

A Word About Words: Stigma, Sexual Orientation/Identity, and the “Heterosexist Default”

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Abstract

This article discusses the use of terms and phrases related to sexual orientation and psychotherapy with lesbian, gay, bisexual, and transgender clients. It specifically addresses the use of certain words or phrases and how these communicate the psychologist’s attitudes and beliefs. Current terminology is juxtaposed with older, more traditional terms in an effort to address, lessen or remove stigma.

Introductory Words

Words are the principal vehicle for communication in psychotherapy. Too often, words chosen thoughtlessly can make a patient feel judged, criticized or stigmatized. This is particularly the case when treating lesbian, gay, bisexual (LGB) clients who have already been judged, criticized or stigmatized throughout their development. In this article, we will explore how words and phrases, uttered by clinicians, are perceived by LGB clients. The information available about transgender clients is limited but of such significant interest to psychologists that we have included it in the last section of this article.

A Word about Stigma

While there is no unitary, monolithic way that LGB clients behave and think, they all share one experience that unites them: the experience of stigma or, in this case, homophobia. Therefore, it is critical that psychologists understand

the role that stigma plays in the lives and relationships of LGB persons. Some psychologists consider homophobia “the most important influence on symptoms that cause distress and disability in gay/lesbian people” (Friedman & Downey, 2002, p. 167). The outward forms of stigma are readily recognized and understood, the loss of a job or housing, rejection by one’s family and/or friends, or physical victimization in a hate crime. In addition to such significant and observable events, it is important to understand the more subtle aspects of stigma, e.g. feeling that you have to whisper the words “gay” or “lesbian” when in public or the worry that one’s partner looks too “gay.” These less dramatic manifestations of stigma are associated with what is referred to as *internalized homophobia* (Malyom, 1982). Internalized homophobia refers to feelings of self-loathing LGB people may experience. These feelings involve the internalization of the disgust, fear and/or hatred with which they are depicted by society. Other examples of this devaluation of self are a client reporting being fearful of bringing her partner to Thanksgiving dinner because it might upset someone in the family or a client reporting being self-conscious about the way he walks because of a fear of being labeled gay by his colleagues. It is important for clinicians to understand that stigma is a constant in the lives of non-heterosexuals, affecting every aspect of their development. It is a toxic “white noise” to which every LGB person must adapt and, unless attended to by the clinician, it may go unnoticed by the client and continue to contribute to his or her distress.

An Absence of Words

Psychologists must be alert to what is called the *heterosexist default* (i.e., the assumption that everyone is heterosexual unless proven otherwise). Therapists who make this assumption often do not inquire about gender identity and sexual orientation. This creates an environment in which LGB clients find it difficult to reveal important clinical issues or information. The *heterosexist default* affects what therapists hear and understand about their clients and it perpetuates in LGB clients a sense of feeling unacceptable, invisible or stigmatized by the therapist. For example, a therapist inquiring about a female client’s significant other says, “Tell me about him.” The therapist has assumed that the client has a partner of the opposite sex. This puts the client in the position of having to correct the therapist or may lead the client to feel invisible, or worse, abnormal. The therapist would create a more open climate by asking instead, “Tell me about your partner” or even just “Tell me more.” In another example, a therapist, in an initial interview or on an intake assessment form asks exclusively about

heterosexual experiences. When this occurs, an individual struggling with his/her sexual orientation may not feel safe talking about same-sex desires or experiences and concludes that his or her non-heterosexual feelings are not welcome in the consulting room. A gay affirmative therapist would include an inquiry on same-sex desires on an intake form or ask, while taking a history, if there are other feelings or desires the client may want to bring up or discuss. Even if clients don't avail themselves of this opportunity at that time, they know that the therapist is ready to hear them when they are ready to speak.

