ABSTRACT

Changing Attitudes in Research and Society towards Lesbians, Gays, and Bisexuals: A Meta-Narrative Review

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Over the past 50 years, the United States has gone from viewing homosexuality as a mental illness to legalizing same-sex marriage. This widespread shift in attitude is not only the result of social movements but also a paradigm shift in scientific discourse. Through an examination of social change theory and a thorough meta-narrative review of scientific literature on lesbians, gays, and bisexuals from 1960 to 2015, this study seeks an answer to the question of whether society has led to a paradigm shift in research or whether science has led to societal change. Eight hundred articles from multiple databases were coded by decade, theme, representation of and attitude towards sexual minorities. Articles were sorted into the broad categories of health, family, education, and public opinion since the gay rights movement has largely focused on achieving change in these areas. To track change over time, the data were compared quantitatively and qualitatively in the context of lesbian, gay, and bisexual (LGB) history. Kuhn and Foucault's theories on scientific revolutions and societal power-dynamics offer support for the conclusion that social changes led to transformations in scientific thinking. This longitudinal, multidisciplinary study, the first of its kind, will allow for better informed policies, activism, and scientific research on LGB issues.

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CHANGING ATTITUDES IN RESEARCH AND SOCIETY TOWARDS LESBIANS, GAYS, AND BISEXUALS: A META-NARRATIVE REVIEW

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DEDICATION

This thesis is dedicated to my parents, for always encouraging me to pursue my dreams, my friends, for always listening, and Lynn, for always believing in me.

CHAPTER ONE

Introduction

> We have to be there at the birth of ideas, the bursting outward of their force: not in books expressing them, but in events manifesting this force, in struggles carried on around ideas, for or against them.
>
> —MICHEL FOUCAULT, *Corriere della sera*, 1978

No one was LGBTQ (lesbian, gay, bisexual, transgender, questioning) in 1960. While gay and bisexual men and women undoubtedly existed as did transgender individuals, the idea of a cultural minority group composed of individuals with varying sexual and gender identities did not exist. Homosexuality was considered a mental illness, and sodomy was illegal in all states. The terms ‘same-sex parents’ and ‘same-sex marriage’ were oxymorons. In contrast, same-sex marriage is now legal in all states, celebrities such as Ellen Degeneres are ‘out’ and proud, and shows such as RuPaul’s Drag Race have broken television viewership records.

From the lens of 2017, attitudes towards homosexuality that were once the norm are now seen as dated, backward, and wrong. These beliefs were not only supported by United States culture at the time, but also by prominent researchers across scientific disciplines. Chemical and electric aversion therapies were commonly used to treat homosexuality. Multiple studies examined poor parenting as a causative factor for homosexuality. How could scientific research, recognized for its objectivity, change from regarding homosexuality as a mental illness in need of treatment to supporting homosexuality as an alternative lifestyle? More subtly, when and how did the United States shift from viewing “homosexuals” as deviants defined by their sexual behavior to a

spectrum of individuals defined by their broader identity? These questions ultimately stem from one of the most difficult and classic questions in social science: does science change culture, or does culture change science?

To answer the questions behind this pervasive shift in opinion, it is necessary to take a multi-disciplinary approach. This study specifically focusses on the topics of health, family, education, and public opinion because the LGBTQ community has largely sought change in these areas. Since the start of the movement, sexual and gender minorities have fought for equal treatment and recognition in healthcare. The development of HIV/AIDS as well as other health discrepancies has also greatly impacted the community. In family, LGBTQ individuals have felt at odds with their families and have had difficulty starting their own families due to social attitudes towards same-sex parenting. The community has also fought for equality in education as people once feared the influence of gay and lesbian teachers. LGBTQ issues have also rarely been covered in history or sexual education. This has perpetuated the bullying of LGBTQ students by other students and teachers and a lack of knowledge among professionals who oftentimes are not educated on how to work with LGBTQ populations. Overall, sexual and gender minorities have worked to change perceptions towards their identities. This change has occurred and is captured in public opinion data on attitudes, media coverage, discrimination and hate crimes, marriage equality, and other themes. Ultimately, this thesis synthesizes these topics in a way that has not previously been attempted in order to track change throughout the LGBTQ social movement, discover the source of change, and predict future paradigm shifts.

This synthesis has evolved over time as discussed in the methods section. Few, if any, studies have attempted to pinpoint causality of social change, and none have done so in the context of LGBTQ research. Various types of studies were analyzed in order to develop the best method for conducting this research. In order to examine data socially and historically over time, eight hundred articles were gathered over a fifty year time span and reviewed quantitatively and qualitatively. This approach has allowed for a thorough examination of shifts in the data as trends appear and disappear. The quantitative analysis breaks down the data into themes and subthemes to study attitudes and representation of certain factions of the LGBTQ community over time. This is followed by a qualitative section which delves more deeply into the scientific literature and historical context for each discipline – health, family, education, and public opinion. Finally, the discussion section places this research in the context of Foucault and Kuhn's theories on scientific and social revolutions. These frameworks, coupled with the findings from the analysis, provide support for this study's conclusions.

Answering the question of causality in macro cultural and scientific change is not only intrinsically valuable, but it is important because paradigm shifts and power dynamics can lead to changes in law, policy, media representation, and public opinion. This, in turn, greatly impacts the quality of life for members of the LGBTQ community. Examples of this are seen in all scientific disciplines. Shifts in education may influence policy for school curriculum and professional training programs. In healthcare, scientific literature defines standards of care. Reproductive technology has likewise changed the definition of family. The LGBTQ cultural movement has caused rapid shifts in opinion in America and across the globe and is still active today, making it ideal to study. Though

the question proved difficult to answer, I have attempted to at least clarify the terrain by providing qualitative and quantitative evidence demonstrating both social and scientific discourse change over time. My hope is that this study will help researchers and LGBTQ organizations recognize the factors that have shaped this movement while proposing future avenues of research based on the results.

CHAPTER TWO

Methods

> People know what they do; they frequently know why they do what they do; but what they don't know is what what they do does.
>
> —MICHEL FOUCAULT, *Beyond Structuralism and Hermeneutics*, 1982

As this study developed, so too did the study type. Originally, a meta-analysis seemed like the best way to collect and analyze studies objectively, show change over time, and compare trends to key social and historical events. Research on meta-analysis articles yielded studies on LGBTQ public health research, sexual prejudice, differences in opinion towards gay men and women, and AIDS. All followed standard protocol of inclusion and exclusion criteria, coding steps, and statistical analysis used to confirm or reject the hypothesis (Boehmer, 2002; LaMar & Kite, 1998; S. J. Smith, Axelton, & Saucier, 2009; Treichler, 1987). Though the topics were similar, the main focus of this study, social change, posed a broader question that could not be answered by accepting or rejecting a specific hypothesis using quantitative analysis.

After systematically gathering and sorting data, themes began to emerge. To fully explain these themes, articles would need to be discussed individually using a more narrative approach. This led to an examination of systematic reviews which, like meta-analyses, have detailed search criteria and often include a meta-analysis portion. However, they also usually address a specific intervention such as decreasing HIV, tobacco usage, or sexual assault in the LGBTQ community (Herbst et al., 2008; J. G. L. Lee, Griffin, & Melvin, 2009; Rothman, Exner, & Baughman, 2011). One study reviewed

other systematic reviews on healthcare and sought to identify and expand LGBTQ search terminology. Like this thesis, the article showed trends regarding the research of multiple smaller LGBTQ studies, and specifically looks at terminology used. However, the aforementioned article ultimately included 19 studies, whereas this study analyzed 800 (J. G. Lee, Ylioja, & Lackey, 2016). Most systematic reviews encountered focused on a topic more narrowly and compared less than 100 studies.

Neither a meta-analysis nor a systematic review could adequately answer the question of whether research led or was driven by social change; this led to the adoption of the meta-narrative approach. The meta-narrative review focusses on research traditions and paradigms and is often an interdisciplinary study. Comparable studies are grouped together, and synthesis involves identifying key dimensions of the problem and the contribution of research traditions to these dimensions. Reflection and multidisciplinary dialogue allows for practice, policy, and further research recommendations to develop. The meta-narrative review is based on Thomas Kuhn's theories that science progresses through certain phases: a pre-paradigmatic phase, a paradigmatic phase, and a decline phase. This study design best allows for an examination of change in research and society over time and encourages the development of a particular storyline by addressing the social and historical context shaping the story as well as the 'plot' of the research.

To start, a literature search was conducted in order to collect articles pertaining to sexual minorities. Articles regarding transgender individuals were excluded because the movements towards equal rights for both groups have happened separately. The four subcategories, health, education, family, and public opinion, were chosen because historical changes have occurred in these areas over the past fifty years. 1960 is an

arbitrary starting point, but was used in order to encompass the decade before the Stonewall Riots and the removal of homosexuality from the DSM.

The literature search utilized databases through EbscoHost, and included databases with any relevance to health, education, family, or public opinion. Baylor OneSearch and Google Scholar were also searched in order to obtain as wide a variety of articles as possible. Databases searched include:

Academic Search Complete

Communication & Mass Media Complete

Health Source: Nursing/Academic Edition

Family Studies Abstracts

Humanities & Social Sciences Index Retrospective: 1907-1984 (H.W. Wilson)

Humanities Full Text (H.W. Wilson)

Humanities Source

Medline

The National Review Archive

Political Science Complete

PsycArticles

Psychology and Behavioral Sciences Collection

PsycInfo

Education Research Complete

Terms searched included “homosexual,” “gay,” “LGBT,” “lesbian,” and “bisexual,” in order to find articles specific to the LGB community. This search was

paired with terms including “public opinion,” “education,” “health,” “family,” in addition to related terms such as “media,” “attitude,” “mental health,” “conversion therapy,” “adoption,” and “parenting.” The goal was to gather articles that fit the subcategories and focused on lesbians, gays, and/or bisexuals. Since the main goal of this study was to observe change over time, articles were gathered chronologically by specifically searching through each decade. For example, “homosexual” and “education” were searched over the time period of 1960 to 1970 then 1970 to 1980 and so on.

To maximize the available data, all types of studies were considered. However, only academic journals were included. Periodicals, magazines, books, and reviews were excluded. Articles with over 50 citations or coming from a journal with an impact factor over 0.5 were included and saved to Zotero. Only abstracts were examined when determining whether an article would be included or excluded. Abstracts must have mentioned homosexuality in some form or fashion and must fit the subcategories.

Abstracts dealing with attitudes, opinions, media, and policy were coded as “public opinion”. Abstracts dealing with education of the LGB community or education of others regarding the LGB community were coded as “education”. Abstracts focusing on healthcare, conversion or reparative therapy, the biology behind being LGB, or physical health or mental health of lesbians, gays, or bisexuals were coded as “health”. Abstracts focusing on adoption and parenting by LGB members or raising LGB children were coded as “family”. All articles were saved to Zotero.

Once a body of literature was established, the top five journals with the most articles in the collection were further searched with the purpose of obtaining more articles from journals of importance. These journals include:

Journal of Homosexuality

Journal of Sex Research

Social Work

Developmental Psychology

Journal of GLBT Family Studies

All articles were gathered and saved to Zotero, and four additional folders for each subcategory were made: education, family, health, and public opinion. Each article was tagged by subcategory and date. In addition, articles were tagged based on the inclusion of the terms "lesbian," "gay," and/or "bisexual" in the abstract or "homosexual" if the aforementioned terms were not included. "Homosexual" articles were also tagged as "gay" if homosexual females were not mentioned. This way, gender inclusion may be examined in the literature as well as any trends in word choice when referring to members of the LGB community.

Articles were tagged as "positive," "negative," and "neutral" based on the attitude of the author expressed in the abstract. If the author was in support of the LGB community, determined based on efforts to include LGB members in society or better the lives of LGB individuals, the article was coded as "positive." If no discernable opinion was observed in the abstract then the article was coded as "neutral." If the author promoted a heterosexual lifestyle over a homosexual lifestyle or otherwise treated differences in sexual orientation as a problem, the abstract was coded as "negative."

Once all articles were tagged, the number of "positive," "negative," and "neutral" articles were tallied by decade, by subcategory, and for the top five journals. The number of "lesbian," "gay," "bisexual," and "homosexual" articles were also counted and

compared by decade, subcategory, journal, and “positive,” “negative,” or “neutral” designation. These numbers were placed in separate tables using Excel. A total count of articles was obtained for each table to check the tallies as well as calculate percentages necessary for analysis of the data. Articles were then sorted into common themes that emerged in each subtopic when synthesizing the literature. In order to quantitatively examine these themes, articles were sorted by theme and decade and organized by number and percentage in tables. Analysis of the quantitative data involved performing a two-tailed z-test for difference of proportions to determine whether there was a significant difference between a data sample and data total. For example, ‘negative health articles’ compared to ‘total health articles’ should have a similar proportion to ‘negative articles’ compared to ‘total articles.’ If the proportion was not similar, $p < 0.05$, then the data point was marked as statistically significant and shaded gray on Tables 3-11. Figures 1-7 complement Tables 1-7 and aid in visualization of the data. All tables and figures are discussed in the quantitative results section, and article results are discussed by decade and subtheme in the qualitative results section.

CHAPTER THREE

Quantitative Results

> ...it's my hypothesis that the individual is not a pre-given entity which is seized on by the exercise of power. The individual, with his identity and characteristics, is the product of a relation of power exercised over bodies, multiplicities, movements, desires, forces.
>
> —MICHEL FOUCAULT, *Power and Knowledge*, 1980

A quantitative examination of the data allows for a concise view of trends. Changes in attitude and representation of different identities in the LGB community over time show an increase in positivity and representation of lesbians and bisexuals. Articles referencing lesbians and bisexuals were overall more positive, and focusing in on the themes of health, education, family, and public opinion shows different attitudes and representation in each. Further breakdown of themes into subthemes illuminates which topics have appeared and disappeared from the literature over time as discourse has shifted. For example, discourse on LGB teachers has decreased while discourse on healthcare discrepancies among sexual minorities has increased.

Decade Trends

In order to determine the significance of the data, each proportion was compared to the total proportion using a two-tailed z-test for difference of proportions. This method was used to analyze all quantitative data. As explained in the methods section, values shaded gray were significantly different from the total percentage. Article abstracts in Table 1 could only be coded as ‘negative,’ ‘neutral,’ or ‘positive’ in tone, so all

percentages in a row add to 100%. Looking at the total number of articles in Table 1, around half of all articles are either neutral or positive in tone, but only a small percentage of articles are negative. Most negative articles occur during the 1960s with a large decrease in negative articles from 1960 to 1990. After 1990, few articles take a negative tone. By contrast, more articles adopted a positive tone over time with the highest percentage of positive articles occurring in 2010 and the lowest percentage occurring in 1960. The percentage of neutral articles by decade remained relatively consistent with no discernable trend, though there are significantly less neutral articles in 2010. Figure 1 shows the same data but in the form of a column graph.

Table 1: Abstract Tone by Decade

	Negative	Neutral	Positive	Total
1960	48.48%	36.36%	15.15%	33
1970	17.58%	50.55%	31.87%	91
1980	3.55%	51.77%	44.68%	141
1990	1.09%	48.63%	50.27%	183
2000	1.46%	50.24%	48.29%	205
2010	1.36%	33.33%	65.31%	147
Total	5.50%	46.50%	48.00%	800

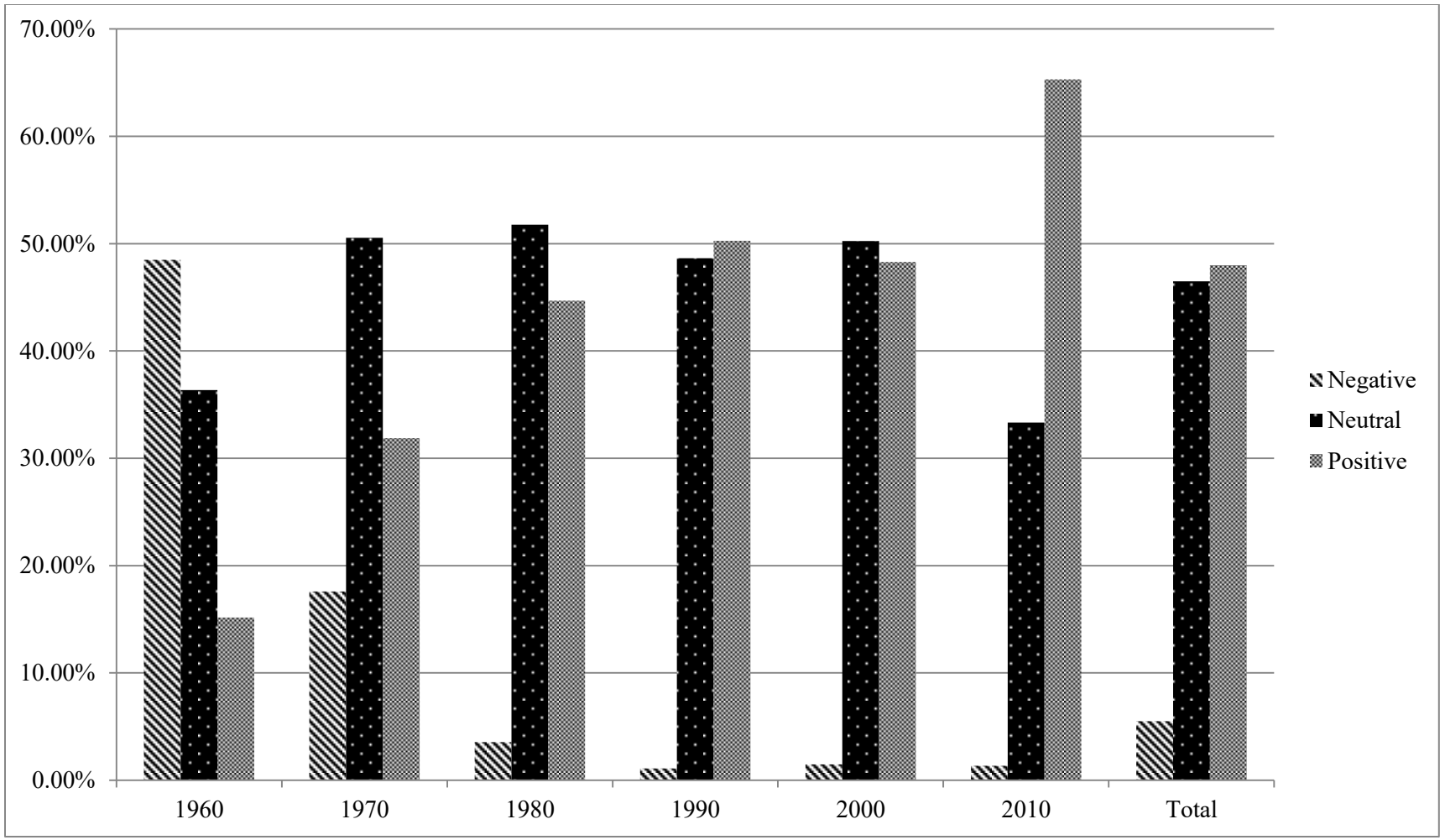

Figure 1: Article Tone by Decade

Table 2 also examines data by decade, but shows which abstracts included the terms ‘lesbian,’ ‘gay,’ ‘bisexual,’ and/or ‘homosexual.’ Abstracts could be coded by more than one term, so each box had the potential of reaching 100% if all abstracts in a certain decade used a certain term. For example, 91.84% of coded article abstracts in 2010 used the term ‘gay.’ Overall, more abstracts used the term ‘gay’ than any other term, followed by the term ‘lesbian,’ then ‘homosexual’ and ‘bisexual.’ A positive correlation exists between decade and the terms ‘lesbian’ and ‘bisexual.’ No abstracts in 1960 referenced bisexuals whereas 54.42% did from 2010 to 2015. Only 12.12% of abstracts from the 1960s referenced lesbians compared to 82.31% inclusion from 2010 to 2015. A negative trend exists between decade and the term ‘homosexuality’ with less abstracts using only the term ‘homosexual’ to describe LGB members from 1960-2015. Abstracts used the term ‘gay’ with relative consistency over time.

Table 2: Article Representation by Decade

	Lesbian	Gay	Bisexual	Homosexual*	Total
1960	12.12%	87.88%	0.00%	81.82%	33
1970	31.87%	86.81%	3.30%	70.33%	91
1980	50.35%	83.69%	6.38%	39.01%	141
1990	67.76%	88.52%	16.39%	20.77%	183
2000	71.71%	86.83%	28.29%	13.17%	205
2010	82.31%	91.84%	54.42%	6.12%	147
Total	62.00%	87.63%	22.50%	27.50%	800

*Articles included the term ‘homosexual’ in the abstracts but not ‘lesbian,’ ‘gay,’ or ‘bisexual.’

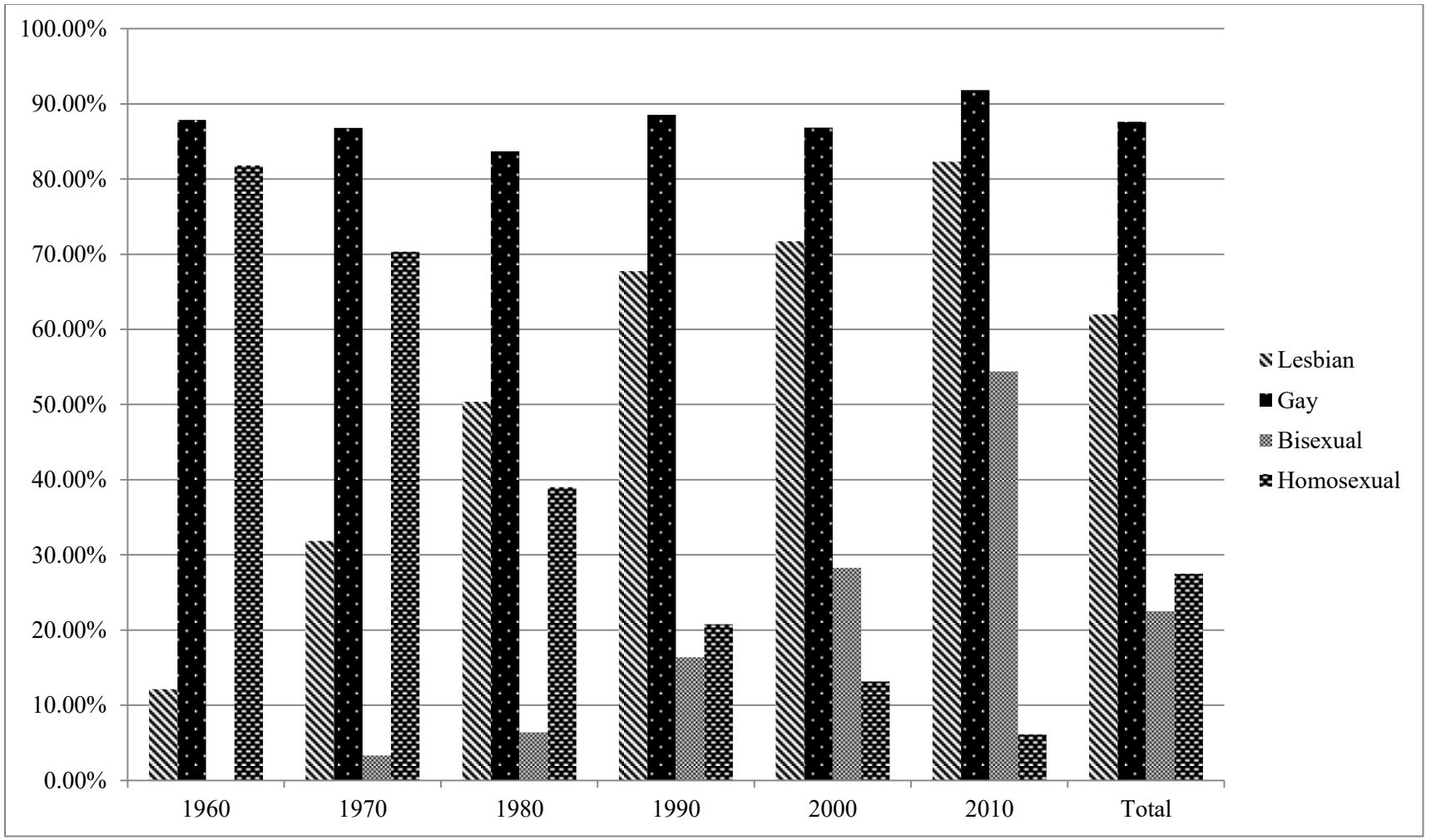

Figure 2: Article Representation by Decade

Subtopic Trends

In Table 3, the total row number indicates all articles in each subtopic, and the percentage shows how many abstracts out of the total were coded as either 'negative,' 'neutral,' or 'positive.' Each row totals 100%. For example, 13.17% of all health abstracts examined had a negative tone towards homosexuality. This is significantly higher than 5.50%, the percentage of all abstracts with a negative tone. In general, health articles from 1960 to 2015 are more negative than 'normal.' They, along with public opinion abstracts, are also less positive compared to total percentage of positive articles. The majority of public opinion abstracts expressed a neutral tone and greater neutrality than other subtopics. Education abstracts on the other hand were significantly more positive than other types of articles. Family articles had a fairly even split between neutral and positive tones. Figure 3 accompanies this table.

Table 3: Abstract Tone by Subtopic

	Negative	Neutral	Positive	Total
Health	13.17%	53.17%	33.66%	205
Family	3.88%	50.49%	45.63%	206
Education	2.12%	18.52%	79.37%	189
Public Opinion	2.50%	62.00%	35.50%	200
Total	5.50%	46.50%	48.00%	800

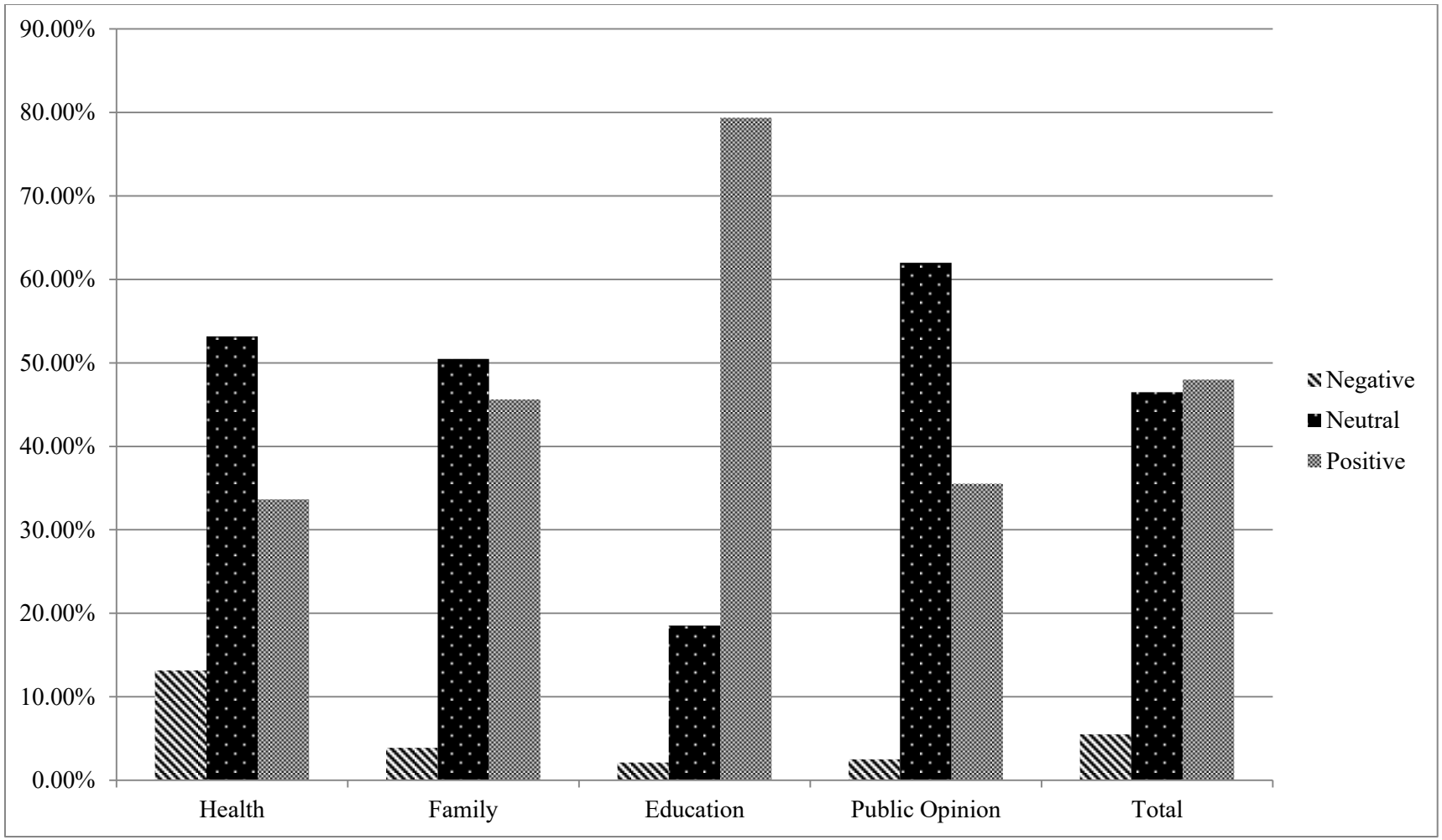

Figure 3: Article Tone by Subtopic

Table 4 is organized similarly to Table 2 with abstracts coded as 'lesbian,' 'gay,' 'bisexual,' and/or 'homosexual.' Figure 4 is a column graph of the same data. Like Table 2, this table is organized by subtopic, and rows do not total 100% because each abstract could potentially refer to multiple represented groups. However, instead of organizing articles by decade, this table is organized by subtopic like Table 3. Compared to all abstracts in this study, family articles tended to vary the most from the norm with more abstracts referencing lesbians, and less referencing gay men, bisexuals, or the term 'homosexual.' Health articles in contrast had lower amounts of 'lesbian' abstracts and higher amounts of 'homosexual' abstracts. In general, the majority of articles reference gay men, but public opinion abstracts had a particularly high percentage of 'gay' articles and lower than average bisexual inclusion. Education referenced bisexuals more than any other subtopic and at a significantly higher percentage (39.68%) than all articles examined (22.50%). In general, the majority of articles reference gay men and lesbians and a minority reference bisexuals or solely use the term 'homosexual' to describe LGB populations.

