

PART II

CHAPTER 7

METHODOLOGICAL CONSIDERATIONS OF THE STUDY

Lee offers a pertinent description of research in the social sciences, with particular emphasis on the clinical component of such research.

Social science has gained and will continue to do so from many types of contribution by social scientists of various sorts, but it stands to grow most substantially from clinical study. This type of study is the concerned, objective, intimate, continuing and thoughtful observation and critical evaluation, and absorption into evolving theory of spontaneous social responses to corrective or manipulative efforts. A given effort is justified in many ways. Justifications, responses, and all other observable aspects of such study becomes basic data for its pursuit. Only clinical situations thought by participants to involve social issues important to them are likely to yield significant contributions to social science.

(Lee, 1966: 330-331)

Research into homosexual behaviour has gathered increasing momentum since Weideman (1974) commented on a published annotated bibliography revealing 1,265 titles of publications on homosexuality appearing in the English language between 1940 and 1968. Three journals devoted exclusively to research on human sexuality in the United States currently exist. They are: Archives of Sexual Behaviour, Journal of Homosexuality, and the Journal of Sex Research. A more recent survey, with 1969 as its starting point, of 1,160 unduplicated titles from 47 scientific

journals (including the above-mentioned journals) and planned to coincide with the beginnings of the Gay Liberation movement, was undertaken by Shively, Jones and De Cecco (1984). (The researchers did, however, incorporate major references that pre-date 1969.) The purpose of their research was twofold: firstly to investigate the consistency of definitions of sexual orientation, and secondly to determine how research subjects were identified and selected. An examination of concept and operation formed part of their research mandate.

Two hundred and twenty eight selected articles were ultimately scientifically scrutinized, the studies being classified according to the type of general methodology used. The field studies numbered 85 (37.3%), 65 (28.5%) were psychometric studies, 33(14.5%) were bio-medical studies, 27 (11.8%) were clinical studies involving patient populations, 9 (3.9%) were physiological studies (responses to sexual stimuli), 5 (2.2%) were applied theoretical studies, and 4 (1.8%) were experimental studies using control groups.

The major findings to emerge from the impressive work of Shively, Jones and De Cecco are given below:

1. Sexual orientation was conceptually defined in 28 (12.3%) of the studies and operationally defined in 168 (73.7%) of the studies.

2. Physical sexual activity was the definitional element appearing in 50% of the studies. Affectional fantasies, close relationship arousal, and erotic preference appeared about half as frequently.
3. The majority of studies traced respondents through homosexual organisations and homosexual friendship networks (50.2%).
4. 81.6% of the studies, in deciding which persons to include, made no independent assessment of their respondents' sexual orientation (Shively, Jones and De Cecco, 1984: 128-130).

The major concern for these three authors emanating from their research was that sexual orientation was treated as if it was a perceptible, unitary phenomenon (*ibid*: 134). Thus sexual orientation and sexual identity were perceived primarily in terms of the biological sex of the sexual partner(s) that the individual chose. These authors however point out that sexual orientation and sexual identity should be extended into the notion of relationships as well. Interaction within a variety of social relationships must be taken into account, as should fantasy, sub-culture, and so on. In other words, sexual identity extends far beyond the actual physical sexual act.

Shively, Jones and De Cecco make a fundamental point which is seminal to research, and which has implications for the

present research. They state that "the conceptual jumble apparent in the research on sexual orientation cannot, we believe, be resolved with greater methodological rigour. It is symptomatic of an underlying confusion" (Shively, Jones and De Cecco, 1984: 134).

In attempting to identify this underlying confusion, the three authors suggest that sexual identity and sexual orientation are neither unitary nor mutually exclusive. Both concepts merge in sexual relationships. Research should therefore, both conceptually and operationally, address the same-sex relationship pattern. The writer, whilst accepting this in principle, believes homosexual interactions to be too disparate and too varied to encompass relationship variables only. Operational definitions of homosexuality also need to include the following:

- (a) the symbolic and fantasy nature of homosexual expression
- (b) the internal frame of reference of the homosexual person
- (c) the interaction of the person within homosexual networks
- (d) the emotional responses to homosexuality
- (e) the sexual responses to homosexuality
- (f) the combined psycho-sexual response
- (g) the political identity of homosexuals which may or may not include relationships

- (h) the "celibate" homosexual (linked to the symbolic)
- (i) fringe homosexuality
- (j) a relationship with the self.

Homosexual identity, be it a sexual interaction or a description placing individuals within existing categories of sexual expression -- from bisexuality to identification with gay liberation -- cannot be regarded as nominalist or unitary. Several ingredients go to make up an identity (as Chapter 2 has made clear).

It is thus apparent that the focus of research into homosexuality has changed. The pre-seventies period sought to explain homosexual behaviour along the lines of congenital and psychological pathology. In the post-seventies, homosexuality has been examined through the social microscope. Gay identity appeared as a political discourse of sexual alternative behaviour, a gay collective syndrome. Idiosyncratic sets of individual opinions could not be studied on their own, but had to be seen in relation to a basic understanding of the socio-cultural manifestations of sexual identity. Homosexual behaviour is not necessarily dependent on sexual conduct. It can also include non-sexual areas of awareness, such as consciousness on the part of homosexuals that they constitute a minority, that sexual expression has a symbolic content (manifest in gender values which are constantly under attack or in a

state of flux) and that they actually belong to, or belong on the periphery of, a gay sub-culture.

The writer believes that sexual identity is extended into the realm of sub-culture as well. Sub-culture creates the channels through which identity is expressed, and identity is in turn influenced by sub-cultural impact.

DESCRIPTION OF THE SURVEY

BACKGROUND

Research precedents in South Africa regarding homosexuality are few. Previous studies have been mainly descriptive, or sought to determine causative factors in homosexual behaviour. Attitudes in South Africa towards homosexuality remain circumspect and ambivalent. Some exceptions may be found in articles of foresight and hope (Helm, 1973; Isaacs, 1979a, 1979b; Joubert, 1985; Liddicoat, 1961; Miller, 1983; Petropoulos, 1986; Strydom, 1972; Weber, 1975). But on the other hand one could hardly find greater misconception and underlying homophobia than in a psychiatric text written by a professor of psychiatry. He listed homosexuality among sexual deviations and perversions, and refers to homosexuality as a "condition" (Gillis, 1985: 107), contrary to informed scientific opinion.

Until recently, funding of research into homosexuality has been minimal, but this has now partially been rectified by the Human Science Research Council's papers on homosexuality. Innovative and interpretative research, however, remains sorely lacking. Within an atmosphere of legal proscription and severe public and governmental criticism, research into homosexuality has not flourished. Books on the subject continue to be banned by the Censorship Board, and some academic libraries have either a "selected" array of books, or still "closet" their books in brown paper or in a hidden corner of the library. Gay publications, a contribution to the gay liberation movement, are not legally distributable in South Africa. Certain copies of *Exit*, a South African gay periodical, have been banned, and present and future numbers can only be distributed if they are free of charge to the membership of GASA or gratis at selected bookseller outlets.

Unlike the USA, where the National Gay Task Force can serve as a "watchdog" over homosexual issues (such as attempting to intervene in Cuba's anti-homosexual measures, or creating an international forum in Holland for representatives of Castro's regime to comment on their country's attitudes towards sexual minority issues)⁽¹⁾, South Africa lags way behind.

Homophobia, including misconceptions pertaining to homosexuality within the gay collective, are still manifest

in research paradigms. Heeding the observations of Shively and associates (1984), as stated above, the writer can only endorse their findings -- that it is not principally methodology that is the problem, but rather the underlying confusion that exists, when seeking or exposing truths about homosexual behaviour.

Before beginning his actual survey, the writer was faced with many perplexing sets of circumstances. Among these was criticism levelled by senior academics that to embark on a further study of homosexuality (ie in continuance of the work done for a Master's Degree) was "overspecialising" and not conducive to academic growth. Further, the nature of the research, ie an examination of the process of homosexual growth and the concomitant features of crisis was an area as yet little explored. Precedents, both supportive or critical, were absent. The field lay virtually fallow, in a situation in which external support was noticeably absent.

However, a continual stream of clients experiencing crises related to aspects of their homosexuality, plus the perceptions of homosexual responses to both the sub-culture and the advent of AIDS as a community scare during 1983, reinforced the writer's professional determination to continue with the study. Following research guidelines offered by Isaac and Michael (1977), the outcome of the writer's research deliberations are described hereunder.

STATEMENT OF THE PROBLEM

Homosexuality is perceived to be an ongoing process of establishing an identity. The identity does not derive from sexual conduct only but includes identification (or the lack thereof) with the gay sub-culture and its various facets. Furthermore, identity growth is not synonymous with the gay argot expression of "coming out". Coming out (owning to aspects of the identity) is merely one feature of identity acquisition. The phases or stages of homosexual identity are influenced by a crisis profile. This crisis may be experienced as a negative OR a growth-promoting experience.

The major objective in the survey that the author undertook, and which will now be reported upon, was to establish whether or not the respondents were able to identify their homosexual growth, or parts thereof, as being influenced by a crisis. A further objective was to gauge their impressions of sexual identity from a developmental perspective, by eliciting retrospective responses pertaining to their perceptions (and experiences) of same-sex attraction.

The conceptual theme underpinning the survey is that homosexual identity development is an ongoing process, dependent upon successful completion of demarcated stages in the transition of life crises. Some homosexually-determined behaviour is highly influenced by a crisis phenomenon. In

operational terms, the crisis may be experienced as an individual response to an external threat; or a collective response to an external threat (eg AIDS, legal reform).

DELIMITATION OF THE PROBLEM AREA

Although this might be regarded as a limitation of the study by some, the literature that was selected for study by the writer excluded studies that were mainly devoted to:

- (a) attempts to justify homophobia (eg Kronemeyer, 1980)
- (b) outdated research paradigms based on orthodox psychoanalytic interpretations (eg Bell, 1965)
- (c) repetitive information based on biased samples, and subjective interpretations (eg Saul and Beck, 1961).

NOTE: Certain literature was unobtainable because it was banned in South Africa. The political position of South Africa furthermore meant that the writer was refused access (by some Universities in the USA) to certain references and articles. This was in consequence of the general academic boycott of South Africa.

Computer scans of the literature isolating crisis and homosexuality, as well as bibliographical scans of crisis literature, revealed minimal correlation in research between the homosexual developmental pattern and crisis. Of

relevance was literature dealing with the episode of "coming out", gay oppression, and generalised homophobia. Aspects of crisis have been examined according to the outmoded model of homosexual panic and pseudo-homosexual anxiety, before those terms were removed from the DSM-III and replaced with "ego-dystonic homosexuality" which refers to anxiety as a result of homosexual dissonance. Although, as was said above, research paradigms based on orthodox psychoanalytic interpretations were in the main excluded from this study, literature from this field dealing with cause, psychiatric manifestations, and psychotic classifications was referred to when relevant.

DEVELOPING AN APPROPRIATE THEORETICAL FRAMEWORK

The theoretical framework of the survey has been derived from the research studies referred to in the present work. This framework reflects the interlocking of crisis identification as chiefly expounded by Golan (1978) with the developmental model of homosexuality put forward by the writer. Although the developmental model is based on assumptions expounded by authors such as those referred to in Chapter 2, the model is deemed to be original in the sense that it evaluates the assumptions of such authors and relates them to the theory of crisis intervention. Thus the model of identity development cannot be examined out of context of the crisis model.

STATEMENT OF OBJECTIVES

This research is of an exploratory-descriptive kind, based on an accumulation of serendipitous events (Lee, 1966; McWhirter and Mattison, 1984). Thus a statement of objectives is offered as opposed to hypotheses. The objectives are explained below.

The study sought to examine the seven suppositions listed below:

1. Homosexual identity development is a complex and ongoing process. Homosexual unfolding is experienced in varying degrees and at different stages during the life space of an individual. It is never a definitive event that suddenly occurs.
2. Identity development is influenced by the presence (or absence) of crises. These crises are normal episodes, but also have the potential to reflect pathogenic behaviour.
3. Identity development takes place via a series of cumulative incidents -- which have cerebral and behavioural components. If one or more of the situations (incidents) are not successfully negotiated; the residual components of that incident can manifest at later stages and retard or accelerate the identity process.

4. "Coming out" is not synonymous with homosexual identity development, but is only a part of it. (Coming out is the accepted vernacular phrase to describe a sequence of events which facilitate the individual's sense of discovery.)
 5. Homosexual identity development begins at an early age, becomes definable at puberty, and, in taking its course, is dependent upon levels of culture assimilation or rejection.
 6. The homosexual sub-culture, which is influenced by a tradition of sub-cultural forms of expression and behaviour, is a DOUBLE BIND. It metaphorically procreates homosexuality, whilst at the same time binding a homosexual individual to a marginal culture. The gay sub-culture has an allegiance to its own survival, and indirectly fosters gay self-oppression.
 7. AIDS and the AIDS-related complex have direct bearing on the process of identity development and co-exist within a crisis ethos.
- Three further factors have direct bearing on the study, and are described as secondary objectives of the research. They are:

(a) Alternative or fringe cultures, that are not necessarily gay, but subscribe to the gay mystique, are regarded by gay persons as usurpers of their territory.

Such groups of persons are perceived as a threat to the exclusivity of homosexual behaviour.

- (b) Bisexuality, which has direct bearing upon (a) above, is still regarded by the gay collective as a step-sister to homosexuality. Bisexuality may sometimes be interpreted as a testing-out phase (or period) in acquiring a consolidated identity. It has implications for identity development within the sub-culture. A suggestion that one is bisexual makes it more difficult to be accepted within the homosexual sub-culture. Homosexuals in general do not really trust bisexuals and fear betrayal by them.
- (c) The rise of the gay movement(s) in South Africa has given cause for concern. Although they might symbolically represent homosexual or gay aspirations, the structure and philosophy of these organisations has created splits in the gay collective. A current concern is which should receive priority: gay rights or human rights?

DEFINITION OF TERMS

The reader is referred to Chapter 1 for the operational definition of the following terms:

- (a) crisis
- (b) coming out
- (c) homosexuality
- (d) gay
- (e) gay community
- (f) sub-culture.

DESIGN AND METHODOLOGICAL PROCEDURES

The scope of the field research the writer undertook incorporates descriptive, case study, and field survey methods. Descriptive research has as its basis the systematic description of the facts and characteristics of a given population, or area of interest. Case and field survey research facilitates the study of the background, current status, and environmental interactions of a given social unit, an individual, group, institution, or community (Isaac and Michael, 1977: 18-21).

In the present study, the major characteristic of these approaches is the accumulation of a data base that is purely descriptive -- not necessarily seeking or explaining cause-effect relationships or formulating and testing hypotheses. According to Isaac and Michael, (*ibid*: 20), the scope of the study may encompass an entire life cycle or only a selected

segment. Grinnell (1981) draws a distinction between a descriptive study and an exploratory study, (the present research has some exploratory characteristics), by saying that a descriptive study aims at securing data about an entire population, usually by studying a random sample of cases that will permit systematic and quantitative analysis (inference) about the larger population. The case study, on the other hand, is characterised by flexible and open-ended techniques of data collection and analysis. It is furthermore comprehensive in that it focuses on many aspects of the case situation under examination (Grinnell, 1981: 298-299, 302).

Although the descriptive approach and the case and field study methods are the main means of data collection, the format of the research is an attempt at triangulation, which is the systematic use of different research methods to increase the reliability and the validity of the study (Normann, 1983: 25).

An overall theme of serendipity (Lee, 1968; McWhirter and Mattison, 1984; Robertson, 1986), governs the structure of the thesis. Events or phenomena that were unanticipated, such as AIDS, and new developments in the Gay Organisation of South Africa (GASA) called for spontaneous inclusion of material.

Within the context of the descriptive and case study paradigms, the following methods of data collection were used by the writer:

1. A pilot study based on a structured questionnaire used in personal interviews with ten persons
2. The use of clinical case material extracted from the writer's professional case records
3. Participant observation within the gay sub-culture (Ramos, 1981; Berger, 1982a; Hayes, 1981a; Warren, 1977)
4. A thematic analysis of a sample of newspaper articles (105 in all) covering a given period (1972-1987), (see Appendix 8). These articles reported on homosexual issues such as legal considerations, public attitudes, opinions of religiously concerned persons, and gay-social issues
5. The use of a structured questionnaire, mail-delivered, to examine the concept of crisis and gay identity, with special reference to identity growth, sub-cultural factors, and the response to a formal gay organisation in Cape Town. The questionnaire and the case analyses refer to persons in the Western Cape only. The writer makes no claim whatsoever to analyse or portray the homosexual population(s) of South Africa.

THE RESEARCH PROCESS

A pilot study, using a questionnaire comprising 20 closed questions (with open-ended commentary), was conducted with a group of 10 persons. These were the first 10 to volunteer themselves as respondents after the writer had made it known, through a local homosexual network, that he would like to make contact with persons who would be prepared to be interviewed in his pilot study. None of the ten persons were members of GASA 60-10, and there was thus no chance of the same individuals being included in both the pilot and the substantive study. The results of the pilot study indicated that operational definitions of crisis and homosexuality were necessary to reduce the ambiguity of key words or phrases. The questionnaire was shortened to deal specifically with crisis.

A major research problem to confront the writer was the nature and strategy of sampling. Previous research in South Africa has relied heavily on purposive sampling. A non-probability sampling procedure was used for the subject selection. This procedure is utilised where less than precise representation of the population is temporarily justifiable (Grinnell, 1981: 86). Self-selection of members joining a particular organisation forms part of the sampling process. Membership of the newly-formed GASA 60-10 in Cape Town appealed to persons who nominally identified with a gay collective. It included male and female

homosexuals, and invitations for membership were open to any other person who was "gay sympathetic" ie who could identify with a specific gay cause, or aspect thereof. Important considerations taken into account by the writer included the following:

- (a) assessment of homosexuality was accepted prima facie by the fact that the respondents had identified with a gay organisation, and that by joining such there was symbolic, if not actual, commitment to aspects of being homosexual
- (b) as the results make clear, the membership drew a wide and diverse selection of persons in regard to occupation, residential status, and experience
- (c) 60-10, by virtue of its mandate, was regarded primarily as a service organisation, and was not associated with the mainstream gay culture as exemplified by bars, clubs, etc.
- (d) the "safety" of joining the organisation hypothetically ensured some degree of privacy and right to confidentiality. Hence the membership may have been biased in the direction of those persons who felt unsafe and unsure about their identity and preferred to interact within the parameters of the organisation's activities rather than face the onslaught of the gay sub-culture

- (e) as the snowballing growth in its membership showed, 60-10 appealed to a diverse and varied population, some of whom were fully participant in all aspects of the sub-culture, and others of whom were married and leading an ostensibly heterosexual life.

In researching any aspect of homosexuality, the question of how representative a sample is of a population will always be uncertain and unclear. Homosexuality, as Gochros (1984), and Isaacs and Miller (1985) have shown, cannot be regarded as a fixed and static state, because of the variable identity status of persons over time. From Chapter 4, and its description of the local sub-culture, it is seen that homosexuality and homosexual issues are often separate, as is illustrated by the following:

- * most homosexual behaviour is not visible
- * homosexual behaviour that is visible (by action, statement, or symbol) represents only a fragment of the homosexual collective
- * homosexuals in South Africa, because of geographical, political, racial and other barriers, are hierarchically exposed to differing elements of the sub-culture. Those living in Johannesburg, for example, have access to a far wider range of services and amenities than those who reside in Cape Town.

The points above serve to support the contention that there is inherent difficulty in sampling a homosexual population without resorting to extreme generalisations, bias, and oversubscribing to one particular issue.

The limitations of the sample used for the research are discussed fully in the section below dealing with overall limitations of the study. It is important to note, however, that the research universe included the entire membership of 60-10 at the time of the field survey. This membership was 200.

METHOD

A letter was compiled by the writer in collaboration with the Chairman of 60-10, and with the consent of the Committee, was sent out with the questionnaire, inviting responses from the group. Definitions of key terms were submitted with the questionnaire. Confidentiality was assured. After three months, a letter of reminder and appeal was sent out, reporting the good response thus far received, and appealing for further replies. By September, 1982, a cut-off point was decided upon. The response by then numbered 90 (ie a 48% response rate had been achieved).

Probable reasons accounting for the non-responses include the following:

1. Some of the members were female, and might not have identified with the questionnaire.
2. The questionnaire (on the advice of the Committee) was sent out in one of South Africa's official languages only. Afrikaans-speaking people might not have wanted to answer the questions in English.
3. Fear pertaining to violation of confidentiality might have been a factor.
4. Although the questions were overtly simple and non-threatening, the process of answering them might have given rise to feelings and attitudes that were decidedly uncomfortable. Many respondents (23 in all) indicated a need to talk to the writer about their feelings (See Chapter 1).

THE QUESTIONNAIRE: ITS DESIGN AND PURPOSE

The advantages and disadvantages of a research or survey by questionnaire, when compared with the interview, have been set out by Grinnell (1981). The following features of

questionnaire research were taken into consideration by the writer, with the South African situation in mind:

1. a greater assurance of anonymity is created
2. standardised wording without interviewer bias is used
3. access by mail is less threatening than a face-to-face interview (Grinnell, 1981: 228-229).

The above three points highlight the delicacy of the problem. A major fear experienced by the writer in the initial phase of the research was that he did not want the members of 60-10 to feel exploited at the outset. This was because of the overriding discomfort expressed by members at the first annual general meeting; they did not want their membership to be open to public or other forms of scrutiny. Mailing lists, including access to them, was a key area of concern and contention. This delicate point served as a vital cue for the writer, for it reinforced his feelings that, although a preparedness existed in joining 60-10 (hence some form of self-acknowledgement was apparent), a counterproductive sense of fear and embarrassment co-existed along with formal membership. Thus members experienced differing levels of self-acceptance and public exposure.

A mailed questionnaire, it was felt, would serve to encourage their own sense of determination without undue force or expectations being placed upon members. The

response rate was recognised as "unique", both within the context of the "suspicious" gay population, and in comparison with other research using mailed questionnaires which usually report an average response rate in the region of 25-35% (Becker, 1988).

Threats existed to the internal and external validity of the design employed. Internal validity was ensured by designing the questions, as far as possible, to "tap" the underlying concepts. It was, however, not feasible to test for internal validity, as no control was exercised throughout the survey.

External validity (or the means to reduce or eliminate measurement error) was promoted by ensuring that the items adhered to the recommendations provided by Grinnell (1981: 161-170) which state that the purpose of the study should be explicit; questions should be clear, unambiguous and concise; and that sensitive items be kept to a minimum. Because of the lack of controls, and because independent administrations of the same instrument might not always yield the same results, reliability is seen to be operative only in as far as the research reveals an ex post facto bias. Reliability would thus be relevant and limited to repeatability, predictability, and reproducibility within the context of this research (Grinnell, 1981: 113).

THE QUESTIONNAIRE

The questionnaire contained 13 questions. Identifying information such as age, areas of residence, and present occupation preceded the questions. All thirteen questions (excepting for the first two) were closed-ended, presenting a choice between fixed alternatives but with room for open-ended commentary. (For full discussion of the commentaries, which yielded significant material, please see Chapter 8.)

Grinnell (1981: 165) suggests that it is more difficult in open-ended questions to get individuals to discuss various aspects of their sexual behaviour. Open-ended questions, too, allow for detracting from the external reliability component. The closed question facilitates a definite opinion. The opportunity for commentary offered to each respondent, however, allowed for spontaneity of expression. It is interesting to note that, in contradiction to Grinnell's (1981) above-mentioned statement, the open-ended commentary allowed for safer expression of sexuality, particularly because it represented free choice, as well as allowing the subject to write about aspects of sexuality and homosexuality within the confines of his privacy.

NOTE: Questions 1 and 2, because of their relevant importance and sensitivity to the entire research, and because age is primarily measured at the interval or ratio level, were open-ended. The open-endedness of these two

questions yielded significant information to be discussed in Chapter 8.

The structure and explanation of the research questionnaire will be described in detail.

Appendix 3 contains a copy of the questionnaire issued to all respondents. Copies of the definitions follow in Appendix 4.

Questions 1 and 2 were deliberately selected to elicit recall responses pertaining to homosexual sexual unfolding. Question 1, which asks for the approximate age of onset of same-sex attraction, is vital to the understanding of the genesis or legacy profile of homosexual feelings. Question 2 is a standard question asked of homosexual respondents as a means of ascertaining more specifically their idiosyncratic response and/or experience (or behaviour patterns) relating to an incident(s) or event(s) which gave rise to more definitive feelings of homosexual involvement. Coming out, in homosexual experience, is traditionally regarded as a milestone in composite homosexual behaviours.

Questions 3 and 4 sought to ascertain a specific response to "crisis". Whilst the nature and type of crisis was not specifically asked for, the majority of respondents who felt "safe" to acknowledge a crisis defined and discussed the nature of the crisis in the open commentary. In essence,

the questions directly ascertained if a crisis occurred or not.

Question 5 theoretically blends with the first two questions as it concerns the process of coming out. Awareness of this phase of identity is often blurred with general homosexual interpretations as opposed to specific personal feelings. Thus the aim of the question was to elicit as many variables as possible in order to determine the efficacy of the response. This question, too, endorses or supports the first and second questions in picking up contradictions.

Question 6 and 7 were "deflecting" questions, designed to deal with the generic aspects of crisis, as well as serving to defuse any feelings of guilt or discomfort about "coming out". Question 6 highlights one of the specific objectives of the research -- in that "other crises" are just as important in the transitional experiences of homosexual behaviour. Question 7 served as a "projective" device. Acknowledging crises in others is safer than admitting to self-crisis. It also helps to extend the theme of crisis beyond the personal experiences of the particular respondents.

Question 8 is a seminal question. It reflects both the sense of "difference" or apartness that homosexuals feel, as well as dealing with the sub-cultural value of separateness. "Difference" and "separateness" binds homosexuality to the

sub-culture; admitting to such "difference" and "separateness" thus helps in achieving identity. The question, therefore, indirectly taps sub-cultural responses without necessarily referring to the sub-culture.

Question 9 has a literal and a figurative interpretation attached to it. The literal response was in effect designed to gauge attitudes towards the newly-developed homosexual service organisation (60-10) and the anticipated responses towards it. The figurative responses included two factors:

- (a) homophile responses to an exclusive homosexual organisation, hence furthering the issue of separateness;
- (b) placing 60-10 well within the ambit of the sub-culture (ie in effect validating homosexuality through a formal structure); identity issues could thus become part of a homosexual organisation.

Question 10 followed through on the theme of the 60-10 organisation. It dealt more specifically with identity issues, sub-cultural aspects, and homophobia directed towards homosexuality. One of the alternative responses was directed towards a sense of disappointment with the organisation. This possible response indirectly elicits a fear commonly expressed by gays that a formal organisation does not cater for their sexual needs. Once this has been experienced by them, they tend to relinquish both membership

of and participation in the organisation (point vii). The word "snobbish" was used particularly as a euphemism for "old queens", "up-tight" and "boring".

Question 11 asked about feelings towards others. It was a question designed to examine aspects of narcissism, (the need to indulge in aspects of the self that are comfortable), whilst simultaneously uncovering a projective meaning. Helping others in distress either defuses one's own distress, or distress personally experienced will facilitate empathic help for others. This question thus embraces narcissism and empathic reaching out responses, as well as tapping a localised response that "gays are in fact distressed people".

Question 12 links directly to question 11 by qualifying the responses and linking their feelings directly to 60-10. A built-in feature of question 11 elicits their sense of self worth, as well as illuminating their indirect experience of crisis. If their crisis negotiation was ultimately meaningful, then their ability to help individuals will be greater.

Question 13 was included to gauge the direct response of respondents to being part of a research programme. A possible indicator of resentment or anger or infringement of privacy could be tapped, as well as symbolically assessing their sense of homosexual resolution.

In essence, the overall themes embracing the structure of the questionnaire are as follows:

1. Sexual identity unfolding
2. Statement of crisis
3. Sub-cultural parameters
4. homophile organisation
5. homosexual resolution (ie coming to terms with homosexuality).

LIMITATIONS OF THE STUDY

Historically, the most favoured route of homosexual research led to psychiatric and clinical interpretations, or to case studies and opinions collected from incarcerated persons or groups of college students. Results were over-generalised and biased. A new research route, which now dominates investigation, turns toward the rapidly-expanding gay sets of collectives. However, samples drawn from the gay collective capture only particular segments of gay experience, especially if it is recognised that gay experience encompasses both gay people and gay categories (Plummer, 1981b: 215). The overall limiting feature is that, because of the nature and size of the sample, (as well as the fact that random sampling of the gay community is particularly difficult) it would constitute an ecological fallacy to produce generalisable statements. Furthermore,

techniques of inferential statistics and measurement should not be used with data generated from a non-probability sample (Grinnell, 1981).

The design and application of the questionnaire, too, is open to academic criticism. The advantages of a mailed questionnaire within the context of the research have been described. Disadvantages include:

- * lack of flexibility in question format
- * high potential for low response rate
- * no control over environment
- * possibility of unanswered items
- * possibility of a biased response -- only motivated or curious persons might respond (Grinnell, 1981: 229).

The content structure of the questionnaire was limited. A Likert scale (which follows a structure of, for example, "strongly agree ... to strongly disagree") could have been used to allow for analysis of high frequency scores compared to low frequency scores obtained from the results. However, the value of the questionnaire should not be underestimated in that it allowed for assessment of clusters of scores. The aim of an efficient questionnaire is to differentiate the responses of the sample in order to obtain the maximum amount of information. However, clustering patterns have limited usefulness; for example, parts of question 10 of the

questionnaire, [sections (v), (vi) and (vii)], had a relatively low response rate, [4, 6 and 9 responses out of 90 respondents, respectively], which leaves one ignorant of the positions of the respondents who left these sections blank.

Two further major limitations exist:

1. The Nature of Participant Observation

The writer, in his capacity as a clinical social worker, was aware of the research questions or clinical aspects of inquiry necessary to determine the interaction of homosexual behaviour within the context of the sub-culture. Warren draws attention to the use of "the self" as a major tactic in social research. Her term "reflective subjectivity" is used to describe the dialectic between immersion and reflection in the field experience (Warren, 1977: 104). However, participant observation is always qualified by the fact that an "observer" and "outsider" status is evident. In this case, the outsider status of the writer was restricted only by the parameters of strict professional ethics. This included a clinical sense of determination to observe identifiable issues pertinent to the research. The "outsider" status was a temporary self-induced

label to offer the necessary academic and research protection needed.

Access to all the gay institutions was afforded to the writer by virtue of his involvement with the gay "scene" -- both from a social point of view and from a position of status accorded to him by the gay community, (for example, membership of GASA, Deputy Director of GASA 60-10's counselling services and a trainer of AIDS counsellors). Added to this is the fact that the writer holds a highly visible profile within the gay sub-culture. Appearance on national television, photographs and articles in newspapers and magazines, and appearances on public platforms on several occasions throughout South Africa has added to his exposure. This could be a deterring factor -- particularly in the context of research -- for it could detract from the social spontaneity necessary for comfortable social interaction, as well as raising fear and suspicion in respect of persons (particularly in Cape Town) who feel that they are "victims" of research investigations. Furthermore, involvement in participant observation besides trying to overcome "experiments" or bias, generates strain and fatigue. As Kenneth Read (1980) writes in his definitive anthropological study, *The Style of a*

Male Homosexual Tavern, participant observation could induce personal trauma where the worker is alone in a culture that not only fosters his own anxieties and perceptions about the culture -- be it alien or not -- and where a sense of isolation from and minimal communication with the respondents exists.

