

**SECTION I** 

History, contexts and debates in LGBTQ psychology



# 1 Introducing LGBTQ psychology

## Overview

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

# What is LGBTQ psychology and why study it?

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

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



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prejudice against LGBTQ people is given scant attention in social psychological research on prejudice. LGBTQ psychologists believe that if psychology is to be a true 'psychology of people', then it must examine the experiences of all people and be open to the ways in which people's lives differ (see Box 1.1).

# Box 1.1 Key researcher: Charlotte J. Patterson on why we need LGBTQ psychology

Why study the psychology of LGBTQ lives? When I ask myself this question, I think of the great US writer James Baldwin (1924–87). Baldwin, an African American gay man, was a prolific writer, producing plays, novels, poetry and essays. In an essay that Baldwin published in 1955, he wrote: 'I have not written about being a Negro at such length because I expect that to be my only subject, but only because it was the gate I had to unlock before I could hope to write about anything else' (Baldwin, 1955: 8). It was essential, Baldwin believed, for writers to begin from their own experience.

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

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

Why, then, must we insist on the importance of LGBTQ psychology? First, we need to do this because it is essential for those of us who identify as LGBTQ to care about our own lives. If we fail to do this, how could we achieve any kind of integrity, or call ourselves psychologists? Second, we must insist on this because any psychology that fails to include us will never be complete. Without understanding the experiences of LGBTQ people, how could any psychology possibly apply to all?

Woven together, psychologies of LGBTQ and non-LGBTQ lives will create a stronger and more durable fabric than either one could make alone. 'Negroes are Americans and their destiny is the country's destiny', wrote Baldwin in the 1950s (1955: 42). Could Baldwin possibly have imagined that the US would some day elect an African American to be President? I am not sure. I am,



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however, certain that Baldwin's writings contain a message for us as psychologists. Any psychology of human experience that is worthy of the name must include the psychology of LGBTQ experiences.

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

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

Because the field of LGBTQ psychology has primarily concentrated on the experiences of younger, white, middle-class, able-bodied, urban-dwelling gay men and lesbians, there has been little examination of the breadth and diversity of experiences within LGBTQ communities. This means that our adoption of an inclusive approach will often be limited by this emphasis on the experiences of particular groups of gay men and lesbians in existing research. We highlight the breadth and diversity of experience within LGBTQ communities where possible and draw your attention to the gaps and absences in current knowledge. Another reason for using the term 'LGBTQ psychology' is to signal our concern for diversity and to emphasise that LGBTQ psychologists are not in agreement about the remit of the field, the types of research questions we



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should ask, or the methodologies we should use to answer these questions. This is of course similar to the wider discipline of psychology, where multiple paradigms and theories all rub shoulders together. As such, LGBTQ psychology is a microcosm of psychology and it embraces a plurality of perspectives about on whom or what we research and the theories and methods we use in conducting research. Debates among LGBTQ psychologists are often as lively as (or livelier than) those between LGBTQ psychologists and mainstream psychologists!

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

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

# The scientific study of sexuality and 'gender ambiguity'

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



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# **Magnus Hirschfeld and Karl-Heinrich Ulrichs**

The first social movement to advance the rights of homosexual and trans people was established in Germany in 1897. The Scientific Humanitarian Committee was founded by a medical doctor, Magnus Hirschfeld (1868–1935), and an openly homosexual lawyer, Karl-Heinrich Ulrichs (1825–95), among others, and adopted the motto 'justice through science' (Kitzinger and Coyle, 2002). The Committee sponsored research, published a journal, the *Yearbook for Intermediate Sexual Types*, produced information for the public, including leaflets and a film, *Different from the others* (1919), and conducted one of the earliest sex surveys (which found that 2.2 per cent of the population was homosexual). Hirschfeld also headed the Institut für Sexualwissenschaft (the Institute for Sexual Science), an early private research institute in Berlin, that was founded in 1919 and destroyed by the Nazis in 1933. Much early experimentation with **sex change surgery** was undertaken here in the 1920s and 1930s, supervised by Hirschfeld (Meyerowitz, 2002).

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

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

Recent reappraisals of Hirschfeld's contributions to sexology suggest that, although his ideas were more or less ignored in the English-speaking world for



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the second half of the twentieth century, his conceptualisation of sexuality and gender was perhaps the most radical to emerge from early sexology (Brennan and Hegarty, 2007; Bullough, 2003).

