

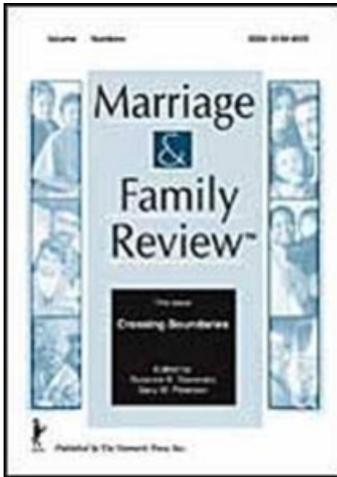
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Gay and Lesbian Adolescents

Ritch C. Savin-Williams

OVERVIEW

Adolescents who declare their homosexuality have recently become a highly controversial, and yet, "invisible" minority in Western societies. This cultural phenomenon has emerged because increasing numbers of youth want to explore and express sexual behaviors and identities beyond the heterosexual ones that are traditionally assumed by most parents. Adolescents with a homosexual sexual orientation and who engage in homosexual behavior have always existed; how, a gay/lesbian identity is evolving.

Distinguishing among sexual orientation, behavior, and identity is a primary goal of this paper. Another is to reduce the invisibility of lesbian and gay adolescents—to social scientists, health care providers, the lesbian and gay communities, gay/lesbian youths and their parents. Finally, a third goal is to alert parents and health care providers to some of the issues, such as irrational fears, peer ridicule, lack of support, and misunderstandings, that are directly responsible for the poor physical and psychological health of some lesbian and gay youth.

In general, the above groups have been hesitant to challenge the stigmatic, legal, and moral issues involved with gay and lesbian minors. Perhaps they fear the label of "guilty by association" as well as the unique dread of stereotypes that are usually applied to

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those who associate with gay and lesbian youth (e.g., pedophile). Theo Sandfort noted during a recent speaking tour of the United States that these negative reactions are usually more severe here than in other, more sex-positive societies such as his Netherlands. Even those most concerned with issues of homosexuality appear to assume that this sexual orientation is a prerogative only of adulthood.

But gay and lesbian youth are also frequently invisible to themselves. This is an inherent problem for minorities in American society, especially if their minority status is based on perceived “deviancy” from societal norms. This failure to come forth compounds the difficulty of finding gay and lesbian youth as research participants, thus amplifying their invisibility. As a result, social scientists either ignore gay and lesbian youth in their research or they rely on retrospective data gathering techniques that ask gay and lesbian adults to reflect on their adolescence to recall important events, feelings, and thoughts. Yet, recall data methodologies make particular and often debatable, assumptions concerning the accuracy of adult memories of childhood sexual feelings and behaviors (Boxer & Cohler, 1988; Ross, 1980).

Until recently an unspoken assumption in traditional research on homosexuality has been that all lesbians and gays are essentially very much alike. Fortunately, however, several researchers have addressed the heterogeneity within the gay and lesbian population. For example, Alan Bell and Martin Weinberg’s 1978 book, *Homosexualities*, noted that variables such as age, educational level, and religious feelings influence the attitudes, behaviors, and beliefs of gays and lesbians. Their emphasis on “within group variations” resulted in a presentation of various portraits of gay and lesbian adults. Although they exploded the myth, few social scientists, health care providers, or the mass media have listened. As a result, cognizance of the diversity within the lesbian and gay population has been pre-empted by a focus – perhaps an obsession – on characteristics thought to distinguish homosexual from heterosexual people.

One source of variation is age. Gay and lesbian youth may be quite different from adults, both gay and straight, but in many important ways similar to other adolescents. For example, it is highly

likely that gay and lesbian youth, similar to other youth, internalize and incorporate to some degree into their self-image their perceptions of others, such as family members. Thus, if parents reject their son or daughter because of his or her sexual orientation, then the adolescent may too reject himself or herself and develop low self-esteem or become suicidal. If indeed it proves to be the case that sexual orientation per se produces minimal differences in developmental processes, then focusing on the frequently belaboured and believed differences that have been the primary mainstay of social scientists who seem bent, whenever possible, on emphasizing gay versus straight comparisons has been a waste of time.

