

Sexual Stigma: Putting Sexual Minority Health Issues in Context

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1. INTRODUCTION

In the United States today, lesbians, gay men, bisexual women, and bisexual men are stigmatized. They are subjected to explicit and subtle discrimination, marginalized or made virtually invisible by many of society's institutions, and often vilified. To understand the health-related experiences and behaviors of sexual minorities, it is necessary to examine this stigma and prejudice, including its sources and dimensions, how it is enacted, and how it is experienced. Such an examination is the goal of the present chapter.

2. DEFINITIONS AND CONCEPTUAL FRAMEWORK

To begin, we propose a conceptual framework for understanding stigma and prejudice directed at sexual minorities. Building on an earlier discussion of these topics (Herek, 2004), this framework integrates the sociological construct of *stigma* with the psychological construct of *prejudice*. Although these terms are often used interchangeably, differentiating them permits a more refined social psychological analysis of hostility toward sexual minorities. Drawing on insights from multiple theoretical perspectives (e.g., Allport, 1954; Goffman, 1963; Scambler and Hopkins, 1986; Meyer, 2003), the proposed framework incorporates institutional and individual levels of analysis and, within the latter, addresses the experiences of members of both the nonstigmatized majority and the stigmatized minority group.

In brief, we conceptualize *sexual stigma* as society's shared belief system through which homosexuality is denigrated, discredited, and constructed as invalid relative to heterosexuality.

Society's institutions incorporate this belief system into an ideology that reinforces stigma and the power differentials associated with it, a phenomenon we label *heterosexism*. Virtually all members of society are aware that gay, lesbian, and bisexual people are stigmatized, regardless of whether they personally endorse society's negative views. This awareness affects social interactions. For heterosexuals, sexual stigma tends to be salient only when sexual orientation becomes personally relevant (e.g., when they knowingly encounter a gay, lesbian, or bisexual person). For sexual minority individuals, by contrast, stigma awareness is chronic. It results in *felt stigma*, which translates into ongoing appraisals of social situations for possible enactments of stigma (e.g., discrimination, mistreatment). As a result of these appraisals, the minority individual may employ proactive or reactive coping strategies, including various stigma management strategies. When gay, lesbian, and bisexual individuals internalize society's negative ideology about sexual minorities, the result is *internalized homophobia*. When heterosexuals internalize it, the result is *sexual prejudice*. In the remainder of this section, we elaborate on this framework and its central components.

Stigma historically has referred to a condition or attribute that discredits the individual who manifests it (e.g., Goffman, 1963; Jones et al. 1984). This discrediting can be specific to a particular social situation or it can endure across social settings. In any social interaction, the roles of the stigmatized and the "normal" (as Goffman [1963] labeled the nonstigmatized) are defined such that the former has a relatively inferior status and, consequently,

generally less power and access to resources than the latter. As the determinant of a social role, stigma has a social reality independent of individual actors. It is a part of culture, a knowledge shared among society's members that is rationalized and justified by society's ideological systems. (We use *ideology* here in its social structural sense, not to describe any particular individual's belief system but, rather, to refer to a set of hierarchical social relations that are both expressed through and perpetuated by various practices.)

Sexual stigma is stigma based on sexual orientation. We define it here as society's negative regard for any nonheterosexual behavior, identity, relationship, or community (Herek, 2004). Like other stigmas, sexual stigma creates social roles and expectations that are widely shared by the members of society. Regardless of their own sexual orientation or personal attitudes, people living in the United States generally know that homosexual acts and desires – as well as people whose personal identities are based on same-sex attractions, behaviors, and relationships, or on membership in the gay community – are widely considered bad, sick, and inferior to heterosexuality. Like other types of stigma, sexual stigma is rationalized and justified by the ideological systems of society, including ideologies of gender, morality, and citizenship that define homosexuality and sexual minorities as deviant, sinful, and outside the law.

Because conceptualizations of human sexuality have changed over time, sexual stigma must be understood in its historical context. Whereas homosexual and heterosexual behaviors are ubiquitous among human societies (e.g., Murray, 2000), the idea that individuals are defined in terms of their sexual attractions and behaviors is of relatively recent origin. Exactly how individuals in other times and cultures subjectively experienced their sexuality and exactly when various constructs related to sexual orientation entered the dominant world view in Western societies are topics of lively debates whose resolution is beyond the scope of the present chapter (for discussions, see, for example, Foucault, 1978; Chauncey, 1982-1983; Trumbach, 1989; Van der Meer, 1997).

Nevertheless, historians now widely agree that modern notions of homosexuality and heterosexuality, and indeed the very concept of sexual orientation, are relatively new and that the latter 19th century witnessed significant changes in how sexuality was understood.

Similarly, whereas homosexual acts have been stigmatized to varying degrees throughout history, the stigma attached to homosexual and bisexual identities is mainly a phenomenon of the 19th and 20th centuries. When discussing sexual stigma, therefore, it is useful to differentiate the stigma attached to homosexual desires and behaviors from that directed at individuals who, as a result of their lesbian, gay, or bisexual identity, are regarded as embodying homosexuality.

Sexual stigma has been an integral part of many of society's institutions, including religion, the law, and medicine. We refer here to institutionalized sexual stigma as heterosexism. Heterosexism comprises the organizing rules whereby the institutions of society make gay and bisexual people invisible in most social situations or, when they become visible, designate them as appropriate targets for hostility, discrimination, and attack (Herek, 2004). Consequently, lesbian, gay, and bisexual people have less access than heterosexuals to the benefits afforded by those institutions. In many cases, they are directly targeted for punishment. Thus, heterosexism perpetuates the power differential at the heart of sexual stigma.

Shifting from a sociological to a psychological frame, we distinguish among individuals' awareness that sexual stigma exists, their perception that they may be the target of enactments of stigma (which, borrowing from Scambler & Hopkins [1986], we refer to as *felt stigma*), and their personal embrace or rejection of it (which we refer to as *internalized stigma*). Heterosexuals and lesbian, gay, and bisexual people alike recognize the existence of sexual stigma to varying degrees. Most sexual minority individuals and many heterosexuals experience felt stigma. However, not everyone considers such stigma legitimate. As discussed below, the proportion of the U.S. population that embraces sexual stigma has declined dramatically in recent decades. We refer to heterosexuals'

internalization of sexual stigma as *sexual prejudice*. Among lesbian, gay, and bisexual people, we refer to it as *internalized homophobia*. In the present chapter, we use these constructs – sexual stigma, heterosexism, stigma awareness, felt stigma, and internalized stigma (both sexual prejudice and internalized homophobia) – to discuss the context in which lesbian, gay, and bisexual people encounter and respond to health concerns and challenges.¹

3. HETEROSEXISM: INSTITUTIONAL ENACTMENT OF SEXUAL STIGMA

Throughout much of the 20th century, sexual stigma kept homosexual and bisexual people largely hidden. Their experiences were negated by society's major institutions and most social interaction proceeded on the premise that all participants were heterosexual. When gay and bisexual people became visible, they usually were condemned, pathologized, ridiculed, or

¹ Contemporary discourse about sexuality often attempts to address lesbian, gay, bisexual, and transgender issues simultaneously. This practice is exemplified by the widespread use of the “LGBT” acronym and its variations. Although we recognize the value of such a combination in cultural and political contexts, we nevertheless believe it warrants critical scrutiny in scientific discourse. Unpacking the LGBT acronym is important both for theoretical and empirical purposes. Combining lesbians and gay men (the “L” and “G”) under a single rubric obscures gender differences in the experiences of homosexual people. Bisexuality (the “B” component) is seriously underconceptualized and understudied. Moreover, collapsing the experiences of bisexual women and men further obscures gender differences. For all the problems associated with the “LGB” combination, at least its components are all part of the broader phenomenon commonly called sexual orientation. By contrast, transgender issues (a wide variety of phenomena collapsed under “T” in the acronym) implicate an analysis based mainly on gender rather than sexuality. Although these two aspects of human experience are closely related, they are conceptually and empirically distinct. We believe that societal and individual reactions to transgender individuals warrant a separate treatment that fully explores the unique theoretical and empirical issues specific to stigma based on gender identity and gender-related behavior. We do not presume to offer such an analysis in the present chapter.

attacked. Thus sexual stigma has functioned both to render sexual minorities invisible and to legitimize their ostracism and abuse.

At the same time, the targets of sexual stigma have repeatedly contested it during the past half century. Resistance to the stigmatized status of homosexuality was nascent at the end of World War II, and burgeoned during the 1970s after the Stonewall riots. Although sexual stigma remains widespread today, it is continually challenged; as explained below, some of its institutional manifestations have largely disappeared. In the discussion that follows, we note how sexual stigma has been successfully challenged as well as the ways in which it remains hegemonic.

In this section, we briefly review the operation of heterosexism through the law, religion, and psychiatry. Each of these institutions has articulated its own rationales for denigrating homosexual behavior and people. Within each of them, sexual minorities and sympathetic heterosexuals have challenged heterosexism with varying success. Our discussion begins with the institution in which such resistance has, to date, had the least impact (religion). We then move to an institution in which it has led to significant changes (law) and conclude with the institution in which heterosexism has been largely negated, so much so that the institution now devotes considerable energy to eradicating the stigma it once promulgated (psychiatry and psychology).

