

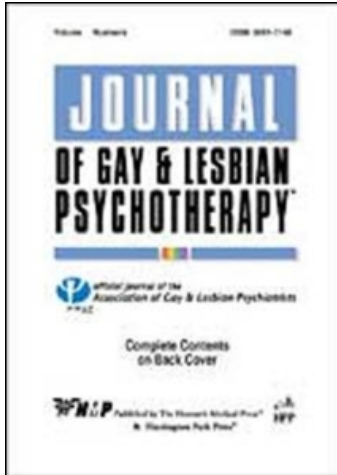
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Publisher Routledge

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## Journal of Gay & Lesbian Psychotherapy

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t904385604>

### BOOK REVIEWS

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**To cite this Article** Adelson, Stewart L. , Barber, Mary , Forstein, Marshall , Igarua, Karine , McCommon, Benjamin H. , Qamar, Cheryl and Rosario, Vernon A.(2003) 'BOOK REVIEWS', Journal of Gay & Lesbian Psychotherapy, 7: 4, 71 – 96

**To link to this Article:** DOI: 10.1300/J236v07n04\_07

**URL:** [http://dx.doi.org/10.1300/J236v07n04\\_07](http://dx.doi.org/10.1300/J236v07n04_07)

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## BOOK REVIEWS

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MOM, DAD, I'M GAY: HOW FAMILIES NEGOTIATE COMING OUT.  
Edited by Ritch C. Savin-Williams, PhD. *Washington, DC: American Psychological Association, 2001. 276 pages, ISBN 1557987416.*

In the 30 years since the Stonewall riots in New York City, the social and cultural experiences of youth who grow up to become gay men and lesbians have changed enormously. These changes have affected not only the adolescents who are growing up gay, but also those who care for their mental health needs and those who study and carry out research about those needs.

During the early years of the sexual liberation and civil rights movements, a number of pioneering studies explored important psychological and psychiatric aspects of growing up homosexual (Saghir and Robins, 1973; Bell and Weinberg, 1978; Harry, 1983). These studies addressed the developmental experiences of gay and lesbian individuals. They asked questions such as whether gay and lesbian youth were more likely than the general population to have experienced mental health problems such as depression, substance abuse, or suicidality. The subjects of these studies were individuals who were sufficiently out of the closet to come forward and consent to research. They were recruited through community support groups and advertisements in gay and lesbian newspapers. Because of the prevailing social biases and antagonism toward homosexual individuals, the studies of gay adolescence tended to be based on the retrospective recollections of this select group of adult subjects willing to come forward to researchers and recall their youths.

These research projects outlined several important aspects in the developmental experiences of sexual minority individuals. They illustrated that, for gay and lesbian youth, the universal adolescent task of balancing social acceptability with personal integrity was often a crisis because of the immense irra-

Journal of Gay & Lesbian Psychotherapy, Vol. 7(4) 2003

<http://www.haworthpress.com/web/JGLP>

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Digital Object Identifier: 10.1300/J236v07n04\_07

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tional hostilities to which they were exposed. The studies illustrated the unique and creative coping strategies and strengths exhibited by many gay individuals; the data also suggested that other gay youth experience a disproportionate share of problems such as depression, suicidality, and alcoholism. While these studies broke new ground, they were necessarily hampered by the inherent limitations of their retrospective design, including the potential exposure to recall bias. Their sampling techniques did not permit a random sampling of the entire population, but only those who were out of the closet and willing to be studied, thus providing a source of potential selection bias.

In sharp contrast to these initial studies, a recent group of large-scale, methodologically rigorous studies have been conducted on random samples of adolescent populations and have explored the connection between sexual orientation and mental health (Shaffer et al., 1995; Faulkner and Cranston, 1998; Garofalo et al., 1998; Remafedi et al., 1998). One recent study, for example, involved administering an anonymous paper-and-pencil questionnaire to a carefully selected cross section of approximately 45,000 junior high school and high school students in Minnesota who were asked questions regarding sexual orientation and experiences with suicidal feelings. Another large-scale study in Massachusetts similarly looked at a broad cross section of students and asked questions about sexual orientation and a number of high-risk behaviors. The majority of these studies have suggested a correlation between self-labeling as gay or lesbian and risk for suicidal thought or high-risk behavior in youth.

Because of their random sampling of subjects, their cross sectional design, large-sample size, and ability to carefully select control groups, these recent large-scale studies represent a quantum leap in the ability to draw conclusions free from selection and recall bias, and have high statistical power. They thus represent a major advancement in the science of understanding the psychological experiences and mental health needs of gay youth. These studies require a massive deployment of logistical coordination and effort to conduct. They also require a measure of social acceptance for discussion of gay issues and political goodwill that was unthinkable thirty years ago. Try to imagine a university researcher approaching a school principal before Stonewall and asking her or him to permit handing out in school a questionnaire asking 13-year-olds if they think they might be gay or lesbian!

While these recent studies represent a major research advance, they too have limitations which become apparent upon reflection. If one finds, for example, that a certain percentage of Minnesota high school sophomores report a gay or lesbian orientation, and that they are disproportionately likely to feel suicidal than the general population of high school sophomores, can one conclude that a gay or lesbian sexual orientation in adolescence is a risk factor for suicide? The answer is maybe, for it is not as clear as some authors seem to suggest what it means for a 15-year-old to report a gay or lesbian sexual orien-

tation on a confidential questionnaire. For example, it has long been known that many more people question their sexual orientation and experiment with same-sex sexual attraction and behavior in youth than in adulthood (Seidman and Rieder, 1994). Will all of those kids describing themselves as gay or lesbian at age 15 grow up to be adult gay men or lesbian women, or will some of them turn out to be straight? Do they include a particularly confused group of kids? Do a disproportionate number of them have histories of sexual abuse or borderline personality disorder—conditions which can make adolescents precociously sexual or confused and which are also independent risk factors for suicidality? In addition, the group of 15-year-olds who are willing to self label as gay or lesbian are not representative of the entire group of youth who will grow up to be gay adults, as there is certainly another silent group who are too deeply in the closet or in denial to respond affirmatively on a questionnaire (perhaps a normal and adaptive behavior for a certain proportion of homosexual adolescents).

In order to decipher the findings of these studies, more information about the normal developmental trajectories of gay and lesbian youth is needed so that individuals identified in the studies can be located within a developmental framework. Only by placing cross sectional data in a developmental context can one clarify whether the finding of increased risk for suicide, substance abuse, or other psychopathology is inherently related to a homosexual orientation, or whether it is due to an independent risk factor.