Thus, far more intra-gay/lesbian population studies that explore unique and diverse patterns within a homosexual sexual orientation are needed. One promising characteristic has been suggested by several researchers (Green, 1987; Harry, 1983; Hart et al., 1978)—cross-gender personality and social role orientation. With this effort social scientists increase the likelihood of learning about normal development in all of its manifestations.

SEXUAL ORIENTATION, SEXUAL BEHAVIOR, AND SEXUAL IDENTITY

Self-Label

An initial difficulty is defining the gay or lesbian adolescent to the self and to others, especially to the family. This is not an easy task during this age period for two reasons. First, to many families gay and lesbian youth do not and cannot exist. Instead, if families discover or are told of “peculiar behaviors or inclinations” the accused adolescents are viewed as homosexually behaving youths temporarily detained from their destination as heterosexual adults. Youth themselves frequently buy into this safety net.

Second, adolescents are more likely to experience cross-orientation sexual contact than are adults, but are less likely to define themselves as homosexual individuals. Only one of 1,067 youths in a recent representative sample of adolescents (Coles & Stokes, 1985) checked the “homosexual” identity box. Yet, 5% reported that they had engaged in homosexual behavior during adolescence.

In a 1985 survey of 356, 16- to 18-year-old high school students enrolled in Cornell University's Summer College, only three labeled themselves as bisexual/homosexual; five rated themselves as "more than incidentally homosexual" and 15 as "incidentally homosexual" on the Kinsey scale (Savin-Williams, in preparation). The next year, of 176 youths surveyed during the same program only one student expressed same-sex sexual attraction; another four replied "both sexes equally." Behaviorally, 12 reported past and eight current "casual" homosexual encounters; three reported genital-genital homosexual contact in their past (Savin-Williams, unpublished data). Thus, youth are far more likely to "admit" to homosexual acts than to a homosexual identity.

It is unclear from the empirical research whether cohort or developmental effects have the greatest determination for self-label as lesbian/gay. Andrew Boxer and Bert Cohler (1989) make the strong argument that because of past research efforts, primarily cross-sectional studies of the remembered past of gay and lesbian adults, little is known concerning either developmental processes or cultural/historical effects on gay and lesbian adolescents. The argument here is for a developmental paradigm, without the intention of negating or ignoring cohort effects. Indeed, it is probably easier to come out as homosexual today as a youth than it was during previous generations who came into their adolescence before the bench-mark 1969 Stonewall encounter with the New York City police. If it were possible to control or account for historical time, I believe developmental differences in coming out would still emerge. With advancing age, especially after the increase in sexual libido and cognitive abilities during pubescence, the equation of sexual behavior and sexual identity becomes both easier and more necessary.

Definitions

An important differentiation is distinguishing among *sexual orientation*, *sexual behavior*, and *sexual identity*. A homosexual sexual orientation is thought to consist of a preponderance of sexual feelings, erotic thoughts or fantasies, and/or behaviors desired with respect to members of the same sex. It is present from an early

age—perhaps at conception (see Savin-Williams, 1987a). Homosexual activity or the “homosexually stimulating experience” (Rigg, 1982) connotes sexual behavior between members of the same sex. Sexual identity, by contrast, represents a consistent, enduring self-recognition of the meanings that the sexual orientation and sexual behavior have for oneself. Although a public declaration of this status is not inherently necessary for sexual identity, there must be some level of personal recognition of this status. Affirmation, to varying degrees, may or may not follow. These definitions serve to illustrate the essential differences among sexual orientation, sexual behavior, and inner identity. Although it is likely that the three will be somewhat or highly correlated, this may be more of a future, adult than a present, adolescent reality. This issue is particularly crucial in reference to teenaged populations because it appears that many forms of sexual activity with partners varying in age, sex, and other person variables are commonplace—regardless of self-labeled or self-professed sexual orientation and identity.

