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INTRODUCTION

Activism and LGBT Psychology: An Introduction

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This special issue of the *Journal of Gay & Lesbian Psychotherapy* focuses on integrating activism into the mental health fields in Lesbian, Gay, Bisexual and Transgender psychology.¹ The impetus for this issue was inspired by events within the mental health field, including the support for marriage equality by the American Psychological Association (2003) and the American Psychiatric Association (2005), as well as the 2003 death of an early psychologist-activist Martin Rochlin, PhD.

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Rochlin² was an activist, par excellence. A psychotherapist for much of his career, he was fully engaged with the issues of his times. In 1972, he was the first out psychologist in Los Angeles. He was active in the struggle to remove homosexuality from the American Psychiatric Association Diagnostic and Statistical Manual and was an initial organizer of the Association of Gay Psychologists, the first organization for lesbian and gay psychologists. Rochlin was also involved in the creation of Division 44³ of APA and later served in leadership roles. He founded a Gay Studies program at Sacramento State Community College. In other words, Rochlin was the epitome of how a psychologist could advocate for change within the mental health fields themselves for LGBT issues.

Rochlin did not write much, but what he wrote was important: "Sexual orientation of the therapist and therapeutic effectiveness with Gay clients" (1982) is one of the first articles of its time discussing important issues such as homophobia and bias in treatment as well as, the need for identification and role models in gay clients. More important, is his "Heterosexual Questionnaire," which is wonderful tool to debunk stereotypes about same-sex orientation and heterosexist assumptions. His questionnaire is still being disseminated, and is now spread all over the Internet, has been translated into many languages and immediately accessible by simply typing into any search engine.⁴ First circulated in 1972, it predates the removal of homosexuality from the DSM by a year (Bayer, 1981). It exemplifies Rochlin's acute intelligence, as well his ability to use humor and paradox to debunk stereotypes. The questionnaire remains timeless, unfortunately, as the stereotypes of LGBT lives have still not changed.

Thus, this issue is dedicated to Rochlin's memory. We also dedicate it to all the other early activists in LGBT mental health who challenged their respective disciplines of psychology, psychiatry, and social work to rethink the pathologization of homosexuality and to become involved in efforts to change the social conditions that caused and still cause the LGBT community such distress.

The publication of two resolutions supporting same sex marriage by the major mental health organizations in the United States is an example of the new trend within mental health to apply science to social problems and to view mental health issues not as isolated personal phenomena, but as resulting from real-life conditions. This type of activism runs counter to the stereotype of the mental health practitioner, which is of an individual who in devotion to objectivity is removed from the concerns of everyday life. The myth of the objective mental health observe was put forward by Freud (1912) who urged his colleagues "to model themselves during psycho-analytic treatment on the surgeon, who puts aside

all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skillfully as possible" (Freud, 1912). As LGBT mental health professionals know all too well, one did not have to be a psychoanalyst to wrap oneself in the mantle of "scientific objectivity." Early activists like Rochlin understood that the professions of psychiatry and psychology held privileged roles in science and society that allowed them to define what is normal and what is not. This privilege brings with it responsibility to fairness, both within and outside the profession.

The activist perspective has gained greater support as we better understand the relationship between social conditions and mental health. Although psychotherapy is about change, psychotherapy traditionally defined its role as focusing solely on the individual and neglecting the social issues that might either cause or remediate suffering. Recently, the role of discrimination, oppression, and other adverse social conditions has been seen as the root of mental health concerns of minority groups. Ilan Meyer (2003), writing about minority stress and mental health, notes that adversity brought about by prejudice and discrimination causes many of the symptoms that bring individuals into psychotherapy. The LGBT, feminist, and progressive movements have challenged mental health providers and the professions to pay attention to prejudice and its potential impact on treatment.

In offering some activist roles for psychotherapists, this special issue of the *JGLP* builds on diverse perspectives from psychology. It presents community, counseling and clinical perspectives, as well as personal reflections by professional colleagues and critiques of social policy.

This issue begins with Charles Silverstein, PhD's "Wearing Two Hats: The Psychologist as Activist and Therapist." Silverstein, a distinguished member of *JGLP*'s editorial board, is a long-time activist for LGB psychology who has been previously been a subject of a journal profile himself (Sbordone, 2003). Over the course of four decades of practice, Silverstein was involved in many of the political struggles as well as the evolution of gay-affirmative mental health practices. His article, from the vantage point of personal history, gives an intimate history of political and professional change. Silverstein looks back on activism within gay psychology, and lays out future challenges as well.