3.1. Heterosexism In Religion

Christianity has always been the dominant religious faith in the United States, and Christian condemnation of homosexual behavior predates the founding of the American colonies. Historically, antipathy toward homosexual acts was part of a broader condemnation of an entire class of behaviors that included nonprocreative sexual conduct (e.g., masturbation, bestiality), sex not sanctioned by marriage (fornication, adultery), and marital sex that focused on sensual gratification (e.g., intercourse in positions other than the man lying on top of the woman). This array of sexual activities was collected under the rubric of “sodomy” around the 11th century. Condemnation of sodomy – including homosexual acts – as “unnatural”

received official expression in the writings of Thomas Aquinas and other theologians (Jordan, 1997). By the latter 12th century, hostility toward “sins against nature” had taken root and eventually spread throughout European religious and secular institutions (Boswell, 1980). Whereas historians disagree about the extent of religious hostility toward homosexual behavior before this time, they generally concur that such moral condemnation subsequently was the rule. Some acts that once were considered sodomy are now widely condoned. Homosexuality, however, remains a focus of intense religious hostility.

Christian teachings distinguish between homosexual acts and individuals with a homosexual orientation. Being homosexual is not, in itself, considered a sin by most religions. Acting on one’s homosexual feelings by having a sexual encounter or relationship with someone of the same sex, however, constitutes a sin. Homosexuals are encouraged to become heterosexual but those who cannot do so are welcomed in the church so long as they remain celibate. However, “practicing” homosexuals – including those who wish to pursue a lifelong monogamous relationship with a same-sex partner – are not officially accepted.

For example, the Roman Catholic church has long maintained that “homosexual acts are intrinsically disordered and can in no case be approved of” while counseling that persons with a homosexual orientation “must certainly be treated with understanding and sustained in the hope of overcoming their personal difficulties and their inability to fit into society” (Congregation for the Doctrine of the Faith, 1975, Section VIII, ¶4). Similarly, although the Presbyterian Church (USA) General Assembly has acknowledged that “The church should be sensitive to the difficulty of rejecting a person’s sexual orientation without rejecting the person” (Presbyterian Church USA, 2001, ¶5), it regards homosexual acts as sinful and has declared that “self-affirming, practicing homosexual persons may not be ordained as ministers of the Word and Sacrament, elders, or deacons” (Presbyterian Church USA, 2001, “The Ordination of Homosexuals” section, ¶4). The United Methodist Church (UMC) asserts that “Homosexual persons no less than heterosexual

persons are individuals of sacred worth” but also that “we do not condone the practice of homosexuality and consider this practice incompatible with Christian teaching” (United Methodist Church, 2004a, ¶5). The UMC Book of Discipline also directs that “[s]ince the practice of homosexuality is incompatible with Christian teaching, self-avowed practicing homosexuals are not to be accepted as candidates, ordained as ministers, or appointed to serve in The United Methodist Church” (United Methodist Church, 2004b, “Regarding the Ministry of the Ordained” section).

This distinction between acts and actors is often expressed by conservative Christians in the maxim, “Love the sinner but hate the sin,” an admonition probably derived from Augustine of Hippo’s *cum dilectione hominum et odio vitiorum*, which is usually translated as “with love of mankind and hatred of sins” (Knowles, 1997, p. 191). Although characterized by its adherents as embodying compassion and tolerance, this philosophy clearly conveys sexual stigma: Unlike heterosexual conduct, homosexual behavior is regarded unequivocally as evil, with the circumstances in which it occurs (e.g., whether it is practiced in the context of a committed, loving relationship) considered irrelevant to its status as a sin. To the extent that being a gay or lesbian person is fundamentally about one’s sexual and romantic relationships, the validity of distinguishing behavior from identity for purposes of stigma is highly questionable. Indeed, the problematic nature of this distinction is readily evident in Christian discourse.

For example, in a 1986 document authored by Cardinal Joseph Ratzinger (now Pope Benedict XVI), the Catholic Church declared that although being homosexual is not itself a sin “it is a more or less strong tendency ordered toward an intrinsic moral evil; and thus the inclination itself must be seen as an objective disorder” (Congregation for the Doctrine of the Faith, 1986, Point 3, ¶2). Similarly, whereas the Evangelical Lutheran Church, the Presbyterian Church, and other Protestant denominations admit gay men and lesbians as congregants and permit the ordination of gay and lesbian clergy, most require those individuals to abstain from

homosexual acts. Thus, religious condemnation of homosexual behavior inevitably stigmatizes people who are homosexual.

Some denominations have made this equation explicit by translating their doctrinal condemnation of homosexual behavior into active political opposition to gay rights. In 1992, for example, the Catholic Church explained its opposition to laws prohibiting discrimination based on sexual orientation, stating that “such initiatives, even where they seem more directed toward support of basic civil rights than condonement of homosexual activity or a homosexual lifestyle, may in fact have a negative impact on the family and society” (Congregation for the Doctrine of the Faith, 1992, ¶1) and declaring that “there are areas in which it is not unjust discrimination to take sexual orientation into account, for example, in the placement of children for adoption or foster care, in employment of teachers or athletic coaches, and in military recruitment” (¶11).

White evangelical Protestantism has been the major source of antigay activism in the United States since the advent of the modern gay movement after the 1969 Stonewall riots. Prior to that time, evangelical discourse urged Christians to reduce their vilification of homosexuality and to try instead to win homosexuals over through love and compassion (Herman, 1997). By the late 1960s and early 1970s, however, evangelical publications such as *Christianity Today* evidenced a growing concern with “gay militancy” and increasingly linked homosexuality with sexual crime. The image of homosexuals shifted from one of wayward individuals to be pitied and saved to gay men and lesbians as “an anti-Christian force, promoting a heresy increasingly sanctioned by the state in the form of decriminalization and the extension of civil rights” (Herman, 1997, p. 50).

By the late 1970s, when Anita Bryant launched her crusade to repeal a Dade County (FL) antidiscrimination ordinance, lesbians and gay men were increasingly demonized by politically active religious conservatives, who subsequently came to be known as the Religious Right or the Christian Right.² By the early

1990s, this animosity, coupled with the Christian Right’s increasing political strength, led to attempts in several states to pass antigay laws through voter initiatives. The rallying cry of these initiatives was “no special rights” for homosexuals, a framing strategy that proved to be more effective with secular voters than the morality-based arguments that worked well within the ranks of Christian conservatives (Herman, 1997).

Historically, Black evangelical Protestants have followed a different path from their White counterparts. Like other Christian denominations, Black churches have condemned homosexuality and marginalized their gay and lesbian members, often forcing them to remain invisible although their sexual orientation was an open secret within their congregations (Fullilove and Fullilove, 1999). Although condemning homosexuality at least as much as Whites, however, Black Americans have been more supportive of civil liberties for gay people and more strongly opposed to antigay discrimination (Lewis, 2003). Since the 1990s, the overwhelmingly White Christian Right has attempted to recruit Black Evangelicals with only limited success (Herman, 1997). The national debate about marriage rights for same-sex couples has provided another opportunity in this regard, and some Black clergy publicly supported George Bush in the 2004 election, applauding his support for a Constitutional amendment to block marriage rights for gay couples (Kirkpatrick, 2004).

Some religious denominations have welcomed lesbian and gay members, and some of the most liberal – Unitarians, the United Church of Christ, and Reform Judaism, for example – have accepted gay people into their ministry and blessed same-sex marriages or

attempts to mobilize evangelical Protestants and other orthodox Christians into political action with the goal of embodying conservative values in public policy (Wilcox, 1996; Green, 2000). It is important to note that the political movement known as the Christian Right does not include all White Evangelicals and Fundamentalists. Evangelicals comprise a diverse group; although most generally agree that homosexual behavior is a sin, they do not all endorse the antigay agenda of the Christian Right.

² The Christian Right is a social movement that

same-sex “holy unions” (e.g., Dewan, 2005). In several Protestant denominations, specific congregations have declared themselves to be “welcoming” or “affirming” of gay men and lesbians (Sanders, 2001; Trevison, 2005). In other denominations, resistance to established teachings about homosexuality was evidenced by the formation during the late 20th century of groups whose central purpose was to promote a positive theological stance toward homosexuality. In 1969, for example, gay Catholics formed Dignity, an organization whose goals are to provide a gay- and lesbian-affirmative Catholic ministry (Dignity USA, 2005). Other groups include Integrity (in the Episcopal Church), Affirmation (Methodist and Mormon Churches), Lutherans Concerned, and More Light Presbyterians.

In summary, although it is contested in individual congregations, heterosexism currently pervades organized religion. Most denominations define romantic love, committed relationships, and families solely in heterosexual terms and condemn homosexuality as sinful. Through these doctrines, religion simultaneously negates homosexuality in the realms of relationships and families while providing a rationale for marginalizing and attacking people who are gay, lesbian, or bisexual.

3.2. Heterosexism in the Law

Historically, the U.S. legal system built upon religious heterosexism by defining homosexuality mainly in terms of criminality, omitting consideration of same-sex relationships from family law and policy, and condoning or encouraging discrimination against sexual minorities. Legal prohibitions that codify stigma have taken at least three forms: (1) laws that prohibit or restrict private sexual *acts* between consenting adults, (2) laws that specifically deny basic civil liberties to gay and lesbian *individuals*, and (3) laws that reinforce the *power differential* at the heart of stigma.

