Chapter 3

The Best of Both Worlds

Essentialism, Social Constructionism, and Clinical Practice

Douglas C. Haldeman

My godson, who is a thirteen-year-old soccer superstar, recently dyed his hair platinum blonde. Good as it looks, it caused me to wonder aloud to his mother, who is a developmental psychologist, how we know when adolescence is over. She replied, "When we've separated ourselves enough that we feel safe going back into the stew." Not unlike where we are developmentally in LGB psychology, actually. And though the debate about cultural assimilation has been going for some time now, it has only recently come to the clinical practice of psychology. How secure are we with the cohesiveness of LGB psychology and its contribution to LGB society as a whole? Are we ready to break the mold of tradition in conceptualizing clinical practice, or at least move out of the box?

The discussion of how to conceptualize clinical practice with lesbian, gay, and bisexual clients is in a transition that parallels our evolving understanding of sexual orientation itself. As such, it is an opportune time to examine long-held beliefs and to see where modification of these beliefs can bring clinical practice closer to the needs of an evolving LGB community. Historically, we have seen an essentialist position dominate our thinking with regard to the clinical implications of issues for LGB clients. This position may now be strengthened, and brought closer to the complex realities of sexual orientation, by integrating a social constructionist perspective. After all, if adolescence is indeed the "second autonomy," then we should be able to modify our structures without fearing a loss of cohesion.

Contributions of Essentialism

Most clinicians familiar with the life experiences of lesbian, gay, and bisexual clients are acquainted with essentialist phenomenology as it relates to sexual orientation. I cannot count, in my own experience as a clinician, the number of times I have heard a client say, "From an early age, I *just knew* I was different," when asked to describe the process of coming to awareness of sexual orientation. Similarly, asking a newly out LGB individual at midlife to assess her or his path around sexual orientation often elicits a remark such as "I just could not continue to *live a lie*," as if the recent decision to come out necessarily invalidates all life choices around sociosexual relating that preceded it.

Essentialism is the very cornerstone by which LGB people have defined and protected themselves. The dominant culture, the LGB subculture, and the mental health professions have all reinforced the notions that sexual orientation is an innate, integral aspect of identity, that it is fixed and immutable, and that the primary task of psychotherapy is to facilitate the individual's uncovering of a repressed or denied essence. "I am what I am" has been the party line. Those who deviate from this way of understanding sexual orientation are either being dishonest with themselves or putting themselves at risk to be portrayed as mentally ill by the heterosupremacist fringes of religion and psychoanalysis, clinging to the pathology view of same-sex sexual orientation despite its having been long rejected by all mental health organizations. As a result, writings about sexual orientation from other than an essentialist perspective have been all but absent from the psychological literature (Stein, 1996).

Given the present discussion, it is tempting to do a theoretical about-face and embrace social constructionism as the path to a more complete, thoughtful understanding of the complexities associated with sexual orientation. But, before the bath water is discarded, along with the baby that was once our profession's nascent understanding of sexual orientation, it might first be useful to examine the ways in which essentialism has served a variety of useful purposes.

Organized psychology and psychiatry have been major contributors to the robust, enduring qualitites of the essentialist perspective on sexual orientation. Given that most of the historical literature on sexual orientation was written from a negative essentialist viewpoint, it became important for the organized mental health professions to develop policies that were consonant with the ever-growing database about the psychoso-

cial aspects of lesbian, gay, and bisexual individuals' normative life experiences. The findings of investigators studying any number of variables relative to life adjustment, personal sense of well-being, relationship competence, vocational abilities, and a significant array of other factors have consistently supported the notion that there is no difference based upon sexual orientation per se that confers a pathological or otherwise compromised way of being in the world. Quite the opposite: for those who are able to come to terms with themselves, the overall level of psychological adjustment seems to be improved. Finally, those studies that have attempted to impute pathological status to same-sex sexual orientation have been debunked on methodological grounds (Gonsiorek, 1991). Negative essentialist views of lesbian, gay, and bisexual individuals persist, of course, and probably will for as long as homonegativity is culturally sanctioned. But they are unsupported by any reliable evidence and are advocated by those residing in the fringe regions of social science, as well as the fundamentalist sectors of Christianity.