2. Exclusions from the Study

Women were excluded from the study, as were all persons statutorily declared in South Africa not to be "white".

A major criticism levelled at the work of Kinsey and associates, *Sexual Behaviour in the Human Male* (1948), is that the title is misleading, because they addressed human sexual behaviour in white middle-class American males only. Therefore their study was not necessarily transferable. The present study is limited in its scope and direction; no quantitative analysis is attempted of female homosexuality, and of black responses to homosexual identity. The reasons for these omissions are described in Chapter 1. Responses from the sample of 90 respondents in the main reflected a white middle-class structure. It is hoped that the acknowledgement of this limitation

will generate further research into female and black homosexuality in South Africa.

Further limitations include the fact that the questionnaire did not address AIDS. This aspect of crisis manifested after the data-gathering stage of the study was concluded.

Special mention needs to be made in respect of interviewing the respondents. It was initially planned to invite respondents for an interview, so that in-depth exploration of crisis and identity growth could be made. The writer, however, decided against this. He felt that the interviews would turn into "therapeutic sessions". This belief was proved to be correct in that several respondents (23 in all) contacted the writer subsequent to the questionnaires being sent out, asking for therapeutic consultation. Furthermore, some of the respondents were known to the writer either as students, academic colleagues, or acquaintances within the gay network. A further factor arose from the fact that several of the respondents left Cape Town after they had completed the questionnaire (no causal connection is implied!).

Criticism may be levelled concerning the notion of "recall"

(Ross, 1980). In spirit, the questionnaire captured persons:

- (a) who were ostensibly in non-crisis;
but
- (b) had to recall aspects of development from an early age, as well as to relate their homosexual experiences to a definition of crisis.

Hoult draws attention to various researchers' comments pertaining to recall, and states:

In addition to the problem of faulty recall, there is the all-too-human tendency to 'reconstruct our autobiographies in an effort to bring them into greater congruence with our present identities, roles, situations and available vocabularies'.

(Hoult, 1984: 143).

Hoult's attention to the hazards of self-recall are, however, influenced by Freud and Hirschfield, and studies dating back to the sixties, where recall was often determined by the respondents' fear of revealing a delicate and controversial aspect of their sexuality to uninformed and homophobic interviewers. The writer believes that, in his study, recall of experiences and feelings elicited the "sensation" of the response rather than an attempt to weigh up or quantify the experience itself. Recall should not be underestimated, for it is the basis for determining the historical prerequisites that influence present behaviour.

Further limitations of the study include the longitudinal lapse between the onset of the study and the development of 60-10 as an organization that is now more prominent and diverse than at the time of its inception. Attitudes towards the organisation might have changed, thus answers to questions 10, 11 and 12, might yield significantly different responses if they were to be put now. Furthermore, although the thesis examines crisis in the light of sub-culture, (including the contention that crisis and sub-culture are inextricably interlinked causing a state of perpetual disequilibrium) the questionnaire did not address itself directly towards respondents' views of the sub-culture. Reasons offered for this possible limiting feature of the research include the notion that sub-cultural participation and assimilation is not a congruent experience for all homosexuals. Culture has a sociological set of meanings, and different sets of responses might have been tapped, bearing no relevance to the research. Thus cultural or sub-cultural variables (primarily discussed in Chapter 4), rely heavily on the participant observation aspect of the research protocols.

CONCLUSION

In re-examining and redirecting the discussion on sexual identity, the research supports the view that deterministic and fundamental attitudes will be replaced by a wider-ranging approach. The responses of 90 persons, although

they are not necessarily typical of the estimated 10% of the general white male population of South Africa who are presumed to be homosexual, have yielded interesting and significant features pertaining to crisis and identity growth. The richness that case material, and information on participation within the sub-culture, have added to the "empirical" side of this research places the study in a holistic perspective.

Finally, in support of Cass (1984) and of Taylor (1983), the writer points out that the majority of research published in relation to homosexuality has been concerned with causative issues. As little as 8% of published research has dealt with attitudes towards homosexuals, and even less has been concerned with the internal frame of reference experienced by homosexual persons. As Cass concludes: "After all, it is the individual's own perceptions of the world, rather than the world itself, which are critical to the identity issue" (Cass, 1984: 112).

These critical issues will form the content of Chapter 8, which examines the findings of the survey.

NOTES

1. It is interesting to speculate whether the steps taken by the international gay collective are primarily pro-homosexual or primarily anti-Cuba.

CHAPTER 8

FINDINGS OF THE SURVEY AND COMMENTARY THEREON

In this chapter, data obtained from the survey are presented in two ways -- in tables and in charts. The tables reflect the responses of all 90 respondents to specific questions (and their sub-items) in the questionnaire. In order to highlight salient points, charts and tables offering comparative data from other research have also been included where appropriate. The charts in the main are used to summarise the responses of the interviewees to the open-ended questions. Here salient themes have been captured, and linked to the central issues of the research as a whole. These themes are based on conceptual rather than statistical analyses.

Where questions elicited more than one response, an explanation of the complexity of the responses is offered. The figures have been examined for emerging patterns, but without applying measures which determine levels of significance. Furthermore, some patterns of responses are compared and/or combined with other tables for the purpose of examining specific findings. In line with Taylor's study examining patterns of association, the percentages are used mainly to describe "more cases" and "fewer cases", and should not be read as exact figures of proportionate relationships (Taylor, 1983: 64).

The tables below are examined descriptively and evaluatively, drawing upon relevant theory and clinical experience. The chapter concludes with a synthesis of the findings. In Chapter 9 the entire research will be discussed from a holistic perspective, and in relation to the major objectives of the study as outlined in Chapter 1.

Although the limitations of the study have already been examined in Chapters 1 and 7, certain features of the research survey need further commentary. For the sake of clarity this commentary is offered in point form.

1. The respondents were drawn from among persons who had already entered into formal membership of a gay organisation. Therefore, the findings cannot be generalised to the entire homosexual population. Homosexuals who do not identify with any cult, movement, or formal gay organisation, for instance, are not covered at all.
2. The questionnaire did not specifically address:
 - (a) the AIDS phenomenon
 - (b) the exploration of the crisis of coming-out and its precipitating features
 - (c) levels of self-esteem that may have been influenced by crisis
 - (d) the sub-culture and its specific impact on identity.

3. As random sampling was not practicable, it is not possible to apply parametric tests of significance.

The questionnaire aimed to elicit information about various specific issues as follows:

Questions 1 and 2: Homosexual sensation, identity development, and the coming-out process.

Questions 3 and 4: The crisis experience, with specific focus on the "egocentric" components of the crisis.

Question 5: The genesis of the coming-out experience.

Question 6: Crisis and its association with other gay-related concerns, with specific focus on the "sociocentric" components of the crisis.

Question 7: The realisation that crises affecting other gays exist, thus detracting from the egocentric framework. This places the concept of crisis within the wider homosexual arena.

Question 8: The concept of gay separatism, homophile issues, and "sense of specialness".

Question 9: Identification with features of the sub-culture, including bonding with an organisation and identifying with the ostensible safety of homosexual networks.

Question 10: The semi-public ownership of identity, and linking aspects of identity to the sub-culture.

Questions 11 and 12: To uncover altruistic or egocentric responses towards homosexuality and/or gay concerns.

Question 13: Potential tapping of fearful responses to the research in general, and the possibility of residual anger towards the writer.

TABLE 6
RESPONDENTS CLASSIFIED ACCORDING TO AGE

AGE IN YEARS	RESPONDENTS	PERCENTAGE
15 - 19	1	1
20 - 24	8	9
25 - 29	20	22
30 - 34	15	17
35 - 39	15	17
40 - 44	12	13
45 - 49	5	6
50 - 54	2	2
55 - 59	2	2
60 - 64	0	0
65 - 69	2	2
70 and over	0	0
Unknown	8	9
All ages	90	100

The data in Table 6 produce a mean age of 35 years. There is a clustering of respondents between the ages 20 to 49 years. That only 1% is to be found in the age range 15 - 19 years needs commentary. The constitution of GASA 60-10 stipulates that membership be restricted to persons of 19 years and above. This corresponds to the law which makes it an offence for a man to engage in sexual activities (or activities with sexual intent) with another man under the age of 19 years. The age distribution in the table (a group which might be termed "young-old") corresponds with the age distribution in the famous Weinberg and Williams's study conducted in 1975, and subsequently repeated by Berger in 1982. Berger, in citing the Weinberg and Williams study, notes the age range of a population of 1057 respondents as follows:

Under 26 years	18%
Between 26 - 35 years	30%
Between 36 - 45 years	28%
Over 45 years	24%.

(Berger, 1982a: 127)

Both sets of data point to a characteristic of the gay collective, initially outlined as early as 1948 by Kinsey and associates, and confirmed by Berger (1982a), ie that homosexual persons appear in equal proportion among every age cohort and every social, racial, and ethnic group. The latter two features are however as yet relatively unexplored in the South African context, and warrant further research inquiry.

The missing data for 8 respondents (or 9%) also deserves commentary. It is assumed that these respondents "missed" the age question in the questionnaire, or avoided noting their age for fear of revealing personal information of an embarrassing nature. McWhirter and Mattison (1984) note a similar finding in their study, commenting that older men in particular have difficulties in accepting the consequences of age in contrast to younger people. Furthermore, the relatively low response rate in the age categories above 50 years suggests two basic assumptions.

Firstly, maturer persons might be settled in a relationship, and/or leading a more satisfactory (and secure) social life. This might make them less likely to join a gay association. Secondly, the experiences of alienation and self-imposed isolation of gay persons could influence them not to join an organised gay group. Reasons for this might include:

- (a) a fear of competition related to sexual prowess, a perceived decline of physical attraction, or poorer self-esteem;
- (b) inhospitality directed towards them by younger persons;
- (c) rejection and/or ostracism; it is not uncommon for older persons to be referred to pejoratively as "old queens";

- (d) a sensory overload, whereby it becomes too traumatic to deal with a collection of younger people who might trigger off the older person's sexual fantasies -- hence the term "the old perv".

In direct opposition to McWhirter and Mattison's (1984) findings, both Francher and Henkin (1973) and Friend (1987) contradict the mythology that the aging male homosexual is despairing and desolate. After examining the aging process in homosexuals, they contend that the early life crises, particularly identity and coming out, are more traumatic than the aging process. Harry and DeVall (1978) add a further dimension, by challenging the assumption that the homosexual sub-culture is youth-oriented in the sense that aging homosexuals are viewed as sexually and socially undesirable. They suggest that the youth-oriented appearance of the gay sub-culture may be attributed to single-person status, certain social settings, and occupations.

The writer supports McWhirter and Mattison's findings. These place maturer homosexuals on the periphery of the sub-culture. During the expansion of the GASA 60-10 chapter, many attempts were made by some of the younger affiliates to exclude maturer persons from some of their social activities. A discotheque was started which overtly discriminated against older persons, and a series of newsletters entitled Under Thirties was circulated, creating

splinter groups within the organisation. More recently, a pamphlet series entitled *Young Ideas* emerged as another vehicle discriminating against older persons.

McWhirter and Mattison offer a sombre warning. Although "age in and of itself is only a single variable, it is an important one" (McWhirter and Mattison, 1984: 159). The research of Berger (1982a, 1982b) and of Gould (1972) reiterates the detrimental impact on older persons of contemporary age-conscious society, and age-associated behaviour within the gay context. The question, however, arises: If age has disadvantages for gay people, in which respects are these disadvantages different from, and additional to, disadvantages that age brings to everybody within the relevant culture?

TABLE 7

RESPONDENTS CLASSIFIED ACCORDING TO AREAS OF RESIDENCE

AREA OF RESIDENCE	RESPONDENTS	PERCENTAGE
South Atlantic Seaboard	21	23
Central Cape Town	23	26
North Atlantic Seaboard	2	2
Northern Suburbs	8	9
Southern Suburbs	28	31
Southern Peninsula	6	7
Stellenbosch	2	2
All Areas	90	100

The data indicate an urbanised set of respondents⁽¹⁾. The majority (80%) live in an area within or adjacent to the Cape Town metropolis, confirming previous findings which point to the tendency of gays to live in the proximity of urban areas -- in which are located socio-sexual outlets, such as bars, disco's, and community facilities. Places of residence include suburbs along the Atlantic Seaboard, from Mouille Point to Hout Bay, and suburbia referred to as the "Southern Suburbs" which incorporate, inter alia, Rondebosch and Wynberg. Two respondents resided in Stellenbosch and 8 in Bellville. Both these towns are some distance from Cape Town, and the residents are regarded as conservative and primarily Afrikaans-speaking. An anomaly exists in the small response rate from these two areas, for there is a "considerable" gay population living there. The University of Stellenbosch has an informal gay organisation, and gay coffee bars are located in the Bellville-Parow area. A shift in the location of social activities towards the Bellville-Parow-Goodwood areas, marks an attempt to decentralise the monopoly the city centre holds over entertainment. Once a month a social ball is held at the Goodwood Show Grounds which draws crowds in their hundreds. Part of this shift is also a symbolic defiance of the beginnings of multi-racial integration in the Cape Town area, as the Goodwood activities are patronised primarily by white Afrikaans-speaking persons.

The notable absence of persons from the large and densely populated "coloured" and black areas, including Mitchell's Plain, Athlone, Bonteheuwel, Lansdowne, Grassy Park, Langa, Nyanga, and Guguletu from the present study merits discussion. The respondents who completed the questionnaire were all male, and most were white⁽²⁾. Unlike other researchers into homosexuality, the writer made no effort to secure respondents from other groups; furthermore no appeals were made to locate such persons. The research survey was conducted primarily within the confines of the existing membership of GASA 60-10.

Limited participation in GASA 60-10 by blacks, as well as the absence of women, is still controversial. This is confirmed by the fact that the "public" gay collective as manifest generally in bars, clubs, and social gatherings is dominated by white males. Although seven years have passed since its inception, GASA 60-10 is still treated with scepticism by black gays, and by those who subscribe to the politics of the "gay left". Hence splinter groups have mushroomed in the black areas, with little or no link with GASA 60-10.

Although Berger reports on studies which engaged in extensive networking, transcending the boundaries of race,

class, and ghetto styles of living, he still found evidence of splintering and comments as follows:

There is currently [some] controversy as to whether this [ie the absence of women and blacks] is due to the inhospitality, racism or sexism of the established gay community, or whether this is due to a lack of interest on the part of women and minorities.

(Berger, 1982a: 126)

Racism and sexism also appear to prevail within the South African context. GASA 60-10, despite its non-racist, non-sexist, and non-political manifesto's, has not been able to avoid the separatist and racist philosophy that undergirds the white parent culture in South Africa.

All the respondents at the time of the study were living under urban conditions. The concentration of urban and suburban gay persons within the Greater Cape Town Area does not constitute the ghetto style prominent in some Northern American cities (Levine, 1977). This is because of a relative dearth of gay venues; a concentration of these is characteristic of a ghetto style of living. However, the demographic picture revealed in Table 7 implies some semblance of ghetto facilities. A few examples known to the writer include:

- (a) GASA 60-10's community centre downtown, with accompanying AIDS service and community activities

- (b) The two gay bars and discotheques in the centre of Cape Town
- (c) A prominent bookshop which includes a diverse selection of gay literature
- (d) "Cruising areas" in the centre of the city, including the central railway station
- (e) The beach front and Sea Point area, which has restaurants, coffee houses, and beaches that are gay specific
- (f) Clusters of gays living in apartment blocks which then acquire such nick-names as "Queen's Court" or "Moffie-Hof".

This form of institutional concentration, according to Levine, turns the areas concerned into desirable residential districts for gay persons, and may be termed "partially developed gay ghettos" (Levine, 1977: 275).

Further socio-political variables of the gay collective in Cape Town can be identified. At least one third of the respondents indicated in their questionnaires that they intended moving to another city and/or area. Relatively frequent change of address is common practice amongst the homosexual population. Geographical mobility is an indirect consequence of identity conflict (often associated with closet behaviour), and/or the mismanagement of relationship styles (which ultimately has a bearing on identity). Mobility frequently occurs when relationships collapse, and

the partner is left homeless or without permanent domicile. Furthermore, occupational mobility is prevalent amongst gay persons, who change jobs in order to protect their identity, or move because a lover or partner has been transferred. AIDS is another factor accounting for domestic mobility. Persons are fearful of being exposed as HIV anti-body positive in their work situations, and consequently move to other areas in order to preserve their anonymity.

A further factor is the notorious Group Areas Act which separates people according to racial origin. This helps to account for the low incidence of "gays of colour" who participate in GASA 60-10's activities.

Cape Town is also divided symbolically and arbitrarily by the geo-ecological structure of the Peninsula. Persons live according to their "side of the mountain", as having to travel some distance is regarded as cumbersome and full of effort. Therefore cliques (as opposed to ghettos) of persons socialise, and interact according to the specific localities in which they reside, and little "cross-fertilisation" across the suburb or area zone occurs. This results in the misconception that the gay community is small, while at the same time perpetuating closed social boundaries.

TABLE 8
RESPONDENTS CLASSIFIED ACCORDING TO OCCUPATIONAL STATUS

OCCUPATION	RESPONDENTS	PERCENTAGE
Professional	39	43
Commercial	15	17
Administrative	7	8
Skilled	9	10
Student	13	15
Retired	3	3
Unemployed	3	3
Unknown	1	1
All Occupations	90	100

Previous research examining the occupational status of homosexuals has been undertaken, inter alia, by Berger (1982a, 1982b), Bell and Weinberg (1978), Jay and Young (1979), and McWhirter and Mattison (1984). The writer, in examining the occupational status of his respondents, has used the simple profile employed by Berger (1982a: 136).

HIGH STATUS	[eg business executive, professional]
MEDIUM STATUS	[eg administrator, small business owner, clerical worker]
LOW STATUS	[eg machine operator, unskilled labourer]

In terms of the above paradigm, all the respondents, except for the 13 university students, the 3 unemployed, and the 3

retired persons, occupied medium to high status positions (the occupation of one respondent was unknown). Just under half (39 respondents) were of high status positions, being inter alia university professors or lecturers, doctors, lawyers, dentists, accountants, architects, teachers, and social workers.

These findings have a significant bearing on the concept "going public" as described by Lee (1977). Self-disclosure is often presented as if it were a panacea for both the personal integrity and the social progress of gay people. It is, however, common knowledge that the possibilities of promotion or the chances of job satisfaction can vanish as a result of homosexual labels. Knutson (1979) reminds us that employment discrimination exists against persons who are unable or unwilling to conceal their homosexuality. As far back as the Kennedy administration, the United States Federal Government began to wage a campaign to protect minority groups (including women) from discrimination in employment. Subsequently Congress enacted comprehensive legislation to this effect. According to Knutson, "many local governments and agencies have adopted ordinances and regulations which seek to protect the employment opportunities of gay persons" (Knutson, 1979: 173).

In South Africa, in the absence of such legislation, discrimination in the place of work (resulting in non-disclosure of identity issues in the work place), has serious

consequences for the process of homosexual identity. Gay identity may be hampered or advanced according to the choice of occupation, and the social environment of work.

Some of these consequences are cited below.

The choice of occupation may be determined by certain in-group and out-group boundaries that help keep the shared secret within the group (Lee, 1977: 56). In South Africa, it is not safe, for example, for teachers in the employ of the State to disclose their sexuality for fear of dismissal. Consequently, secrets are part of the personal profile, and the person guards his secret closely. Furthermore, occupational choice may be consciously or unconsciously influenced by the need for compensation. As a result of being victims of discrimination, gays may be drawn to service careers, which enable them to deal with feelings of alienation through a sense of being needed, thus restoring a power base. Alternatively, gays lacking in self-esteem, and who are fearful of a lonely and isolated future, may opt for high profile positions which enable them to accrue wealth and possessions.

However, certain occupations do not discriminate against homosexuality, thus facilitating a sense of occupational freedom. This minimises the risk of dual identity patterns ("straight by day, and gay by night", as it were). In South Africa, such occupations include hairdressing, fashion

design, professional theatre, male nursing, and lecturing at certain universities. A recent and interesting shift in this position has occurred in the State-owned airways (SAA), where, until the AIDS panic in 1985, male flight attendants were openly homosexual. Now they are required to be tested for HIV antibody status, and furthermore there is a seeming decrease in the employment of male flight attendants⁽³⁾.

Prejudice in the work situation and its accompanying sets of homophobic responses make the fluidity of sexual identity responses between homosexuals and heterosexuals in a work context virtually impossible, leading to social isolation, which in turn inhibits the expression of the self. This has accounted for the "work paranoia" evident in the large number of responses to the question dealing with "other gay-related crises" and presented in Table 13. The majority of respondents indicated that a fear of job dismissal or personal jeopardy existed in the work situation. This led them to remain secret and resentful. One respondent commented that: "In the space of two years I lost two consecutive jobs when my employers found out that I was gay. I felt like a fraud, and that my whole world had collapsed."

Lee (1977) draws attention to the behavioural differences between coming out and going public. He warns that, although these phases are used interchangeably, they do not mean the same thing. Weinberg (1978) similarly distinguishes this issue as "doing" and "being" gay; the

latter suggesting a breaking down of social isolation patterns resulting in the development of public ownership. The non-disclosure of sexual identity because of discrimination in the work situation will maintain the person's sense of incompleteness.

Berzon (1979) proposes careful vocational planning, which includes ritual events that calibrate the gay existence. This would include disclosure (at some level) to family, friends and work colleagues. The writer emphasises the debilitating features of a dual existence and "closet" behaviour, and believes that this fosters a form of emotional fraudulence that perpetuates the sense of prolonged or incipient crisis. The mean of the ages at which respondents said they had "come out" was 22 (see Table 10 for details). Yet analysis of their commentaries indicated a persistent fear of disclosing their identities in their work place. This typifies that part of their identity synthesis was still incomplete.

Of vital importance to the question of self-disclosure within the work situation is the AIDS scare. Despite the fear of disclosure, and because of the lack of support systems, many persons are now having to disclose their identity prematurely to employers for the following reasons:

- (a) compulsory medical aid which requires information about sexual risk behaviour;

- (b) housing loans and life insurance on mortgage require information related to sexuality;
- (c) sickness, and knowledge of others who are AIDS sufferers, gives rise to suspicion on the part of employers.

One example from the writer's case load reflects this position well.

A person was diagnosed as having AIDS, not because of the nature of the illness with which he presented (an opportunistic pneumonia infection), but because of the friends who visited him. The nursing staff perceived them all to be "effeminate" and "gay" and reported their "suspicions" to the physician who immediately ordered a test without the patient's consent. Upon diagnosis he was immediately discharged from his place of employment.

The writer, although advocating that self-disclosure is a prerequisite for the attainment of a synthesised identity, warns against the premature and unprepared way in which some homosexuals (or gays) might embark on such disclosure. This word of caution is inspired by comments from the respondents who claimed to have received negative and in some cases punitive responses from either parents or employers. This point is raised in Table 11 later on in this chapter.

TABLE 9

RESPONDENTS CLASSIFIED ACCORDING TO THE AGE WHEN THEIR
PHYSICAL ATTRACTION TO PERSONS OF THE SAME SEX WAS FIRST
RECOGNISED

AGE OF PHYSICAL ATTRACTION	RESPONDENTS	PERCENTAGE
0 - 4	2	2
5 - 9	19	21
10 - 14	33	37
15 - 19	26	29
20 - 24	7	8
25 - 29	3	3
30 and over	0	0
All Ages	90	100

The mean age is 13 years. Two respondents claimed to have experienced an attraction as early as infancy (0-4 years). Although this occurred in only 2%, such early recollection is not uncommon (Colgan, 1987; Hetrick and Martin, 1987; Singer, 1981). Upon sensitive probing, the writer has been able to elicit this kind of response from many of his clients who recall sensations as early as at age five. Some of the respondents, in their commentaries, concurred with this; the age of seven years was often given as an important period in their sexual agenda. Three respondents, however, indicated that their first sense of cogent physical attraction occurred as late as 25-29 years. Such late recognition is also not unusual for some homosexual persons, and is often dependent upon their exposure to the gay sub-

culture or the result of deeply repressing their sexual fantasies and desires.

The percentage distribution shown in Table 9 corresponds with findings of other major studies on homosexual identity (Coleman, 1982; Daher, 1977; Dank, 1971; Hart, 1984; Hetrick and Martin, 1987; McWhirter and Mattison, 1984; Malyon, 1982b). Dank in a questionnaire survey of a sample of 182 male homosexuals, reports similar outcomes. Fifteen percent identified themselves as experiencing a homosexual proclivity between the ages of 10-14 years, 44% between the ages of 15-19, 29% between the ages of 20-24, and 12% thereafter (Dank, 1971: 180).

Over half the respondents (66%) in the survey gave ages between 10 and 19 as the time of their first acknowledgement of physical attraction towards men. This corresponds significantly with the process of sexual identity growth as outlined in Chapter 2, and confirms that early, and late adolescence may be regarded as the most significant period in the process of identity actualisation. This period has also been described by Tyson as relating to core identity gender, which is the precursor to gender role identity and sexual partner identity. These parts in interaction, Tyson notes, constitute overall gender identity in its broader sense (Tyson, 1982: 61).

The age of acknowledgement of the first awareness of same-sex attraction has been referred to by the writer as the "homosexual sensation". Roesler and Deisher define this notion as a significant series of events that were pre- and post-puberty sexual experiences. These experiences were regarded on recall as homosexual activities (such as mutual body exploration, masturbation, and fantasies) but without the connotation of "being homosexual". The homosexual experience (or sensation) usually preceded the individual's self-designation (Roesler and Deisher, 1972: 1018-1019). They, too, suggest that sensation should not be confused with identity, as has been argued above. The process linking these two is coming-out, to which we now turn.

TABLE 10

RESPONDENTS CLASSIFIED ACCORDING TO AGE
AT THE TIME OF COMING OUT

AGE OF COMING OUT	RESPONDENTS	PERCENTAGE
10 - 14	3	3
15 - 19	28	31
20 - 24	32	36
25 - 29	16	18
30 - 34	3	3
35 - 39	3	3
40 - 44	0	0
45 - 49	2	2
50 and over	0	0
Missing Data	3	3
All Ages	90	100

This table must be read in conjunction with Table 9. For the sake of optimum clarity, the operational definition of coming out will be cited once again.

By coming out is meant your recognition that you are homosexual rather than heterosexual. This may happen via an event or situation, or an accumulation of feelings and/or experiences, whereby you admitted to yourself (and possibly others too) that you are gay.



Once again distinction should be drawn between the concepts homosexual experience, coming out, and homosexual identity. Homosexual experience normally relies upon the cerebral and physical components of homosexual sex-related behaviour. Coming-out usually relates to a set of experiences, and the consequent interpretation of them by the person as legitimate; it is associated with the external rituals of the sub-culture which impact upon the identity of the individual. Homosexual identity, as Cass says, includes a formation process over six stages. They are identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis (Cass, 1979: 219). Coming-out, according to her, is but one feature that belongs to this formation process, and is usually situated within the identity acceptance and pride categories.

The delicate line that distinguishes coming out from other features of homosexual identity, as Tripp (1975) proposes,

may be discerned by considering the systems of denial which operate when persons practise homosexuality without having to admit to themselves or to others that they are homosexual (or gay), even though they may be exclusively so. Tripp's insight illuminates the coming-out dilemma by suggesting that self-acceptance relates directly to the degree of denial of or commitment to homosexuality. Commitment increases a person's need for adaptive mechanisms, including special ways of protecting himself from rejection (Tripp, 1975: 139). To support Tripp's contention, the writer quotes two case illustrations from his clinical work, outlining the coming-out process in the late adult years (ie over 55 years).

1. A sixty-seven-year-old retired university lecturer presented with severe depression, fragmentation of the personality, suicidal thoughts, and a degree of psychosis with paranoid features. Upon examination, and after history taking, it was apparent that homosexual fantasies, which had been repressed from an early age, were no longer able to be harnessed. Although the client was divorced, with adult children, he was unable to reconcile his fantasies (internal structure) with his external perceptions of how he believed others saw him (ie as a heterosexual). Some precipitating features included retirement with excess time on his hands, uncontrolled erotica being portrayed in his artwork, and a deliberate need to behave like a voyeur on the beach and to obtain books with pictures of naked men. Therapeutic intervention revealed a person who had for many years suppressed his "raw desires and fantasies" for fear of exposure and rejection.

When his immediate family were informed of his feelings and consequently accepted his fantasy life-style (he had never negotiated a homosexual liaison), he was immediately hospitalised for fear of complete personality disintegration. Their acceptance of his alleged homosexuality had triggered off a wave of uncontrolled anger and

resentment in respect of the years of "lost experiences", and he furthermore believed that he was unable to process and actualise his homosexual ideals. Ongoing therapy helped to contain his coming-out fantasies and to place them in perspective with his real world. Opportunity was given him retrospectively to mourn his lost experiences and to deal with his anticipated sexual outlets in order of priority.

2. A teacher in his late fifties "suddenly" told his wife and family that he was gay, left home, and began to network with homosexual persons. Within the space of three months he had found a lover and began to frequent gay social events and private parties. His coming-out process, although occurring in his later adult years, has thus far proven to be rewarding and meaningful. However, he resents his attachment to the heterosexual world with which he still maintains strong links, especially in his work situation. He believes that he will not openly divulge his "new" identity until he has retired.

The above cases clearly illustrate two of Tripp's tenets. In the first instance, the critical period is directly related to the system of denial which was in operation for many years. In the second instance, the person's degree of commitment to his homosexuality facilitated his identity resolution.

Cass (1984) and De Cecco and Shively (1984b) add a further dimension to Tripp's thesis by emphasising the degrees of difference between homosexual identity and sexual identity. In their view, coming out, for many homosexuals, is seen to be an identity construct related solely to sexual acting-out behaviour. Homosexual evolution is thus mistaken for a pattern of sex behaviour, as the writer has consistently held. Roesler and Deisher cite a psychiatric interpretation

in this regard, and refer to sexually-fixated behaviour as "homosexual ideation" (Roesler and Deisher, 1972: 1023). Berger (1982a) emphasises the lack of uniformity in the definitions of coming-out, and lists three factors related to this phenomenon:

1. first sexual encounter
 2. openness with others about one's homosexuality
 3. self-recognition and self-acceptance.
- 

The essence of coming out, according to Berger, lies not in the steps described above, but rather in the acknowledgement of this overall process as "the most significant life experience of the person" (Berger, 1982a: 22-3). The root of this experience is the recognition that coming-out implies admitting that one is homosexual. This has been dealt with by Roesler and Deisher (1972) whose study also stresses the powerful significance of this life experience.

It is apparent from the data presented in the above table that the majority of respondents (ie 88%) acknowledged their coming-out process from mid-adolescence to adulthood (cut-off point at 29 years). Only three respondents admitted to coming out during the 10-14 year period, three in their mid-thirties, and two in their late forties. The average age for coming-out process was 22 years. This pattern corresponds broadly with most research findings dealing with the specific notion of coming out (Berger, 1983; Coleman, 1982; Gadpaille, 1980; Humphreys, 1972; Lee, 1977; Roesler and Deisher, 1972; Rueda, 1982). However, the mean age of

22 years is somewhat higher than that indicated by other studies (Dank, 1971; Hooker, 1965; Jay and Young, 1979; Lee, 1977; McDonald, 1982; Warren, 1974). This could be attributed to the fact that laws affecting homosexuals in South Africa are ambivalent and repressive. Identity is a social construct, and its variance is determined by social requisites and norms. Unlike the Northern American situation, where the homosexual liberation movement contributed to the coming-out process (in the sense that coming out became a shared, public experience), collective homosexuality in South Africa is still in the embryonic stages of coming out. Specific reasons for this include:

- 1 homosexuality and gay awareness is still fragmented from the totality of one's experiences;
2. the absence of legislation that counters discrimination;
3. the lack of support for homosexual identity and commitment adversely influences a person's readiness to adjust to the coming-out process;
4. societal disapproval, including the fear of parental disapprobation, tends to delay the coming-out process;
5. the dearth of supportive organisations (including counselling units), which could provide adequate role modelling and care, adds to the coming-out dilemma.

