these studies, such as the strong relationship between antihomosexuality and a belief in a double standard for men and women, point out areas to which advocates of gay civil liberties must be sensitive. These studies also point out the overlap between the study of attitudes toward homosexuality and the rapidly expanding literature on sex roles and the psychology of women.

Unfortunately, studies on heterosexual attitudes account for only 8% of the research energies in this 8-year period, and only one study has assessed the ways by which antihomosexual attitudes can be changed (Morin, 1974). As, in the last few years, emphasis has shifted from studies of sex differences to studies of sex roles, sex role stereotyping, and sexist attributions, so it appears that heterosexual bias will become an increasingly popular area of psychological research.

Summary and Recommendations

From the historical perspective taken here, psychology can be seen to have inherited a clear

heterosexual bias from the earlier concerns of medicine. To some extent, the bias remains in the continued assumptions of pathology found in much recent research on homosexuality. On the other hand, psychological research has supplied the momentum for a changed perspective on lesbianism and male homosexuality from one of sexual deviation to one of sexual minority. Armed with the weight of psychological research, APA has acted boldly to urge "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).

Research from the 8-year period prior to the enactment of the APA Council resolution has been reviewed in light of the values underlying the research questions. To a large extent, heterosexual bias is present in this research, as evidenced by the proportion of research reflecting questions of diagnosis, cause, and cure. Yet, even without the institutional supports enjoyed by the majority of research, the beginnings of research that values the life-styles and priorities of gay people have emerged. Significant progress in this research is certain in the next 10 years.

A few guidelines for research can be formulated from this review of the literature. First, it should be realized that there is no such thing as a representative sample of lesbians or gay men. Researchers are sampling what is essentially a hidden or invisible population. Therefore, when homosexual samples are used, expanded subject descriptions that permit adequate replication are needed. Samples defined on the basis of overt behavior, assessed sexual preference, and self-identity differ greatly. Although a similar argument could be made regarding heterosexual samples, because of the increased problems in defining homosexual groups, no generalizations or claims can be made about homosexuals as a group.

Second, research on lesbians and gay men should give higher priority to questions relevant to the wide variety of homosexual life-styles. Specifically, research is needed on the dynamics of gay relationships; the development of positive gay identity; the positive and negative variables associated with self-disclosure to significant others including families, relatives, friends, and co-workers; the advantages and disadvantages of varying degrees of gay identity and commitment; specific problems of gay children and adolescents; aspects of aging in the gay subculture; and conflict involving gay civil liberties.

Finally, research on the nature and meaning of attitudes toward homosexuality and on methods by which pejorative attitudes can be changed should continue and should be geared toward social action. All of this work complements the emerging literature on sex roles and sex role stereotyping.

We are now experiencing a time of increased interest in gay life-styles, a movement accelerated through educational and media coverage. A reconceptualization of human sexuality and affectional styles in terms of their diversity and potentiality will unquestionably lead to dramatically different priorities in research on lesbians and gay men.

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