Table 4: Article Representation by Subtopic

	Lesbian	Gay	Bisexual	Homosexual	Total
Health	49.76%	91.71%	28.78%	39.51%	205
Family	81.07%	70.87%	8.25%	12.62%	206
Education	60.32%	92.06%	39.68%	25.40%	189
Public Opinion	56.50%	96.50%	14.50%	32.50%	200
Total	62.00%	87.63%	22.50%	27.50%	800

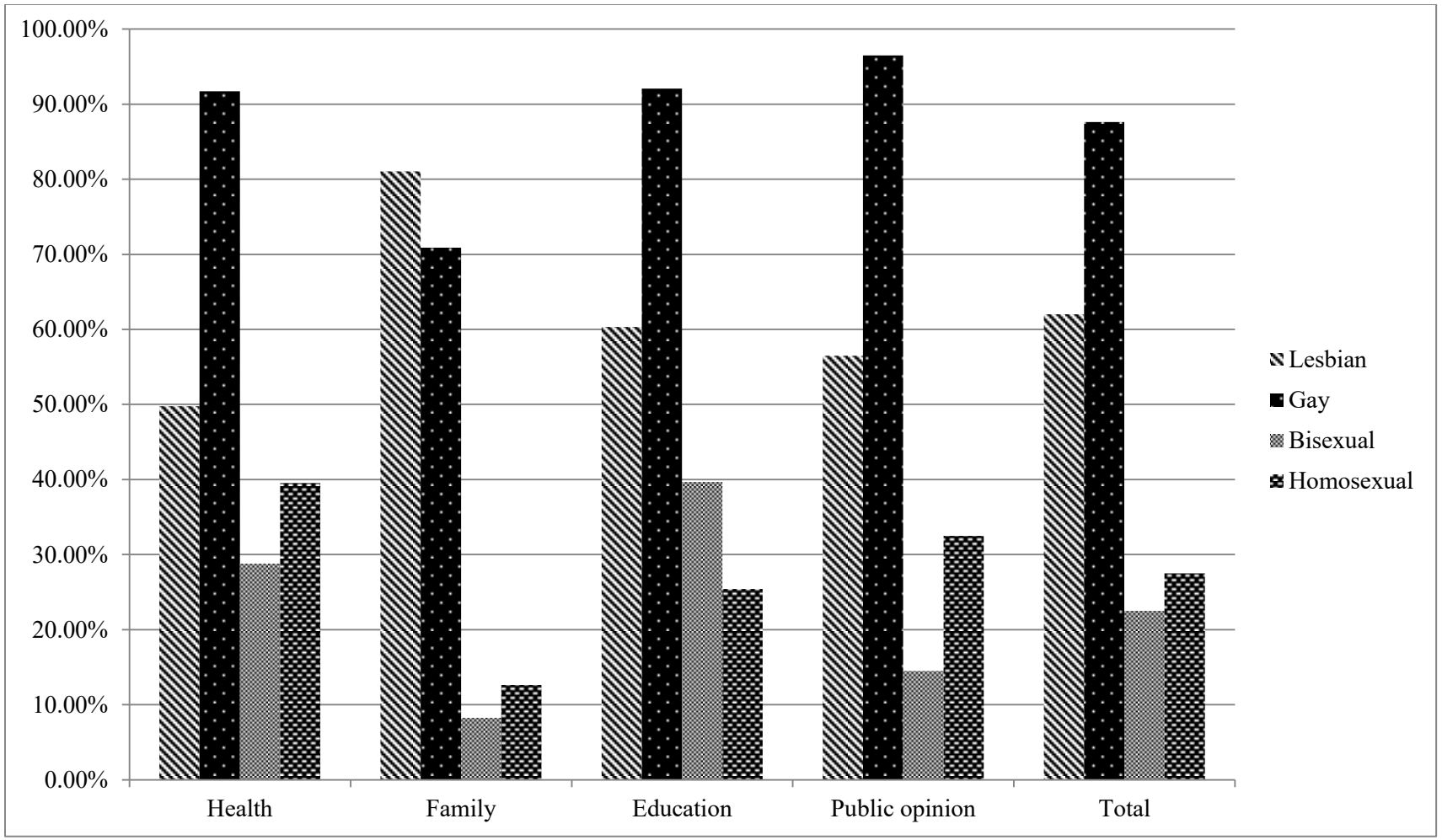

Figure 4: Article Representation by Subtopic

In order to examine the relationship between the tone used in an abstract and the representation of minority groups in an abstract, Table 5 was created. The rightmost column indicates all articles coded as a particular group in addition to all total articles. The leftmost column indicates the groups examined. All rows equal 100%. Figure 5 accompanies Table 5. Compared to all abstracts in the study, less 'lesbian' abstracts were negative and more were positive. The tone distribution of 'gay' abstracts did not vary significantly from the total distribution of abstracts, likely since 701 out of 800 articles were coded as 'gay.' About half of the articles coded as gay carried a neutral or positive tone and a small percentage, 5.56%, carried a negative tone. Few abstracts coded as 'bisexual' were also coded with a 'negative' tone (1.11%). Significantly more abstracts inclusive of bisexuals had a positive tone compared to all abstracts. Abstracts that favored the term homosexual over other terms tended to be more negative or neutral than positive. A significantly higher percentage of 'homosexual' abstracts were negative or neutral and a significantly lower percentage was 'positive' compared to the tone of all abstracts.

Table 5: Article Tone Related to Representation

	Negative	Neutral	Positive	Total
Lesbian	2.42%	42.94%	54.64%	496
Gay	5.56%	46.22%	48.22%	701
Bisexual	1.11%	35.56%	63.33%	180
Homosexual	14.55%	57.27%	28.18%	220
Total	5.50%	46.50%	48.00%	800

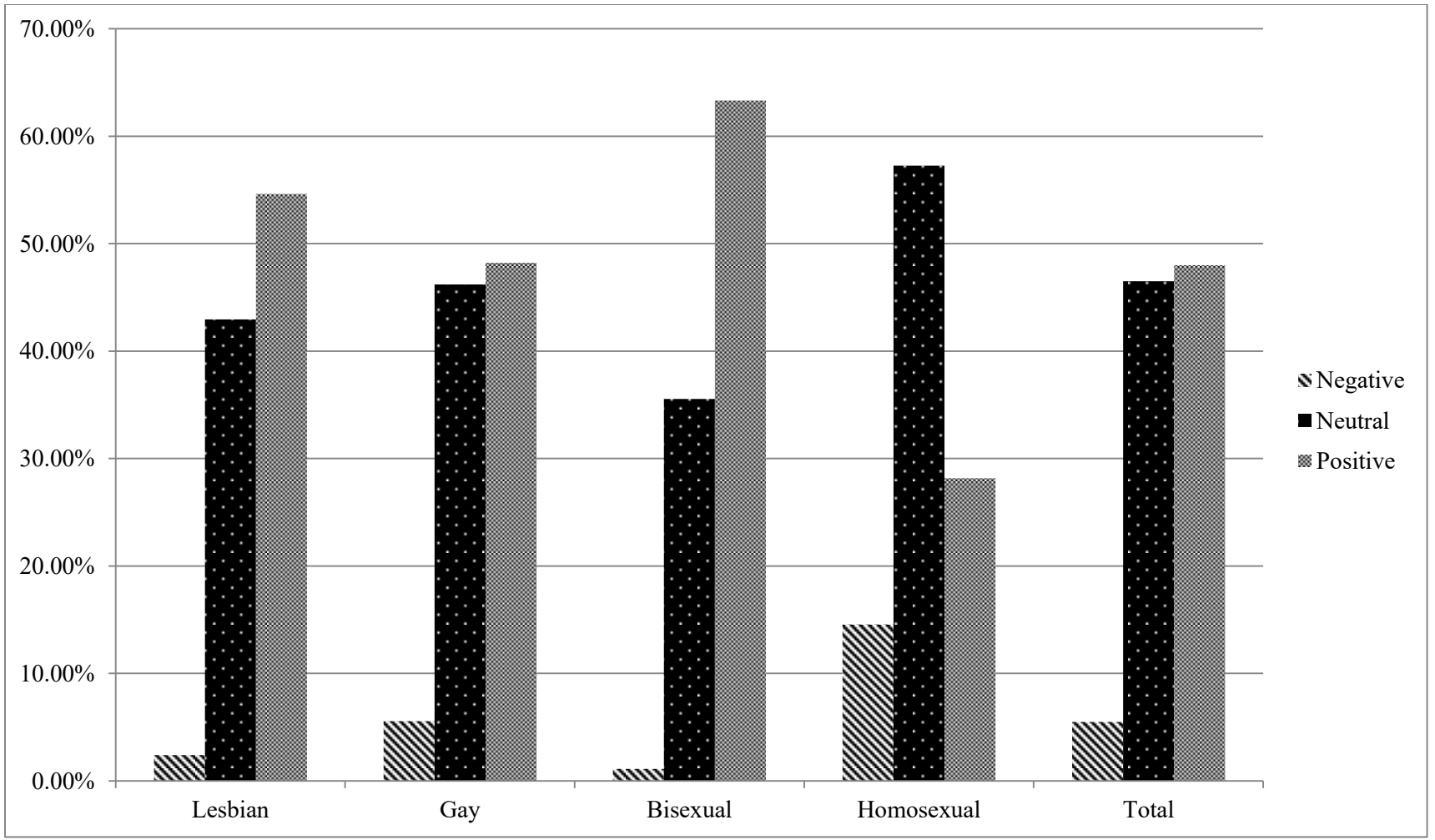

Figure 5: Article Tone Related to Representation

High Yield Journal Trends

In the sample of articles collected, certain journals yielded more articles than other journals. The following two tables look at tone and groups included in the top five highest yielding journals and compare this data to the total sample using the two-tailed z-test for difference of proportions. Light gray shading indicates that the data point varies significantly from the total collection, and dark gray shading indicates that the data point varies significantly from the total collection as well as from all high yield journals. In Table 6 and Figure 6, the Journal of Homosexuality had significantly less negative abstracts compared to all abstracts, and in general, high yield journals had significantly less negative abstracts than the total sample. The percentage of neutral and positive abstracts in the sample of high yield journal abstracts did not differ significantly from the percentage of neutral and positive abstracts in the total sample. Both the Journal of Sex Research and Developmental Psychology had more neutral and less positive abstracts than the total sample, and Developmental Psychology also had significantly more neutral and less positive articles when compared to all high yield journals.

Table 6: Tone of Abstracts in Highest Yielding Journals

	Negative	Neutral	Positive	Total
Journal of Homosexuality	0.86%	50.00%	49.14%	116
Journal of Sex Research	7.41%	66.67%	25.93%	27
Social Work	0.00%	36.84%	63.16%	19
Developmental Psychology	0.00%	87.50%	12.50%	16
Journal of GLBT Family Studies	0.00%	43.75%	56.25%	16
Total High Yield	1.55%	53.61%	44.85%	194
Total	5.50%	46.50%	48.00%	800

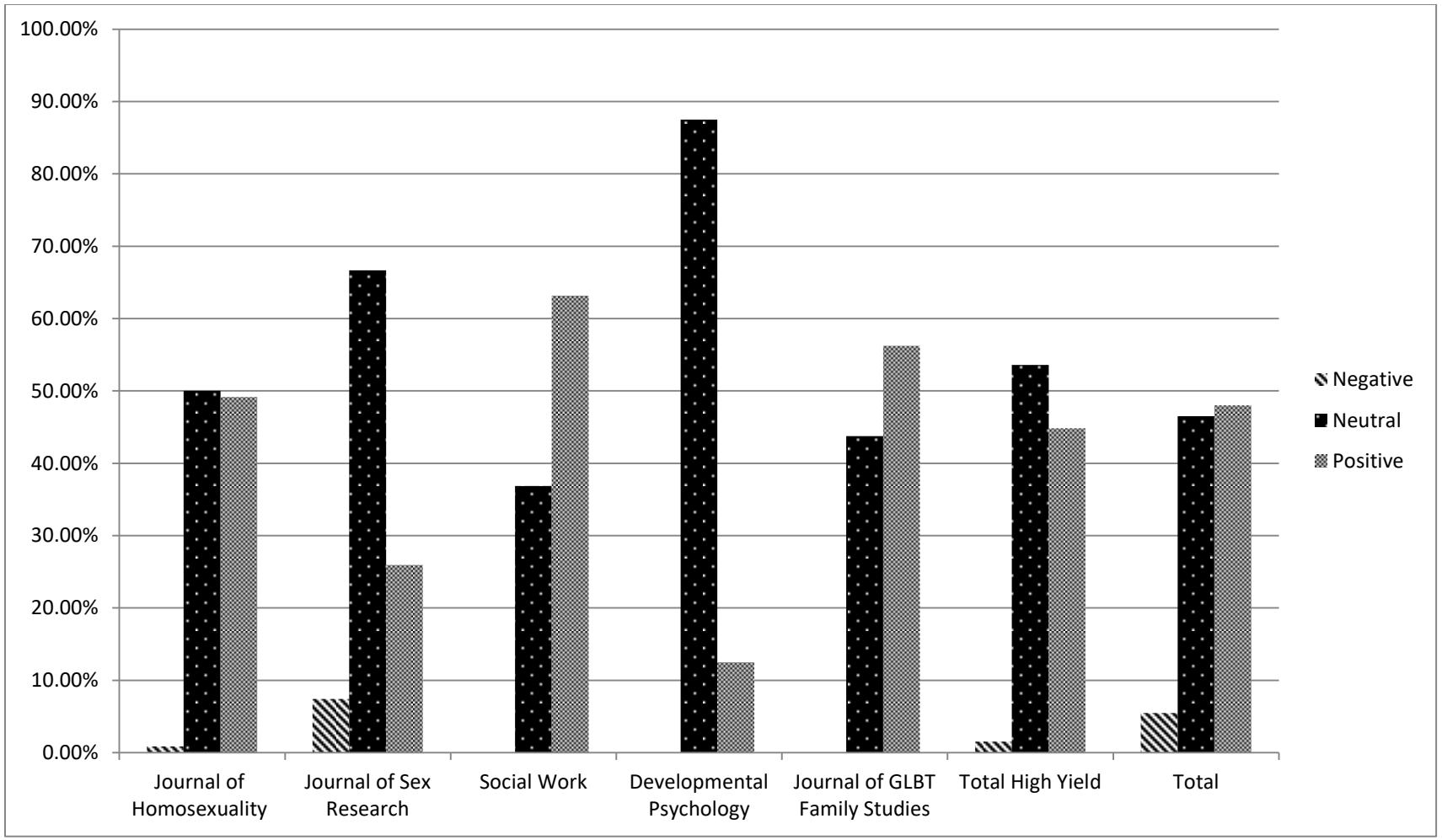

Figure 6: Article Tone of Highest Yielding Journals

Table 7 also looks at high yield articles, but instead of focusing on abstract tone, it examines the representation of minority groups. Like Table 6, Table 7 compares percentages from each high yield journal to percentages from all high yield journals and all articles. Compared to the total sample of abstracts, Social Work has a greater amount of 'lesbian' coded abstracts and has a higher percentage of 'lesbian' abstracts than the other high yield journals. Fewer abstracts in Developmental Psychology use the term 'gay' than abstracts in other high yield journals, and the percentage (68.75%) is significantly lower than that found in the total sample. The term 'homosexual' is also not referenced in abstracts collected from the Journal of GLBT Family Studies which is statistically significant compared to all high yield articles and the total sample. The distribution of terms among all high yield journal abstracts did not differ significantly from the distribution of terms among all abstracts in the sample.

Table 7: Article Representation in Highest Yielding Journals

	Lesbian	Gay	Bisexual	Homosexual	Total
Journal of Homosexuality	56.90%	91.38%	15.52%	29.31%	116
Journal of Sex Research	55.56%	100.00%	18.52%	40.74%	27
Social Work	84.21%	78.95%	5.26%	15.79%	19
Developmental Psychology	81.25%	68.75%	25.00%	25.00%	16
Journal of GLBT Family Studies	68.75%	93.75%	12.50%	0.00%	16
Total High Yield	62.37%	89.69%	15.46%	26.80%	194
Total	62.00%	87.63%	22.50%	27.50%	800

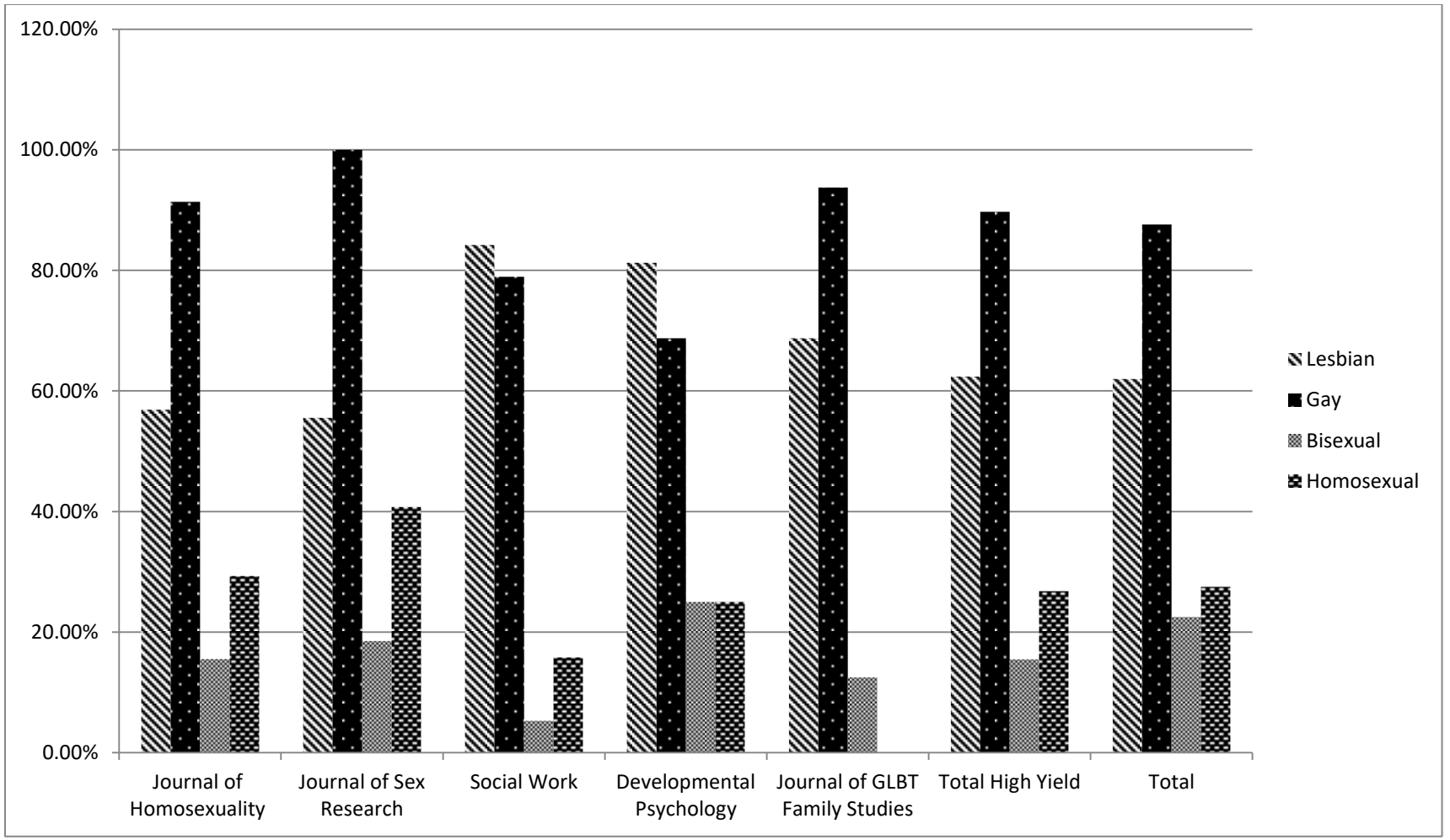

Figure 7: Article Representation in Highest Yielding Journals

Subtopic Themes

The last section of quantitative data examines articles sorted into common themes that emerged while qualitatively analyzing the literature. A description of these themes and of the articles sorted into each theme can be found in the qualitative results section. Articles were sorted by theme and decade and then compared to all articles in a subtopic with the two-tailed z-test. Statistically significant values in the table are colored gray.

Out of all articles coded as 'health,' most articles fell under the theme 'Health Discrepancies' as seen in Table 8. Few articles covered 'HIV/AIDS and STIs,' though this can be attributed to the fact that articles only addressing HIV/AIDS and not primarily the LGB population were excluded from the literature search. Compared to all 'Reparative Therapy/Disorder' articles, a significantly greater amount existed in the 1960s. Articles in this theme hit a statistically significant low in the 1990s. Most articles addressing 'Health Discrepancies' are recent articles from 2010 to 2015. An increase in health discrepancy articles is observed from 1960 to 2015. Articles addressing 'Etiology' seemed to peak in the 1990s, though the peak is not statistically significant compared to the percentage of total 'Etiology' articles. Articles on 'Patient-Provider Relationships' peaked in the 2000s at a statistically significant 25.00% compared to the percentage of all 'Patient-Provider Relationship' articles (14.15%). An increase in the percentage of articles from this theme is seen from 1960 to 2010 with a decrease seen from 2010 to 2015.

Table 9 examines themes that emerged in the subtopic of family. Most articles addressed issues of 'Same-Sex Parenting,' while the least amount of articles addressed 'Legal Issues and Policies.' However, no articles address 'Same-Sex Parenting' in the

1960s which is statistically significant compared to the total percentage of articles covering the theme (37.86%). A significantly high amount of articles covered 'Parental Relationships and Homosexuality' in both the 1960s and the 1970s while a significantly low amount cover the theme in the 2000s. Overall, a decrease in articles covering 'Parental Relationships and Homosexuality' exists from 1960 to 2010, though an increase is seen from 2010 to 2015. Articles addressing 'Adoption, Technology, and Custody' increase from 1960 to 2015; however, no single percentage differs significantly from the total percentage of 'Adoption, Technology, and Custody' articles. An increase in articles covering 'Attitudes towards Same-Sex Parents" is observed from 1960 to 2015 with a significantly high percentage of articles (20.45%) covering the theme from 2010 to 2015.

Only one percentage in Table 10, the table on education themes, is statistically significant compared to the total percentage of articles in that theme. Significantly less articles addressed 'HIV/AIDS Education' from 2010 to 2015 than the total. The overall trend shows the appearance of 'HIV/AIDS Education' articles in 1980 with a decline in articles covering the theme from 1980 to 2015. Articles on 'LGB Courses and Impact,' 'Educating Professionals,' and 'LGB Students' remained relatively steady over time as did 'Sex Education' articles, though a slight increase is observed from 2010 to 2015 in that theme. A decrease is observed in articles focused on LGB teachers. Overall, a higher amount of articles fit into the theme 'Educating Professionals' and a lower amount fit into the theme of 'LGB Teachers' compared to other themes.

When analyzing themes arising in public opinion articles, two values demonstrated statistical significance in Table 11 compared to all articles from the theme. Looking at 'Attitudes towards Homosexuality,' a higher percentage of articles exist in

this theme in the 1970s than statistically 'normal.' Also, a higher percentage of 'Marriage Equality' articles exist from 2010 to 2015 compared to the total percentage of 'Marriage Equality' articles. A jump in 'Marriage Equality' articles is observed from 1990 to 2000 and a jump in 'Media Coverage' articles is seen from 1980 to 1990. Articles covering 'Gender's Role in Attitudes' appear to jump in the 1980s and then gradually decrease through 2015. Overall, slightly more articles exist in 'Media Coverage' than other themes and fewer articles exist in 'Marriage Equality.'

Examining the themes that emerge in different subtopics by decade allows for a comparison of these trends to historical and social events occurring at the time. It is useful to look at the timelines covered in the qualitative results section while viewing these tables in order to place everything in context. A thorough analysis of these themes in context and in relationship to current social change theories is provided in the discussion section of this thesis.

Table 8: Health Themes

Health	Reparative Therapy/ Disorder	Alternative Lifestyle/Against Reparative Therapy	HIV/AIDS and STIs	Health Discrepancies	Etiology of Homosexuality	Patient-Provider Relationship	Miscellaneous	Total
1960	66.67%	16.67%	0.00%	5.56%	0.00%	0.00%	11.11%	18
1970	28.21%	28.21%	0.00%	5.13%	17.95%	7.69%	12.82%	39
1980	10.00%	23.33%	13.33%	16.67%	16.67%	10.00%	10.00%	30
1990	2.44%	14.63%	17.07%	24.39%	21.95%	14.63%	4.88%	41
2000	8.33%	13.33%	1.67%	33.33%	6.67%	25.00%	11.67%	60
2010	5.88%	29.41%	5.88%	41.18%	5.88%	11.76%	0.00%	17
Total	16.10%	19.02%	6.34%	21.95%	12.68%	14.15%	9.76%	205

Table 9: Family Themes

Family	Parental Relationships and Homosexuality	Same-Sex Parenting	Legal Issues and Policies	Becoming a Parent: Adoption, Technology, Custody	Attitudes towards Same-Sex Parents	Misc.	Total
1960	77.78%	0.00%	0.00%	0.00%	0.00%	22.22%	9
1970	40.00%	20.00%	10.00%	10.00%	0.00%	20.00%	10
1980	22.73%	45.45%	4.55%	9.09%	6.82%	11.36%	44
1990	10.87%	39.13%	15.22%	21.74%	6.52%	6.52%	46
2000	1.89%	47.17%	7.55%	26.42%	7.55%	9.43%	53
2010	13.64%	29.55%	4.55%	27.27%	20.45%	4.55%	44
Total	16.02%	37.86%	7.77%	19.90%	9.22%	9.22%	206

Table 10: Education Themes

Education	Sex Education	LGB Courses and Impact	Educating Professionals	LGB Teachers	HIV/AIDS Education	LGB Students	Misc.	Total
1960	25.00%	0.00%	25.00%	0.00%	0.00%	25.00%	25.00%	4
1970	10.00%	20.00%	50.00%	20.00%	0.00%	0.00%	0.00%	10
1980	5.88%	14.71%	32.35%	8.82%	20.59%	14.71%	2.94%	34
1990	5.17%	13.79%	25.86%	8.62%	17.24%	25.86%	3.45%	58
2000	3.57%	21.43%	35.71%	3.57%	10.71%	21.43%	3.57%	28
2010	16.36%	20.00%	23.64%	3.64%	1.82%	23.64%	10.91%	55
Total	8.99%	16.93%	29.10%	6.88%	11.11%	21.16%	5.82%	189

Table 11: Public Opinion Themes

Public Opinion	Attitudes towards Homosexuality	Characteristics of People	Attitudes of Health Professionals	Discrimination and Hate Crimes	Media Coverage	Marriage Equality	Gender's Role in Attitudes	Misc.	Total
1960	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	2
1970	37.50%	21.88%	9.38%	12.50%	9.38%	0.00%	3.13%	6.25%	32
1980	15.15%	18.18%	15.15%	15.15%	9.09%	3.03%	21.21%	3.03%	33
1990	15.79%	15.79%	7.89%	18.42%	21.05%	0.00%	15.79%	5.26%	38
2000	10.94%	20.31%	7.81%	7.81%	23.44%	12.50%	10.94%	6.25%	64
2010	16.13%	12.90%	6.45%	12.90%	25.81%	19.35%	0.00%	6.45%	31
Total	18.00%	18.00%	9.00%	12.50%	18.50%	7.50%	10.50%	6.00%	200

CHAPTER FOUR

Qualitative Results

> If you are not like everybody else, then you are abnormal, if you are abnormal, then you are sick. These three categories, not being like everybody else, not being normal and being sick are in fact very different but have been reduced to the same thing
>
> ― MICHEL FOUCAULT, 1975

Where the quantitative results section allows for a concise view of trends, the qualitative results section allows for these trends to unfold in a more narrative fashion within the context of society and research. The historical backdrop for the literature is first given for each theme followed by an account of article contributions to each subtheme. A qualitative examination of articles is useful for this thesis as it allows for a micro examination of articles and gradual shifts in opinion by decade to come through.

Health

LGBT health research has been shaped by the changing dynamics of the Diagnostic and Statistical Manual of Mental Disorders (DSM), etiological theories behind same-sex attraction, the HIV/AIDS crisis, and healthcare policy. Timelines outlining important historical and literature changes give a general overview of these shifting dynamics which are discussed in detail below from the groundbreaking Kinsey Report to the Affordable Care Act implemented by Obama. Research has largely focused on improving physical and mental healthcare for LGB individuals by decreasing stigma and health discrepancies among the population.