The writer now examines to what extent respondents in this study acknowledged coming out as a crisis for them.

TABLE 11

RESPONDENTS CLASSIFIED ACCORDING TO WHETHER OR NOT
COMING OUT WAS ACKNOWLEDGED AS A CRISIS

CRISIS	RESPONDENTS	PERCENTAGE
Yes	41	46
No	39	43
Uncertain	10	11
All Crises	90	100

Hardly any literature has described the actual phenomenon of crisis and its associated patterns of behaviour with regard to the coming-out process, although researchers have acknowledged some debilitating features of coming out. Jay and Young (1979) note the experiences of shame, guilt, poor self-esteem, self-hatred, and isolation, whilst Daher (1977), and Isaacs (1979b) describe elements of extreme anxiety. Colgan (1987) shows how separation and attachment may delay identity resolution, commenting that coming out simultaneously evokes an awareness of difference from other males, and an awareness of desire for other males -- thus creating dichotomous experiences of identity. Weinberg (1978) outlines the state of extended confusion that exists when labels become apparent and consequently force persons to deal with a homosexual identity. Bell and Weinberg

(1978), Cramer and Roach (1988), Gersham (1983), Jandt and Darsey (1981), and Muchmore and Hanson (1982) draw attention to some of the more debilitating psychological consequences of coming out, including internalised stigma corresponding to the spoiled identity syndrome (Ehrlich, 1981; Goffman, 1963; Hetrick and Martin, 1987), guilt, withdrawal from homosexual activities, depression leading to the need for psychiatric care, suicide and suicide attempts, as well as seeking ways and means to change. The work of Gershman (1983), and Colgan (1987) is closely allied to the crisis framework outlined in Chapter 3. They both emphasise that coming out, irrespective of the situation, will be stressful for the individual, and place him at risk.

Further debate as to whether or not coming out entails the experience of crisis is raised by a letter received by the writer from the editors of the *Journal of Homosexuality*. Wendell Ricketts (management editor) on behalf of John De Cecco (editor) writes⁽⁴⁾:

Although integration of same-sex fantasies, relationships and sexual behaviour into a personality can be traumatic, not everyone assimilating these feelings experiences a crisis. Many people manage to accept their feelings quite calmly, either acting upon them or not, either maintaining other kinds of sexual relationships or not. People are utterly resourceful and ingenious in the ways they construct relationships and in the ways they include sexuality in or exclude it from these relationships.

This statement both denies the growth-promoting feature of crisis and fails to recognise that crisis does not necessarily imply pathogenic behaviour, even if the experience is stressful or debilitating. Ricketts's contention that coming out is likely to be free of crisis is contradicted by the present research, which revealed that 46% (41) of the respondents openly identified a crisis attached to their coming-out experience(s). Forty-three per cent (39) of the respondents claimed not to have experienced a crisis; but 11% (10) respondents were "uncertain". Of these, five gave the following descriptions of their "uncertainty".

1. "I was frequently afflicted by suicidal depressions, was very tense and uptight, and experienced feelings of alienation."
2. "The crisis was extended over some years. Feelings of fear and anxiety were uniformly high for two years."
3. "Not easy. Traumatic and problematic."
4. "My mother had the crisis which affected me."
5. "... I recall a sense of loss. More in the realisation that the reality of homosexual experiences did not correspond to my dreams/fantasies of what it would be like!!!"

Thus, a crisis profile certainly existed for these respondents, even though they had expressed doubt.

In order to preserve the qualitative responses of the respondents who identified a crisis in respect of their coming out, the writer presents a chart of the commentaries of 26 respondents (see Chart 2, page 405).

In contrast to Ricketts's comments pertaining to the relative absence of crises among homosexuals in America, two major features are apparent from Chart 2:

1. The noticeable existential or egocentric nature of the crisis in the majority of descriptions ie the all-pervasive feelings of inner despair, the sense of hopelessness, and indications of internalised homophobia.
2. The attempt to resolve the crisis by acting out in behavioural terms. Such examples include suicide attempts, self-imposed social isolation, estrangement from family and friends, the deliberate withholding of information, dissolving of relationships, and geographical mobility.

CHART 2

CHART DEPICTING SUMMARISED COMMENTARIES OF 26 RESPONDENTS
WHO IDENTIFIED THE NATURE (OR PART THEREOF) OF THE CRISIS

RESPONDENTS
(N = 26)

COMMENTARY ON CRISIS PROFILE

1. Psychiatric treatment, suicidal attempts, rejection by parents.
2. Engaged to be married, broke off engagement, nervous breakdown, resulting in hospitalisation and shock therapy.
3. Sense of aloneness, loving another man is sinful, fear of sex.
4. Panic, fear, anxiety.
5. Loss of self-esteem, lack of confidence, depression.
6. Social anxiety, fear of parental rejection.
7. Fear of heterosexual encounters and pressures.
8. Fear of family or of friends finding out, hence feelings of shame and personal doubt.
9. Avoidance of family and friends, self-imposed isolation, moving to another city to avoid being discovered.
10. Constant state of panic.
11. Fear of family and friends finding out.
12. Poor self-esteem, relationship difficulty, poor day-to-day functioning.
13. Depressed, guilty, with feelings of perversion.
14. Suicidal, with one attempt at suicide.
15. Isolation and loneliness.
16. Social rejection, fear and anxiety.
17. Anxiety followed by relief, but stayed in "closet" for thirty years. Always felt that an impending crisis existed.
18. Failed twice at university. Suffered severe depression.
19. Saw distress in other gays. Identified with them, had a girl friend as well as a boy friend, felt fragmented.
20. Crisis related to transvestite issues, confused: attempted suicide on 2 occasions.
21. Family rejection, expelled from home.
22. Self-doubt, anxiety, inability to articulate feelings for fear of being exposed as a "moffie".
23. Parental disapproval, could not be open in public, felt like a fraud.
24. Fear of rejection by family and friends, fear of loneliness and abandonment, "thought I was the only person going through Hell".
25. Sense of complete disillusionment with the gay scene, self-imposed isolation.
26. Feelings of inner torment, guilt, and sexual discomfort.

The writer questions the validity of Ricketts's statements, at any rate, in the light of the South African gay experience. The American context might, however, well be different because of:

- (a) a Bill of Human Rights
- (b) the removal of homosexuality from the mental disorders list
- (c) legislation (in certain States) protecting minority and sexual rights
- (d) a strong gay activist and gay rights lobbying movement, including sub-groups of professionals
- (e) an immense support system and network of gay alliances with international affiliations.

Conversely, the absence of such conditions in South Africa and the lack of crisis services might account for the accentuated sense of crisis experienced by many of the respondents. Evidence of this is found in the table below.

TABLE 11A

RESPONDENTS CLASSIFIED ACCORDING TO WHETHER
OR NOT THEY BELIEVED THEIR CRISIS WAS DISTURBING

DISTURBING	RESPONDENTS	PERCENTAGE
Yes	40	44
No	17	19
Uncertain	6	7
Unknown	27	30
All disturbing	90	100

Just under half of the respondents (44%) qualified their crisis as disturbing. Seventeen felt their crisis to be manageable, and 6 were uncertain. Twenty-seven respondents failed to indicate whether the crisis was disturbing, even though they had acknowledged having had a crisis. On the other hand, 12 respondents who claimed not to have had a crisis in conjunction with their coming out, responded by saying that they were disturbed. Their comments included the following:

- (a) a threat of legal or police action
- (b) the leading of a double life with reference to employment
- (c) a need to father (or parent) children
- (d) the actual loss of employment by dismissal.

The word "disturbing" in the questionnaire possibly triggered a subliminal sense of discomfort, which elicited the responses mentioned above. In contrast to those reporting an "internal" crisis, or acknowledging a sense of distress, the disturbing features in the above instances all related to macro-positions which involve public opinion or influence. In other words, the disturbing feature was not experienced as egocentric, but rather as sociocentric. The writer speculates that this could be a defence against

anxiety. It is safer to acknowledge external or generalised issues, thus compensating for a sense of inner discomfort.

Although neither the time span nor the specific nature of the crisis was expressly asked for in the survey, the extent of relative debilitation, and the fact that half of the respondents acknowledged a crisis, has immense significance for the following reasons:

- (a) coming out is strongly related to crisis ✓
- (b) crisis responses in the main had negative consequences
- (c) the crisis was not experienced as a single incident, but as an internalised set of responses within a major identity struggle
- (d) the crisis was not of a short duration, but was often protracted. (In the case of respondent 18, the crisis spanned two years during which he failed his university courses on two occasions.)

Although coming out represented a release of tension, or a positive catharsis, for some respondents, Minton and McDonald (1984) concur that it is a significant event which could involve anxiety and confusion. Furthermore, the disparity which Cass (1984) notes between individual identity (self-perception) and social identity (the presentation of self to society) can be resolved through a process of psycho-cultural management. As coming out is one

feature of identity disclosure, a successful management style is a vital requirement for the integration of homosexual identity into a broader personal identity, thereby achieving a whole sense of self (Cass, 1984; De Cecco and Shively, 1984; Jandt and Darsey, 1981; Lee, 1977; Malyon, 1982b; McDonald, 1982; and Weinberg, 1978).

TABLE 12
RESPONDENTS CLASSIFIED ACCORDING TO
THEIR PATTERNS OF COMING OUT

PATTERN	RESPONSES	PERCENTAGE
1. It just happened	44	49
2. It was forced upon you	8	9
3. You sought out other gays	41	46
4. You read about homosexuality	34	38
5. People talked to you	22	24
6. Through therapy	11	12
7. Some other way	13	14

Responses to the questions whose answers are tabulated above were complex. The table confirms that coming out is not attributable to one feature alone (ie it does not suddenly "happen overnight"). An accumulation of events usually provokes "coming out". The following table indicates the number of answers that respondents gave to the question about what led them to "come out".

TABLE 12A
NUMBER OF RESPONSES GIVEN TO
QUESTIONS PERTAINING TO TABLE 12

APPLICABLE RESPONSES	PERCENTAGE
1	37
2	37
3	24
4	2
5	0
6	0
7	0
ALL	100

Table 12A indicates that almost two-thirds (63%) of the respondents attributed their coming out to two or more contributing factors, and underscores the complexity of this process.

The two most pronounced events in the coming-out process were reportedly "it just happened" (44 responses) and "you sought out other gays" (41 responses). Other research affirms this. Firstly, Richardson (1984) confirms that homosexuality "happens" and develops from a state of being (corresponding with the writer's notion of homosexual sensation) into sexual desire, sexual behaviour, and sexual identity (Richardson, 1984: 80-85). This supports the writer's premise that the homosexual happening is a major contributing feature in the coming-out process. Secondly, the seeking out of other homosexuals represents an active

searching for confirmation, and is inextricably linked with the identity growth pattern, as Hammersmith (1987), Hart (1984) and Hetrick and Martin (1987) have also found. The sub-culture is possibly the most powerful force in facilitating the coming-out process, as it provides the arena for seeking out. Although the respondents did not give much information in this regard, some indicated that the "happening" usually occurred with a significant person who introduced them to other gay people. Complementing this finding are the 13 responses accorded to "some other way". All 13 indicated that a special person, described as a "close friend", a "family member", or a "well-adjusted" gay man, helped to facilitate the coming-out process. Other external factors which catalysed the coming out included psycho-therapy, homosexual literature, and talking with others.

The small number of respondents who felt that their coming-out had been "forced upon" them calls for comment. Although these responses belong to those respondents who indicated that they had been seduced or raped in their childhood, such sexual exploitation cannot be seen as a specific feature that determines homosexual identity (Jay and Young, 1979). This contradicts certain stereotypical myths which hold that homosexuality is caused by traumatic experiences. They must be seen merely as predisposing factors and must be placed within the entire context of experiences (Daldin, 1988; Lee, 1977; Mieli, 1980; Sagarin, 1973; and Weinberg, 1978). This

point has implications for the recent upsurge in South Africa in police intervention in cases of alleged child abuse and sexual molestation (see Appendix 8). Opinion has it that some child molesters (or paedophiles) are homosexuals who themselves were seduced as young children, and are therefore repeating patterns of learned behaviour. The writer, however, believes that sexual abuse per se does not cause a homosexual identity, and the overall findings of this survey with regard to coming out appear to confirm this belief.

The low response rates indicating psycho-therapy as a feature facilitating coming out must be seen in context. Although some respondents indicated that therapy increased their self-esteem, and eased their confusion, they did not see therapy as the major contributing factor. Psycho-therapy in South Africa has had the reputation of being homophobic, and therapists have tended to advocate change into heterosexual patterns of behaviour⁽⁵⁾. The psychiatric treatment reported by respondents included aversion therapy, shock treatment, chemotherapy, and attempts at religious conversion. Some parents, upon discovering their sons' homosexuality, forced them to undergo psychotherapy -- in order to change. It is only during the last few years, since the inception of GASA counselling centres in Johannesburg and Cape Town, that homosexual persons have been able to receive appropriate and supportive therapy. The writer has insufficient information about the wider

mental health services and individual clinician's responses to homosexuals to comment on how homosexuality has currently been "treated" by them, and does not wish to report hearsay.

In sum, the coming-out process is characterised by:

- * a search for identity
- * a confirmation of identity needs
- * a need for personal resolution via adequate role models
- * a need to deal with conflict through the medium of psychological intervention.

TABLE 13
RESPONDENTS CLASSIFIED ACCORDING TO
THEIR EXPERIENCE OF OTHER GAY-RELATED CRISES

OTHER GAY CRISES	RESPONDENTS	PERCENTAGE
Yes	55	61
No	29	32
Uncertain	6	7
All other gay crises	90	100

More than half of the respondents (61%) indicated that they had experienced a crisis related to some other aspect(s) of their homosexuality. The commentaries overall affirmed that the crisis was identity-specific, and focused essentially on

sociocentric criteria already noted amongst those who found coming out a disturbing experience. Minton and McDonald contend that sociocentricity emerges when the individual has a heightened awareness of possessing a homosexual identity and a corresponding awareness of the societal attitudes about the homosexual role (Minton and McDonald, 1984: 97). Other studies corroborate that the homosexual experience is strongly determined by society and social attitudes such as homophobia (Bohn, 1984; Ehrlich, 1981; Gramick, 1983; Morin and Garfinkle, 1981; and Siegel, 1981). Weinberg typifies the sociocentric response as a variant pattern with the following profiles: engage, suspect, and label. His interpretation of the sociocentric features of identity development confirms that homosexuals reinterpret their behaviour as "homosexual" when they perceive changes in the behaviour of their friends or significant others towards them, or when they come into contact with self-defined homosexuals (Weinberg, 1978: 143).

This tendency to externalise the crisis can be linked to the notion of power (Foucault, 1976). The experiencing of crisis may be related to the absence of a central power base, particularly with reference to the institutionalised structure of masculinity. Homosexuals feel that they have to live up to the traditional images of masculinity dictated by the parent culture. These images or notions of masculinity are incorporated into homosexual imagery. But because homosexual imagery is usually judged by society as

weak and effeminate, gays experience crisis as a result of the dissonance between external and internal symbols. Crisis may thus decrease a sense of masculinity, thereby perpetuating a sense of weakness. This point is typified in the following statement to the writer from a client: "I was afraid of coming out because I thought I would turn into an effeminate man." Carrigan, Connell and Lee, writing within the context of power and hegemony, support the above and believe that any kind of powerlessness among men readily becomes involved with the imagery of homosexuality (Carrigan, et al 1987: 86).

A major factor contributing to the "stalling" of homosexual identity, viz religious guilt, is noticeably unrecorded by the respondents. Yet religious factors have been well represented in the crisis profiles of a number of clients seen by the writer. In essence, religious doctrines, usually of the fundamentalist kind, have caused persons considerable delay in negotiating their identity synthesis. Oppression of homosexuality is rooted in the Judeo-Christian tradition, which tradition remains a firm foundation for socially-accepted behaviour patterns in Western cultures. The crisis of identity has strong connections with religious feelings, which are the source of much distress while coming out. In the present research, religious guilt, where not positively identified, may have been due to the respondents disguising their religious feelings under different notions,

such as "guilt", "perversion", "parental wrath", and "conservative family background"(6).

Gay crisis thus comprises an egocentric stage (discussed in Table 11) and a sociocentric stage. This dual phenomenon compounds the process of identity synthesis and represents a key dimension of homosexual identity development. Crisis is not only an externalised response to an internal event; inner turmoil is also generated by perceived external factors including societal attitudes, "normal" heterosexual functioning, religious doctrines, existing legislation, and so on. This often retards the experience of coming out, or delays it.

TABLE 14
RESPONDENTS CLASSIFIED ACCORDING TO
PERCEPTIONS OF CRISES OF COMING OUT IN RESPECT
OF SIGNIFICANT OTHER GAYS

CRISES IN OTHERS	RESPONDENTS	PERCENTAGE
Yes	81	90
No	5	6
Uncertain	4	4
All	90	100

An overwhelming majority of respondents (90%) acknowledged that they had known other gay people who had experienced a crisis with their coming out. It is difficult to determine

from this information the exact nature or degree of intensity of such crisis in others, or the level of participation of the respondents therein. The question served the purpose of diffusing a possible sense of "shame" in admitting a personal crisis, by allowing respondents to project onto a safer and more distant object. Furthermore, the response to this question demonstrated that the experience of crisis related to coming out was not confined only to the respondents, but was, in their view, applicable to other members of the homosexual collective.

This point must be taken one step further. Perception of crises in other gays may be influenced by the myth that gays are crisis-prone. Feelings, therefore, pertaining to "other gay crises" are intensified as a result of antipathy towards the gay sub-culture, and gay relationships, in general. Many gay persons anticipate gay crises without necessarily experiencing them -- the gay homophobic syndrome (Ehrlich, 1981). This creates a biased anticipatory fear in respect of expressions of intimacy. In consequence thereof, inner feelings of hostility are projected onto the gay sub-culture. This internal distance from gay objects, related to the terrifying consequences of being labelled "gay" or "homosexual", allows for the projection of crisis onto a collective persona, ie other gays. This feature has been further noted in the discussion of Table 13 in this chapter.

TABLE 15
RESPONDENTS CLASSIFIED ACCORDING TO
THEIR PERCEPTIONS OF THE NOTION OF DIFFERENCE
BETWEEN HOMOSEXUALS AND OTHERS

SENSE OF DIFFERENCE	RESPONDENTS	PERCENTAGE
Yes	53	59
No	25	28
Uncertain	12	13
All	90	100

Nearly 60% of respondents considered that gay people in general believe that they are significantly different from the "man in the street". This suggests a widespread notion of homosexual separateness. As previously indicated by the writer, the gay sub-culture perpetuates a sense of "difference" or "specialness", primarily in order to nurture the gay ethos. From a more pragmatic point of view, this sense of difference has a historical legacy. Medical and socio-legal assertions have typecast homosexuals as "different". Part of this difference has emerged from labels including disordered, deviant, promiscuous, queer, perverted, and so on. Homosexuals have thus had good reason to think of themselves as separate and distinct. As a result, the gay sub-culture gained its recognisably modern form where that very sense of difference is pronounced, and promoted via its iconography, symbols, vernacular, behavioural styles, and sexual expression.

The sub-culture also serves as an "extended surrogate family" for the gay collective. In fact, gay people refer to other gays in their social orbit as "the family"⁽⁷⁾. This creates an immediate sense of belonging, which simultaneously rates the person as different from others by virtue of being gay, and embraces him into the symbolic family network.

Perhaps the most constant feature in a homosexual person's life space is the institutionalised ritual of the sub-culture which has a universal set of codes and behaviours, yet, like a family system, also perpetuates and maintains its own idiosyncratic style. Hartman (1978) speaks of the eco-map of the family which basically portrays a family structure, its systems, an extended network of interactions, and the sources of nurturance, stimulation, and support that are essential for the survival of the family. This ecological metaphor assists us with the notion of the gay family, which may be broken down into two components, viz, the micro-family and the macro-family.

The micro-family fosters the sense of difference according to local (indigenous) factors. It comprises separate groupings of persons such as English- and Afrikaans-speakers, the "sophisticated set", the political "alternatives", and the drag-queen set, who at times collectively participate in the wider sub-culture. The micro-family thus tends to divide and compartmentalise gays into cliques by emphasising differences with regard to

maturity, life-style behaviour, values, education, politics, language, and culture. In so doing, it compounds the process of identity development by perpetuating the experiences of duality and tripartite confusion, discussed above in Chapter 2.

The macro-component universalises the gay context, and creates the foundation for the rules and regulations which govern gay behaviour. These rules, according to the symbolic interactional paradigm, infiltrate to the micro-system creating various alignments and power coalitions. Minuchin (1974) uses the concept of enmeshment to describe the interaction preferred by such sub-systems. Enmeshment essentially refers to "being trapped in the biography of the family" with the behaviours of members immediately creating a marked effect on each other. Enmeshment, in the context of "gay difference", refers to:

- (a) the need to perceive and experience the sub-culture as separate and distinct from other cultures, including the parent culture
- (b) the need to create alternative family systems which respond as surrogate caretakers
- (c) the need to perpetuate a sense of difference by ensuring that the ritual of the sub-culture remains within the surrogate family. (Should there be a fusing of the sub-culture (gay family) with the parent culture (heterosexual society), the identity base would become blurred, thus

disturbing the homeostasis of identity needs.) However, only when partial or appropriate disengagement from the sub-culture occurs are persons likely to perceive themselves as distinct individuals, thereby acquiring the status of being "field independent" (see Chapter 2). This feature is noticeable in certain comments offered by some of the 25 respondents who believed homosexuals (or gays) were not significantly different from others.

In determining the fundamental nature of difference, the responses of the majority of respondents show the following:

1. that the difference is primarily sexual
2. that the difference is based on a "collective" notion of sensitivity, or an undifferentiated gay ego, which upholds the universal myth that gays are more sensitive, artistic, emotional and vulnerable
3. that the difference is perpetuated by the "ghetto mentality" or "cloning syndrome". Such respondents in particular indicated that they see themselves as gay first, and then as people. De Cecco believes this to be a gay socialisation process, which promotes the image of the gay individual as a distinct identity, particularly in order to gain minority status (De Cecco, 1984b: 52-54).

4. that the difference is maintained because of victimisation and varying degrees of oppression.

A more recent view of the notion of difference has been expounded by Carrigan, Connell, and Lee. They affirm that the social space of homosexual relationships is rapidly changing. These relationships are less marked by the rules of gender division. Distinctions between "invert/pervert", the "active/passive" and the "masculine/feminine" homosexual man may have lost their former significance (Carrigan, et al 1987: 88).

This observation in conjunction with the writer's comments in Chapter 2 focus on the root of the crisis of difference, and its impact upon identity.

TABLE 16

RESPONDENTS CLASSIFIED ACCORDING TO WHETHER OR NOT
THEY WOULD LIKE TO HAVE A CENTRE ESTABLISHED
FOR PERSONS WITH HOMOSEXUAL CONCERNS

ESTABLISHMENT OF CENTRE	RESPONDENTS	PERCENTAGE
Yes	79	88
No	3	3
Uncertain	8	9
All	90	100

An overwhelming majority of respondents (88%) thought that a Centre should be established to deal specifically with

homosexual concerns. (The object in starting the 60-10 Group was primarily to provide a contact group for meeting people with an emphasis on social and recreational activities.) The high response rate in favour of such a Centre was based on certain aspirations reflected in the commentaries.

- (a) A Centre (or counselling unit) could serve as a legitimate unit of interaction. It would possess the status of a bona fide organisation which would not be directly associated with a gay venue that ascribes to the cult of sexuality.
- (b) The Centre could also function as an arena for "becoming public".
- (c) The Centre could operate as an independent organisation which would be homophilic rather than homophobic.

Historically, gays in South Africa have had to rely on predominantly heterosexual agencies and private practitioners (not necessarily gay) for assistance. Research in this respect, notably that of Dardick and Grady (1980), De Crescenzo (1984), Greenberg (1976), Margo (1976), and Messing et al (1984), consistently confirms that health care professionals display homophobic responses towards homosexuals. In contrast, however, Greenberg reports as

follows on the effects of a homophile organisation on both the self-esteem and alienation of its members:

The data indicated that new members [to a homophile organisation - The Mattachine Society] could expect to feel a greater control over their destiny - decreased powerlessness - and an increased sense of having rules, regulations and standards with which they could abide - decreased normlessness.

(Greenberg, 1976: 316)

The generalisability of Greenberg's study should be treated with caution because of the limited sample size ($N = 9$). Nevertheless, homophile organisations, including counselling centres, are undoubtedly a response to a need for creating a safe and understanding environment for gays.

His findings have relevance for the present study, in that new members responded to the organisation with a sense of identity pride, whilst at the same time noting that, as their participation increased, their sense of alienation towards the organisation also increased. This corresponds to the pattern experienced by GASA 60-10 members whose participation began to decline. This will be discussed further with reference to Table 17.

The homophile organisations which exist in the United States (Rueda, 1982) have a strong activist, lobbying powerbase (and are inextricably linked with liberation attempts). By contrast the respondents in the present study all preferred the softer notion of a counselling unit -- which would

presumably deal with individual needs rather than addressing social challenges through collective appeal. On the other hand, the 3 categorical "no" responses, and 8 "uncertain" responses indicate that some of the respondents were unhappy with a purely service-oriented organisation, believing that it would promote the "predicament" or "plight" of the homosexual, and thereby further alienate him from the mainstream culture.

Nevertheless, the results of the present survey strongly affirm that a Centre providing help was a priority for the respondents, and their wishes were fulfilled by the advent of a counselling service which grew in parallel to the establishment of a community centre, known as the GASA 60-10 community centre (Pegge, 1988b). This Centre provides the following:

1. a 24-hour telephone counselling and information service operated by trained volunteers
2. a weekly counselling clinic which provides therapeutic psycho-social counselling on a face-to-face basis, and is staffed by voluntary professional social workers (including the writer who serves as Deputy Director)
3. AIDS anti-body testing, including pre- and post-test counselling
4. educational functions such as lectures, seminars, and group discussions

5. social activities such as parties, "happy hours", and video evenings
6. organisational functions such as committee meetings and Annual General Meetings
7. a library service through which books are available on loan
8. a printing service for the distribution of a monthly newsletter and magazines to serve approximately two hundred members
9. support-groups for, for instance, persons with HIV infection, gay parents, gay alcoholics, and gay Christians.

The establishment of 60-10 as a community-based organisation with a counselling function has set the precedent for other gay groups in South Africa. These eventually merged as a national body, ie GASA. Initially, attempts were made by certain gay leaders sympathetic to liberation politics to use the organisation as a base from which to further aspects of gay liberation. Predictably, this resulted in dissension within the ranks of the organisation, and consequently a decrease in its membership and the breakaway of politicised splinter groups.

In general, the reluctance of gay organisations in South Africa to address political issues may be attributed to the following:

- (a) political activism is deemed to be irrelevant to the immediate personal needs of members
- (b) there exists in South Africa a sanction against open political debate (for example, the State of Emergency regulations, and the banning or imprisonment of politically undesirable persons)
- (c) the political needs of many privileged white homosexuals are satisfied by the status quo. (GASA was in fact formally expelled from the International Gay Association in 1987 because it was perceived to condone the apartheid regime.)

After the demise of the national Gay Association of South Africa which occurred during 1987, an interim committee was formed (for which the writer served in a consultant capacity) to create a Gay Alliance of South Africa. Although this Alliance has not been formally accepted or subscribed to in South Africa, its mandate is to promote regional organisations which will function autonomously according to their own needs and priorities. GASA 60-10 still retains its name. Its principal function is however that of a service-rendering organisation, and, in the words of Pegge (1988b: 1): "This is the only 24-hour help and information service catering specifically for gay concerns on the African Continent". Thus a Centre to serve the needs

of the gay collective, so much desired by respondents, has indeed materialised.

TABLE 17
RESPONSES CLASSIFIED ACCORDING TO RESPONDENTS'
FEELINGS TOWARDS THE 60-10 GROUP

FEELINGS	RESPONSES	% RESPONSE
1. Could help with coming out	42	47
2. Alleviates loneliness	27	30
3. Facilitates meeting people	60	67
4. Bore me	12	13
5. Dislike it because it caters for gays only	4	4
6. Members are snobbish	6	7
7. Could provide relevant information for gays	76	84
8. Other	9	10

TABLE 17A
NUMBER OF RESPONSES GIVEN TO
QUESTIONS PERTAINING TO TABLE 17

APPLICABLE RESPONSES	PERCENTAGE
1	19
2	34
3	24
4	14
5	6
6	0
7	2
8	0
ALL	100

The number of responses each individual respondent made to each question (see Table 17) indicates a similar pattern as is found in Table 16; viz, that the group was in favour of the establishment of a centre that would provide psycho-social support for gays. Yet, by far the majority of responses (76, or 84%) indicated that relevant information was the main need that 60-10 should meet; followed by the 60 (67%) who mentioned the opportunity for meeting people. The writer was somewhat surprised that the alleviation of loneliness had a response rate of only 30%. Loneliness is in his opinion by far the most widespread psycho-social variable that confronts homosexuals. Besides the fact that the majority of homosexual clients seen by the writer indicated that loneliness was an all embracing feature of their lifestyle, figures from the GASA 60-10 Counselling Annual Report pointing to coming-out difficulties (excluding AIDS issues), confirm this (Pegge, 1988b: 1-2). However, the respondents to the questionnaire might have seen the need for "meeting people" as being of the same order as "alleviating loneliness".

It is important to note that 60-10 was perceived as a vehicle in the coming out of members (42 responses). Gay Liberation as a movement resulted in the development and sustainment of gay organisations. Coming out is simply one aspect of this movement. Greenberg attests to this, believing that homophile organisations (within the confines of his study) provide individuals with a sense of power that

contributes to an ability to control their future "perhaps through political maneuverings [sic] possible via organisational participation" (Greenberg, 1976: 314). In South Africa there is still a continuing private and public form of reticence -- a fear of being perceived to be homosexual. Few traces exist of an accepting (and well-defined) community where gay people could meet with each other. Lee (1977) argues strongly for the concept of "power" in the coming-out period -- with its association of belonging to a "gay group". He itemises the coming out process as follows:

- Step 1 first debut
- Step 2 regular at bars
- Step 3 out to heterosexual friends
- Step 4 out at work
- Step 5 in gay lib group.

