Sexual Orientation and Discrimination

Marcia Quackenbush, MFCC

Sexual minority clients—those who are gay, lesbian, bisexual or transgender—usually come to HIV antibody test sites with a range of personal experiences related to discrimination and homophobia. Heterosexual clients often have strong reactions to what may be perceived as a “gay disease,” particularly if they are uncomfortable with homosexuality. Counselors who understand these issues can establish more effective counseling interventions. This article examines the meaning of homophobia, its relevance to test site issues, and techniques for exploring and addressing personal and work site homophobia.

What Is Homophobia?

“Homophobia” is a term that describes feelings and attitudes of fear or hatred toward gay and lesbian people. These attitudes are often expressed in actions that discriminate against gay and lesbian people.

Homophobic acts, like other forms of discrimination, may be experienced in many different settings, including housing, employment, education, child custody, and legal affairs. In recent years, there has been a disturbing increase in anti-gay violence, including murder. One survey of lesbians and gay men found that nearly all reported having been physically assaulted, threatened, or harassed in anti-gay incidents at some time in their lives, and an increasing number of heterosexuals have been victims of anti-gay violence because they were mistakenly believed to be gay. Anti-gay violence and broad cultural proscriptions against homosexuality combine to make common acts of socializing and sharing with same-sex friends.

There is growing recognition that homophobia hurts all people, not just sexual minorities. The presumption that AIDS is a “gay disease” keeps many heterosexuals from looking at their own risks. Research has shown that health care providers with negative attitudes toward homosexuals are less willing than their more accepting colleagues to offer HIV-related care. Government reluctance to fund gay-explicit educational materials for “moral” reasons has limited important HIV education for everyone. As HIV counselors have seen, these incidents of homophobia have led to increased infection rates among all people.

There are practical reasons for HIV counselors and other test site staff to look carefully at the issue of homophobia and seek to eliminate homophobic practices in their programs. For one, state policy prohibits discrimination based on sexual orientation. Beyond this, if homophobia is not addressed, it may interfere with the primary task to provide HIV-related counseling and with the ability of clients to accept the counseling message. In addition, if clients experience homophobia in either subtle or overt ways, a number of negative consequences may result. Many clients will feel less comfortable at the test site, the reputation of the site will suffer, the care provided by the site will be less adequate.

Signs of Homophobia

Overt homophobic acts and attitudes are easy to identify. These might include denigrating jokes, discourtesy toward clients or colleagues perceived to be sexual minorities, refusal or delay of services, and posting of offensive materials in common areas. In most California test sites, such overt examples of homophobia may not be common, but more subtle types may be. Counselors will need to have a fairly sophisticated understanding of the issue to discern these subtle, but still damaging, forms of homophobia.

Following are overt and subtle examples of test-site homophobia. The counselors in all of these vignettes could be either heterosexual or sexual minority; homophobia is not solely a heterosexual trait.

During a case conference at the end of a counseling shift, two counselors, one of them gay, make jokes about a transsexual client. One says, “If he doesn’t know whether he’s a man or a woman, I don’t know how I’m supposed to know.” They mimic the client, saying with a pronounced lisp, “Is my slip showing?”

This is an example of overt homophobia, and most counselors can easily identify it as such.

A counselor explains that she generally does not talk directly about sexuality with gay clients because “I don’t like talking about what they do;” and “I don’t know what they do.”

The counselor here has allowed her discomfort or lack of knowledge to excuse inadequate counseling.

A counselor acknowledges, “I have a hard time confronting gay or lesbian clients on their sexual orientation.”

This counselor’s use of the term “confront” suggests there is some problem or deficiency that must be addressed. Clients who are “confronted” by this counselor may be angered, embarrassed, or confused by the problem-centered approach.

A counselor tells a colleague, “I like to establish an atmosphere of tolerance and acceptance for sexual minority clients.”

The homophobia here is quite subtle, because it is stated in the context of openness and inclusiveness. It becomes clearer, however, with the understanding that people “tolerate” things they do not really like and “accept” things even though there may be some failing, weakness, or unpleasantness. Rather than expressing tolerance or acceptance, a counselor should strive to create an atmosphere where clients feel comfortable expressing themselves whatever their sexual practices or orientation.

Causes of Homophobia

What makes people homophobic? There is no single cause, but discomfort with differences of any type, such as ethnicity, class, or religious belief, is often learned from family and community. For the person who is homophobic, this discomfort is probably heightened because boundaries between what is considered “mainstream” and “different” are less distinct. For example, a White heterosexual man is unlikely to be mistaken for an African-American man, but if he does not clearly communicate his heterosexuality by actions or statements, he may be thought of as gay.
Certain types of religious or moral teachings may also give rise to homophobic beliefs.