Health History Timeline

1960

- 1962 - Psychiatrists Irving Bieber and Charles Socarides argue that homosexual desire is a psychosocial maladjustment from childhood
- 1968 - The DSM-II classifies homosexuality as a sexual deviation
- 1969 - Creation of the Dorian Counseling Service for Homosexuals which supported same-sex desire

1970

- 1973 - The APA replaces homosexuality with “sexual orientation disturbance” in the DSM-III
- 1973 - Creation of the first contemporary ex-gay ministry, Love in Action
- 1976 - The first national conference of “ex-gay” ministries
- 1976 - Formation of Exodus International, an "ex-gay" Christian umbrella organization

1980

- 1980 - The APA adds “psychosexual disorders” and “ego-dystonic homosexuality” to the DSM-III
- 1981 - the first reports of an immunodeficiency syndrome in gay men appeared
- 1982 - The disease is initially called the gay-related immune deficiency (GRID) but renamed the Acquired Immune Deficiency Syndrome (AIDS) by the CDC
- 1984, the National Cancer Institute reports that the cause of AIDS is the retrovirus HTLV-III
- 1987 - Homosexuality is removed entirely from the DSM-III

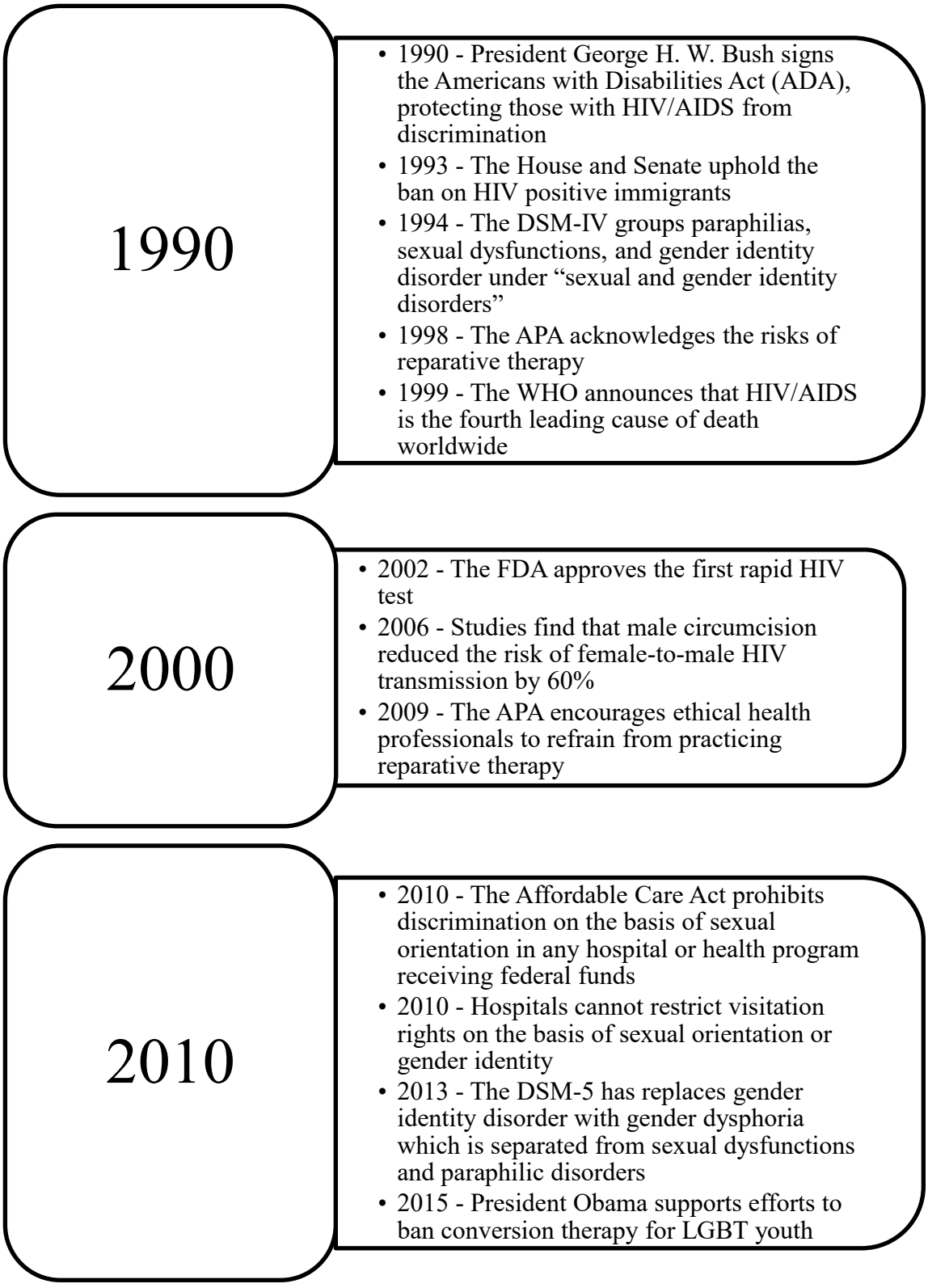

Figure 8: Health History Timeline

Health Research Timeline

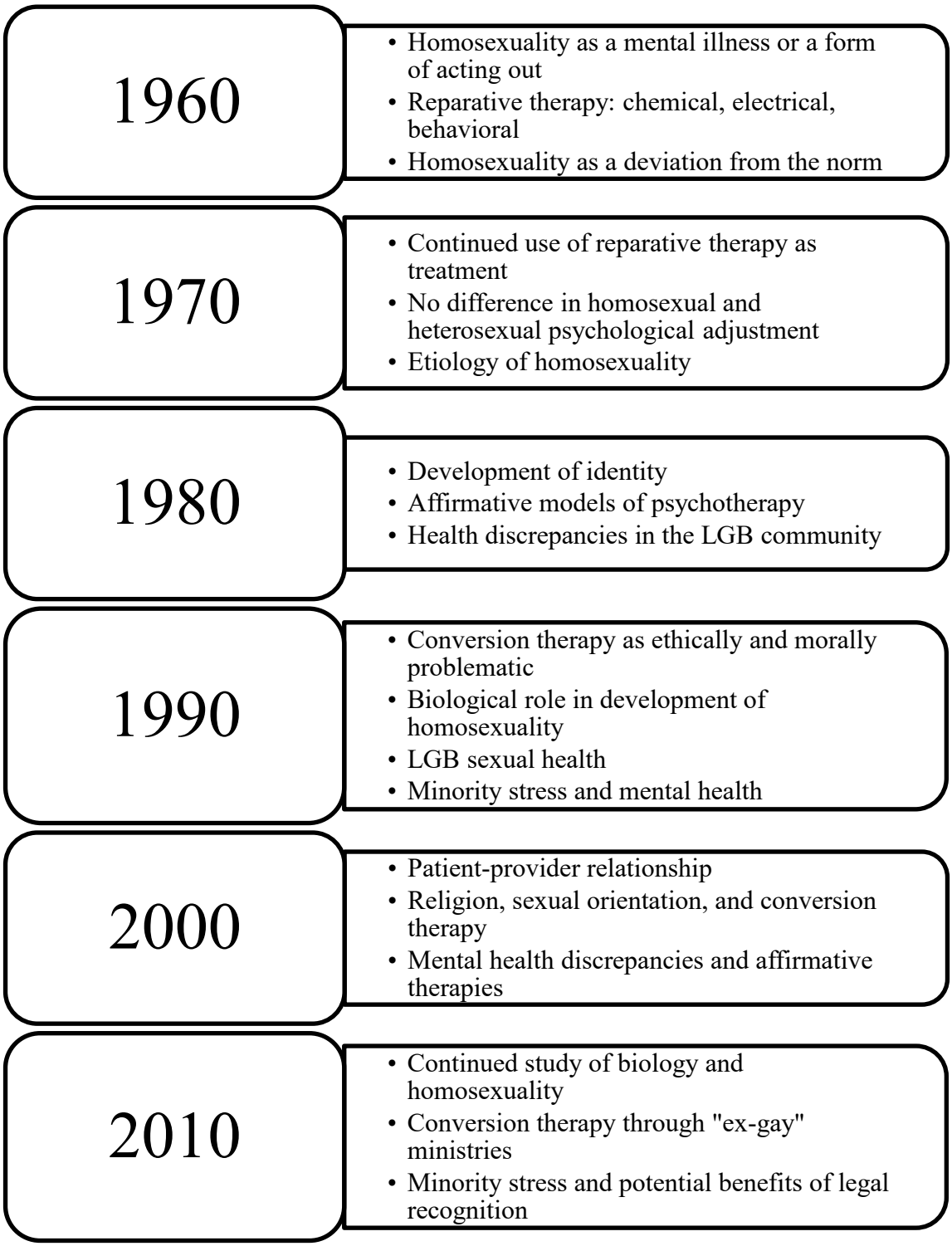

Figure 9: Health Research Timeline

Health: Historical Background and Trends

The first major historical event affecting LGBT healthcare in the U.S. was the Kinsey Report in 1948, "Sexual Behavior in the Human Male" which demonstrated the fluidity of sexual orientation, famously finding that ten percent of males are exclusively homosexual for "at least three years between the ages of 16-55" ("LGB Heritage Timeline," n.d.). Alfred Kinsey followed this publication with "Sexual Behavior in the Human Female" in 1953 in which he concluded that 2-6% of females are exclusively homosexual between the ages of 20-35 (Branch, 2014). Following the Kinsey Report, the Society for the Scientific Study of Sexuality was founded in 1957 to systematically study sexuality (World Heritage Encyclopedia, n.d.).

The Diagnostic and Statistical Manual of Mental Disorders (DSM) has largely influenced the way researchers have studied human sexuality and caused major shifts in the way healthcare professionals treat members of the LGBT community. The DSM first classified homosexuality as a "sociopathic personality disorder" in 1952, but would later classify homosexuality as a sexual deviation in 1968, and replace homosexuality with "sexual orientation disturbance" in 1973. The American Psychological Association (APA) added "psychosexual disorders" and "ego-dystonic homosexuality" to the DSM-III in 1980, and homosexuality was not removed entirely from the DSM-III until 1987, with paraphilias – recurrent sexual fantasies, urges, or behaviors generally involving nonhuman objects or nonconsenting persons – and sexual dysfunctions remaining under the classification of "sexual disorders." The DSM-IV later grouped paraphilias, sexual dysfunctions, and gender identity disorder under "sexual and gender identity disorders" in 1994. Currently, the DSM-5 has replaced gender identity disorder with gender dysphoria

and has separated this from sexual dysfunctions and paraphilic disorders ("LGBT Mental Health Syllabus," 2007).

Changes in the DSM also paralleled changes in treatment. In 1962, psychiatrists Irving Bieber and Charles Socarides argued that homosexual desire was a psychosocial maladjustment from childhood (Vider & Byers, 2015). This theory aligned with psychoanalysis and behavior therapy which were popularized by Freud and B.F. Skinner and commonly practiced in the 1960s. This led to the development of "aversion" therapies through the use of behavioral therapy and electric shock in the attempt to cure homosexuality (Vider & Byers, 2015). After the Stonewall Riots in 1969, the fight for gay rights became especially prevalent. Progressive health professionals worked to create a model of psychotherapy based on affirming same-sex desire and created the Dorian Counseling Service for Homosexuals in 1969. Similar centers stemmed from this including the Gay Community Services Center in Los Angeles, the Identity House in New York, and the Eromin Center in Philadelphia (Vider & Byers, 2015). A combination of empirical evidence and activism led to the removal of homosexuality from the DSM. However, "ego-dystonic homosexuality," or persistent distress from unwanted homosexual desire, remained (ProCon.org, 2013). This encouraged conversion therapists to welcome clients that wanted to rid themselves of homosexual desires. The first "ex-gay" Christian ministry, Love in Action, was formed in Northern California in 1973 followed by the first national conference of "ex-gay" ministries in 1976. This conference led to the formation of Exodus International. Though most mental health professionals stopped supporting reparative therapy after the removal of homosexuality from the DSM-III in 1987, the practice kept its momentum through groups such as Exodus International

that purported to treat homosexuality through a combination of pastoral counseling, Bible study, individual and group psychotherapy, and aversion therapy (Scot, 2013; Vider & Byers, 2015). Though the APA acknowledged the risks of reparative therapy in 1998 and encouraged ethical health professionals to refrain from practicing conversion therapy in 2009, the practice is still legal (Vider & Byers, 2015). Only California, Oregon, Illinois, Vermont, New Jersey, and the District of Columbia have banned conversion therapy for minors, and President Obama supports an end to the practice for LGBT youth ("Conversion Therapy Laws," 2016; Shear, 2015).

Though this review does not extensively cover HIV/AIDS, it is important to mention key dates related to these issues that have shaped LGBT healthcare. In 1981, the first reports of an immunodeficiency syndrome in gay men appeared. The disease was initially called the gay-related immune deficiency (GRID) in 1982, but was renamed the Acquired Immune Deficiency Syndrome (AIDS) by the U.S. Centers for Disease Control (CDC) that same year (AVERT, 2016; "LGBT Mental Health Syllabus," 2007). Reports first showed that AIDS could be spread through heterosexual sexual intercourse in 1983. The CDC also identified all major routes of transmission and ruled out transmission by casual contact, food, water, air or surfaces. The following year, the National Cancer Institute reported that the cause of AIDS was the retrovirus HTLV-III, and in 1985, blood banks began screening for virus antibodies. The International Committee on the Taxonomy of Viruses then adopted the name Human Immune Deficiency Virus (HIV) for the virus while the World Health Organization (WHO) launched the Global Program on AIDS to raise awareness, and the FDA approved the first antiretroviral drug, zidovudine (AZT), as a treatment for HIV in 1987. At the start of the decade, President George H. W.

Bush signed the Americans with Disabilities Act (ADA) which protects those with disabilities, including people living with HIV, from discrimination. However, in 1993, the House and the Senate voted to maintain the ban on HIV positive immigrants; this ban remained until 2010. The WHO announced in 1999 that HIV/AIDS was the fourth leading cause of death worldwide with an estimated 33 million people living with HIV. It was not until 2002 that the FDA approved the first rapid HIV test which gave results in 20 minutes. Studies later found that male circumcision reduced the risk of female-to-male HIV transmission by 60% and this practice has since been encouraged in areas with high HIV and low circumcision by the WHO. The efforts to halt and reverse the spread of HIV/AIDS were deemed successful in 2015 with the majority of eligible people receiving treatment (AVERT, 2016).

Some important healthcare policy changes that have happened recently help protect the LGBT population and those living with HIV from discrimination. The Affordable Care Act introduced in 2010 prohibits discrimination on the basis of sexual orientation in any hospital or health program receiving federal funds. Also in 2010, the Centers for Medicare and Medicaid Services (CMS) began to require participating hospitals to inform patients of their right to choose their own visitors, and hospitals cannot restrict visitation rights on the basis of sexual orientation or gender identity. The Joint Commission, which accredits and certifies health care organizations and programs in the United States, has worked to align hospital standards to these policies to prevent discrimination and uphold visitation rights (Canestraro, 2015). In 2014, the Association of American Medical Colleges (AAMC) released guidelines for training physicians to work with LGBT, gender non-conforming, or intersex individuals. These guidelines serve

as the first formal standards for training future providers to work with these populations (AAMC, 2014).

Scientific Discourse on Health

Literature on lesbian, gay, and bisexual health covers a wide range of themes including both mental and physical health. After all articles were gathered, themes began to emerge while sorting the literature. Articles utilized in this study fit into the general themes of "Reparative Therapy/ Disorder," "Alternative Lifestyle/Against Reparative Therapy," "HIV/AIDS and STIs," "Health Discrepancies," "Etiology of Homosexuality," and "Patient-Provider Relationship." The following section qualitatively addresses articles in these themes by decade; a quantitative representation can be found in Table 8. Articles in the category of "Reparative Therapy/Disorder" support the concept of reparative therapy or view homosexuality as a disorder. In contrast, articles included in the theme of "Alternative Lifestyle/Against Reparative Therapy" support the concept of homosexuality as an alternative lifestyle and/or are against reparative therapy. Though these articles may reference reparative therapy, they argue that the practice is outdated, unnecessary, or harmful. Articles in the theme "HIV/AIDS and STIs" focus on the difficulties faced by those with HIV/AIDS or other STIs or the attitude of healthcare providers towards those with HIV/AIDS. Oftentimes sexual minorities are at a greater risk of health discrepancies compared to their heterosexual counterparts for a variety of reasons. Articles that focus on these discrepancies were placed in the theme of "Health Discrepancies." The theme "Etiology of Homosexuality" includes articles that address the origins of sexual orientation from a biological or behavioral perspective, and "Patient-

Provider Relationship" articles focus on the positive or negative interactions LGB individuals have with healthcare professionals.

Reparative therapy/disorder. Early literature on homosexuality and healthcare largely treats homosexuality as problematic or as a mental illness; some studies link paranoid schizophrenia and homosexuality. Though one author stressed that the link is a correlation and not necessarily causation, the study suggested that "paranoid psychotic symptoms develop as a defense against emerging unconscious homosexual wishes" (Klaf & Davis, 1960). However, a 1962 study examined 150 hospitalized male schizophrenics and found no relationship between the two (Planansky & Johnston, 1962). Abt and Weissman listed homosexuality as a special form of "harmful acting out" in adolescents and adults (Abt & Weissman, 1965). With the mindset of homosexuality as a mental illness, research was largely focused on reparative therapy treatments. One study in 1962 noted previous difficulties in curing homosexuality through psychotherapy and goes on to discuss a case of successful aversion therapy. The author suggested that the patient's willingness to be cured may have contribute to his success (James, 1962). Other studies likewise found success with aversion techniques, especially compared to non-aversive techniques (Feldman & Macculloch, 1964; MacCulloch & Feldman, 1967; Thorpe, Schmidt, & Castell, 1963). An examination of electrical aversion therapy found that it was safer, easier to control, and less unpleasant than chemical aversion therapy, e.g. using apomorphine to induce nausea and vomiting. Patients in the study wished to be cured and chose the level of shock (Bancroft & Marks, 1968). Two 1966 studies found that combined group and individual therapy improved adjustment to heterosexuality in

homosexual clients and that group therapy helped encourage the desire to change (Hadden, 1966; Mintz, 1966).

At the start of the 1970s, many studies continued to focus on homosexuality as a disorder in need of treatment. Socarides stated that homosexuality is a learned maladaptation from faulty gender identity early in life and can only develop when massive childhood fears disrupt the normal female-male development (Socarides CW, 1970). Studies continued to suggest means of therapy to help decrease homosexual behavior including avoidance learning and classical conditioning to help increase heterosexual interest rather than simply decreasing homosexual interest (Larson, 1970; Quinn, Harbison, & McAllister, 1970). Barlow likewise emphasized the importance of increasing heterosexual desires in patients undergoing treatment (Barlow, 1973) A 1972 study found that septal stimulation helped one homosexual patient suffering from chronic suicidal depression experience pleasure, relaxation, and sexual motivation which was then used to encourage heterosexual behavior (Moan & Heath, 1972). Other studies continued to show success in controlling unwanted homosexual behavior, but no success in actually changing sexual orientation (Canton-Dutari, 1974; McConaghy, 1976).

Unlike the 1970s, only one article in the 1980s treated homosexuality as a psychological problem. This article used Freudian theories to explain homosexuality as a maladaptation developing as part of an Oedipus complex (Quinodoz, 1989). Another study offered treatment for homosexuality but also recognized homosexuality as an acceptable lifestyle in addition to providing treatment for same-sex couples experiencing sexual dysfunctions or disorders (Herron, Kinter, Sollinger, & Trubowitz, 1982).

Multiple articles in the 2000s discussed conversion therapy, and more affirmed its success in the 2000s than in the 1980s and 1990s. One study surveyed 882 dissatisfied gay men and women and found that after conversion therapy or self-help a majority experienced significant reductions in the frequency of their homosexual thoughts and fantasies that they contributed to the therapy. They also reported improvement in psychological, interpersonal, and spiritual well-being (Nicolosi, Byrd, & Potts, 2000). This outcome is also observed by Spitzer who surveyed 200 'ex-gay' men and women (Spitzer, 2003). Throckmorton highlighted the importance of religious variables in the change experienced by 'ex-gays,' many of whom feel that conversion therapy was helpful (Throckmorton, 2002). Yarhouse and Jones found that moderate change occurred in those involved in religiously mediated methods through Exodus Ministries. Here, change is identified as "reduction in homosexual attraction and an increase in heterosexual attraction," and 23% of participants in the study say their sexual orientation still remained changed after six years (S. L. Jones & Yarhouse, 2011). However, it is worth noting that Exodus International shut down in 2013 with an apology for offering false hope (Vider & Byers, 2015).

Alternative lifestyle/against reparative therapy. Only a few studies in the 1960s did not research forms of reparative therapy. One author saw homosexuality as a deviation from the norm of heterosexuality, but recognized that treatment often did not work. He then focused on sexually transmitted diseases in gay men suggesting that clinics should give more information on STDs to this demographic and that developing a more enlightened legal and social atmosphere will help (Schofield, 1964). Another 1964 study

by Dean and Richardson tested the hypothesis that homosexuality is not usually a symptom of psychopathology. The results showed only moderate atypicality and did not show any personality disturbances in the homosexual group (Dean & Richardson, 1964). Most studies in the 1960s focused on gay men specifically, but a couple highlight gay women. Simon and Gagnon examined the lesbian community and pointed out society's flaw in focusing solely on the deviant behavior of homosexuality but failing to recognize the conforming behavior in the population; homosexuals spend the majority of their time in non-deviant tasks such as earning a living, finding a place to live, or managing family life (Simon & Gagnon, 1967). Though the majority of studies in the 1960s did view homosexuality negatively, the aforementioned studies do not see homosexuality as a psychopathological problem.

Research began to shift away from the idea that homosexuality is a mental illness and argue for a decrease or an end to reparative therapies in the 1970s. A study in 1971 suggested that homophobia may play a role in the problems homosexual individuals face and attempted to gather information on those who are particularly negative or fearful towards homosexuality (K. T. Smith, 1971). This study is unique because it treats gay individuals as victims and connects certain issues experienced by gay men and women to societal treatment. A 1974 article continued this thinking by suggesting that minority discrimination is the primary problem with homosexuality and that the illness model is incorrect. This study examined homosexuality in the context of identity, friendship, relationships, and contraculture and concluded that the hostile cultural environment should be analyzed instead of the illness model (Nuehring, Fein, & Tyler, 1974). Davison suggested that conversion therapy programs continue the prejudiced way of thinking

towards homosexuality and may contribute to the desire of some gay individuals to seek this kind of therapy (Davison, 1976, 1978). Instead, therapy should help gay clients recognize and accept their identity (Coleman, 1978). A 1978 study specifically looked at non-patient heterosexuals and homosexuals found no difference between heterosexual and homosexual psychological adjustment (Hart et al., 1978).

Research in the 1980s continued to examine problems with treatment for homosexuality and began to propose new models of psychotherapy that embrace a homosexual identity. Mitchell argued that previous attempts to cure homosexuality change behavior but do not actually alter sexual orientation (Mitchell, 1981). A 1982 study proposed a new group psychotherapy model that supports sexual expression in the context of sexual orientation, and another supported affirmative psychotherapy to help gay men navigate through societal stigma and internalized homophobia (Conlin & Smith, 1982; Malyon, 1982). Research continued to suggest that homosexuals who do fall under the category of psychopathological are likely influenced by homophobia and social stigma (J. Smith, 1988). Furthermore, a cross-cultural review found no evidence that homosexuality is a mental disorder and recommended that homosexuality be removed from the International Classification of Diseases of the World Health Organization (M. W. Ross, Paulsen, & Stalstrom, 1988).

No articles in the 1990s were in favor of conversion therapy, though several discussed the ethics of the practice. In the 1990s, the APA no longer supported the stance that homosexuality is a pathological condition. Murphy, Tozer, and McClanahan discussed the recent non-pathological view of homosexuality, but stated that many still support conversion therapy on the grounds of individual choice for those wishing to

pursue a heterosexual lifestyle. However, they viewed this as morally problematic since little evidence exists proving the effectiveness of conversion therapy, and they argued that there would be no need for conversion therapy if homosexuality was not still seen as an inferior state (T. F. Murphy, 1991, 1992; Tozer & McClanahan, 1999). One study proposed research into the negative effects of conversion therapy on the patient as well as new models of treatment that adequately reflect the APAs stance on homosexuality, though another study noted that removal of homosexuality from the DSM has forced many reparative therapists out of psychoanalytic circles and into conservative religious circles which has allowed them to preach dogma and stifle dissent (Drescher, 1998; D C Haldeman, 1994). This is an important observation, because many reparative therapists today use Christianity to support the practice (Cruz, 1999).

The relationship between faith and sexuality continued as a theme in the next decade. Rodriquez and Ouellette explored identity integration among LGBT members attending a gay-positive church, finding that the majority have integrated their religious identity and sexual orientation and that the church helped members achieve integration (Rodriguez & Ouellette, 2000). Similar research found that faith affirmation of sexual orientation leads to positive experiences in the faith group which indirectly correlates to better mental health (Lease, Horne, & Noffsinger-Frazier, 2005). Affirmative therapy could help decrease the onset and development of mental disorders among lesbian and gay individuals with guidelines in place to avoid bias and increase awareness of specific issues and minority stress in LGB populations (Cochran, 2001; Pachankis & Goldfried, 2004). Other articles in the 2000s looked at the potential harm conversion therapy can inflict on patients. Some possible outcomes of conversion therapy include depression,

sexual dysfunction, social withdrawal, and poor self-esteem (Douglas C. Haldeman, 2002a, 2002b). Further research condemns conversion therapy as unethical and presents methodological flaws with prior research in support of conversion therapies by presenting sampling bias and lack of objective measures of change (Jenkins & Johnston, 2004).

Those who do seek conversion therapy often have high internalized homonegativity and intrinsic religious beliefs. Also those in later stages of their gay or lesbian identity development were less likely to seek conversion therapy (Tozer & Hayes, 2004). Maccio found that negative family reactions, identifying with religion, and high religious fundamentalism all increased the odds of LGB subjects seeking reparative therapy (Maccio, 2010). Though mental health organizations denounce conversion therapy and studies show the negative effects of conversion therapy, it is still researched and practiced (Flentje, Heck, & Cochran, 2014; Panozzo, 2013). A 2014 study examined the experience of gay and lesbian individuals who have gone through conversion therapy and found that the therapy helped them connect with others but induced shame and negative mental health effects (Flentje et al., 2014).

HIV/AIDS and STIs. A handful of articles examine the effect of HIV/AIDS and STIs on the LGBT population. One study found that the majority of sexually active men in Los Angeles County were practicing safe sex, but a minority of younger, less educated men with lower incomes was practicing risky sexual behaviors. The study recommended educational interventions tailored to this population (Gary A. Richwald M.D. et al., 1988). A couple of articles discovered homophobia among physicians and nurses who reacted emotionally and prejudicially towards AIDS patients; some even felt that gay

men with AIDS were "getting what they deserve." Women scored higher for homophobia than men, and among health professional students, homophobia better predicted fear of AIDS than age, sex, marital status, or desired health career (Douglas, Kalman, & Kalman, 1985; J. A. Kelly, St Lawrence, Hood, Smith, & Cook, 1988; Royse & Birge, 1987).

Among college students from southern universities, men were consistently less tolerant towards AIDS and homosexuality than women, and those who had gay acquaintances were more tolerant than those who did not. Also, students at a higher risk for STDs did not practice safer sex (Bruce, Shrum, Trefethen, & Slovik, 1990). A study examining condom use in San Francisco found an increase in condom use over time and that gay men with a better support system were more likely to use condoms (Catania et al., 1991). One 1996 study challenges the claim that lesbians do not need to worry about STDs, finding that 65% of lesbians and 62% of heterosexual women examined at a sexual health clinic had a genital infection (Bignall, 1996).

Only a couple of articles address HIV/AIDS and STIs from 2000 onwards. One article examined attitudes towards HIV surveillance policies and found that those in favor of surveillance expressed significantly more negative feelings toward people with AIDS, gay men, lesbians, and injecting drug users. Many respondents were concerned that AIDS stigma would affect their decision to be tested for HIV in the future (Herek, Capitanio, & Widaman, 2003). A different study expressed concerns at developments in certain countries to criminalize homosexuality which would make it more difficult for those with HIV/AIDS to get the help they need (Barnett-Vanes, 2014).

Health discrepancies. Research regarding health discrepancies between heterosexual individuals and sexual minorities is present in every decade; however, the percentage of articles covering the topic has increased over time. One study in 1968 compared lesbians to heterosexual women and found several differences. More lesbians had a university education but a poorer work record, rejected religion, had a poor relationship with their mothers and fathers, and had less happy childhoods. More lesbians also had a positive psychiatric history with depression being the most common issue, but only 5 percent required in-patient treatment (Kenyon, 1968). A couple of studies found that gay men and women experienced greater depression, anxiety, nervousness, with greater suicide attempts and alcohol abuse, but still found that the majority were productive with no significant differences compared to heterosexual controls (Goodhart, 1972; Saghir & Robins, 1971). However, a couple also showed that homosexual women are as well-adjusted as heterosexual women and gay men could be considered only "mildly neurotic" at most concluding that homosexual behavior does not necessarily indicate psychological disturbance (Evans, 1970; M Siegelman, 1972).

Research supports the hypothesis that alienation from the general community affects self-esteem in gay men but involvement in the gay community helps improve self-esteem (Jacobs & Tedford Jr, 1980). A study on adolescents found that the majority experienced school-related issues related to their sexuality and experienced greater substance abuse, emotional difficulties, higher levels of sexually transmitted diseases, and higher school drop-out rates than their peers (Remafedi, 1987a, 1987b). Another study suggested that social stigma contributes to these issues among school-age youth. Those entering the program showed concern regarding family violence, educational

issues, emotional stress, shelter, and sexual abuse which could lead to development of anxiety, depression, self-hatred, and alienation in adulthood. The authors proposed that a non-threatening, supportive environment could help combat these issues (Hetrick & Martin, 1987). Further research on lesbian and gay youth paid particular attention to internalized homophobia, developmental issues, and the "coming-out" process and offered suggestions for treatment planning (Gonsiorek, 1988).

Studies in the 1990s continued to show connections between stigma and mental health as well as the extent of this connection. One study found a significant correlation between life events and mental health, particularly AIDS related events. Life events are closely tied to psychological well-being and stigmatization can amplify this correlation (M. W. Ross, 1990). A later study on minority stress likewise saw that long term stress due to stigmatization can greatly impact mental health (I. H. Meyer, 1995). Further research on adolescents found that victimization is directly related to mental health and self-acceptance in youth, and stigmatization hinders the success of gay youth resulting in greater loneliness, isolation, depression, and suicide. Supporting peer groups and validating the identity of gay adolescents helps with these issues (Hershberger & D'Augelli, 1995; Radkowsky & Siegel, 1997).

In the 2000s, research continued to support the idea that gay and bisexual individuals experience more discrimination than heterosexual individuals. 42% of gay and bisexual men in one study attribute this directly to their sexual orientation (Mays & Cochran, 2001). Several studies examined differences in mental health among certain factions of the LGBT community. For example, one on bisexual mental health discovered that bisexuals have higher levels of anxiety, depression and negative affect than

homosexuals. Both groups had worse mental health than heterosexuals (Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002). Another study looking at differences in gay men and women observed more depression, panic attacks, and psychological distress in gay men compared to heterosexual men and greater generalized anxiety disorder in gay women compared to heterosexual women (Cochran, Mays, & Sullivan, 2003). Internalized homophobia contributes to these mental health issues in gay men and women, and rural locations with insufficient mental health resources also contribute to mental health disparities (Igartua, Gill, & Montoro, 2003; Willging, Salvador, & Kano, 2006). One unique study looks at the tangible and intangible benefits of marriage often denied to gay men and women and focused on how the denial of marriage perpetuates discrimination against the community and worsens mental health within the community (Herdt & Kertzner, 2006). Discrimination is also exacerbated by straight men who act negatively towards gay men in order to feel more secure in their gender-identity. Heterosexual men maintain psychological distance from gay men as a defense against the perceived threat to their masculinity. This effect was not seen in women (Falomir-Pichastor & Mugny, 2009).

Social stigma continued to influence psychological stress and worse health outcomes in adolescents in the next decade as research examines the population's utilization of healthcare (Coker, Austin, & Schuster, 2010). One study on psychological development of young adults found greater levels of depression, suicide ideation, alcohol use, and social alienation in LGBT subjects compared to heterosexual subjects. The study proposed minority stress as a probable explanation (M. Becker, Cortina, Tsai, & Eccles, 2014). Greater parental psychological control also negatively affects the psychological

well-being of LGBT youth (Bebes, Samarova, Shilo, & Diamond, 2015). One author theorized that in addition to minority stress, socioeconomic status also plays a role in LGBT health disparities (McGarrity, 2014). Legal recognition of same-sex relationships may benefit psychological well-being and those in committed or legally recognized relationships reported less distress than single participants with those in legally recognized relationships experiencing the greatest effects (Riggle, Rostosky, & Horne, 2010). Overall, research demonstrates that societal stigma greatly influences health outcomes among sexual minorities and support from others can help decrease these effects.

Etiology of homosexuality. Some early studies on the formative factors of homosexuality hypothesized that poor parental relationships could cause someone to become gay whereas others looked to hormone levels. Some firmly believed homosexuality is a behavior stemming from childhood trauma (Eisinger et al., 1972; Socarides CW, 1970). Acosta found that social learning research provided the most consistent evidence for the etiology of homosexuality supporting the development of homosexuality through early qualitative learning and gender identity/gender role formation. He proposed early identification and intervention to treat potential homosexual children (Acosta, 1975). Others point to possible biological origins such as fetal hormonal differentiation, brain anatomy, sexual dimorphic differentiation, and gender identity development as promising leads in discovering the etiology of homosexuality (Green, 1972; Money, 1970). Meyer-Bahlburg found that sex hormonal levels were normal in most gay women, but androgen levels were higher in one third of

the sample. Most women in the study who had prenatal androgen excess did not become bisexual or gay. This study showed that hormone levels do not decide sexual orientation, but did not rule out neuroendocrine differences in the development of homosexuality (H. F. L. Meyer-Bahlburg, 1979).

Other studies looked at the development of homosexuality as a multifactorial process. Siegelman, for example, found no difference in parental backgrounds of homosexual versus heterosexual subjects and suggested that parental behavior is an unsupported model for the development of homosexuality (Marvin Siegelman, 1981). Another article proposed a three-step process for the development of a homosexual identity. Step one involved interpreting homosexual feelings, step two placed these feelings in the context of society and conventional assumptions regarding homosexuality, and step three critically evaluated these norms so a positive gay identity could be achieved (Milton & MacDonald, 1984). Some research tested identity acquisition models and developed a four stage model of homosexual identity formation (Cass, 1984; Troiden, 1989). Specifically examining early factors and sexual orientation development, one article proposed that the process is the same in all mammals, and stems from two sex genotypes. Phenotypic deviations from these genotypes occur from genetic-hormonal, pharmacological, maternal stress, immunological, and social experiential differences (L. Ellis & Ashley, 1987).