A Word about Sexual Orientation

While most psychologists today prefer the term “sexual orientation” to identify the gender to which one is attracted, there is actually no universally accepted definition of the term. According to the American Psychological Association: “Sexual orientation is an enduring emotional, romantic, sexual or affectional attraction to another person.” (APA Online, 2006) It is distinguished from other components of sexuality including biological sex, gender identity (the psychological sense of being male or female) and the social gender role (adherence to cultural norms for feminine and masculine behavior).. According to a less technical definition, sexual orientation “connotes one’s subjective sense of being homosexual, (gay), heterosexual (straight), or bisexual.” (Friedman, 1988). The term is preferable to the appellations “sexual preference,” “homosexual preference” or “sexual object choice” all of which suggest that whom you desire sexually or fall in love with is a matter of partiality or taste, rather than a fundamental aspect of sexuality originating from genetic, hormonal and/or early childhood development. (Friedman, 1988). Conversely, sexual behavior, itself, may be malleable and subject to the influence of the environment, learning, and societal pressures—particularly those stigmatizing non-heterosexual behavior.

If a therapist inquires of a new client, “What is your sexual preference?” the message conveyed is that the client is choosing his/her sexual object and might be free to choose otherwise. The term, “sexual preference” is commonly used by those who believe that non-heterosexual orientations are flawed and can be altered. When a psychologist uses this phrase, the client may interpret the psychologist’s words as pejorative and disapproving, though this may not, in fact, be the case. It may also create or perpetuate doubt and anxiety in the client that her or his sexual orientation is not healthy, or is a problem. At the very least, it can communicate a lack of understanding.

Another problematic phrase is “the homosexual lifestyle” This term suggests that LGB people are a monolithic group, all of whom are involved in certain, often undesirable, behavior. The use of this term trivializes the diversity of interests, activities, and behavior found among LGB individuals, which is no different from the diversity of heterosexual individuals. Used by a psychologist it suggests to the client that his or her therapist may be ignorant, and/or worse, intolerant.

A Word about Identity

Identity, while important for all people, takes on particular salience for stigmatized groups, including LGB populations. The formation of LGB identities has recently been the focus of much attention (Broido, 2000; Reynolds & Hanjorgiris, 2000; Isay, 1996; Drescher, 1998; Ritter & Terndrup, 2002). The development of a stigmatized identity provides special challenges. The stigma associated with LGB identities is sometimes the reason these clients seek treatment in the first place. Even with clients who do not initially present with identity development issues (e.g., “coming out”) difficulties associated with stigma may emerge that are challenging to a client’s well-being and self-esteem.

Occasionally in working with LGB and clients who are questioning their orientation, psychologists may be confronted with situations that are initially somewhat confusing. For example, a female client who has lived with her female partner for 15 years may refer to herself as a bisexual woman. The therapist asks, “Aren’t you a lesbian? You’ve been in a long term relationship with a woman?” In this example, the client’s use of the term does not necessarily mean the client is denying her lesbianism. Wishik and Pierce (1995) note that “...sexual identity is a term for the ways in which a person living in her or his particular cultural and historical context experiences, makes sense of, labels, and lives out her or his own combination of sexual orientation, biological sex, and gender” (p. 185). It is therefore important to listen for how a client chooses to identify him/herself—especially when it comes to sexual identity. Attempts to clarify the meanings of a client’s identity should serve the client’s interests in coming to a better understanding of it, and not the therapist’s need to achieve closure by labeling clients prematurely.

Early psychologists theorized over the question of homosexual identity formation, the major assumption being that heterosexual identity was normal and all others deviant (perverted or inverted). During the same period, another debate was raging based on the idea that same-sex love represents a

different but equivalent kind of sexuality (Greenberg, 1988). Some of these writers harkened back nostalgically to Periclean Athens where it was believed, men loved men without condemnation or stigma (Greenberg, 1988). Eventually, German homophile writings were destroyed by the Nazis and homophile writers in England were suppressed by Draconian vice laws. The idea that same-sex attraction represents an alternate line of development went underground for years only to germinate and burst forth in the 70's, fueled by changing sexual mores, feminism, and the creation of huge gay and lesbian enclaves in large cities. This fusion of writings, now called "Queer Theory" sought to raise questions that had been considered settled previously, but were now found to be insufficiently addressed. For example: What is same-sex desire? Kinsey et al. (1948) attempted to answer this question with a typology of sexual desire. Advances in the feminist movement freed lesbian thinkers to reconceptualize lesbianism as a way of being in the world with other women. The ultimate question became: How does any sexuality arise? Along with these questions were new ones such as: What is gender? Are men necessarily masculine and women feminine? Answers to these questions promise to expand the full complexity of human sexual experience.