Continuing the religious traditions, laws criminalized sodomy in France and Spain during the early 13th century; in Italian cities such as Florence, Siena, and Venice during the 14th century; in the Holy Roman Empire and England during the 16th century; and in Prussia and

Denmark during the 17th century (Fone, 2000). Approximately 350 men were prosecuted for sodomy in The Netherlands between 1730 and 1732, following the discovery of “a nationwide network of sodomites, including men from all social strata” (Van der Meer, 1993, p. 141). At least 75 of those men were executed. By the late 18th century, women also were prosecuted solely because they had sex with other women (Van der Meer, 1993).

Many of the American colonies enacted stiff criminal penalties for sodomy (which the statutes often described only in Latin or with oblique phrases such as “the unmentionable vice” or “wickedness not to be named”), and the purview of these laws included homosexual conduct. Men were executed for sodomy in colonial Virginia in 1624 and in New Haven and New Netherland in 1646 (Katz, 1976). Except for a brief period when the New Haven colony penalized “women lying with women,” sodomy laws in the American colonies applied exclusively to acts initiated by men – whether with another man, a woman, a girl, a boy, or an animal (Chauncey, 2004). The colonial laws gave rise to state sodomy statutes during the 1700s and 1800s, some of which survived until the U.S. Supreme Court ruled them unconstitutional in 2003 (*Lawrence et al. v. Texas, 2003*).

During the early 20th century, legal persecution began to extend beyond sexual behaviors to encompass gay and lesbian individuals and their communities. Solidification of the modern categories of homosexuality and heterosexuality, and the stigma attached to the former, were accelerated by events surrounding World War II. Prior to the declaration of war, civilian and military courts classified homosexual behavior as a criminal offense and subjected it to sanction but homosexual individuals were not officially barred from military service (Haggerty, 2003). As the country mobilized and psychiatric screening became part of the induction process, however, psychiatry’s then-dominant view of homosexuality as a psychopathology was introduced into the military. For the first time, the military sought to exclude homosexual persons from its ranks, based on a medical

rationale (Bérubé, 1990). During the War's early years, when the armed services' need for personnel was great, many homosexual individuals were inducted, allowed to enlist, or retained in the service, even after their sexual orientation became known to peers and superior officers. As personnel needs declined during the War's waning years, however, antihomosexual policies were enforced with increasing vigilance and many gay and lesbian service members were involuntarily discharged as sexual psychopaths (Bérubé, 1990).

Around this time, stigma directed at people who assumed a homosexual identity intensified dramatically in civilian society, fueled by a series of sex crime panics and, in the post-war years, the McCarthy witch hunts (Johnson, 2004). Although law enforcement records do not indicate a rise in the number of sexual crimes during this era, the news media gave sensationalized coverage to several brutal sexual murders of children before and after the War. In response, the public called for government action against sexual deviants in what historians now refer to as sex crime panics (Freedman, 1989; Chauncey, 1993). In the public mind and in criminal statutes, homosexuals often were not differentiated from child molesters, rapists, and sexual murderers. All were officially labeled "sexual psychopaths." In the rising hysteria about sex crimes, gay people – whose fledgling urban communities made them visible to police and the public – were often targets of civic morality campaigns. Once arrested, they were subjected to the sexual psychopath statutes, which allowed indeterminate imprisonment until the individual was judged to be "cured" of her or his sexual deviance. Even those who escaped arrest often had their homosexuality publicly revealed, which could mean loss of employment, ostracism by friends and family, and public shame. Some committed suicide in response to (or in fear of) such stigma (Freedman, 1989; Chauncey, 1993).

The postwar sex crime panics had lasting effects on society. Most U.S. laws that specifically denied basic civil liberties to gay and lesbian individuals were passed during this period. They included laws denying licenses to "sexual deviates" in a variety of professions,

ranging from cosmetology to law, as well as laws that forbade the sale of liquor to homosexuals and prohibited people from dancing in public with someone of the same sex; they even barred commercial establishments from creating settings in which homosexuals could congregate (D'Emilio, 1983). It was also during this era that gay men came to be widely regarded as child molesters, a stereotype that antigay activists continue to promote (e.g., Cameron, 1994).

Sodomy laws had important effects that extended well beyond criminalizing specific sexual acts. They were used to justify discrimination against gay men and lesbians in employment, housing, services, and child custody. The threat of a felony conviction made many gay men and lesbians reluctant to act on their same-sex desires or acknowledge their identity. Thus, sodomy laws played an important role in keeping gay men and lesbians invisible (Leslie, 2000).

Today the U.S. legal system continues to reinforce the power differential at the heart of stigma through discriminatory statutes and the absence of laws protecting sexual minorities from discrimination in employment, housing, and services. Federal law does not prohibit antigay discrimination, but it expressly prohibits military personnel from engaging in sex with another person of the same sex, being involved in a homosexual relationship, or seeking to be married to a person of the same sex (U.S. Code 654, 1993). As of July, 2006, a total of 17 states had enacted antidiscrimination laws, most of which cover employment but not housing or services. Approximately 285 municipalities had passed local ordinances. Consequently, about half of the U.S. population was protected by some form of antidiscrimination law (National Gay and Lesbian Task Force, 2005c, 2005d).

As of July, 2006, two adults of the same sex were allowed to marry only in Massachusetts. At the federal level, the 1996 Defense of Marriage Act expressly defines marriage to exclude same-sex couples from federal benefits and stipulates that the states are not obligated to recognize same-sex marriages performed in other states. Most states have passed their own statutes banning marriage for same-sex couples or have

amended their constitutions to define marriage as a heterosexual union. Several of these statutes and amendments prohibit domestic partnerships and civil unions as well. The U.S. Congress considered such an amendment in 2004 and 2006, strongly supported by President Bush, but failed to pass it (Hulse, 2004; National Gay and Lesbian Task Force, 2005a; Peterson, 2004).

In the realm of parenting, same-sex couples are prohibited from adopting children in Utah and Mississippi, and gay and lesbian individuals are expressly forbidden by statute from any form of adoption in Florida. In roughly half of the states, a member of a same-sex couple can establish a parental relationship to a partner's biological or adoptive child through a procedure called second-parent adoption. However, courts in several states (including Nebraska, Colorado, Ohio, and Wisconsin) have ruled that second-parent adoption is not permissible under current statute, and adoption law in most other states is unclear about the permissibility of second-parent adoption (Patterson et al., 2002; National Gay and Lesbian Task Force, 2005e).

To the extent that the law creates barriers to same-sex couples creating a life together, grants fewer rights and privileges to same-sex couples than to their heterosexual counterparts, and discriminates against families headed by same-sex couples, it stigmatizes individuals in committed same-sex relationships. Legal prohibitions against marriage by same-sex couples effectively declare that homosexual relationships are considered inferior to heterosexual relationships and that individuals in same-sex relationships are inherently less deserving of society's recognition than heterosexual couples. They single out gay people for special ostracism, marginalizing their relationships and providing a justification for the overall stigma that society directs against them. Thus, the legal system is an important institution through which stigma is expressed and reinforced. Laws are enacted and enforced to systematically deny stigmatized outgroups access to resources and benefits that the ingroup enjoys. In addition to controlling access to valuable resources, laws that advantage one group over another also send a message to society about the relative status of the ingroup

and outgroup. Moreover, they provide a justification for the unequal status of the outgroup.

3.3. Heterosexism in Psychiatry and Psychology

During the 19th century, medicine and psychiatry began to compete successfully with religion and the law for jurisdiction over sexuality. As a consequence, discourse about homosexuality expanded beyond the realms of sin and crime to include pathology. The expansion of discourse about homosexuality from the realms of sin and crime to that of pathology was generally considered progressive at the time because a sick person was less blameful than a sinner or criminal (e.g., Chauncey, 1982-1983; D'Emilio and Freedman, 1988; Duberman et al., 1989). It was also around this time that the idea that individuals could be defined in terms of their sexual attractions and behaviors, that is, the modern notions of "the homosexual" and "the heterosexual," began to emerge in medical discourse.

From the outset, homosexuality was defined in opposition to normalcy. Karl Maria Benkert, the Hungarian writer widely credited with coining the term *homosexual* in 1869, originally contrasted it to *normalsexual*. *Heterosexual* did not emerge until later as the preferred term for describing sexual attraction to and behavior with the other sex (Dynes, 1985). Even within medicine and psychiatry, however, homosexuality was not universally viewed as pathology during the early 20th century. Richard von Krafft-Ebing described it as a degenerative sickness in his *Psychopathia Sexualis*, but Havelock Ellis urged that homosexuality be considered a normal variant of human behavior, like left-handedness (Krafft-Ebing, 1900; Ellis, 1901). Sigmund Freud (1953) believed that homosexuality represented a less than optimal outcome for psychosexual development but nevertheless asserted in a now famous 1935 letter that "it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness" (Freud, 1951, p. 786).

"Sexual inversion" preceded "homosexuality" as a topic of medical and scientific scrutiny. During the 1860s, Karl

Ulrichs, a German activist and himself a homosexual, was the first writer to discuss inversion in a public forum outside the medical profession. He proposed that male inverts, or “Urnings,” should be understood as “individuals who are born with the sexual drive of women and who have male bodies” (Ulrichs, 1994, vol. 1, p. 35). Ulrichs’ theory was adopted by the next generation of “homosexual” activists, including his countryman Magnus Hirschfeld. The latter argued that inverts represented an intermediate sex, combining the psychic qualities of both male and female (Hirschfeld, 2000).