It is in this historical context of research on gay and lesbian youth that Ritch C. Savin-Williams, PhD, a professor of clinical and developmental psychology and director of graduate studies in the Department of Human Development at Cornell University, has published a book entitled *Mom, Dad, I'm Gay: How Families Negotiate Coming Out*. According to Savin-Williams, his book is intended for “sexual minority youths and those who care for them.” His stated objective is to study the phenomena of youths’ disclosure to parents as being gay or lesbian by documenting the former’s reports of variations in their relationships with their families before, during, and after disclosure of their sexual identity. His stated goal for this project is to demonstrate the diversity of experiences among youths coming out to their parents and the adaptive strengths and mental health of many sexual minority youth.

Savin-Williams has conducted a study in which he has collected the narratives of 164 youths about their coming out experiences to their parents. He interprets data from these narratives through the perspectives of clinical and developmental psychology and the context of previous studies of the coming out process. He aims to balance the empiricism of developmental psychology studies, which he says are usually limited in depth, with the “life histories approach” used in the clinical and popular literature. These, while presenting more richness and depth of experience, have traditionally focused mainly on

the experiences of white youth in support groups who have already revealed their sexual orientations to the families. He acknowledges some limitations of his methods: first, that the narratives of 164 youth he presents may not be representative of all gay youth. His subjects were recruited through announcements in college classes on gender and sexuality, campus flyers at social and political organizations, advertisements in community newsletters, bars, comic-book stores, and cafes frequented by sexual minorities, and other similar sites. They thus constitute a convenience sample rather than the rigorously obtained population samples of some of the more recent large-scale studies, and are almost certainly not representative of the entire population of gay youth. He also acknowledges that the existing perspectives of clinical and developmental psychology through which his data is interpreted may contain theoretical biases.

A major finding of Savin-Williams's study is that the reactions of parents described by most of the youth he interviewed are far less negative than those commonly described in the popular literature, which he feels have created a myth of adverse family reactions to coming out. Savin-Williams also examines the conventional wisdom that parents' reactions to learning of a child's same-sex sexual orientation is characterized by a grieving/mourning paradigm, and finds evidence in many families contrary to this notion. In addition to presenting and analyzing his subjects' narratives, he concludes with suggestions for adolescents, parents, and helping professionals to assist families in managing the coming out process in a healthy way.

In addition to presenting these interesting findings, Savin-Williams articulates a theoretical perspective of potentially great importance for the future of research on gay and lesbian adolescents. He calls his perspective a "Differential Developmental Trajectories Approach." This approach can be summarized as the idea that there is a diversity of developmental lines of sexual development. More than one of these may describe individuals at any given time who experience phenomena such as same-sex arousal, attraction, behavior, self-concept or self-disclosure. These developmental lines may branch off from, merge into, or cross over one another. They may contain continuities and discontinuities and they may be characterized by the presence of critical turning points. One such turning point would be the disclosure of same sex sexual phenomena to a parent.

Savin-Williams points out that, whether gay or straight, "adolescents are first, foremost, and always adolescents" (p. 11). He notes that youths of any sexual orientation need to deal with acne, menses, nocturnal emissions, growth spurts, and issues of attachment, intimacy, autonomy, individualization, and identity. While these developmental themes and challenges affect any adolescent, Savin-Williams points out that gay and lesbian youth also navigate unique developmental passages. The prevailing social expectation of hetero-

sexuality forces them to negotiate being true to themselves while fulfilling the expectations of others. This can lead to depression and stress for some but can also be a wellspring of creativity or a feeling of being special for others.

Savin-Williams's contribution in articulating the Differential Developmental Trajectories concept is one of the significant contributions of his book. Among the questions that he proposes be studied within this framework are whether homosexual people are developmentally different from heterosexual ones; if so, how, when, starting when, and for how long; and whether any differences should be discouraged or celebrated. He points out that the traditional scholarly debate over the existence and significance of differences in gay—as opposed to straight development—corresponds to the vested interests of different societal groups. Some homophobic groups such as the Boy Scouts are committed to the idea that gay people are gay because they are different as people (in their view, less moral). Others such as gay advocacy groups feel they are different as people (with special needs and deserving of special support) because they are gay. Savin-Williams's position is that gay people are in some ways different from and in other ways the same as straight people, and that neither of these facts should be used for purposes of political coercion or to support bias.

Savin-Williams touches only briefly in this book on the academic literature bearing on developmental issues from biology, social psychology, and other schools of thought. Perhaps because this book appears to be pitched to a wide readership for practical guidance, it is written in a tone which is accessible rather than comprehensively scholarly (in the index, there is one reference for “biological perspective,” while there are twelve for “Chastity Bono”). A variety of parental reactions to coming out are presented which include positive ones. He notes that often families that react negatively at first usually settle down to a positive adaptation over time. Youths' experiences of their parents to their coming out are arranged by gender, with male and female youths' experiences of coming out arranged according to same and other sex parents. Included are examples of both ideal and dysfunctional family reactions, along with very practical, common-sense advice gleaned from the data for youth and those counseling and supporting them.

Savin-Williams's book provides useful information and very sensible advice to helping professionals. Those working in a variety of settings, including social workers, guidance counselors, psychiatrists, psychologists, pediatricians, youth program directors, and others may all find the work a useful resource. In addition, the contribution of the Differential Developmental Trajectories approach is an extremely important conceptual contribution for the interpretation of existing and future studies of gay and lesbian youth. One looks forward to seeing this theme elaborated in other more scholarly contexts by Savin-Williams and others, using the research agenda with which he con-

cludes his book. There is much which remains to be learned about gay youths' development in the more open atmosphere that exists as the result of the political struggles of the civil rights movement. Savin-Williams' work itself is a significant developmental milestone in the advancement of the mental health care of gay and lesbian teens.

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MENTAL HEALTH ISSUES IN LESBIAN, GAY, BISEXUAL, AND TRANS-GENDER COMMUNITIES. Edited by Billy E. Jones, MD, and Majorie J. Hill, PhD. *Washington, DC: American Psychiatric Publishing, 2002. 118 pages, ISBN 1-58562-069-6.*

In 1996, American Psychiatric Publishing, the publishing company of the American Psychiatric Association, put out the landmark text, *Textbook of Homosexuality and Mental Health* (Cabaj and Stein, 1996). *Mental Health Issues in Lesbian, Gay, Bisexual, and Transgender Communities*, part of the popular *Review of Psychiatry Series*, continues in that same groundbreaking path. Unlike the *Textbook*, however, this slimmer volume is not meant to be an exhaustive study of all issues relating to lesbian, gay, bisexual, and transgender (LGBT) mental health. Instead, the editors have chosen five timely topics in the field on which to concentrate. The five chapters were written for the general psychiatrist or mental health professional, and are accessible to the professional with no advanced knowledge of the current literature on LGBT mental health.