The confusion is illustrated by two seemingly opposite facts: Some gay and lesbian adolescents are homosexual virgins and some heterosexual adolescents engage in extensive and prolonged homosexual behavior. Studies (Boxer, 1988; Remafedi, 1987a; Roesler & Deisher, 1972; Sanders, 1980; Savin-Williams, in press) of gay male and lesbian youths support the claim that some accept the self-label of gay/lesbian before they have had homosexual experiences. For example, in one study (Savin-Williams, in press) 5% of the males and 12% of the females were homosexual virgins. Yet, they responded on the questionnaire that their orientation was bisexual/homosexual. Among 118 youths who came to Chicago’s Horizons Center, 9% of the boys and 6% of the girls had never experienced same-sex activity (Boxer, 1988). Martin Manosevitz (1970) reported that 22% of his male sample was homosexual virgins during the ages of 13-17 years and 4% during the ages 18-24 years. In Jack Hedblom’s study (1973) 66% of the female sample was homosexual virgins before age 15 years and 21% at age 20 years. Barry Dank (1971) concluded: “It is theoretically possible for someone to view himself as being homosexual but not engage in homosexual relations just as it is possible for someone to view himself as heterosexual but not engage in heterosexual relations (p. 117).”

On the other hand, clearly not all adolescents who engage in homosexual behavior would identify themselves as gay or lesbian. Alfred Kinsey, Wardell Pomeroy, and Clyde Martin (1948, pp. 629 & 651) found:

Between adolescence and 15 years of age about 1 male in 4 (27%) has some homosexual experience. The figures rise to 1 male in 3 in the later teens and appear to drop a bit in the early twenties.

Yet,

4 percent of the white males are *exclusively homosexual throughout their lives*, after the onset of adolescence.

Richard Pillard (1974) noted that 35% of males in his research under 19 years of age had experienced a "homosexual encounter." In the Sorensen Report (1973), 5% of the boys and 6% of the girls between the ages of 13 to 15 years responded positively to the statement, "Have you had activity with another boy [girl] or with a grown man [woman] that resulted in sexual stimulation or satisfaction for either or both of you?" (p. 432). Among 16- to 19-year olds the percentage of boys marking "yes" more than tripled to 17% while the proportion of girls remained at 6%. Marcel Saghir and Eli Robins (1973) reported 23% of their heterosexual males had homosexual contacts by age 15 years; G. V. Ramsey (1943), 31% by age 17 years; and Martin Manosevitz (1970), 23% by age 17 years.

Among females the percentages are smaller but in the same direction. In Kinsey's study (1953), by age 15 years 5% of the females had experienced homosexual contact and 2% were exclusively homosexual by sexual orientation. Ten percent of 160 women in a university dormitory had homosexual encounters (Goode & Haber, 1977). Others (Manosevitz, 1970; Ramsey, 1943; Saghir & Robins, 1973; Sorensen, 1973) reported similar statistics and conclusions.

Alan Malyon (1981) speculated that about nine in ten reports by youth of same-sex erotic interest are made by those predominantly heterosexual in orientation. However, Gary Ross-Reynolds (1982, p. 70) concluded: "The majority of adolescents who engage in homosexual behavior do not continue this practice into adulthood.

Conversely, as many as 31% of gay adults engaged in no homosexual behavior until they were out of high school." This quote illustrates the difficulty of equating homosexual behavior with either sexual orientation or identity.