Most research from the 1990s looked at identity development from a biological perspective. For example, the hypothalamus is linked to sexual behavior, and one study hypothesized that this also correlates to homosexual behavior (Maddox, 1991). Levay likewise found that the third interstitial nuclei of the anterior hypothalamus is twice as

large in heterosexual men compared to both homosexual men and women which suggests a biological component to sexual orientation (Levay, 1991). Research looking into the probability of a genetic linkage for male homosexuality showed that 52% of monozygotic twins, 22% of dizygotic twins, 11% of adoptive brothers, and 9.2% of non-twin biological siblings were homosexual. Though genetics alone cannot explain these results, some relationship exists between genetics and homosexuality (Bailey & Pillard, 1991). Another study found increased rates of homosexuality in maternal uncles and male cousins of gay subjects, but no correlation in fathers or paternal relatives which suggests the possibility of a sex-linked gene partially controlling homosexuality. DNA linkage analysis saw a high correlation between homosexuality and markers on the X chromosome supporting the hypothesis that homosexuality is genetically influenced (Hamer, Hu, Magnuson, Hu, & Pattatucci, 1993). Research on prenatal estrogens as a possible indicator of later sexual orientation found that more women who were exposed to DES, a synthetic estrogen, prenatally identified as bisexual or homosexual than did the control groups supporting the hypothesis that estrogen levels contribute to the development of sexual orientation (H. Meyer-Bahlburg et al., 1995). These studies all contribute to the idea that homosexuality is innate rather than chosen (Charlotte J. Patterson, 1995b).

Continuing into the 2000s, only a couple of articles continued research on the biological differences between gay and heterosexual individuals. In 2000, Williams led the well-known study on finger-length ratio. Finger length is influenced by androgens, so the study determined that gay women are likely exposed to more androgens than straight women. Men with more than one older brother, who are also more likely to be gay than

the first-born, are exposed to more androgens than their siblings. This research supported the claim that androgens influence sexuality (T. J. Williams et al., 2000). Hopkin also showed that homosexuality may be influenced by genetics and that these genes may help increase reproduction in women therefore explaining why homosexuality has not been removed by natural selection (Hopkin, 2004). Other development focused studies looked at the influence of society and internalized homophobia on identity formation as well as changes in identity over time in gay, lesbian, and bisexual youth (Flowers & Buston, 2001; M. Rosario, Schrimshaw, Hunter, & Braun, 2006; Rowen & Malcolm, 2003). The most recent theory behind the biology of homosexuality is a link between sexual orientation and epigenetics. A 2015 study found a correlation between homosexuality and markers on DNA that are influenced by environmental factors (Reardon, 2015). Further research on epigenetics could prove fruitful in determining factors influencing the development of sexual orientation and the fluidity of sexual orientation over time.

Patient-provider relationship. Research began to examine the patient-provider relationship between health professionals and gay and lesbian patients in the mid-1970s. Bancroft proposed that health professionals greatly influence attitudes towards homosexuality and should treat homosexual patients without viewing their homosexuality as an illness (Bancroft, 1975). Another study looking at the gender and sexual orientation of therapists and clients saw more positive outcomes when the client and therapist were of the same sex and when the client and therapist were of the same sexual orientation (Liljestrand, Gerling, & Saliba, 1978). Further research found that having a supportive therapist can help individuals with identity confusion. The counseling process for

bisexuals in one study addressed internalized homophobia as well as support systems, heterosexual concerns, and partner concerns (Lourea, 1985). Melton argued that mental health professionals have an important role to play in counteracting the social stigma against homosexuality (Melton, 1989).

Related studies supported positive psychotherapy addressing specific issues affecting gay men and women such as identity development, antigay violence, and AIDS. These studies makes recommendations for inclusive treatment and research that accounts for psychological strengths and vulnerabilities of these groups (Greene, 1994; Rothblum, 1994; Shannon & Woods, 1991). Rothblum and Frommer argued that previous pathological views of homosexuality still affect gay men and women, particularly when mental health professionals hold negative views of clients. They conclude that researchers have more work to do in studying the previously neglected mental health of the population (Frommer, 1994; Rothblum, 1994). Robertson similarly found that gay men are unwilling to disclose their sexuality in healthcare settings so that they are not seen as deviant and that they face social difficulties when trying to come to terms with their sexuality (Robertson, 1998). Interestingly, a 1999 study noted that gay men and women see more psychotherapists and are more satisfied with psychotherapy than other consumers, but they are the least acknowledged demographic (M. A. Jones & Gabriel, 1999). A later survey of 200 lesbians found that over 40% did not disclose their sexual orientation and were unable to discuss sexual health issues with their primary care physician though 81% felt there was a need for lesbian sexual health services (Carr, Scoular, Elliott, Ilett, & Meager, 1999).

Significantly more articles from the 2000s addressed patient-provider relationships than any other decade. One article demonstrated how "Don't Ask Don't Tell" applies to lesbian, gay, and bisexual patients who fear that revealing their sexual orientation would result in poor treatment by physicians (Eliason & Schope, 2001). However, another study noted that patients who can be open about their orientation experience higher healthcare satisfaction (Barbara, Quandt, & Anderson, 2001). Klitzman and Greenberg added that gay men are more likely than lesbians and bisexuals to disclose their sexual orientation to their provider, to feel comfortable discussing sex with their providers, and to have an insurance cover an LGB provider (Klitzman & Greenberg, 2002). A study on youth disclosure found that 35% of the sample disclosed their sexual orientation to their healthcare provider (Meckler GD, Elliott MN, Kanouse DE, Beals KP, & Schuster MA, 2006). This research is in line with the emergence of LGBT health advocacy as a new form of health activism (Epstein, 2003).

In addition to researching the patient-provider relationship, one study also address LGBT physician's experience in the workplace. This study found that discrimination has decreased since previous reports, but many still note harassment, disrespect towards LGBT coworkers, derogatory comments and discriminatory patient care (Eliason, Dibble, & Robertson, 2011). The final study in this theme noted a connection between religion, sexuality, and family in therapy for gay clients and examined productive and unproductive ways conflict was handled among gay men, their therapists, and their religious families (Etengoff & Daiute, 2015). Research has consistently shown that LGBT patients do not always feel comfortable around their healthcare providers. Studies

will likely continue to address this issue until physicians and LGBT patients feel more comfortable around each other.

Summary. Though homosexuality was originally seen as a mental illness, the amount of research advocating for this perspective and for conversion therapy has gradually dwindled allowing research in support of the LGB community to grow. Research has become more aware of the health discrepancies faced by sexual minorities due to minority stress in addition to the difficulties faced by this population when seeking a supportive healthcare provider. This parallels historical events as the Stonewall Riots led to protests which led to progressive health professionals working to create a model of psychotherapy based on affirming same-sex desire. The APA then gradually shifted its stance to accept homosexuality as an alternative lifestyle instead of a mental disorder and acknowledge the dangers of reparative therapy. Currently, the Affordable Care Act also allows for greater protections for sexual minorities in healthcare.

Family

> Search for what is good and strong and beautiful in your society and elaborate from there. Push outward. Always create from what you already have. Then you will know what to do.
>
> —MICHEL FOUCAULT, 1984

Like changes made to healthcare, the gay rights movement has also impacted views of the traditional family. Before the 1990s, not many people believed that a family with same-sex parents could exist let alone be classified as a family unit. Court cases originally involved the separation of a heterosexual marriage due to the sexual orientation of one parent who then sought custody. Adoption cases involving two same-sex partners attempting to start a family are a more recent phenomenon. Research has largely attempted to show that same-sex parents can raise children as well as heterosexual parent or single parent households. Other research has examined how parents can impact their children as they figure out their sexual identity. Research has shifted from claiming poor parenting causes homosexuality to claiming that parental behavior can impact childhood self-esteem.

Family History Timeline

1960

- Gay and Lesbian Parents Rarely Awarded Custody

1970

- 1974 - New Jersey Superior Court Judge rules against denying custody on the basis of sexual orientation
- 1976 - APA says sexual orientation should not be only determinant in child custody cases
- 1976 - Washington, D.C. prohibits the court from denying custody to parents on the basis of sexual orientation
- 1979 - Gay couple in California jointly adopt a child
- New York prevents discrimination on the basis of sexual orientation of adoption applicants

1980

- National Center for Lesbian Rights detail a legal strategy for second-parent adoption
- 1986 - First joint adoption by a lesbian couple
- 1986 - Arizona denied adoption by a bisexual man
- 1987 - New Hampshire issued a statement banning LGBT adoption
- 1988 - Youth with LGBT parents started the precursor organization of the Family Equality Council

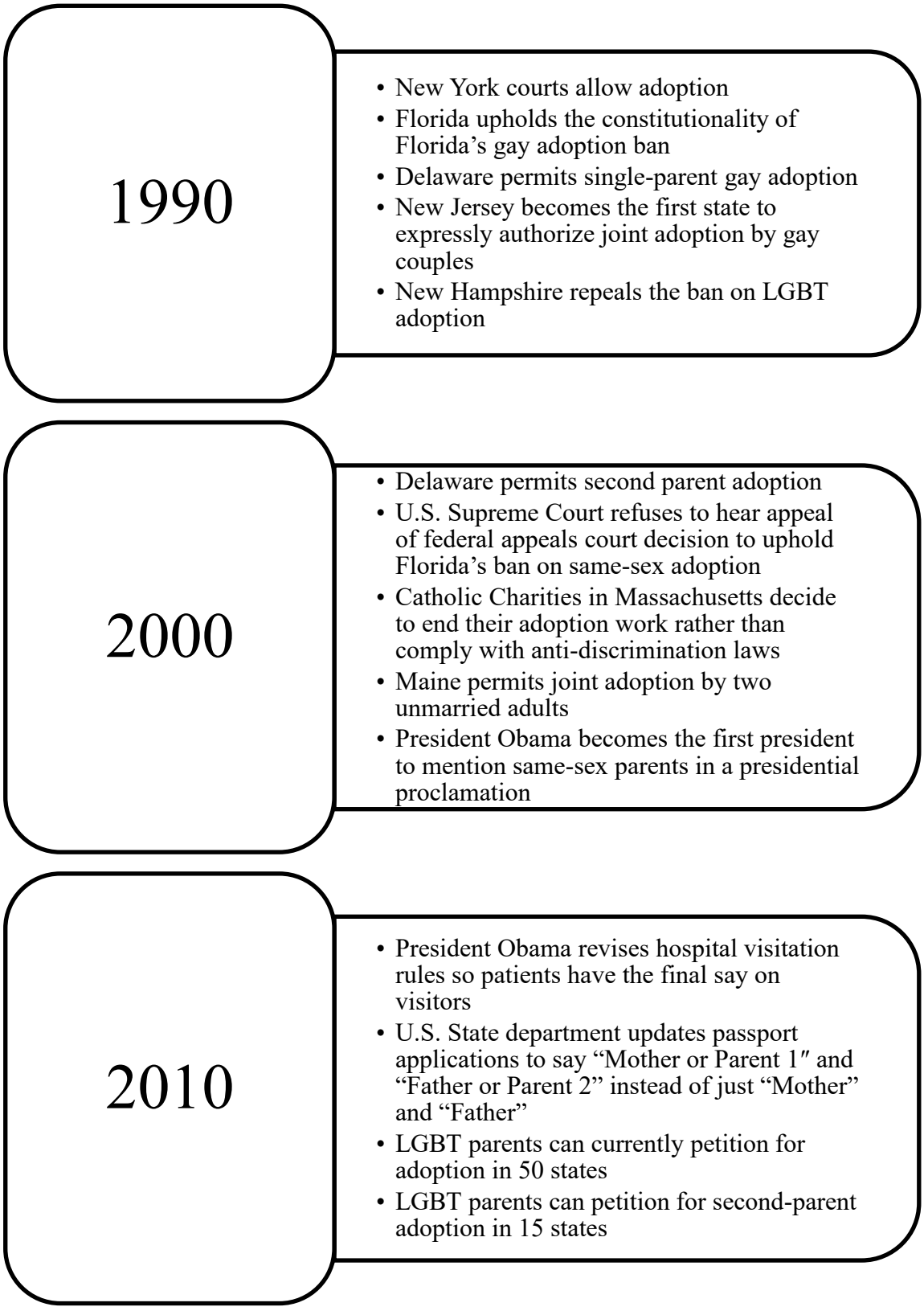

Figure 10: Family History Timeline

Family Research Timeline

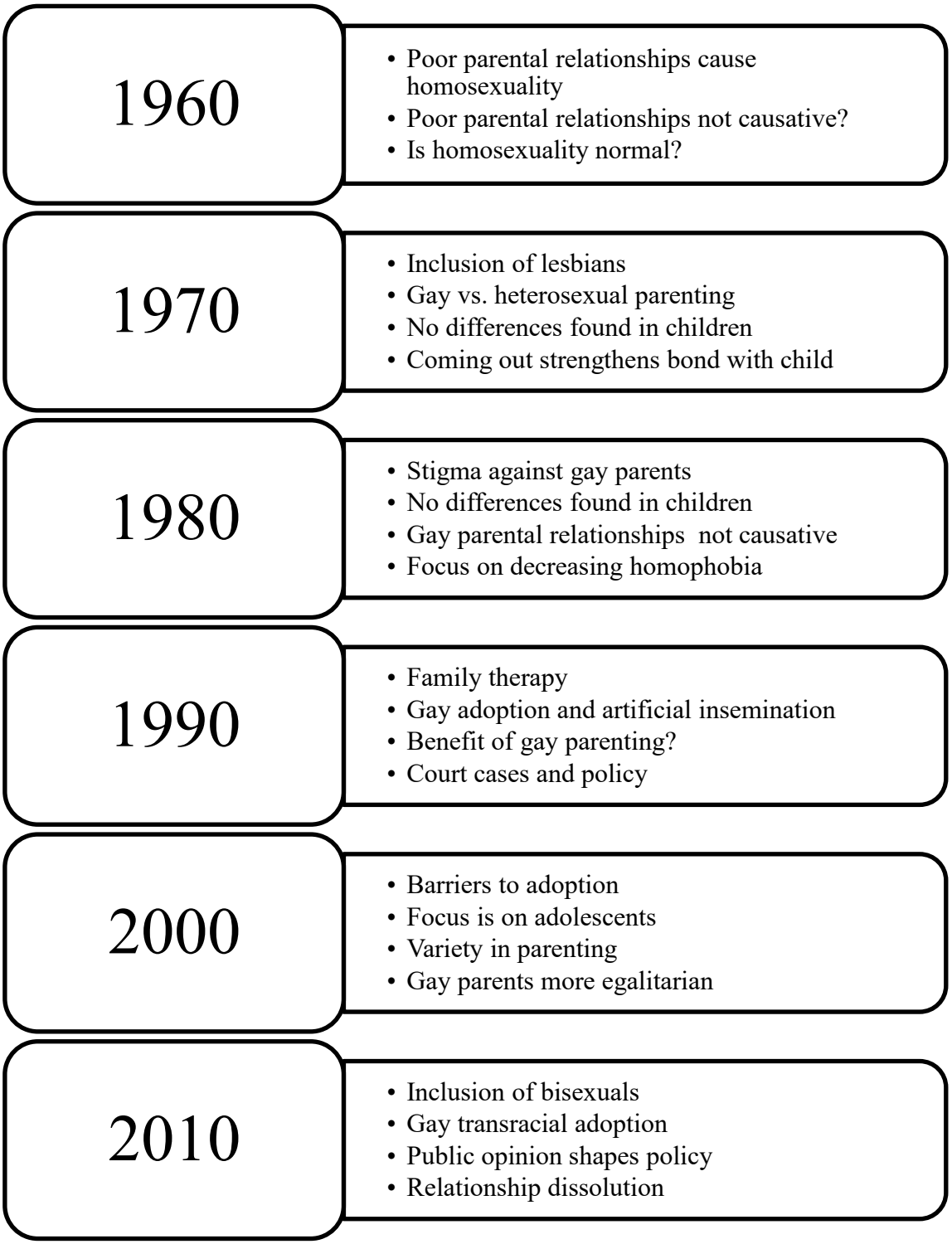

Figure 11: Family Research Timeline

Family: Historical Background and Trends

One arena where the gay rights movement has sought change is through parental rights and adoption. It was not until 1974 that the issue of gay parenting was addressed in a U.S. Court. In New Jersey, a Superior Court judge ruled for the first time that a father's sexual orientation was not in itself a reason to deny him child visitation. Later, in 1976, the American Psychological Association declared that "The sex, gender identity, or sexual or orientation of natural, or prospective adoptive or foster parents should not be the sole or primary variable considered in custody or placement cases" (GLBTQ Legal Advocates & Defenders, 2016). 1976 was also the year that Washington, D.C. became the first jurisdiction to prohibit the court from denying custody to parents on the basis of sexual orientation. In the late 1970s, New York became the first state to prevent discrimination on the basis of sexual orientation of adoption applicants. A gay couple in California also became the first to jointly adopt a child in the United States in 1979 (D. Rudolph, 2012).

Same-sex adoption became a more prominent issue in the 1980s with the National Center for Lesbian Rights detailing a legal strategy for second-parent adoption. The first joint adoption by a lesbian couple occurred in 1986 (GLBTQ Legal Advocates & Defenders, 2016). However, as progress was made, states pushed back. In 1986, Arizona denied adoption by a bisexual man on the grounds that he may at some time be in a homosexual relationship, and in 1987, New Hampshire issued a statement banning LGBT adoption. Following these legal roadblocks, youth with LGBT parents met in 1988 and started the precursor organization of the Family Equality Council. In the 1990s, more states began taking stances on the issue of same-sex adoption. New York courts allowed

adoption, Florida upheld the constitutionality of Florida's gay adoption ban, Delaware permitted single-parent gay adoption, New Jersey became the first state to expressly authorize joint adoption by gay couples, and New Hampshire repealed the ban on LGBT adoption (D. Rudolph, 2012)

In the 2000s, Delaware permitted second parent adoption, the U.S. Supreme Court refused to hear appeal of federal appeals court decision to uphold Florida's ban on same-sex adoption, Catholic Charities in Massachusetts decided to end their adoption work rather than comply with anti-discrimination laws, and Maine permitted joint adoption by two unmarried adults (GLBTQ Legal Advocates & Defenders, 2016). When President Obama took office, he became the first to explicitly mention same-sex parents in a presidential proclamation. He declared Sept. 28th as family day in 2009 and said "Whether children are raised by two parents, a single parent, grandparents, a same-sex couple, or a guardian, families encourage us to do our best and enable us to accomplish great things." Later in 2010, he revised hospital visitation rules so patients had the final say on visitors, including same-sex couples. In 2011, the U.S. State department updated passport applications to say "Mother or Parent 1″ and "Father or Parent 2" instead of just "Mother" and "Father."

According to the Family Equality Council, LGBT parents can currently petition for adoption in 50 states. Seven states specifically prohibit discrimination in adoption on the basis of sexual orientation including California, Maryland, Massachusetts, Nevada, New Jersey, New York, and Rhode Island. Parents in legally recognized same-sex relationships can petition for stepparent adoption statewide, and in 15 states LGBT parents can petition for second-parent adoption: California, Colorado, Connecticut,

District of Columbia, Idaho, Illinois, Indiana, Maine, Massachusetts, Montana, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, and Vermont (Family Equality Council, 2016).

Scientific Discourse on Family

After sorting articles in the subtopic of education, several common themes emerged including "Parental Relationships and Homosexuality," "Same-Sex Parenting," "Legal Issues and Policies," "Becoming a Parent: Adoption, Technology, Custody," and "Attitudes towards Same-Sex Parents." Table 9 shows a quantitative representation of these themes. Articles sorted into the theme of "Parental Relationships and Homosexuality" focus on the role parents play in the identity formation of LGB children. In contrast, "Same-Sex Parenting," the theme with the most articles, examines parents who identify as LGB and their experience with raising children as a couple. "Legal Issues and Policies" specifically addresses changes in policy that could affect same-sex parents. Few articles fit into this theme overall. There was some overlap between this theme and "Becoming a Parent: Adoption, Technology, Custody." To separate the two, articles with a main focus on legal issues were sorted into the former theme whereas those mainly addressing the path towards parenthood were sorted into the latter. Finally, articles studying other's opinions towards same-sex parenthood fit into the category of "Attitudes towards Same-Sex Parents." The discourse and main findings of articles within these themes are addressed below; within themes, articles are examined by decade.

Parental relationships and homosexuality. Throughout the 1960s, academic articles focused on the influence of parenting as a causative factor leading to homosexuality. This belief first manifested with Freud who believed homosexuality was an inversion of the typical process. A gay man identifies with the mother instead of with the father thereby turning toward her and away from him (Chang & Block, 1960). This hypothesis was tested and supported in "A Study of Identification in Male Homosexuals" where gay, male participants identified more with adjectives that would describe their mothers and less with adjectives that would describe their fathers (Chang & Block, 1960). A 1965 study attempted to further clarify the difference between homosexual and heterosexual parental relationships by asking men a series of questions about their childhood using the Bene Anthony Family Relations Test. The study found that gay men did have worse relationships with their fathers than heterosexual men, but did not find any evidence that they were more strongly attached to their mothers or took them as a model more so than heterosexual men (Bene, 1965).

Bene countered the argument that the poor relationships were caused by the son's homosexuality by mentioning the number of gay men who come from broken homes or homes without fathers. Ray Evans and Evelyn Hooker followed up on this counter argument in 1969. Evans also found poor parental relationships in the case of homosexual men but proposed that this is not a causative factor of homosexuality as "there was evidence that the father relationship of some homosexuals was as good as that of many heterosexuals" (Evans, 1969). Evelyn Hooker took this question one step further and argued that perhaps people are born with inherent sexual predispositions. In addition, Hooker questioned whether homosexuality should be treated as a deviant role or simply

as another personality system (Hooker, 1969). This study marks an important shift away from the idea that homosexuality can be prevented by improving parental relations and toward the idea that homosexuality likely develops from many factors and is not necessarily a negative development.

In the early 1970s, studies still emphasized parental roles in the development of homosexuality but began to include females. One study recommended socialization with boys as part of the institutional regime for delinquent girls (Holyoak, 1972). Another article from 1973 compared gay men and women to each other and to a heterosexual control group to explore parental relationships. They found that gay women had more negative relations with their fathers than straight women, that they were distant form both parents, and were more masculine. Gay men were closer to their mothers but had detached fathers, and they were less masculine (N. L. Thompson, Schwartz, McCandless, & Edwards, 1973).

More articles in the 1980s question the role of parenting as a causative factor of homosexuality. For example, one study questions the implication that poor parental relationships are a causative factor of homosexuality by conducting a separate study that observed few differences in the parental backgrounds of homosexual vs heterosexual males (Marvin Siegelman, 1981). Another article found that the majority of gay men and women in the study perceive their relationships with their parents as satisfactory (B. E. Robinson & And Others, 1982). One hypothesized that parents influence their child's sexuality specifically by not conforming to gender roles. The study did not see any effects for gay men, but does see the hypothesized effects for lesbians (Newcomb, 1985). Finally, some focused on promoting positive relationships with parents and decreasing

homophobia and misinformation about homosexuality (Borhek, 1988; Strommen, 1989). These studies are important as they work to decrease negative attitudes surrounding homosexuality and improve life for gay youth.

Research in the 1990s began looking at therapy for families with gay children. Unlike most previous research, these studies focus on answering the question of why gay children may have worse parental relationships than heterosexual children and how family therapy can address this issue to improve familial relationships. One study saw five major themes: "social stigma, self- and/or spouse-blame, parental losses, fears and concerns for the gay child, and fear of losing their son or daughter if parents did not accept the child's homosexuality" (Bernstein, 1990). Discussion of homophobia also became more prominent and measurable. One study found a correlation between the time parents had known about their child's sexual orientation and their homophobia score. Sex role stereotypes also increased levels of homophobia (Holtzen & Agresti, 1990). A later article looked at family research and noted a shift towards increasingly diverse family structures. The study specifically mentioned that lesbians and gay men are involved in multiple family dynamics as children, siblings, partners, and parents and stepparents (Allen & Demo, 1995).

Unlike previous decades, few articles examined in the 2000s focused on family relationships between heterosexual parents and gay children. All studies examined gay and lesbian parents with an emphasis on barriers to adoption, lack of negative differences between gay and heterosexual parents, and examining any differences from a non-pathological viewpoint. Only one article addresses relationships between straight parents and gay children and found that peer relationships are better with parents who are close to

their child regardless sexual orientation (Wainright & Patterson, 2008). In 2010 onwards, research addressing "coming out" found that it can be associated with better health for lesbians and bisexual women but unsupportive parents can increase the odds of their children developing depression or using hazardous substances (Rothman, Sullivan, Keyes, & Boehmer, 2012). Later research describes modified attachment-based family therapy to help lesbian and gay youth with unaccepting parents (Diamond & Shpigel, 2014). Negative reactions to lesbian and gay children typically come from conservative parents with strong religious beliefs and an emphasis on traditional values (Baiocco et al., 2015).

Same-sex parenting. In the late 1970s studies began examining gay parents for the first time. These studies focused on the sexual identity of children in these households and found that sexual identity was no different than children raised in heterosexual households. Children also shared similar toy, game, and clothing preferences as their peers (Green, 1978). In addition, studies found no negative influence on child development, and coming out seemed to strengthen the father-child bond (Miller, 1979). These studies were the first to address the effect, or rather lack of effect, children experienced by growing up in same-sex parent households in comparison to traditional heterosexual parent households.

Several 1980s studies likewise show that homosexuality is compatible with effective parenting and does not cause major issues in parent-child relationships (Golombok, Spencer, & Rutter, 1983; Gottman, 1989; M. B. Harris & Turner, 1985; Lewin, 1981). These studies examine children raised by heterosexual parents, single and

married, and by gay and lesbian parents, single and coupled, and find few differences between the two groups. Gender identity, sex role behavior and sexual orientation are all similar among the children. Studies from the 1990s focusing on gay and lesbian parents who had children through heterosexual relationships found few issues between parents and children as a result of sexual orientation. Children were no more likely to be gay than their peers (Fitzgerald, 1999; Javaid, 1993). One study did find that lesbians had more marriages, were more likely to disclose their homosexuality to their children, were more likely to be single, and had more difficulties reconciling their sexual orientation and their role as a parent compared to gay men. However, neither gay women nor men reported any lingering problems with their children related to their homosexuality (Turner, Scadden, & Harris, 1990). Only one article out of those examined showed a negative correlation between homosexuality of parents and child experiences. The study showed that parental homosexuality could be related to the disproportionate amount of those surveyed having sexual relations with parents and other caretakers, having a "less than exclusively heterosexual orientation," and gender dissatisfaction. However, the study only identified seventeen adults who indicated that they had homosexual parents out of the 5,182 answering the questionnaire (Cameron & Cameron, 1996).

Like the 1990s, several studies from the 2000s emphasize the lack of differences between heterosexual parents and lesbian parents (Golombok et al., 2003; Maccallum & Golombok, 2004; Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2003). Research shifts to focus on adolescents as opposed to younger children. This is most likely because few same-sex families with adolescent age children existed before the 2000s. One study found no differences in peer or romantic relationships in school-age children and another

found low levels of stigmatization in schools. This study also found that knowing other children with similar families helped self-esteem levels (Bos & Balen, 2008; Wainright, Russell, & Patterson, 2004).

Unlike the 1990s, some research from the 2000s emphasizes differences between same-sex and heterosexual parents and their families. Rather than viewing differences as negative, these studies showed the unique traits gay parents have to offer children (Bigner, 2000; Brinamen, 2000; S. Hicks, 2005). According to one study, division of labor is more egalitarian in lesbian households (Charlotte J. Patterson, Sutfin, & Fulcher, 2004). Another found that lesbian parents' desire to have a child is stronger (Bos, van Balen, & van den Boom, 2003). Several argued that a better indicator of differences comes from observing the nature of relationships and interactions within the family rather than looking at the type of family unit (Perrin, 2002). A couple of studies found bias in previous research showing that no differences exist and state that differences may have been suppressed due to a political agenda (Schumm, 2008; Stacey & Biblarz, 2001). Regardless of whether a study emphasized similarities or differences between families, no articles from the 2000s showed any negative effects of same-sex parenting on child development.

Longitudinal studies in 2010 onward continued to see healthy psychological adjustment in children of lesbian led families though, according to one study, daughters are more likely to identify as bisexual than their counterparts from heterosexual families (N. Gartrell & Bos, 2010; N. K. Gartrell, Bos, & Goldberg, 2010). Since it is harder for same-sex couples to become parents, one study claimed that this could account for better relationships between parents and children in same-sex families (Fiona Tasker, 2010).

Newer research is more likely to focus on differences between lesbian and gay parents and include bisexuals and transracial adoption as opposed to studies from previous decades (Biblarz & Savci, 2010; Titlestad & Pooley, 2014). As a minority group, gay and lesbian parents may be better suited to transracial adoption according to a 2011 study (Ausbrooks & Russell, 2011). Another study furthers this claim by demonstrating that same-sex couples and their children are more likely to be racial and ethnic minorities: female, black, Latino/a, and younger than their different-sex counterparts (Gates, 2013). Research continues to show that lesbian and gay parents focus more equally on parenting as opposed to specialization which is seen in heterosexual adoption where mothers take a on a greater parenting role than fathers (Farr & Patterson, 2013). Only one controversial study conducted by Regnerus in 2012 demonstrated that children raised by same-sex parents, particularly lesbian parents, experienced worse outcomes than children raised by never-divorced heterosexual parents. Respondents who lived with stepfamilies or in single-parent households likewise differed significantly from intact biological families. Children of lesbian and gay parents are more likely to smoke, be arrested, have multiple sexual partners, have worse educational attainment, worse physical health, and smaller household incomes (Regnerus, 2012). However, critics of the study argue that Regnerus fails to separately compare parents who entered a same-sex relationship after the ending of a heterosexual relationship from never-separated same-sex parents. Most respondents did not live with lesbian or gay parents for long periods of time, if at all (Bartlett, 2012). A study examining separation in heterosexual couples where one parent 'comes out' as lesbian, gay, or bisexual noted that the primary tension between parent and child occurs

because the parents had separated and not because one of the parents is LGB (Daly, MacNeela, & Sarma, 2015).

Legal issues and policies. One brief article from the 1970s addresses the legality of custody cases. A resolution recommending that a parent's marital status or sexual orientation should never be considered in child custody cases was rejected by the California State Bar Association. The article disagrees with this decision and argues that many judges are prejudiced against gay men and women ("Professional Associations Consider Gay Child Custody Resolutions," 1977). An article from a decade later found similar problems in same-sex parent custody disputes, visitation rights, and adoption and likewise addressed how the fear of AIDS affected these cases (N. Polikoff, 1986). With little evidence supporting the idea that same-sex parents provide subpar care compared to heterosexual parents, authors call for lawyers, judges, and other professionals to examine the facts in same-sex parental custody cases (Kleber, Howell, & Tibbits-Kleber, 1986).

Many studies in the 1990s followed this same argument, encouraging courts to consider the scientific evidence when making decisions on same-sex parental rights including disputes over child custody, visitation, foster care, and adoption (Elovitz, 1995; Charlotte J. Patterson, 1995a; Charlotte J. Patterson & Redding, 1996; C J Patterson, 1992; N. D. Polikoff, 1993). One study reviewed specific court cases looking at successful adoption cases and dissenting court opinions. Successful adoption cases occurred in courts where gay parents were accommodated and treated similarly to step-parent adoption cases (Flaks, 1994). Others did not compare same-sex partners to heterosexual parents but solely considered the best interest of the child. Courts refusing

adoption generally did so on the basis of same-sex parents not being married as the adoption statute requires (Connolly, 1996). A 1999 article explores the changing legal treatment of lesbian and gay families and examines homophobic laws and policies (Arnup, 1999). Articles referencing legal policies towards same-sex adoption generally encourage legal options for lesbian and gay parents.