As Chauncey (1982-1983) explained, sexual inversion originally described the totality of the individual, including but not limited to her or his sexual conduct. Male inverts were believed to be passive, effeminate, and weak. Their sexual attraction to “masculine” males followed naturally from these characteristics, but they were also assumed to be attracted in many cases to dominant (“masculine”) females. Female inverts were believed to be active, in contrast to what was considered normal feminine passivity. Because women were regarded as lacking sexual passion, female inverts were considered abnormal simply because they manifested any sexual attractions. Whether these attractions were to men or to women was less important than the fact that they displayed an active sexuality (Chauncey, 1982-1983).

Freud’s (1953) conceptualization of homosexuality, articulated in 1905 in the first of his *Three Essays on the Theory of Sexuality*, dramatically changed thinking about inversion and sexual orientation. Freud introduced a distinction between preferences for particular types of sexual activity (sexual aim) and the kind of person or thing toward whom (or which) the sexual aim was directed (sexual object). Whereas the notion of the sexual invert focused on the individual’s sexual aim (passive sexuality among male inverts, active sexuality among females), Freud’s focus on the sexual object eventually prevailed. “Homosexuals” came to be understood entirely in terms of their sexual object choice (i.e., a person of the same sex), and the construct of the invert fell into disuse (Freud, 1953; Chauncey, 1982-1983).

The view of homosexuality as pathology became entrenched in the period between World Wars I and II. It was around this time that many American psychoanalysts began to reject Freud’s beliefs about the inherent bisexuality of humans. They argued instead that homosexuality is a pathological departure from the natural state of heterosexuality that resulted from pathological family relationships, and that it represents a phobic response to members of the other sex. This position soon became dominant in American psychoanalysis (Bayer, 1987; Silverstein, 1991). As noted above, it also became part of official U.S. military policies concerning homosexuality. By 1942, revised Army mobilization regulations included a paragraph defining both the homosexual and the “normal” person and clarifying procedures for rejecting gay draftees (Bérubé, 1990). In 1952, the first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) presented a systematic approach to psychiatric diagnosis. Reflecting then prevalent assumptions, homosexuality was included under the category of sociopathic personality disturbances (American Psychiatric Association, 1952).

If homosexuality was a pathology, the logical response was to cure or prevent it. Large numbers of homosexual men and women spent countless hours in psychotherapy in what proved to be, for most, a vain attempt to change their sexual orientation (Haldeman, 1991). When psychotherapy did not work, many tried more drastic methods, including hypnosis, administration of hormones, aversive conditioning with electric shock or nausea-inducing drugs, lobotomy, electroshock, and castration (Katz, 1976).

Just as the sodomy laws had widespread effects that did not depend on their actual enforcement, the classification of homosexuality as a mental illness played an important role in rationalizing sexual stigma and creating specific ways in which it could be enacted. The pathologization of homosexuality provided an important justification for barring homosexual individuals from many occupations, denying them child custody, and generally treating them as inferior to heterosexuals. Individual homosexuals who did not seek cure or who

refused to conceal their sexuality were seen as deserving little sympathy.

Although the assumption that homosexuality was a sickness enjoyed widespread acceptance during the 1950s, challenges to the psychiatric orthodoxy soon emerged. One of the first and most famous of these came in the empirical research of psychologist Evelyn Hooker. Her landmark study (Hooker, 1957) was innovative in several important respects. First, rather than simply accepting the predominant view of homosexuality as pathology, she posed the question of whether homosexuals and heterosexuals actually differed in their psychological adjustment. Second, rather than studying psychiatric patients, she recruited a sample of homosexual men who were functioning normally in society. Third, she employed a procedure whereby disinterested experts rated the adjustment of her research participants without prior knowledge of their sexual orientation. This method addressed an important source of bias that was common in previous studies of homosexuality.

Hooker administered three projective tests — the Rorschach, Thematic Apperception Test (TAT), and Make-A-Picture-Story (MAPS) Test — to 30 homosexual males and 30 heterosexual males recruited through community organizations and matched for age, intelligence quotient (IQ), and education. None of the men was in therapy at the time of the study. Unaware of each subject's sexual orientation, two independent Rorschach experts evaluated the men's overall adjustment using a 5-point scale and ultimately classified two-thirds of the heterosexuals and two-thirds of the homosexuals in the three highest categories of adjustment. When asked to identify which Rorschach protocols were obtained from homosexuals, the experts could not distinguish respondents' sexual orientation at a level better than chance. A third expert used the TAT and MAPS protocols to evaluate the men's psychological adjustment. As with the Rorschach responses, the adjustment ratings of the homosexuals and heterosexuals did not differ significantly. Hooker concluded from her data that homosexuality as a clinical entity does not exist

and that it is not inherently associated with psychopathology.

Hooker's basic findings were subsequently replicated by other investigators using a variety of research methods. Freedman (1971), for example, adapted Hooker's design to study lesbian and heterosexual women. Instead of projective tests, he administered objectively scored personality tests to the women. His conclusions were similar to those of Hooker (Freedman, 1971). Today, a large body of published empirical research clearly refutes the notion that homosexuality per se is indicative of psychopathology (Hart et al., 1978; Riess, 1980; Gonsiorek, 1991).

Confronted with the overwhelming empirical evidence and changing cultural views of homosexuality, psychiatrists and psychologists radically altered their stance during the latter decades of the 20th century. In 1973, the Board of Directors of the American Psychiatric Association voted to remove homosexuality from the DSM. In response to this action, a faction of psychiatrists who opposed the change instigated a vote of the Association's entire membership in 1974. That vote, however, supported the Board's decision.

Subsequently, a new diagnosis, ego-dystonic homosexuality, was created for the DSM's third edition in 1980. Ego dystonic homosexuality was said to be indicated by: (1) persistent lack of heterosexual arousal, which the patient experienced as interfering with initiation or maintenance of wanted heterosexual relationships, and (2) persistent distress from a sustained pattern of unwanted homosexual arousal. The new diagnostic category, however, was criticized professionally on numerous grounds. It was viewed by many as a political compromise to appease the psychiatrists — mainly psychoanalysts — who still considered homosexuality a pathology. Others questioned the appropriateness of having a separate diagnosis that described the content of an individual's dysphoria. They argued that the psychological problems related to ego-dystonic homosexuality could be addressed just as well by other general diagnostic categories, and that the existence of the diagnosis perpetuated sexual stigma. Moreover, widespread prejudice against

homosexuality in the United States meant that “almost all people who are homosexual first go through a phase in which their homosexuality is ego dystonic,” according to the American Psychiatric Association (1987, p. 426). In 1986, the diagnosis was removed entirely from the DSM. The only vestige of ego dystonic homosexuality in the revised DSM-III occurred under Sexual Disorders Not Otherwise Specified, which included persistent and marked distress about one’s sexual orientation (American Psychiatric Association, 1987; see Bayer, 1987, for an account of the events leading up to the 1973 and 1986 decisions). The American Psychological Association (APA) promptly endorsed the psychiatrists’ actions and has since worked intensively to eradicate the stigma historically associated with a homosexual orientation (Conger, 1975; Morin and Rothblum, 1991).

Thus, the medical and scientific institutions that provided much of the ideological rationale for stigmatizing homosexuality during the first half of the 20th century displayed a remarkable reversal in the latter third of the century. Although some religiously oriented therapists still dissent, the dominant position among contemporary clinicians and researchers is that homosexuality is a normal variant of human sexual expression that is no more inherently associated with psychopathology than is heterosexuality. This shift has played an important role in influencing societal attitudes and in providing a basis for reversing many of the antigay policies and laws that were enacted earlier in the 20th century (e.g., Zaller, 1992).

4. THE EXPERIENCE OF SEXUAL STIGMA AMONG SEXUAL MINORITY INDIVIDUALS

Recognition that sexual stigma impinges on the lives of sexual minority individuals has led to the development of theoretical models for understanding minority stress, that is, the stress uniquely experienced by minority group members as a result of their stigmatized status (Brooks, 1981; Meyer, 1995, 2003; DiPlacido, 1998). Meyer (1995) proposed three key minority stressors for gay, lesbian, and bisexual people: (1) external, objective stressful events and conditions, (2) the minority individual’s

expectations of such events and the vigilance this expectation requires, and (3) the minority individual’s internalization of negative societal attitudes. These sources of stress correspond to the present chapter’s constructs of (1) sexual stigma, (2) stigma awareness and felt stigma, and (3) internalized homophobia. With the previous section’s discussion of sexual stigma as a backdrop, we address the latter two processes of minority stress in the present section.

4.1. Stigma Awareness and Felt Stigma

Felt stigma refers to an individual’s subjective experience of stigma, including her or his awareness of its prevalence and manifestations (Scambler and Hopkins, 1986; Scambler, 1989). Scambler (1989) offered the insight that for some members of stigmatized groups the consequences of felt stigma can be even more profound than those of enacted stigma (e.g., employment discrimination, physical attack). This is because felt stigma often motivates individuals with a stigmatized condition to engage in preemptive, protective behaviors to avoid enactments of stigma. For example, they may avoid contact with the nonstigmatized majority or may attempt to pass as members of that majority. Such strategies can reduce the likelihood of experiencing overt enactments of stigma but can also significantly disrupt the lives of the stigmatized, narrow their options, and increase their psychological distress.