On the other hand, there is ample evidence that "pre-"gay/lesbian adolescents are more likely than others to engage in homosexual behavior and to do so for a longer period of time. For example, Alan Bell, Martin Weinberg, and Sue Hammersmith (1981a & b) reported that 95% and 70% of their homosexual men and women, respectively, but only 20% and 6% of their heterosexual men and women had been sexually aroused by a member of the same sex before they reached 19 years of age. Only 2% and 0% of the latter rated their pre-adult sexual behaviors as predominantly homosexual, as opposed to 56% and 44% of the homosexual men and women who so reported. In another sample of gay men and women (Saghir & Robins, 1969; Saghir, Robins, & Walbran, 1969), 87% had homosexual contacts before the age of 19 years. In a West German sample of women, 52% had homosexual contacts by the same age (Schafer, 1977). Compared to heterosexuals, Martin Manosevitz (1970) noted:

The homosexuals appeared to have been more active in total frequency of sexual behavior earlier, but this difference disappears by adolescence. They seemed to start earlier, and the direction of their activities was towards same-sexed partners . . . Then many shifted to male and female partners during adolescence and early adulthood. (p. 401)

During childhood (5-9 years) 41% of the homosexual males had same-sex sexual activity and this proportion steadily increased to 59% during preadolescence (10-12 years), 70% during adolescence (13-17 years), and 96% during late adolescence and youth (18-24 years). The percentages of heterosexuals engaging in homosexual behavior were considerably lower and decreased rather than increased after preadolescence: 5% (childhood), 25% (preadolescence), 15% (adolescence), and 5% (late adolescence) (Manosevitz, 1970). In a study of gay male youths between the ages of 16 and 22 years, Thomas Roesler and Robert Deisher (1972) reported that the

majority described early, prepubertal homosexual activity (e.g., mutual body exploration or curiosity based sex play). Of 29 homosexual or bisexual male youths, 15 to 19 years of age, 28 had past homosexual encounters, but most of these occurred during early adolescence (Remafedi, 1987a). Paul Van Wyk and Chrisann Geist (1984) documented among Kinsey's sample that the more elevated the homosexual score the greater the likelihood of prepubertal sexual contact with boys or men for homosexual men.

Andrew Boxer (1988) noted two pathways of "initiation into sexual identity formation" among the Chicago gay male youths. The mean age of first same-sex activity for 75% of the males was 15.0 years; all began homosexual activity after the age of 11 years. The other cluster of males (25%) reported that their first same-sex activity, usually with a same-aged peer, occurred prior to age 9 years (mean = 6.5 years). Thus, research that treats all gay and lesbian youth as if they were engaged in identical developmental pathways may be obscuring important developmental processes and outcomes. This theme is pursued in much greater depth in a recent book on gay and lesbian youth (Savin-Williams, in press).

There can thus be little doubt that not only does homosexual behavior occur during adolescence, it may also be quite prevalent. Such behavior, however, may or may not be indicative of a homosexual orientation or identification. Given the complexity of whether one defines homosexuality by reference to orientation, behavior, or self-label and the fact that many teens experience a diversity of sexual behaviors and an emerging sexual identity over a period of several years, a process that may not be completed until young adulthood, it is difficult to assess the prevalence of a homosexual orientation among adolescents. Despite this handicap, it is abundantly clear that gay and lesbian youth exist during childhood and adolescence—with or without homosexual behavior and/or a homosexual identity.

Cross-Cultural Research

Although homosexuality is probably universal cross-culturally, it is clearly not documented in all cultures. This is perhaps due to the secretive nature in which it is carried out and the difficulty of satis-

factorily applying a common definition to or empirically assessing the abstract construct of homosexuality as a sexual orientation. Because homosexual behavior is more clearly demarcated and observable, it is more frequently documented cross-culturally (Ford & Beach, 1951).