Step 5, the "last" phase in this graduation process, is linked to power. Lee states: "The act of going public, while seemingly an act of powerful individualism, is in one sense a rejection of the individualist ideology in favour of the concept of community" (Lee, 1977: 64). There is no sense of a collective community in South Africa, as the writer has made clear. It is therefore safer for gay persons to assign a "helping" (or lower-profile) status to a local gay group. Coming out is a far more acceptable goal for a group of persons who are still struggling with the

concept of going public. They have not yet reached the requisite stage of identity synthesis (Cass, 1979, 1984; de Monteflores and Schultz, 1978; McDonald, 1982). Going public, even within the context of a gay group, involves the recognition and acceptance of community (Hodges and Hutter 1974). This has not yet been achieved within the South African gay context. More simply put, gays do not trust their "families" (ie the gay micro- and macro-family discussed above à propos of Table 15), even though they need them. This confirms the "double bind" status of homosexuals as described in Chapter 1.

In reflecting upon the above, the following explanatory comment suggests itself:

1. The predominant feelings of the universe were contained within an altruistic context. Altruism is one of the classical defence mechanisms and is described as a vicarious but constructive and gratifying service to others. Altruistic surrender in part involves relinquishing direct gratification in favour of fulfilling the needs of others to the detriment of the self (Freedman et al, 1976: 256). Altruism might thus account for the 78 percent (70 respondents) who responded positively to the question whether or not respondents would like to help gay people in distress (see Table 18 for further details).

Pegge confirms this. In describing the services of GASA 60-10, he shows that out of 54 service volunteers (both lay and professional) 38 had sought counselling assistance (Pegge, 1988b: 5).

2. It would seem that the needs expressed above are indeed the specific needs of the universe themselves, ie introjected needs. Homosexuals have difficulty in avoiding labels in which their lifestyle is described as a "condition". The notion of deviancy is thereby justified; which in fact perpetuates "deviant" behaviour, and the continual rejection of the norms of the parent culture continue.

The questions designed to tap (or measure) responses dealing with possible gay homophobia ie "it bores me", "caters for gays only", and "members are too snobbish" received a surprisingly low response rate.

A possible explanation is that the participation in the group was still a novel experience. It had only been operational for 18 months when the survey was done. It has been noted by the writer, however, during the maturation process of GASA 60-10, that these gay homophobic features have indeed become operational. Members have left for the reason that the group is gay only, its members are snobbish (a euphemism for "uptight queens"), and that they are bored. This notion of "boredom" needs explanation. Boredom in this

context reflects upon the lack of homo-erotic stimulation offered by 60-10. A "burn out" occurs, including a substantial sense of disappointment when erotic features (such as freely available opportunities for sex, a fixation at sexual levels of camping, and overt sexual behaviours) are absent. One respondent stated in his comment: "I'm tired of the same old faces. I want excitement. It's like coming home to a boring family. I'm sick of the closed and incestuous nature of 60-10".

The paradox reflected by the above-mentioned results must now be addressed. Whilst the respondents indicated that 60-10 would (a) alleviate loneliness and (b) facilitate meeting people, the gradual lack of interest displayed by members (as epitomised in the commentary cited above) is closely related to the notion of impersonal sex ie without commitment, obligation, or a long-term social relationship. The emphasis is on the transiency of sexual experiences and the homo-erotic. Whilst 60-10 was initially perceived as a place where social relationships could be developed without the accent on sexuality, over time a pervasive disappointment became noticeable, corroborating the study by Weinberg and Williams in the seminal document on "Gay Baths and the Social Organisation of Impersonal Sex" (in *Social Problems*, 23, 1975: 124 - 136). They write:

Because of the singular purpose often involved in impersonal sex, many males do not want a complex or broad social relationship. Thus from their perspective it is desirable to limit nonsexual

social interaction. This desire is often related to the wish to conceal the activity or to avoid involvements that could compete with established relationships (eg romantic relationships). It is also related to shyness or a wish psychologically to compartmentalise the activity. In effect, none of the aspects of a primary relationship would appear. The interchange would be easily transferable from one partner to another and narrowly confined in its social depth and breadth.

(Weinberg and Williams, ibid: 131)

Their observations, along with the findings above, confirm the critical significance of the transitional object as a factor in homosexual identity development as discussed in Chapters 2 and 4.

The question dealing with the possibility of the respondents helping gay people in distress received an interesting response which is reflected in Table 18.

TABLE 18

RESPONDENTS CLASSIFIED ACCORDING TO WHETHER OR NOT
THEY BELIEVED THAT THEY WOULD LIKE TO
HELP GAY PEOPLE IN DISTRESS

HELP PEOPLE	RESPONDENTS	PERCENTAGE
Yes	70	78
No	9	10
Uncertain	11	12
ALL	90	100

Although this might be interpreted as an altruistic response, the writer believes that further psychological

variables are evident. By dealing with someone else's vulnerabilities, perspective may be gained in respect of similar problems or positions experienced by the respondents themselves. Furthermore, helping others is a safe (or safer) way to deal with one's own coming-out status. Measures of "worse" or "better" can effectively be matched against the predicament of others. This, in essence, could either detract from one's own experiences, or add to the already existing burden. A measure of "gay curiosity" or "gay voyeurism" is advanced; comparative situations are explored and dealt with through shared victim-like responses. In this case altruism would reflect a negative identity, which would be reinforced by the mutual and reciprocal experiences of the counsellor and counselled. Conversely, however, Smith warns us that altruistic responses might not always be linked with avoidance of anxiety or maladaptive responses. Many homosexually adjusted persons who have dealt with (a) loss, (b) the burdens of homophobia, and (c) social stigmatisation have developed "superior coping skills" and, within the context of a consolidated self-image, are in a position to be helpful to other people (Smith, 1988: 70).

TABLE 19

**CLASSIFICATION OF RESPONSES DEPICTING
THE POSSIBLE HELPING STYLES OF THE RESPONDENTS**

STYLE	RESPONSES	PERCENTAGE
1. on your own	43	48
2. via the 60-10 group	36	40
3. through some other formal organisation	29	32
4. through some other channel	17	19
5. uncertain	22	24

TABLE 19A

**NUMBER OF RESPONSES GIVEN TO
QUESTIONS PERTAINING TO TABLE 19**

APPLICABLE RESPONSES	PERCENTAGE
1	54
2	17
3	12
4	8
5	1
Unknown	8
ALL	100

Just over half of the respondents (54%) identified one category of helping, but the response of the rest reflected a substantial decrease in the options. (One respondent ticked all the possible items, including that of "uncertain".)

Options of "on your own" and "via the 60-10 group" occurred most frequently. Respondents who indicated that they would prefer to help people on their own were largely drawn from the category of highly skilled persons as described in Table 8. Some of them were social workers, doctors, lawyers, or psychiatrists, who suggested that their skills would enable them to handle gay issues at an individual (and private) level.

The writer believes that there is a symbolic interpretation of this result as well. The reader will recall that Table 12, which dealt with coming out, included the item "it just happened". This "happening" was facilitated by a "significant other" who helped with the coming-out process. This co-incides strongly with object-relations theory (Scharff, 1982) which deals with the learning cues specifically associated with sex role identity during infancy (Murray, 1968). Coming out may be described as a "rebirthing experience", and the association with a significant person during this process is imprinted in the person's psyche. Coming out in most cases induces a state of psycho-social vulnerability, and psychological regression is not uncommon. In crisis parlance this renders the person extremely vulnerable, with minimal defences, and highly susceptible to external influences. Therefore significant persons replace the biological models (parents) in respect of relevance and importance. This, too, may be the prelude

to the initiation of the "micro-family" as discussed previously. It has not been uncommon, for example, for the writer during his many experiences of facilitating the coming out process for individual clients, to be referred to as "the midwife" (the significant person assisting with the birth process). This metaphor emphasises the symbolic importance of the significant other as a person primarily involved in contributing to the discovery of identity. It was perhaps in recognition of this that some respondents felt that they would like to help others.

The 60-10 group as the vehicle for helping drew the next highest response rate (40%). This is an expected outcome, for the respondents, in the main, perceived or believed that 60-10 could fulfil a direct service function. Commentaries offered in response to the other categories of helping chiefly came from persons who were bonded to service organisations such as Life Line, welfare organisations, or religious groups; in other words, from social workers, priests, pastoral workers, personnel officers, and such like. Respondents who reflected an "uncertainty" in respect of offering help to others were vague. Some indicated "it doesn't matter", others commented "I don't know". A few respondents offered alternatives, including "T-groups", "rap groups", and "assisting with research" as examples. One respondent commented that his "uncertainty" was prompted because of the "semi-confidential" nature of counselling.

He explained: "Gays have big mouths and are bitches and will spill the beans to all and sundry."

The final question asked of the respondents (see below) was prompted by the fact that:

- (a) the writer had suspected that systematic research into the private world of gay persons would ostensibly re-inforce their status as research-worthy;
- (b) some respondents in the pilot survey were uncomfortable about confidentiality and the purpose of the research;
- (c) the writer believed this question could elicit:
 - (i) anger or passive-aggressive responses
 - (ii) certain attitudes towards scientific research into homosexuality (the reader will recall that the reply rate to the questionnaire was high, indicating a positive sentiment towards the survey);
- (d) an opportunity for the respondents to be "debriefed" after filling in the data (this could provide an outlet for negative and positive feelings and for commenting on their own sense of participation).

The results are contained in Table 20.

TABLE 20

RESPONDENTS CLASSIFIED ACCORDING TO THEIR FEELINGS
AS TO WHETHER OR NOT COMPLETING THE QUESTIONNAIRE
WOULD INFRINGE UPON THEIR PRIVACY

INFRINGEMENT	RESPONDENTS	PERCENTAGE
No	83	92
Yes	5	6
Uncertain	2	2
ALL	90	100

Nearly all the respondents (92%) indicated that the questionnaire was not an infringement on their privacy. Their comments were warm, congratulatory, and supportive. Many indicated a relief that research was being undertaken (this removed the writer's initial discomfort).

Others noted that the research could ultimately provide apposite information for both the homosexual and heterosexual population. Respondents' positive comments (for example, the call for the "defusing of myths", "it's about time such research was undertaken", and "maybe we can learn about ourselves") coincided with the theme of "needing relevant information" discussed previously.

Those respondents who felt that the research was an infringement on their privacy (6%), all indicated a fear of

betrayal in respect of confidentiality. It is assumed that either they had had uncomfortable experiences with breaches of confidentiality in the past, or that they believed their overall responses could expose them "publicly". The 2 who gave uncertain responses (2%) offered no written comment. The writer, however, wishes to mention that, although the tenor of responses to his survey study indicated a considerable show of support, a recent research study undertaken by a post-graduate student at a University in the Transvaal was slated by the national gay publication, *Exit*. In an editorial, the gay collective was warned not to co-operate because the credentials of the researcher were suspect (*Exit* 29, June/July 1988: 1).

Dardick and Grady (1980) confirm that cautious attitudes exist towards research. They specifically deal with the "openness factor" between gay persons and health professionals. "Explicit and implicit features of prejudice" towards homosexuals by health-care workers were noted, creating a suspicion and lack of trust in the homosexual sample (Dardick and Grady, *ibid*: 117). The writer therefore concludes that the positive response rate earned from his respondents reflected trust in and confirmation of his role in the community as a concerned and bona fide social worker and researcher. It endorses

Warren's (1977) appraisal of field work in the gay world.

She comments as follows:

Field research in the gay world is shaped by two factors: the secrecy of many gay groups and the stigmatisation both of gays and of researchers who study them. In the context of the stigmatisation of gays, researchers must be particularly careful about the protection of respondents' identities. The literature on role-playing in the field, entree [sic], trust, and research bargains does not adequately portray the processual and problematic character of field work negotiations. Researchers cannot select and play a role, since others cast them into a variety of roles. Entree [sic] into public gay settings is easy; entree [sic] into more private arenas depends upon the establishment of interpersonal relationships. The major research bargain in informal relations is identical to that in every day life; a mutual exchange of interest and interaction.

(Warren, ibid: 93).

In conclusion, the thesis in its entirety involves the application of crisis intervention theory to crisis experienced during the various stages of homosexual identity development. The questionnaire, whilst not a sophisticated research instrument to deal with all the stages of identity development (including crisis resolution or the lack thereof), was successful in identifying some of the major objectives of the study outlined in Chapter 1, and discussed below in Chapter 9. A summary of the findings follows.

The universe was primarily a "young-old" sample of the gay collective in Cape Town. Respondents were drawn from a privileged, white, urbanised set of respondents with access to urban living conditions, including the gay network. They

were, with the exception of seven persons, all employed or studying.

The age profile depicting the first instances of sexual attraction towards persons of the same sex clearly supports the view of the homosexual sensation as occurring as early as infancy, and peaking in mid-adolescence.

The coming-out experiences were manifest somewhat later, with a notable bias towards late adolescent and early adulthood. Coming-out patterns were diverse and indications of protracted developmental issues were also evident. Coming out occurred chiefly as a response to the efforts of significant others and was described in existential terms as a "happening". Coming out was not a factor that occurred suddenly; a combination of experiences and events contributed to the beginnings of self-ownership.

A crucial piece of information to emerge was the concurrence by almost half of the universe that a crisis or crises were linked to their coming out experiences. At least half of the universe indicated that the crisis was disturbing, and highlighted some pathogenic responses to this crisis.

Crises were also experienced by over half of the respondents in respect of other gay-related concerns, and these indicated an obvious link to the coming-out crisis profile. A clear discrepancy was, however, seen to exist between

personal crises (with coming out) and other crises (related to non-coming-out issues, and the perceptions of crises in others). This discrepancy highlighted the notion that coming-out crises were egocentric and painful responses as opposed to the sociocentric responses of other gay-related crises (in self or others). The findings illustrate that self-perceived crisis during the early stages of identity formation was difficult to negotiate. Crisis as an external phenomenon induced by society was easier to accept. The impact of the crisis was thus reduced to a "blame factor", which, when translated, indicates internalised homophobia.

Almost all the respondents believed that other gays in their social orbit had experienced a crisis with coming out. This confirms the overall contention of the writer that coming out and crisis are associated. It is safer to recognise crises in others, thus detracting from the possible debilitating features of "crisis in coming out". In this way the burden of identity development and consolidation is compounded.

The fact that almost 60% of the respondents believed that gays are different from others supports the individual and collective notion that identity is maintained and contained within the subculture. The major emphasis of difference appeared at two levels, noticeably that of sexual difference and sub-cultural affiliation.

Almost all the respondents believed that the need for a Centre should be allocated a high priority by the 60-10 group. This indicates a strong desire to establish a homophile organisation, which would ultimately cater for gay needs and provide for expansion into the wider community. Most of the responses affirmed the belief that 60-10 should in the main fulfil a counselling function. Few responses reflected an activist or "lobbying" function, with a political content to it. Responses were chiefly altruistic and based on individual care. Contrary to the writer's expectation, respondents (at the time of the survey) showed no overt hostility towards their affiliation to 60-10. They saw it chiefly as a vehicle for information, alleviating loneliness, meeting people, and helping with coming out. Furthermore, the majority of respondents indicated their desire to help other gay persons, a desire based on a sense of altruism and a recognition of the contribution significant others can make in facilitating coming out. Finally, the warm and supportive messages the writer received suggested a readiness of the respondents to risk themselves and add a further dimension to their overall experiences of being gay.

NOTES

1. It must be remembered that the establishment of GASA 60-10 was networked primarily from the gay populace in the Greater Cape Town Area, and that the demographic profile cited in Table 7 is relevant for 1982, the year in which the survey was conducted. With a different emphasis on membership recruitment, the nature of GASA 60-10 might be considerably different in the near future.
2. A striking feature to emerge from the overall research, is that the "public" gay collective as manifest in bars, clubs and social gatherings is (with a few exceptions) overwhelmingly dominated by white males.
3. Personal communication with senior flight attendants of the South African Airways. This has also been confirmed by Mr J. Pegge of the AIDS Support Group in Cape Town.
4. This was a response to a request by the writer to the Editor of this Journal. The writer requested information pertaining to published material on crisis, coming out, and homosexual identity growth.
5. Some clients have related severe homophobic responses from previous therapists. Part of the homophobia is reflected in the treatment methods used, which have included shock and aversive therapy. The author, however, draws attention to responses from some therapists who have intimated to their clients that homosexuality is "fine" and that no intervention is necessary. This is a response which is often at variance with what the client feels, and has induced a panic state, in which his reality and that of the therapist differs considerably. This point should be taken into consideration by social workers when dealing with coming-out crises. No false reassurances should be given to a client unless both persons are aware of the internal and external realities that confront them.

6. This is a limitation of the Questionnaire. It did not specifically address religious factors within the context of crisis. Had religion been separately categorised in order to ascertain the link between religious feelings, crisis and identity, responses in this regard might have been different. Unfortunately, it was omitted from the Questionnaire at the request of the 60-10 Committee, who believed that issues of race, religion, and ethnicity were too delicate to be addressed at the time.
7. The notion of the gay family has been institutionalised in a world pop hit by a gay Australian music group - The Village People. The disco song, entitled We're Just Family universalises the notion of the extended homosexual family.

CHAPTER 9

OVERVIEW OF THE RESEARCH, AND IMPLICATIONS FOR SOCIAL WORK

Central to the thesis is the notion of crisis and homosexual identity growth. Homosexuality cannot be isolated from main-stream deliberations about human sexuality. Social workers cannot avoid sexual identity issues (including minority concerns) that confront them during practice (Isaacs, 1987b). Were they to do so, they (social workers) would fundamentally be negating basic human rights, and freedom of choice. This contradicts and disregards the values and principles that social workers, both individually and collectively, ought to subscribe to without question. Human sexuality, including homosexuality, forms an intricate part of the reciprocity of relationships that occur between worker and client. Foucault reminds us that, during the clinical and jurisprudential advancement of homosexuality as a disease and a perversion, very little protest against such a view was forthcoming from the strong social control agents, to which social workers belonged. However, he goes on to say that a reverse sense of power occurred: "Homosexuality began to speak on its own behalf, to demand that its legitimacy or 'naturalness' be acknowledged, often in the same vocabulary, using the same categories by which it was medically disqualified" (Foucault, 1976: 101).

No client or worker presents as a sexually neutered person. Sexuality is fundamental to human existence. All persons acquire a gender which is subsequently accorded a status. Men and women enjoy different sets of privileges, whilst at the same time being discriminated against. Women's issues, feminism, emerging male liberation, oppression of women, rape, paraphile sexuality, male and female homosexuality, and other alternative expressions of sexual lifestyles fall into the personal and professional arena of Social Work practice.

John Hart, in his excellent study entitled *Social Work and Sexual Conduct* (London, Routledge and Kegan Paul, 1979), draws attention to the historical attempts by social workers to concern themselves with sexual behaviour. In quoting social workers like Josephine Butler and Mary Richmond, he relates the late nineteenth- and early twentieth-century Social Work response to sexuality as a "contagion". Sexuality was equated with sewers, poverty, and sexual corruption. Mary Richmond, for instance, instructed her students to make detailed notes about sexual matters, including promiscuity (related to feeble-mindedness), and sexual perversion (Hart, *ibid*: 25-26).

South African Social Work has developed under a State policy that, as from 1937 at any rate, provided for statutory social services in partnership with voluntary societies. It has thus been strongly linked to government-directed social

policies (Lowe, 1988, McKendrick, 1987). Furthermore, the South African Social Work profession is divided, and often presented as facing a First World/Third World dichotomy (Mason, 1987: 62). Its members are as divided in attitudes, beliefs, and political affiliations, etc, as the homosexual population is divided. The common factor contributing to this symbolic division rests upon the apartheid structure of the country. Apartheid grew out of a need of a minority group to control; part of which was a response to a fear that white identities would be submerged by blacks, thus creating a loss of power, territory, and the ultimate collapse of a race (van Onselen, 1982). It is historically false to ascribe modern apartheid solely to the Afrikaner, but its entrenchment and expansion, especially after 1948, may be legitimately seen as predominantly the Afrikaner's responsibility. Afrikaner identity has a corporate sexual component as well. Based on strong Calvinistic and Biblical injunctions, a "pure race", free of contamination, of no cross-breeding, and of rigid sexual mores was part of the ethos of Nationalism. Legislation confirmed this. Sexual interaction across the "colour bar" was prohibited. "Bantu" "coloured", Asian (Indian and Chinese) persons, were not permitted to explore their sexuality with whites. If transgression was detected, people were punished by law. Sexuality, and its associated patterns of intimacies, was thus prescribed by a group of persons who saw themselves as threatened with extinction. Children, under the guise of National Christian Education, were suckled on the

differential aspects of race, sex, colour, and creed, paving the way for a sexually prejudiced and fearful white minority.

Human sexuality education is limited in most schools, and to date, with the exception of certain family planning clinics in the Western Cape, who present sex education to some schools in the Peninsula, no formal progressive sex education for school children is offered. Sexuality is seen to be subversive. Homosexuality has been linked with subversive and criminal behaviours which are seen to be anti-national and threatening the status quo of the State. Legislation is directed against homosexuals in South Africa to this very day. Thus the absence of formalised Social Work efforts to deal with this issue should not be ascribed solely to the inadequacies of social workers. Homosexuals who violated existing laws were punished. Social and professional attitudes have been laboriously slow in changing. Identification with homosexual rights has incurred suspicion. The only valid response was to deal with homosexuality as a "condition" framed within the rigid medical model of cure and treatment. Holism and sexual diversity suggested a flagrant violation of statute and public mores. Social workers were loth to challenge the status quo, partly because of control exercised by State welfare bodies, partly because of the parochial nature of training, and partly because homosexuality was regarded as

an illness that had no social relevance. It either belonged in a psychiatric institute or a prison.

The last decade or so has, however, seen some change. Public attitudes have tipped the scale, by acknowledging the existence of homosexuality, and talking about it⁽¹⁾. Whilst the bulk of present opinion still regards homosexuality as unacceptable, a state of flux and confusion is evident. The writer sees this present state as hopeful, for confusion is an emotion that suggests some deliberation. Confusion is an honest and open response to a variety of choices which incurs some debate, either internally, or with others. Legislation in its present form is still Draconian. Nevertheless, South African courts of law are beginning to reflect progressive judgments, and precedents never heard of until recently have created sanguine expectations for a new direction⁽²⁾.

The above preamble would not be complete without mentioning crisis. South Africa is a nation in crisis. (See Now every one is afraid: The changing face of policing in South Africa. London: Catholic Institute for International Relations, 1988; anonymous). The struggle for democracy that will ultimately embrace non-discrimination in all respects is clearly underway. However, even as the State shows evidence of a change in attitudes and relents by the repeal of certain laws, a stronger form of censorship is at the same time set in motion. Oppressive Press and media

curbs and an extended state of emergency (inter alia, giving supreme powers to security forces) exists. Within the parameters of this national crisis, the crisis of homosexual emancipation is contained. The writer will evaluate this aspect of the individual and collective nature of crisis and crisis resolution confronting homosexuals within the crisis-locked parent culture. His research will in turn be evaluated against this backdrop. Special attention will be given to the Social Work implications, referring to the principles of crisis intervention.

In order to facilitate the discussion, the writer will briefly identify the objectives of his research, and debate them under their relevant headings. The research was based on certain assumptions, or, alternatively, led to certain postulates:

1. Homosexual identity development is complex and ongoing.
2. Identity development is influenced by the presence or absence of crises.
3. Identity development is cumulative. Identity is based on cerebral and behavioural components. Unsuccessful negotiation of stages of identity reinstates past conflicts, and may accelerate or retard the identity process.
4. Coming out is not synonymous with homosexual identity.

5. Homosexual identity development begins at an early age, becomes definable at puberty, and begins to take its course within the parameters of the sub-culture.
6. The homosexual sub-culture promotes a double-bind for the gay person.
7. AIDS and the AIDS-related complex has a direct bearing on homosexual identity development and co-exists within a crisis ethos.
8. Alternative or fringe cultures impact upon the identity struggle of gay persons.
9. Bisexuality has ramifications for homosexual identity, specifically within the context of AIDS.
10. The rise of a formal gay movement in South Africa is inextricably linked to identity issues.

Finally, the writer draws attention to the role of Social Work, and its potential contribution to the understanding and handling of homosexual concerns.

HOMOSEXUAL UNFOLDING

The research confirmed the notion that the formation of homosexual (or gay) identity is a complex and ongoing process. With the support of symbolic interaction theory, object relations theory, and the developmental theorists, a clearer vision of homosexual identity has emerged. The sensation, or "happening", is not sudden. It occurs as a

gradual unfolding experience, with no evidence of genetic or hormonal factors. The child negotiates a private notion of sexuality within the parameters of the family. The family experiences might contribute to the development of a homosexual identity, but do not cause it. In the broadest sense, a child's basic need for succour is contingent upon both dependency and attachment needs. According to Teyber if the parenting figures are consistently responsive to the child's bid for affection, the child will freely be able to experience and express this need. If the parent is not responsive, or undermines the child's sense of expression, which might include the acting-out of sexual fantasies, as described in Chapter 2, then anxiety and its associated features of poor self-esteem will soon become associated with the child's need (Teyber, 1988: 115). Thus a dichotomy exists between self-identity based on an internal fantasy structure, and the social environment which acts as a precipitant for crisis in the expression of homosexual behaviour.

HOMOSEXUAL IDENTITY DEVELOPMENT AND CRISIS

The study endorses the view that gay identity is influenced by crisis. The results of the survey affirm this. Although little empirical evidence of this is to be found in the literature, the known causal antecedents of identity crisis primarily concern ambivalence in the relationship of the

child/adolescent towards the parents (Baumeister et al, 1985). Relating crisis theory and intervention to the development of homosexual identity, the following observations may be made:

- (a) Human developmental patterns are described according to crisis protocols. These would include the crises of transitions, developmental crises, situational crises, and role crises. All crises, by definition, would be accompanied by LOSS and associated GAIN. Crisis resolution is the successful negotiation of the life transition style of the individual. By implication, loss must be dealt with before gain can be achieved. The consistent loss factors bombarding homosexuals (including their loss of heterosexuality), who are denied the expression of appropriate mourning, grief, anger etc, (which are natural components of a loss situation), incur a delayed gain profile and a fixation at the loss levels.
- (b) Crises, as previously stated, may be expressed or non-expressed; anticipated or non-anticipated. The more familiar (and acceptable) the crisis, the easier it is to negotiate. As noted in the survey findings sociocentric features (ie responses accrued from external social pressures) were relatively easily identified and dealt with. External blame perceived and experienced by gay

persons promotes a false sense of comfort. The mourning and grief protocols related to the totality of losses experienced by homosexuals in order to validate their human needs, (ie the egocentric components of the crisis) are not located within the wider parent culture.

- (c) Crises may be normal or pathogenic. Within the homosexual context, because the expression of crisis may be private or camouflaged, the sense of appropriateness is minimised or negated. The private fantasies of sexual attraction and the subsequent acting out (often occurring during puberty and early adolescence) are not publicly sanctioned. The behaviour and its associated crisis profile include: desperation, urgency, impasse, helplessness, fear, anger, panic, etc. This perpetuates a sense of weakness, and feelings of loss of control. Crisis is thus associated with danger, and the associated features of gain, challenge, or hope are consistently underestimated. Therefore self-esteem, or feelings of internal worth as mentioned in Chapter 2, are mostly at risk.

IDENTITY DEVELOPMENT IS CUMULATIVE, WITH CEREBRAL AND BEHAVIOURAL COMPONENTS

As the research has indicated, homosexual identity takes place via a series of cumulative events, which have a cerebral and behavioural component. As early as infancy, a repertoire of fantasies and experiences contributes towards the identity profile. Internal fantasies, often supporting homo-erotic images in combination with same-sex attachment, are precursors to homosexual identity. Early experiences in childhood are stored in memory. Recollection of past events are easily brought to the surface, supporting these experiences as vital contributing factors which help identify later homosexual patterns. The research supports the notion that identity growth carries residual experiences. This feature of unfinished business (as it were) presents in later years, and is often triggered off by a crisis. The stages, which were outlined in Chapter 2, deal with the hierarchical experiences of identity acquisition. The unresolved items on the identity agenda carry the possibility of unfinished business into the consecutive stage(s). As an example, this has been manifest in the AIDS crisis. Because AIDS is linked to sexuality (in most cases), persons have been forced to rediscover and renegotiate their unfinished business. Coming-out issues, multiple sexual experiences, confronting the sub-culture, and being forced to disclose intimate experiences to persons in a usually hostile parent culture have contributed to the resurfacing of suppressed identity issues. Those who

thought that their identity was resolved experienced a breakdown in their homeostasis, incurring an immediate crisis response when having inter alia to let their families know that they are gay.

COMING OUT IS NOT SYNONYMOUS WITH HOMOSEXUAL IDENTITY

The often-used expression "he has just come out" is not synonymous with a gay identity. Coming out, as the research has indicated, is one feature in the identity growth process. Coming out implies experience(s) or event(s) which contribute(s) to the individual's notion that he is gay. Usually a sexual experience, corresponding with the fantasy structure, has triggered off this response. The writer believes that coming out is a lifelong task. It does not pertain to the traditional notion that sexual intimacy between men warrants a gay identity. Coming out may include non-sexual features, such as openly declaring an allegiance to gay liberation, coming out to employers, parents, etc. Thus coming out is an accrual of homosexual experiences culminating in a synthesis of meanings and events. Throughout the research, including the evaluation of the results of the research survey, coming out was noted as a significant period for the individual, with an attached set of meanings. Although coming out usually occurred during mid- to later adolescence, it has been noted that this process may be delayed until later (adult) years because coming out and "closet behaviour" are linked. They cannot

be seen to be mutually exclusive as they represent different stages on the continuum of identity resolution. For example, some homosexuals may engage in same-sex activities without the public or significant others being aware of such behaviour, which may account for the number of homosexuals who are married, or who claim to be bisexual. Such persons may have acknowledged their homosexual identity to themselves, but withhold it from others. They have thus taken the first step towards coming out, but still remain in the closet.

HOMOSEXUAL IDENTITY DEVELOPMENT BEGINS AT AN EARLY AGE, BECOMES DEFINABLE AT PUBERTY, AND BEGINS TO TAKE ITS COURSE WITHIN THE PARAMETERS OF THE SUB-CULTURE

The research supports the widespread notion that homosexual growth is a developmental pattern with distinct features. Homosexuality has its genesis in early years, and recall experiences are noted at around 5-7 years. Some notable features include aspects of cross-dressing, and the existential feelings of being apart or separate from the family. The homosexual sensation (or experience) often occurs in this period. Recent evidence contradicts the premise that a dysfunctional family unit or absent fathers or dominant mothers produce homosexuality (Clarke, 1977; Colgan, 1987; Cramer and Roach, 1988; and Hetrick and Martin, 1987). Some respondents, in the course of their comments, indicated strong bonding and caring relationships

with both parents. One client in particular reflected on the warm and loving relationship he had with his father.

The research confirms the belief that the early periods of homosexual sensation take on a different set of meanings with puberty. The translation of the cerebral component into a sexual awareness is evident. Puberty and its features of sexual development, arousal, and cognitive interpretations, fuel the homosexual sensation. Late adolescence is the critical period for homosexual identity. Adolescence is underpinned with crisis issues, and compounding homosexual fantasies (or same-sex experimentation) serve to reinforce the inherent fear of being different. Although the universe in the present survey demonstrated a mean age of 22 years as the identifiable or significant period of "coming out", the findings of the research indicate a spread from early adolescence right up to middle age (50 years and later). The meaning of homosexuality, and its associated experiences, only become ordained within the parameters of the sub-culture. The sub-culture (in most countries where legitimate expression is allowed) consists mainly of young adults. In South Africa, coming out, which usually begins at mid-adolescence, is stalled until the sub-culture can legally accommodate the individual. This hiatus between inner experiences and outer validation promotes dissonance in the growth process, and contributes towards the crisis. The psychological vulnerability that precedes sub-cultural

access is usually associated with denial behaviour, resulting in conforming to heterosexual role model expectations and in consequence disguising the real features of the identity structure.