### Richard Freiherr von Krafft-Ebing and Henry Havelock Ellis

Richard Freiherr von Krafft-Ebing (1840–1902), an Austro-German psychiatrist, and one of the world's leading psychiatrists of his time, is generally regarded as the 'founding father' of sexology. His major work, *Psychopathia sexualis* (first published in Germany in 1886; it was translated into English and published in the USA in 1939), challenged the view that 'sexual perversion' was a sin or a crime, and instead presented it as a disease. The first edition of the book proffered fortyfive case histories of sexual perversion (including what we would now call male homosexuality, lesbianism and transsexualism). The book was intended as a forensic reference for doctors and judges and some portions were written in Latin to discourage lay readers. However, the book was very popular with lay readers and went through many editions and translations (the twelfth edition published in 1903 contained over 300 case histories). A number of people wrote to Krafft-Ebing after reading the book to share with him their histories of sexual and gender 'deviance'. Krafft-Ebing included some of these autobiographical accounts in later editions of the book. His views on sexual perversions such as homosexuality were complex and changed throughout his lifetime. Dutch historian Harry Oosterhuis (2000), the author of an excellent book on Krafft-Ebing, argues that Krafft-Ebing died supporting the homosexual rights movement and viewing homosexuality as compatible with mental health. However, for the most part, his work reflected rather than challenged the prevailing orthodoxy that homosexuality was pathological, and did much to link non-reproductive sexuality with disease. Psychopathia sexualis is still widely available and provides a fascinating insight into the lives of Victorian people whose sexual and gender identities and practices departed from **normative** heterosexuality.

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



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

# **Sigmund Freud**

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

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

Freud was critical of the notion that homosexuals constitute a third sex on the grounds that: 'A very considerable measure of latent or unconscious homosexuality can be detected in all normal people. If these findings are taken into account, then, clearly, the supposition that nature in a freakish mood created a "third sex" falls to the ground' (1953: 171). More radically perhaps, Freud's focus was on pleasure rather than on reproduction and although he viewed **penis-in-vagina** 



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**intercourse** as the ultimate expression of mature, healthy adult sexuality, he did not uphold the 'reproductive sexuality = healthy/non-reproductive sexuality = pathological' distinction to the same degree that many of his sexological colleagues did. Freud's original theories have been extended and reworked by a wide range of scholars including the feminist theorist Juliet Mitchell (1974), the **post-structuralist** thinker Jacques Lacan (1968) and, more recently, the queer theorist Judith Butler (1997).

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

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

It has been widely argued that the most significant impact of the work of first-wave sexologists was the popularisation within western culture of the idea that we all possess an innate **sexual orientation** that organises our sexual behaviours. In the words of the French post-structuralist theorist Michel Foucault (1978: 43): 'Homosexuality appeared as one of the forms of sexuality when it was transposed from the practice of **sodomy** onto a kind of interior **androgyny**, a hermaphroditism of the soul. The sodomite had been a temporary aberration; the homosexual was now a species.' In other words, early sexologists were influential in the development of the concept of sexual identities: there was a shift from viewing sexuality in terms of behaviour (practising sodomy or non-reproductive sexual acts) to viewing it as central to our sense of self (being a 'sodomite'). Foucault was also commenting on the popularisation of a gender inversion model of homosexuality alongside the linking of sexuality and identity.

## **Alfred Kinsey and colleagues**

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

Kinsey, a biologist and an expert on the gall wasp, founded the Institute for Research in Sex, Gender and Reproduction at Indiana University in 1947, now

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called the Kinsey Institute for Research in Sex, Gender and Reproduction. Kinsey and his colleagues published two books, *Sexual behavior in the human male* (1948) and *Sexual behavior in the human female* (1953), more widely known as the Kinsey Reports, which detailed the findings of comprehensive sexual histories collected from over 10,000 people. Kinsey's methods and findings have generated a huge amount of controversy (Ericksen and Steffen, 1999). In terms of his contributions to LGBTQ psychology, he challenged the notion that homosexual behaviour was relatively infrequent. Kinsey found that many people have had same-sex sexual experiences and people's sexual preferences could change over the course of their lifetime: 50 per cent of the men and 28 per cent of the women in his studies had had same-sex sexual experiences. Furthermore, 38 per cent of the men and 13 per cent of the women had had orgasms during these experiences.

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

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

## Box 1.2 Highlights: the Kinsey scale

- O Exclusively heterosexual behaviour
- 1 Primarily heterosexual, but incidents of homosexual behaviour
- 2 Primarily heterosexual, but more than incidental homosexual behaviour
- 3 Equal amounts of heterosexual and homosexual behaviour
- 4 Primarily homosexual, but more than incidental heterosexual behaviour
- 5 Primarily homosexual, but incidents of heterosexual behaviour
- 6 Exclusively homosexual behaviour