In various human cultures adolescent homosexual behavior may be viewed as a necessary outlet (because the sexes are separated), as preparatory for heterosexual activity (to learn about sex), as giving ritualized status such as manhood (a semen implant for masculinity to thrive), as playful acting out of the increased sexual libido derived from pubertal hormones, or (rarely) as an expression of a life-long sexual orientation. Homosexuality is seldom accepted cross-culturally after adolescence as a natural, life-long expression of sexuality (Ford & Beach, 1951). One extreme view is that of Warren Gaddaille (1980), who concluded that homosexuality as a preferred sexual expression is universally deemed deviant, although he noted that in some cultures homosexuality has been given an institutional role and its stigmatization has been moderated. Clearly, societies vary in how they react to the emergence of homosexual behavior among their adult citizens, including the degree to which they allow it to be overtly manifested and stigmatized. On the other hand, some cultures celebrate, perhaps even proscribing, homosexual behavior among their adolescents (e.g., Sambia in New Guinea [Herdt, 1981]). Two-thirds of modern tribes in South America consider adolescent homosexuality to be both normal and acceptable (noted in Tannahill, 1980). Other cultures tolerate/ignore homosexual behavior or, if brought out into public view, actively discourage it.

A classic example of the latter is the English public school system. In the late 19th century it kept boys secluded from girls in a monastic fashion through most of childhood and adolescence (Tannahill, 1980). With the Oscar Wilde "scandal" many well-bred Englishmen came to recognize that not only were Eton, Harrow, and Winchester "breeding grounds" for homosexual behavior but that some adolescent boys continued the behavior into adulthood. Lax laws against sodomy were then enforced with moral conviction.

Despite the fact that striking changes have occurred in the United

States over the past decade in terms of the visibility of lesbians and gays, it is instructive to note that many past, antihomosexual theories and treatment approaches remain as part of the belief system of a considerable number of professionals. A review by Sandra Schwanberg (1985) noted that this is most pronounced in psychiatry and less so in psychology, medicine, nursing, and the social sciences. Almost exclusively, however, conceptualizations of homosexuality have focused on adult sexual behavior, with only occasional reference to adolescents. Nonetheless, these general theories necessarily influence the education and training of health care personnel, and consequently the forms of health care and intervention strategies used in contacts with gay and non-gay adolescents.

Cultural shifts are evident, however, in the United States. For example, although the medical journal *Pediatrics* in 1969 recognized the importance of adolescent homosexuality for scientific and humanistic reasons, it was considered to be a "developmental deviance" (Solnit, 1969). Fourteen years later, in 1983, the position of the American Academy of Pediatrics, Committee on Adolescence, was quite different: Homosexuality as a sexual orientation is established before adolescence; homosexual behavior is common "en route to conventional heterosexual development" (p. 249); homosexual behavior may occur given particular environmental contexts (incarceration, single sex boarding schools, military barracks); problems with homosexuality are usually the consequence of social conditions rather than of mental illness; and the necessity for a positive attitude on the part of the pediatrician was emphasized.

Explanations for Adolescent Homosexual Behavior

Great effort, primarily anecdotal in nature, has been made to explain the relatively high frequency of homosexual experiences among teenagers. Some (Glasser, 1977; Rigg, 1982) argued that sexual experimentation involving exploration of bodies and reactions with same-sexed peers occurs because such activities are more familiar and therefore less threatening than similar heterosexual physical contact; reassurance is gained from mutual comparisons of size, shape, and sensations associated with changing bodies and sex organs (Sorensen, 1973). Others (e.g., Chng, 1980) viewed these

“transient homosexual activities” as the product of typical adolescent crushes, hero-worshipping, and intimate same-sex friendships. Mervin Glasser (1977) proposed that few of the adolescents who have homoerotic impulses or behaviors ever become homosexual; normal boys only engage in homosexual behavior to release sexual drives thwarted by parents who are “protecting” their adolescent daughters.