Writing about epilepsy, Scambler and Hopkins (1986) proposed that “felt stigma refers principally to the fear of enacted stigma, but also encompasses a feeling of shame associated with being epileptic.” This conceptualization implies three components for felt stigma, which have counterparts in the psychological literature.

First, the underlying basis of felt stigma is knowledge about a stigma’s existence and the forms in which it is enacted as well as the beliefs and expectancies about the likelihood of stigma enactments in various circumstances. Those expectancies, as Scambler explained, can be more or less accurate among both the stigmatized and the nonstigmatized. We have referred to this knowledge in the present chapter as stigma awareness.

Second, felt stigma involves stigmatized individuals' desire to avoid enactments of stigma, which is the motivational basis for modifying their behavior. Scambler and Hopkins (1986) characterized this desire in terms of fear. Whereas the emotion of fear may indeed be a response to the anticipation of enacted stigma, this need not always be so. Instead of fear, we propose that the expectation of an enactment of stigma can better be considered a potential stressor that can elicit different emotional responses in different individuals.

Conceptualized as a potential stressor, felt stigma can be considered in terms of psychological theories of stress and coping (Lazarus and Folkman, 1984; Miller and Major, 2000; Meyer, 2003). Within this framework, stigma can be seen as leading an individual to appraise both the threat posed by a social situation and her or his options and resources for avoiding harm. If a situation is evaluated as stressful — that is, if the threat exceeds the individual's available resources for responding to it — the individual engages in some form of coping behavior. Coping can be problem-focused or emotion-focused, and it can be prospective or reactive.

Scambler's model posits that felt stigma motivates an individual to avoid situations in which enactments of stigma are possible, that is, to employ a strategy of proactive coping (Aspinwall and Taylor, 1997). These self-protective behaviors are often in tune with social realities. To the extent that the individual accurately assesses the risks for enactments of stigma in her or his social environment, this appraisal process can minimize her or his risks for discrimination and attack and thus can be highly adaptive.

In the most influential theoretical account of stigma, Goffman (1963) discussed a variety of stigma management strategies. He observed that the primary challenge in social interactions faced by persons with a concealable stigma is to control who knows about their stigmatized status. He referred to persons with a concealable stigma as the *discreditable* to highlight the importance of such information management. As the term *discreditable* suggests, having one's stigma revealed to others often carries negative

consequences, ranging from having social stereotypes inaccurately applied to oneself, to social ostracism and discrimination, to outright physical attack. Once an individual's stigma is revealed, according to Goffman (1963), he or she becomes one of the *discredited*, and her or his primary task in social interaction shifts from managing personal information to attempting to influence how others use that information in forming impressions about her or him.

Gay men and lesbians frequently find this task complicated by the widespread perception that acknowledging one's homosexual orientation to others is a highly intimate disclosure, unlike routine acknowledgments of heterosexuality (e.g., mentioning or introducing one's spouse to others). When they self-disclose, gay people are likely to be regarded as inappropriately flaunting their sexuality. By contrast, heterosexuals' self-disclosures about their sexual orientation occur routinely, even during casual interactions with strangers; and they are usually not considered noteworthy because everyone is presumed to be heterosexual. This asymmetry creates difficulties in maintaining reciprocal levels of self-disclosure in social interactions between heterosexuals and homosexuals (Herek, 1996).

Moreover, once a person is known to be homosexual, that fact is regarded by others as the most (or one of the most) important pieces of information they possess about her or him. It establishes this individual as a member of the outgroup, relative to heterosexuals, and colors all other information about her or him, even information totally unrelated to sexual orientation. The individual's uniqueness is likely to be ignored or minimized, and she or he is likely to be perceived as highly similar to all other gay, lesbian, or bisexual people.

Consequently, stereotypes about homosexuals are likely to be applied to the individual. A *stereotype* is a fixed belief that all or most members of a particular group share a characteristic that is unrelated to their group membership (e.g., that Blacks are lazy or Jews are greedy). Some stereotypes of gay men and lesbians also are commonly applied to other disliked minority groups in this and other cultures. They include the stereotypes that

members of the minority are hypersexual; a threat to society's most vulnerable members (e.g., children); secretive, clannish, and untrustworthy; and physically or mentally sick (Adam, 1978; Gilman, 1985; Herek, 2002a). Other stereotypes are more specific to homosexuality, such as the beliefs that gay men are effeminate, and lesbians are masculine (e.g., Kite and Deaux, 1987; Herek, 2002a).

Stereotypes foster distortions in how majority group members process information about minority individuals. Heterosexuals who hold stereotypes about sexual minorities tend to perceive and remember information about gay, lesbian, and bisexual individuals that is consistent with their stereotypes. They tend to selectively notice behaviors and characteristics that fit with their preconceived beliefs about gay men or lesbians while failing to notice behaviors and characteristics that are inconsistent with those beliefs (a phenomenon labeled *selective perception*). When they are trying to remember information about a gay person, their recollections and guesses about that individual tend to fit with their preconceived beliefs (*selective recall*). (See, for example, Gross et al., 1980; Snyder and Uranowitz, 1978; and Herek, 1991.)

The foregoing discussion might be read as suggesting that hiding their stigmatized status is the safest strategy for gay men and lesbians. Passing as a nonstigmatized person, however, requires considerable effort, constant vigilance, and effective deployment of a variety of strategies. These strategies can include *discretion* (i.e., simply refraining from disclosing personal information to others), *concealment* (actively preventing others from acquiring information about oneself), and *fabrication* (deliberately providing false information about oneself to others) (Zerubavel, 1982). Whichever strategies are used, passing requires the individual to lead a kind of double life (e.g., Ponce, 1976). It interferes with normal social interaction, creates a multitude of practical problems, and requires psychological and physical work.

Moreover, attempts to pass are not always successful. Lesbians and gay men often find that others have acquired information about their

homosexuality through astute observation, from a third party, or simply by guessing (Herek and Capitanio, 1996). Even when they can pass, many gay people find the process personally objectionable. Thus, they reveal their status to others to facilitate honest relationships, to make their lives simpler, to avoid the stress associated with passing, to enhance their own self esteem while overcoming the negative psychological effects of stigmatization, and to change societal attitudes and help others who share their stigma (for further discussion of the reasons for coming out, see Herek, 1996).

4.2. Internalized Stigma and “Internalized Homophobia”

Stigma management strategies can afford protection from enactments of stigma. However, internalizing society's negative attitudes toward sexual minorities, accepting them as deserved, and consequently feeling negative attitudes toward the self (e.g., shame) are likely to be maladaptive. Weinberg (1972), who coined the term homophobia, originally defined it to encompass the self-hatred that homosexuals themselves sometimes manifest, which he labeled “internalized homophobia” (p. 83). According to Weinberg (1972), “the person who from early life has loathed himself for homosexual urges arrives at this attitude by a process exactly like the one occurring in heterosexuals who hold the prejudice against homosexuals” (p. 74). This process, he explained, involves forming impressions about homosexuality in a cultural context that is “almost wholly derogatory” (p. 74). Especially for boys, those impressions become the basis for actions, such as ridiculing suspected homosexuals (Kimmel, 1997).

Using a psychodynamic perspective, Malyon (1981-1982) described the development and operation of internalized homophobia in gay men. According to his analysis, internalized homophobia is based on “the mythology and opprobrium which characterize current social attitudes toward homosexuality” (*exogenous homophobia*) which are internalized by “the incipient homosexual individual” during the course of socialization (Malyon, 1981-1982, p. 60). Malyon argued that internalized

homophobia exists in the form of conscious antigay attitudes, which he believed could be modified fairly easily in the course of psychotherapy, and more pernicious unconscious introjections. The latter give rise to “low self-esteem, lack of psychological congruity and integration, overly embellished and ossified defenses, problems with intimacy, and a particular vulnerability to depression” (Malyon, 1981-1982, p. 65).

The notion that members of a stigmatized group experience psychological difficulties as a consequence of accepting society’s negative evaluation of them is not unique to sexual minorities. Allport (1954) observed that racial, ethnic, and religious minority group members often develop defenses for coping with prejudice, noting that “since no one can be indifferent to the abuse and expectations of others we must anticipate that ego defensiveness will frequently be found among members of groups that are set off for ridicule, disparagement, and discrimination. It could not be otherwise” (Allport, 1954, p. 143). Allport distinguished defenses directed at the source of discrimination (*extropunitive*) from those that are inwardly focused (*intropunitive*). Relevant to internalized homophobia, the latter category includes the defense of identification with the dominant group, leading to self-hate, which can involve “one’s sense of shame for possessing the despised qualities of one’s group” as well as “repugnance for other members of one’s group because they ‘possess’ these qualities” (Allport, 1952, p. 152).

In contrast to the hostility that heterosexuals direct at homosexuals (i.e., exogenous homophobia), internalized homophobia necessarily involves an intrapsychic conflict between what people think they should be (i.e., heterosexual) and how they experience their own sexuality (i.e., as homosexual or bisexual). Weinberg (1972) prescribed multiple strategies for addressing this conflict, all based on a model of acting in accordance with the attitude one wants to adopt toward the self.