Studies show that extra barriers can affect the mental health of lesbian and gay men attempting to adopt and place emphasis on support as well as legal recognition through marriage (S. Brown, Smalling, Groza, & Ryan, 2009; Herek, 2006; L. Ross et al., 2008). One study stresses the importance of legislative change in promoting the well-being of lesbian mothers and suggests resources and strategies other mothers have used when attempting to start a family (Short, 2007). Goldberg follows through with previous research pushing for policy allowing gay and lesbian adoption by examining the effect of Florida's gay adoption ban as well as the positive outcome once the ban was removed (A. E. Goldberg, Moyer, Weber, & Shapiro, 2013). Butterfield continues to push for removal of laws prohibiting second-parent adoption, believing that current policies put strain on same-sex partners who are trying to parent their children in an egalitarian manner (Butterfield & Padavic, 2014). Overall, research supports the push for gay and lesbian parental rights citing bias in the courts and the capability of same-sex parents.

Becoming a parent: adoption, technology, custody. Same-sex couples face many barriers to becoming parents from making decisions on adoption and reproductive technology to facing stigma. One of the first articles to address the influence of stigma in custody cases noted that the stereotypes about gay men molesting children, instigating

harassment, and negatively influencing children are largely unfounded. Fathers coming out to their children can relieve family tension and strengthen the father-child bond (B. Miller, 1979)As same-sex parenting became more widely discussed in the 1980s, research on the topic expanded. In 1980, a study on heterosexual and lesbian single mothers highlighted the oppression felt by these demographics in regards to child custody, housing, and employment and demonstrated that perceived oppression is higher for lesbian mothers when compared to heterosexual mothers (Pagelow, 1980). This study serves as an example of research beginning to acknowledge the stigma faced by sexual minorities. Instead of focusing on the prevention or outcomes of homosexuality, research started to focus on how homosexuality affects the life of gay, lesbian, and bisexual individuals. "Lesbianism and Motherhood, implications for child custody" specifically addressed the difficulties faced by lesbian mothers in custody cases, finding that lesbian mothers are comparable in parenting to single mothers (Lewin, 1981). Later research in the 1980s begins to address adoption and foster parenting among same-sex parents by reviewing specific cases and barriers (Ricketts & Achtenberg, 1989).

Though sperm banks became popular in the 1970s and in-vitro fertilization became possible in 1978, few articles address lesbian artificial insemination before 1990. In 1993, a study was conducted to compare lesbian and heterosexual parents' attitudes regarding their donors. Heterosexual parents were more likely to seek an anonymous donor and secrecy. They hoped that artificial insemination would allow them to have a "normal" family. Lesbian parents were more likely to embrace being "different." They wanted to know the identity of the donor and were more likely to tell their child (Brewaeys, Ponjaert-Kristoffersen, Van Steirteghem, & Devroey, 1993). A study in 1996

found similar results regarding openness and artificial insemination but also found that married men were more likely to support counseling beforehand and lesbians were more likely to undergo stress in their relationship during the process (Wendland, Burn, & Hill, 1996).

Another article pairing heterosexual couples and lesbian couples who had undergone artificial insemination and had children ages three to nine found no differences between the children, but did find that lesbian couples exhibited more parenting awareness skills than did heterosexual couples (Flaks, Ficher, Masterpasqua, & Joseph, 1995). This data was further supported in 1997 by a study comparing lesbian mothers, heterosexual parents undergoing artificial insemination and heterosexual parents who had not undergone artificial insemination. No differences were found in parent-child relationships and the interaction between the social mother and the child in lesbian families was actually superior to that of the father and child in heterosexual families (Brewaeys, Ponjaert, Van Hall, & Golombok, 1997). Other studies from the 1990s show similar results (Chan, Raboy, & Patterson, 1998; Fiona1 Tasker & Golombok, 1998).

Some studies examining adoption agencies and policy questions focused specifically on barriers to adoption put in place by adoption agencies (Brooks & Goldberg, 2001; Mallon, 2000; S. D. Ryan, 2000; S. D. Ryan, Pearlmutter, & Groza, 2004). These studies demonstrate the considerable and unjustified barriers put in place against gay and lesbian men and women seeking adoption and present policy framework and suggestions to decrease these barriers. They also demonstrate that social science research has not found any reason to discriminate on the basis of sexual orientation in cases of same-sex adoption, foster care, marriage, and divorce (Patterson, 2009). One

study looked specifically at emotional and behavioral problems in 1384 children ages 1.5-18 years with gay, lesbian, and heterosexual adoptive parents and found no difference on the basis of sexual orientation. All adoptive parents faced similar challenges (Averett, Nalavany, & Ryan, 2009).

Newer research addresses various facets of adoption and examines how many gay and lesbians are becoming parents, how they are becoming parents, and how many gay and lesbian youth expect to become parents (Charlotte J. Patterson & Riskind, 2010). One study suggests that same-sex parents may be better suited towards transracial adoption than some heterosexual parents due to their experiences with oppression (Ausbrooks & Russell, 2011). A longitudinal study examined heterosexual and same-sex parents who chose open adoption and found that most had satisfying relationships with birth parents (A. E. Goldberg, Kinkler, Richardson, & Downing, 2011). Same-sex couples wishing to adopt often face the stigma of society and adoption professionals. As shown in previous research, stigma from professionals can prevent same-sex couples from adopting and contribute to depression (A. E. Goldberg, Kinkler, & Hines, 2011; Kimberly & Moore, 2015). Relationship separation is also an issue faced by gay couples wishing to adopt. The articles that focus on relationship dissolution in lesbian, gay, and heterosexual adoptive parents note that couples with inequalities in the division of labor, sexual, or intimacy problems are more likely to dissolve the relationship along with couples who adopted a noninfant, who were less prepared for the adoption, and who reported very low or very high preadoption levels of relationship maintenance behaviors (A. E. Goldberg & Garcia, 2015; A. Goldberg, Moyer, Black, & Henry, 2015).

Attitudes towards same-sex parents. Though less research examined attitudes towards same-sex parents before 2010, some scattered articles address the topic in earlier decades. Earlier articles address factors affecting perceived emotional support from friends and families among gay and lesbian couples (Kurdek & Schmitt, 1987). AIDS likewise affected gay men's experience with their families as they faced homophobia and lack of social support (Lovejoy, 1989). Patterson noted that society largely believes that gay men and lesbians do not take part in family life. The concept of gay and lesbian families was viewed as an oxymoron in the 1990s (Charlotte J. Patterson, 1994). Even psychologists were less likely to recommend custody to same-sex parents seeking adoption when rating vignettes where situations were identical except for the sexual orientation of the parents (Crawford, McLeod, Zamboni, & Jordan, 1999). One article explored talk show coverage of lesbian and gay parents and concluded that due to the heterosexual framing of the debates, same-sex parents respond defensively and apologetically (Clarke & Kitzinger, 2004). Further research on social support found similar levels of overall support when studying heterosexual and homosexual adoptive parents. However, heterosexual parents relied more on relatives for support whereas homosexual parents relied more on their partners and day care centers (Kindle & Erich, 2005). Support from schools also impacts same-sex parents. One study found that many schools stigmatize parents for their family configuration, but a significant minority also felt respected, supported, and safe within the school environment (Lindsay et al., 2006). Though the majority of parents felt like they had to adopt a certain level of secrecy, some were able to be out and proud.

According to several studies, attitudes towards gay rights have been positive but attitudes towards gay and lesbian adoption are still negative. More negative views are expressed in conservative, less educated, more religious, Christian, older, and non-white individuals (P. Averett, Strong-Blakeney, Nalavany, & Ryan, 2011; Hichy, Di Marco, & Coen, 2015; Kirby & Michaelson, 2015; Rye & Meaney, 2010). Another study found that people believing a genetic etiology for homosexuality are more likely to support gay rights and gay adoption whereas people believing homosexuality is a choice were less likely to be supportive (Frias-Navarro, 2015) Interestingly, "heterosexual in-racial adopters reported higher levels of internalized stigma than heterosexual transracial adopters, gay/lesbian transracial adopters, and gay/lesbian in-racial adopters" (A. E. Goldberg, Kinkler, & Hines, 2011). Though stigma towards gay adoption does exist, heterosexual adopters also feel stigma regarding their choice to adopt. As more same-sex couples become parents, more articles have addressed stigma towards these parents. Stigma largely comes from society, family, and schools, and is perpetuated by psychologists with little training in LGBT issues and the legal system.

Summary. The issue of same-sex parenting has become more prominent as non-traditional families have become the norm in America. In 1960, 73% of children grew up in households headed by two heterosexual parents in their first marriage. That percentage dropped to 61% in 1980 and is currently at 46%. Research continues to support the notion that same-sex parents are as equipped to care for children as single-parent households, divorced households, and even first marriage, heterosexual parent households. Though

same-sex parents are stigmatized and face legal struggles when adopting, views will likely continue to shift towards acceptance with the legalization of gay marriage.

Education

> Schools serve the same social functions as prisons and mental institutions- to define, classify, control, and regulate people.
>
> —MICHEL FOUCAULT, *Discipline and Punishment,* 1975

Stigma against LGB students and teachers has continued to shape school climate from 1960 to 2015. Both activists and researchers have addressed the discrimination faced by students and teachers at all levels of education in addition to the lack of accurate information conveyed to students, educators, and healthcare professionals regarding the LGB community. Introducing better training, gay-straight alliances, and courses on sexual minorities and sexual health have helped lessen stigma, but, as seen in health and family, sexual minorities continue to face minority stress.

Education History Timeline

1960

- 1967 - Student Homophile League is the first gay student organization
- 1969 - Stonewall Riots cause greater activism

1970

- 1971 - National Student Congress meets and passes the first gay-rights mandate
- 1971 - more than 175 colleges and universities have gay student organizations
- 1972 - National Gay Student Center founded
- 1972 - First gay studies program at Sacramento State University
- California State Sen. John Briggs tries to ban gay teachers from classrooms. The measure is defeated by a 60% vote

1980

- 1984 - Federal Equal Access Act (EAA) requires the equal treatment of all student groups
- 1988 - The governing board of the City College of San Francisco approves the creation of a gay and lesbian studies department
- 1989 - First Gay-Straight Alliance

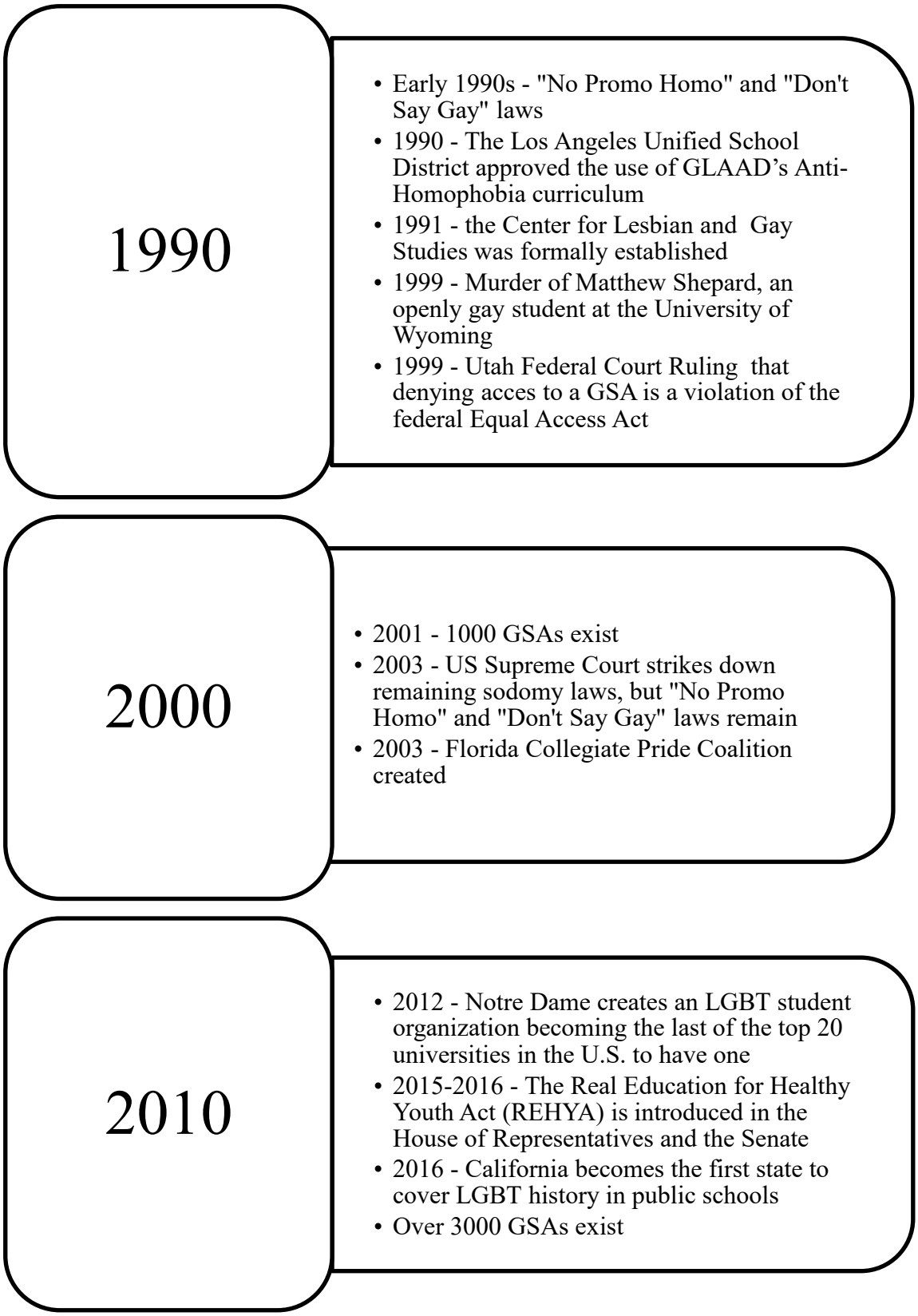

Figure 12: Education History Timeline

Education Research Timeline

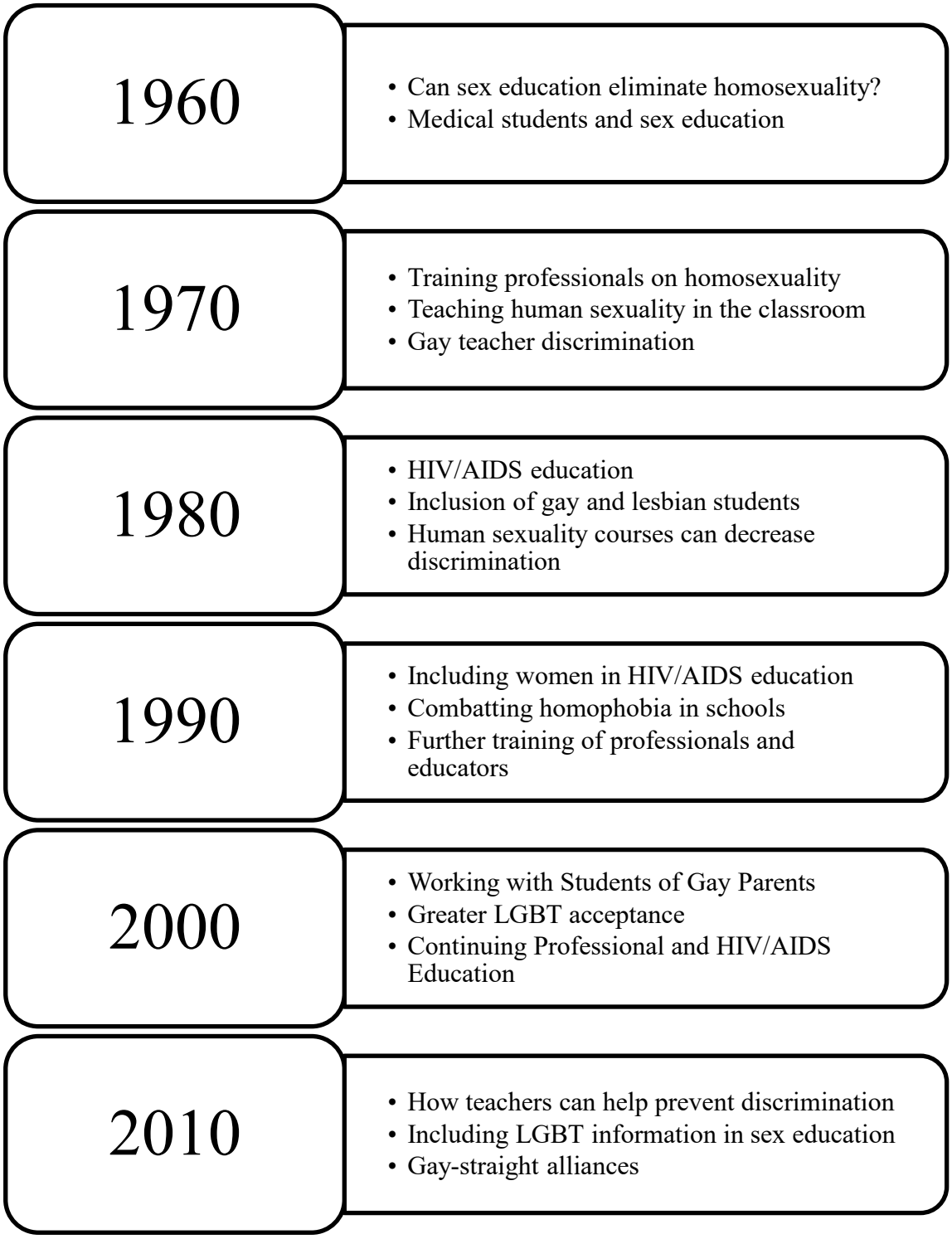

Figure 13: Education Research Timeline

Education: Historical Background and Trends

Every year, the National Student Congress, hosted by the United States Students Association, meets for five days and gives students the opportunity to shape education across the nation. In 1971, they met and passed the first gay rights mandate. This was shortly followed by the founding of the National Gay Student Center which became internationally known as the "gay desk." Run by only a few lesbian and gay men, the group established a newsletter called "interCHANGE," collected information about gay student groups on school campuses, and collected information on gay studies. In their 1973 newsletter, the authors discuss a lack of resources, the firings and transfer of several gay teachers on the basis of sexual orientation, and present several first-person stories of being gay in society ("Interchange," 1973). The founding of the National Gay Student Center was followed by the first gay studies program at Sacramento State University in 1972 (Torres, 2004).

In 1975, the National Student Association reports on the National Gay Student Center, summarizing their mission and discussing how the group is run by volunteers as a low-budget, self-supporting group. They recommend more funding of the group. They discuss how the National Gay Student Center has published several additions of "Gay Student Groups" where the organization keeps track of student groups and has a questionnaire to ascertain campus problems among these groups. The Center also partnered with the Task Force on Gay Liberation of the American Library Association in order to negotiate a space for national gay archives and organize a collection of gay studies syllabi (K. Kelly, 1975). Also in the 1970s, California State Sen. John Briggs introduced a ballot initiative to ban gay teachers from classrooms, but the measure was

defeated by a 60% vote and widespread opposition from the media and politicians including Reagan ensued (Torres, 2004).

More gay student associations and gay studies programs appeared in universities in the 1980s. An important change in policy occurred with the passage of the federal Equal Access Act (EAA) of 1984. This act passed with the intention of protecting the rights of religious groups meeting on campus, but expanded equal protection to all student groups in schools with other non-curriculum student groups. This includes equal access for gay-straight alliances (GSAs). Furthermore, in 1988, the governing board of the City College of San Francisco became the first to approve the creation of a gay and lesbian studies department in the United States ("GLAD," 2010; Torres, 2004).

In the 1990s, pro-gay and anti-gay groups fought for legislation at the state and federal level. Different school boards introduced pro- or anti-gay measures at the local level resulting in different education and curriculum across the nation (Torres, 2004). It was in the late 1980s and early 1990s when "No Promo Homo" and "Don't Say Gay" laws became part of sexual health education in response to HIV/AIDS. These were established under the assumption that discussing gay issues in sexual health education would promote a gay lifestyle and lead to a higher incidence of HIV/AIDS ("#DontEraseUs," n.d.). However, pro-gay education also appeared in certain states such as California. In 1990, the Los Angeles Unified School District approved the use of GLAAD's Anti-Homophobia curriculum in conjunction with the Anti-Defamation League's "A World of Difference" program designed to address prejudice in the classroom. One year later, the Center for Lesbian and Gay Studies was formally established at the City University of New York (Torres, 2004).

Beginning in 1999, the Gay, Lesbian, & Straight Education Network (GLSEN) started conducting national school climate surveys of LGBT students to examine the treatment and education of these students in the public education system. Colleges have worked to form student groups such as the Florida Collegiate Pride Organization in 2003 with the University of Notre Dame becoming the last school of the top 20 U.S. schools to create an LGBTQ student organization in 2012 (FCPC, n.d.; Garcia, 2012). However, the numbers in the most recent 2013 GLSEN report still suggest discriminatory treatment towards LGBT students despite improvement over the past 25 years. According to GLSEN's survey of 7,898 students between the ages of 13 and 21 from all 50 states:

- 55.5% of LGBT students felt unsafe at school because of their sexual orientation, and 37.8% because of their gender expression.
- 74.1% of LGBT students were verbally harassed (e.g., called names or threatened) in the past year because of their sexual orientation and 55.2% because of their gender expression.
- 56.7% of LGBT students who were harassed or assaulted in school did not report the incident to school staff, most commonly because they doubted that effective intervention would occur or the situation could become worse if reported.
- 51.4% of students reported hearing homophobic remarks from their teachers or other school staff, and 55.5% of students reported hearing negative remarks about gender expression from teachers or other school staff.

- Only 18.5% of LGBT students were taught positive representations about LGBT people, history, or events in their schools; 14.8% had been taught negative content about LGBT topics (Kosciw, Greytak, Palmer, & Boesen, 2014).

Only the District of Columbia, San Francisco, Minneapolis, and Cambridge have incorporated lessons to increase awareness of gay issues in schools by training teachers and introducing students to diverse families as early as elementary school (Chandler, 2012). The California State Board of Education voted unanimously in July on a new History-Social Science Framework that includes "a study of the role of contributions" of minority groups, including "lesbian, gay, bisexual, and transgender Americans." This will make California the first state to cover LGBT history in public schools (Resmovits, 2016).

Sex education. In regards to health and sex education, only 22 states require sex education, and only 12 of them ask teachers to mention sexual orientation. Out of these 12, nine states require that discussion of sexual orientation should be inclusive (ThinkProgress, 2015) ("Sex and HIV Education," 2016). Only 12 percent of Millennials surveyed in 2015 said that their sex education classes covered same-sex relationships ("LGBTQ Youth Need Inclusive Sex Education," 2016).

Eight states – Alabama, Arizona, Louisiana, Mississippi, Oklahoma, South Carolina, Texas and Utah – still have "No Promo Homo" or "Don't Say Gay" laws in place that restrict or prohibit the discussion of LGBT issues in the sexual health education. Most of these laws were passed in the 80s and 90s as a response to HIV/AIDS

and haven't been removed since. Some of these laws require schools to portray LGBT people in a negative light, prevent schools from discussing LGBT people in a positive light, or prohibit all discussion of LGBT people.

Texas and Alabama for example teach students that being gay "is not a lifestyle acceptable to the general public" and that "homosexual conduct is a criminal offense under the laws of the state" even though all remaining sodomy laws were struck down in the Supreme Court Case of Lawrence v. Texas in 2003 (Chokshi, 2014; "#DontEraseUs," n.d., "State Maps," 2016). GLSEN's National School Climate Survey shows that LGBT students residing states with these laws are "more likely to hear homophobic remarks from school staff, are less likely to report incidents of harassment and assault to school staff, and are less likely to report having support from educators" ("'No Promo Homo' Laws," 2016).

On March 26, 2015, Rep. Barbara Lee introduced the Real Education for Healthy Youth Act (REHYA) in the House of Representatives, and on April 7, 2016, Sen. Cory Booker introduced the bill in the Senate. In addition to funding teacher training on sex education and offering grants for public and private entities to provide comprehensive sex education, REHYA would require that sex education include LGBT youth and would prohibit federal funding of insensitive or unresponsive programs ("Real Education for Healthy Youth Act," 2016). This includes programs withholding information about HIV, promoting gender stereotypes, or presenting information that is not medically accurate or is ineffective. The Senate version would also eliminate federal funding of abstinence only programs in order to shift funding to the new comprehensive grant program. The goal of

this bill is to decrease dating violence, bullying, harassment, unintended pregnancies, and sexually transmitted infections (B. Lee, 2015; "'No Promo Homo' Laws," 2016).

Gay-straight alliances. In colleges and universities, the first formally recognized gay student organizations formed in the late 1960s with the Student Homophile League at Columbia University being the first in 1967. Gay student activism therefore began before the Stonewall riots in 1969, but the riots acted as a catalyst for the proliferation of these groups in the early 1970s. By 1971, more than 175 colleges and universities had gay student organizations: many taking on the name Gay Liberation Front or GLFs. Groups still sponsored social activities and provided support for members, but also became more politically active than previous groups. They reflected the time period as movements such as Black Power, feminism, anti-Vietnam, and free speech swept across campus (Beemyn, 2004).

Gay student organizations began as male-dominated groups which prompted lesbians to demand greater inclusion and branch off to form their own groups. These groups not only pushed for recognition as lesbians but also as women. Bisexual and transgender students also sought greater recognition in the 1980s and 1990s and often branched off from broader LGBT groups which were inclusive by name but not by practice (Beemyn, 2004).

Only recently have high school and junior high students developed their own gay student groups. Over the past 50 years, a largely hostile environment has existed towards LGBT students, and this issue has mostly been ignored by teachers and administration (Beemyn, 2004). The Equal Access Act (EAA) of 1984 helped gay students fight against

this hostility as the act requires the equal treatment of all student groups in regards to use of school facilities for meetings and communication ("GLAD," 2010). In 1989, LGBT students and allies in private Massachusetts high schools established the first Gay-Straight Alliances (GSA) to educate other students about LGBT issues. The faculty advisor at the Phillips Academy in Andover conducted workshops throughout Massachusetts on the gay-straight model which led to the eventual adoption of GSAs by the Governor's Commission for Gay and Lesbian Youth in Massachusetts as the preferred method for their Safe Schools Program.

Other catalysts affecting the spread of GSAs include the 1999 murder of Matthew Shepard, an openly gay student at the University of Wyoming, and a 1999 Federal Court Ruling in Utah which stated that denying access to a GSA was a violation of the federal Equal Access Act (Snively, 2004). Since then, both high schools and junior high schools have developed GSAs across all 50 states. According to GLESN which keeps an online registry of school-based GSAs, 600 existed in 1999, 1,000 in 2001, and over 3,000 exist today (Beemyn, 2004).

Scientific Discourse on Education

When exploring the literature on lesbian, gay, and bisexual education, the majority of articles could be sorted into the themes "Sex Education," "LGB Courses and Impact," "Educating Professionals," "LGB Teachers," "HIV/AIDS Education," and "LGB Students." A quantitative analysis of these themes can be found in Table 10. These themes emerged while qualitatively sorting the literature; they were not specifically searched for when gathering articles. "Sex Education" includes articles that address

information on LGB sexual and identity development in the classroom setting. This differs from “LGB Courses and Impact” which covers any courses on LGB populations outside of sex education. These courses may examine human sexuality, LGB history, LGB literature, etc. with the intent of changing attitudes towards homosexuality. Articles on “Educating Professionals” examine the attitudes and competency of professionals such as physicians, counselors, and social workers who may or may not know how to work with sexual minorities. The majority of education articles address this topic. The theme with the least coverage is “LGB Teachers” which includes articles on the experiences faced by teachers who identify as sexual minorities. Some articles specifically focus on HIV/AIDS whether by increasing knowledge in at risk populations or examining attitudes towards people with HIV/AIDS. These articles were sorted into the theme of “HIV/AIDS Education.” The key results of studies within these themes are summarized in the rest of this section, and major trends are further discussed in the discussion section.

Sex education. The first article mentioning sex education appears in 1967. In the abstract, the authors propose that sex education can help eliminate predisposing factors to homosexuality. Through rehabilitation, gay individuals improved self-esteem and decreased suicidal thoughts and self-destructive tendencies (Schumann, 1967). Though Schumann presents sex education as beneficial, he undoubtedly holds a negative attitude towards homosexuality. An article on sex education courses in medical school found that a 5-day sexuality course significantly changed attitudes towards "my sexuality", "masturbation", "homosexuality", and "my role in understanding sexual problems" demonstrating that sex education can influence attitudes towards homosexuality

(Carmichael, Tanner, & Carmichael, 1977). Another researcher examined the inclusion of homosexuality in health-science textbooks and found that only 1 in 10 textbooks included homosexuality. Those that did, presented homosexual behavior as tolerable during childhood but as a problem in teenage years. Many of the books also had factual errors (Newton, 1979). This study is important in understanding the dissemination of knowledge to students and the biases that can occur in this process.

Articles throughout the 1980s and 1990s continued to examine the impact of sex education. Serdahely and Ziemba measured homophobia before and after a sexual education course and found a significant decrease at the end of the course for those with pretest scores above the median (Serdahely & Ziemba, 1984). Lenskyj proposes that sex education should become more progressive in addressing issues faced by youth including sexual violence and compulsory heterosexuality. She then proposes strategies to help implement more comprehensive sex education (Lenskyj, 1990). A study on parental attitudes towards sex education found that in a survey of over 1000 Americans, the majority agreed on the need for tolerance and equality in sex education and supported public school's role in sex education, but were sharply divided on the topic of abortion, premarital sex, and homosexuality (Johnson & Immerwahr, 1994).

One article focused on how children, particularly those with lesbian parents, learn about sexuality. Gabb proposes that lesbian parents offer a unique perspective that is not often discussed in the classroom. Bittner continues the discussion of the exclusion of LGBT information in sex education by examining the influence of young adult literature on informal education for LGBT teens (Bittner, 2012). Multiple articles specifically focus on sex education and how schools have marginalized LGBT students. These studies

research the space between what sex education covers and what members of the community need as well as ways to avoid heterosexual norms in sex education (Gowen, 2014; A. Harris & Farrington, 2014; Lundin, 2014; McCarty-Caplan, 2013; Pingel, Thomas, Harmell, & Bauermeister, 2013). A couple of unique articles cover health education and support for older gay women, online sex education resources to expand on information schools neglect, and the prevention of bisexual erasure in sex education (Elia, 2014; Eliason, 2015; Mustanski, 2015; Pallotta-Chiarolli, 2014). These articles utilize technology and resources available in order to provide sex education to a wide range of groups.

LGB courses and impact. Starting in the 1970s, LGB specific courses began to appear at the university level. One college professor detailed his experience teaching human sexuality. He made sure to include homosexual, transsexual, and prostitute speakers, though he had issue with recruited homosexual speakers discussing gay rights more than their homosexual identity (McCary, 1975). Lance found a correlation between human sexuality courses and changes in attitude towards homosexuality. At a southeastern metropolitan university, he saw a reduction of homophobia due to gay student interaction in a human sexuality course (Lance, 1987). Later studies found that straight men had greater changes in attitude towards gay men compared to changes in attitude towards lesbians or women's attitude changes and propose that more studies should examine differences in attitudes based on gender (Clift, 1988; Stevenson, 1988). Other articles emphasize that education should foster respect and more visibility of the existence of gay and lesbian youth (Rofes, 1989; Stafford, 1988). In order to create

respect, Grayson argues that we must understand where prejudice comes from and eliminate the need for dual identity in schools where women and men are afraid of breaking gender norms and gay students are afraid to present their identity (Grayson, 1987).