Barry Fisher and Jeffrey Akman, authors of the chapter, "Normal Development in Sexual Minority Youth," discuss how young people come to realize and express their sexual minority identities, and the consequences of that expression. They give an outline of theories of identity development in LGBT people, and discuss different aspects and stages of gay identity formation.

Historically, there has been a paucity of quantitative data on LGBT youth, especially large representative sample data. The Center's for Disease Control's (CDC) national Youth Risk Behavior Survey (YRBS), which include questions about sexual orientation, and other similar large samples, have changed this. Using these recently available quantitative studies, the authors cite ample evidence that LGBT youth continue to experience harassment, rejection, and physical violence due to their identity. The quantitative data show that between 2% and 4.5% of teens will identify as lesbian, gay, or bisexual while in high school, and as many as 8.1% of teens will report they were harassed because someone thought they were gay. Both the self-identified gay students and those perceived to be gay were at higher risk for self-harm and violence at school and at home, a sobering statistic with tremendous public health implications.

Fisher and Akman review the literature on youth "coming out" as gay or lesbian, and discuss how this process is eased with the support of parents and peers. They note some evidence that sexual minority youth are coming out at earlier ages than they were ten years ago. The authors allude to, but do not discuss in detail, the difficulties in interpreting studies on "coming out" in youth. Studies tend to use different convenience samples, making it hard to compare one study to another. Different researchers ask different questions in order to



measure the construct of “coming out.” Some focus on the disclosure of one’s sexuality to others, some on self-awareness, and some on contact with the gay community. Choice of too young a research sample leads to not including those who come out later, while an older sample can introduce retrospective reporting errors (Barber, 2000). Although it seems logical that with greater public acceptance of gay people, coming out will occur at younger ages, it is hard to prove this thesis.

The authors draw attention to the relative lack of knowledge about ethnic minority LGBT youth and transgender youth. This is a field ripe for new research.

“Aging and Sexual Orientation,” the second chapter, presents a timely topic, given the aging of our “Stonewall” generation. Author Douglas Kimmel invites the reader to consider LGBT people in his or her own extended family. He asks us to consider the effect of “concealed social stigma” (closeting) on an older person needing home care: “. . . imagine that you are going home with a home health aide whom you do not know. As you think about the way you left your home, you recall all the photos of your loved persons on the shelf. . . . How are you going to explain them to your new aide?” (p. 18). The author skillfully presents this topic, using examples which should enable any reader to empathize with the older gay person.

The author discusses the psychological resilience or “crisis competence” of surviving lesbian and gay older people, and conversely the accumulated stress of living as part of a stigmatized minority group. He describes some similarities and differences between ageism, and heterosexism. For example, both (old people and sexual minorities) “have been the focus of an active search for biological origin, and possible cure, despite the fact that both are normal human characteristics.” And both “evoke irrational fear and avoidance in some people, who tend to avoid close contact and physical touching with both groups.” On the other hand, “most people hope to become old one day; few hope to become a sexual minority” (all quotes, p. 31). And becoming old is not generally condemned or stigmatized by families, churches, or politicians.

This chapter presents a good overview of pertinent issues, but it is clear that data that is much more specific is needed, especially when it comes to services delivery for this population. What kind of mental health services specific to gay seniors are needed now? What kind of needs can be predicted for the next ten years? Would LGBT seniors prefer health and housing services targeted specifically to them? Are LGBT people facing discrimination now in regards to supported housing and home care services, and if so, would training for providers help ameliorate this? These are just some questions that beg for answers, and hopefully, someone reading this chapter will be inspired to work on this issue.

In the third chapter, "Offering Psychiatric Opinion in Legal Proceedings When Lesbian or Gay Sexual Orientation is an Issue," author Richard Dudley gives the reader insights into the intersection between legal issues and psychiatry. Much is happening in the legal arena for LGBT people. Adoption laws are slowly changing in many states, the civil union law passed in Vermont, and movement towards civil unions or marriages in other states are likely to follow. Psychiatrists and other mental health professionals may be asked to testify as expert witnesses, do home study evaluations for a prospective adoption, or otherwise participate in court proceedings regarding LGBT patients. Even when not directly involved in legal proceedings, knowledge of the pertinent legal issues may help psychiatrists guide and support their patients as they go through such processes. Knowledge of these issues may also inform professional associations as they decide whether to take stands on issues such as workplace harassment and same-sex adoption.

The chapter covers common legal issues for which psychiatrists may be called to testify, including child custody and visitation, workplace harassment and discrimination, same-sex violence, including domestic violence, immigration, and asylum. The author has an excellent grasp of the current laws with respect to these issues. As a New York State resident, I do have a minor quibble with the statement that in NY same-sex couples "have the same rights as heterosexual couples" (p. 41) with respect to adoption and parenting. While we do have equal rights with unmarried heterosexual couples, in that gay people are eligible to adopt children, to my knowledge no gay couple has adopted a child together. A gay couple must go through the time, risk, and expense of two successive adoptions to achieve what heterosexual married couples can do with one process.

With respect to domestic violence, I was surprised to learn that nine states exclude same sex relationships from their DV statutes. Most other states don't specifically include these relationships, leaving a same sex case at the mercy of interpretation by a particular judge. Overall, the point is clearly made that the legal system often does not protect the basic safety and integrity of LGBT individuals and their families. I think it is safe to say that lacking these protections for gay people and their families can often have profound and serious mental health consequences.

Concluding the chapter, the author points out that psychiatrists and other mental health professionals have an important role in helping to expose discriminatory laws. The more we educate the public and the legal profession that there is nothing in the current scientific body of knowledge to support laws which discriminate against lesbian and gay people, the more likely will the laws be changed.

The fourth chapter, "Sexual Conversion ("Reparative") Therapies: History and Update," is authored by Jack Drescher, who has written extensively on this

topic.<sup>1</sup> The author includes a concise, well-documented history of the prevailing societal and medical views of homosexuality in different times. He includes the history of how the American Psychiatric Association (APA) came to its decision to delete homosexuality as a diagnosis from the *Diagnostic and Statistical Manual (DSM)*. Drescher stresses that scientific studies which proved that homosexual people have no more psychopathology than heterosexuals formed the basis for this decision, but that some outside of mainstream psychiatry have continued to try to portray the decision as a purely political one. Knowing the various elements of this history is crucial to understanding the current battle between mainstream mental health professions and religious groups regarding treatments aimed at changing homosexual orientation.