Similarly, Lillian Robinson (1980, p. 22) viewed the psychodynamics of adolescent sexuality as frequently including “an allowable homosexuality . . . which, under favorable circumstances, is gradually replaced by heterosexual development.” A “normal” homosexual stage in early adolescence was thought to be comparable to sleep disturbances or enuresis: Teenagers were expected to have these developmental problems and to outgrow them. This view allowed the possibility that homosexual experiences may even be necessary for some heterosexual youths. Typically, this so-called normal homosexual stage was presumed to last until early or middle adolescence, followed by a move to heterosexuality. Mervin Glasser (1977) believed that homosexual adolescents did not exist: “It is only after the process of adolescence . . . that the person can be considered homosexual” (p. 221). The fear was that if homosexual attachments became intense and exclusive then more overt homosexual activity was considered likely with a concomitant absence of motivation to “advance to sexual activity with the opposite sex.” Thus, it was assumed that a homosexual sexual orientation was an achieved status, obtained through social conditioning or circumstances. Throughout these writings, it is emphasized that adolescents *must* “make the choice to progress” to heterosexuality.

The view of adolescent homosexual activities as a “normal phase” of adult heterosexual development that “need cause no anxiety that they are the harbingers of lifelong homosexuality” (Rigg, 1982, p. 828) may be soothing to concerned and frightened parents. But this perspective may be potentially a source of self-denial if not great anxiety to the teenager who is becoming aware of a developing homosexual identity that does not fit these expectations. For such individuals, homosexuality is not experienced as a temporary “phase” but rather as a comprehensive and persistent sexual orientation.

Thus, it is crucial that social scientists, health care providers, parents, and youth are aware of the following empirical evidence:

- a. not all homosexual adolescents are sexually active;
- b. many homosexual adolescents are heterosexually active;
- c. many heterosexual adolescents are homosexually active;
- d. the synchrony between sexual identity and sexual behavior is highly variable among adolescents; and
- e. many of these issues evoke great stress and anxiety for adolescents of all sexual orientations.

Knowledge of a youth's self-identification as gay or straight may be relatively uninformative in regard to assessing the incidence or frequency of homosexual behavior. Although an adolescent who identifies as lesbian/gay is more likely than one who self-labels as heterosexual to engage in homosexual behavior, such individuals may also be homosexual virgins and some self-labeled heterosexual youths may be quite homosexually active.

Perhaps less so than at any other age, an adolescent's sexual self-label may be of limited significance to the researcher, the health care provider, or the parent. Consequently, when developing research projects or health educational programs in which homosexual behavior is a critical consideration, it becomes particularly salient to consider all adolescents—not just those currently aware of a bisexual or gay/lesbian identity. The importance of this issue in reference to AIDS prevention programs has been discussed in other publications (Mantell & Schinke, in press; Savin-Williams & Lenhart, in press).

PROBLEMS AND PROMISES OF GAY AND LESBIAN YOUTH

Sickness and Health

Rose Robertson (1981) asserted that the stigmatization, whether self- or other-induced, of being a gay/lesbian adolescent can have a number of dire consequences. These include ostracism, violence, and expulsion by peers and families; substance abuse or suicide attempts; acting out behavior, especially in the sexual sphere such

as in prostitution; and feelings of isolation, alienation, and confusion. Many of the youths in Gary Remafedi's (1987a) research reported that they were victims of physical assaults (30%), had been discriminated against in education and employment (37%), received regular verbal abuse from peers (55%), and saw disadvantages to being gay (100%). The most frequent psychosocial and medical problems were, in order, poor school performance (80% of those in school), mental health problems (72%), substance abuse (58%), running away (48%), and conflict with the law (48%) (Remafedi, 1987b).

Some gays and lesbians, though primarily only in large urban areas, find support services that help them cope with discrimination and homophobic attitudes and develop a positive, fulfilling lifestyle. A growing number of mental health professionals refuse to "treat" men and women who wish to change their sexual orientation. All too frequently, however, these services and professionals are available only to adults and not to adolescents.