Internalized homophobia has also been labeled *internalized heterosexism* (Szymanski and Chung, 2003) or *internalized homonegativity* (Mayfield, 2001; Currie et al.,

2004; Tozer and Hayes, 2004). Whatever it is called, mental health practitioners and researchers generally agree that negative feelings about one’s own homosexual desires lie at the core of this phenomenon (Williamson, 2000) but they vary widely in how they conceptualize and operationalize it (Shidlo, 1994; Herek et al., 1998). Based on Malyon’s (1981-1982) formulation, we might expect the principal manifestations of internalized homophobia to be negative affect directed at the self and a desire to be heterosexual. In practice, however, internalized homophobia has been operationally defined not only as dislike of one’s own homosexual feelings and behaviors but also as hostile and rejecting attitudes toward other gay people, unwillingness to disclose one’s homosexuality to others, perceptions of stigma associated with being homosexual, and acceptance of societal stereotypes about homosexuality (Wolcott et al., 1986; Nicholson and Long, 1990; Lima et al., 1993; Ross and Rosser, 1996; Wagner et al., 1996; Szymanski and Chung, 2001; Currie et al., 2004). Many of these constructs might more appropriately be considered correlates or consequences rather than manifestations of internalized homophobia (Shidlo, 1994). Despite the lack of consensus about the definition, the operationalization, and even the labeling of internalized homophobia, negative attitudes toward oneself that are rooted in sexual stigma are likely to have important consequences for physical and psychological well-being (for reviews, see Williamson, 2000; Meyer, 2003).

5. INTERNALIZATION OF SEXUAL STIGMA AMONG HETEROSEXUALS: SEXUAL PREJUDICE

Sexual prejudice is the internalization of sexual stigma by heterosexuals resulting in hostility and negative attitudes toward sexual minorities (Herek, 2004). Although sexual prejudice remains widespread in the United States, heterosexuals’ attitudes toward lesbians and gay men have become somewhat more accepting in recent years, especially in the realms of civil rights and the right to freedom from employment discrimination. Most adult Americans still regard homosexual behavior as immoral, but the trend appears to be in the

direction of less condemnation. In the next section, we briefly review public opinion data about the nature and prevalence of sexual prejudice.³

5.1. Extent and Manifestations of Sexual Prejudice

5.1.1. Homosexual Behavior

Since the early 1970s, the National Opinion Research Center (NORC) at the University of Chicago has included questions about homosexuality in its General Social Survey (GSS), an ongoing, face-to-face national poll. One item asks whether sexual relations between two adults of the same sex are “always wrong, almost always wrong, wrong only sometimes, or not wrong at all.” Between 1973 and 1993, more than two-thirds of the public considered homosexuality to be “always wrong.” The proportion responding “never” or “only sometimes” wrong ranged around 20%. During the early 1990s, however, a shift occurred in responses to this item. The proportion saying homosexual behavior is “always wrong” began to decline in 1993, dropping to 54% in 1998, and has remained fairly stable since then. Although most still regard homosexual behavior as wrong, the trend clearly has been in the direction of less condemnation.

This question’s phrasing may bias responses because it frames homosexual relations as wrong to at least some extent. Nevertheless, data from other surveys with differently worded items assessing the morality of homosexual behavior have yielded similar findings. In national Gallup polls between 2001 and 2005, for example, 52% to 55% of respondents believed that homosexual behavior is morally wrong, whereas 38% to 44% believed it is not morally wrong (Saad, 2005).

Gallup polls have also assessed opinions about whether homosexuality should be considered an acceptable alternative life style. Responses to this item between 1982 and 1992 indicated a roughly 3:2 ratio of no/yes

responses. By a margin of 17 points (51 – 34%), respondents did not consider homosexuality an acceptable life style in 1982. In 1992, the margin was 19 points (57 – 38%). By May 2003, however, 54% considered homosexuality an acceptable life style compared to 43% who regarded it as unacceptable. Except for a brief fluctuation immediately after the U.S. Supreme Court’s 2003 *Lawrence v. Texas* ruling (when 49% of those surveyed thought that homosexuality was unacceptable compared to 46% who thought it acceptable), this pattern has held. In May 2005, a total of 51% of respondents considered homosexuality an acceptable life style, whereas 45% regarded it unacceptable.

The Gallup poll also has asked whether homosexual relations between consenting adults should or should not be legal. This issue has displayed greater volatility than any of those considered above. In 1977, respondents were evenly split, with 43% favoring legalization and 43% opposing it. By 1982, a plurality favored legalization (45 – 39% opposed). During the mid-1980s, however, the trend sharply reversed, probably due in part to public concerns about the acquired immunodeficiency syndrome (AIDS) epidemic, which in the United States disproportionately affected gay and bisexual men. In 1986, for example, only 32% supported legalizing homosexual relations, whereas 57% opposed it. That was also the year in which the U.S. Supreme Court upheld the right of states to enact sodomy laws (*Bowers v. Hardwick*, 1986). During the 1990s, public opinion about consensual same-sex relations fluctuated, with a plurality of Americans favoring legalization in 1992 (48 – 44%) but a similar plurality opposing it in 1996 (47 – 44%). In 1999, half of the Gallup respondents favored legalization, compared to 43% who opposed it. By 2001, there were 54% who favored legalization, and 42% who opposed it.

At the time of the Supreme Court’s 2003 *Lawrence v. Texas* ruling, 60% favored legalization of same-sex relations compared to 35% who opposed legalization. In the wake of that ruling, however, responses indicated increased opposition to legalizing same-sex relations. Interpreting these data is made more difficult by the fact that the national debate

³ Unless otherwise indicated, public opinion data reported here were obtained from the Public Opinion On-Line database at the Roper Center (<http://roperweb.ropercenter.uconn.edu/>)

about same-sex marriage grew in intensity during this period. Interpretation of terms such as “same-sex relations” and “homosexual relations” may have been influenced by this debate. Some poll respondents may have equated these terms with same-sex relationships rather than private, consensual sexual activity. At the beginning of 2004, the public was closely divided as to whether homosexual relations between consenting adults should or should not be legal. By May of that year, however, legalization was again favored by most (52%), a finding that held in another survey conducted in May 2005.

5.1.2. Sexual Prejudice Targeting Lesbians and Gay Men

The GSS regularly includes three items concerning respondents’ willingness to grant basic free speech rights to “a man who admits that he is a homosexual.” Respondents are asked if they would allow such a man to “make a speech in your community” or “teach in a college or university,” and if they would favor removing “a book he wrote in favor of homosexuality” from the public library. Even in 1973, responses to these items showed fairly strong support for First Amendment rights in connection with homosexuality. That year, 61% would have allowed a homosexual man to speak, 47% would have allowed him to teach in a college, and 54% would have opposed censoring a book that he wrote in favor of homosexuality. By 2002, the proportions endorsing First Amendment rights regarding homosexuality had grown to 84% for speech, 78% for teaching, and 75% against library censorship. The percentage of respondents opposing rights for a male homosexual showed a corresponding decrease.

The Gallup poll also assessed attitudes toward equal employment opportunities. Support for equal rights in job opportunities generally has increased steadily and dramatically: from 56% in 1977 to 87% in 2005. The proportion opposing employment rights was initially in the minority (33% in 1977) and decreased even further over time to 11% in 2005. The public’s support for employment equality has been somewhat less enthusiastic when questions are asked about specific occupations. Nevertheless,

the trend over the past quarter century still has been toward steadily increasing support. One of the most remarkable changes has been in the proportion of Americans who believe homosexuals should be hired as elementary school teachers: It grew from 27% in 1977 to 54% in 2005. This trend has also been documented by the Pew Research Center for the People and the Press. Their national polls show that the proportion of U.S. adults who believe that school boards should be able to fire “teachers who are known homosexuals” dropped from 51% in 1987 to 33% in 2003. The proportion who disagreed rose from 42% to 62% during that period.

In contrast to the public’s generally strong support for employment rights, opposition to marriage equality for same-sex couples has been widespread. Gallup polls conducted between 2000 and 2005 found that between 55% and 68% (median 61%) of respondents believed “marriages between homosexuals” should not be “recognized by the law as valid, with the same rights as traditional marriages,” whereas 28% to 42% (median 34%) believed such marriages should be valid (Saad, 2005). Similarly, a July 2005 poll by the Pew Research Center found that 53% of respondents opposed “allowing gays and lesbians to marry legally” compared to 36% who supported marriage rights (Pew Research Center, 2005). Interestingly, the greatest support for marriage equality (42%) was recorded in a 2004 Gallup survey in which the marriage question was asked after a series of questions on gay rights, suggesting that attitudes toward marriage may be affected by the broader frame in which the issue is considered.

5.2. Correlates of Sexual Prejudice Targeting Gay Men and Lesbians

Empirical research shows that heterosexuals’ attitudes toward gay men and lesbians are consistently correlated with various demographic, psychological, and social variables. In contrast to heterosexuals with favorable attitudes toward gay people, those with negative attitudes are more likely to be men, older, less well educated, and residing in geographic areas where negative attitudes represent the norm (e.g., rural areas or the

midwestern or southern United States). They are more likely to attend religious services frequently, more likely to endorse orthodox religious beliefs such as the literal truth of the Bible, more likely to be Republican than Democrat or Independent, and more likely to describe themselves as politically conservative rather than liberal or moderate. They tend to display higher levels of psychological authoritarianism, are less sexually permissive, and are more supportive of traditional gender roles. They are more likely to believe that a homosexual orientation is freely chosen and less likely to have had close personal friends or family members who are openly lesbian or gay (e.g., Herek, 1984, 1994).