A Word about Labels

Homosexuality

The word "homosexual" was coined in 1869 (Bullough, 1979) as a clumsy synthesis of a Greek prefix, meaning "same" and a Latin suffix. To a gay man or lesbian, the word, "homosexual" use as a noun can be problematic. As an illustration, a 23 year male college student with concerns about his sexual orientation refers himself to a psychologist. When the college student inquires about the psychologist's experience in this area the psychologist tells him "I have worked with many homosexuals." The word "homosexual," retains a clinical or diagnostic sound to it from his earlier use in the literature pathologizing homosexuality. It communicates regressive, homo-negative associations to LGB clients. Conversely, when the therapist uses the term "gay," a very different and affirmative message is delivered. In the example above, a gay-affirmative psychologist would have said, "I have worked with many gay men."

Bisexuality

According to the Oxford English Dictionary, the word "bisexual" was originally coined to apply to plants possessing organs of both sexes. (1971.p.220). It was later extended to humans displaying sexual attraction

to both sexes. Freud assumed that humans are originally bisexual (Domenici & Lesser, 1995). The concept of bisexuality is controversial in LGB, heterosexual, and therapeutic communities and is not yet well understood.. On the average, bisexual individuals tend to “come out” as bisexual a few years later in life than gay and lesbian individuals (Fox, 2003). It would not be uncommon for a person to lead a substantial portion of his/her life as heterosexual or homosexual and then discover that he/she is in fact bisexual. Part of the complexity regarding bisexuality is that it can be a transitional state or a sexual orientation unto itself. The most useful approach is to help clients explore their sexual feelings without pressuring them to “take sides” or choose a sexual orientation...

Lesbian

The term lesbian refer to the Greek poet Sappho, who came from the island of Lesbos. She was believed to have loved women and written erotic poetry to them. The word “Sapphic” has also been used by lesbians to identify themselves. In the 1970’s and 1980’s there were many women who did not want to be called lesbian because of its negative connotations in popular works such as Lillian Hellman’s play *The Children’s Hour* and Radclyffe Hall’s novel *The Well of Loneliness*. The word came back into favor in the 1990’s and is now the preferred appellation.

Gay

The word “gay” has a complex etymology. It may have been derived from a 13th or 14th century Provencal word for courtly love (Boswell, 1980). Later on, the word came to denote sexual licentiousness or prostitution. In the early part of the 20th century, “gay” was used as a password in English gay society. The word was first used publicly in the USA to signify homosexuality in the movie, *Bringing Up Baby*, when Cary Grant remarked after being found wearing a dress, “I’ve gone gay!” Today, the word has been adopted internationally by the gay movement and is universally accepted.. It is sometimes used to refer to both gay men and lesbians.

A Word about “Camp”

Susan Sontag’s 1964 essay “Notes on Camp,” put the concept of “camp” on the map. Sontag identified “camp” as a way of looking at the world through love of the unnatural, as an artifice and as an exaggeration.. Sontag considered “camp” a private code or a badge of identity among urban cliques. These cliques are usually, though not exclusively, gay men. Urban

gay men, in particular, may manifest or exhibit a “camp” sensibility that is composed of irony and travesty. At its best, “camp” behavior is playful, seductive and anti-serious. Sontag, points out that “camp” behavior was a means by which gay men sought self-legitimization by substituting aesthetics for morality or moral indignation. It attempts to create an aristocracy of taste. It is interesting to note in this context, that until recently, one of the commonest self-referential terms used by gay men was “queen.” At its worst, “camp” can be a defense against intimacy and connection. Sontag noted that she was both fascinated and offended by “camp.” Similarly, in the consulting room, “camp” behavior can entertain and/or repel a therapist. The clinician risks seeming humorless and priggish, if he or she does not respond. But by responding in kind, the clinician risks being drawn into a defensive enactment as camp behavior is a type of performance. Therapists should be open to appreciating campy wit and humor, while at the same time be prepared to explore with the client how it is being used both in the session and in the client’s world.