THE HOMOSEXUAL SUB-CULTURE PROMOTES A DOUBLE BIND FOR THE GAY PERSON

Although the results of the survey indicate a specific need to belong to a homophile organisation, with emphasis on the promotion of individual altruistic tendencies, there is no doubt from the literature findings and the clinical experience of the writer that the sub-culture acts as a catalyst to the identity process. The sub-culture's emphasis on creating a gay ethos within the parameters of sexuality re-inforces the notion that the sex components of homosexuality have precedence over and above other intimate expressions of behaviour. The sub-culture provides a variety of role models, ranging from role stereotypes (prostitutes, bisexuals, transvestites, transsexuals, and "butch"- "femme" types), to those who display no flagrant deviation from conventional descriptions of heterosexuals. This emphasis on role models facilitates sexual liberation but it also stunts emotional actualisation because of the fixation at the sexual level.

The importance of the sub-culture in facilitating the crisis of identity cannot be underestimated. The range of options open to the gay initiate is overwhelming, often creating a

sensory overload which tends to reinforce the transiency of experiences in order to endorse the sexual component of identity. The sub-cultural tradition of sex affirmation becomes lodged in the repertoire of the homosexual persona. This creates the notion of promiscuity which has beleaguered homosexuals. Promiscuity, described in Chapter 4 has bearing on identity in so far as it reinforces the self-worth of the individual. Gay stroking (ie sexual affirmation) serves to compensate for the sense of separateness and internal isolation experienced during the early years.

One becomes gay ultimately because of acceptance into the sexual arena of the gay sub-culture. Sexual reinforcement validates the gay identity, and a relinquishing of this aspect would render the person as an alien to the culture, with possible exclusion. The double bind, described in the research, thus entices the individual into the culture of sexuality. However, once the individual perceives and experiences the sexual transiency, a sense of despair unfolds, and the sub-culture is "blamed" for promoting the status quo. If the sub-culture is rejected (for whatever reason) by the individual, he then faces the possibility of isolation, estrangement, and anomie. With no access to homosexual realities in the parent culture, in addition to the disadvantages experienced in the sub-culture, the identity structure of the individual is bruised. To complicate matters further, as a result of self-esteem

factors, loneliness, and alienation, possible renegotiation of patterns of access to the sub-culture take place. This often elicits passive-aggressive responses, triggering off mobility patterns and the frantic searching for the idealised partner (nympholepsy). The accrual of such experiences often leads to further antipathetic notions towards the sub-culture, and internalised homophobia is incorporated into the structure of the personality.

In consequence of the above, attention must also be drawn to the infrequently-used notion of sexual addiction. Sexual addiction has often been misrepresented as promiscuity. As mentioned previously by the writer, promiscuity is partly associated with the affirmation of identity from significant others. Sexual addiction, on the other hand, like any other form of addiction, denotes dependence on a substance or situation (eg gambling) which takes on a set of compulsive behaviours. Immediate satisfaction of needs, over and above other factors, becomes a priority. Homosexual sexual addicts like any other human addict fall into a separate and distinct category of persons. Their need often reflects a sexual appetite calling for spontaneous gratification. Furthermore, the notion of promiscuity is a moral one (Altman, 1986), and does not take into account cultural and sub-cultural traditions and mores of wider populations. Indeed, society has institutionalised certain forms of promiscuity within the heterosexual context. For example, serialised monogamy (ie a series of marriages or monogamous

partners), Muslim traditional polygamy (eg more than one wife), and black concubinage might not incur opprobrium in the specific communities (Dunbar Moodie, 1988; Mokhobo, 1988; van Onselen, 1982).

By contrast, promiscuity in the gay sub-culture might be a necessary pre-requisite for healthy endorsement of an identity that did not exist during the formative years and hence was never given an opportunity for legitimate expression. Sexual addiction on the other hand needs to be addressed as a separate and distinct feature, and dealt with as an addiction. The implications of this are vital, and social workers and health-care practitioners need to take cognisance of the difference.

In addition, the homosexual sub-culture in South Africa maintains its self-credibility through the promotion of sexual interaction. The primary features of the sub-culture are institutionalised in the tradition of "camping" and meeting people within a sexual imagery network. Discotheques, steambaths, bars, camping locations, are the temples of the sub-culture. Attempts to broaden the sub-cultural world into other areas are manifest in South Africa, but take second place to those already mentioned. Political groups, cultural groups, religious groups, and sports groups have tried to defuse the sexual component -- with a degree of success. However, thus far they represent a minor role within the overall sub-cultural spectrum.

**AIDS AND THE AIDS RELATED COMPLEX HAS A DIRECT BEARING ON
HOMOSEXUAL IDENTITY DEVELOPMENT AND CO-EXISTS WITHIN A
CRISIS ETHOS**

The advent of AIDS and the idea that it is a gay plague has resurrected a wave of anti-gay feelings that is still washing over South Africa. The re-emergence of stigma, spoiled identity, and retribution form the common base for internalised scapegoating. Gay identity issues which are influenced by society are profoundly affected by the AIDS scare. Two noticeable trends are discernible, ie the negative impact on identity, and the growth-promoting features of AIDS. These will be discussed next.

1. Because of the direct association of AIDS with homosexuality, gay persons see it as a threat to their existence. The primary nature of the spread is sexual, specifically via anal sex, and the transmission of the virus occurs mainly through blood and semen. The symbolic meaning of sexuality has now become contaminated. Because of the powerful association of the sub-culture with sexuality, the sub-culture is perceived to be contaminated as well. This has created panic within the gay collective, whose members believe that their form of metaphorical procreation has been jeopardised. The implications for coming out, including the process of identity synthesis,

are enormous. Young persons are unable to experience the fluidity of sexual experimentation (which is a necessary prerequisite for aspects of identity growth) without fear of contamination or ultimate death. Homosexuality has thus acquired a Thanatos link. Coming out in the gay world is regarded with suspicion and fear. Retribution and blame now form part of the psychological patterns of dealing with the issue of coming out. Homosexuals who need to negotiate their identity via the sexuality route are now confronted with a meta-crisis situation:

- (a) They have to deal with a basically suspicious sub-culture.
- (b) All forms of sexual intimacy must be negotiated by safer-sex practices, yet is threatening for the inexperienced.
- (c) Safer sex might deny the fulfillment of certain ingrained sexual fantasies -- the consequent disappointment and resentment leads to the quick dissolution of relationships, once again perpetuating the transitional object syndrome.
- (d) A psychological paradox of frightening consequences occurs when, during crisis intervention, some gay persons have admitted to the hope of acquiring AIDS, in order not

to deal with the pain of coming out (the Thanatos issue [or death wish] plays havoc with their identity).

(e) Levels of sexual experience and prowess are highly differentiated amongst homosexuals, eg active-passive, style, fantasy, etc, but the threat of AIDS demands the observance of safer-sex practices which may produce a sense of unfamiliarity, disappointment, and anticipated panic, which in turn convert into performance anxiety (professional attention in the field of sexual dysfunction is often needed to address this situation).

(f) Patterns of denial still exist, even among the informed; although the education drive within the sub-cultural context is gaining rapid momentum, AIDS is perceived as an affliction that will strike at others.

2. On the other hand, the AIDS crisis, both individually and collectively, has indicated strong potential for crisis resolution in that it also embraces the growth-promoting features of crisis, such as danger, opportunity, and hope.

(a) AIDS has coalesced the splintered gay collective with a common aim: to defuse the myth that AIDS is a homosexual disease, and

to educate its community. This has unified the gay collective in one respect. However, as overseas experience has demonstrated, the fixation of AIDS and homosexuality must transcend into the wider field of human sexuality as well.

- (b) AIDS has allowed persons to renegotiate their lifestyles as a result of evaluating their positions as risk persons. Relationships that have existed within the AIDS era have been re-evaluated. Patterns of intimacy that were once taken for granted (described in Chapter 5) are acquiring different priorities and emphases.
- (c) Health hazards and lifestyle patterns are prioritised according to need. AIDS has dramatically brought homosexual sex patterns out of the closet. Taboo subjects are discussed openly. Furthermore, health authorities, despite their being accused of being patronising, have drawn attention to the world (and plight) of the homosexual.

ALTERNATIVE OR FRINGE SUB-CULTURES IMPACT UPON THE IDENTITY STRUGGLE OF GAY PERSONS

Chapter 4 highlighted the territorial aspects of gay sub-culture. The rise of fringe or alternative sub-cultures, which ostensibly challenge fundamental traditions and

authority, has escalated. Homosexual vernacular, style of dress, iconography, and ritual have been incorporated by a wider set of persons, described by Crowley as homosocial. This feminist interpretation distinguishes between genital sexuality (homosexual) and an entire range of same sex bonds (homosocial) (Crowley, 1987: 302). This creates an identity hazard for some gays. They perceive the alternative, the androgynous, and even the bisexual both as a threat to the style of sexual contacts, and as a fudging of rigid gay sub-cultural boundaries. Clues and cues to homosexual ritual are manifested by others whose sexual orientation is not necessarily homosexual. A common experience narrated by gay persons is the frustration and indeed anger when sexual intimacy with alternative heterosexuals is non-negotiable. Although few homosexual cues are apparent, gays still become seduced by external appeal substantiated by their dress, language, and participation in a sub-culture. An explosion of cloning behaviour, or the gay prototype, once the sole domain of the gay person, has more recently emanated from the alternative sub-cultures. Included in this overt explosion are the following:

- (a) sharing of political ideologies which indicate a non-tolerance of oppression
- (b) sharing of discotheques, coffee bars, and beaches

- (c) sharing of symbols, vernacular, and styles of dress (Hayes, 1981b).

These features, in conjunction with the limited availability of institutionalised gay ghettos, promote a sense of insecurity for many homosexual persons. This is evidenced in the re-establishing of gay venues which provide "safe" outlets such as private parties, and clubs and bars with gays-only membership. The constant recreation of an exclusive gay sub-culture in reaction to intrusion from non-gays has implications for identity crisis. It perpetuates the distancing of gays from others, thereby reinforcing their sense of separateness and estrangement from wider society.

BISEXUALITY HAS IMPLICATIONS FOR HOMOSEXUAL IDENTITY

Bisexuality is not unfamiliar to most homosexuals. Sexual liaisons and romances with women constitute part of the identity experiences of gays during their late teens and early adulthood (and indeed may continue throughout their lives). A clinical feature of bisexual experiences indicates a need to justify or prove to others that they are heterosexual. However, once the homosexual identity begins to unfold, heterosexual intimacy ebbs in favour of consummating homosexual relationships.

Bisexuality is, however, a legitimate expression of sexuality for many people, and has emerged as an identity construct on its own. Paul, in explaining sexual labels, not only draws attention to the vulnerability and confusion arising from a dual identity, but suggests that one's experience of bisexuality is apt to be different based upon whether one's bisexuality is sequential (varying from a solely homosexual to a solely heterosexual pattern, and back again) or contemporaneous (having male and female partners during the same period) (Paul, 1984: 56).

In Chapter 2, bisexuality was accorded some status as a transitional phase, (in identity terms) leading to homosexuality ie an experimental period, in which the individual negotiates his sexuality according to parameters set by society. Fantasy experiences (of a homo-erotic nature) are suppressed in favour of heterosexual experiences. However, it must be stressed that bisexuality may constitute a prolonged lifestyle for many.

Bisexuality may be linked to the process of coming out, where the individual gains homosexual status if and when the signal, clues, and appropriateness of owning a homosexual identity are strong enough. Marriage and/or dating of women may be entered into to deflect from the homosexual feelings and behaviours for the sake of social approval. It is not uncommon for married men to have clandestine relationships with gay men.

In some of the commentaries on the nature of crisis in the coming-out period, the respondents attached great importance to the pain and fear of severing heterosexual experiences. Some had been engaged or even married. Bisexuality, and its association with coming out, is recognised as a period of emotional fraudulence, and carries the following crisis protocols:

- (a) maintaining an appearance for the sake of social approval, specifically with regard to family, peer group, and work situations;
- (b) dealing with two sets of interactions; firstly having to respond to heterosexual cues, and secondly having to process, filter, and hide homosexual cues. (The latter point is evident in the fantasy structure of the person. Often, when being intimate with a female, homosexual fantasies are used to create and sustain the sexual arousal: refer to the fantasy graph in Chapter 2.)

Because of the prevalence of bisexuality, noticeably during adolescence and early adulthood (Paul, 1984), the implications for AIDS are profound. Since bisexual behaviour is recognised as part of the closet syndrome, the sexual intimacy experienced by bisexuals creates a risk factor for AIDS. In order for the person to actualise

either heterosexual and/or homosexual desires, the need to maintain intimacy with both genders remains a priority.

THE RISE OF THE FORMAL GAY MOVEMENT IN SOUTH AFRICA IS INEXTRICABLY LINKED TO IDENTITY ISSUES

Chapter 6 described in detail the rise of the formal gay movement in South Africa. The research has illustrated the power of such movements internationally, and their contribution to gay identity. Literature supports the notion that gay liberation is indeed connected with the liberation of oppressed minorities in general. The writer, however, believes that homosexual identity cannot be fully actualised until gay rights are addressed. Unless South African gays are accorded rights and privileges that endorse their status as humans, identity issues will be problematic. The following illustration serves to support this contention. In a privileged interview held by the writer with Gary Wotherspoon, a senior lecturer in Economic History in the University of Sydney, Australia⁽³⁾, information was gained, as summarized below.

Australian law in this connection operates on a State (not Federal) basis. Of the six states that comprise Australia, three have decriminalised homosexuality. The first legislation decriminalising homosexuality was passed in Southern Australia in 1972, following upon an inquiry that was initiated after a gay academic was thrown into a river

by three policemen. During 1980, the State of Victoria, although then under a conservative coalition government, decriminalised homosexuality. This government had a commitment to civil liberties, which propelled the legislation, culminating in the age for consent between males being fixed at 16 years. In 1984, the State of New South Wales, of which the capital is Sydney (and possessing one of the most densely-populated homosexual communities in the world) decriminalised homosexuality. The fact that New South Wales was tardier than Victoria in this respect is attributable to the former's strong Catholic tradition. Age of consent between males is 18 years.

The recent history of gay liberation in Australia dates back to the Second World War. A flourishing "Bohemian" and artistic set, in combination with the armed forces living in the cities, initiated friendship network groups which ultimately became precursors for gay activism.

Following this period, during the Cold War of the 1950's and early '60's gays were seen as subversive, and a consequent threat to the State. This was exacerbated by the extreme homophobic attitudes of the police. Homosexual networking retreated into the safety of clubs, bars, and rest houses, and was prima facie non-political. However, the ideas of the "new left", feminist protest movements, and person politics became legitimised, leading to Anti-Discriminatory Laws. This period of law reform explicitly included

homosexual issues. Strong gay leadership gained momentum, and the gay movement, within the parameters of anti-discriminatory legislation, directed efforts towards:

- (i) law reform
- (ii) improving community education
- (iii) concentrating on the medical profession, including protest at the medical model's interpretation of homosexuality.

Cases against discrimination were brought before the courts. Arising out of the liberation attempts, in concert with the repeal of legislation, human rights listed below are now apparent in the three Australian States.

1. No-one can be denied equal access to services or equal-service delivery.
2. Bond and housing loans are non-discriminatory.
3. No discrimination in the place of work is allowed.
4. Federal government recognises the legitimacy of homosexual relationships.
5. Superannuation benefits are passed on to lovers.
6. Benefits allowed to married couples are allowed equally to gay couples. (This is, for instance, illustrated by the national airline offering the same benefits to gay couples as to heterosexual married couples.)

Seen in the light of the above scenario, South African homosexuals are disadvantaged. Some of these obstacles are listed below, and have implications for the collective gay crisis in South Africa.

1. There is no gay leadership in South Africa at present.
2. The gay movement, as represented in GASA, has dissipated as a result of political and social divisions.
3. Gay organisations are primarily service-oriented, with energy being expended mainly on the AIDS problem.
4. Splinter black (or non-racial groups) such as GLOW, and OLGA are attempting to address gay issues in parallel with human rights. Negotiations with the ANC on their official stance to homosexuality in a post-apartheid society is but one indication of such attempts.

However, within the context of an oppressive South African society, such organisations cannot function without the imminent threat of Government disapproval. Like the Australian example, homosexuality, if linked to the politics of liberation by implication, has a subversive connotation attached to it. The majority of white gays are therefore

impotent in the arena of liberation politics. Some further reasons are offered:

- (a) A preoccupation exists with their own coming-out priorities;
- (b) Racial issues (including prejudice) are part of South African socialization;
- (c) No powerful united body of gay organisations exists in order to challenge the status quo;
- (d) The sub-culture is visible only in so far as it promotes the identity needs of homosexuals, the majority of whom are not visible in terms of sub-cultural participation (separatism and the notion of specialness often preclude the affiliation of homosexuals with other liberation forces).

The writer predicts that until such time as anti-discriminatory measures are firmly entrenched in the Statute book, gay identity, both at the individual and collective levels, will remain in jeopardy.

THE ROLE OF SOCIAL WORK WITHIN THE CONTEXT OF CRISIS INTERVENTION AND ITS APPLICABILITY TO HOMOSEXUAL CONCERNS

It should be remembered that some of the major protagonists describing and applying the crisis intervention method are social workers. In the forefront, Golan, Parad, Rapoport, and Strickler have paid tribute to the social workers' contribution to this approach. Texts in Clinical Social

Work include chapters on crisis intervention. Slaikau (1984) offers one of the most comprehensive bibliographies on the subject.

As an approach, crisis intervention is firmly entrenched in sound academic and clinical pursuits. One feature is, however, absent. It forms part of the impetus for this thesis. Social Work's application of crisis intervention to homosexual concerns is minimal. A basic premise of crisis intervention is that workers in community systems have a powerful influence on how individuals, groups, and families deal with and resolve crises. The fact that crisis intervention arose out of a response to developmental, accidental, and life-transitional crises, places it well within the framework of professional Social Work practice (Isaacs, 1979a, 1979b; Porter, 1966; and Robertson, 1986). Furthermore, with the clinical advancement of areas of Social Work practice, this method often takes precedence over the more traditional approaches of casework.

The models of crisis intervention are based on the premises of community and public health, a theme advanced by Caplan, the father of community psychiatry. Crisis intervention essentially recognises that crises are a natural and appropriate response to stressful predicaments that confront people. The mandate of intervention is to promote growth -- as a result of the crisis -- and this consequently defuses

the label of ill-health from the experience. Lindemann's (1944) classical work supports the premise that crises need the expression of appropriate emotions, in order to achieve the homeostasis required for further development and resolve. Social workers, noticeably Hollis and Woods (1981), have pointed out that crises resurrect past events -- often of a suppressed nature -- and if dealt with timeously can prevent reactive responses in favour of proactive ones.

Viney specifically states that:

The crisis concept avoids much of the pessimistic, devaluing, even invalidating approach we often make to patients, by viewing crises as part of normal development, by emphasising positive coping rather than negative defense maneuvers [sic], and by proposing crisis resolutions which allow for growth as well as regression.

(Viney, 1976: 393)

Similarly, Slaikeu, quoting Baldwin, suggests that the crisis intervention model, by virtue of its strong interdisciplinary character in both theory and practice, may be a unifying influence among health professionals. He goes on to say that crisis intervention's ideas are congruent with the increasing emphasis on the interconnectedness of health and mental health care in treating the whole person (Slaikeu, 1984: 8, quoting Baldwin (1974)).

Crisis intervention has had some exposure in South Africa. The writer started the first social-work-based crisis clinic in South Africa in December 1971. This closed down in June of 1977, when the then Department of Welfare and Pensions

(under whose aegis the clinic operated) began to "interfere" with the so-called "non-traditional practices of the clinic". An attempt to start a clinic in Cape Town ended after two years. Subsequently, three new crisis units started in Johannesburg, namely the Waverley Crisis Clinic under the auspices of the Jewish community, the Randburg Crisis Clinic (See: Snyman and associates, 1987), and the Radio 702 Crisis Clinic. The latter clinic is the most successful, and is directed by social workers with a team of volunteers, under the blanket authority of The Witwatersrand Mental Health Society.

Only two formal attempts that have been made in South Africa to deal with the specific crises of homosexuals from the perspective of the crisis intervention model. These are:

- (a) the 702 Crisis Centre -- the writer offered a training programme which included areas of human sexuality, and subsequently provided a video for on-going in-service training;
- (b) the GASA 60-10 Counselling Centre, offering crisis intervention on a 24-hour basis to persons with homosexual concerns (the clinic is managed by a professional Social Work team of five, with trained volunteers in addition); the training programme for GASA 60-10 professional and volunteer staff has utilised the model of crisis intervention (See Appendix 11).

The absence of other formalised crisis programmes directed towards homosexuals needs further comment. As stated in the Introduction, no national or regional South African body exists in the field of human sexuality. Unlike National Councils that were established to deal with fields of social concern, including the disabled, the blind, the deaf, cancer, tuberculosis etc, the plight of sexual minorities has not been addressed at policy and service-delivery levels in the form of social action. Homophobia, backed by legislation, has blocked all attempts in this regard. One wonders why, if homosexuality has been perceived as a "condition" or "deviancy", no attempts were made to deal with this "condition" in a way similar to that in which other National Councils dealt with their specific concerns? Whilst the writer is not advocating "cure" as a necessary objective in the establishment of such a council, it would have a legitimate position in the health-care structure of State and private initiatives.

Gochros (1984), alerts us to the need to equip social workers to meet the needs of the homosexually-oriented. Together with Bohn (1984) and Messing and associates (1984) attention is drawn to the incidence of homophobic responses among mental health practitioners. DeCrescenzo confirms this in her research findings, and alludes to the fact that, even though mental health workers are aware of contemporary dynamic thinking, they are likely to view homosexual people

as immature, arrested in terms of sexual development, or neurotic by definition (DeCrescenzo, 1984: 123). She covers these attitudes under the broad definition of homophobia which includes a fear of homosexuality (inculcated early in life), expressed antagonism, or through the support of oppressive legislation designed to eliminate homosexual behaviour (ibid: 115).

Gonsiorek (1982) makes certain assumptions about clinical diagnosis and believes that differential diagnoses (ie diagnoses of disease entities) are often misused in the framework of homosexual identity development. He points out that sexual identity crises are often confused with the coming-out process, and regarded as a serious psychopathology. In fact, such a pathology does not exist. Rather, the individual is experiencing a partially (or at times completely) reality-based crisis as a result of severe interpersonal rejection, impending or actual loss of a job, etc. This creates florid symptoms, and may be perceived as frightening, or ego-alien, thus contributing to subjective distress. Rusk (1971) refers to this as the crisis event, which is related to the inadequacy of the ego's adaptive and creative capacities to handle the stimulus ie a change of input to the system. Anxiety signals increase, often overwhelmingly, and constitute a threat to ego-equilibrium and integrity. Without obviously doing so, Gonsiorek is highlighting fundamental principles of crisis intervention. He specifically draws attention to the premise that the

precipitant needs to be identified, for instance, by examining ego structure and object relations prior to the current crisis over same-sex feelings and behaviour (Gonsiorek, 1982: 14).

This embodies the principle of crisis intervention that addresses the notion of the genetic present as it relates to the genetic past. With crisis intervention, there is no single dynamic or pathogenic explanation. Malyon believes that the initial diagnostic aim should be to delineate a tentative developmental profile that gives credence to the full range of formative variables (Malyon, 1982a: 64). This guides the social worker to:

- (a) focus on the immediacy of the crisis
- (b) understand the development of the crisis
- (c) deal with the precipitant (which aids the assessment effort)
- (d) facilitate the re-experiencing of the peak of tension in the crisis
- (e) isolate the critical (propitious) moment in order to deal with risk evaluation
- (f) place the anxiety and fantasy expressions into a meaningful context for the person and the intervenor.

Fantasies and images can provide the social worker with direct access to a person's thoughts, wishes, feelings, and

experiences. They can also be used to avoid the defence mechanisms that prevent unconscious or repressed conflicts from surfacing. Shorr (1983) reminds us that sexual conflicts deal with the most vulnerable, the most tender, the most shame-inducing, and the most guilty feelings, and consequently fantasies about conflict are the most difficult to disclose to the self or others. According to Shorr, these fantasies include:

Images of sexuality we have during intercourse or in place of it, as in masturbation, images related to strategies of interaction that anticipate sexual outcomes [and feelings of]... dominance, rejection, jealousy, sin, joy, [and] being dirty.

(Shorr, 1983: 107)

Elphis (1987), Mann (1973), and Masters and Johnson (1979), specifically recommend goal directiveness (a function of crisis intervention) as the method of making conscious to the client the kinds and intensity of sexual fantasies that exist in order to understand the central conflict. Coinciding with the basic premise of crisis intervention that the genetic past is captured in the genetic present, Salzberger-Wittenberg reminds us that fantasies are images or ideas that are based upon past patterns of relationships and experiences, and therefore they are transferred to the present (Salzberger-Wittenberg, 1975: 15).

Bearing in mind that crisis intervention deals with people who present as vulnerable and whose defence system is usually at its lowest ebb, access to fantasies as a cue to

psycho-sexual determinants of behaviour can be dealt with immediately (Isaacs, 1988). Shorr pays tribute to fantasy investigation in therapy, and believes that the imagery of the patient facilitates the "seeing" of what the patient imagines, thus enhancing professional empathy. Shorr notes that intervention which deals with fantasy structures attempts to put the individual through his own imagery into a particular situation that would evoke a set of interactions, useful not only in revealing major problems but also in permitting him to relive painful or embarrassing experiences (Shorr, 1983: 93).

Sexual fantasy, as Isaacs (1979a) has elucidated, is the core component of human sexuality. The reluctance of many human service professionals to explore the sexual fantasies of their clients has resulted in ignorance about the fantasy patterning of fully functional heterosexual, bisexual, and homosexual persons. Thus cultural myths and misconceptions are perpetuated (Masters and Johnson, 1979). In order to substantiate their claim clinically, Masters and Johnson offer a guide to the content of fantasy material elicited from a sample of homosexuals, and list five major recurring themes evolved from "free floating" descriptions. Although these categories are somewhat limited in their range of experiences, they offer the social worker a guide to fantasy assessment. The categories are as follows:

1. Imagery of sexual anatomy

2. Forced sexual encounters (images of rape and seduction)
3. Cross-preference encounters (switching roles from inserter to insertee, passive-active, etc)
4. Idyllic encounters with unknown men
5. Group sex experiences (Masters and Johnson, ibid: 179).

Masters and Johnson warn us of being locked into preconceived concepts of recurrent frequency, stylised content of fantasies, or even established interpretation of fantasy patterns. If and when fantasy patterns alter, so must clinical interpretation and intervention. Therefore, although the understanding of the client's inner world is central for any form of intervention (Rogers, 1988), it is incumbent upon the social worker to recognise the frame of reference when dealing with fantasies. To this end the writer offers the following explanation, drawn from his own clinical experience, showing how fantasy systems can be utilised by the social worker during the assessment and treatment phase of intervention.

CHART 3

CHART DEPICTING THE RANGE OF FANTASY TYPES,
THEIR MANIFEST CONTENT, AND IMPLICATIONS FOR INTERVENTION

FANTASY TYPE	FANTASY CONTENT	DENOTATION	INTERVENTION STRATEGY
narcissistic	focus on self-image, kinesthetic arousal based on body mirror image; self is idealised	self-involved exclusive of others	assist with identifying stage(s) of identity growth; locate sources of intimate patterns; gauge levels of self-esteem; identify patterns of trust
sked	focus on externalised objects, (both animate and inanimate) usually non-familiar and idealised; fantasy often repeats itself	partial incorporation of external reality, but still idealised	help to distinguish between open and closed boundaries, assist with identifying body or person types including the homosexual prototype
perimental	self with other objects (singular and collective); fixation on body parts; emphasis on homo-erotic images	partial engagement in homo-eroticism	locate sources of anxiety; elicit aspects of homosexual panic; identify levels of guilt and/or areas of comfort
nfused	incorporation of both male and female objects, including transvestite and transsexual rôle play; fantasy has a voyeuristic quality; experiments with passive and active styles	testing out of homo-erotic impulses in a dual context, i.e. bisexual phase	identify bisexual confusion; examine levels of generalised confusion, panic, guilt and conflict; explore for possibilities of homosexual panic, and loss of masculine attributes
ams and Images	nocturnal dreams based on collective fantasy experiences, usually archetypical in nature; often linked to nocturnal emissions	suppressed uncontrolled material which confirms current status of sexual identity	determine levels of urgency, and fixation on male imagery; help elicit suppressed or repressed material; identify panic responses related to the loss of control; gauge accurately ego-dystonic/system features
rned	fantasy images based on cult, body types, erotic zones, fashion, and sub-cultural iconography	incorporation of sub-cultural image, indicates a partial or complete exposure to sub-culture and its various facets	locate exposure/involvement with gay sub-culture; identify major sources of discomfort with self and others; deal with either <u>real</u> or imaginary experiences; highlight patterns of expressed or desired forms of intimacy; elicit power responses; gain access indirectly to sub-cultural world.
erse	multi-fantasy images; cerebral library of arousal; safer incorporation of images which are not necessarily idealised	fantasies congruent with reality and identity, consequently divested of shame	help identify later stages of homosexual growth; affirm identity baseline; deal with areas of control and safety
olidated	fantasy usually reflects upon a significant and familiar person; ability to share fantasies with others	fantasy complements sexual and emotional intimacy, high level of comfort with sexual identity	locate sense of identity ownership; examine the absence or presence of fear, guilt and anxiety; anticipate future fears

These types, although presented in linear progression, are not mutually exclusive. For the convenience of diagnostic appraisal, each type has been treated as if it were a separate category; but an individual may experience any combination of these fantasy types. For example, it is possible for a person who has reached a stage of fantasy consolidation to re-experience a narcissistic period as a result of some trauma (Rousso, 1985: 14).

As a guide to the understanding and assessment of the growth of homosexual identity, it should be remembered that the fantasies should not be seen as isolated from the total experience of the individual (Klein et al, 1985). Hence fantasy exploration is but one feature of the assessment process (Slaikeu, 1984). Furthermore, some fantasies might indeed be both appropriate to, and necessary for, the person's stage of psycho-sexual development.

Masters and Johnson (1979) point out that the fantasy profile (including the extension of fantasies described in the above chart) reflect responses from functional homosexuals. Attention is drawn to the fact that each of the described fantasy types may be experienced in a dysfunctional way as well. Some examples might include:

- (a) paraphile fantasies, such as necrophile images
- (b) sado-masochistic fantasies, incorporating violent images

- (c) paedophile fantasies where young children are the focal point of the fantasy content, and
- (d) body distortion fantasies, (self-distortion and distortion in others) which could lead to borderline psychotic episodes (Rosenbaum and Beebe, 1975).

The expression of these dysfunctional fantasies would require immediate attention. They have to be separated from the total crisis profile and dealt with as a critical issue. Fantasies are a clue to acting-out behaviour, and the person might indirectly be warning the worker about aspects of his behaviour that have not as yet been revealed. Although the surfacing of dysfunctional fantasies may occur during a state of crisis, the reader is reminded that the experience of crisis itself is not, however, necessarily dysfunctional.