Interpretation of these patterns requires caution because the data are correlational. For example, the belief that homosexuality is freely chosen is consistently associated with higher levels of sexual prejudice. This relationship may mean that believing homosexuality is a choice causes a heterosexual person to hold negative attitudes toward gay men and lesbians, consistent with the tenets of attribution theory (e.g., Weiner, 1995). Alternatively, it may mean that people who hold negative attitudes are more receptive to beliefs that seem to attach blame to gay men and lesbians. Yet a third factor may be involved. In the United States, for example, White heterosexuals who believe that sexual orientation is not a matter of personal choice are substantially more likely than those who believe homosexuality is chosen to have one or more close gay or lesbian friends (Herek and Capitano, 1995). This pattern suggests that the relationship between attributions of choice and attitudes toward gay people may result mainly from a third variable — personal contact with openly gay men and lesbians.

5.3. Sexual Prejudice Targeting Bisexual Men and Women

Sexual prejudice targeting bisexuals overlaps in many ways with antigay prejudice (e.g., Ochs, 1996). Bisexuals have commented that heterosexuals appear to regard them as homosexuals, which suggests that expressions of hostility toward bisexuals are often rooted in antigay attitudes (e.g., Weinberg et al. 1994;

Rust, 2000). It is not surprising, therefore, that the few published studies in this area have found significant correlations between heterosexuals' attitudes toward bisexuals and their attitudes toward lesbians and gay men (Eliason, 1997; Mohr and Rochlen, 1999). Among the possible reasons for this pattern are that many heterosexuals may equate bisexuality with sexual promiscuity or nonmonogamy; bisexual men and women might be regarded as vectors of human immunodeficiency virus (HIV) infection or other sexually transmitted diseases (STDs); and bisexuals might be a source of anxiety or discomfort because they are perceived as challenging the widely accepted heterosexual-homosexual dichotomy of sexuality (Herek, 2002b; for discussion of these and other reasons, see Paul and Nichols, 1988; Ochs and Deihl, 1992; Ochs, 1996; Paul, 1996; Rust, 1996).

In a national telephone survey, Herek (2002b) found that bisexual men and women were rated more negatively than gay men and lesbians (see also Eliason, 1997; Spalding and Peplau, 1997). In the same survey, more negative attitudes toward bisexuals were associated with higher age, less education, lower annual income, residence in the South and rural areas, higher religiosity, political conservatism, traditional values concerning gender and sexual behavior, authoritarianism, and lack of contact with gay men or lesbians. White heterosexual women expressed significantly more favorable attitudes than other women and all men. A gender difference was observed in attitudes toward bisexuals and homosexuals: Heterosexual women rated bisexuals significantly less favorably than they rated homosexuals, regardless of gender, whereas heterosexual men rated sexual minority males less favorably than sexual minority females, regardless of whether the target was bisexual or homosexual.

6. CONSEQUENCES OF SEXUAL STIGMA: TWO EXAMPLES

Sexual stigma — acting through heterosexism at the institutional level and sexual prejudice at the individual level — affects the lives of gay, lesbian, and bisexual people in a variety of ways. We conclude this chapter by

considering two examples of such impact, economic discrimination and antigay violence.

6.1. Economic Discrimination

A stereotype widely disseminated by both the Christian Right and marketing professionals is that gay men and lesbians are more affluent than heterosexuals and have larger disposable incomes that can be spent on luxury consumer goods and services (DeLozier and Rodrigue, 1996; Herman, 1997). This claim has been used, on the one hand, to foster resentment against gay people and buttress the claim that antidiscrimination laws amount to special rights (Herman, 1997) and, on the other hand, to urge corporations to market their products to the gay and lesbian community (Badgett, 1997). To the extent that it is based on empirical evidence, the claim of gay affluence is derived mainly from marketing surveys conducted with convenience samples of gay men and lesbians drawn from magazine subscriber lists, organizational memberships, and similar sources. Such samples are highly problematic because they overrepresent the affluent (Badgett, 1997; Baker, 1997).

Moreover, a variety of factors might affect the earnings of gay men and lesbians. Marital status is reliably associated with income: Married men have higher average incomes than unmarried men and married couples generally have more household income than singles or cohabiting adults (e.g., Loh, 1996; Stack and Eshleman, 1998). Because people of the same sex are barred from marrying in all states except Massachusetts, gay and lesbian couples would not be expected to benefit from this marriage premium. Income also is affected by education, location of residence, and occupation. Compared to heterosexuals, gay men and lesbians might attain a higher level of formal education (e.g., Rothblum and Factor, 2001) and might be more likely to reside in areas where incomes are higher, such as large urban centers (e.g., Laumann et al. 1994). At the same time, they might sacrifice financial rewards for careers in lower-paying occupations where tolerance of sexual minorities is high (Badgett and King, 1997). Finally, because men generally earn more than women, any discussion of the earnings of

sexual minorities must consider the incomes of gay men separately from those of lesbians (for further discussion of these issues, see Klawitter and Flatt, 1998; Badgett, 2001).

Thus, comparing the incomes of lesbians and gay men with their heterosexual counterparts is a complex task, one made even more difficult by the lack of extensive data on respondents' sexual orientation and income from probability samples. To address this problem, economists and demographers have used a variety of available data sets. They include data on sexual behavior from ongoing national surveys with large cumulative samples (mainly the GSS) and U.S. Census data, which included questions about cohabitation with a same-sex partner in 1990 and 2000. Both types of data have limitations. Inferring a person's identity as gay, lesbian, or bisexual from their self-reported sexual behavior inevitably leads to misclassifications (because, for example, some self-identified heterosexuals have engaged in homosexual behavior and some self-identified gay people are celibate). The Census data do not identify gay, lesbian, and bisexual people not residing with a same-sex partner. Even cohabiting couples are not detected by the Census if one member is not the head of the household. Moreover, both types of sample are affected by underreporting. Given the pervasiveness of sexual stigma, many people who are in a same-sex relationship or who self-identify as gay, lesbian, or bisexual are simply unwilling to disclose their status to researchers. Nevertheless, with appropriate recognition of the data's limitations and controls for other relevant variables, findings from high-quality probability samples can be validly generalized to the population. By contrast, the validity of generalizations from data obtained from convenience samples cannot be known.

Because the patterns of findings differ for men and women, it is appropriate to discuss them separately. The data obtained from probability samples and the Census alike indicate that, contrary to the stereotype, gay men earn disproportionately less than their heterosexual counterparts. In the first study of its kind, Badgett (1995) compared GSS respondents reporting any same-sex sexual activity to

respondents reporting only heterosexual activity. Defining the sexual orientation variable in several ways and controlling for age, education, and other relevant variables, she found that men who reported same-sex behavior earned 11% to 27% less than behaviorally heterosexual men. A follow-up study that added data from the 1992 National Health and Social Life Survey (NHSLs) (Laumann et al. 1994) yielded similar findings (Badgett, 2001). Using GSS data from 1989 to 1996, Blandford (2003) found that gay and bisexual men experienced a 30% to 32% income disadvantage compared to heterosexual men (see also Berg and Lien, 2002; Black et al., 2003).

Using a subset of the 1990 Census data, Allegretto and Arthur (2001) found that gay men earned 14% less than married heterosexual men with comparable levels of education, controlling for age, race, location, and occupation. To assess whether this difference could be explained by marital status, they compared members of male cohabiting couples to unmarried men who were cohabiting with a female partner. They found that men in a same-sex cohabiting relationship earned 2% less. Thus, although the marriage premium substantially contributed to the earnings differential in this sample, it did not explain it entirely (Allegretto and Arthur, 2001; see also Carpenter, 2004). Klawitter and Flatt (1998) replicated these findings.

The findings for lesbians are less clear-cut, but suggest that lesbians' earnings, although considerably lower than those of men, are similar to or greater than those for comparable heterosexual women. Badgett's studies yielded mixed findings, with lesbians appearing to earn less than heterosexual women in one study (Badgett, 1995) and more in the other (Badgett, 2001). Neither difference, however, was statistically significant. In their analysis of Census data, focusing on full-time, year-round workers, Klawitter and Flatt (1998) found that the earnings of women in same-sex couples did not differ significantly from those of married women and unmarried women with a cohabiting male partner (see also Carpenter, 2004). Using GSS data, however, other studies have found that lesbians and bisexual women earn significantly more than comparable heterosexual

women (Berg and Lien, 2002; Black et al., 2003; Blandford, 2003).

Apart from income differentials, other research has documented direct employment discrimination based on sexual orientation, that is, overt and intentional differential treatment of sexual minorities in hiring, promotion, and other aspects of employment (Levine, 1979; Levine and Leonard, 1984; Croteau, 1996; Thompson and Nored, 2002). Adam (1981), for example, found that a law student whose resume included membership in a gay organization was offered fewer interviews for internships than a student with an otherwise identical resumé. In a field experiment, Hebl and her colleagues found that gay-identified job applicants were not treated differently in overt ways but did evoke more negative nonverbal behaviors from job interviewers; these nonverbal biases, in turn, affected how the applicants responded to the interviewer (Hebl et al., 2002).

In addition to direct discrimination, the earnings differential may result from other factors. As noted above, a significant portion of the income gap appears to result from the fact that gay people are not allowed to marry and thus are denied the so-called marriage premium in earnings. In addition, many gay men and lesbians might opt for self-employment or choose occupations in which they expect sexual prejudice to be minimal. The price for a more tolerant workplace may be lower income (Badgett and King, 1997).