The author clearly and concisely explains the thinking and organization of proponents of sexual conversion therapies. He points out that advocates for these treatments have made use of psychoanalytic views endorsing a pathological view of homosexuality that have long since been rethought and disavowed not only by the mental health professions, but by psychoanalytic groups themselves.<sup>2</sup> The creator of the term “reparative therapy,” Elizabeth Moberly, takes these outdated psychoanalytic views to a level that their authors never intended. She implies that even if a homosexual person appears to have had a normal childhood and development, there must be defects “. . . at a deep level, much of which may not be overt or conscious” (p. 80).

Drescher discusses how sexual orientation conversion advocates have allied themselves with the political and religious social conservatives, and used the media to advance their cause. He reviews some recent literature exposing harm done to individuals who were unsuccessful in attempting to change their sexual orientation, and exposing treatment practices in conversion therapists that violate ethical principles.<sup>3</sup>

In discussing ethically questionable practices by reparative therapists, including breach of confidentiality, blaming the patient for treatment failure, and others, Drescher draws an analogy between sexual orientation conversion treatments and plastic surgery, in that both could be considered treatments of nonpathological but socially stigmatized conditions. This comparison jarred my sensibilities. Psychotherapy, and psychiatric treatment in general, is not like plastic surgery. If a patient enters treatment complaining of hallucinations or disabling depression, we as clinicians jump right in and intervene against these symptoms. But if a patient comes to us with intrapsychic conflicts which interfere with their lives but do not represent major Axis I or II psychopathology, we generally take a less interventionist stance and allow the patient to come to her or his own resolution on the issue. A colleague described it this way—imagine that a woman came to the psychotherapist’s office saying that her religion dictated that she be submissive to her husband, and she was struggling to do that and needed help.<sup>4</sup> It would not be the therapist’s role to coach

the woman into a more submissive role, nor would it be the therapist's role to tell the woman that her husband was being unreasonable and she should leave him. Rather, a good psychotherapist would assist the woman in sorting through her conflicting thoughts and feelings about her husband, her religion, and her need for more independence. The woman would have to come to her own resolution on what actions to take. It is this type of sorting out work that the reparative therapy advocates fail to undertake—staying with the metaphor of plastic surgery, they go right to the “cutting” part.

In the final chapter, “Transgender Mental Health,” author Donald Tarver builds a case for rethinking whether transgender identities should be classified as disorders in the *DSM*. He begins by discussing historical ways in which bias entered into psychiatric diagnosis. For example, in the early 19th century, African-American slaves who repeatedly tried to escape were diagnosed with a psychiatric disorder. He then discusses the declassification of homosexuality as a psychiatric diagnosis. The author goes into the origins of terms such as transgender, transsexualism, and transvestitism. The convincing point is made that transgender people need to be depathologized just as homosexual people have been. Clearly this is a next frontier for discussion, and is especially timely with the planning of the next edition of the *DSM*.

*Mental Health Issues in Lesbian, Gay, Bisexual, and Transgender Communities* is a useful resource for clinicians treating LGBT patients, as well as for professionals wanting to get an overview of some of the most cutting-edge issues in LGBT mental health today. While someone familiar with the literature on these topics may not find much new information in this text, it is nonetheless useful as a basic reference, or as a jumping-off point for someone wanting to undertake their own research. The clear, accessible writing of the authors insures that a broad audience can become educated on these important issues.

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## NOTES

1. Sexual conversion therapies are covered in greater detail in Volume 5, No. 3/4 of the *JGLP* which was also released as a monograph (Shidlo, Schroeder, and Drescher, 2001).
2. Respected analysts who have written papers and texts pathologizing homosexuality but who have since revised their theorizing and written about their change of view include Schafer, 1995, McDougall, 2001, and Kernberg, 2002.

3. This literature played an important role in the APA's adopting a statement in 2000 suggesting that "ethical practitioners refrain from attempts to change sexual orientation, keeping in mind the medical dictum to first, do no harm" (American Psychiatric Association, 2000).

4. Julie Schulman, MD, personal communication

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BEING POSITIVE: THE LIVES OF MEN AND WOMEN WITH HIV. Robert Klitzman, MD. *Chicago, IL: Ivan R. Dee, 1997. 236 pages, ISBN 1-56663-164-5.*

Three decades into the HIV pandemic, we have yet to see how a microscopic virus has altered the social and economic fabric of the entire world. In spite of the enormous progress science and medicine have made in understanding and treating HIV infection, most of those infected cannot access basic medical care, much less expensive multiple antiretrovirals. HIV has harnessed itself to the most basic drives and human behaviors, spreading rapidly, often among those who are already trying to manage difficulty in their lives. The rising rates of new infections added to those already living with HIV overwhelms the senses, tempers our arrogance, and must give us pause as we consider our place within the natural world. The medicalization of disease, necessary as it

is, threatens to make the emerging pandemic faceless, too vast to be of human scale, but destroying human kind nonetheless.

The first responses of the gay and lesbian communities tried to manage the devastation of countless gay and bisexual men. Many health care workers struggled to care for people stigmatized and marginalized in society, often being stigmatized themselves by virtue of aligning with those afflicted. It is in recording the stories of individual men, women, and children that our best hope remains in maintaining our focus as we try to relieve the suffering, treat the pain, and prevent ever increasing rates of infection throughout the world.

The stories, then, must be told over and over again, as in the wonderful book, *Being Positive: The Lives of Men and Women with HIV* by Robert Klitzman, MD. What distinguishes this series of narratives from others is the observation and reflection on both the individual and collective experiences of those particular people represented in the book. An ethnographic study with insights and conceptualizations of the making of meaning out of suffering, Klitzman first presents the poignant stories culled from hours of intense interviewing of people, men and women, gay and straight, living with HIV. Interview subjects were recruited through ads, notices to New York City AIDS organizations, and by word of mouth as those interviewed told others about the experience of sharing their stories. Fifteen gay men, nine heterosexual men, and fourteen heterosexual women share their process of becoming infected, managing the terror and finding some manner of managing the ongoing and incessant impact of HIV on their lives. Klitzman stands back as the narrator of the collective tales, cataloguing the varied ways that people struggle to reconcile their illness and their lives, life and death, hope and despair.

Klitzman defines six patterns of emotional response to being HIV positive, elaborating on the terse title of the book's double meaning: those that are simply *being* positive vs. those being *positive*. As people retell their stories, the six strategies for coping emerge, given voice in the intimate revelations by a disparate group infected with HIV.

The first four patterns of response are adaptive, characterized by a sense of engagement and looking beyond oneself to the connectedness with others: (1) immersion in what one of the men interviewed calls "HIV land"—identifying oneself as a kind of warrior or caregiver, immersing oneself in the landscape of HIV, surrounding oneself with others also infected, working to provide comfort and support, often watching many die and even more swell the ranks of those infected; (2) appealing to a higher power for a sense of spiritual purpose and meaning of disease; (3) through work and volunteerism supporting others less fortunate and finding cause for living in the hopes of preventing others from suffering; and (4) increasing ties with families, often after terrible experiences of abandonment and separations. Two other patterns of behavior and coping patterns predict more dire outcomes: a minimization, if

not denial, of the illness; and using substances of abuse to further numb feelings and contributing to further illness and dependency.