The worker, in accordance with crisis intervention, particularly when the anxiety level (Dixon, 1979; Isaacs, 1979b) is maximal, must mediate the catharsis by giving unconditional permission for fantasy expression. This assists with anticipating the outcome (a meta-fantasy experienced by both client and worker), as well as dealing with the client's fears about "contaminating" the worker with his ugly, strange, or different thoughts and/or behaviour.

The implications of the above have profound significance for both transference and counter-transference in the context of crisis intervention (Becker, 1988; Baptiste, 1987; Dunkel and Hatfield, 1986; Isaacs, 1979b; Malan, 1976, 1979; Mann, 1973; Ornstein, 1986; Rosenbaum and Beebe, 1975). Crisis intervention facilitates the immediate access to transference and countertransference during the assessment and intervention transitions. Furthermore, as a result of the abandoning of traditional roles and taboos that exist between client and worker, the worker is in a unique position to deal immediately with the fantasy-anxiety-crisis triad (Isaacs, 1979a). Becker, in quoting Ornstein (1986) draws the distinction between the "managed" and "regulated" aspects of transference as opposed to the dynamic understanding and interpretation thereof (ie dealing with the transference) which is the practice today among clinical social workers (Becker, 1988: 63).

Similarly, with respect to counter-transference feelings, the social worker must at all costs distinguish his/her set of moralities (which might include responses to legal proscriptions) and personal fantasies from the inner truth of the client. If a fantasy is perceived by both the worker and the client (in direct partnership) as being ego-dystonic (DSM-III), then the need for dynamic psychotherapy is indicated. An example of this might include a person who has persistent and recurrent fantasies of a paedophile nature, which are fixated at a pre-adolescent level.

In sum, Chart 4 is offered as an additional assessment tool for the worker with specific reference to homosexual identity development, and must be used within the crisis intervention framework as specifically mentioned by Slaikeu (1984) when he deals with the cognitive modality described later in this chapter.

Furthermore, bearing in mind the discrepancy between clinical differential diagnosis, and the professional hunches based on the development of the crisis, Gochros and Schultz (1972) and Gochros (1984) invite social workers to establish a set of protocols when dealing with same-sex issues. When studying sex-related behaviours, and in dealing with the study of individual and collective attitudes about these behaviours, Gochros believes effective attitude change may be necessary. Efficacious intervention, therefore should address the following:

- (a) locate sources of personal discomfort;
- (b) deal with personal fantasies that may or may not include homo-erotic elements;
- (c) differentiate between oppression and pathology;
- (d) recognise the total personal identity of the homosexual;
- (e) dissolve stereotypical responses towards gay people, and recognise their "invisible" status;

- (f) deal carefully with labelling, paying particular emphasis on recognising that, whilst labelling simplifies the complexities of sexuality, it also obscures the wholeness of human beings;
- (g) de-emphasise perceptions of separateness;
- (h) gain perspective over the sickness label;
- (i) develop and maintain links with gay people (Gochros, 1984: 139-148).

CHART 4

BASIC PERSONALITY PROFILE

MODALITY/SYSTEM	VARIABLES/SUBSYSTEM
BEHAVIOURAL	Patterns of work, play, leisure, exercise, diet, sexual behaviour, sleeping habits, use of drugs, presence of suicidal, homicidal, or aggressive acts. Customary methods of coping with stress.
AFFECTIVE	Feelings about any of the above; presence of feelings such as anxiety, joy, anger, guilt, depression. Appropriateness of affect to life circumstances. Are feelings suppressed or hidden?
SOMATIC	General physical functioning, health. Presence or absence of tics, headaches, stomach difficulties, general state of relaxation or tension, sensitivity of vision, touch, taste, sight, hearing.
INTERPERSONAL	Nature of relationships with family friends, neighbours, and co-workers; interpersonal strengths and difficulties. Number of friends, frequency of contact. Role taken with various intimates (passive, independent, leader, co-equal); conflict resolution styles (assertive, aggressive, withdrawn); basic inter-personal style (congenial, suspicious, manipulative, exploitive, submissive, dependent).
COGNITIVE	Current day and night dreams, mental pictures about past or future, self-image; life goals and reasons for their validity; religious beliefs; philosophy of life, presence of any of the following: overgeneralising, catastrophising, delusions, hallucinations, irrational self-talk, rationalisations, paranoid ideation, general (positive /negative) attitude towards life.

(Adapted from: Slaikeu, Karl. Crisis Intervention: A Handbook for Practice and Research. Boston: Allyn and Bacon, 1984: 119).

Co-inciding with the role of the health-care professional (including the social worker), Slaikau (1984) has developed a multi-modal perspective on crisis intervention strategies. The overriding assumption is that this model (which is set out in Chart 4, p 494) deals with assessment, treatment, and evaluation functions of crisis intervention by examining an individual in terms of five BASIC sub-systems (modalities). The emphasis on these procedures takes place systemically, and looks at an individual in the context of a family, social group, community, and culture.

The intrinsically unavoidable nature of crisis promotes the view that crisis in general is an essential part of human existence, and that all crises, if suitably dealt with by both victim and intervenor, are ultimately opportunities for some form of positive accommodation and growth (Isaacs and Miller, 1985: 329).

The model offered in Chart 4 coincides with the revision of psychiatric nomenclature for homosexuals (Bayer, 1987; Malyon, 1982a; Suppe, 1984) and places their range of emotions in a series of categories that would include a central feature of conflict pertaining to homosexual behaviour, as well as incorporating social, civil, cultural, and emotional variables (Stoller and associates, 1973: 1216). Because no fundamental personality change is necessary when dealing with the crisis pertaining to

homosexuality, Atkins and others (1976), in determining crisis strategies with homosexual clients, stress that there is no need to work towards reconstructing the personality. Social Work (and therefore crisis intervention) is not necessarily confined to people who are impaired psychologically. It is the functioning that is impaired, and not the psyche or soma. Thus the initial and continuing focus is one of prioritizing goals and marshalling the patient's resources towards adapting to and meeting these goals -- within the framework of his adaptive and functional capacities (Atkins, et al, 1976: 116).

This highlights vital features for social workers who intervene with homosexual clients. In combination with the foregoing multi-modal model, the view of Atkins et al (1976) about intervention draws attention to the following:

- (a) The term or diagnosis "homosexual" is ineffective. It narrows the scope for examining the multi-dimensional experiences of the person. At the same time, it confines the worker and client to the restricting notion of homosexual behaviour only.
- (b) Crises for homosexuals are fundamentally similar to crises for heterosexuals. However, social

workers should bear in mind the following when dealing with homosexual clients:

- (i) some crises are unique to homosexuals; such experiences include a sense of crisis arising from legal and religious proscriptions, labelling and homophobia, isolation as a result of rejection by the parent culture, the double bind of the sub-culture, and idiosyncratic sexual styles and intimacy needs
- (ii) losses experienced by gays are compounded by the fear of expressing such losses, due to the non-legitimate status accorded to homosexuality by society
- (iii) homosexual needs are primarily met through sexual affirmation, hence the question of "promiscuity" must be handled appropriately,
- (iv) relationships, whether transient or longer term, are sought to combat a sense of isolation and to confirm identity
- (v) self-imposed isolation renders the person more vulnerable and may lead to serious depression.

From the diagnostic perspective, Atkins et al (1976: 123) warn all social workers who embark on a crisis intervention strategy with homosexual clients to make the distinction

between whether discussion of the homosexuality was an expression of internal pain, or a request to change the self. The plea, therefore, is to examine the dichotomies presented by gays in crisis in respect of their egocentric and sociocentric profiles.

In South Africa, social workers are required, under the Social and Associated Workers Act (Act 110, 1978, as amended) to register with a statutory Council. This Act, besides laying down guidelines for alleged unprofessional or improper conduct, defines Social Work as follows:

"Social Work" means any act, activity or method directed at diagnosing, eliminating, preventing or treating social malfunctioning or problematic functioning in man, or at promoting social stability in man, and includes any process which is calculated to promote the efficient performance or application of such act, activity or method.

(Section vii, Act 110/78: 3)

Whilst this legal definition of Social Work harbours a sense of ominous control in respect of its wording, it lends itself to conflicting interpretations. Moreover, it suggests that problems can be "eliminated", taking no account of the dynamic interplay between problems, society, culture, mores, and law. No definition is supplied for the terms "act", "activity", or "method" etc, nor has an attempt been made to deal with the sexist nature of the wording. However, this definition, in combination with the regulations for "improper conduct" (which include, inter alia that a social worker may not "discriminate against a

client on the basis of social or economic status, sex, race, religion, language or nationality" (Government Gazette, 12 February, 1988: 11)) has enormous implications for Social Work as a corporate power in respect of addressing homosexual concerns in South Africa. From the perspective of Hart (1979: 182-184), the writer goes on to discuss the implications and challenge for social workers in the context of crisis and homosexuality.

Firstly, the writer, in an editorial to the South African Journal Social Work/Maatskaplike Werk, stated the following:

Social workers in the near future will be called upon, either individually or collectively through their association, to comment on inquiries, inter alia pertaining to the decriminalising of homosexual behaviour between consenting adults in private. This will be a soul-searching task for many, as homosexuality is seen to be contrary to scriptural and social mores. Be that as it may, a sense of urgent reality exists. From a simple perspective of clinical inquiry into human behaviour, it is obvious that homosexuality exists in this culture as a marginal entity, and unless the prejudices from all are dissipated or renegotiated, the spirit of understanding will be lost to all.

(Isaacs, 1987b: 152)

Secondly, Hart's (1979) perspectives may be translated within the South African context as follows.

The prospect of a multiracial society, coupled with post-apartheid ideologies, should not restrict Social Work to the stance it will have to take to the already emerging problems of the variance of homosexual expression, AIDS, women's

issues, and so on. The aforementioned legislation (almost by default, or naiveté) offers permission for social workers (a) to deal collectively with sexual and racial prejudices, and (b) through intervention as well as social action to address problematic malfunctioning (which includes the homosexual matrix as presented in this work).

Social Work will need a formalised response, at local, regional and national levels. The following are instances of such a response:

1. Lobby and support groups should be provided to present a comprehensive manifesto advocating the decriminalisation of homosexuality.
2. Specialised services, specifically within a crisis intervention framework, should aim at promoting the health and welfare needs of homosexuals as a victimised minority group. In this regard, Morin and Schultz offer three specific ways to deal with the option of a gay identity. They are:
 - (a) children must be informed of the existence of gay-identified adults and of gay lifestyles
 - (b) positive models of gay-identified adults must be available to children, and
 - (c) opportunities for exploration of gay feelings and life-styles must be available in a context that neither discourages

experimentation nor promotes any particular developmental outcome (Morin and Schultz, 1978: 144-145).

3. Areas and alternatives must be examined in respect of custody of children of lesbian and homosexual parents, and in respect of the conception, care, and fostering of children by sexual minority groups (including bisexuals).

Social Work will have to determine its relationship with the increasing visibility and militancy of minority groups, who have their own consumerist definition of their problems. In South Africa movements such as the End Conscription Campaign, OLGA, GLOW and the progressive organisations such as OASSA (Organisation for Alternative Social Services in South Africa) will need to advocate and formalise social strategies for homosexual rights through the formation of voluntary associations.

The further development of chemical and other measures to change and/or control sexual behaviour points out the need for a more specific scrutiny of ethical codes of practice. Social Workers need to recognise that such treatments do not accord with the type of treatment recommended by present-day research. Thorough psycho-social assessments are indicated when such cases are threatened with the pill or the scalpel.

Because of the symbiotic relationship between the fundamental practices of Social Work and crisis intervention, viz assessment, intervention, termination, and referral, social workers are especially equipped to set up crisis units that are accessible to sexual minority groups.

Furthermore, crisis intervention empowers the client with decision-making capacities, thereby reducing the role discrepancy between worker and client (Isaacs, 1979b: 61).

Because of the perceived links between AIDS and homosexuality, social workers will need to influence the health-care system, including policy at national and local levels. The following areas need to be considered:

- (a) the de-politicising of AIDS from "black", "heterosexual" and "homosexual" categories to "persons with AIDS";
- (b) the establishment of a Social Work forum to deal with the complex nature of the AIDS phenomenon;
- (c) to act as watchdogs in organisations, hospitals, etc, where there is evidence of discrimination by health-care professionals towards the AIDS sufferer and his/her significant others.

To actualise this latter point, the writer presents the following parameters to guide the social worker concerning AIDS:

1. Develop a working knowledge of AIDS and its symptomatology.
2. Understand the processes of homosexual and bisexual developmental patterns, and recognise that they are as diverse and complicated as that of their heterosexual counterparts.
3. Discover areas of personal comfort within the arena of human sexuality. Areas of discomfort should be dealt with through supervision, consultation, reading, and attendance at courses.
4. Recognise that AIDS is different from other terminal illnesses and debilitating sicknesses. The concept should neither be generalised or minimised if AIDS is to be effectively dealt with.
5. Discover the essence of intimacy. It is the understanding of intimacy that illuminates AIDS.
6. Become familiar with the concepts of death and dying.
7. Come to terms with all forms of homosexual, bisexual, and heterosexual behaviour. Culture, sub-cultural, and cross-cultural variables facilitate the understanding of sexuality. Diagnoses, therapeutic intervention, and

prevention are based on open awareness of and deliberation on these matters.

8. Gain access to health-care givers (in specific communities or geographical areas) who have expertise regarding AIDS.
9. Be aware of safer-sex practices, and extend this information in an unbiased manner to all persons at risk. This would include a large spectrum of the population, and not just homosexual or bisexual persons.
10. Be prepared to embark on an educative role and to deal with all forms of sexual counselling, family counselling, etc, which will take into consideration, when necessary, the AIDS issue (Adapted and modified from: Isaacs, 1987b: 151-152).

In conclusion, society requires the social worker to do the right thing. Rojek, Peacock and Collins believe, however, that social workers may know what to do or what to say in order to give the appearance of confidence, but inwardly harbour feelings of self-doubt and confusion. According to them, social workers labour under strong institutional pressures in order to camouflage and repress uncertainty, and, instead, to appear decisive (Rojek et al, 1988: 5). This decisiveness may interfere with their ability to provide sensitive and affirmative intervention. Social

workers thus need to recognise their individual limitations, shed antiquated assumptions, and experience progressive input which will extend their own personal and professional boundaries and capacities. They should not fear to challenge the status quo with regard to the dialectic between law and morality, on the one hand, and professional practice, on the other.

There is a world-wide attack on the traditional Social Work curriculum. Schools of Social Work are under international pressure to modify their training programmes to include, for instance, Third World poverty. At the same time, minority groups are outspoken in their pressure for reduction of discrimination against them. The general human rights movement, also under international impetus, is forcing schools to combat inter alia racism and sexism. Students of Social Work are made aware that their profession should concern itself with these matters. In so far as women have been regarded as a minority group, and discriminated against, this is disappearing to a significant extent, at least in the Western world. Discrimination on sex grounds, the writer predicts, will follow suit, and attention will be focused on sexual minorities. Therefore sexuality should be included in training programmes.

In the United States of America, The National Association of Social Workers has taken official positions favouring equal rights, opportunities, and treatment for gay men and women.

Furthermore, a gay and lesbian task force has been working within the Council on Social Work Education. Consequently, non-discrimination on the basis of sexual orientation has been included in revised accreditation standards. Schoenberg and Goldberg draw attention to the policy statement:

The curriculum must provide content on ethnic minorities of colour and women. It should include content on other special and, in particular, groups that have been consistently affected by social, economic, and legal bias or oppression. Such groups include, but are not limited to, those distinguished by age, religion, disablement, sexual orientation, and culture.

(Schoenberg and Goldberg, 1984: 5)

Social workers, who are the primary professionals who influence and maintain the fragmented welfare system in South Africa, need to direct their energies to evolve a system that will support people in extreme need who are not able to provide for themselves (McKendrick, 1987: 40). Such people lack power. The writer concludes this chapter by quoting Foucault in the context of POWER:

We are informed that if repression has indeed been the fundamental link between power, knowledge, and sexuality since the classical age, it stands to reason that we will not be able to free ourselves from it except at a considerable cost; nothing less than a transgression of laws, a lifting of prohibitions, an irruption of speech, a reinstating of pleasure within reality, and a whole new economy in the mechanisms of power will be required.

(Foucault, 1976: 5)

NOTES

1. The reader is referred to Appendix 8 which deals specifically with the thematic analysis of local newspaper reports on homosexuality. The sections on "professional" and "moral" issues are especially relevant.
2. This is reflected in the most recent Supreme Court Judgment: Kriegler, R and Stafford, R: S v Matsemela and Another (Transvaal Regional Division): **South African Law Reports**, 1988, (2) 54. In this case the accused were charged for sodomy with each other, but upon evidence not proving such an offence, they were convicted for indecent assault. The Supreme Court upheld the view that "assault" in this case was not unlawful as both the accused had consented thereto. The convictions were set aside.
3. This interview was formally held by the writer and Gary Wotherspoon, a Senior lecturer in Economic History in the University of Sydney, at the GASA 60-10 counselling centre, in Cape Town, during December 1988.

CHAPTER 10

CONCLUSION

Over a period of years, in his studies of homosexuality, the writer has been at pains not to overstress the division of human beings into homosexuals and heterosexuals. He has, on the contrary, come to the view that, in terms of medical, political, moral, and social constructs, there is universality of experience. In line with King's thinking, the writer believes that homosexuals and heterosexuals are not fixed categories to be filled out in different ways; the categories themselves are socially produced in the face of a world of infinite possibilities (King, 1984: 41).

The present work set out to deal with a core population of men who express and experience their sexuality as an alternative lifestyle within a parent culture. It offers a concept of a homosexual identity that is not essentialist in its approach (ie change from homosexual to heterosexual), but rather constructional (ie acceptance of homosexuality as a normal adjustment to an alternative sexual-emotional pattern of behaviours).

The research has indicated that the struggle for homosexual identity is a painful and laborious process, with historical

antecedents dating back centuries. In the current context, we are moving away from describing people as having fixed sexual characters. Sexual identity can instead be viewed as the creation of the interactions between an individual and society at historically specific times (Hart, 1984: 41).

A number of assumptions, critical to the understanding of homosexual identity growth, have been referred to in the present work. These include the synonymity of homosexual identity to self-esteem and ego integrity; the belief that identity is an unfolding process that occurs throughout childhood into adulthood; and the identification of the internal fantasy structure as a major factor in the development process.

In essence the research reveals homosexual identity is both an internally located picture of the self as presented to others and a socially defined set of behaviours. Perceived identity (ie the image held by others about the self), and presented identity (ie the ideal self as influenced by meanings others place on self behaviour) were found to be at variance. The writer believes that this dissonant experience leads directly to the sets of crisis patterns which are experienced by homosexuals when coming to terms with their identity.

In reviewing the various stages of homosexual identity development, a serious omission in the literature was noted.

Previous research has failed to take cognizance of the fact that crisis is a critical episode associated with homosexual identity growth. The writer considers it is now time to examine openly what this implies. The thread running throughout the present study shows that the responses of persons in respect of their of homosexual identity development are linked to a commitment to a stigmatised identity. The writer's analysis of this situation led him to believe that crises were part of the homosexual identity profile, and that the crisis would be manifested at different stages and with differing degrees of intensity -- dependent on the extent to which crisis was allowed legitimate expression.

Whilst studying homosexual lifestyles in South Africa, the writer has collected evidence that homosexuals, both individually and collectively, are exposed to crisis situations. Such evidence, traversed earlier in the present work, is, in concluding it, summarised below:

- (a) At least half of the respondents in the survey indicated that they had experienced a crisis during a vital period of identity growth, viz, coming out.
- (b) The majority recognised crisis states in other areas of their homosexuality, as well as in significant others.

- (c) Crises were experienced in a egocentric or sociocentric context. Response towards social opinion about homosexuality was usually homophobic. This sense of internalised oppression, self-imposed stigma, and fear of personal exposure created an extended crisis framework. Therefore identity was influenced by the reluctance of, or difficulty for, the person to transcend social sanctions.

The sub-culture was identified as the most powerful medium contributing towards homosexual growth. Access to the sub-culture allowed the behavioural components of the sexual fantasy to emerge. The constant emphasis on sexuality and negotiation of sexual styles of behaviour tended to reinforce the notion of identity as being sexual only. The sub-culture, in fact, promoted a gay persona. Indeed, the research clearly indicated that a sub-culture was a necessity for gay persons. It provides a symbolic family structure, within which sexuality and certain intimate patterns of behaviour are allowed legitimate expression. It is the sub-culture as an institutionalised reality that draws homosexuality out of the closet.

Homosexual South Africa, in comparison with some other countries however, has an idiosyncratic sub-cultural ethos. Within the parameters of apartheid, racial separation, and

stringent laws, homosexuals live under an umbrella of multiple patterns of discrimination. No sense of public legitimacy exists, which perpetuates a network of closed and socially incestuous relationships. Furthermore, with South Africa being presented as a nation in crisis, the South African homosexual collective is at the cross roads; it has difficulty in determining its own sets of priorities. Inherent in this situation is the split between gay (self) liberation and people (others) liberation. The sub-culture consequently perpetuates the tensions found within the parent culture. This essentially influences the fundamental developmental issues experienced by gay persons.

Located within the sub-cultural context is the rise, in 1981, of the formal gay movement in South Africa, and its subsequent demise in 1987. Any gay organisation must of course be very significantly influenced by the structure and dynamics of the society in which it is founded. South African gay associations have hitherto been more South African and whiter than they have been gay. If the society is divided (or "plural" as the sociologists used to say) then an integrated and unified gay association is highly unlikely. The gay association will founder on the same rocks that professional associations, welfare societies, cultural societies, political parties, etc have fatally encountered; rocks such as race, politics, and ideology.

The emergence of AIDS has added a further stress factor for homosexuals. The association of this disease with homosexual sex patterns has forced the gay community to re-evaluate its position, including styles of sexual behaviour. At the same time, it has placed homosexuality on the map and has forced many gay persons to confront their sexuality directly. The initial presentation of AIDS as a "gay disease" has promoted a sense of panic amongst members of the gay collective, with some alarming psychological consequences.

Social Work locally has played only a minor role in advocating for the rights of homosexuals and other sexual minority groups. Although prolific research and activism has come from of the social work profession in Britain, the United States, Australia, and some European countries, homosexual issues have not been part of the professional mandate of South African social workers. This has implications, not only for direct practice, and for social work education, but for research as well. Social workers in the future will have to undertake some or all of the tasks listed below:

- (1) There is need for advocacy for and on behalf of homosexuals as an oppressed minority.

- (ii) Cross-cultural research is needed in order to gauge attitudes of the majority. In a study of black attitudes towards homosexuality, which the writer has undertaken in collaboration with Dr M Tshabalala, in the School of Social Work, University of Cape Town, preliminary findings indicate that homosexuality is not perceived by the black community with the antipathy that whites seem hitherto to have believed. Rather, it was found that a misconception existed with respect to the label "homosexual". Black respondents thought the term homosexual to be linked to hermaphrodite images. Thus, in the black culture, hermaphrodism, and effeminate behaviour are possibly misconstrued as homosexual.
- (iii) Schools of Social Work will need to present full courses on human sexuality to their students, and not rely on general texts of psychology and sociology which treat homosexuality as a pathology, instead of acknowledging the diversity of sexual behaviour in general (Isaacs, 1987b: 151).
- (iv) The sexual needs of homosexual persons must be addressed. As yet there is no specialist unit in South Africa offering therapy for sexual dysfunction, with special reference to

homosexuals. Social workers would need to establish such research and treatment centres that adopt a multi-disciplinary approach.

- (v) The issue of AIDS must be confronted. This would entail continual research, public education, and the establishment of community-based programmes.

Unless attempts are made to reconcile homosexuality with the wider society as part of a universal credo which acknowledges the fundamental dignity of all people, homosexual liberation will remain protracted and the suffering associated with gay identity crises will persist.

APPENDIX 1

A CASE STUDY OF A PERSON WITH AIDS: THE STORY OF ROBERT X

**A CASE STUDY OF A PERSON WITH AIDS:
THE STORY OF ROBERT X**

Note: For the purposes of client protection and privacy, aspects of identifying data have been changed. This case study has been taken from the clinical files of the writer. The first contact with the client (called Robert) was made during July, 1986. Therapeutic sessions are still continuing. Highlights of the sessions held to date will be given in order to illustrate the salient features of AIDS and Crisis. The case study is used to illustrate the analysis of the therapeutic process in combination with crisis intervention strategies, contained in Chapter 5.

BACKGROUND

Robert X, a white male aged 39 years, was referred to the writer by the consultant of a psychiatric hospital. Robert, at the time of referral, was still hospitalised for serious depression, and for investigations into his neurological status. The hospital felt that intervention from a gay social worker would facilitate therapy -- as well as responding to a direct request from the patient to see a male gay social worker.

The first contact with Robert at the hospital was undertaken conjointly with the psychiatric registrar who had been treating Robert. The major purpose of this session was to

introduce Robert to the writer, and to acquaint the writer with a synopsis of the patient's current medical status in the presence of the patient himself.

Robert presented as thin, fragile, extremely depressed, and tearful. During the session, he constantly referred to his physical discomfort and sought remedial answers from the physician. It was obvious to the writer that the physical ramifications of AIDS were primarily disturbing the patient, and that therapy would initially have to deal with the anxiety and realities pertaining to the physical manifestation of AIDS. Some of the salient features of Robert's immediate history are presented below:

He was admitted to the hospital on the advice of a physician in Cape Town . A primary reason for admission was "severe depression, melancholia, and possible neurological damage". A previous episode of pneumonia served to confirm an AIDS diagnosis. Furthermore, a mild epileptic attack, with the patient complaining of short-term memory loss, precipitated the hospitalisation.

Robert had been diagnosed as HIV positive during 1985, when he presented with recurring symptoms of swollen glands, fatigue, weight loss, night sweats and general malaise. His live-in lover, Peter, a man aged 22 years had also been diagnosed as HIV positive, and had died prior to Robert's admission. They had been together for nearly four years.

o

Robert previously worked as a travel representative, holding down a senior position, and living abroad for a duration of two years prior to his meeting his friend Peter.

His family, comprising parents and three siblings, lives out of the Cape Province. Both his parents are ailing. With the exception of a brother who lives in the Cape, there is minimal contact between Robert and his family. He has been unemployed for two years, and is currently in receipt of a disability grant of R198 per month.

CURRENT MEDICAL STATUS

A profile of Robert's medical history (as pertaining to AIDS) is presented below.

1. No clinical evidence of myelopathy or brain damage as revealed by CAT scans and EEG investigations.
2. Severe night sweats, swollen painful lymph glands, and persistent diarrhoea -- with concomitant weight loss.
3. Continual bleeding and discharge from the rectum, which has not responded to any form of medical intervention.
4. The emergence and persistence of oral thrush (candidiasis).
5. Manifestation of sores, and bruise-like mulberry eruptions on his legs (which have recently disappeared ruling out Kaposi's Sarcoma).

6. Feelings of parasthesia in the lower extremities (hands and feet).
7. Difficulty with sleep, and interrupted sleep patterns.
8. A definitive diagnosis of AIDS-related complex was given, based on, inter alia, evidence of pneumosystis carinii as confirmed by X-Rays and clinical laboratory findings.

Robert's current psychological state included reactive depression, lack of hope, guilt, and the beginnings of despondency. His major fear was his inability to regain control over his body and possible loss of mental functioning.

He expressed relief and a keen desire to engage in a regular therapeutic relationship with the writer. A therapeutic contract was negotiated, in which the writer would see him bi-weekly in the hospital, and that the team would be informed of certain issues arising from therapy -- in order to facilitate his comfort in the hospital. It must be noted that a fear expressed by the patient and staff alike included other patients' responses to Robert should they discover the nature of his illness, as well as some form of barrier nursing -- and privacy as a result of his infectious state.

PSYCHO-SOCIAL OVERVIEW

The salient features to emerge from Robert's history -- in attempting to highlight the homosexual component of his personality -- are as follows:

Robert, having been raised in a strict Afrikaans patriarchal tradition, with strong religious factors, initially responded to his homosexual identity, which became apparent to him at the age of 13, with fear and trepidation. After matriculating he became geographically distant from his family, and began to negotiate his sexuality within the sub-culture. After his first serious relationship, he confronted his family with his alternative lifestyle, and eased into a comfortable relationship with them once they had reconciled their own fears about homosexuality. With tacit family support, he had no difficulty in submerging himself in his lifestyle. Although he had experienced many differing sets of homosexual liaisons, his objective was to settle into long-term relationships. He had three love relationships, all of which were, according to him, meaningful. The termination of the relationships were always painful for him, and he rebounded or reattached himself to significant others almost immediately after the relationship had ended. During his sojourn in the States, he experienced intimacy with several people, and imbibed alcohol, dagga, and amyl nitrite (poppers). He expressed no guilt or discomfort about his choice of lifestyle, and

believed that the gay scene fed him and offered him the support and excitement he needed. Upon his return to Cape Town, he met Peter, and they soon became lovers. Their relationship, although intense and satisfactory, was not without conflict. Arguments persisted, with Peter on several occasions leaving, or absconding for two to three days at a time. Robert believed it to be partly due to the disparity of age, and the need for Peter to explore his belated sense of adolescence, a period which had been suppressed due to "closet" behaviour. When they were both diagnosed simultaneously as being HIV positive, their relationship became stronger and tempered with a sense of compassion that neither had experienced before. When Peter died, Robert happened to have been in the Transvaal attending a family function. He arrived home to find his lover dead. This led to depressive behaviour and co-incided with his deteriorating physical condition, in turn leading to his hospitalisation, and subsequent contact with the writer.

THE CLINICAL RESUME (including dynamic formulation)

The first sessions were occupied with Robert's severe pre-occupation with Peter's death. He reminisced about their relationship, and lived in expectation that Peter would return to life. Part of this feature was compounded with the fact that Robert was not present at Peter's death, and unfinished business remained. Furthermore, this condition

reflected in Robert's obsessive visits to Peter's grave, where he "spoke" to him (Peter), and asked for forgiveness. A series of photograph albums, a portfolio of their relationship, including poems and letters written between the two lovers were brought into the therapeutic sessions. This enabled Robert to share visibly with the writer the pleasures and the anguish of the relationship, and to facilitate the mourning process. Peter had been idealised by Robert, with the result that not only was the guilt factor highlighted, but the anger towards the Peter's death and AIDS as well. During these sessions, Robert's sense of depression and discomfort was palpable, and surfaced easily. The chief dilemma was to partialise and control the flood of variable emotions confronting both the client and the therapist. Each session had to deal with:

- (a) the extent and relevance of the AIDS symptoms, including Robert's obsession with AIDS cuttings and newspaper reports he had meticulously filed
- (b) the discomfort experienced by Robert, and his apparent anger directed towards the medical profession for failing to treat the symptoms
- (c) the fear of being rejected by staff and patients
- (d) the feelings of failing his family, and not being able to support his parents who are both ill
- (e) dealing with feelings towards his current flat-mate, who (Robert felt) did not understand his predicament

- (f) the anticipation of discharge from the hospital, ✓
and how he would cope financially with no more
than a disability grant on which to live.

During these sessions the writer became increasingly aware of the compounding features of the situation. Not only was ✓
there the burgeoning issue of AIDS and its related present ✓
infrastructure with which to contend -- the obvious areas of ✓
sexuality, intimacy, and unresolved issues had to be dealt ✓
with too. Thematic contracting (dealing with priorities) ✓
was almost impossible due to the variable physical responses ✓
experienced by the patient from day to day. As a result, ✓
anger towards the therapist for not being able to "solve the ✓
problem" became obvious. Direct feelings such as "why can't ✓
you tell me what to do?", "you don't seem to understand" ✓
began to intrude upon the sessions.