However, debate surrounding an LGB inclusive curriculum continued into the 1990s with discourse on New York's "Children of the Rainbow Curriculum" (Lipkin, 1993). A later article from 1997 admits that the subject is controversial but will benefit students by informing them about sexual orientation, helping them better understanding other's positions, and helping them clarify their own attitudes (M. J. Reiss, 1997). Like previous researchers, Nelson and Krieger saw the benefit of intervention at the university level by testing pre- and post- intervention attitudes among students (Nelson & Krieger, 1997).

As cultural studies became more prominent in the classroom, so did the push for teaching queer theory in the curriculum (Pinar, 2003). One study found that college students view homosexuality more positively than their less educated counterparts (Ohlander, Batalova, & Treas, 2005). Those who interact with gay and lesbian peers and are exposed to curriculum addressing gay and lesbian issues hold more tolerant views towards the population (Sevecke, Rhymer, Almazan, & Jacob, 2015). According to Kozloski, education has a positive connection to tolerance, but its effect has been waning over time (Kozloski, 2010). Further research examining the presentation of LGBT information in textbooks shows how information can be presented in a negative way that reinforces stereotypes. These studies make the case for a more factual presentation of LGBT information in textbooks (Jennings & Macgillivray, 2011; Macgillivray &

Jennings, 2008). Overall, research on LGB courses and education has found that a diverse environment can help foster positive attitudes towards LGB students while information presented with a negative bias can reinforce negative stereotypes.

Educating professionals. Many articles within the topic of education examine training for professionals working with LGB individuals. A wide range of professionals are studied including physicians, counselors, social workers, psychiatrists, psychologists, and others. The first article to fit into this theme covers medical students' experience with homosexuality. Students experienced anxiety and shame when dealing with certain sexual issues such as masturbation and feared "latent homosexuality" when working with homosexual patients. Some students would go so far as to avoid genital and rectal examinations on same-sex patients. The authors suggest teaching sex education in a small group seminar so students can discuss their anxieties and learn from other students. Though they neither confirmed nor denied student's beliefs that homosexuality is a sexual problem, Woods and Natterson hoped students would learn to empathize with patients from different cultural and socioeconomic backgrounds (Woods & Natterson, 1967).

In the 1970s, Serber and Keith proposed a program that would train prison staff to better understand homosexuality. This program presented homosexuality as non-pathological and also helped homosexual pedophiles in prison become secure in their homosexuality while discouraging pedophilia (Serber & Keith, 1976). A later article similarly suggested that homosexuality can be healthy and that counseling students needed more training on the subject. According to the article, students felt ill-prepared to

deal with homosexual clients and were unclear as to the basis of homosexuality (G. H. Thompson & Fishburn, 1977). Research also addresses training for social workers and medical students by combatting society's hostility and examining changes before and after training (Carmichael et al., 1977; Hall, 1978). All articles from the 1970s present education as an important tool for professionals; a tool designed to decrease stigma against homosexuality.

Some articles look at the effect of workshops on attitudes and showed how training resulted in greater acceptance of homosexuality and is positively received (Anderson, 1981; Bauman & Hale, 1985; J. Rudolph, 1989). Research continued to show that counselors and social workers generally needed more training because they lacked experience in interacting with lesbian and gay clients and did not know much about homosexuality (Buhrke, 1989a, 1989b; Dulaney & Kelly, 1982; Graham, Rawlings, Halpern, & Hermes, 1984). Those who went through training programs were concerned at their lack of knowledge and heterosexual bias prior to training (A. A. Glenn & Russell, 1986). Graham et al. suggested that training and continuing education opportunities should be mandatory for state accreditation in order to increase competency in the area (Graham et al., 1984).However, despite this research, little change occurred throughout the decade. Iasenza discussed challenges to integrating sexual orientation training into counselor education, and Newman showed that many social workers possess homophobic attitudes (Iasenza, 1989; Bernie S. Newman, 1989).

An American Psychological Association task force found that psychotherapists vary widely in their practices towards lesbian and gay clients and sought to standardize these practices within APA guidelines (Garnets, Hancock, Cochran, Goodchilds, &

Peplau, 1991). Other studies in the 1990s continued to discuss the roles and responsibilities of psychologists when working with lesbian and gay populations and how to train understanding professionals (Buhrke & Douce, 1991; Fassinger, 1991; B. C. Murphy, 1992; J. C. Phillips & Fischer, 1998). One unique study discovered through surveying gay and lesbian youth that negative attitudes of caregivers impact their effectiveness. A program was designed for educators and service providers to assess attitudes and behaviors and found that negate attitudes can be changed (Christensen & Sorensen, 1994). Two late 1990s studies examining education of medical and counseling professionals specifically mention bisexual individuals, a previously neglected population in research (Croteau et al., 1998; Tesar & Rovi, 1998). Another suggests diversity training of psychologists so they are equipped to counsel gay and lesbian parents (Crawford et al., 1999). The discourse on professional training largely addressed similar concerns between 1980s and 1990s with a few additions such as greater inclusion of bisexuals in the literature.

Many articles in the 2000s address professional training as in previous decades; however, one specifically compares differing attitudes between professions. This article surveyed lesbian and gay men about their experiences with different professionals including psychiatrists, counselors, psychologists, and social workers. Clients rated psychiatrists less helpful than the other three professional which suggests a need for better training among psychiatrists (Liddle, 2000). One notable article in the 2000s was put forth by the American Psychological Association. The APA published guidelines in 2000 “to assist psychologists in seeking and using appropriate education and training in their treatment of lesbian, gay, and bisexual clients” (American Psychological

Association, Div 44, Committee on Lesbian, Gay, & Bisexual Concerns Task Force, 2000). Since the APA serves to standardize care in psychology across the United States, these guidelines set a precedent and showed that previous research had been recognized. Newman, in 2002, found that only a small minority of social work and counseling students studied expressed intolerant attitudes towards lesbians and gay men, an improvement over previous decades. In areas where over 15% of those surveyed expressed negativity, the author suggested teaching strategies to increase acceptance and knowledge (Bernie Sue Newman, Dannenfelser, & Benishek, 2002). Logie likewise found that Masters of Social Work students reported positive attitudes towards LGBT populations, but she also found that participants reported having a low level of cultural competence in serving LGBT clients (Logie, Bridge, & Bridge, 2007). Another article focusing on Chicago and Iowa counselors reported that they had received very little formal education regarding the needs of LGBT clients, and nearly half had negative or ambivalent attitudes (Eliason & Hughes, 2004). Though the APA provided training guidelines for psychologists, various professionals continued to lack the training necessary to address the needs of LGBT clients following release of these guidelines.

The call for better professional education continues in 2010 onward with a discourse on the lack of training in medical education. Deans of 176 allopathic or osteopathic medical schools were surveyed, and the mean time spent covering LGBT related content in the curricula was only 5 hours (Obedin-Maliver J, Goldsmith ES, Stewart L, & et al, 2011). A similar study addressed issues in pharmacy school curricula (Mandap, Carrillo, & Youmans, 2014). Averett's survey of 59 social work students proved promising as the majority felt prepared to work with lesbian and gay clients and

held positive attitudes towards homosexuality. However, they still did not feel comfortable working with gay and lesbian parents (P. E. Averett & Hegde, 2012). This likewise was the case among surveyed medical students (White et al., 2015) Whitman and Bidell acknowledge the position held by the American Counseling Association in promoting acceptance, affirmation, and nondiscrimination of LGB individuals but also stated that this caused conflicts for those who hold conservative religious beliefs. They provide recommendations for counselor educators to better train students with these views (Whitman & Bidell, 2014). Multiple studies focus on teaching educators how to interact with children of LGBT parents. These examine previous literature and teacher comfort level in working with these populations. They also propose recommendations for future education (Cloughessy & Waniganayake, 2014; Hegde, Averett, Parker White, & Deese, 2014). General trends show greater acceptance of LGBT populations than previous decades, though professionals still are not fully prepared to work with the group.

LGB teachers. Out of the articles included in this theme, Dressler was the first to examine the rights of gay teachers and their position as disesteemed minorities. He discussed society's expectations that teachers live a puritanical lifestyle and how these irrational ideas affected gay educators. Dressler encouraged a reexamination of the role of a teacher and a better understanding of homosexuality (Dressler, 1977). He later argued that homosexuals experience more employment discrimination as teachers than any other profession. His reasoning was that teachers are expected to exemplify the norms of the general public. Society's irrational fear towards homosexuality resulted in generalized stereotypes about gay educators (Dressler, 1979). A lesbian professor

likewise detailed her struggle in teaching gay literature, but her dilemma occurred when trying to teach lesbian poetry. She experienced many negative reactions from students as well as faculty (Bulkin, 1979). This research shows the difficulty lesbian and gay teachers face when working in a less than supportive environment.

Teachers continued to face opposition and job termination in the 1980s with school boards often terminating teachers on the basis of personal prejudice (Schneider-Vogel, 1986). In one study of 97 gay educators, 25% of respondents had left teaching, and over half of these respondents left in part because of their sexual orientation. The majority, 82%, were out of the closet to one or more people while teaching (M. R. Olson, 1987). Andrews focused on policies that could change heterosexist views of gay relationships. She proposed that all educators, gay and heterosexual, could help keep lesbian and gay issues on the equal opportunities agenda in order to help with the implementation of policies (Andrews, 1990). In order to empower lesbian and gay educators, Griffin encouraged collective reflection and action among participants and looked into the fear of accusation as well as the desire for self-integrity (Griffin, 1991). Two later 1990s studies also examine identity among gay teachers. Skelton conducted in-depth interviews of gay and bisexual men on how they integrated their identity with their teaching position and inclusive higher education. He also looked at inequalities that remain between gay and heterosexual teachers (Skelton, 1998, 1999).

One noticeable difference in more recent education literature is apparent in an article which not only suggests that gay teachers should not be fired but also argues for their benefit to teaching by challenging previous norms (Rofes, 2000). This trend continues in 2010 onwards with one study on lesbian and bisexual preservice teachers

leading researchers to consider more queer approaches to their own practices. The researches then reflected on what impact queer research could have on teacher education (Hermann-Wilmarth & Bills, 2010). Though teacher discrimination is apparent throughout the studied time period, the negativity seems to lessen over time with more research supporting gay educators.

HIV/AIDS education. When the unknown disease that would later be named AIDS appeared, it was called the Gay-Related Immune Deficiency (GRID) since it spread throughout the gay male population first. Though few people talked about the disease in its infancy, it would quickly become a well-known topic in both research and society in the late 1980s and 1990s. In this collection of education literature, the first article to cover the topic was published in 1986. Williams discussed public health education effort in response to AIDS, barriers in trying to reach out to high-risk groups including homosexual and bisexual men, and suggested that high-risk individuals should assume some responsibility in educating themselves and others (L. S. Williams, 1986). A similar study in 1989 also addressed AIDS education and specific interventions for high-risk groups (Hepworth & Shernoff, 1989). A couple of articles find bias in medical students, nursing students, and paramedic students towards patients with HIV/AIDS. Researchers noted negative attitudes towards HIV/AIDS and homosexual students which prompted the need for training. They also noted that homophobia was a high predictor for fear of AIDS (J. A. Kelly, St Lawrence, J S, Smith, S Jr, Hood, H V, & Cook, D J, 1987; Royse & Birge, 1987). An educational workshop was shown to decrease nurses hesitation when working with homosexual patients and patients with AIDS (Young, 1988). Some

studies took additional effort to improve student education and knowledge regarding AIDS by presenting curriculum that did not negatively portray homosexuality (L. K. Brown & Fritz, 1988; Croteau & Morgan, 1989).

HIV/AIDS still manifested itself throughout the 1990s in education research with some studies encouraging future education to remain unbiased. According to Cowie, AIDS is not only a homosexual disease, and many education programs lack the tools for safe-sex education (Cowie, 1990). However, other studies continued to focus on HIV/AIDS prevention in homosexual and bisexual men by offering counseling and prevention programs and examining risk-reduction (F, Teunis, P, & M, 1994; T. E. Miller, Booraem, Flowers, & Iversen, 1990; Robert & Rosser, 1990). A 1991 article counters this point by stating that the increase in homosexual AIDS cases proves that current education efforts are failing. Education has not addressed the unique concerns of gay and bisexual youth, and in order to decrease the incidence of AIDS, Cranston argues that sex education should be more comprehensive, helping to raise self-esteem and support networks (Cranston, 1992). A later study adds to the discussion by focusing on HIV education and prevention in lesbian and bisexual women, a population neglected in prior studies. Stevens examines at risk behaviors and gaps of knowledge in this population including the belief that no prevention is needed (Stevens, 1994).

Articles addressing HIV/AIDS in the 2000s looked at integrative education strategies as well as peer education to reduce risk of contracting HIV among gay men (Del Valle, Morales Evangelista, Cristina Velasco, Kribs-Zaleta, & Hsu Schmitz, 2004; Williamson, Hart, Flowers, Frankis, & Der, 2001) Gold discussed the thinking process of gay men who engage in high risk sex by claiming that education should use the

differences between heat of the moment thinking and rational thinking to better reduce risk (Gold, 2000). Significantly fewer articles address HIV/AIDS in education in 2010 and following. In fact, only one article mentions HIV and it is mentioned in the context of health issues gay and bisexual men find important. The authors suggest that physicians should also address mental health and drug and alcohol use as part of comprehensive HIV prevention as these were ranked high by gay and bisexual men (Grov, Ventuneac, Rendina, Jimenez, & Parsons, 2013). Overall, a decrease in HIV/AIDS specific studies occurs between 1980 and 2015 with a significant drop in articles covering the topic from 2010 to 2015. Research generally examined attitudes towards HIV/AIDS and ways to reduce transmission among high risk groups.

LGB students. The earliest article mentioning LGB students stated that male homosexuality was a problem in college age students existing in overt and covert forms and suggested that this problem should be addressed (Braaten & Darling, 1963). A contrasting 1964 article argued that homosexuality was not related to psychopathology and found only moderate atypicality between homosexual males and the control group (Dean & Richardson, 1964).

Other studies that address student education focus on the inclusion of gay and lesbian students in the classroom. A couple discussed unique challenges for gay and lesbian students since schools at the time disregarded homosexuality's existence and did not hire gay faculty members. This created an environment of fear and hostility which, the studies argued, health educators need to address in order to help students understand homosexuality and tolerate different lifestyles (Chng, 1980; Hunter & Schaecher, 1987).

This sentiment is echoed in other articles as well. Dennis and Harlow discussed how public high schools often promoted ridicule and harassment of gay students from both students and teachers. Administrators oftentimes did not punish attacks on gay students. The study recommended that school boards and courts should change policy to protect the rights of gay students (Dennis & Harlow, 1986). Student discrimination and harassment continued throughout the 1980s with one 1989 study finding that over half of the 125 gay and lesbian students surveyed fear for their safety (D'Augelli, 1989).

Articles also continued to show victimization, harassment, and isolation based on one's sexual orientation in schools. Additionally, schools that did address homosexuality often taught it in a negative manner (Black & Underwood, 1998; Norris, 1992; Rivers, 1995; Susan K. Telljohann HSD & James H. Price PhD, 1993). Several studies proposed that school counselors should respond in order to combat the isolation and negative stigma that lesbian and gay students face. Researchers argued that educators need better training to combat institutionalized homophobia (Marinoble, 1998; K. E. Robinson, 1994; Walters & Hayes, 1998). School counselors and teachers often expressed the sentiment that they should show more support towards gay and lesbian students, but this support was negligible in reality (Sears, 1992). At the university level, straight students reported witnessing negativity and derogatory comments directed towards gay and lesbian students (Malaney, Williams, & Geller, 1997). One article in 1999 suggested something previous articles often neglected: the benefit of "creating venues, abnormalising the normal, dissolving the homo/hetero binary and forming alliances" in raising acceptance of LGBT students in schools (Quinlivan & Town, 1999). Unlike prior research which

focused solely on education, this research claimed that venues and alliances are useful tools needed to normalize homosexuality as an alternative lifestyle.

Later articles addressed similar issues of oppression and discrimination in education, but more included bisexual and queer students in their discourse (Buckel, 2000; Henning-Stout, James, & Macintosh, 2000; MacGillivray, 2000; C. Ryan & Rivers, 2003). Buckel and Lugg also examined the legal theory and defense of LGBTQ teachers and student groups which previous studies had neglected (Buckel, 2000; Lugg, 2003). One study claimed that thinking about sexual orientation in binary terms such as heterosexual vs. homosexual could actually contribute to discrimination (Leck, 2000). Another looked at student experiences with discrimination due to having gay or lesbian parents and found that the youngest often faced the least understanding from other students. Teasing and bullying commonly occurred between second and tenth grade (Ray & Gregory, 2001). Despite new questions raised in research, students still faced hostile environments in schools throughout the 2000s with research continuing to address the topic (Kosciw, Greytak, & Diaz, 2009).

Some studies in 2010 onwards emphasize teacher education. One examined preparedness in teaching interns for handling diversity in middle schools and high schools (Clark, 2010). Kitchen and Bellini supported education for teachers as well and stressed their obligation to counter homophobic bullying (Bellini, 2012; Kitchen & Bellini, 2012). Another study addressed this issue by finding experiences and beliefs that may predict whether or not teachers will intervene in situations where an LGBT student is bullied or harassed. Those that knew LGBT people, had an awareness of general bullying and harassment and awareness of anti-LGBT bullying and harassment were

more likely to intervene than those who only had a sense of obligation to ensure safe schools for LGBT students (Greytak & Kosciw, 2014). There was a high level of support in principle, but less in practice. A discrepancy also was found in the lack of actual bullying interventions and curriculum integration (E. J. Meyer, Taylor, & Peter, 2015). Dodge suggested that the solution is for teachers to read more LGBT titles and work on incorporating these in the classrooms (Dodge & Crutcher, 2015). Flores even proposed that addressing these discrepancies must happen sooner, in elementary classrooms, by working with parents to incorporate LGBT themes (Flores, 2014).

A facet of LGBT education research addressed in 2010 onwards but neglected in previous studies is the existence of Gay-Straight Alliances (GSA). A 2011 study found that GSAs were associated with student well-being and in some cases protected against the negative association between LGBT-specific school victimization and well-being (Toomey, Ryan, Diaz, & Russell, 2011). A 2013 and a 2015 study suggest that GSAs may promote better health and resilience among sexual minorities. Sexual minority students in schools with GSAs reported less truancy, smoking, drinking, suicide attempts, and sex with casual partners than those in schools without GSAs, and those in more supportive schools with advisors who served longer reported healthier outcomes (Poteat et al., 2015; Poteat, Sinclair, DiGiovanni, Koenig, & Russell, 2013). Stonefish and Lafreniere claimed that GSAs provide an avenue for both education and activism. Mayo expanded this viewpoint by showing that involved GSA advisors serve to engage student learning, facilitate activism, and promote reflection on interactions with peers and family (Mayo, 2015; Stonefish & Lafreniere, 2015). Though LGB student populations still face

marginalization, these articles demonstrate that more outlets exist for these students and more schools are working to address the lack of comprehensive education.

Summary. Though opinions towards LGB individuals have become more positive overtime, there appears to be a lag in opinion and policy change. Research and activists have argued in favor of LGB positive education, but few schools actually cover this information in practice. Many teachers and healthcare professionals in recent years are supportive of the community, but in practice they are still unprepared to work with LGB individuals. Only California has implemented efforts to educate students early in life on LGB history and issues. Gay-straight alliances exist in most high schools and many colleges offer classes that address sexual orientation, but policies to better educate the population on LGB issues seem to lag behind policy changes in health and family. As covered in Public Opinion, the LGB community has had to use other avenues, such as the media and political spheres, to bring about changes in attitude from the general population.

Public Opinion

> Justice must always question itself, just as society can exist only by means of the work it does on itself and on its institutions.
>
> —MICHEL FOUCAULT, 1983

Attitudes towards homosexuality have changed incredibly fast over the past 50 years. This change can readily be seen through the general social survey (GSS), an ongoing collection of data on social change in the United States that began in 1972 by NORC, a social science research center at the University of Chicago. It is supported by the National Science Foundation and is the only full-probability, personal-interview survey in the United States designed to monitor changes in social characteristics and attitudes (Smith, Marsden, Hout, & Kim, 2015). Because this survey data provides key information on public opinion trends, the data is referenced throughout the historical discussion of this section. Overall, the LGBT community has become more visible due to the Stonewall Riots, AIDS epidemic, media, and politics. In turn, this visibility has provided the platform needed for societal change.

General History Timeline

1960

- 1961 - Illinois becomes the first state to remove its sodomy law and decriminalize homosexuality
- 1961 - California also airs the first televised documentary on homosexuality
- 1968 - The DSM-II separates sexual deviations from personality disorders, though homosexuality is still included as a sexual deviation
- 1969 - The Stonewall Riots take place in New York City

1970

- 1973 - The APA replaces homosexuality with “sexual orientation disturbance”in the DSM-III
- 1973 - Lambda Legal becomes the first legal organization established with the intent of fighting for gay rights
- 1973 - Parents and Friends of Gays (PFLAG) meets for the first time
- 1975 - the first bill to address LGBT discrimination was introduced, but never brought to consideration
- 1977 - Billy Crystal becomes the first recurring gay character on a prime time television show, “Soap”
- 1978 - The first Rainbow flag was created by Gilbert Baker
- 1979 - The first National March on Washington for Lesbian and Gay draws a crowd of 75,000 to 125,000 people

1980

- 1980 - The APA adds “psychosexual disorders” and “ego-dystonic homosexuality” to the DSM-III
- 1982 - The Acquired Immune Deficiency Syndrome (AIDS) is officially named
- 1982 - Wisconsin becomes the first state to outlaw discrimination on the basis of sexual orientation
- 1987 - President Ronald Reagan speaks publicly about AIDS for the first time
- 1987 - Homosexuality is removed entirely from the DSM-III
- 1988 - The World Health Organization holds the first “World AIDS Day” in order to raise awareness

1990

- 1990 - The APA issues a statement against military discrimination of gay men and women
- 1993 - The Department of Defense institutes “Don’t Ask, Don’t Tell”
- 1994 - The DSM-IV groups paraphilias, sexual dysfunctions, and gender identity disorder under “sexual and gender identity disorders”
- 1996 - The US Supreme Court passes the Defense of Marriage Act (DOMA)
- 1997 - Ellen Degeneres comes out and her television character becomes the first "out" leading character on prime time television

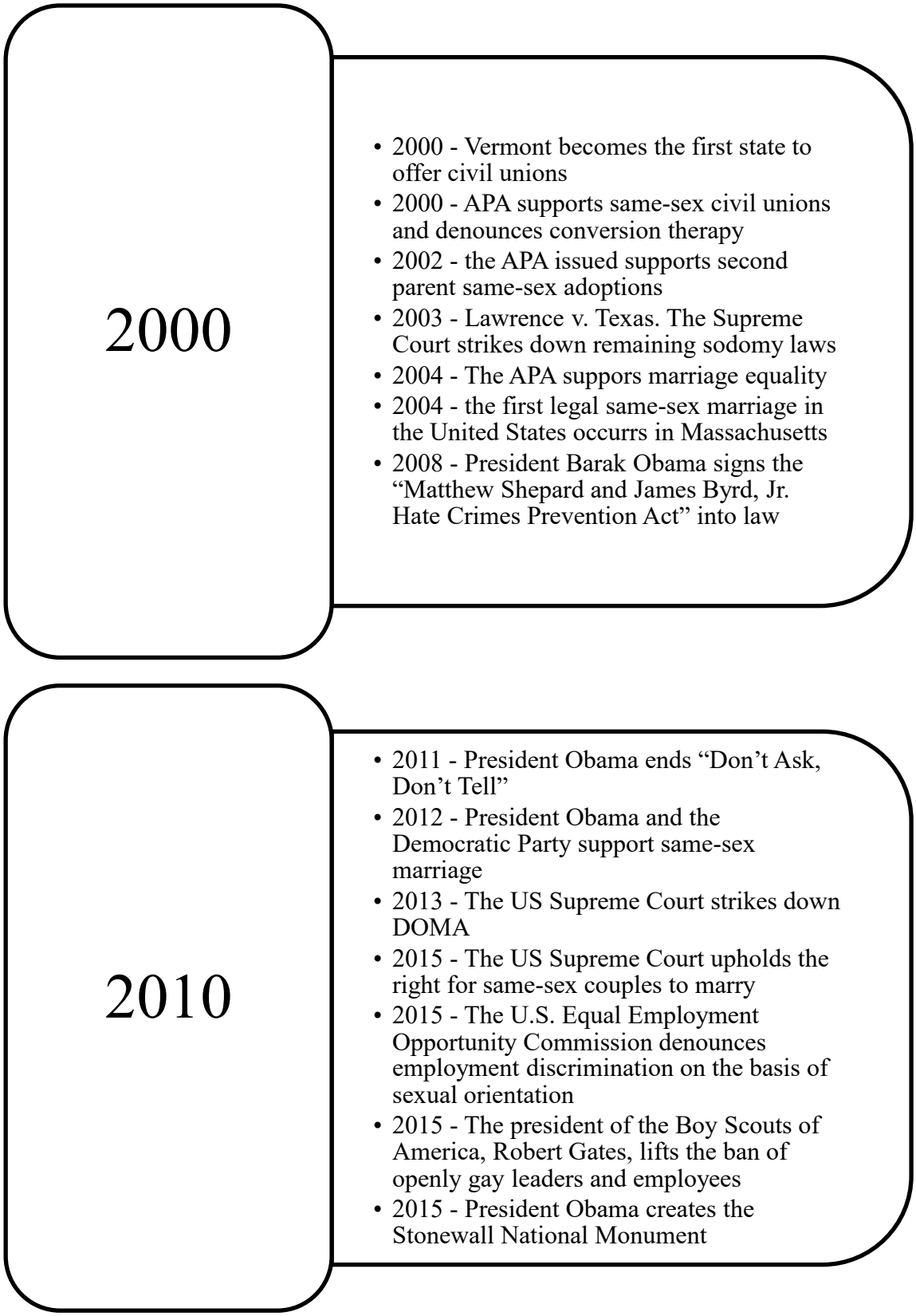

Figure 14: General History Timeline

Public Opinion Research Timeline

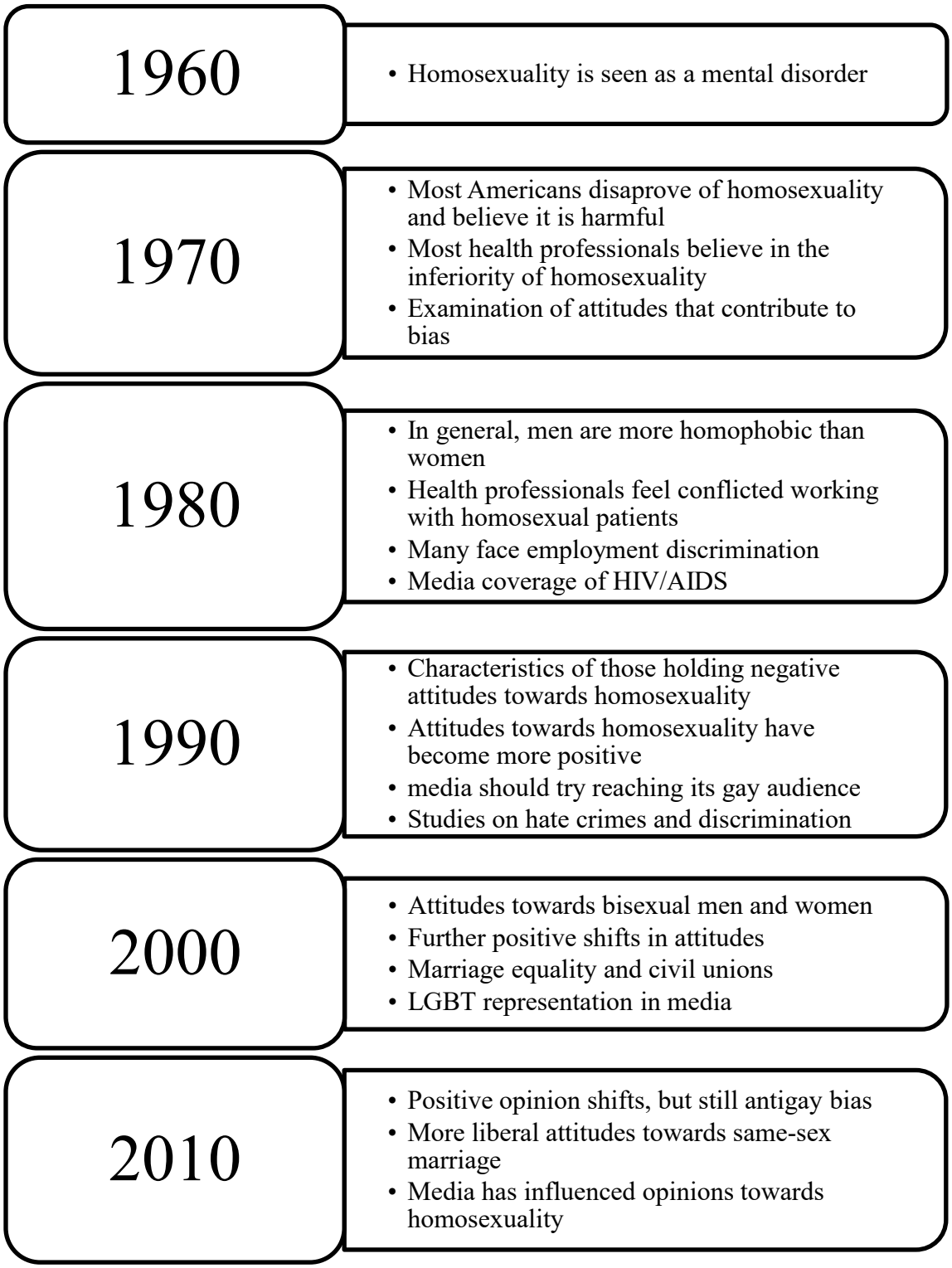

Figure 15: Public Opinion Research Timeline

Public Opinion: Historical Background and Trends

The research that unquestionably altered the way society and the scientific community viewed homosexuality was the Kinsey report from 1948. Alfred Kinsey was a pioneer in sex research as he sought to answer questions about the taboo subject that few before him had addressed. He founded the Institute for Sex Research and wrote two books about male and female sexuality. Alfred Kinsey not only argued that ten percent of males are more or less exclusively homosexual for "at least three years between the ages of 16-55", but also that sexual orientation is fluid ("LGB Heritage Timeline," n.d.). His study, one of the first to normalize homosexuality, went on to be cited by researchers and activists alike. In fact, it has been cited 12,676 times. His research precluded the founding of the first national gay rights organization, the Mattachine Society in 1951 which went on to create the first gay-specific magazine: *One Magazine: The Homosexual Viewpoint*. The group worked with Evelyn Hooker and Alfred Kinsey to present biomedical information in the magazine in the hopes that this would show others homosexuality was natural (V. A. Rosario, 2002). However, within the political sphere, President Dwight D. Eisenhower signed an executive order claiming gay men and women were security risks and banned them from holding positions in the federal government in 1953 (CNN Library, 2016). Despite efforts to normalize homosexuality by a few, homosexuality was largely portrayed as a mental illness.

Moving in the direction of equal protection for sexual minorities, Illinois became the first state to remove its sodomy law to decriminalize homosexuality, and California aired the first televised documentary on homosexuality in the early 1960s (CNN Library, 2016). In 1969, the Stonewall Riots resulted from a police raid of the Stonewall Inn in

New York City which had been one of the last safe spaces for LGBT men and women in the city. The gay community came together and violently protested the raid, and activists worked to create places for the community where they could meet without fear of being arrested. Many attribute this event as the start of the gay rights movement ("LGB Heritage Timeline," n.d.).