The essentialist perspective of sexual orientation has, first and foremost, insulated many lesbian, gay, and bisexual individuals from the sting and burden of society's stigmatization of same-sex affectional and erotic attraction. Whether or not the individual so impacted is in psychotherapy, there is no better antidote for the internalized toxicity of arbitrary homonegativity than the knowledge that, for reasons yet unclear, some individuals are *by nature* drawn to members of their own sex and that such attachments are normal. This position is bolstered by sociohistorical and anthropological observations, which show that homosexuality occurs across cultures, species, and throughout history (Weinrich & Williams, 1991). Whether such realizations develop for the individual gradually or occur all at once, they invariably soothe the wounds of a disapproving world and enhance the individual's emerging sense of self as lesbian, gay, or bisexual.

The essentialist perspective also offers an automatic means by which the therapist may explain a lifetime of hurt and thus offer a path to salvation: namely, self-identification as lesbian, gay, or bisexual and ultimate connection with the LGB community. Unitary explanations for complex phenomena have always had a certain appeal to psychotherapists. Witness the codependency and Adult Children of Alcoholics movements of the 1980s: in this case, the family dynamic and its attendant psychoemotional consequences became the lens through which a whole generation of psychotherapy clients was viewed. Suddenly, what

had been ambiguous had an external refernce point, a *cause*. The value of such a unitary phenomenon is significant; it offers a rational explanation for what appears to be and reduces the anxiety (for both therapist and client) that comes with ambiguity and uncertainty.

The essentialist perspective has had a significant impact upon the manner in which we train clinicians and offer guidance to established practitioners. In my capacity as the resident resource on LGB issues in psychotherapy for the interns at a local university, I typically began every training session with an explanation of the concept of sexual orientation and discussed ways to assist clients in understanding theirs. As our understanding of the construct of sexual orientation changed through the years, this part of the lecture became longer and more complicated, as more factors had to be taken into account. Finally, I arrived at the point where I wondered if helping a client self-categorize with respect to sexual orientation—even if the categories were themselves elaborately constructed, allowing plenty of room for individual variation—was the primary goal or if the goal should instead be to help clients understand their own experiences and then to develop personal phenomenologies that fit that understanding.

For the lesbian, gay, and bisexual communities, the essentialist view of sexual orientation has served as the organizational cornerstone. That what we experience as LGB individuals is normative for a minority, and that it comes about as likely the result of innate factors, has been unassailable truth to the LGB movements. Considering that sexual orientation may be motivated by conscious choice approaches heresy and leaves us vulnerable to the attacks of those in our society who would sanction discrimination based upon sexual orientation. As has been pointed out in chapter 1, the death of the "antigay discrimination" legislative movement, which amounted to little more than the attempt legally to codify religious prejudice but that required an extraordinary amount of resources to fight nonetheless, is a direct result of the U.S. Supreme Court's finding that "sexual orientation" does refer to discrete categories, likely based upon intrinsic factors.

The essentialist perspective has significant implications for how LGB individuals are viewed by the dominant society. We are a culture whose tolerance for ambiguity and complexity is low. When it comes to explanations for complicated phenomena, we like our rationales to be simple and linear. To suggest that sexual orientation may be experienced by most people as internally driven but that it may be more fluid for others

takes the construct out of the domain of dichotomies and makes it more difficult to understand and describe succinctly. In a culture that values fast food, rapid pain relief, and instantaneous transmission of information, the complexities associated with a multifaceted method of explaining sexual orientation may be overwhelming. As a result, the recent past has seen the proliferation of studies that attempted to find biogenetic evidence to prove the physiological predisposition to or the determinants of sexual orientation. It seems that many would welcome a conclusive etiologic explanation for same-sex sexual orientation; LGB individuals and their parents could all breathe a collective sigh of relief, knowing that no one did anything "wrong"—it just happened.

Studying the causes of lesbian, gay, and bisexual orientations, however, reinforces the incorrect assumption that there is something wrong with them in the first place. Does it really make a difference, even if it were possible to discover a physiological basis? Doesn't this search for a biological "cause" open the door to a biological "cure"? How about putting an equivalent amount of effort into determining the causes of bigotry, which seems to be the primary problem affecting LGB individuals?