The next three papers by Judith Glassgold, PsyD, Glenda Russell, PhD and Janis Bohan, PhD, and Rupert Raj, MA, provide views on integrating activism into clinical practice. The first two papers show the influence of alternate paradigms in psychology, liberation psychology and postmodernism and offer theoretical alternatives for clinical practice.

Glassgold's "In dreams begin responsibilities' Psychology, Agency, and Activism" asserts that psychology must abandon the practice of seeing mental health issues as individual problems and more willing to see these issues as the consequences of social injustice. This then leads to theoretical and intervention models that focus on social and political awareness, including psychodynamic models that integrate paradigms from liberation psychology.

Russell and Bohan's "Liberating Psychotherapy: Liberation Psychology and Psychotherapy with LGBT Clients" argues that neither science nor psychotherapy can be separated from values, and they call on the insights of liberation psychology to examine the role of the social and the political in understandings of LGBT experiences. Using the concept of internalized homophobia as an illustrative construct, their paper explores strategies for bringing these understandings to bear in psychotherapy with LGBT people, as well as in interventions that move beyond the therapy hour.

In "Transactivism as Therapy: A Client Self-Empowerment Model Linking Personal and Social Agency," Raj, a trans-identified transactivist and psychotherapist, outlines a number of ways in which an activist-clinician can bring to the therapeutic process an integrated clinical approach that encourage client empowerment and self-definition. Raj presents a case vignette that permits the reader to understand the complexity of psychotherapy with some Trans clients who address multiple oppressions and clinical issues.

The next three papers deal with research, community and policy issues. These papers are from psychologists working in non-clinical settings. "Collaborative Community-Based Research as Activism: Giving Voice and Hope to Lesbian, Gay, and Bisexual Youth" is by Gary Harper, PhD, Omar Bashir Jamil, MA and Bianca D. M. Wilson, PhD who discuss how research can be a form of social activism. They discuss ways in which psychologists, psychiatrists, and other mental health professionals can engage in LGB youth activism through structural-level change efforts, with a specific focus on: (1) raising awareness within the academy about the issues that confront LGB youth and the need for activism, while working to elevate the status of LGB research within these academic institutions; (2) creating safe settings in which LGB youth can be affirmed and validated when they engage in self expression; and (3) improving the capacity of local community organizations to advocate for LGB youth. The authors purport that one way to affect structural-level factors is through the development and execution of collaborative participatory research projects that engage community members and community-based

organizations (CBOs) that serve LGB youth. By participating in research, that permits self-reflection and participant involvement LGBT youth can gain a greater level of self-awareness and self-actualization.

Anne Mulvey, PhD and Charlotte Mandell, PhD are next with “Using the Arts to Challenge Hate, Create Community: Laramie Lives in Lowell.” They describe a production of Moises Kaufman’s *The Laramie Project* staged at a northeast public urban university and a related educational campaign focused on changing community attitudes and thus changing an environment. This project is an example of community psychology within an academic environment using a theatre production as a central intervention. Their project’s goals were to discourage homophobia, encourage dialog, and increase visibility and acceptance of gay, lesbian, bisexual, and transgendered students. The project was produced by a coalition including student groups, academic departments, and administrative units. A variety of indices show the play was immediately successful for the audience and community and had a deeper impact on cast members and planners. They assert that collaborative relationships spanning interpersonal, cultural, and political boundaries and the use of the arts for social change were key factors in the program’s success.

Research suggests that school experiences of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are overwhelmingly negative and that anti-LGBTQ violence and victimization in school lead to both acute and chronic negative developmental outcomes for these youth. The counseling psychology profession is uniquely situated to address and ameliorate these negative environments by providing training and support to school counselors on LGBT youth and prevention education. In “Activism in the Schools: Providing LGBTQ Affirmative Training to School Counselors,” Joy Whitman, PhD, Stacey Horn, PhD and Cyndy Boyd, PhD describe a model developed in partnership between a community-based organization and a local University to train school counselors and other educational professionals to be agents of change within their own school community, so as to create safer and supportive environments for LGBTQ youth.