After the Stonewall Riots acted as a catalyst for the gay community, Lambda Legal was established in 1973 as the first legal organization to fight for gay rights. "Parents and Friends of Gays" (PFLAG), a group of allies in support of gay rights and the community, also had its first meeting (CNN Library, 2016). In media and entertainment, Billy Crystal became the first recurring gay character on a prime time television show, "Soap," from 1977-1981. The first Rainbow flag was created by Gilbert Baker in 1978, and one year later, the first National March on Washington for Lesbian and Gay drew a crowd of 75,000 to 125,000 people (CNN Library, 2016). Though LGBT members and allies were mobilizing against injustice towards the community, they failed to win over the public.

General social survey data regarding attitudes towards homosexuality in the 1970s showed that around 70% of Americans surveyed agreed that sexual relations between two adults of the same sex are always wrong. Almost 50% of those surveyed agreed that homosexual men should not be allowed to teach in a college or university, and around 35% would not want a homosexual man to make a speech in their community (Smith, Marsden, Hout, & Kim, 2015). Despite activism efforts, most Americans viewed homosexuality as wrong and immoral throughout the 1970s.

However, major changes occurred in the following decade that increased LGB visibility for better and for worse. The first reports on AIDS appeared in 1982, though President Ronald Reagan did not speak publically about the epidemic until1987 ("LGBT Mental Health Syllabus," 2007). The World Health Organization followed suit by organizing the first "World AIDS Day" in 1988 to raise awareness for those suffering from the virus (CNN Library, 2016). Though the affiliation with AIDS led some members of society to view gay men as unclean and promiscuous, the epidemic also led to greater visibility for the community and greater long-term acceptance. the LGB community experienced small victories in the 1980s as Wisconsin became the first state to outlaw discrimination on the basis of sexual orientation in 1982 and the APA removed homosexuality entirely from the DSM-III in 1987 (CNN Library, 2016; "LGBT Mental Health Syllabus," 2007).

GSS survey data shows that public opinion regarding homosexual sexual relations worsened throughout the 1980s. 74.4% of those surveyed believed that sexual relations between those of the same sex were always wrong in 1980. This number peaked at 77.4% in 1988. For the first time, a survey question addressed attitudes regarding same-sex marriage with 73.3% of those surveyed in 1988 against the right for same-sex couples to marry. However, the percentage of people against homosexual professors in colleges and universities dropped from 50% in the 1970s to around 40% throughout the 1980s, and by 1989, only 21.1% of those surveyed would be against a gay man speaking to their community (Smith, Marsden, Hout, & Kim, 2015). The rise in disapproval of sexual relations was likely influenced by the prominence of AIDS in the gay male community.

Interestingly, the marginal increase in acceptance of gay individuals outside of their sexual relations may also be attributed to the increase in visibility from AIDS.

LGBT visibility continued to grow throughout the 1990s as new policies, both positive and negative, directly addressed the community. For example, in 1990, the APA issued a statement against military discrimination of gay men and women which the military addressed by implementing "Don't Ask, Don't Tell" in 1993 ("LGBT Mental Health Syllabus," 2007). Then, in 1996, the US Supreme Court passed the Defense of Marriage Act (DOMA) which defined marriage as the union between one man and one woman. However, on a positive note, the Supreme Court struck down Colorado's antigay amendment which would have nullified existing civil-rights protections for gay men and women and prevented future protections ("LGBT Mental Health Syllabus," 2007). Also, in media and entertainment, both Ellen DeGeneres and her television character Ellen Morgan came out, making Ellen the first out, leading character on prime time television (CNN Library, 2016).

Though protections still were not great for the LGBT community, public opinion shifted further in the positive direction throughout the 1990s according to GSS data. The belief that homosexual sexual relations were always wrong dropped from 77.4% to 58.5% as the percentage of people believing they were not wrong at all rose from 12.9% to 28.3%. Those supportive of homosexual college professors rose from 67.8% to 77.7%, and those against homosexual speakers in the community dropped from 21.8% to 16.3% (Smith, Marsden, Hout, & Kim, 2015). As the topic of sexual orientation became more widely discussed in politics and in the media, opinions changed relatively fast.

Institutions with authority followed this positive shift in public opinion as Vermont became the first state to offer civil unions, and Massachusetts became home to the first legally married same-sex couple. The APA issued multiple statements in the 2000s supporting same-sex civil unions, denouncing conversion therapy, supporting second parent same-sex adoptions, and supporting marriage equality ("LGBT Mental Health Syllabus," 2007). The US Supreme Court likewise followed this trend in positivity by striking down the remaining sodomy laws as unconstitutional in the 2003, Lawrence v. Texas case (CNN Library, 2016). President Barak Obama later signed the "Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act" into law which made assault based on sexual orientation or gender identity a federal crime in 2008. Unlike previous decades, policy changes were largely in favor of LGBT civil rights throughout the 2000s.

Changes in support of LGBT equality continued from 2010 to 2015 as President Obama formally certified the end of "Don't Ask, Don't Tell" in 2011 and shortly after became first sitting president to support same-sex marriage (CNN Library, 2016). The US Supreme Court struck down DOMA in 2013 and, in 2015, upheld the right for same-sex couples to marry in Obergefell v. Hodges under the Fourteenth Amendment (CNN Library, 2016; "LGBT Mental Health Syllabus," 2007). Also in 2015, the U.S. Equal Employment Opportunity Commission stated that employment discrimination on the basis of sexual orientation falls under discrimination based on sex and is prohibited by Title VII ("2015 Timeline of Important Events in LGBT Equality," 2016). Many of the policy changes in the past decade affecting the LGBT community were in part the result of President Obama's support for gay rights. Without a doubt, he has had a hand in influencing societal views of LGBT issues with his support and visibility. Now that

Obama is no longer in office, it is possible that policy changes protecting LGBT rights may continue at a slower pace or may cease completely.

Public opinion trends have continued to become gradually more positive from 2000 to 2014 as those believing homosexual sexual relations were not wrong at all rose from 28.8% to 49.3% and those believing they were always wrong dropped from 58.7% to 40.1%. Approval of the right for same-sex couples to marry rose from 30.8% in 2004 to 56.7% in 2014, and those in support of homosexual college professors continued to rise from 79.6% in 2000 to 89.3% in 2014. Likewise, those alright with a gay man speaking to their community rose from 83.3% to 89.9% (Smith, Marsden, Hout, & Kim, 2015). It is likely that attitudes towards the LGBT community will either continue to become more positive or level out in the future. Though it is hard to pinpoint whether changes in opinion have led to changes in policy or vice versa, the correlation clearly exists. Further research has allowed for a closer examination of public opinion and the factors motivating change as discussed below.

Scientific Discourse on Public Opinion

When exploring research on public opinion, articles did not only address the changing attitudes of others towards sexual minorities but also addressed the characteristics of people holding certain beliefs as well as the societal effect of these beliefs. As such, themes include “Attitudes towards Homosexuality,” “Characteristics of People,” “Attitudes of Health Professionals,” “Discrimination and Hate Crimes,” “Media Coverage,” “Marriage Equality,” and “Gender's Role in Attitudes.” Articles sorted into the theme of “Attitudes towards Homosexuality” reflect the views of society towards the

LGB population whereas "Attitudes of Health Professionals" narrows the focus population to health professionals who may provide a different perspective as they work with LGB patients. Articles sorted as "Characteristics of People" compare the characteristics of those for or against homosexuality. Research mainly examining differences in the way men and women view homosexuality became its own category: "Gender's Role in Attitudes." The message portrayed by the media likewise indicates changing attitudes in society towards sexual minorities as does the incidence of discrimination and hate crimes and the more recent debate on marriage equality. As such, each of these became a sub-theme of public opinion.

Attitudes towards homosexuality. The first articles on public opinion acknowledged homosexuality as a condition or a deviation from societal norms (McIntosh, 1968; A. J. Reiss, 1961). Early polls conducted found that 63% of Americans considered homosexuals "harmful to American life." Many believed that homosexuality was immoral and that gay men wanted to convert young men to homosexuality. A survey of gay men found that 10% had been blackmailed and 25% had been assaulted or arrested (G. D. Phillips, 1970). A 1974 survey similarly saw that 75% of the white American adult population disapproved of homosexuality (Nyberg & Alston, 1977). Out of 30,000 Americans surveyed, the majority viewed homosexuality as more problematic than premarital sex and equally as problematic as extramarital sex. Over two-thirds would have denied a homosexual man the right to be a minister, teacher, judge, medical practitioner, or government worker, and over 80% preferred not to interact with homosexuals. This was largely based on the belief that homosexual men would corrupt

children and coworkers and lead to civilization's downfall. Sixty two percent also believed that homosexuality was a curable sickness, and 59% believed there should be a law against homosexual sex acts (De Boer, 1978; Levitt & Klassen, 1976). However, in a study specifically examining college students, Goldberg found that videos addressing prejudice and homosexuality can alter attitudes towards homosexuality (R. Goldberg, 1982). A later study concluded that due to heterosexual bias, lesbian and gay couples were perceived as being "less satisfied with their relationship" and "less in love" than heterosexual couples (Testa, Kinder, & Ironson, 1987).

One factor mediating negative opinions towards sexual and gender minorities is contact. Research found that people in contact with gay men and women on an interpersonal level – those with more and closer relationships – held more favorable views towards homosexuality (Herek, Capitanio, & others, 1996). An examination of attitude trends over time discovered that views towards homosexuality have become more positive from 1970 to 1997. More people began to believe that homosexuality is not a choice and that homosexuality should be legal in the privacy of one's home. There was also a 27 point increase in support for equal employment and housing opportunities with approval ratings over 80% in the late 1990s. However, disapproval rates remained consistently around 70% in regards to the morality and acceptability of homosexuality as did disapproval of gay marriage and same-sex adoption (Yang, 1997). One study examining attitudes towards bisexuals found that the majority of those surveyed – lesbian, gay, and heterosexual – held positive views. Negative views differed depending on sexual orientation. Heterosexual participants who disliked homosexuality tended to dislike bisexuality. Gay men and women who held negative views tended to believe that

bisexuality was not a legitimate sexual orientation, that bisexuals were not as committed in relationships, and that they posed a challenge to previously set boundaries distinguishing gay and straight (Mohr & Rochlen, 1999).

More studies in the 2000s noted a positive shift in attitudes towards homosexuality. Both Loftus, examining trends from 1973 to 1978, and Hicks, examining trends from 1977 to 2003, found that American views of homosexuality have become increasingly liberal. Loftus specifically noted increasing negativity through 1990, but increasing positivity since then as well as an increase of support for gay civil rights throughout the time period (G. R. Hicks & Lee, 2006; Loftus, 2001). Further research suggested that shifts in predisposition and underlying structure of opinion have led to the increase in support for gay rights. The gay rights movement was able to use greater political opportunity and cultural conditions to influence the removal of state-sodomy laws (Brewer, 2003; Kane, 2003).

Research in 2010 onwards continued to examine attitudes towards homosexuality noting further shifts towards positivity but also the continued existence of antigay bias. An updated literature review attributed these huge shifts to the internet, new HIV treatment, media representation, and feminism. Though there has been a reduction in fear towards homosexuality, discrimination and prejudice still remain. Gay couples were still seen as less loving than heterosexual and lesbian couples (Ahmad & Bhugra, 2010; Doan, Miller, & Loehr, 2015). Callender claimed that anti-gay bias persists due to its concealable nature as well as sociocognitive factors such as prejudice and stereotyping (Callender, 2015). Diversity in college has helped contribute to greater tolerance with those further along in their college careers or in the College of Arts and Sciences

demonstrating the most tolerance (Laurel Holland, 2013). Certain beliefs and characteristics lead some people to hold more positive views of the LGBT community than others. These traits are further examined below.

Characteristics of people. Early research found that people against homosexuality had more conservative sexual attitudes, greater personal sex-guilt, and repressed their sexual impulses more than those with positive attitudes towards homosexuality. They also supported traditional gender roles, did not support equality between the sexes, and were more willing to label a man as gay if he displayed "feminine characteristics" than those supportive of homosexuality (Dunbar, Brown, & Amoroso, 1973; MacDonald & Games, 1976; Minnigerode, 1976). Those in favor of homosexual rights were well educated, under 30, less religious, from urban areas, and from the Northeast or Pacific states (N. D. Glenn & Weaver, 1979; Irwin & Thompson, 1978; Nyberg & Alston, 1977). These general characteristics still often predict negative attitudes towards sexual and gender minorities.

The results of 1980s studies confirmed previous studies by demonstrating that those who attend church, who are more conservative, and who hold traditional views of gender roles are more likely to hold negative views towards homosexuality. They also had peers who shared these views (Herek, 1987, 1988; Larsen, Reed, & Hoffman, 1980; Whitley, 1987). An important addition to the literature found that those who believed homosexuality is a learned condition held the greatest dislike towards the population whereas those who believed homosexuality is caused by genetics showed greater tolerance (Aguero, Bloch, & Byrne, 1984; Ernulf, Innala, & Whitam, 1989).

Similar to the 1980s, many articles in later decades continued to find that those who were more conservative, religious, male, married, or from the South held the most negative attitudes towards homosexuality (Marsiglio, 1993; Seltzer, 1992). Many also supported the theory that attributing homosexuality to uncontrollable causes such as biology and genetics leads to expanded support of gay rights (Haider-Markel & Joslyn, 2008; Hegarty & Pratto, 2001; Tygart, 2000; Whitley, 1990; Wood & Bartkowski, 2004). As in previous decades, research found that people who are more liberal, female, less religious, and know people who are LGB are more accepting of the gay community. In addition, upperclassmen and students attending college without fraternities and sororities were also more accepting (Hinrichs & Rosenberg, 2002; Lambert, Ventura, Hall, & Cluse-Tolar, 2006). When comparing race and attitudes towards homosexuality, one study found that, controlling for religious and educational differences, black people disapproved of homosexuality more than white people but were moderately more supportive of gay civil liberties and anti-discrimination policies (G. B. Lewis, 2003). Other studies noted that racial differences in attitude mostly vanished when controlling for church attendance, religious commitment, and socioeconomic status suggesting that religion and lifestyle contribute more towards negative attitudes than race (Negy & Eisenman, 2005; Schulte & Battle, 2004).

A key study found that opinions changed more rapidly between 2002 and 2012 than between 1987 and 2002 with the influence of religious and political value predispositions declining in recent years (A. B. Becker, 2014). However, political values still were prevalent enough to influence elections with both Democratic and Republican presidential candidates expressing opposing positions on gay rights beginning in 1992

(Rhodebeck, 2015). The attitudes of health professionals likewise shaped the sociopolitical climate with some feeling more prepared to work with sexual and gender minorities than others.

Attitudes of Health Professionals. Behavior therapists and counseling students at one point believed that homosexuality was inferior to and less rational than heterosexuality and largely employed aversive procedures with homosexual clients. Many felt ill-prepared to deal with homosexual clients (Davison & Wilson, 1973; G. H. Thompson & Fishburn, 1977). A broader analysis of 2500 psychiatrists found that 69% believed homosexuality was pathological, 73% believed that homosexuals were less happy than homosexuals and that this was due to inner conflict rather than societal stigma, and 60% believed that homosexuals are less capable of loving relationships (M. J. Gross, 1978). Professional stigma also affected information published. One study found that 1 in 10 health science publications reviewed mention homosexuality, and those that did, contain a number of factual errors and biases (Newton, 1979).

Watters, studying heterosexual bias in psychological research, found that little change occurred in the literature from 1979 to 1983. After the APA recommended that homosexuality should be seen as an alternative lifestyle rather than a pathological mental illness, research studies changed to reflect these guidelines (Watters, 1986). Several studies addressed the factors contributing to homophobia in health professionals. Among mental health professionals, single people held more positive views than married people towards homosexuality, paraprofessionals held the most negative views, newer employees held more homophobic attitudes than more seasoned employees, and religious

values contributed to homophobia as well (Decrescenzo, 1984). Rudolph agreed that mental health professionals often felt conflicted when facing a homosexual patient due to standards of practice differing from societal opinions. He stressed the importance of professionals developing an understanding of their own attitudes towards homosexuality before working with homosexual patients (J. Rudolph, 1988). Homophobia was also apparent in nurses and physicians. In one study, mean survey scores fell in the low-grade homophobic range, and 10% of those surveyed agreed that "homosexuals who contract AIDS are getting what they deserve" (Douglas et al., 1985).

In social workers, 10 percent of respondents were homophobic and the majority was heterosexist. Those who had more social contact with gay men and women were less homophobic while religiosity correlated with higher levels of homophobia and heterosexism (Berkman & Zinberg, 1997). A study of master's level social work and counseling students at the onset of their academic programs found that 6.5% of the 2,837 respondents expressed intolerant attitudes. These attitudes correlated with religion, race, sexual orientation, gender, and academic degree (Bernie Sue Newman et al., 2002). A minority of psychology students expressed negative attitudes towards lesbians and gay men in one study, but the majority of the sample was not overwhelmingly supportive of lesbian and gay rights either (S. J. Ellis, Kitzinger, & Wilkinson, 2003). Several studies follow the development of the removal of homosexuality from the DSM. These look at the transition from hostile attitudes to the current belief that homosexuality is a normal variant of human sexuality. Studies conclude that psychoanalytic theories cannot be separated from social climate and public opinion (Drescher, 2008, 2010; Pillard, 2009). This is apparent in a later study finding that family therapists who practice conversion

therapy hold greater negative beliefs about LGB individuals and lower levels of clinical competence working with LGB clients (McGeorge, Carlson, & Toomey, 2015). Attitudes among health professionals can particularly affect LGB individuals in the context of therapy and treatment.

Discrimination and hate crimes. Outside of negative experiences with therapists, societal biases can also lead to discrimination and hate crimes towards sexual minorities. In the 1970s, gay men experienced systematic discrimination through as non-hiring, non-promotion, and firing on the basis of stereotypes. Courts did not help as they hesitated to afford gay men and women the same protections afforded to other minority groups (Levine, 1979; Siniscalco, 1975). Bias continued to affect homosexual couples at a legal level in the 1980s. For example, one study shows that distant relatives often benefit from wills even though the deceased has left everything to their gay partner. This study argued that discrimination stems from a need to uphold traditional gender roles in society, and that legal steps to discourage homosexuality violate gender equality (Law, 1988). Levine and Leonard would agree as they documented employment discrimination against lesbian and gay men and found that 25% of women in the study reported job discrimination. Those who experienced discrimination oftentimes were fired, not hired, did not receive a promotion, were demoted, or experienced verbal and nonverbal harassment (Levine & Leonard, 1984). In a different survey, 92% of respondents claimed they had been verbally harassed and 24% claimed they had been physically assaulted because of their sexual orientation (Herek, 1989). These studies, among others, show the impact of societal attitudes towards gay individuals.

In an early 1990s study, Berrill documented an increase in anti-gay violence throughout the 1980s with the amount of anti-gay incidents reported by the National Gay & Lesbian Task Force, police departments, and gay victim assistance organizations tripling from 1985 to 1990 (Berrill, 1990). Herek likewise discussed hate crimes and their relationship to heterosexism (Herek, 1990). Other articles continued to address how heterosexism negatively affected gay and lesbian careers. A 1995 study discussed the increase in reported rates of discrimination and bias over the previous decade and its relationship with political consciousness. Incidents of discrimination included discrimination in hiring, in tenure and promotion, exclusion from professional networks, devaluation of scholarly work, and harassment and intimidation (Taylor & Raeburn, 1995). Badgett similarly found that gay and bisexual men and women earned less than their heterosexual counterpart with the same experience, education, occupation, marital status, and region of residence (Badgett, 1995). Interestingly, one study discovered that gay men and women in the closet experienced more negative work attitudes than openly gay men and women or heterosexual men and women (Day & Schoenrade, 1997). Finally Walters and Curran showed that same-sex couples are helped less often in stores than heterosexual couples who received assistance more quickly and were not repudiated (Walters & Curran, 1996).

In the 2000s, Hutchinson argued that LGBT individuals were still not treated equally in court cases as federal antidiscrimination laws did not apply to sexual orientation (Hutchinson, 2000). Herek continued to work towards eradicating sexual stigma and prejudice in his comprehensive study of stigma, prejudice, court cases, and marriage equality (Herek, 2007). Though participants in one study did not experience

formal discrimination in the workplace, they did experience lower interaction length, word count, and greater negativity when interacting with other people, which led to anticipation of formal employment discrimination (Hebl, Foster, Mannix, & Dovidio, 2002). Fears of discrimination caused many to remain "in the closet" in the workplace, though those who "came out" and worked for a more supportive organization had less anxiety and greater job satisfaction (Griffith & Hebl, 2002). Finally, an updated study on hate crimes found that around 20% of respondents had experienced a person or property crime based on their sexual orientation, around 50% had experienced verbal harassment, and over 10% experienced employment or housing discrimination. Though negativity was still apparent, the numbers of negative experiences have decreased since Herek's 1989 study in which 92% of respondents were verbally harassed and 24% physically assaulted due to their sexual orientation (Herek, 2009). Looking specifically at employment discrimination, Becker found that public opinion has changed rapidly and become more positive over 25 years. However 21% still supported employment discrimination on the basis of sexual orientation in 2014. In sending out fictitious resumes, Tilcsik noted that "out" applicants were 40% less likely to be offered an interview compared to heterosexual applicants. Also, employers in southwestern states showed significantly more discrimination than western and northeastern states (A. B. Becker, 2014; Tilcsik, 2011).

Media coverage. The way the media has portrayed the LGBT community is also an indicator of public opinion. The media is dependent on an audience, so it will cover topics that are relevant to public interests. One article in the 1970s reviewed the

Advocate, the oldest and largest LGBT publication in the U.S., and examined the claim that it was the best gay news medium in the country. Leab noted that the newsletter was growing in popularity despite some of its raunchier advertisements (Leab, 1976). A study of personal advertisements designed and placed by gay men found that these were more frank and more overtly sexual than heterosexual ads. Gay men were more specific about relationship goals. The author hypothesized that these differences stem from male/female differences in conceptualizing love (Laner & Kamel, 1978). Research went on to examine why some events are covered by the media while others are not. After studying four events in Maine affecting gay rights, two which sparked controversy, and two which garnered virtually no attention, researchers concluded that editors influence the news by deciding which "newsworthy" events to cover; events qualify if they involve conflict and many people (Cohn & Gallagher, 1984). Rogers and Dearing also speculated on the media's role in presenting newsworthy events, particularly the lack of attention devoted to AIDS before 1985. Though the AIDS epidemic was a newsworthy topic in the early 1980s, news coverage was slow and inconsistent. They concluded that several factors affected this slow spread from the lack of conclusive information researchers could provide to editors not wanting to publish stories on gay men because the topic was deemed inappropriate (Rogers & Dearing, 1989). Stipp and Kerr also theorized that anti-gay attitudes influence the media and prevent effective communication about risk factors and disease transmission of AIDS (Stipp & Kerr, 1989).

Research in the 1990s continued to focus on media coverage of gay rights and marketing strategies. Aarons recommended that newspapers expand their readability to include a gay audience, but also discussed how many editors in the gay community seek

anonymity with only 13% allowing their names to be used (Aarons, 1990). Several studies examined the dynamics of mass media in reaching groups outside of the mainstream such as the gay community. These studies all agreed that though businesses could benefit from marketing to the gay community, many did not because this could also alienate heterosexual customers (DeLozier & Rodrigue, 1996; Douglas L. Fugate, 1993; L. Gross, 1991). Television and film portrayals of homosexuality were typically negative and many obstacles prevented positive portrayals. Though there were plenty of lesbian and gay actors, few were willing to be out. This article also addressed gay and lesbian pornography and the surrounding opinions (Steiner, Fejes, & Petrich, 1993). Kielwasser and Wolf agreed that media portrayal was heterosexist. Adolescent characters especially were always heterosexual with no mention of gay and lesbian youth in television (Kielwasser & Wolf, 1992).

Research on media and the LGBT community continued to expand in the 2000s as studies examined inclusion, stereotypes, and effect on attitudes. In an early 2000s article, participants were shown pro-gay, anti-gay videos, and neutral videos, and a follow up assessment found that those who watched the pro-gay videos had more positive attitudes towards homosexuality than those watching the anti-gay videos (Levina, Waldo, & Fitzgerald, 2000). Because of the influence media can have on attitudes, multiple studies examined LGBT representation in media. In 2000, only 2% of central characters on sit-com TV shows were gay with all of them 20-35 year old males. These characters also made more comments about sexual orientation than heterosexual characters (Fouts & Inch, 2005). Likewise, little bisexual representation exists in film, and media presented stereotypical depictions of LGBT characters (Bryant, 2005; Raley & Lucas, 2006).

Another study found that only two of fourteen genres examined – movies and comedy shows – had significant LGBT content with cable networks having more representation than commercial broadcast networks (Fisher, Hill, Grube, & Gruber, 2007). Shows with LGBT representation often maintained a heteronormative script with one partner portrayed as dominant and the other as submissive upholding gendered expectations in same-sex relationships (Ivory, Gibson, & Ivory, 2009; Kim et al., 2007). Avila-Saavedra noted an increase in gay male representation in television shows near the end of the 2000s, but also that the majority of queer representation on television was in the form of gay, white, affluent males upholding traditional notions of masculinity and femininity (Avila-Saavedra, 2009).

Studies found that gay characters on television were placed in more sexual scenarios than straight characters, gay women were more often shown in sexual scenarios than gay men, gay characters made up 7.5% of all characters studied, and LGB youth were also underrepresented in the media (Bond, 2014; Netzley, 2010). However, outside of mainstream media, a niche media industry designed by and for gay and lesbian viewers has become more accessible, though gay men are still depicted significantly more than lesbians or bisexuals (Bond, 2015). In one survey, respondents claimed that positive LGB role models in the media served as a source of pride, inspiration, and comfort (Gomillion & Giuliano, 2011). Lee and Hicks also demonstrated that the media can influence a positive shift in opinions towards same-sex marriage (T.-T. Lee & Hicks, 2011). Studies continue to show that sexual minorities can use media to their advantage to increase social networking and visibility (Venzo & Hess, 2013). Recent activism has led to the pursuit of marriage equality as described below.

Marriage equality. One of the first articles addressing marriage equality does so from a feminist perspective. The study argued that ethics, equal protection, and human nature all lead to the conclusion that same-sex marriage should be supported under the constitution (C. A. Lewis, 1988). Further research from the collected studies does not address the issue of same-sex marriage again until the 2000s. This issue was not widely recognized until the Defense of Marriage Act (DOMA) defined marriage as the union of one man and one woman and allowed states to refuse to recognize same-sex marriages from other states in 1996 (Adam, 2003). Studies noted that the push for marriage equality has come from recent court cases where LGBT couples succeed in winning the right to marry. However, this new wave of activism was controversial among members of the gay community who did not want to push allies away (Brewer & Wilcox, 2005; Egan & Sherrill, 2005). Though courtroom victories have caused backlash, legal mobilization has increased opportunities for LGBT policy change (Keck, 2009). In fact, people have become more accepting, especially liberals and Californians (G. B. Lewis & Gossett, 2008). In the 2000s, most people were more accepting of the idea of civil unions than gay marriage, viewing same-sex marriage as more polarizing and provocative (Avery et al., 2007; Price, Nir, & Cappella, 2005). Unsurprisingly, research found that religion impacted moral values, and those who participated most actively in religious life showed the least support for same-sex marriage (Brumbaugh, Sanchez, Nock, & Wright, 2008; Campbell & Monson, 2008; L. R. Olson, Cadge, & Harrison, 2006).

Attitudes towards same-sex marriage continued to become more accepting and liberal in 2010 onward. Baunach attributed this liberalization to the use of "equality/tolerance" framing by supporters (Baunach, 2011). Another article noted that

attitudes towards same-sex marriage were gendered in the same way as attitudes towards homosexuality. Just as men typically showed greater tolerance towards lesbians than gay men, so too did they show greater tolerance towards marriage between lesbians compared to marriage between gay men (Moskowitz, Rieger, & Roloff, 2010). Several studies also examined the correlation between attitudes towards same-sex marriage and same-sex parenting. Schwartz found that only 30% of those surveyed favored same-sex marriage while 50% favored adoption (Schwartz, 2010). Other articles noted a correlation between opinions towards same-sex marriage and parenting suggesting that a negative opinion of same-sex parenting may influence a negative opinion of same-sex marriage (Webb & Chonody, 2014; Zivi, 2014).

Gender's role in attitudes. Gender shapes attitudes towards homosexuality in the same way it shapes attitudes towards same-sex marriage. Early research found that heterosexual men were liked less than masculine heterosexual men, but feminine homosexual men were liked more than masculine homosexual men (Storms, 1978). A later study noted that in general, men have more negative attitudes towards homosexuality than females and more recent studies show a larger effect. However, this effect decreased with increasing sample size with larger studies showing less of a sex difference (Kite, 1984). Further research continued to note that heterosexual men held more homophobic attitudes towards gay men whereas heterosexual women held more homophobic attitudes towards gay women (Whitley, 1988). In college students, negative attitudes existed in those holding traditional attitudes towards men and women but were

inversely related to age and academic performance. In general, men held more negative opinions than women (Herek, 1988; Kurdek, 1988).

One study quantitatively showed that 89% of males between the ages of 15 and 19 found sex between men disgusting and only 12% thought that they could befriend a gay person (Marsiglio, 1993). Other studies continued to find that men react more negatively towards homosexuality than women and showed more prejudice towards gay men than lesbians. Women conversely reacted more negatively towards lesbians than gay men. These attitudes held true in adolescents and adults (Baker & Fishbein, 1998; Kite & Whitley, 1996; LaMar & Kite, 1998; Whitley & Kite, 1995).

Gender gaps in attitudes towards homosexuality also remained unchanged in the 2000s with heterosexual men holding more prejudice than women in part by creating a masculinized ideal self and feminized undesired self (Herek, 2000, 2002a; Kilianski, 2003). Another study similarly suggested that gender role beliefs may "act as legitimizing myths to justify antigay attitudes." Those who believed in traditional gender roles, oftentimes men, held more negative opinions towards homosexuality (Whitley & Ægisdóttir, 2000). A study examining attitudes towards bisexual men and women found similar characteristics in people who dislike bisexuals as those who dislike homosexuality: more religious, conservative, traditional values, lower income, less education. Overall, heterosexual women rated bisexuals as significantly less favorable than gay men and women, and heterosexual men rated gay and bisexual men less favorably than gay or bisexual women (Herek, 2002b). Gender, like other characteristics, is an important predictor of attitudes towards homosexuality. Concepts of masculinity

and traditional gender roles both play a part in the differing attitudes men and women hold towards the LGB community.

Summary. Attitudes surrounding homosexuality did not change on their own. They have become more positive through media representation, political representation, and activism. Though support has grown, about half of the U.S. population still disapproves of homosexual sexual relations. Unsurprisingly, opinions have largely shifted along partisan lines with those from conservative, religious backgrounds more against homosexuality and liberal-minded people from northern states more in support of homosexuality. This has in turn impacted discrimination, hate crimes, and access to healthcare for members of the LGBT community.

CHAPTER FIVE

Discussion

> There is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations
>
> —MICHEL FOUCAULT, *Discipline and Punish: The Birth of the Prison,* 1979

The way research and society have changed in addressing the topic of homosexuality over time is best understood through the theories of Thomas Kuhn and Michel Foucault on social and scientific revolutions. Both the history of homosexuality and empirical data over the past 50 years revealed in this study support the claim that a paradigm shift has occurred. I argue that through activism, visibility, and changes in power dynamics, society has initiated this shift and research has followed. To support this claim, I will first offer a brief background on these theories then demonstrate the linkages between my findings and the perspectives of Foucault and Kuhn.