Were we to abandon the essentialist view of sexual orientation altogether, would we not risk making ourselves vulnerable to those just waiting to say, "See, we told you it was a choice; now we can help them choose differently or at the very least deny them the *special rights* they have been seeking." This is a social policy issue, which carries a significant impact on lesbian, gay, and bisexual psychotherapy clients and their therapists. The very term "choice," when applied to LGB individuals, demeans and trivializes what we have construed as a core aspect of our identities. We think of choices in terms of what we will have for dinner, where we will go on vacation—not whom we will love or how we will experience ourselves doing it. For those whose experience of sexual orientation truly matches the essentialist model, the suggestion that sexual orientation may be chosen adds insult to the injury of social stigmatization.

It cannot be denied that there is a large number of LGB clients in psychotherapy for whom an essentialist perspective is useful. For the client who is unambivalent about her or his sexual orientation and has been waiting only for the "reparenting" experience of psychotherapy to offer support and permission for the exploration of what has been identified as "the true self," essentialist theory is probably a sufficent paradigm. But, coming to terms with sexual orientation is often not so straightforward.

Many clients present with ambivalence about their experiences of attraction or describe instances in which their life choices are at odds with their sexual phenomenology, thus creating dilemmas for which there are no easy answers. Therapists do clients a disservice by offering an uncritical, knee-jerk response to any number of issues, from the request to change sexual orientation to the gay man who is heterosexually married and needs support in deciding whether to remain so.

Clinical and Cultural Dilemmas

The essentialist perspective, then, has served the needs of a developing LGB culture and its psychology. Further, its fundamental assumption—that there is a core, intrinsic component of identity, namely same-sex erotic and affectional attraction, that waits to be unearthed after having been buried under the internalization of antigay social proscription—is highly consonant with the phenomenology of many, if not most, individuals who ultimately self-identify as lesbian, gay, or bisexual. Most of the guidance offered to practitioners from a gay-affirmative perspective recommends taking into account a number of therapeutic axioms relative to the normative life experiences of LGB individuals and the effects of stigma upon the psyche, *as if* sexual orientation in and of itself were an independently quantifiable construct (Garnets et al., 1991). Essentialist theory has been useful in two ways. First, the education of practitioners about the true "nature" of lesbians, gay men, and bisexuals and their life experiences has been a central element to the practice of LGB-affirmative psychotherapy. Second, a "positive" essentialism has been needed to counteract the "negative" essentialism so prevalent in psychological history and still present in our sociocultural milieu.

From a clinical perspective, the essentialist position offers a great deal of knowledge, from an ever-expanding database, about what same-sex orientation really *is*. The APA's 1991 survey on bias in psychotherapy with lesbian and gay clients is the only random sample to date of practitioners' experiences in work with lesbian and gay clients. This study revealed a wide range of attitudes and beliefs about sexual orientation. The themes from this study have formed the basis of an ongoing project to develop practice guidelines for psychotherapy with lesbian, gay, and bisexual clients. The survey itself suggested that there was a sizable number of practitioners who still considered homosexuality to be a mental illness

and who would be likely to attribute any client issues to the client's sexual orientation, regardless of the evidence. Further, some survey participants demonstrated an insensitivity to the potentially harmful effects of social stigma and its concomitant potential to cause emotional distress. Last, many respondents acknowledged a lack of awareness about the normative life experiences of lesbian, gay, and bisexual people and the special challenges many of them face. For instance, LGB people of color are often doubly stigmatized, in their communities of color and in the LGB community itself. The particular challenges faced by LGB and questioning youth, and their families of origin, need to be considered by the therapist who wishes to practice in a competent manner with these populations. Finally, the definition and structure of the LGB individual's chosen family and the importance he or she ascribes to the LGB community are factors the clinician should consider.

Perhaps the most visible function of the gay-affirmative essentialist perspective has been the neutralizing of the homonegative essentialist position. The rise of a gay-affirmative psychotherapy in the early 1980s has predictably sparked a homonegative coalition of mental health professionals and religious groups who cling to the hope that they can advance an agenda proving that homosexuality is indeed a mental disorder. The inherent fallacies of this position have been debated elsewhere (Gonsiorek, 1991; Haldeman, 1994). Nevertheless, the persistence of so-called reparative therapists highlights the essentialist position at its worst: that a client who is distressed about his or her sexual orientation may be met with an automatic response from a therapist who attempts to change the client's sexual orientation. The therapist in such a case fails adequately to examine the underlying reasons for the client's request because the request fits neatly into the therapist's preconceived notion that same-sex sexual orientation is a form of mental illness, rooted in arrested psychosexual development. Such antiquated theories are buttressed by the likes of Joseph Nicolosi, who contends that gay men cannot be participants in healthy relationships (Nicolosi, 1991), and Charles Socarides, who holds up the example of Jeffrey Dahmer as representative of gay men in general (Socarides, 1995). Such statements are designed to frighten and inflame rather than educate, but, judging from the ongoing market for conversion therapy they have managed to create, they achieve a certain measure of success.