Studies have identified a wide range of traits associated with homophobia, including societal contempt for women, limited tolerance for ambiguity, and insecurity in one’s own sexual and emotional relationships. Common characteristics of homophobic individuals include having limited familiarity with gay men and lesbians; having significant guilt about sexuality; being authoritarian; having friends with anti-homosexual views; and having rigid standards for gender role behavior. Research supports the belief that men are likely to be more homophobic than women and less open to differences generally.2

When clients or colleagues engage in homophobic speech or acts, many HIV counselors understandably feel offended. While it is not necessary to excuse homophobic expressions or acts, it is useful for counselors to understand that deeper issues of insecurity and rigidity are at work in the homophobic individual. With this knowledge, counselors will be able to respond with detachment and objectivity rather than anger or resentment where the situation warrants—in a counseling session, for example.

Educating and Changing Ourselves

Counselors can assess and respond to both internalized homophobia—within oneself—and interpersonal homophobia—between people. Doing this is important for all people, heterosexual and sexual minority alike. When assessing and responding to homophobia, it is important to acknowledge three basic principles: we are all homophobic because we have been raised in a homophobic culture; homophobia is not the fault of one person in particular, but each of us must accept responsibility for it and seek to change it; and we improve ourselves and our communities when we take steps to challenge homophobia in others.1

On an individual level, counselors can engage in a self-assessment, looking for signs of homophobia in their own language, thoughts, and actions. For example, counselors can reflect on statements about or behavior with sexual minority clients. Do these, in subtle or overt ways, reflect discomfort, judgment, or condescension? How would counselors feel if similar statements or actions were made in relation to them?

“Heterosexuality Questionnaires” can illuminate some of these issues, with questions like, “What do you think caused your heterosexuality?” and “When and how did you first decide you were heterosexual?”1 These questions can help people comprehend that sexual orientation is not the result of developmental abnormalities: it simply exists. Such exercises can be useful for sexual minority individuals as well as heterosexuals. A lesbian described her experience with a similar questionnaire by saying, “I saw I had a lot of assumptions about my lesbianism and its cause, ideas I just took for granted without thinking critically about them.”

People unfamiliar with sexual minority cultures can make an effort to educate themselves. For instance, they can attend plays and movies, read novels and periodicals produced by members of those communities, and talk to people of different sexual orientations. They can also take “Unlearning Homophobia” workshops, which are offered in many areas. One workshop leader describes “homework” exercises that can sensitize people to the subtle effects of homophobia in society.1 People who want to understand more of the experience of sexual minorities might try: purchasing an obviously gay, lesbian, bisexual, or transgender periodical or book, and reading it in public; wear pro-gay t-shirts and buttons; holding hands with someone of the same sex; regardless of your sexual orientation, keeping it ‘in the closet’ for one week, without disclosing it to anyone.

People usually make more progress in this kind of work when they share their insights with others or record them in journals. Just thinking about homophobia may not be enough to actually bring about personal change, but talking about concerns with a counselor, supervisor, colleague, or trusted friend can help clarify issues and aid in developing non-homophobic thinking. Many people find it embarrassing to acknowledge their own homophobia. It is important to remember that changing old and deep patterns of thinking and responding is a process that involves time, honesty, and some risk-taking.

Educating and Challenging Others

Leadership and personal integrity are important when addressing any form of social oppression. Often, people are willing to let homophobic, racist or sexist comments pass rather than bringing attention to them, perhaps because it seems easier to avoid conflict. It is important to remember, however, that the conflict is generated by the oppressive act itself, not by the identification of it. Silence suggests collaboration, while speaking up expresses disagreement with homophobic comments or actions. People can speak up when homophobic comments are made and remove offensive materials posted in common areas.

In the HIV antibody test setting, counselors can educate others by sharing insights with colleagues. Do this by exchanging articles, videos, and books of interest and discussing clinical experience. Counselors can raise the issue of homophobia in group discussions, for example, by asking for colleagues’ help in reviewing their own work with sexual minority clients or discussing ways the testing program might have responded more effectively to the needs of a particular client. Counselors can also raise the topic of homophobia with supervisors or managers and ask them to take a clear stand against homophobic workplace policies.

By recognizing, addressing and honestly exploring issues of homophobia, HIV counselors and other test site staff can enhance the integrity and efficacy of their work. In addition, they can bring richness and value to their personal lives, and increase the force of their own impact in the ongoing struggle against HIV.

References

DID YOU KNOW?

You can access a FREE searchable archive of back issues of this publication online! Visit http://www.ucsf-ahp.org/HTML2/archivesearch.html.

You can also receive this and other AHP journals FREE, at the moment of publication, by becoming an e-subscriber. Visit http://ucsf-ahp.org/epubs_registration.php for more information and to register!

ABOUT UCSF AIDS HEALTH PROJECT PUBLICATIONS

The AIDS Health Project produces periodicals and books that blend research and practice to help front-line mental health and health care providers deliver the highest quality HIV-related counseling and mental health care. For more information about this program, visit http://ucsf-ahp.org/HTML2/servicesProviders_publications.html.