Gay and lesbian adolescents are thus faced with both a hostile and an unbelieving world. They are told, "You can't be homosexual and I won't allow it." For those who discover the truthfulness and inevitability of their homosexuality and decide to contradict their previously assumed sexual identity, there are few sources of psychological, social, or legal assistance. Greg Robinson (1984, p. 14) noted:

Few individuals or organizations have been willing to challenge the myth that homosexuality is a phenomenon of adulthood. Whether due to inadequate professional knowledge, fear of jeopardizing professional positions, or simple lack of interest, personnel in youth-serving agencies and school districts (many of whom are gay themselves) have, for the most part, not been willing to speak out on behalf of gay youth.

Gay and lesbian organizations have also been reticent to assist the young gay or lesbian adolescent—perhaps because they fear the issue is too controversial (a disguised attempt to "recruit" young people) and complex (the social, legal, and economic status of de-

pendent, minor youth), or because they lack the personnel, knowledge, and funds to offer support (Robinson, 1984).

Another societal disservice to its gay and lesbian youth is the state of sex education in the public schools and the community. Peter Freiberg reviewed these issues in a 1987 article in *The Advocate*, "Sex Education and the Gay Issue: What Are They Teaching About Us in the Schools?" Homosexuality and emotional relations among same-sexed individuals are almost universally ignored in sex education curriculum. Teachers fear the negative reactions of parents and the school board and the community furor inclusion of homosexuality in school classes would create. Unfortunately, AIDS education frequently carries the message, "Look how unhealthy homosexuality is." Indeed, gay and lesbian youths have received a renewed wave of violence with the AIDS crisis. Joyce Hunter at the Hetrick-Martin Institute reported that gay youths have been called an "AIDS factory" by their peers. Much of the anti-gay bashing is instigated by young men in their teens and early 20s. Because most such individuals have recently been in the public school system, an educational opportunity has generally been lost (Freiberg, 1987).

The mental health and educational deficiencies are due in part, it would appear, to the invisibility of lesbian and gay adolescents in society at large. This invisibility contributes to a sense of alienation and stress for the individual adolescent that is frequently noted by various theoretical models and, occasionally, by empirical evidence, and yet denied by those concerned with the education and health of adolescents. Lesbian and gay youth are uniquely at risk for health related problems and thus in need of intervention programs. For example, due to societal discrimination and powerful peer pressure, teenagers might deny engagement in dangerous sexual behavior that would handicap health assessment procedures. Such individuals might be more willing to discuss the particulars of sexual behaviors with *nonjudgmental* parents, health care providers, educators, and researchers.

The Promise

Social scientists, including lesbian and gay researchers, have focused almost exclusively on the "problems" at the expense of the

“promises” of gay and lesbian youth. It is perhaps surprising, given the portrait so far presented, that most lesbians and gay adolescents appear to be psychologically and socially healthy individuals (Savin-Williams, in press). Andrew Boxer’s (1988) youths reported relatively few negative feelings (30% of the girls and 20% of the boys) surrounding first same-sex attractions and fantasies. First same-sex *activity* elicited even lower levels of negative feelings among the girls (15%) and only slightly higher for the boys (25%). Gary Remafedi (1987a) reported that his 29 youths were self-accepting and satisfied with their lives. Given the choice, 15 said they would make no change in their sexuality.

The negative portrait is the result of two groups of researchers who have been traditionally concerned with gay and lesbian youth. First, sociologists of deviance have tended to focus on deviants and their identity problems and sub-cultural lifestyles. Although most researchers who assume a social labeling perspective encourage tolerance (“they are at least as good as anyone else”), by their comparisons with “normals” the implicit message is clear: Gays and lesbians are outside normalcy. Alexander Liazos (1980) maintained that researchers need to focus far more attention on the oppressors and persecutors of gay and lesbian youth—they are indeed the deviants.