Because of its relative simplicity and its linear nature, however, therapists who rely solely on the essentialist model may be inclined to certain

limitations. These limitations may be characterized as an uncritcal examination of the meanings that people attach to sexual orientation in their lives and the import of these meanings as they relate to major life decisions and events, as well as an inability to appreciate what some experience as the complex and fluid nature of sexual orientation itself.

Acknowledging that sexual orientation is other than fixed and immutable opens a veritable Pandora's box. The word "fluidity," when used in conjunction with sexual orientation, is typically pounced upon by those who harbor an essentialist antigay perspective (i.e., practitioners of sexual orientation conversion therapy or members of religious fundamentalist self-help groups). In their rush to distort the complexities of the discussion to serve their own political goals, advocates of so-called reparative treatments for homosexuality infer from any discussion of "fluidity" that, indeed, sexual orientation is chosen and therefore changeable. This reductionist misinterpretation has been used to persuade conflicted individuals to pursue conversion therapies, as well as to argue in the public arena that gay men and lesbians are undeserving of legal protection from discrimination, or "special rights," as the sound bite goes. This incorrectly diverts the argument from what it is really about, namely an institutionalization of prejudice and stigma on religious and trumped-up psychological grounds and attempts to lay the discussion at the doorstep of "choice."

This argument is a complicated one for professionals; for the voting public, it is nearly impenetrable. If we acknowledge that sexual orientation can be, in some instances, a "choice," then how do we protect ourselves from those who assert that it must be like gender or skin color in order to qualify for protection against discrimination? Perhaps sexual orientation does not need to be seen as parallel in immutability to gender and race in order to be viewed as legitimate. The foundation of the arguments against same-sex sexual orientation are, after all, rooted in social stigma. As social distance between the dominant culture and LGB individuals continues to diminish, it is less likely that LGB individuals will have to demonstrate that "I can't help it; I was born this way" before being accorded the same civil rights as others.

While this is a conversation more properly located in our examination of sexual orientation and social policy, its effects upon clinical practice are profound. During an unsuccessful campaign on the part of an antigay rights group in Washington State several years ago, I saw a number of patients who complained of anxiety and depression directly related to

the election. Many clients lost sleep wondering, "How could I continue to live in harmony with my nongay neighbors if I thought that they could vote against my having protection from discrimination?" The politics associated with these antigay essentialist theories have given rise to a peculiar sort of heterophobia, in which the dominant culture is cast as a generalized, potentially aversive agent. Small wonder, then, that we have been slow to consider other than essentialist perspectives relative to sexual orientation: there is simply too much at stake. To abandon our essentialist roots, particularly in the absence of any compelling biological data about the etiology of same-sex sexual orientation, sends us into an existential free fall. If we construe sexual orientation as complex and variable from individual to individual, we open ourselves up to a host of difficult questions.

Social Constructionism and Psychotherapy

The primary risk an essentialist perspective poses to the clinician is the development of an a priori agenda for the client, regardless of the implications for such an agenda in the client's life. A strict essentialist point of view would dictate that there is one "right" path for the individual and that the therapist's job is to set the client on it. Conversion therapists have long been the recipients of the justifiable criticism that their programs, which offer an automatic and uncritical response to the unhappy and confused gay client, ignore what is known about sexual orientation, as well the multitude of social introjects that could cause individuals to be uncomfortable about their sexual orientation. Likewise, however, the gay-affirmative therapist who dons a cheerleader's uniform for every ambivalent LGB client who seeks help may be missing some critically important and highly individual pieces of existential information.