In order to defuse the pace of the anguished present, the therapist began to re-trace Robert's history, and relate ✓
features of the genetic past to the immediate present. ✓
Through reminiscing, strengths of Robert's past were being ✓
introduced into the sessions. The purpose of this ✓
reconstruction of the past was used to infiltrate Robert's ✓
apparent reluctance to seek out cause from effect. He ✓
entirely absorbed blame for Peter's death and disallowed any ✓
sense of appropriate feelings about himself. This ✓
eventually led to the discovery that both he and Peter could
not be definitively accused of causing one another's

illness. Prior to meeting Peter, both experienced multiple sexual partners, and there was no guarantee of fidelity during their relationship. These factors only emerged towards the latter part of the sessions. Furthermore, both were anal recipients as well as anal insertors in relationships. The risk factor was highlighted to him, without resorting to blame but to circumstance. The idealisation of Peter began to recede, and the realities of the relationship were surfacing. Permission for Robert to mourn -- specifically to cry -- were frequently spelled out. As the anger, grief, and disappointment emerged, so the depression began to lift. Features of so-called memory lapse, which initially plagued Robert, were obvious. It was put to him that, rather than the manifestation of clinical memory loss, suppression of painful issues was apparent, and that therapy provided the safety for him to express his fears.

The ensuing sessions took advantage of his lessened depression, and began to explore his AIDS profile. Fear of never being able to recapture a sense of sexual intimacy with others was the focal point. Anger towards the gay scene was expressed, and manifested itself as a reaction formation syndrome. All that had given him pleasure was now perceived as a potential container for disease. This defence was readily dealt with by the therapist, for it allowed Robert to discuss his gay behaviour in perspective, and pave the way for alternative behaviour within the

context of his present disability. Intimacy would have to ✓
 be achieved by renegotiating sexuality into other areas of ✓
 personal action. He began to relate to the staff of the
 hospital, and, following the advice of the therapist, sought
 to involve himself with a group member of 60-10 who
 specifically embarked on AIDS support programmes. When he
 felt embarrassed or ashamed, particularly when socialising
 with friends, he was encouraged to appraise his feelings
 honestly and share them with his friends, thus paving the
 way for alternative but equally important forms of intimacy.

The last sessions with Robert (prior to temporary
 termination owing to a six-month break during the writer's
 absence), dealt with his discharge from the hospital, his
 feelings directed towards the writer, vis-à-vis
 "abandonment", as well as reformulating his sense of
 priorities. Plans for him to set up a stall at a local
 daily market venue were debated, medical continuity was
 discussed, and a temporary therapist was appointed (in
locum) during the writer's absence.

Upon return, after a space of six months, the writer made
 contact with Robert. Severe deterioration had occurred, and ✓
 both his physical condition and mental stability had ✓
 declined. Features such as his rectal bleeding, night ✓
 sweats, painful lymph glands, and weight loss, as well as
 severe depression, continued. His affect was flat and ✓
 blunted and the sessions were beleaguered with heavy crying ✓

and fatigue. The major factor that emerged was his pre-occupation with death. Although he could not verbalise it per se, the symbols of Thanatos were apparent. One example is relevant. Robert described a recent incident of fetching a friend from the airport. He narrated in a perplexed manner of how he got lost and landed up at Crossroads, the squatter camp, late at night. His verbalisation of his fear and panic was acute, but at the same time a sense of amazement at the ostensible calm and peace within the boundaries of the camp was evident. He managed to leave the camp, and drove to the airport to await the arrival of his friend. The writer acknowledged the difficulty he experienced in speaking about this issue, and ventured to interpret that -- alongside his other statements of "getting his papers in order, and throwing things away" -- he was unconsciously disappointed with the experience of Crossroads -- in that he was hoping to be confronted by an angry mob who would set his car aflame, and so end it all for him. He responded with relief, confirming that he was now plagued with ideas of self-destruction, but, because of glimmers of hope, he could still survive. It was pointed out to him that the very nature of surviving led to survivor guilt -- in that he compared himself with other AIDS sufferers, in the context of his late lover, and two persons who had recently died who had been friends of his. In effect the crisis of choice was available to him. Therapy would be geared to dealing with the nature and consequences of choice. Choice was also interpreted to him a valuable human

phenomenon, and that, as long as he retained his capacity to choose, so some levels of ego integrity would remain intact.

Suicide ideation needed to be expressed, and is a natural process of impending deterioration. In the context of death preparation, or anticipated long-term suffering, factors such as quality of life as opposed to quantity were discussed. Robert was able to verbalise that it was not the fear of death that troubled him, particularly as he felt a sense of religious fortitude, but rather the sense of a lack of abatement of his physical and mental anguish. External stress factors, such as lack of money, decreasing support systems, and envy directed towards healthy persons (specifically those in relationships) emerged, and compounded his feelings of generalised despondency. A new concept of his self-image was discussed, particularly as negotiating any form of sexuality seemed at this stage out of the question. ✓

Of concern to both Robert and the therapist are his feelings of loss of control. More directly, his physical handicap is intensifying alongside his emotional liability. One point of therapeutic significance highlighted during the sessions is his ability to be totally honest with the therapist, and so negotiate a new sense of intimacy. Although this places a heavy burden on therapeutic transference and counter-transference, the outcome of this intimacy may be used by Robert during his interactions with others. A strong

limiting feature which seemed to reduce his sense of external drive is the fact that he daily grows physically and psychologically more despondent.

CONCLUDING OBSERVATIONS AND RECOMMENDATION

The therapeutic objective at this stage, although contrary to mental health principles, is once again to remove Robert from his immediate community and re-admit him to the hospital. This is fraught with contra-indications, for it could symbolically suggest his inability to cope as an independent being, and so promote his feelings of deterioration. On the other hand, he is reaching a point of such fatigue that he needs the caring and companionship offered by the hospital. Of note was that his previous experience of hospitalisation represented a place of tranquillity for him, and he recalls the period of inner peace he achieved there. Robert will himself decide on his need to be hospitalised, thus not removing any sense of integrity he retains.

APPENDIX 2

CRITICAL STAGE THEORY - THE CRISIS SEQUENCE

TABLE Critical Stage Theory - The Crisis Sequence

	Crisis Moment	Critical Stage	Constructive Termination
Time perspective	hours	hours to days	weeks - open door
Emotional content	Confused, disoriented, helpless feelings	Directed feelings - guilt, anger, relief	Full emotional repertoire appropriately experienced
Major therapeutic objectives	1. Diagnosis 2. Provision of support 3. Form relationship	1. Solve problems 2. Challenge response-ability through awareness 3. Reconstruction	1. Adaptive coping 2. Acceptance of responsibility 3. Growth
Therapeutic indications	1. Facilitation of expression/catharsis 2. Emotional first aid 3. Setting the stage for critical intervention 4. Understanding and acceptance	1. Constitutes critical therapeutic period 2. Engaging growth potential 3. Action-oriented confrontation 4. Use of significant others	1. Outlining of future goals 2. Testing out new directions 3. Identification of coping potentials
Criterion for favourable prognosis	Full realization of loss and expression of pain	Acceptance and incorporation of loss	Realization of potential for gain
Therapeutic commitment	Time unlimited	Time limited sessions	Sessions by contract to termination
Therapeutic styles	Unconditional positive regard and empathy Nurturing "parent" to withdrawn or angry "child"	Gestalt "Adult to adult"	Contracting

APPENDIX 3

SURVEY QUESTIONNAIRE

CONFIDENTIAL QUESTIONNAIRE

Please complete and return to: Gordon Isaacs,
Leslie Building,
University of Cape Town
Rondebosch, 7700
(Telephone: 69-8531 Ext. 591)

Age: years.

Area of Residence: (e.g. Sea Point,
Stellenbosch, Bellville) _____

Present Occupation: (e.g. businessman, teacher, unemployed, electrician, surgeon,
university student, etc.) _____

Question 1:

Approximately at what age were you first aware of feelings of physical attraction
towards persons of the same sex?

Age: _____

Comment (if any):

Question 2:

Approximately at what age did you "come out"? (Please see Sheet of Definitions)

Age: _____

Comment (if any):

Question 3:

Did you experience a crisis in respect of your "coming out"?
(Please see Sheet of Definitions)

Yes ☐

No ☐

Uncertain ☐

Comment (if any)

/Question 4...

Question 4:

If you did experience a crisis, was it an unpleasant or a disturbing experience for you?

Yes ☐No ☐Uncertain ☐

Comment (if any):

Question 5:

How did you "come out"? (Tick off as many responses as are applicable in your case)

- It just happened ☐
 - It was forced upon you ☐
 - You sought out other gays (in bars, clubs, etc.) ☐
 - You read about homosexuality ☐
 - People talked to you about it ☐
 - Through therapy ☐
 - Some other way (please specify: _____) ☐
-

Comment (if any)

/Question 6...

Question 6:

Apart from any crisis you may have experienced in respect of your "coming out", are there any other aspects in which being gay has caused a crisis in your life?

Yes ☐ (please specify)

No ☐

Uncertain ☐

Comment (if any)

Question 7:

Do you think that other gay people, whom you know or have met, have experienced crises in "coming out"?

Yes ☐

No ☐

Uncertain ☐

Comment (if any)

Question 8:

Do you think that gay people in general think of themselves as significantly different from "the man in the street"?

Yes ☐ (please specify)

No ☐

Uncertain ☐

Comment (if any)

Question 9:

Would you like to see a centre established that would cater specifically for persons who have concerns with their homosexuality?

Yes ☐No ☐Uncertain ☐

Comment (if any)

Question 10:

Tick those statements below about the 60-10 Group that are true for you.

- (i) It could help (or have helped) in "coming out" ☐
- (ii) It alleviates loneliness ☐
- (iii) It facilitates meeting people ☐
- (iv) It bores me ☐
- (v) I dislike it because it caters for gays only ☐
- (vi) I think its members are too snobbish ☐
- (vii) It could provide information relevant for gay people. ☐
- (viii) Other (please specify). ☐

Comment (if any)

/Question 11...

Question 11:

Would you like to help gay people in distress?

Yes ☐

No ☐

Uncertain ☐

Comment (if any):

Question 12:

If so, how would you like to offer your help?

- on your own ☐
- via the 60-10 Group ☐
- through some other formal organisation ☐
- through some other channel (please specify) ☐

- Uncertain ☐

Comment (if any):

Question 13:

Do you feel that the request to fill in such a questionnaire is an infringement of your privacy?

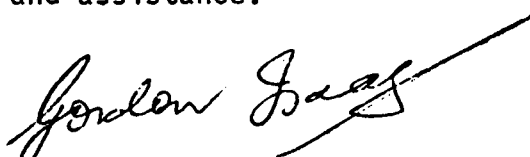
Yes ☐

No ☐

Uncertain ☐

Comment (if any):

I wish to thank you for your co-operation and assistance.


Gordon Isaacs
June, 1982

APPENDIX 4

SHEET OF DEFINITIONS CIRCULATED TO RESPONDENTS

SHEET OF DEFINITIONS

By CRISIS is meant a serious event or situation in your life accompanied by, for instance:

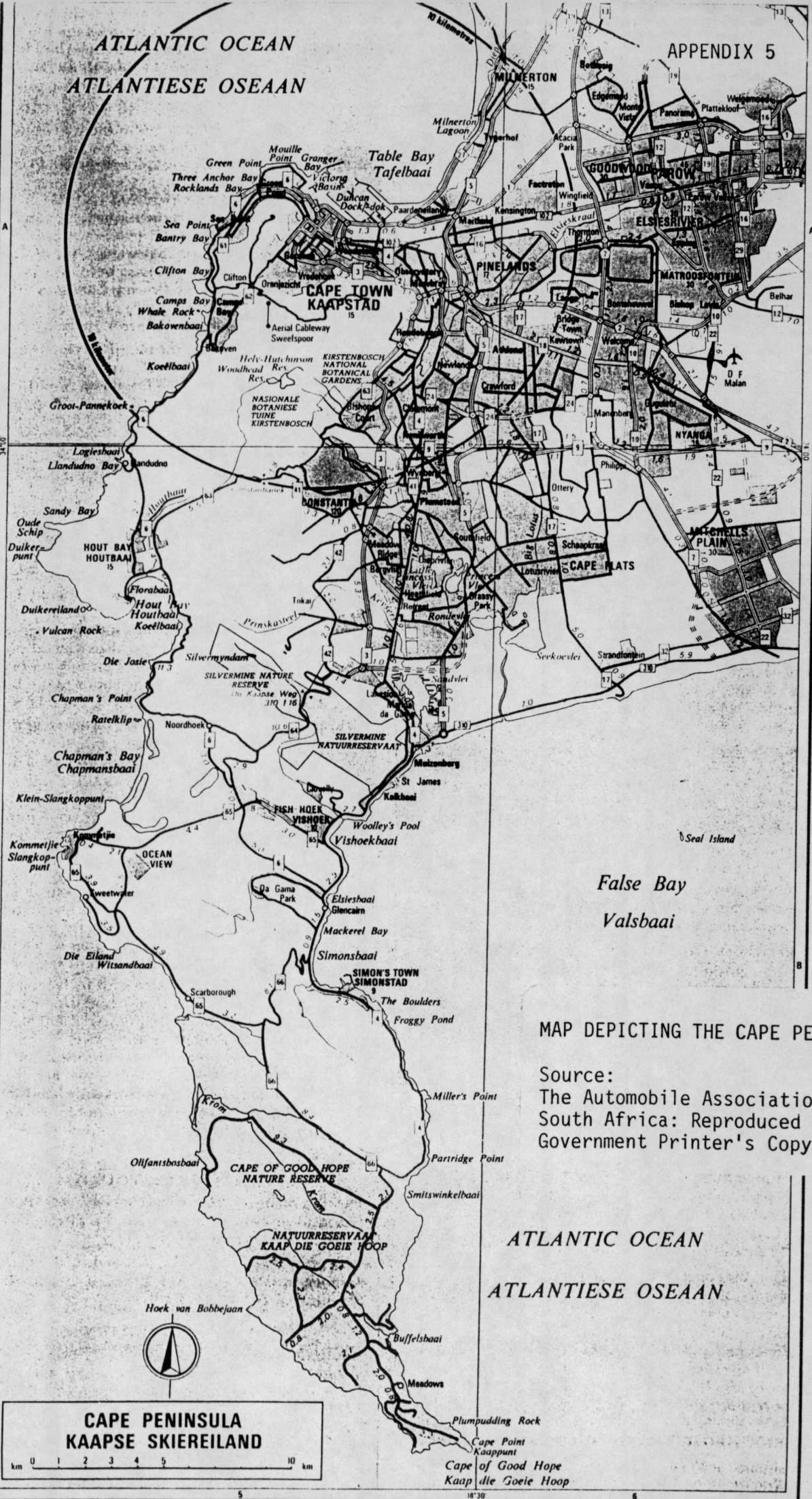
- a feeling of panic
- intense feelings of fear and anxiety
- a threat to your well-being
- a sense of loss
- the feeling that you are no longer able to cope properly with your every-day tasks.

By COMING OUT is meant your recognition that you are homosexual rather than heterosexual. This may happen via an event or situation, or an accumulation of feelings and/or experiences, whereby you admitted to yourself (and possibly to others, too) that you are gay.

APPENDIX 5

MAP DEPICTING THE CAPE PENINSULA

ATLANTIC OCEAN
ATLANTIESE OSEAAN



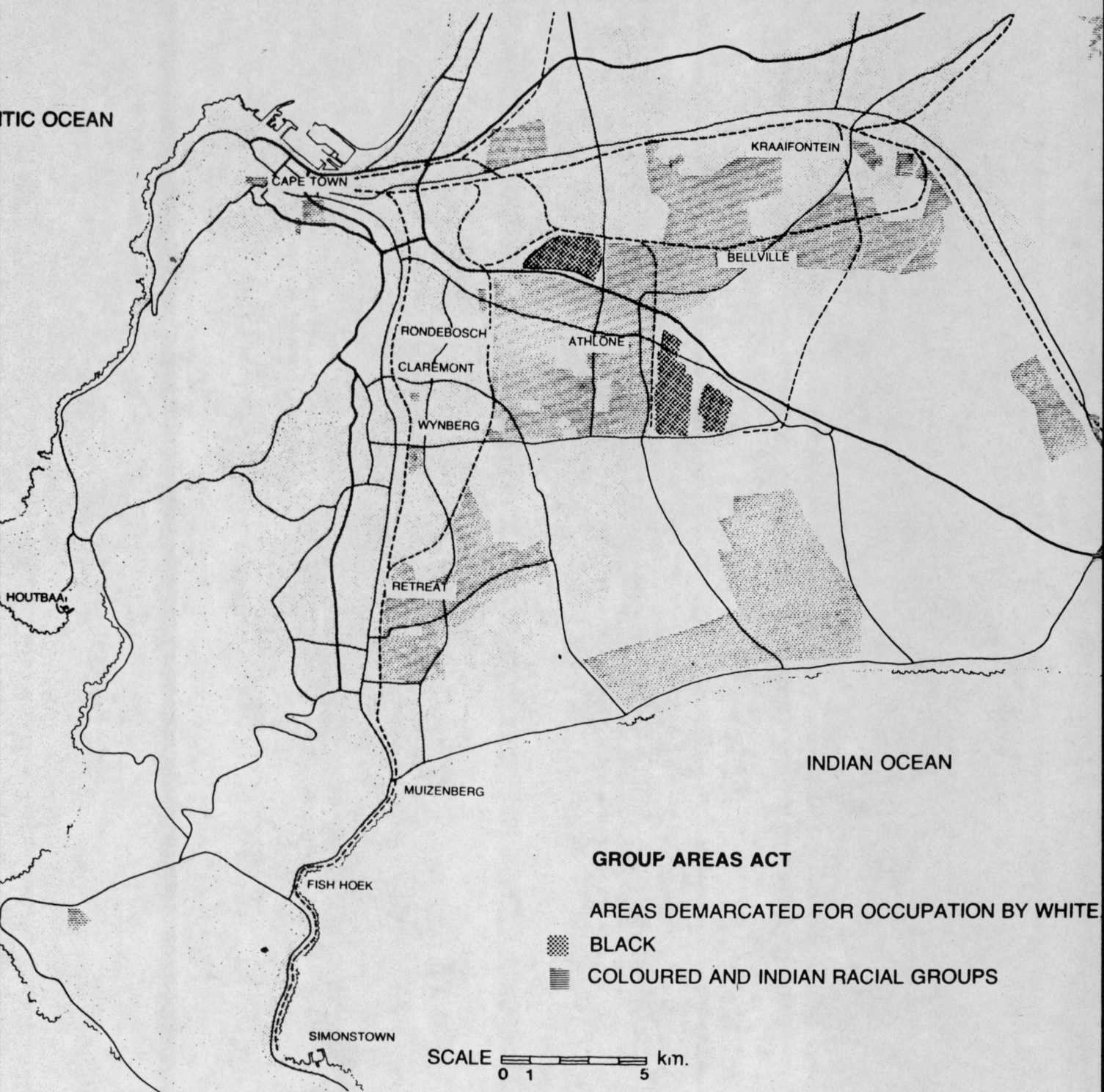
MAP DEPICTING THE CAPE PENINSULA

Source:
The Automobile Association of
South Africa: Reproduced under
Government Printer's Copyright

ATLANTIC OCEAN
ATLANTIESE OSEAAN

APPENDIX 6

**MAP DEPICTING GROUP AREAS ACT IN RESPECT OF
AREAS DEMARCATED FOR OCCUPATION BY DIFFERENT RACIAL GROUPS**



Source: Andrew, Paul and Japha, Derek: Low Income Housing Alternatives for the Western Cape. Cape Town: David Philip, 1978, 7.

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

APPENDIX 7

LIST OF GAY FACILITIES AND RESOURCES IN SOUTH AFRICA

Contact

If you are on this list, please let *Exit* know whether the details are correct.

Bloemfontein

Transfiguration
Support and counselling service for gay Christians.
Fri 18h00 - 23h00; Sat 13h00 - 23h00.
Box 6230, Bloemfontein 9300. Tel (051) 47-9978.

Gasa OFS
Gasa's Orange Free State branch.
Box 6934, Bloemfontein 9300.

Cape Town

Aids Action Group
Aids information and support group.
Box 6010, Roggebaai 8012. Tel (021) 21-5420

Gala
Gay and Lesbian Association
Support group for gays at UCT
c/o SRC, University of Cape Town,
Private Bag, Rondebosch 7700. Tel (021) 65-2386

Gasa 6010 Counselling Service
Box 6010, Roggebaai 8012, Cape Town. Leave a name and number for counsellor to return your call. 24 hour information service and help for all gay-related difficulties. Use counselling service for access to:

Aids Service Group
HIV Positive Support Team
Gay Parents Support Team
Parents of Gays Support Team
Wives of Gay Men Support Team
Married Gays Support Team
Gay AA (Alcoholics Anonymous)

Gay Alliance
Forum for co-ordination of needs and resources of the gay community in Southern Africa.
Leave a message at tel (021) 21-5420 (Telecall).

Gay Christian Community
C/o Box 6010, Roggebaai, Cape Town 8012. Tel (021) 61-2750
Meets every second Sunday and fourth Tuesday at Quaker House.
Gayline
Supportive informal group.
803 Trevenna Centre, 245 Voortrekker Rd, Goodwood. Tel (021) 581-0084.

Mandate
Social activity group
Box 7281, Roggebaai 8012. Tel (021) 790-1505

Open House
Counselling and/or information by appointment or on a casual drop-in basis.

Gasa 6010 Community Centre,
Tuesdays 17h00 - 21h00. Tel (021) 23-6826

Wednesday Group
Discussion group, meets every Wednesday.
Box 6010, 8012 Roggebaai, Cape Town.

Durban

Catholic Group
Support group for Catholics.
Ron Tel (031) 306-0240

Gay Alliance
Forum for co-ordination of needs and resources of the gay community in Southern Africa.
Tel (031) 22-1788
Gasa Natal Coast
Support group serving the coastal region of Natal.

Box 37321, Overport, Durban 4067.
Tel (031) 22-3800

Gay Advice Bureau (GAB)
Counselling service for gay-related problems.

Box 37321, Overport, Durban 4067.
Tel (031) 22-1788

Gay and Lesbian Student Society (GLSS)
Gay support group on campus.

c/o Student Union, University of Natal, King George V Ave, Durban 4001. Tel (031) 306-1039 or 22-1788 after hours.

Gay Pen Friend Club
Social/Correspondence club.

Box 10189, Marine Parade 4066.

Fison
Freedom in Sport Organisation,
Natal

All sport organisation for Natal

Box 10017, Marine Parade 4001.
Chris Tel (031) 29-1553 (h), Albie 32-8982 (w).

Natal Association for Gay Sport (Nags)

Co-ordinating body for all gay sports in Natal

Box 37321, Overport, Durban 4067.
Tel (031) 22-3800

Parents of Gays Group
Support group for gays and their parents.

Box 37321, Overport, Durban 4067.
Tel (031) 28-2739

East London

Aids Action Group
AIDS information and support group.

Box 1822, East London 5200.

Gasa Border
Support group serving the Border region of the Eastern Cape, Transkei and Ciskei.

Box 1822, East London 5200. Tel (0431) 2-8885 (w).

Gay Advice Bureau (GAB)
Counselling service for gay-related problems.

Box 1822, East London 5200. Charles 2-8885 o/h.

Johannesburg

Alcoholics Anonymous - The Living

Sober Group
Primarily a gay group

Peter (011) 837-1445 (h). Meets every Wednesday at 20h00 at the Gay Centre, first floor, Hillsborough Mansions, 7 Pretoria Street, corner of Klein Street, Hillbrow.

Aids Action Group
Aids information and support group.

Box 3330, Johannesburg 2000. Tel (011) 842-5191 19h00 - 22h00.

Benefit
Fundraising arm of the PWV Alliance.

Box 1562, Southdale 2135. Tel (011) 648-4308

Support group for Catholics.
Box 83256, Yeoville 2143. Mike Tel (011) 648-9305, or Bryan 26-7880.

Exit
Independent free gay newspaper.

Box 57386, Springfield 2137
Tel (011) 883-5477/843-8068 (all hours)

Gay Advice Bureau (GAB)
Counselling service for gay-related

problems.

Box 785493, Sandton 2148. Tel (011) 643-2311, 19h00 - 22h00

Gay Centre, First floor, Hillsborough Mansions, Pretoria Street, corner of Klein Street, Hillbrow.

Gay Alliance
Forum for co-ordination of needs and resources of the gay community in Southern Africa.

Secretariat: Box 51654, Reedene 2124
Directorate: Tel (011) 683-5477

Gay Centre
Community Centre serving the gay collective. Library, Advice Bureau, Gay Switchboard

Box 51654, Reedene 2124. Tel (011) 642-5191

First floor, 10 Hillsborough Mansions, 7 Pretoria Street, corner of Klein Street, Hillbrow.

Open every night 19h00 - 22h00.
Gay Christian Community (GCC)
Holds regular church services on Sundays (17h30) and informal meetings on Wednesdays (19h30) at Quaker House, 3 Gordon Terrace, Doornfontein.

Box 17029, Hillbrow, Johannesburg 2038. Hume Tel (011) 726-3620

Gay Library
Box 93181, Yeoville 2143.
Tel (011) 842-5191/2

Over 400 gay and lesbian books. Also periodicals.

Open every Tuesday 19h30 21h00 at Gay Centre, 10 Hillsborough Mansions, 7 Pretoria Street, corner of Klein Street, Hillbrow.

Gay Medical Group
Group of medical practitioners meets every six to seven weeks to discuss gay-related medical problems and to get to know one another.

Box 503, Parklands 2121.
Tel (011) 642-5191. Information on all gay related subjects. 19h00 - 22h00.

Gay Centre, First floor, Hillsborough Mansions, Pretoria Street, corner of Klein Street, Hillbrow.

Glow
Gay and Lesbian Organisation of the Witwatersrand

Support group serving Johannesburg, Soweto, and surrounding areas.

Box 23297, Joubert Park 2044

(011) 724-6856 (Reggie) or (724-0937 (Simon)

Legal aid advice
Professional advice for gay-related legal problems.

Box 83181, Yeoville 2143. Tel (011) 842-5191.

Masks
Dramatic society

Box 93181, Yeoville 2143. Bruce Tel (011) 643-5553 (h) or George 839-1483 (h)

Lambda
Gay association serving the Witwatersrand/Southern Transvaal.

Box 93181, Yeoville 2143. Tel (011) 642-5191/2

Gay Centre, First floor, 10 Hillsborough Mansions, 7 Pretoria Street, corner of Klein Street, Hillbrow.

Open every night 19h00 - 22h00.
Manpower Network

S/M contact group
Box 18175, Hillbrow 2038

Motorcycle Sports Club
Group for biking enthusiasts, meets every first Sunday of the month.

Box 17029, Hillbrow, Johannesburg 2038. Tel Andrew (011) 726-1522 or Hennie 640-6354 (h) or 716-4084 (w)

Music Appreciation Group (Mag)
Group for lovers of serious music.

Box 93181, Yeoville 2143. Tel (011) 842-5191

Outreach Rand
Support group for senior and lonely gays.

Box 93181, Yeoville 2143. Tel (011) 642-5191

Rand Gay Organisation (RGO)
Gay support group.

Box 5115, Johannesburg 2000. Tel (011) 932-2713

Sunday Club
Social support group for women who want to meet women.

Gerry Davidson at (011) 442-6862, Margaret Clark at 788-2938 (h), Ena van Tonder at 816-6124 (h) or Tina Walker at 608-9952.

Sundowner Circuit
Informal social group; regular after-work meetings

Box 93181, Yeoville 2143. Tel (011) 642-5191

Toga
Co-ordinating body for gay sport in the Transvaal

Box 261487, Excom, Johannesburg 2053.

Toga squash
(011) 648-9828

Toga tennis
(011) 642-6497

Toga running
(011) 648-4782

Toga Hiding Group
(011) 802-5589

Informal group organising monthly walks and picnics.

Wits Gay and Lesbian Movement
Support, social and educational group for gay students.

C/o SRC, University of the Witwatersrand, PO Wits, Johannesburg 2050.

Womanspace/Vrouetred
Support group for gay women.

109 Edward Ave, Sandringham. Social convener: Joan Tel (011) 640-6281; Chairperson: Ann 640-6281 (h), 716-2908 (w); Yehad

Informal group for Jewish gay men/women.

Box 784784, Sandton 2148. Arthur, Tel (011) 783-8156 (day)

Kimberley
Gasa Northern Cape
Support group serving the Northern Cape.

Box 705, Kimberley 8300.
Tel (0831) 3-1393

Pietermaritzburg
Gay Association Inland Natal (Gain)
Support group serving the Natal interior.

Box 10373, Scottsville, Pietermaritzburg 3209. Tel Denis (0331) 84-1109

Gay Organisation of Pietermaritzburg (GOF)
Gay group serving the city and surrounding areas.

Box 2805, Pietermaritzburg 3200. Tel Cyril (0331) 99-5385, all hours.

Port Elizabeth
Eastern Province Gay Association
Support group serving the Eastern Cape.

Box 1342, Port Elizabeth 6000. Tel (041) 2-1185 (evenings)

Pretoria
Friend 1000/Vriend 1000
Support group for senior and lonely gays.

Box 40814, Arcadia 0007. Tel Ernest (012) 44-2414.

Gay Association Ladies' Section
Box 40814, Arcadia 0007. Tel Vicky (012) 28-3780/Smiley 79-2724.

Gay Association Northern Transvaal (Gant)
Association for gay orientated people

Box 40814, Arcadia, 0007. Tel John (012) 62-1314

Gay Advice Bureau (GAB)
Counselling service for gay-related problems.

Box 40814, Arcadia, 0007. Tel Paul (012) 44-7383

Gay Christian Community (GCC)
Holds regular church services on Sundays.

Box 29994, Sunnyside, 0132. Tel Paul (012) 79-2030/ Anton 330-1458

Jong Gays Organisasie/Organisation for Young Gays (Joy)
Support group for gays under 25.

Box 40814, Arcadia 0007. Tel John (012) 62-1314.

Jacarana Fund
Fund for legal aid for Gasa members.

Contact your regional Gasa committee.

Toga Northern Transvaal
Co-ordinating body for gay sport in the region.

Box 40135, Arcadia, 0007. Tel Leon (012) 45-5752

Toga tennis
Ernest (012) 343-6100

Toga squash
Riaan (012) 343-5907

Toga Hiding
(012) 378-2392

Welkom
Gasa Goldfields
Support group serving the Free State Goldfields and Northern OFS region.

Box 940, Welkom 9400. Tel (0171) 2-5836.

International
Gasa Regional representatives
Swaziland

Johnnie (0194) 8-3119

London Gay Switchboard
Tel (08441) 837-7324

24-hour gay information service.
New York Gay Switchboard
Tel (081212) 777-1600

Noon to midnight (NY time) gay information service.