Through each story, Klitzman brings into focus the profound stigma, alienation, depression, and uncertainty that underlie the histories of so many of those interviewed for the book. What is less clear are the transforming moments and how they affect such unpredictable change in the lives of people who before HIV might not have questioned anything about their behavior, spiritual beliefs or responsibilities to others.

In the last part of the book, Klitzman moves eloquently beyond the individual tales of the people he interviewed, describing the conceptual issues of moving beyond self to relationship to others, the impact of culture and social institutions, and the universal issues of shame and fear and death that tease the human psyche and soul. He amplifies the voices of those whose tales he tells, to awaken us to the enormous challenges that HIV brings to our world. Although he prefaces the book with a quote from Camus: "to state quite simply what we learn in times of pestilence: that there are more things to admire in men than to despise," he cautions us about how often we are tested in our efforts to be loving and human rather than cruel and indifferent. Like Dr. Rieux in *The Plague*, the author has engaged us in creating a place for those voices to be heard, having "resolved to compile this chronicle, so that he should not be one of those who hold their peace but should bear witness in favor of those plague-stricken people; so that some memorial of the injustice and outrage done them might endure . . ."1

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#### NOTE

1. Camus, A. (1991), *The Plague*. New York: Random House, Inc., p. 308.



FOR LESBIAN PARENTS: YOUR GUIDE TO HELPING YOUR FAMILY GROW UP HAPPY, HEALTHY AND PROUD. Suzanne M. Johnson, PhD, and Elizabeth O'Connor, PhD. *New York: Guilford Press, 2001. 248 pages, ISBN 1-57230-663-7.*

Timing is everything. I was asked to review *For Lesbian Parents: Your Guide to Helping Your Family Grow Up Happy, Healthy and Proud* six months after becoming a lesbian parent myself. At the same time, the Quebec minister of justice had tabled a bill that (1) created a civil union with the same benefits and obligations as marriage and (2) reformed the civil code to allow full recognition of gay families. I was called to speak before the parliamentary commissions on the bill because of my work at the McGill University Sexual Identity Centre (M.U.S.I.C.)—the only Canadian center devoted to the mental health of gay, lesbian and bisexual individuals and their families. So, amidst changing diapers, speaking at the national assembly, and treating anxiety disorders, I read this book.

And I liked *For Lesbian Parents*. It spoke directly to me, both as a lesbian mom and as a psychiatrist who treats lesbian moms. The book provides a mix of narratives, friendly advice, explanations about psychological development, evidence-based facts, and annotated resource lists. The material for this book comes from the two authors' personal experience (together they co-mother two pre-school aged girls), their academic background (both are developmental psychologists), and a series of interviews with lesbian moms across the United States.

Most books on lesbian parenting that I have previously come across dealt with the decision to become a parent and the various ways to bring children into a family (fostering, adoption, co-parenting insemination with known or unknown donors, etc.). This is the first book I have read that deals with the parenting issues *per se*. It is divided into 4 major parts: (1) Introduction and overview (chapters 1 and 2); (2) Intrafamilial relationships and family relationships with the outside world (chapters 3-8); (3) Child development (chapters 9-11); and (4) Special circumstances including divorce, stepfamilies, adoption, and artificial insemination (chapters 12-15).

In the first chapter, 18 lesbian families are presented, highlighting the different paths to motherhood and the various family constellations. The authors portray the families of children born to lesbians during previous heterosexual relationships, infants born to lesbian couples via alternative insemination, kids born to a gay father and lesbian mother who co-parent together, and children adopted domestically or internationally. They describe the various co-parenting agreements between the adults in these kids' lives. This sets the stage for the anecdotes offered throughout the book.

Chapter 2 is a series of “Do’s and Don’ts” which constitutes a summary of the book’s most salient advice. The authors recommend that lesbian mothers get accustomed to the idea that others will often assume they are heterosexual while, paradoxically, also expecting to be frequently outed. They encourage lesbian moms to be comfortable with who they are and to ensure that people in their children’s lives are respectful of their family. They suggest that male role models be sought out for their kids. They caution against assuming that a parent’s lesbianism will necessarily be problematic—or the inverse—that it will never be difficult, for the child. They warn that lesbian families may not enjoy universal acceptance from either the gay or straight communities, but suggest that the advantages of being raised by a lesbian mother not be overlooked. They advise against trying to be the perfect family in order to prove oneself to those with reservations about lesbian parenting. Many of these themes are expanded upon throughout the book.

Chapter 3 deals with the transition from couple to family, including the impact of having children on the relationship; the division of labor both inside and outside the home; and legal options to protect the family. For new moms who are wondering what happened to their relationship with their partner, there are suggestions about balancing couple and family. For instance, it is recommended that new parents set aside some time to spend together during which they should not talk about the kids. Dates, couple rituals, and maintenance of physical connection are encouraged. The authors advise equality in parenting roles and caution against letting “one parent become the “expert” and the other being the “parent of last resort” (pp. 48-49).

Chapter 4 deals with how to explain lesbianism to the children, while chapter 6 discusses how to help children deal with the other people’s reaction to their family. We are reminded that kids are not innately heterosexist, but that despite one’s efforts to control what one’s children learn, they will nevertheless receive heterosexist messages. For moms whose pre-schoolers ask such profound questions as “What is the difference between a Mama and a Mommy?,” or who repeat heterosexist messages such as “Two girls can’t go on a date,” there are both examples of concrete responses and developmental explanations to help parents come up with age-appropriate answers. The authors prompt the reader to “be aware of the child’s point of reference” (p. 53), to take into account the “child’s intellectual abilities and emotional maturity” in answering their questions (p. 58), and that underlying a child’s question may be a quest for information or for emotional reassurance (p. 63). Without getting technical, and by using many examples, they illustrate a child’s increasing capacity for abstract thought and empathy as they mature.