Alternatively, lesbian and gay workers who perceive that their workplace is hostile to their sexual orientation (i.e., workers with a high degree of felt stigma) might keep their sexual orientation secret to avoid enactments of stigma. In a questionnaire study with a gay and lesbian community sample, Waldo (1999) found that outness in the workplace was associated with experiences of overt sexual orientation-based harassment or discrimination, which in turn were associated with greater psychological distress and job dissatisfaction (see also Croteau, 1996; Ragins and Cornwell, 2001). Woods and Lucas (1993) described several strategies for avoiding antigay prejudice in the workplace. Some workers "play it straight," making sure that they do not conform to gay stereotypes and even

inventing a heterosexual love life when their coworkers try to set them up with a date. Others dodge the issue by putting on an asexual facade. They become skilled at avoiding conversations and situations in which any discussion of personal life might arise. Still others rigidly segregate their lives so their work life and their life as a gay person do not overlap, sometimes even traveling to other cities to socialize with other gay people where the danger of running into a coworker is minimal (Woods and Lucas, 1993).

These strategies may avoid discrimination, but they also require considerable psychic (and sometimes physical) energy. Moreover, they all involve some degree of dishonesty and secretiveness, which may make it difficult for a worker to develop close ties with coworkers or supervisors through informal interactions, attendance at company parties, and the like. This lack of social integration, in turn, might reduce a worker's chances of receiving promotions and pay raises, an effect that Badgett (2001) termed *indirect discrimination*. Having to conceal one's sexuality in the workplace is also correlated with reduced job satisfaction and performance (Day and Schoenrade, 1997; Griffith and Hebl, 2002)

6.2. Violence Based on Sexual Orientation

Criminal victimization of sexual minorities has a long history. For years, violence was widely considered a normal response to gay people, and the perpetrators of antigay violence were rarely arrested or prosecuted (Herek and Berrill, 1992). During the 1980s, however, the gay community began to challenge this view successfully, arguing that antigay attacks should be considered *hate crimes*. For the present discussion, hate crimes are defined as actions intended to inflict physical injury, emotional suffering, or property damage to a person because of her or his race, sexual orientation, religion, or other comparable group identification (Herek, 1989; Levin and McDevitt, 1993). Because the targets of such acts are selected primarily on the basis of their group membership, hate crimes represent an attack not only upon an individual's physical self or property but also on her or his identity and on the other members of her or his

community. Antigay hate crimes convey a message not only to the victim but also to the entire community. Each such crime is, in effect, both a punishment for stepping outside culturally accepted boundaries and a warning to all gay, lesbian, and bisexual people to remain invisible.

Throughout the 1980s, community antiviolence projects were organized to prevent and respond to antigay hate crimes in cities such as San Francisco and New York (Herek, 1992; Wertheimer, 1992). At the national level, lesbian and gay groups – mainly under the leadership of Kevin Berrill, director of the National Gay and Lesbian Task Force's Violence Project – successfully forged coalitions with law enforcement officials, victim advocacy groups, professional associations, and other minority community groups in a campaign to redefine antigay violence as a significant social and legal problem that warranted a serious response at all levels of society (e.g., Berrill, 1992b; Berrill and Herek, 1992). As a result of this activism, society's policy makers began to redefine antigay violence, recognizing it as a problem requiring their response. Congressional hearings on antigay victimization were first held in 1986 (United States Congress House Committee on the Judiciary, 1987) and eventually led to enactment of the Hate Crimes Statistics Act (Public Law 101-275, 104 Stat. 140) in 1990. The Act directed the federal government to collect statistics on hate crimes based on race, ethnicity, religion, and sexual orientation. When it was signed by President George H.W. Bush on April 23, 1990, it became the first federal law ever to include recognition of problems experienced by individuals because of their sexual orientation.

Thousands of crimes based on the victim's sexual orientation have been reported to the Federal Bureau of Investigation (FBI) since it began tabulating statistics in 1991. In the first set of statistics compiled under the Act, 4558 hate crimes were tallied in 1991, of which 422 (9%) were related to sexual orientation (Skorneck, 1993). In 2003, the most recent year for which data were available at the time of this writing, 1239 (17%) of the 7489 reported hate crime incidents were based on the victim's sexual

orientation (Federal Bureau of Investigation, 2004). These figures only roughly indicate national trends because reporting hate crimes by law enforcement agencies is voluntary, and the quality of data varies widely from one jurisdiction to another. Some police departments extensively train their personnel to identify and report hate crimes, and some have special staff to deal with crimes that might be bias-motivated. These agencies are in the minority, however, and many (perhaps most) police departments do not devote special resources to hate crimes. In addition, many victims never report their experiences to the police, fearing further harassment or simply believing that the police will never be able to apprehend their assailants (Herek et al., 2002). Consequently, many hate crimes go uncounted.

The official response to antigay crimes lags far behind the response to crimes based on the victim's racial, ethnic, or religious group membership. By the end of 2004, for example, 44 states and the District of Columbia had enacted laws that either monitor crimes motivated by prejudice or enhance the penalties attached to them, but such laws specifically addressed antigay violence in only 30 of those jurisdictions (29 states and the District of Columbia). Fourteen other states had hate crime laws on the books but the laws did not include sexual orientation (National Gay and Lesbian Task Force, 2005b). In several of those states, the exclusion of sexual orientation was not merely an oversight. Their hate crime legislation has been blocked, defeated, or amended to delete sexual orientation because legislators objected to any form of statutory recognition or protection for lesbian and gay male citizens.

Official criminal justice statistics represent only one strategy for tracking the prevalence of antigay hate crimes. Another way to assess the extent of hate crime victimization is through surveys conducted with community samples of lesbians, gay men, and bisexuals. In those surveys, respondents are recruited through various methods and are asked to complete a self-administered questionnaire that includes items about criminal victimization and harassment based on one's sexual orientation. Data from such surveys suggest that a

substantial proportion (perhaps as many as one in five) have experienced some type of criminal victimization because of their sexual orientation since age 16. This includes assaults, rapes, robberies, and acts of vandalism directed at people because they are perceived to be gay, lesbian, or bisexual.

Based on a 1992 comprehensive review of 24 separate questionnaire studies with convenience samples of gay men and lesbians, Berrill reported that a median of 9% of respondents had been assaulted with a weapon because of their sexual orientation; 17% reported simple physical assault; and 19% reported vandalism of property (Berrill, 1992a). In a survey of more than 2200 lesbian, gay, and bisexual residents of the greater Sacramento (CA) area, 19% of lesbians and 28% of gay men had experienced some type of criminal victimization because of their sexual orientation since age 16 (Herek et al., 1999). Among bisexual women and men, the figures were, respectively, 15% and 27%.⁴ Many of those victimizations had occurred in the recent past. Altogether, 13% of the lesbians, 18% of the gay men, 10% of the bisexual women, and 16% of the bisexual men reported criminal victimization because of their sexual orientation during the previous 5 years (Herek et al., 1999). Because none of these surveys utilized probability samples, the percentages cannot be generalized to the entire U.S. gay and lesbian population. Although we do not know exactly how many people have been targeted for criminal victimization because of their presumed sexual orientation (and heterosexuals are sometimes mistaken for homosexuals in antigay attacks), it is clear that an alarming number of attacks based on sexual orientation have occurred in the past and continue to occur today.

In addition to the violence, lesbians and gay men routinely face harassment, threats, intimidation, and hostility because of their sexual orientation. In Berrill's (1992a) review of 24 community studies, a median of 44% of respondents had been threatened with violence because of their sexual orientation; 33% had

⁴ Percentages are based on 2259 responses: 980 from lesbians, 898 from gay men, 190 from bisexual women, and 191 from bisexual men.

been chased or followed; 25% had had objects thrown at them; and 13% had been spat upon. Verbal harassment was an almost universal experience: across studies, a median of 80% of respondents had experienced it. In the Sacramento study, more than half of the respondents (56%) said they had been verbally harassed because of their sexual orientation during the previous year. In that same time period, 19% of the sample had been threatened with violence, 17% had been chased or followed, 12% had an object thrown at them, and 5% had been spat upon because of their sexual orientation (Herek et al., 1999).

Hate crime victimization takes a serious toll. In addition to the physical harm hate crimes inflict on victims, they also appear to create greater psychological trauma than other kinds of violent crime. One study found that gay men and lesbians who had experienced a crime against their person based on their sexual orientation manifested significantly higher levels of depressive symptoms, traumatic stress symptoms, anxiety, and anger compared to lesbians and gay men who had experienced comparable crimes during the same time period that were unrelated to their sexual orientation (Herek et al., 1999). Although difficult to measure empirically, such crimes probably also function as a form of terrorism, creating generalized anxiety among members of sexual minority communities where they occur (e.g., Noelle, 2002)

7. CONCLUSIONS

Homosexuality continues to be stigmatized in the United States. Lesbians, gay men, and bisexual people are confronted with heterosexism in the institutions of society while also encountering sexual prejudice from many heterosexuals. Some of them have internalized societal stigma, which creates an additional threat to their psychological well-being. At the same time, sexual minorities continue to contest stigma, heterosexism, and sexual prejudice. Although efforts to transform society's institutions have achieved mixed success, sexual prejudice has declined significantly during the past three decades. It is against this backdrop that the health-related experiences and behaviors of sexual minority individuals must be

understood.

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