A Word About Insults

There are a number of pejorative words, must be explored carefully by the therapist. These words may be used by clients in a variety of contexts. Some examples for males are: “fag,” “faggot,” “queer,” “queen,” “homo,” “fairy,” “twinkie,” “pansy,” “deviate,” “deviant,” “pervert,” “perv,” and “sissy..” Words for lesbians may include “dyke,” “bull-dyke,” “diesel-dyke,” “bull-dagger,” and “lesbo.” Words or phrases about bisexuals include “AC-DC” and “swings both ways,” neither of which packs the power of the previously noted words. . The word “girl” has a special application for gay men. Ordinarily, applying a feminine term to a man is meant to demean. When a heterosexual male calls a man a “girl” it is usually meant or taken as an affront to the latter’s masculinity, for example, Arnold Schwarzenegger’s use of the term “girlie man.” When a gay man refers to another gay man by the word “girl” or “queen,” it is more likely to be slang or “camp” or even affectionate. It is therefore important for psychologists to be cautious in their interpretation of these terms.

Using derogatory terms to identify oneself can be counterphobic (i.e., a way of removing the negative power these words hold). A number of gay groups have named themselves using these terms to retake power from the perceived oppressor. For example, a lesbian motorcycle club calls itself “Dykes on Bikes” and a gay spiritual group uses the name “The Radical Faeries.” Among gay and lesbian youth, today, the term “queer” has grown in popularity, although just two decades earlier it was uniformly a term of

opprobrium. As well as being humorous, these names embrace the very qualities which in the past have been disparaged and derided. Again, when working with LGB people it is important to understand the context and meaning of such terms as used by the client, before concluding that they are indications of internalized homophobia.

A Word About Transgender

Transgender is sometimes used as an umbrella term to include, transvestites, crossdressers, and transsexuals. It can also represent a person who, like a transsexual, transitions, sometimes with the help of hormone therapy and/or cosmetic surgery to live in the gender role of choice, but has not undergone, and generally does not intend to undergo sex reconstructive surgery. Transvestites "...dress in other-gender clothing for emotional satisfaction and/or erotic pleasure" (Gainor, 2000, p. 140). Most transvestites are heterosexual. Gay men and lesbians who cross-dress for entertainment or for sex-industry purposes (drag queens/kings) are not typically transvestites. Transsexual (Trans) persons have a desire to permanently live their lives as members of the other gender through sex hormones and genital reassignment surgery. "Preoperative male-to-female (MTF) transsexual persons are born male but identify as female; pre-operative female-to-male (FTM) transsexual persons are born female but identify as male" (Gainor, 2000, p. 140). Transsexual persons can be heterosexual, homosexual or bisexual. Sexual desire can remain stable with sexual reassignment or may be fluid. "Trans" clients may have different needs and concerns than LGB clients as their experience of stigma is related more to gender permeability and less to homophobia (many trans people identify as heterosexual). As noted previously, psychologists who work with clients exploring gender identity issues need to respect clients' right to identify as their inner longings dictate. As Gainor (2000) points out, it is especially important with transgender clients, who do not fit readily into the usual categories, psychologists not label them prematurely.

Summary

Words matter—particularly when one is working with a member of a stigmatized group. There are invariably words or labels, familiar to therapist

and client alike, that reinforce the stigma. When used by some clients, terminology can reveal information about internalized homophobia and self-esteem. In providing services to lesbian, gay, and bisexual clients, the terminology a psychologist uses can convey his or her attitudes, knowledge, and skill pertaining to sexual orientation and same-sex relationships. The purpose of this article was to clarify the terminology most appropriate to gay affirmative psychotherapy and to briefly clarify nomenclature associated with transgender. .

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