For families who are interacting with schools, daycare, and mental health professionals, there is advice on how to come out to and to whom. Chapter 5 describes how parents can handle professionals and non-professionals in the

children's lives while chapter 7 is devoted to dealing with schools. The authors point out that although some people may be ignorant about the subject, this does not necessarily mean that they will have negative attitudes towards lesbian families. They suggest that lesbian parents be active and visible in their children's school, that they get to know the other parents, and that they establish a dialogue with teachers that goes beyond talking about homosexuality. "You want to be seen as a concerned and involved parent, not just as a lesbian parent" (p. 115). In some situations (e.g., seeing a psychologist), it is important that the family constellation be known and that the parents ensure that the professional person is respectful of their family. In other situations (e.g., seeing a dentist), the information may not be as pertinent. The authors describe how "sometimes people may respond to the information that our child has two mothers as an invitation to ask personal, prying questions" and rightfully ask, "Do you really want to talk about the details of your insemination with someone you don't know?" They point out: "People can feel that your openness about being lesbian gives them the license to be nosy about your private life. Do not make the mistake of feeling you have to answer every question that anyone asks" (p. 88). The authors suggest elegant ways to deal with unwelcome curiosity about how your family was created; for example, "Out of respect for my son's privacy, I don't usually talk about that" (p. 88).

Chapter 8 deals with religion and spirituality. The authors seem overly optimistic about finding gay-friendly places of worship; perhaps this reflects the social climate of the region in which they live. They encourage discussion with older children about how religion is sometimes used to defend political agendas. Spirituality and morality can also be taught without organized religion. Thus, the authors suggest practicing meditation, volunteering, and discussing moral dilemmas with one's kids.

Gender development and the role of men in the lives of the children is the subject of chapter 9. Essentially, the authors reassure the readers that kids of lesbian moms have a normal gender identity. Developmentally normal periods of heightened rigidity regarding gender roles that result in "Barbie Girl and Macho Boy" may be alarming to lesbian moms. They try to comfort the reader by suggesting ironically this may be "just a phase" and by reframing the situation: They note that "Your child may not turn out to be exactly who you thought" but they also point out that "a child who feels comfortable expressing himself or herself honestly is a positive reflection on his or her parents" (p. 142).

Sexuality is discussed in chapter 10. This chapter tackles the myth that the kids of gays and lesbians will turn out to be gay themselves and broaches the subject of how to talk about sexuality with one's kids. I found this to be the least interesting chapter; with fewer anecdotes and less specificity in the refer-

ences to the scientific literature. Perhaps there is just not enough material for a meatier chapter.

Homophobia and diversity are discussed in chapter 11. Besides offering ways to expose children to various forms of diversity (cultural, religious, sexual), the authors lead us to reflect on how hate crimes may threaten the feeling of security of children of lesbian moms.

Divorce, stepfamilies, and alternative insemination and adoption each receive a chapter in the final section. By further describing specific family constellations, here the authors provide mirroring for lesbian moms in each type of situation.

The authors generally do not limit themselves to describing the issues; they present concrete advice that is developmentally sound. They give anecdotes based on many women's experience. They are direct and use refreshingly simple language that does not get bogged down in political correctness. Humor and sarcasm lighten the read further. At times, they may point out the obvious, but these moments can be useful reminders of what we all know cognitively but have not always integrated emotionally.

For example, the authors point out that lesbian parents may feel a pressure to be perfect in order to prove to the world that lesbians do indeed make good parents. They allude to internalized homophobia as the root of this without getting theoretical. They encourage the reader to acknowledge these "unresolved negative feelings" and to be proud of how far they have already come in the journey towards self-acceptance. They remind us that "most people are too busy with their own lives to be judging us" (p. 44). They warn about the hazards of over-emphasis on performance for the children.

Another pearl of wisdom is that there are advantages of being raised in a lesbian household. These kids have as mothers women who have the strength to go against the grain and be true to themselves regardless of what others think. They will learn that "women can do anything; that there are many kinds of people in the world; that being different is okay; that love is the most important thing there is."

*For Lesbian Parents* was, in fact, written for lesbian parents, not for academics. It is not theoretical; it is practical. It is accessible to an audience without psychological training. Therapists who have experience working with lesbian mothers or some familiarity with the literature on gay families and child development will probably not learn anything new from this book; but it is nevertheless worth the read anyway. For those of us treating lesbian parents, the book can be a tool for psychotherapy. For those of us who are lesbian parents ourselves, the book simply feels good.

Timing is everything. Thirty years ago, such a book could never have been published. Today, such a book is useful to help lesbian parents protect their kids from potentially painful heterosexist messages. Hopefully, thirty years

from now, society will have evolved enough that such a book will no longer be needed. I am optimistic about this because as of June 24, 2002, my kid now has the same protection in Quebec as the kids raised in heterosexual families (Krauss, 2002); she has two legal parents: Mommy and Mama.

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THE COURSE OF GAY AND LESBIAN LIVES: SOCIAL AND PSYCHOANALYTIC PERSPECTIVES. Bertram J. Cohler and Robert M. Galatzer-Levy. *Chicago, IL: University of Chicago Press, 2000. 537 pages, ISBN 0-226-11303-5.*

Now to the burgeoning literature on psychoanalytic, non-pathologized understandings of gay and lesbian people can be added a new book that incorporates a life course perspective. *The Course of Gay and Lesbian Lives: Social and Psychoanalytic Perspectives* had its roots as a report commissioned by the American Psychoanalytic Association, and follows in the footsteps of earlier work by Richard Isay and Ralph Roughton. Bertram Cohler and Robert Galatzer-Levy are both on the faculty of the Institute for Psychoanalysis in Chicago and teach at the University of Chicago. Their book is divided into two parts: in the first, they review the biological and developmental literature regarding sexual orientation; and in the second, they describe mental health and psychoanalytic interventions for gay and lesbian people.

Cohler and Galatzer-Levy emphasize from the beginning that they conceive of sexual identity itself as a choice, not just the question of whether to acknowledge one's sexual identity. Also, they assert that different developmental pathways (or stresses) may lead someone to shift to a gay identity and that this can happen at any point in the life course. Although this can seem dangerously close to affirming what earlier pathologizing psychoanalytic writers on

sexual orientation had to say, they make clear that a neutral attitude towards sexual-orientation outcomes must be maintained. They argue that an analyst should not be concerned so much about whether a patient ends up with a gay or straight identity, but how the patient understands this choice. They do not steer away from the possibility that "same-gender orientation may originate in the dynamics of the family." They even seem sympathetic to one report that notes over-protective mothers possibly playing a role in the later homosexuality of children exposed to DES as fetuses.

Their focus on construction of meaning in relation to sexual orientation is the core of their psychoanalytic stance. They recommend broadening the material used to construct this meaning by including knowledge of the patient's social and historical context in addition to the more traditional attention paid to the specific details of a patient's life and memories. They note that many gay patients have been faced with therapeutic milieus that have not been propitious for this joint effort. They discuss important issues, including therapist self-disclosure with an understanding of the ramifications of different choices. They use their life course perspective to speculate about the influence of chance events on development, the lack of clear stages of sexual identity for many people, and the differences in experiences of earlier and more recent generations of gay men and women.