Thomas Kuhn

According to Kuhn, a paradigm shift is a scientific revolution that is "the tradition-shattering complement to the tradition-bound activity of normal science" (Kuhn, 1996; Pajares, n.d.). A shift occurs when an anomaly is inconsistent with a previous paradigm and necessitates its replacement. A paradigm develops as facts are collected, researchers interpret these facts in different ways, preparadigmatic schools emphasize their interpretation and vie for relevance, and from this competition one theory emerges

as better than its competitors. The older schools gradually disappear as research from the previous paradigm is no longer read or seen as relevant (Kuhn, 1996; Pajares, n.d.).

Once a paradigm is established, special journals and professional societies form to address the new paradigm, and the latest knowledge is incorporated into academic curriculum. The paradigm then guides research as the scope and precision of the paradigm narrow over time. Researchers seek to solve puzzles, and paradigms give them the frame for these puzzles to be solved (Kuhn, 1996; Pajares, n.d.). However, nature never fits perfectly into a paradigm as paradigms are constructed to try and describe natural phenomena. This leads to paradigm shifts overtime as new facts are discovered that do not fit in well with the current paradigm.

As anomalies are explored through further research, scientists begin to see nature in a different way. This is often a very slow process, as the way scientists see nature is dependent on what their past experiences have taught them to see. When new knowledge can no longer be incorporated into the current paradigm, a scientific revolution occurs in which the new paradigm replaces the older paradigm in part or completely. Sometimes there is a period of time in which two paradigms compete for the acceptance of the scientific community. Supporters of each paradigm will continue to improve and explore the paradigm to argue for its acceptance. More scientists will convert to one paradigm over the other, improve techniques for exploring the paradigm, and eventually will convince the majority of the scientific community that the new paradigm should replace the old way of thinking. A few older scientists will hold to the previous paradigm, but the new paradigm will gradually become ubiquitous (Kuhn, 1996; Pajares, n.d.).

According to Kuhn, the replacement of paradigms causes the world to change. He claims that the beliefs of scientists adopting the new paradigm will change as they see nature in a new way which then causes the beliefs of society to change (Kuhn, 1996; Pajares, n.d.). However, I argue that historical and societal factors influence beliefs and paradigm shifts in social science to a greater extent than the scientific community's discovery of new facts. In fact, I argue that historical and societal changes *create a new discourse* which in turn causes scientists to acknowledge anomalies in the current paradigm and seek out facts to either prove or disprove the paradigm. If facts fail to prove the paradigm, a new paradigm will emerge that better fits societal discourse. In the case the gay rights movement, certain events such as the Stonewall Riots, the HIV/AIDS epidemic, and increased media exposure have led to an increase in visibility for the LGBT community. This visibility has caused society, including scientists, to reexamine previously held beliefs regarding homosexuality and begin to view homosexuality as an alternative lifestyle rather than a sexually deviant behavior and mental illness.

Michel Foucault

Foucault provides a theoretical framework for this hypothesis. He believes that "modern power created new forms of sexuality by inventing discourses about it" (Gutting, 2005). Though same-sex relations have existed since ancient times, the homosexual identity, a term encompassing the psychological, physiological, and relational aspects of the individual, is a recent term created by power and knowledge dynamics. When many saw power as repressive, Foucault saw how power could have a positive role by producing knowledge (Gutting, 2005). For instance, though no one

would argue that the HIV virus is a benefit to society, the AIDS epidemic forced people in positions of power, such as President Reagan, to speak about homosexuality as it affected the gay, male population (Medina, 2014). This was by no means a positive portrayal of the gay community, but discourse became more prevalent and opinions changed drastically within the next decade.

Foucault helps explain how even negative portrayals can cause positive change by arguing that political actions provide opportunities for marginalized groups to speak and be heard. Marginalized groups, such as the gay community, use political opportunities to share their values and challenge the values of the majority which were formed through social conditioning (Gutting, 2005). Once people begin to accept, or at least tolerate, the values of the marginalized group, resulting social and political change then further acceptance and decrease problematization of the marginal group's values.

As a gay man, Foucault tried to separate himself from his identity when creating his theory, but he understood the feeling of being trapped and marginalized. Even though the marginalized are capable of leading revolutionary movements, they can define themselves only through their struggle with power. Foucault claims that one's identity is oftentimes confined by existing categories presented by 'experts.' Experts may present these new categories as discoveries, but Foucault claims that they simply reflect new social norms for behavior (Gutting, 2005). For example, the distinction of male and female used to be defined as a biological fact but is now accepted as a socially influenced phenomenon. Today, more labels exist than ever before even though only a fraction is mentioned in scientific literature. A person may choose a label that they most closely identify with, but that label may be viewed skeptically if it is not included in scientific

literature. Only recently has research included lesbians and bisexuals; little, if any, research has addressed other identities such as demisexual, pansexual, gender fluid, etc. In this way, Foucault was correct in saying that one's identity is confined by existing categories.

Foucault's term for this phenomenon is "biopower" which he claims "embraces all the forms of modern power directed toward us as living beings, that is, as subject to standards of not just sexual but biological normality" (Gutting, 2005). Biopower is concerned with the 'task of administering life,' and encompasses researchers, doctors, the government, and any entities that influence biological norms. These entities in defining normal also define what is abnormal. Biopower also helps explain how the definitions of normal and abnormal change overtime. Kuhn focused on scientific revolutions, but certainly scientific revolutions are not isolated events. They too change because of biopower which may come from within the scientific community or may come from outside influences in the legal, political, or social sphere. In the case of homosexuality, an overarching paradigm shift clearly exists, but this paradigm shift did not come from within the scientific community. Rather, power dynamics between gay rights activists, the medical sphere, the legal sphere, and the political sphere have forced research to engage in discourse and shift the discussion from one of mental illness to one of acceptance.

Quantitative Trends

The findings presented in this study support the hypothesis that a paradigm shift in the scientific discourse around homosexuality has occurred. When examining

overarching decade trends, articles have become less negative and more positive over time as has public opinion. While 48.48% of scientific articles in this study negatively portrayed homosexuality in the 1960s, only 1.36% of articles were negative in nature after 2010. Only 15.15% of articles were positive in the 1960s, while 65.31% of the articles from 2010 onwards are positive in nature. This demonstrates a near complete flip in sentiment. Similarly, while over 70% of people agreed that homosexual sex was always wrong in 1973, around 50% believed it was not wrong at all in 2014 (Smith, Marsden, Hout, & Kim, 2015). Kuhn's theory of paradigm competition among different scientific disciplines is apparent when articles are broken down by theme. Health articles were significantly more negative and less positive while education articles were significantly more positive and less negative in comparison to all articles. Education articles seek to inform and bring about change, so these would understandably be on the forefront of a paradigm shift. Significantly, two competing paradigms have existed within health articles: the paradigm that claims homosexuality is a mental health disorder that should be treated with conversion therapy and the paradigm that claims that conversion therapy is unethical and homosexuality represent an alternative lifestyle. Quite possibly, and in line with Kuhn's prediction, it has taken time for one paradigm, the one in favor of homosexuality as an alternative lifestyle, to garner enough support to outcompete the other.

Foucault's claim that power dynamics and paradigm shifts affect identities is also supported by the data. The use of the term "homosexual" in research has decreased from 81.82% to 6.12% across the studied time period. The use of the term gay has not changed significantly, and the inclusion of lesbians and bisexuals has risen significantly from

12.12% and 0.00% to 82.31% and 54.42% respectively. However, gay males are still the most prominent group studied with 91.84% of articles referencing them in the abstract. Martha Vicinus, a prominent academic feminist who incorporates Foucault into her work claims that "the dominant paradigm for sexuality is overwhelmingly male and heterosexual" (Vicinus et al., 1982). In scientific literature, sex is depicted like the male orgasm: it is either released or controlled. Lesbians still do not have the same visibility as gay men, and lesbians of the past remain submerged, unidentified, and poorly documented (Vicinus et al., 1982). This trend is not only seen by the overall number of lesbian, gay, and bisexual articles, but also when articles are broken down by theme. Interestingly, family articles had the highest proportion of lesbian articles at 81.07% and health articles had the lowest at 49.76%. Females are still stereotyped as caregivers with an overrepresentation in family literature, and females are most neglected in health literature, a common trend for the male dominated discipline. Though identities are expanding, research continues to play into pre-existing paradigms and roles.

As I argued previously, education articles have embraced the paradigm shift more so than other types of articles. This is not only seen in the high amount of positive articles within the theme, but also in representation of identities. Education articles referenced lesbians 60% of the time and bisexuals 40% of the time. Though this is still lower than gay male representation, it is significant. This is especially notable when considering that lesbian and bisexual articles are significantly more positive and less negative than gay or homosexual articles. As education articles focus on training health professionals, counselors, and the general public, it is possible that this discipline has influenced the paradigm shift in other disciplines.

Kuhn claims that paradigms may affect scientific groups differently, and "a revolution produced within one of these traditions will not necessarily extend to the others" (Kuhn, 1996; Pajares, n.d.). This explains why variations in attitude and representation in different scientific disciplines exist. Scientists are influenced by the paradigms in which they operate. Health articles likely feature more negative articles because they are influenced by discourse on conversion therapy and AIDS. Education articles could display a more positive tone because the goal of education articles is to inform and guide discourse. The goal of public opinion articles is to inform which helps explain why that discipline contains mostly neutral articles designated under the classification of "gay." Family articles exist within the stereotype that women desire to have children and start a family to a greater extent than men. This in turn explains the greater ratio of lesbian to gay articles without the significant increase in positivity seen in education articles. The fact that each discipline has responded differently to the same overarching paradigm shift shows that a cross-discipline approach is needed when conducting research on paradigm shifts, and that a shift in one discipline may influence shifts in other disciplines. In an ideal world, research would present facts without the influence of bias, but as Foucault claims, we are all influenced by core values shaped by social conditioning. Like Kuhn's gestalt shift analogy, a paradigm shift occurs when these values are questioned. Scientists begin to see new things when looking at old objects and engage in new ways with their research.

It is clear, then, that these findings fit the pattern of a paradigm shift, and demonstrate how different disciplines respond to this paradigm shift in an expected way according to Kuhn's theory on scientific revolutions. However, Kuhn's explanation of

paradigm shifts fails to consider how society can lead to a change in values and influence a scientific revolution. This is where Foucault's theories on power dynamics help in understanding the important role of outside influences in causing change. A qualitative examination of the research combined with a timeline of historical events helps illuminate the importance of studying science within the context of society. In fact, viewing the data through this lens shows that societal discourse has led to a change in values within research which has in turn led to the observed paradigm shift. This is in contrast with Kuhn's theory that an anomaly in the research forces scientists to re-examine facts through a different lens which then brings about a change in values in scientists and finally within society.

Health

The main shifts in healthcare have been a decrease in the amount of articles supporting conversion therapy and the view that homosexuality is a mental health disorder, an increase in articles addressing health discrepancies among sexual minorities, and an increase in articles addressing HIV/AIDS in the 1980s and 1990s. Over 60% of articles in the 1960s discussed homosexuality as a disorder in need of treatment. This dropped by half in the 1970s and by half again in the 1980s. From the 1990s onward, only a small minority of articles addressed homosexuality as a mental illness in need of treatment. Articles in the 1960s largely supported the use of aversion and electroshock therapy with new research focused on improving reparative therapy techniques. Though a few articles argued for an alternative lifestyle approach to homosexuality, the first article in this study to denounce reparative therapy was published in 1975 (Bancroft, 1975). This

occurred after the American Psychological Association replaced homosexuality in the DSM with "sexual orientation disturbance" in 1973. The reason for the change largely occurred because of the Stonewall Riots. Gay rights activists protested the APA beginning at the 1970 San Francisco convention and continued in 1971. The APA trustees then held a vote to remove homosexuality as disorder category which was confirmed by the wider APA membership (LeVay, 1997). If not for activists fighting the "biopower" dynamics at the time, homosexuality would have remained in the APA longer and researchers at the time would not have changed their outlook on conversion therapy.

Further discourse on the gay community occurred in the 1980s with the spread of AIDS through the predominantly gay San Francisco bathhouses and then throughout the United States. This discourse was pervasive throughout society and research as health, education, and public opinion all addressed the disease in context of the gay community. Research in health began addressing homophobia in mental health professionals towards patients with AIDS in the late 1980s. At the same time, research in education began reaching out to at-risk populations including gay and bisexual men to stop the spread of AIDS. Education articles also called for greater training of mental health professionals to decrease homophobia. Articles in public opinion noted a delayed media response and speculated that the early lack of response was in part due to publishers deeming the topic inappropriate. Societal disapproval of homosexual sex likewise peaked in the late 1980s at 77.4% (Smith, Marsden, Hout, & Kim, 2015). Because AIDS was viewed as a gay disease throughout the United States, gay men were seen as unclean by both the public and scientists. However, the gay community also received more visibility because of the

association. More articles began addressing sexual minorities and negative articles dropped significantly in the 1980s. HIV/AIDS unquestionably influenced the already in-motion paradigm shift by increasing discourse on gay identity and increasing the visibility of the gay community. Though one can argue that researchers discovered AIDS and therefore this fits in with Kuhn's definition of an anomaly causing a paradigm shift, AIDS is not a gay disease. Society connected AIDS to the gay community due to the circumstances surrounding the initial spread of the disease, and this initiated research on that connection. If AIDS had spread through blood transfusions or heterosexual intercourse first, the initial research and discourse surrounding AIDS would have been completely different. Judged by these data, Foucault is correct in arguing that identity is shaped by existing categories presented by 'experts' (Gutting, 2005).

Because marginalized groups are often trapped in certain categorizations, they are subject to minority stress. The percentage of articles addressing health discrepancies in the LGB community more than doubled from 1970 to 1980. This percentage continued to rise through 2015 peaking at 41.18%. Studies show significant correlations between life events, particularly AIDS, and mental health (M. W. Ross, 1990). Many also show that long term stress due to stigmatization and discrimination can adversely impact mental health. A few articles in the 1960s and 1970s address health discrepancies among sexual minorities, but articles begin linking sexual minority health to stigma in 1980 onwards. This is in line with Kuhn's theory that scientists begin looking at problems in different ways during a paradigm shift (Kuhn, 1996; Pajares, n.d.). The association of AIDS with the gay community allowed for a continuation of the "discourse on sexuality" as Foucault calls it, leading to a change in attitudes. The complete removal of homosexuality from the

DSM in 1987 likely contributed to this shift as well. As the APA provided statements against conversion therapy, and as other power entities such as the CDC, the WHO, the media, and President Reagan began addressing AIDS, research on healthcare discrepancies and minority stress replaced research on treatment options for the 'mentally ill homosexual.'

Media

"Problematization" is a key issue in Foucault's later thought. When one's existence is problematized by the social power relations in which he or she is embedded, one responds to the issues raised and define oneself within the social and historical context (Gutting, 2005). As the media has grown and spread with technology advancements, it has become a ubiquitous source of information and socialization integrated into the core of society today. Research on media and the LGBT community has increased from 1970 to 2015, and this research shows the interplay between the media and the community. Though the media has problematized the gay population, sexual minorities have worked to use various forms of media for positive visibility. *The Advocate*, the longest running LGBT publication in the U.S., serves as a platform for news, politics, opinion, and arts and entertainment targeted towards the LGBT community. It was founded before the Stonewall Riots, and is the only publication of its kind that has managed to survive to today. Similar publications that are not around today also existed before the Stonewall Riots such as *One Magazine: The Homosexual Viewpoint* which focused on presenting positive biomedical information on homosexuality (Leab, 1976; V. A. Rosario, 2002).

Despite the existence of pro-LGBT media before the Stonewall Riots and throughout the 1970s, public opinion did not change during this time period. The majority of the population likely was unaware of these publications because of their focus on a small, marginalized group. Cohn and Gallagher found that editors influence the news by deciding which "newsworthy" events to cover; events qualify if they involve conflict and many people (Cohn & Gallagher, 1984). Foucault's theory of power dynamics extends to the media. As the media began focusing on the gay population in the 1980s, so did people. However, many obstacles stood in the way of a positive portrayal of the LGBT community in the media throughout the 1980s and the 1990s.

Though research in the 1990s recommended that newspapers and businesses could expand their audience by including the gay community, many companies did not want to alienate a mainly heterosexual audience. Members of the gay community in influential positions, i.e. actors and actresses, also did not want to jeopardize those positions by being 'out' (Aarons, 1990). Television and film portrayal of gay men and women was often overly sexualized, heterosexist, and negative which did not help gay actors or actresses (Steiner et al., 1993). In this way, the gay community was confined by the power-dynamics of the media and by negative media stereotypes of homosexual identity.

However, several celebrities fought negative portrayals of homosexuality by coming out. Elton John came out as gay in 1988, Ellen DeGeneres famously came out on Oprah Winfrey's talk show in 1997, and many more celebrities have come out since. In fact, Rock Hudson's diagnosis with AIDS and subsequent death prompted Reagan to publically acknowledge the HIV/AIDS crisis. Despite some negative press, prominent

voices within media and entertainment have brought visibility and support to the LGBT community and have helped redefine the public's view. Changing power dynamics created by "Don't Ask Don't Tell," the Defense of Marriage Act, and the murder of Matthew Shepard have only further encouraged activists to come out and speak publically in support of the LGBT community (Medina, 2014).

Though research saw a lack of positive LGBT representation in the media throughout the 2000s, studies in 2010 onwards found that the sexual minorities can use the media to their advantage to increase social networking and visibility and that the media has influenced a positive shift in opinions towards same-sex marriage (T.-T. Lee & Hicks, 2011). The image of a deviant gay community was not replaced by research findings proving this lack of deviance through facts, but rather it was replaced through a much wider societal discourse of which research happened to play a part. In her review of sexuality and power, Vicinus claims that "only when we know the historical context of our present sexuality can we begin to construct new paradigms for a different future" (Vicinus et al., 1982). Not only is historical context important for an understanding of paradigm shifts, but it is the key behind many of these shifts.

Discourse on marriage too was led as a response to DOMA. A new wave of activism spread through courtroom victories as couples fought to be viewed in the same light as heterosexual couples. Two paradigms within the LGBT community clashed as some members fought to blend in through traditional weddings and a masking of the sexual aspects of their relationships while others did not want to push allies away by labeling their unions as weddings (Brewer & Wilcox, 2005; Egan & Sherrill, 2005). This group sought legal equality through civil unions without the attention and pomp and

circumstance of a wedding. The marriage paradigm won out over the civil union paradigm, but some still argue that the "respectable same-sex couple" has sacrificed discourse on sexual identity for a discourse on the nonsexual, domestic details of same-sex partnership (Valverde). According to this author, Foucault, as a proper homosexual, would not approve as the respectable same-sex couple is merely another category molded by "experts" in power. However, Foucault often distanced himself from his identity when writing and suggested that sexual liberation and traditional morality both come from a place of internalizing external norms. Foucault would probably view this development no differently than other ways problematized groups, such as the ancient homosexuals, worked to lead lives of relative freedom and self-creation (Gutting, 2005). Kuhn, too, would place this development within his theory for conflicting paradigms as the marriage group gained more support than the civil union group among activists. Though research offers commentary on same-sex marriage, the marriage paradigm largely remained outside of scientific discourse and merely continued the shift towards greater visibility and positivity in research and society.

Family

Other noticeable shifts in discourse appear in family articles as fewer articles discuss parental relationships and homosexuality over time, and more articles address issues in becoming a same-sex parent and societal attitudes towards same-sex parents. Early articles looked to parents as a causative factor in the development of homosexuality. This was a popular belief throughout the 1970s until studies in the 1980s began questioning the theory that poor parental relationships caused homosexuality. After

the 1980s, research examined the effect of parental disapproval on mental health of gay children. This research instead theorized that parent-child relationships were worse when the child was gay because of parental disapproval of the gay child. The focus shifted towards providing psychological support for children and on improving parent-child relationships. The paradigm shift is clear. As clarified by Kuhn, the way scientists examined the same phenomenon drastically shifted as a change in values occurred. Since articles did not start questioning the causative theory of homosexuality until the 1980s, several years after the removal of homosexuality as a mental disorder from the DSM, it can be concluded that the gestalt-like shift in discourse occurred as a result of the push from gay rights advocates and the APA to view homosexuality as an alternative lifestyle and not from an anomaly within the research. Foucault would likely categorize this as another example of power-dynamics shaping discourse. The fact that no reputable research today argues that poor parental relationships cause homosexuality suggests that the new paradigm has completely replaced the old paradigm, and that the marginalized gay community was successful in redefining their identity through the power struggle.

The reason why so few articles exist on becoming a same-sex parent or on societal attitudes towards same-sex parents until the 1990s is largely due to the past definition of the ideal nuclear family: two heterosexual parents and their children. The idea that two same-sex individuals could raise a child in a nuclear family unit did not exist. This bias even affected psychiatrists who, when the scenario was identical, would recommend custody to a heterosexual parent over a homosexual parent (Crawford et al., 1999). Even recent studies in the age of gay rights acceptance find reluctance in societal acceptance of same-sex adoption. People are wary of the influence same-sex parents

could have on their child and worry the child will be negatively impacted by having same-sex parents. This opinion persists despite many studies, some from as early as 1978, showing the successful development of children raised by gay parents.

Given the lukewarm public response towards same-sex parents, research seems to be on the forefront of the shift in opinions by repeatedly finding data in support of gay parenting. However, it is worth noting that the issue of gay parenting was first addressed in 1974 in a U.S. Court where a New Jersey Superior Court judge ruled for the first time that a father's sexual orientation was not in itself a reason to deny him child visitation. The American Psychological Association then declared in 1976 that "The sex, gender identity, or sexual or orientation of natural, or prospective adoptive or foster parents should not be the sole or primary variable considered in custody or placement cases" (GLBTQ Legal Advocates & Defenders, 2016). 1976 was also the year that Washington, D.C. became the first jurisdiction to prohibit the court from denying custody to parents on the basis of sexual orientation. A gay couple in California later became the first to jointly adopt a child in the United States in 1979 (D. Rudolph, 2012). These events took place after homosexuality was removed from the DSM as a mental disorder and around the same time that published research found little to no differences between same-sex and heterosexual parents. Though scientists may have been collecting data on same-sex parents before court cases and the APA addressed the issue, the timing indicates that research did not start this discourse. Like other instances, the marginalized gay community expressed their values through power dynamics, the Court, the APA, and research which then increased discourse and furthered research on the topic. Though

many still do not approve of same-sex parents, society now knows that same-sex parents are legally possible because of the combined efforts of activism and research.

As discourse grew on the issue of custody, adoption, and artificial insemination, so too did the percentage of articles addressing the topic. Between 1980 and 1990, the percentage of articles in the subtheme doubled and continued to increase through 2015. Early research found that same-sex parents faced bias in court due to the stereotypes and stigma surrounding the gay community ("Professional Associations Consider Gay Child Custody Resolutions," 1977). In the 1970s, the mental illness belief prevailed as did beliefs that gay men molested children and tried to convert them to homosexuality. In the 1980s, fear of AIDS likewise influenced these cases. Though sperm banks and artificial insemination existed in the 1970s, articles addressing artificial insemination among lesbian couples did not appear until the 1990s. This is likely due to stigma against same-sex parenting and the legal challenges faced by lesbian couples in both gaining equal parental rights over the child. In general, issues surrounding custody cases were debated, followed by adoption, and finally artificial insemination. Today, all three play a part in discourse on same-sex parenting. This shift in discourse has occurred similarly to the shift in discourse on marriage. Early court cases paved the way for further discourse and research on the topics.

Education

Coverage of subthemes within education has remained fairly consistent throughout the decades. Several trends that do occur are a decrease in articles on LGB teachers, an increase and subsequent decrease of articles on HIV/AIDS education, and an

increase in 2010 on articles addressing sex education. LGB teachers faced discrimination in the 1970s as about half of the U.S. population believed LGB teachers should not be allowed to teach in a college or university (Smith, Marsden, Hout, & Kim, 2015). An even greater amount believed LGB teachers should not be allowed to teach in primary and secondary education. Society expected teachers to exemplify the norms of the general public and live a pure lifestyle. Irrational fear towards homosexuality and the beliefs that gay educators would molest or try to convert children caused the vilification of teachers (Dressler, 1979). However, activist organizations such as the National Gay Student Center and the Task Force on Gay Liberation of the American Library Association fought these stereotypes and fought for the equal treatment of both students and teachers in the education system. The Equal Access Act and the creation of a gay and lesbian studies department in the United States in the 1980s both brought more visibility to gay teachers and students ("GLAD," 2010; Torres, 2004).

Articles on discrimination against gay teachers exist through the 1980s, but later articles focus more on teacher empowerment and integration of identity. This follows historical changes at the time that led to greater visibility and discourse including the Equal Access Act, creation of laws regulating sex education on homosexuality, the HIV/AIDS crisis, and APA statements in support of the gay community. Yet again, the 1980s served as a tipping point in discourse due to the changing power dynamics and reinvention of gay identity. Being gay became less of a sexual choice and more of an integral identity which made discrimination against gay teachers less acceptable.

Like other scientific disciplines, HIV/AIDS research in education peaked in the 1980s. This research decreased through 2015 as HIV/AIDS prevention became better

known. HIV/AIDS is no longer a 'gay' disease so intervention efforts no longer need to focus as extensively on the gay community as an at risk population. Treatment options have also improved for those who are HIV positive and information on HIV/AIDS is widely available through media and technology. Articles pushing for more comprehensive sex education have also increased from 2010 to 2015. Though these do not specifically mention HIV/AIDS, they do focus on how schools have marginalized LGBT students and how online resources could help reach people who did not receive comprehensive sex education in schools.

Interestingly, sex education shows a downward trend in articles from 1960 to 2009, but then the percentage of articles covering the topic jumps from 3.57% to 16.36% in last decade. Studies found that sex education can increase tolerance, that information presented in educational textbooks was oftentimes inaccurate, and that a majority of people supported sex education in schools but were torn on the inclusion of homosexuality in sex education (Carmichael et al., 1977; Johnson & Immerwahr, 1994; Newton, 1979). In addition to utilizing technology to provide better sex-education, recent studies have fought the exclusion of LGBT students from the curriculum. The observed trend can also be traced back to the 1980s. Though homosexuality was no longer considered a mental illness in the 1980s, school curriculum did not change to reflect these standards. "No Promo Homo" and "Don't Say Gay" laws became part of sexual health education in response to HIV/AIDS because of the fear that comprehensive education would promote a gay lifestyle and lead to an increase in HIV/AIDS (ThinkProgress, 2015) ("Sex and HIV Education," 2016). Pro-gay and anti-gay groups fought throughout

the 1980s and 1990s for legislation resulting in different education and curriculum across the nation.

Though it is unclear whether the lack of articles on sex education during the 1980s and 1990s is because of "No Promo Homo" and "Don't Say Gay" laws, it is likely that research, or the lack of research, was influenced by these laws. Pursuit of comprehensive sex education may have also been neglected during the 1980s and 1990s among researchers because of the shift in focus to HIV/AIDS education. The reason for the increase in sex education articles in recent years could be correlated with the LGBT national school climate survey which was started in 1999 by the Gay, Lesbian, & Straight Education Network (GLSEN). 2001 and 2005 surveys confirmed that sexual orientation was not covered in the majority of health curricula and any coverage was largely negative (Kosciw, 2001; Kosciw & Diaz, 2006). Though it is difficult to pinpoint causality for trends in sex education research, the research is correlated with HIV/AIDS education efforts and laws preventing sex education coverage of sexual orientation. As Foucault would argue, power dynamics have impacted the definitions of gay identity and discourse on the topic. Laws have attempted to stifle discourse, but this has only led to the further spread of knowledge through research and online resources.

CHAPTER SIX

Conclusion

I'm no prophet. My job is making windows where there were once walls
—MICHEL FOUCAULT

Key factors impacting research, discourse, visibility, and attitudes towards homosexuality have been the changing classification of homosexuality in the DSM, the HIV/AIDS crisis and its association with the gay community, court cases on family and marriage, and statements by entities in positions of power. Though research influences paradigm shifts, more importantly are the historical and social events impacting the types of research conducted. Though Kuhn is correct in saying that paradigm shifts occur when world views and values change, oftentimes the anomaly causing the shift in viewpoint does not come from research but rather from society.

Foucault's descriptions of identity and power dynamics in regards to discourse on human sexuality more accurately capture the nuanced shifts in societal attitudes towards homosexuality. As Foucault claims in his first *History of Sexuality*, "there can be only an illusion of self-creation. What we may think is our freedom is, like modern sexual liberation, only an internalization of the constraints of power relations" (Gutting, 2005). These power dynamics are not only at the core of marginal group identity but directly impact discourse in research as they lead to paradigm shifts. Researchers and activists alike are bound by power dynamics but can also use them to spread information and bring about change.

However, further research should be conducted to test the validity of this study and pinpoint causality of shifts if possible. There is an obvious limitation to qualitatively analyzing much of the data. I also lack statistical experience and therefore cannot analyze the quantitative data as thoroughly as a trained statistician could. Much of this study is rooted in correlation which, while important, does not definitively prove that society has a greater impact on research than research has on society. Also, though I attempted to limit bias by collecting a large volume of data, ultimately the themes to include and exclude were subjectively determined. Future research attempting to synthesize knowledge from multiple scientific disciplines should ideally consist of a team of researchers from each scientific discipline. Researchers then bring their expertise but also provide new perspectives on other scientific disciplines. For ideal data collection, it is beneficial to have multiple people screening potential articles to be included in the study to decrease bias. However, the approach used here is designed to systematically gather data points with as little margin for bias as possible in order to maximize the quality and generalizability of this study.

This study has numerous implications for scientists, activists, LGBT organizations, and the general public. To quote a review on sexuality and power: "Only when we know the historical context of our present sexuality can we begin to construct new paradigms for a different future" (Vicinus et al., 1982). By showing which events have had the greatest impact on societal change, scientists, activists, and LGBT organizations will have a better understanding of power dynamics when attempting to construct new paradigms. It is my hope that this study will help better inform policy

change, and that it will allow for predictions on future paradigm shifts regarding sexual identity.

Attitudes towards sexual and gender minorities may continue to move in a positive direction, but it is also possible that they will become more polarized. Traditionally, attitudes have been divided along political party lines, and research continues to find that the rural, conservative, Christian faction of society tends to disapprove of homosexuality while the urban, liberal, non-religious faction tends to approve of homosexuality. Though not discussed in this research, these trends likely exist in attitudes towards gender identity as well with more liberal individuals open to gender neutral facilities and healthcare coverage of gender services than conservative individuals. The discourse on rights will most certainly continue as LGBT activists work to secure equal benefits in marriage, family, healthcare, and the workplace. I predict that as more people become aware of transgender individuals and other identities within the spectrum of gender and sexual orientation, research will continue to become more inclusive of all identities. Like the phasing out of the term 'homosexual,' there will likely be a phasing out of the term 'LGBT' with a movement towards the usage of 'queer' or another similar umbrella term. The use of "Sexual and Gender Acceptance (SAGA)" may also become more popular. Future scientists conducting LGBT research should work closely with LGBT organizations and the community to best guide discourse and change. It is imperative that information is not only disseminated to the scientific community but is also easily accessible to the public and those in positions of power as these entities have the greatest impact on future paradigms.

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