For instance, what of the heterosexually married but gay-identified individual who comes to therapy seeking to resolve the fact that his emerging sense of identity does not fit with the life choices he has made? In this case, the therapist who offers uncritical encouragement for the client simply to "come out" and start leading a life that is congruent with his experience of self is as guilty of agenda-based treatment as is the conversion therapist. Essentialist thinking has encouraged some therapists, whether consciously or not, to develop agendas about people's lives. And,

while the agendas may be determined by a client's declaration of identity, they may not necessarily be in the client's best interest.

Let us return to the example of Steve from chapter 2. Purely essentialist conceptualization, assuming that Steve were relatively unambivalent about his emerging sense of sexuality, might suggest that the therapist's task is to assist Steve in uncovering his "true self" and ultimately living his life in accordance with this. This would likely mean that Steve would leave his family and start to live as an openly gay man, since such a life would be congruent with the manner in which he experiences his identity.

Social constructionism, however, complicates the process for Steve by requiring not only that he identify himself but that he also assign meanings to various aspects of identity and, if necessary, prioritize them. Therefore, this heterosexually married man's self-identification as gay does not necessarily lead to the conclusion that he should now leave his family. It is up to Steve to decide, with the therapist's assistance, what the relative meanings are of the seemingly contradictory roles of husband, father, and gay man. Steve may well arrive at the same conclusion on his own that the essentialist therapist would have imagined for him from the outset: that the chronically repressed homoerotic feelings, once awakened, now have assumed primary focus in the identity hierarchy and that he must, *at this time*, live as a gay man. I stress the temporal nature of this decision given that very little is carved in stone in our lives; the changes brought about by human growth and development require flexibility and the acknowledgment that whatever changes are instituted may not be permanent. Alternatively, it may be that Steve's sense of responsibility and loyalty to his family, and/or his own identification with the roles of husband and father, supersede whatever need or interest he may experience in living as a gay man. He may therefore choose to remain in his marriage, given his wife's willingness, either for a period of time or indefinitely.

How, then, is Steve to be perceived by the world around him? The negative essentialist would likely describe Steve as a "heterosexual man who has overcome his homosexual impulses," while the positive essentialist would characterize Steve as a gay man who has chosen to remain in his marriage. These assumptions may be irrelevant to Steve's experience of himself. Such a self-description may not be available to the outside world, or, if it is, it may not fit within any preconstrued models of sexual orientation.

Our role as therapists is not to predetermine treatment goals on the basis of our understanding of the client's essence but to assist people in making choices congruent with the meanings and values that they have assigned to their experiences of identity. Toward that end, there needs to be a greater inclusion of social constructionism in the discussion about sexual orientation. Stein points out:

> The virtual exclusion of much of the social constructionist argument from the biomedical sciences and the mental health field reinforces an intellectual position of unreflective adherence to essentialist assumptions. (1996, p. 96)

As a result, there are few references in the literature to this debate as it applies to the psychotherapeutic treatment of lesbian, gay, and bisexual clients. Schippers (1989) describes an integration of the social constructionist perspective into psychotherapy. His approach calls for an existential inquiry into the client's personal meanings associated with homosexuality, as well as the meanings associated with coming out and the different ways through which the client's sense of same-sex sexual orientation might be expressed.

In his synthesis of essentialist and social constructionist views, Stein (1996) suggests conceptual applications for psychotherapy that combine elements of both theoretical approaches. He considers a series of dimensions that represent polar extremes of both theoretical positions, such as the universality/particularity, innate/constructed, fixed/mutable, and determined/chosen aspects of sexual orientation. Ultimately, Stein concludes that the clinician will invariably draw from both essentialist and social constructionist positions in approaching evaluation and treatment. The clinician develops a sensitivity to the individual's experience, which is the guiding principle in determining the relative mix of essentialism to social constructionism in the treatment. Above all, notes Stein, "the individual cannot be viewed as a psychological battlefield on which warring theories fight for ascendance" (Stein, 1996, p. 93).

In 1997, the American Psychological Association adopted a resolution intended to guide practice and inform the public with respect to the practice of sexual orientation conversion therapy. Titled "Appropriate Therapeutic Responses to Sexual Orientation" (APA, 1997), the resolution neither advocates nor forbids any particular type of treatment but calls upon all who treat LGB clients to be mindful of a number of ethical principles applicable to clinical work with these populations. The

resolution encourages a spirit of inquiry, rather than of judgement, and strongly reinforces the message that portrayals of lesbian, gay, and bisexual individuals as mentally ill because of their sexual orientation are to be rejected. In reminding practitioners that their treatments need to be free of discriminatory, unscientific biases, it issues a sobering warning to all who would operate from a negative-essentialist perspective: such practice is ethically questionable. This recognition can be expanded to include all who operate from a uniquely essentialist basis, regardless of their position on same-sex sexual orientation; the client's rights to self-determination need to be protected. When a therapist possesses an agenda in any direction, these rights are compromised.