It is not surprising that Cohler and Galatzer-Levy have little use for biological explanations of homosexuality. They view sexual identity as being more akin to political affiliation than to physical- or biologically-based attributes. They review the literature on biological origins of sexual orientation and rightly point out the failures in method of many studies that have purported to find differences in brain structures and hormonal functioning. They suggest, following Kandel, that brain structure might follow psychological experiences rather than lead them, though the evidence is fairly lacking for either direction. They also reject as evidence for a biological basis of sexual orientation the stories of many gay people (especially men) who felt different from earliest childhood, arguing that these memories should be viewed as having their own motivating factors. They rightly note the need for prospective studies, not just retrospective accounts.

The authors affirm the absence of any direct association between homosexuality and psychopathology. To the extent that gay people have impaired adjustment (which many studies of non-clinical populations do not find), they attribute this to stigma. Freud's relatively non-pathologizing stance, in which he described homosexuality as evidence of immaturity (along with everything else except heterosexual vaginal intercourse, including kissing) but not of inability to form close relationships, is approvingly noted as part of a review of past psychoanalytic understanding of sexual identity. They write about how Freud's ideas were lost and retrace the path to Bieber and Socarides, followed

by the emergence from the wilderness starting with Evelyn Hooker's path-breaking work and the eventual removal of homosexuality from the DSM. Reparative therapy is seen as antithetical to the openness required towards uncovering (rather than forcing) sexual identity and its meanings. Worse, it further worsens the experience of stigma and resulting shame that results when core aspects of identity have not been affirmed, especially during childhood and adolescence. Notably, they are open to people with gay fantasies discovering that they are actually straight, and caution against attributing this only to internalized homophobia.

The presence of so many thought-provoking ideas leaves me reluctant to note a few weaknesses. An unacknowledged tendency towards repetition of ideas pervades this book, sometimes even in the same chapter. I wondered whether this might be a product of joint authorship or perhaps reveal that segments of the book were written as stand-alone chapters. I was disappointed that the authors' opaque prose style masked even their laudable ideas. At times, I was disturbed by little errors (like placing Stonewall in Soho) or sweeping statements (like gay bars after Stonewall being "no different" from straight bars). Sometimes, I felt like I was reading just one thing after another without sufficient editorial shaping or direction regarding importance, but the book's comprehensiveness is also a great strength, and its bibliography is a marvel. Overall, I can recommend this book as a useful compendium of ideas about psychoanalysis and the life course in gay people.

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HOW HOMOPHOBIA HURTS CHILDREN: NURTURING DIVERSITY AT HOME, AT SCHOOL, AND IN THE COMMUNITY. Jean M. Baker. *Binghamton, NY: Harrington Park Press, 2002. 224 pages, ISBN 1-56023-163-7.*

Jean Baker's book provides a compelling and practical primer on the effects of homophobia on all children, not only gay, lesbian, bisexual, and transgender youth. As I was reviewing this book for the *Journal of Gay & Lesbian Psychotherapy*, I initially searched its pages for in-depth analysis of the psychological ramifications of homophobia and guidelines for treatment of youth exploring their sexual orientation. This search soon led to disappointment, for psychology alone is not the strength or intention of this book. *How Homophobia Hurts Children* is a comprehensive sociological analysis of the effects homophobia has upon a young individual's development and the systems that interface with youth—families, schools, and communities. Baker's work is informed by a broad review of current and past research, as well as her own personal experience as the mother of two gay sons. Her knowledge and resolve come through in the book's introduction when she proclaims the following about gay youth, "We do not need to 'cure them.' What we do need to cure is homophobia" (p. xiv).

Homophobia is a serious challenge facing all youth. We know all too well the potential consequences for gay youth—disproportionate rates of depression and suicidal ideation, substance abuse, victimization in schools, impaired social and psychological development from social isolation. However, Baker also and equally emphasizes the consequences for non-gay youth. Teaching children that antigay harassment is a "respectable prejudice" leads to increasingly intolerant citizens. Such lessons are taught in subtle and not so subtle ways. Walk the halls of any public school in America today and the monikers "queer" or "gay" are the most common slurs you will hear. Adult silence in the face of this antigay sentiment conveys a loud message about the value of gays in society. These explicit societal messages have a direct impact on the social development of all youth. If left unchallenged, intolerance teaches and advances prejudice.

This book deftly weaves the societal and personal impact of homophobia. Baker candidly tells her own story—that of a parent who had numerous clinical experiences with gay and lesbian youth, yet a parent who was nonetheless unprepared for the outing of her first son. "Gay children experience the prejudice around them, a prejudice that may be as strong in their own families as it is in society at large" (p. xiii). As someone who was herself disowned by her parents, I appreciated Baker's candor and personal acknowledgment about the pain suffered within families. Twenty-seven years later, I recognized my own parents' agonizing process in Baker's outline of the "stages of parental coming out." Those of us working with youth often mistake the child's coming out pro-

cess as separate from the parallel process of her/his family system. And here, I would go further than Baker and expand the definition of “family” to include any significant person in that child’s life—peer, teacher, coach, neighbor, etc. A distinction that sets gay youth development apart is that gay children may be part of a minority to which their extended families do not belong. Therefore, it is essential that as many child-serving systems as possible be oriented towards recognizing homophobia and its impact when assisting gay youth.

Baker details the critical role of schools as centers that can either breed or help reduce societal homophobia. She rightly refers to the harassment suffered by gay youth as “traumatic.” Citing a 1997 Massachusetts study, she reports “sexual minority students were significantly more likely than other students to be intimidated in the school setting” (p. 89). The intimidating behaviors cited were not simply name-calling, but real and direct threats to personal safety. This intimidation covered a spectrum that went from having one’s property stolen to being injured with weapons at school. This research found that it was this terrorization at school—rather than homosexuality in itself—which accounted for higher levels of destructive behaviors among gay youth, i.e., substance abuse, suicidal tendencies, and violence-related behaviors.

Baker found school staff—teachers, psychologists, and nurses—who played pivotal roles in countering homophobia in their schools. Some did so by coming out themselves, others by advocating for gay youth via school clubs or gay student organizations. Those schools with antidiscrimination policies that included sexual orientation were poised to support such efforts. Baker does not describe the perils for faculty in schools without such protective policies except to encourage them to approach their school boards with recommendations to amend their policies accordingly. She adds, “An antidiscrimination policy may be an added weapon, but it should be possible to deal with these situations without one” (p. 112). In this climate of increasing academic demands on school districts and backlash conservatism in school boards, this is unfortunately an overoptimistic view. I would like to have read an account from a school staff person who took the liberty of supporting gay-positive efforts in a school that did not already have an antidiscrimination policy. The book, however, documents resources available to assist schools including the Gay Lesbian Straight Education Network (GLSEN) and their “School Climate Survey.” As someone living in rural upstate New York, I am happy to say that GLSEN actually came and presented to our local PTA. Even though the presentation did not result in the establishment of a local GLSEN chapter, some parents and faculty fought to make gay-positive material visible in the junior/senior high school. A small, yet significant step.