Second are the clinicians and those in the helping professions who usually encounter lesbian and gay youths in crisis or with problems. This view was portrayed in Mike Hippler’s 1986 article in *The Advocate* that vowed in its title to address both the promise and the problem of gay youth. In reality, however, the article was devoted almost entirely to the latter—primarily, it would seem, because the author’s sources were clinicians, counselors, therapists, and youth workers. Although these professionals are beginning the crucial task of offering services to lesbian and gay youth in trouble with parents, the law, and themselves, they are not likely to provide a well-rounded portrait. On the other hand, to be fair, social scientists have provided few other sources from which to draw another perspective.

Perhaps the most frequently quoted and referenced writings on the *problems* of lesbian and gay adolescents have been produced by the staff at the Hetrick-Martin Institute for the Protection of Lesbian and Gay Youth in New York City (e.g., Martin, 1982). A recent

summary of this problem-focused perspective is Emery Hetrick and Damien Martin's (1987) article, "Developmental Issues and Their Resolution for Gay and Lesbian Adolescents." They noted the problems of becoming socially, emotionally, and cognitively isolated:

In these cases, clients often reported feeling separated affectionally and emotionally from all social networks, especially the family. They may feel afraid to show friendship for a friend of the same sex for fear of being misunderstood or giving away their secretly held sexual orientation; they may feel emotionally distanced and isolated from their families because they must be on guard at all times. (p. 31)

Other "presenting problems" included suicide, sexual abuse, drug use, and depression. Over time the adolescent develops coping strategies, but the ones reviewed were primarily maladaptive: learning to hide through deception and self-monitoring, denial of membership, identification with the dominant (heterosexual) group, self-fulfilling negativism, and gender deviance (e.g., cross-dressing). Outcomes frequently included "anxiety, alienation, self-hatred, and demoralization" (p. 41). Not until the last page of the article is there a reference to the fact that homosexually oriented youth may have a positive ("resilience") characteristic; homosexuality does not "invariably lead to unhappiness" (p. 40). Passing through adolescence is not presented as a positive experience for the young gay or lesbian.

This "clinicalization" of adolescence is not unique to the gay and lesbian youth population—it is a battle that is fought on all fronts in mainstream developmental psychology (Savin-Williams, 1987b). The negative, problem-centered approach to gay and lesbian youth, however, distorts our view and is, I believe, an inaccurate portrait.

Gay and lesbian youth are, with increasing frequency, coming out during their adolescence with great portent of positive outcomes. Occasionally this may take a quite visible form. For example, Sloan Chase Wiesen, editor of his prep school newspaper, the *Montclair Kimberley Academy News*, published a full-page edito-

rial, "Mythconceptions About Being Gay," during his senior year in high school. Topics covered included homophobia, coming out, AIDS, stereotypes, resources, and recommended readings. He closed with the following:

There are no men, no women, no gays, no straights; there are only people who should be free to engage in the beautiful and harmless expression of romantic love to whomever they are drawn. Be yourself, whether that means being homosexual, bisexual, or heterosexual. If you are not yet sure what you are, that's fine too. Some people become aware of their sexuality as toddlers, some as pre-teens, some as teenagers, and even some as adults. So don't panic if you are still unsure, but never be afraid or ashamed to explore who you are and to be yourself. The only road to certain unhappiness is to pretend to be who you are not. Whatever your sexuality, you will find many others who are like you. Happy Valentine's Day.

Support groups for lesbian and gay youths have formed in high schools in several urban areas — for example, Chicago, Los Angeles, Minneapolis, and New York — but the rural lesbian and gay adolescent remains isolated.

Findings from my recent research (Savin-Williams, in press) present a perspective of lesbian and gay youths who have, for the most part, positive self-images and who are coping remarkably well in American society. The research does not negate the experiences of Damien Martin and other health care professionals or of the youths who come to them for assistance. But it does present another side of being young and gay/lesbian — a positive and promising period of the life course. I believe that we need to say this loudly and clearly in the pages of our professional journals and in the media, such that our youth and their parents can hear it and believe it.

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