The foregoing calls for an expanded discussion on the implications of integrating essentialist and social constructive perspectives in psychotherapy. Strictly essentialist approaches are likely to fail the therapist who seeks to locate sexual orientation in the individual client's phenomenology and sociocontext. Bringing a social constructionist perspective does not mean viewing the client's intrinsic experience of sexual orientation with skepticism, but it does mean refraining from using a "one size fits all" sexual orientation template. The assumptions we harbor about normative behavior need to be held in juxtaposition with clients' own assessments of what the experience of sexual orientation means in their lives, and what implications these meanings have for how those lives are lived. Frequently, it is only through thoughtful questioning and an openness to a number of outcomes that therapists are able to assist clients in coming to terms with what sexual orientation means in their lives.

Conclusion

The essentialist perspective in psychotherapy has provided firm grounding for the development of psychological understanding of sexual orientation. It is not to be dismissed, but it has too long been the unitary voice in psychological theory. LGB psychology is now solidly enough developed that it does not need the rigid structure of essentialism and can open itself up to complementary perspectives.

Social constructionism has long been absent from the discussion, in part because it was seen as jeopardizing the very underpinnings of LGB psychology. In addition, social constructionism requires that we not only tolerate ambiguity but embrace it—often a truly uncomfortable situa-

tion. Social constructionism creates chaos and mess where once there were neat categories; it derails simple, unitary explanations; it forces us to admit that the same choices we might make in our own lives would not necessarily be the choices of other, similarly constituted people. There is much about social constructionism one might wish to avoid. It makes our sacred cows secular, our safe spaces vulnerable, and our assumptions questionable. Yet, it is a perspective that is closer to reality. And therein lies its clinical utility: many, if not most lives, defy simple explanations. To use explanatory overlays in the service of reducing anxiety may provide symptomatic relief, but it ignores the complexity that really exists in most lives and deprives clients of employing their own meanings in order to accept, and live with, the ambiguity associated with them.

REFERENCES

American Psychological Association. (1991) *Bias in psychotherapy with lesbians and gay men*. Washington, DC: American Psychological Association.

American Psychological Association. (1997). Minutes from the Council of Representatives, August 1997.

Davison, G. (1991). Constructionism and morality in therapy for homosexuality. In J. Gonsiorek & J. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 137–148) Newbury Park, CA; Sage.

Garnets, L., Hancock, K., Cochran, S., Goodchilds, J., & Peplau, L. (1991, September). Issues in psychotherapy with lesbians and gay men: A survey of psychologists. *American Psychologist*, *46*(9), 964–972.

Gonsiorek, J. (1991). The empirical basis for the demise of the illness model of homosexuality. In J. Gonsiorke & J. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 115–136). Newbury Park, CA: Sage.

Haldeman, D. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Consulting and Clinical Psychology*, *62*(2), 221–227.

Nicolosi, J. (1991). *Reparative therapy for male homosexuality*. Northvale, NJ: Jason Aronson.

Schippers, J. (1989). Homosexual identity, essentialism and constructionism. In D. Altman, C. Vance, M. Vicenus, & J. Weeks (Eds.), *Homosexuality, which homosexuality*? (pp. 13–34). London: GMP Publishers.

Socarides, C. (1995). *Homosexuality: A freedom too far*. Phoenix, AZ: Adam Margrave.

Stein, T. (1996). The essentialist/social constructionist debate about homosexuality and its relevance for psychotherapy. In T. Stein & R. Cabaj (Eds.),

Textbook of homosexuality and mental health (pp. 83–99). Washington DC: American Psychiatric Press.

Weinrich, J., & Williams, W. (1991). Strange customs, familiar lives: Homosexualities in other cultures. In J. Gonsiorek & J. Weinrich (Eds.), *Homosexuality: Research issues for public policy* (pp. 44–59). Newbury Park, CA: Sage.