One of the more striking points that this book makes is the influence of homophobia on child development. Beginning with gender conformity imposed on pre-school children, Baker outlines the insidious impact of such messages.

She alludes to Isay's theory (p. 36) on fathers' withdrawal from their effeminate sons. While there may be little evidence to support this theory as a factor in development of sexual orientation, I would welcome research on how this dynamic might foster insecure attachments to partners in adult life. Furthermore, it seems like common sense that if gay adolescents are deprived the opportunity to date openly and to experiment with different partners, as their straight peers are encouraged to do, their ability to know themselves and to form intimate relationships will be thwarted. Many of us in clinical practice hear stories of gay teens who fall in love with non-gay teens—or who have difficulty attaching to a series of partners, never feeling satisfied or growing past the stage of romance in relationship. What will it mean in terms of their healthy development as gay and lesbian youth come out at younger ages when the sense of self is more fragile? As these same youth risk coming out without adequate peer or societal support, how will they endure the isolation and prejudice? Where will they find opportunities to affiliate with other young people like themselves? How will this isolation during this time of identity formation affect their significant attachments in later life? Baker offers some hope in that some of the factors for positive development of gay youth include "a significant attachment with at least one adult . . . access to knowledge about sexual orientation, peers and parents who are affirming and supportive, coping skills, and supportive early childhood experiences" (p. 148).

Baker sees a silver lining insofar as growing up gay offers the personal power that any minority youth derives from standing alone and apart in the face of adversity. Although this may be a necessary pain imposed upon gay and lesbian youth, I would echo Baker's call for anyone affiliated with these young people to support the gay and lesbian civil rights movement. *How Homophobia Hurts Children* should be required reading for those who work in schools or any system that interfaces with youth and for those who believe in developing a tolerant society that values its members and supports all young people as a vital resource.

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BEYOND CARNIVAL: MALE HOMOSEXUALITY IN TWENTIETH-CENTURY BRAZIL. James N. Green. *Chicago: University of Chicago Press, 1999. 408 pages, ISBN 0-226-30638-0.*

The exotic American image of Brazil tends to focus on Carnival with its glittering, campy outfits and armadas of sensually gyrating, brown bodies. In the world of gay male pornography, there is a special genre of Brazilian videography reiterating a fantasy of countless mulatto hunks and unquenchable eroticism unbridled by distinctions of hetero- and homosexuality. As the title of historian James N. Green's monograph promises, he goes beyond these American images to explore the complex social history of male same-sex relations in Rio de Janeiro from the Belle Époque to 1980. Green has spent many years in Brazil, where he has been involved in the gay community and been engaged in gay rights activism. Therefore, his work is as much an ethnography of Brazilian homosexuality as a social history. On both counts, his book is engaging, richly documented, and nuanced. He is particularly careful to draw connections between the shifting governmental and political situation in Brazil and the manifestations of same-sex activity, identity, and activism.

From the outset, Green notes his focus on male same sex relations. However, he concentrates even more specifically on male cruising and public sex perhaps because it is best documented in his police and medical sources of the first half of the twentieth century. From the 1960s on, his documentation is greatly enhanced by the modest gay magazines that began recording the increasingly politicized gay life in Brazil. Even then, Green maintains his fascination with public sex, which particularly highlights his interest in class issues and the diversity of sexual identities in Brazil.

The medico-legal materials of the early twentieth century are mined to their fullest both for their detailed case material and their constructions of homosexuality. Largely following the lead of French neuropsychiatrists and Cesare Lombroso's positivist criminology, early Brazilian sexologists relied on variations of the degeneracy theory of sexual inversion: that homosexual men had some female somatic, endocrinological, or psychic deviation. However, Brazilian doctors paid greater attention to race and class distinctions in their theorizing and treatment of same-sex behavior. The distinction between being "active" (insertive) versus "passive" (receptive) in sex, also played a major role in both medical and popular constructions of homosexuality. As in other Latin American countries, as long as a man was active (or maintained a public image as active), he could easily engage in sex with "passive" men without undermining his masculinity and heterosexuality. However, as Green points out, the reality of sexual acts and relations was far more complex than the popular preconceptions or the medical theories since even some effeminate *bichas* would switch sexual positions. Like George Chauncey's *Gay New York, Be-*

*yond Carnival* undermines any simplistic notion that the medico-legal representations of homosexuality accurately represented (let alone constructed) the life and self-conceptions of Brazilian homosexuals. However, the Brazilian forensic literature appears to have documented same-sex behavior far more extensively than its American or European counterparts.

In the second half of the century, the popular gay publications, such as *O Snob* (1963-1969) and *Gente Gay* (1976-1978) document the diverse homoerotic cultures of Rio de Janeiro—from the flamboyant queens to the emerging middle-class gay activists. *O Snob* was a campy gossip rag that tracked the transvestite balls and the long association between carnival and homosexuals. The Stonewall Inn riots of 1969 and the emerging radical gay rights movement in the United States had a major impact on Brazilian same-sex relations, as middle class homosexuals began adopting a more gender egalitarian approach to relationships and sexuality. This shift not only reflected a globalization of American gay identity, but was also a result of the particular class divides in Brazil and the association between new gay leaders and the Brazilian left.

Throughout the volume, Green carefully surveys the geography of sexuality in Rio. He tracks the parks, cinemas, neighborhoods, and clubs where same-sex activity was hot. Like the carnival parade itself, the homosexual locales were constantly on the move. As Green points out, their volatility was a result of all the forces shaping Brazilian homosexuality: immigration trends, police crackdowns, Brazilian politics, class divisions, and sexual identity shifts. Throughout all the change, Brazilian homosexuality emerges as particularly resilient, colorful, and politically alert. For clinicians, Green's work reminds us of the nefarious enduring legacy of psychiatric homophobia, particularly for people in and from developing countries. His analysis of Brazilian sexuality is also a powerful reminder that different cultures construe sexual behavior and identity in radically different ways. Therefore, in clinical practice we must take care not to impose our models of "healthy" or "mature" gay sexuality on clients, unwittingly engaging in sexual imperialism. Green is working on a sequel to this volume which continues the story of Brazilian gay life and politics from the 1980s to the present. We can look forward to it continuing his lively scholarship into the richness of homosexual culture.

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