The last two papers present compelling personal, yet scholarly, accounts of integrating activism into the lives and roles of psychologists. These authors illustrate how the personal is the professional is the political. Amy Rees-Turyn, PhD, begins with “Coming Out and Being Out as Activism: Challenges and Opportunities for Mental Health Professionals in Red and Blue States. She notes that for LGBT professionals, the act of coming out or being out is a basic form of activism. In the context of environmental pressures that professionals come out or be out, she

argues that it is important to acknowledge both the potential for this basic form of activism to reduce prejudice, and the risk individual's may be taking. Rees feels it is important to recognize and support professionals in their decisions about when to come out or be out in the same manner that one supports clients in similar situations.

The final paper in this issue is by Peter Ji, PhD "Being a Heterosexual Ally to the Lesbian, Gay, Bisexual, and Transgendered Community: Reflections and Development." Ji tells of his development as a heterosexual ally of the LGBT community. He uses those parts of his own experience that are consistent with components of existing ally identity development models to provide qualitative evidence regarding the validity of those models. Ji goes on to discuss the role of affect components in ally identity development and the implications of these models for training allies for the LGBT community.

These varied papers focusing on clinical issues and theory, community settings and research, and the integration of the personal and the professional outline paths for integrating activism into mental health research and practice. Hopefully these examples will inspire others to find their own creative ways to make sure that the mental health fields truly make a positive difference in the lives of LGBT individuals and communities.

NOTES

1. The subject of activism and some profiles of mental health activists were previously addressed in Volume 6, Number 4 of the *JGLP* (See Ashley, 2002; Drescher, 2002; Geltman, 2002; Levine, 2002; Mass, 2002; McFarlane, 2002; Mitchell, 2002; Scasta, 2002).

2. For more information on Rochlin's life, see Steven Morin and Douglas Kimmel's obituary in the *American Psychologist*.

3. Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues.

4. Heterosexual Questionnaire (Rochlin, 1972)

This questionnaire is for self-avowed heterosexuals only. If you are not openly heterosexual, pass it on to a friend who is. Please try to answer the questions as candidly as possible. Your responses will be held in strict confidence and your anonymity fully protected.

1. What do you think caused your heterosexuality?
2. When and how did you first decide you were a heterosexual?
3. Is it possible your heterosexuality is just a phase you may grow out of?
4. Could it be that your heterosexuality stems from a neurotic fear of others of the same sex?

5. If you've never slept with a person of the same sex, how can you be sure you wouldn't prefer that?
6. To who have you disclosed your heterosexual tendencies? How did they react?
7. Why do heterosexuals feel compelled to seduce others into their lifestyle?
8. Why do you insist on flaunting your heterosexuality? Can't you just be what you are and keep it quiet?
9. Would you want your children to be heterosexual, knowing the problems they'd face?
10. A disproportionate majority of child molesters are heterosexual men. Do you consider it safe to expose children to heterosexual male teachers, pediatricians, priests, or scoutmasters?
11. With all the societal support for marriage, the divorce rate is spiraling. Why are there so few stable relationships among heterosexuals?
12. Why do heterosexuals place so much emphasis on sex?
13. Considering the menace of overpopulation, how could the human race survive if everyone were heterosexual?
14. Could you trust a heterosexual therapist to be objective? Don't you fear s/he might be inclined to influence you in the direction of her/his own leanings?
15. Heterosexuals are notorious for assigning themselves and one another rigid, stereotyped sex roles. Why must you cling to such unhealthy role-playing?
16. With the sexually segregated living conditions of military life, isn't heterosexuality incompatible with military service?
17. How can you enjoy an emotionally fulfilling experience with a person of the other sex when there are such vast differences between you? How can a man know what pleases a woman sexually or vice-versa?
18. Shouldn't you ask your far-out straight cohorts, like skinheads and born-against, to keep quiet? Wouldn't that improve your image?
19. Why are heterosexuals so promiscuous?
20. Why do you attribute heterosexuality to so many famous lesbian and gay people? Is it to justify your own heterosexuality?
21. How can you hope to actualize your God-given homosexual potential if you limit yourself to exclusive, compulsive heterosexuality?
22. There seem to be very few happy heterosexuals. Techniques have been developed that might enable you to change if you really want to. After all, you never deliberately chose to be a heterosexual, did you? Have you considered aversion therapy or Heterosexuals Anonymous?

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