APPENDIX 8

**COMMENTARY OF SOCIAL, RELIGIOUS/MORAL, LEGAL, AND
PROFESSIONAL ATTITUDES TOWARDS HOMOSEXUALITY
AS REPORTED IN SOUTH AFRICAN NEWSPAPERS (1972-1987)**

COMMENTARY OF SOCIAL, RELIGIOUS/MORAL, LEGAL, AND
PROFESSIONAL ATTITUDES TOWARDS HOMOSEXUALITY
AS REPORTED IN SOUTH AFRICAN NEWSPAPERS (1972-1987)

A. COMMENTARY ON SOCIAL ATTITUDES

1. Prevailing attitudes in South Africa towards homosexuality have until recently been negative, prejudiced and uninformed:

- (a) gays have been regarded as unnatural, perverted and sick (SE 9.7.72, CT 22.5.76, ST 30.8.81, ST 11.12.81) or, at best, like cripples (CT 25.5.76)
- (b) gay life has been conceived of as hedonistic and furtive -- a "twilight world" of clubs, bars, cruising and promiscuity (CT 10.5.72, SE 9.7.72, CT 12.5.73, CT 11.2.81)
- (c) gays are believed to be unhappy, despairing and suicide-prone (SE 9.7.72, CT 11.2.81)
- (d) gays have been viewed as failed heterosexuals who could not "'make it' with girls" (CT 11.2.81) instead of as people with a particular sexual preference
- (e) they are also believed to be guilty of "recruiting" youths into their ranks by "corrupting" them (*ibid*, CT 15.5.73)
- (f) gays have been expelled from educational institutions and the public service as a result of exposure (CT 28.11.79, CT 6.10.83, CT 25.6.85)
- (g) gays are frequently victims of criminal assault and "queer-bashing", but are 'often too afraid to report such incidents (ST 11.12.81, A 9.4.83, CT 28.7.84). As one gay person put it, being beaten up was "a basic fact of life for gays" (A 9.4.83).

2 The effect of living in this social environment has been to force many gays to lead a "dual lifestyle" and to "pass for 'straight'" by hiding their private lives and feelings, and swallowing anger and pain in the face of prejudice and crude humour (Var 5.5.82). Others even attempt to adopt a heterosexual lifestyle -- "for anyone wishing to conceal homosexuality, marriage is still the best closet" (A 29.7.82). In one incident a man kidnapped a child to prove his manhood and show his mother he could be married and "normal" (CT 12.2.82).

3. Since the late 1970's there have been signs of a slow liberalisation of South African society with regard to homosexuality:
 - (a) the phenomenon of homosexuality has emerged into the open eg programmes on radio and TV, frank articles in the press, films and plays with homosexual themes, public seminars on homosexuality, open theological debate and even gay tours (CT 31.8.81, CT 28.9.81, CT 7.4.82, ST 9.5.82, ST 6.6.82, ST 11.7.82, A 29.7.82, ST 26.9.82, CT 28.7.84, CT 7.4.86)
 - (b) gays themselves have also emerged into the open eg 60-10, GASA, campus organisations, gay theatres, gay outdoor rallies, gay journals, drag competitions, vigilante groups and unashamed letters to the press (CT 20.2.81, A 27.8.81, A 29.3.82, CT 4.4.82, CT 28.8.82, CT 21.10.82, A 9.4.83, CT 21.10.83, CT 14.7.84, CT 13.3.85, CT 20.12.85).
4. This resulted in more tolerant attitudes towards homosexuality:
 - (a) gays themselves have been urged to be self-accepting (ST 26.9.82, WA 2.2.85)
 - (b) parents have also been advised to be supportive and accepting (CT 22.5.73, CT 5.12.80, ST 26.9.82)
 - (c) the right of gay privacy has been defended (ST 20.9.81)
 - (d) a Human Sciences Research Council report concluded that lesbians make good employees (CT 22.1.82)
 - (e) it has been conceded that promiscuity and fornication are not exclusive to gays alone -- heterosexuals are just as fallible (CT 20.1.83, CT 9.6.83)
 - (f) the Cape Times openly condemned the dismissal of gays by the South African Harbours and Railways Department. The editor noted that "persecuting homosexuals is narrow-minded and discriminatory. Other public service departments should avoid similar witch-hunts" (CT 6.10.83)
 - (g) a leading South African medical expert, Dr Chris Barnard, described homosexuality as "natural as breathing" (CT 7.4.86)

- (h) gay concerns are regarded by Life Line as "... merely the age-old problem of relationships between people" (CT 14.5.76)
5. However, prejudice and hostility against homosexuality remain common:
- (a) when confronted with displays of gay affection people are disgusted (ST 9.5.82, CT 17.3.82)
 - (b) South African parents have difficulty in accepting that their child may be gay -- they are typically "shocked" (ST 26.9.82, CT 25.6.85)
 - (c) ridicule and abuse against gays persists (ST 11.7.82, CT 12.3.82) as do old stereotypes eg gays are "funny", but a "manly" person is presumed to be heterosexual (CT 25.6.85)
 - (d) the AIDS scare has provoked fresh bigotry, being viewed as caused by "indiscriminate homosexuality" (CT 6.5.83) and as a form of divine punishment against gays (A 19.5.83).
6. Homosexuality in South Africa has also been affected by race and politics:
- (a) it has been used as a weapon in political smear campaigns (WA 12.12.81)
 - (b) it is anathema to right-wing political groups such as the HNP (S 13.4.87)
 - (c) the apartheid system has divided gays like any other community, with blacks being excluded from gay facilities (CT 4.11.81), although gay clubs and bars are to some extent multi-racial (ibid, CT 20.12.85)
 - (d) gays are politically divided -- most white gays are politically conservative and tend to accept the status quo, but some feel the need to speak out against oppression and discrimination "in all its manifestations" (CT 8.4.86). GASA was denied membership of the International Gay association because its "apolitical" stance was apparently interpreted as acquiescing with apartheid (CT 6.8.83, ST 29.6.86). Black gays, on the other hand, have been known to get involved in the struggle against apartheid eg an executive member of the UDF detained on charges of treason and terrorism (CT 8.4.86).

B. COMMENTARY ON RELIGIOUS/MORAL ATTITUDES

1. There are two conflicting approaches towards homosexuality within institutionalised religion in South Africa:
 - (a) it is unequivocally condemned by the Roman Catholic Church (S 26.7.87), by the Evangelical Protestant churches (CT 28.7.80, WA 30.4.83) and by the Muslim Judicial Council (CT 27.5.78)
 - (b) it is conditionally tolerated by the Anglican Church (Church of the Province of Southern Africa) (CT 10.6.83).
2. Catholics and Fundamentalist Christians share certain common views and teachings about homosexuality which are basically uncompromising, despite their professing "care and compassion" (WA 30.4.83) for gays:
 - (a) the Bible is the "unalterable" standard for morality, containing "abiding" truths "relevant for our times" (WA 30.4.83)
 - (b) the Scriptures unambiguously show that homosexuality is "sinful", "perverted" and condemnable (CT 28.7.80, WA 1.5.82, Var 16.3.83, CT 9.11.83, S 26.3.87)
 - (c) the chief purpose of human sexuality is procreation; sex is thus justified only within the bounds of heterosexual marriage (Var 16.3.83, S 26.3.87)
 - (d) homosexuals are responsible for their condition and can thus be "cured" (WA 30.4.83, CT 9.11.83), although the Catholic Church allows that this may be impossible for some and abjures them to remain "passive" ie celibate, while following "good Christian living" (S 26.3.87)
 - (e) the "cure" is Christian salvation through which homosexuals can "adapt" and "re-orient" their desires and behaviour (Var 16.3.83, WA 30.4.83, CT 9.11.83) -- also the goal of the short-lived Gays Anonymous (CT 25.5.76)
 - (f) homosexuals suffer from emotional instability and are denied the fulfilment of marriage (Var 16.3.83).

3. The opposing positions spelt out by the Anglican Dean of Cape Town (CT 10.6.83) and represent the "liberal Christian view of homosexuality":

- (a) Biblical evidence must be judged in the context of "the conditions of the time in which it was written"
- (b) thus, although such evidence "does not point to an approval of homosexuality" it can be construed to refer to cult-prostitution or commercial pederasty common in Biblical times [accordingly, homosexuality per se is neither a "sin" or nor a "sickness"] (Archbishop of Canterbury, Dr Runcie (A 3.3.81)
- (c) God intended "heterosexual relationships" to be "the way for the majority of the human race" but gay love can be "stable and happy" and "God can bless it and use it". However, "promiscuous, casual and exploitative liaisons", whether homosexual or heterosexual, were "wrong"
- (d) attempts to "cure" gays revealed a "disastrous trail of misery and little success". Moreover, Dean King hesitated to commend the "call to celibacy" because it was a "lonely and difficult path" and
- (e) "friendship, happiness and love" could be shared in gay relationships, although many failed due to a "heritage of social scorn, contempt and ostracism" -- to discriminate against people on the basis of their sexual orientation was equivalent to "racism".

C. COMMENTARY ON LEGAL ATTITUDES

- 1. Homosexuality has in the past been branded by the judiciary as base and abhorrent (CT 30.7.80, CT 23.12.81, CT 31.7.84) but there has been an increasing tendency to refer to it in more neutral and strictly legal terms as an "offence" rather than an "abomination" (CT 22.3.83, CT 17.10.84, A 23.11.85).
- 2. Although, in terms of both common law and the Immorality Act, homosexual sex behaviour in South Africa is strictly illegal, the majority of court cases have dealt with offences committed in public or involving minors and youths under 19. Incidents concerning sexual acts performed in private have usually been directly linked to other serious crimes such as murder or robbery (CT 26.11.81, CT 23.2.83, CT 27.10.83, CT 18.11.83, CT 11.8.84, CT 30.8.84,

CT 4.4.85, CT 22.4.86). That private homosexuality is tolerated, and that law enforcement is chiefly directed against public indecency is implicit in a recent judgement in which the magistrate stressed that the offence had not occurred on private property and was therefore "not merely a deed that happened between two consenting males" (CT 23.11.85).

Similarly, the Social Affairs Committee of the President's Council stated in its 1985 report that privacy should be respected up to a point; certain "immoral acts" such as "adultery or fornication" should not "be visited by criminal law unless committed with or in respect of so-called 'vulnerable persons', or in public (CT 15.8.85).

The committee, however, concluded that laws against homosexual acts between consenting adults should not be changed because it was not satisfied that a "sufficient measure of tolerance has developed in present-day South Africa society for common law to be amended ..." (ibid).

3. The concern to inhibit public sexual activities is evident in police entrapment, raids and arrests in pick-up places such as parks, beachfronts, steam baths and toilets (CT 24.7.81, CT 19/22.23.12.81, CT 7.7.82, CT 22.3.83, CT 20.7.85, CT 8.11.85, A 26.6.86).

More recently police action has been ascribed both to the need to protect young children from being confronted with homosexuality and to the AIDS scare (A 26.6.86), and the President's Council has recommended tough action against prostitution, male as well as female, as a means to control the spread of AIDS and VD (CT 15.8.85).

There have also been police raids on semi-private gay clubs, but while these have been possibly aimed against homosexual soliciting, the main reason seems to have been to check drug trafficking (CT 7.9.81, CT 25.9.84).

4. In more recent cases involving violence, robbery and death the courts have shown an increasing understanding of the vulnerability of gays to exploitation and attack (CT 30.8.84^a, CT 21.9.84^b), while recognising that there are self-inflicted risks involved in picking up strangers (CT 11.8.84).

Perpetrators have frequently been charged with or convicted of murder and/or robbery and have received heavy sentences, sometimes the death penalty (CT 4.4.81, CT 26.11.81, CT 31.8.82, CT 18.11.83, CT 11.8.84, CT 30.8.84, CT 9.11.84, CT 4.4.85, CT 22.4.86).

Essentially the courts have sought to uphold the basic sanctity of human life (CT 4.4.81^c, CT 11.8.84^d), while trying to avoid being prejudiced because the victim was homosexual -- as the Judge-President of the Cape Supreme Court put it: "... in too many cases both the court and the public has more sympathy with the accused than the deceased" (CT 11.8.84).

Similarly the right of self-defence against assault has been recognised in a judgment in which a self-confessed homosexual was found not guilty of murder after shooting at a thug who terrorised gays at a local pick-up spot (CT 2.2.83).

It would thus appear that the central consideration of the courts is not so much that the victim was homosexual but that as a PERSON his/her basic rights of life, property and security should be defended.

- a. Awarding the death penalty for robbery and murder, the judge of the Cape Supreme Court said that the accused had exploited the "weakness" of homosexuals to gain entrance to their home.
- b. The judge of the Supreme Court called the accused a professional criminal and rejected outright the claim that he had killed the victim while resisting sexual advance: "This story of 'the moffie who made a pass at me and disgusted me' has become very popular."
- c. The judge said that the accused, convicted for murder, was guilty of "the most serious crime we know", ie taking a human life.
- d. The Judge-President of the Cape Town Supreme Court remarked: "I can't say a homosexual's life is cheaper than anyone else's ...".

5. The courts have also shown differential leniency towards habitual sexual offenders, implicitly recognising that therapy cannot successfully alter their fundamental sexual orientation or emotional and mental condition. Whereas in 1978 a "psychopath" was sentenced to five years' imprisonment for sodomy (CT 28.9.78), some sentences have included experiments with alternative "solutions" such as brain surgery to destroy the sex drive or chemical castration (CT 17.10.84, CT 27.11.84, CZ 8.4.87).
6. By contrast the armed forces and para-military institutions have adopted a strongly homophobic attitude eg homosexuals are unlikely to "respond to treatment" are exempt from military service (WA 15.10.77), a naval officer was dishonourably discharged (ST 30.8.81) and 13 members (4 men and 9 women) of the Railway Police were forced to resign (CT 5.5.83). A spokesman once noted that the South African Defence Force "does not hesitate to clean up where necessary" (ST 30.8.81).
7. Legal action against gays has regularly been justified in court in terms of protecting the interests of society (CT 28.9.78, CT 30.7.80, CT 22.12.81, CT 22.3.83, CT 17.10.84). While this is understandable where minors are involved, the cost and pain for the accused should not be overlooked. Prosecution can also mean personal or family crisis or dismissal and loss of job status, especially in the case of doctors and teachers (CT 30.7.80, CT 22.12.82, CT 7.7.82, CT 31.7.84, CT 17.10.84).

D. COMMENTARY ON PROFESSIONAL ATTITUDES

1. In the 1970's certain myths and stereotypes about homosexuality had been discarded by professional social workers, psychiatrists and priests:
 - (a) they accepted the Kinsey et al findings that homosexuals form a constant proportion of any population and are thus "here to stay" (CT 7.8.73)
 - (b) they realised that gays came from "all walks of life" (SE 9.7.72)
 - (c) they saw as fallacious the traditional idea of gays being effeminate, lisping types and recognised that gays included the whole spectrum of masculinity (ibid).

2. Despite this, however, certain misconceptions still prevailed:

- (a) homosexuality was still regarded as abnormal and unnatural (SE 9.7.72, CT 5.5.73, CT 7.8.73) instead of as forming part of a continuum of sexual orientation (as conceived by Kinsey et al)
- (b) gays were perceived in a largely negative light as neurotic, guilt-ridden people with a high incidence of suicide and personality breakdown (SE 9.7.72)
- (c) there was a limited concept of the "cause" of homosexuality, which was attributed chiefly to the parental influence of a "close-binding" mother and a "detached" father (ibid)
- (d) the notion still persisted that "boys who are not basically homosexual" could be "perverted" by older homosexual men (CT 5.5.75).

3. By the 1980's some fundamental changes of opinion and attitude were emerging amongst professionals:

- (a) homosexuality was viewed as a "matter of preference" (CT 1.3.84) rather than an aberration
- (b) it was seen causally as a "multifaceted condition" for which neither the person nor his/her parents were to blame (CT 5.12.80)
- (c) it was regarded as something permanent which should be accepted rather than "cured" (ibid, CT 26.8.86)
- (d) adolescent homosexuality was understood as a common phase of sexual development (CT 5.12.80, CT 22.8.81)
- (e) the belief that homosexuals could "pervert" heterosexuals was scorned (CT 26.8.81); instead it was recognised that homophobia is the product of unresolved sexuality (CT 26.8.81, WA 5.12.81)
- (f) there was a new trend in favour of helping the individual and his/her family to come to terms with homosexuality (CT 5.12.80, CT 21.10.82)
- (g) it was recognised that instead of being condemned as misfits gays need counselling/clinical services to help them cope with societal pressures and exploitation by criminals eg assault and robbery (CT 5.12.80, WA 5.12.81)

- (h) it was even acknowledged that gay couples in a warm, positive relationship could theoretically "successfully" bring up a child (CT 1.3.84).
4. However, these shifts in attitude were/are not universal:
- (a) conservative and outmoded views still exist, especially it would seem within the psychiatric/medical profession, eg the belief that homosexuality is "wrong" and a form of gender confusion which can be treated through behavioural therapy (SS 1.9.85)
 - (b) there seems to be a general consensus in favour of traditional sex-role modelling in the upbringing of children, even if a more flexible approach of not stifling "natural human emotion" is advocated (CT 5.12.80, CT 1.3.84, SS 1.9.85).

Legend

A - Argus
 CT - Cape Times
 CZ - Citizen
 S - Star
 SE - Sunday Express
 SS - Sunday Star
 ST - Sunday Times
 Var- Varsity (University of Cape Town News Paper)
 WA - Weekend Argus

APPENDIX 9

**EDITED VERSION OF AN INTERVIEW BY THE WRITER WITH
MR JOE GARMISTON, A FOUNDER MEMBER OF THE
FIRST GAY LAW REFORM GROUP**

EDITED VERSION OF AN INTERVIEW BY THE WRITER WITH
MR JOE GARMISTON, A FOUNDER MEMBER OF THE FIRST GAY LAW
REFORM GROUP

I didn't go to clubs in those days, I was never a night-bird anyway. However the thing was to be seen at the club. Johannesburg could support one club, and no club seemed to last for very long; each one was likely to be overtaken by another one. Durban had had some attempts at clubs, none of them very good. Cape Town, I think was a little better.

Now we come to the law reform issue, and I think I am right in saying that the year was 1967. I never know whether it was '67 or '68, but the record will show that. Anyway towards the end of the year there was this famous bottle party in Forest Town (Johannesburg), which caused paragraphs to appear in papers all over the world, because the idiots who were running it produced slips of paper advertising when it would be held, where it would be held, and distributed them to the bars and club. Needless to say, the police got their hands on them and decided that this might be a good opportunity to strike down for the honour of the Vrouefederasie which I believe had been putting up complaints. They (the police) watched the party from outside, moved in, and infiltrated it at some time after eleven o'clock, and then about ten minutes after I had left, safely I may tell you with great glee, they struck and

started taking names and photographs. There were some people arrested for various offences and so forth, but what really got to the headlines was the fact, of course, that a party of about 200 - 300 of Johannesburg's elite doctors, lawyers, and businessmen, and all these "upper class citizens" could be involved in this vice was a matter of great excitement.

Now, if I recall correctly, that happened either in October, November or December of 1966. It was the following February that they promulgated the Draconian laws. Soon after, it was referred to a Select Committee of Parliament with invitations for people to submit evidence. Well, a friend of mine who was quite courageous rang up the relevant office and asked for some information, and was informed that he should put his evidence in writing, in no less than eleven copies.

And of course he had perfect hysterics because he said: "How in the name of hell can there be any confidentiality pertaining to evidence when you are going to submit it to grubby clerks in eleven copies. I mean you are going to be dead before you start". And certain people including an advocate, a leading doctor, and other quite senior citizens, saw this as a problem. Mr X who was a member of the "family" had as his brother Mr AX who was a leading advocate, who was in fact something of a hero because he had

successfully defended South Africa at the International Court in the Hague.

He now co-ordinated the evidence for this gay inquiry. Basically he set up a legal team, and made representations to the Department of Justice, I suppose, or to the Minister. They obtained permission to submit all evidence on the basis, they argued, of confidentiality. Arrangements were made that they would collect evidence and lead witnesses. It was very interesting. My library came into its own at that time because we had a sort of academic committee, I forget what it was called, but they borrowed a number of my books when preparing evidence.

Writer: "Joe, how did this group develop?"

Well, what happened was that certain people who knew each other socially, and who had the know-how agreed to launch the project. Now interestingly enough, I knew another advocate and I dashed off a letter to him, listing the possible problems that might arise from this inquiry. I received a telephone call from him and he said: "Something is being done. If you want to hear about it, you can meet with Mr B at a certain flat". Soon after, the word was spread, almost on a network system, you might say. One attacked every social group -- in a way it was like lobbying for political candidates. Once there was a more formal

organisation going, with aims and objectives, we had major meetings in a hotel, and at social functions. People brought their friends. The main activity was to collect funds. We set a target of R40,000. It is also interesting to note that a firm of lawyers and a couple of advocates chanced their arms. Really the lawyers chanced their arms because the advocates, once briefed would expect to collect their fees from the lawyers. You know how that works. The lawyers had to rely on the integrity and determination of the groups to raise money. I don't think they really complained. However we raised about R27,000 and I think they recouped their expenses.

Writer: "This was handled professionally?"

Yes. It was handled by a large legal firm in Johannesburg. They produced a collection list which was handed out to all and sundry. The lists were numbered and had to come back to a central committee. The principle on which it worked was on a rotating basis. The most interesting thing to develop was the sense of purpose this effort created, and people who usually ignored one another recognised the focal point of the crisis. This is interesting, for I gave a talk to one of the GASA meetings during mid 1985. I was asked about prospects for law reform. I bluntly told them there were none. I said this really for two reasons. Firstly there is no existing legislation on which to hang your hat, and

secondly, that social priorities currently are far different to years ago.

Writer: "Do you know that there is a Commission of Inquiry pending? This is to be set up by the President's Council whose mandate was to investigate homosexual issues within the context of existing laws. In essence, certain recommendations included harsher penalties for homosexuals."

You know the tragedy is that we have lost, or failed to resurrect mountains of written evidence. I share the responsibility for that, I suppose, because I did not follow the impetus through.

Writer: "It has been done to a certain extent."

Well, yes. I mean the White paper you could comment on. This was actually the result of verbal evidence. However the lawyers have mountains of written evidence that was never lead. Let me give you a good example. I went to the University of the Witwatersrand one day for a lunch hour meeting at which a number of people spoke. One of them was a Dutch Reformed Minister who deeply impressed me. He was young and obviously a "bit of a rebel". He said he was not going to discuss the morality of homosexuality as such. The point he wanted to make was that there was no point of the

law being used to bolster a position of moral judgment. He said the mission of the Church is to make people abandon sin because they love God, and not because they fear the consequences of the law. He said that if the Church had so far failed in its duty, and that it had to call in the law in order to achieve a line of conduct which it had failed to achieve, then all it will do is to advertise its failure.

I rang one of our attorneys up who asked me to get evidence from this minister in writing.

We subsequently arranged an interview. He remarked afterwards that the interview had great interest for him because he had had some contact with homosexuals in the past -- but always in conditions of crisis. He said: "I go there and they have been found out; I go there and they are about to get divorced; I go there, and a rape or molestation has occurred." He continued: "Always it is within a situation of acute trauma. You are the first homosexual that I have ever met who has come to discuss with me in a calm and rational manner what you believe the problem to be". This is an interesting point, for I have personally observed that people, because of the enormity of gay problems, usually made contact in conditions of emergency.

Furthermore there was a form of separation, or gay apartheid, if you like. Lesbians and straights were always separate from us gays. This was because of a fear of exposure. I did not trust so-called understanding women.

.

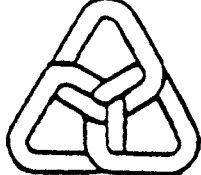
Furthermore it was an anathema when people held mixed parties (straights and gays) and you were liable to get connected with a straight man who might be linked to your work, and maybe expose you. Also in a mixed party, it is not safe to camp. What's the good of having a collection of straights there, and you put your hand on a crotch, and he replies: "I only like women.....sock!"

Furthermore, society condemned homosexuals. That is why the sub-culture is so important to the survival of gays. Like Lucifer they are cast out of heaven, and left with no recourse, but to join the sub-culture. That may also be half the reason why, in our sub-culture, promiscuity is so much more extreme. This is because you have forfeited the framework and the restraints that society in itself establishes. If so-called normal society chooses to reject and cast off and damn with one single tar brush, the whole of homosexual society, they are forfeiting the possibility of understanding the dynamics of the sub-culture. It's indeed a sad loss to both worlds.

Writer: "Joe, thank you for your contribution."

APPENDIX 10

**PAMPHLET DISTRIBUTED BY GASA (RAND) PROTESTING AGAINST THE
RAND GAY ORGANISATION'S STANCE ON THE ANC**



RAND GAY ORGANISATION CLAIMS

THEY

— WILL MEET WITH THE ANC

— WANT UNCONDITIONAL SUPPORT FOR THE ANC

Although we believe that Gays have a specific contribution to make to a progressive South Africa, N.B. the ANC has no policy on homosexuality. When quizzed about their attitudes towards Gays, ANC representatives in Lusaka (1986) said they had no policy and would treat every social **problem** as it arises. This implies that the ANC see Gays as a **PROBLEM**. Remember the deaths of hundreds of thousands of Gays and Lesbians who wore pink triangles to the Nazi death chambers? The ignorance of Gays about their past is striking. Our lesson from history, is that we can never be sure that we won't be oppressed.

The RGO must explain the ANC's official stance on homosexuality before we the GASA commit ourselves to the struggle.

APPENDIX 11

TRAINING PROGRAMME ON CRISIS INTERVENTION AND GAY CONCERNS

GASA-6010 Counselling Service
in Collaboration with the
School of Social Work
University of Cape Town
Presents a Training Course on
Crisis Intervention in Gay Concerns

Venue: School of Social Work, Fifth Floor,
Leslie Social Sciences Building

Dates: Saturday and Sunday, 27 & 28 February
Thereafter Consecutive Thursday Evenings
(as per outline) commencing 3 March and
ending 12 May 1988.

Course Leader: Gordon Isaacs, Senior Lecturer in
Clinical Social Work

Course Assistant: Michael de Villiers,
Senior Social Work Practitioner,
Cape Town

COURSE DESCRIPTION

The course is designed to provide an understanding of the theory and practice of crisis intervention with particular reference to gay issues. Crisis intervention as a method of assisting people is practised at different levels by lay and professional persons alike. The course is not designed to replace existing skills and insights currently employed. It will emphasise the context in which gay persons experience stress related issues and suggest strategies in dealing with such concerns when they arise.

The course is offered as a entity with each session being linked with strategic case management, theoretical assumptions and attitude deliberation.

The weekend experience is designed to deal with underpinning the following themes to the areas of crisis, crisis management and homosexuality:

FANTASY
ATTITUDES
HOMOPHOBIA
INTIMACY
GENDER.

The method of instruction shall rely upon the following:

- 1) Formal theory
- 2) Role play
- 3) Self-awareness techniques
- 4) Group dialogue and discussion
- 5) Case illustrations.

For ethical, confidential and professional reasons, all case illustrations (including role plays) will be based on the clinical experiences of the facilitators without revealing identities or features of persons which would jeopardise their right to privacy and confidentiality.

All group members are urged to respect such confidentiality.

The two-day experience is designed to examine the knowledge base required to understand the diversity of crisis. The focus of the course relates only to homosexual issues. Therefore, an understanding of homosexual identity development with particular reference to problems experienced by gay persons in South Africa will be highlighted.

Both instructors reject any form of discrimination and will address such issues as they arise in the context of the course.

Because the group is open to all persons, and not specifically to those who believe they have a gay, lesbian or homosexual identity, the instructors will attempt to evaluate and deal with the group ethos as a whole.

The second day of the weekend addresses technique, interviewing skills and relationship variables experienced by a helper and a helpee. Experience has shown that all persons have helping skills. This session will attempt to direct these skills into an operational framework -- thus facilitating future expectations of direct service contact with a gay-lesbian client system.

Although the course structure will remain the same throughout the ensuing weeks, the facilitators reserve the right to change contents or themes should the need arise.

LEARNING OBJECTIVES

At the conclusion of the course, persons should be able to:

- a) re-evaluate and determine their attitudes
- b) examine their personal expectations and needs
- c) understand why they wish to offer services (if that is a desire) to the gay-lesbian community
- d) understand the homosexual process
- e) differentiate crises that are normal variations of development from those which precipitate stress and behaviour change
- f) identify features of the crisis profile
- g) experience a personal level of stimulation and change
- h) identify stages in the interview process
- i) participate in group discussion
- j) identify basic or primary techniques of interviewing
- k) understand the use of self in a relationship situation with a client or clients
- l) appraise the absence or presence of homophobia.
- m) identify risk or problematic behaviour with a view to referral if necessary

COURSE STRUCTURESATURDAY 27 February

<u>Time</u>	<u>Topic/Theme</u>
10.00-11.00	Introduction: Role play
11.00-11.15	Tea
11.15- 1.00	Exploration of attitudes and feelings Presentation of scale of homophobia Brief examination of homosexual identity development.
1.00- 2.00	L U N C H (provided)
2.00- 3.00	Crisis Theory (case management)
3.30- 4.00	T E A
4.00- 6.00	A model of Crisis Intervention.

SATURDAY NIGHT:

Members of group to take home exercise, complete it and return with completed assignment (approximately half hour)

SUNDAY 28 February

10.00-11.00	Discussion of task Analysis of responses Evocative exercise
11.00-11.30	T E A
11.30- 1.00	Steps in an initial interview including telephonic contact Identifying risk features
1.00- 2.00	L U N C H (own arrangements)

2.00- 4.00

Advanced Counselling Technique

- 1) the relationship
- 2) worker's use of self
- 3) client's use of self
- 4) termination
- 5) dealing with resistance
- 6) dealing with over-involvement
- 7) fear and panic
- 8) risk

This session will take the following into consideration:

- ego strengths and weaknesses
- the counsellor as an authority figure
- features of separation, rejection and abandonment

4.00- 4.15

T E A

4.15- 6.30

- General discussion
- Evaluation of weekend
- Dealing with unfinished matters
- Relaxation.

GI/ph
26/2/88

BIBLIOGRAPHY

- ACKROYD, Peter
1979 **Dressing Up: Transvestism and Drag. The History of an Obsession.** Great Britain: Thames and Hudson.
- ADLER, Michael W
1987 "Development of the Epidemic - ABC of AIDS", **British Medical Journal**, 294, 1083-1085.
- ADREY, Robert
1970 **The Social Contract. A Personal Inquiry into the Evolutionary Sources of Order and Disorder.** London: Collins.
- AGUILERA, Donna C and MESSICK, Janice M
1978 **Crisis Intervention: Theory and Methodology.** Saint Louis: C V Mosby.
- ALTMAN, Dennis
1981 **Coming Out in the Seventies.** Boston: Alyson Publications.
- ALTMAN, Dennis
1986 **AIDS and the New Puritanism.** London and Sydney: Pluto Press.
- AMERICAN PSYCHIATRIC ASSOCIATION
1980 **Diagnostic and Statistical Manual of Mental Disorders, Third Edition.** Washington, DC: APA.
- ANDERSON, Craig L
1982 "Males as Sexual Assault Victims: Multiple Levels of Trauma". In: Gonsiorek, John C (Ed), **Homosexuality and Psychotherapy - A Practitioner's Handbook of Affirmative Models.** New York: Haworth Press, 145-163.
- ARGUS, The
1984 11 August
- ATKINS, Merilee; FISCHER, Mary; PRATER, Gwen;
1976 WINGET, Carolyn and ZALESKI, Joanne
 "Brief Treatment of Homosexual Patients", Comprehensive Psychiatry, 17 (1), 115-125.
- BABUSCIO, Jack
1976 **We Speak for Ourselves - Experiences in Homosexual Counselling.** Philadelphia: Fortress Press.

- BALDWIN, B A
1979 "Crisis Intervention: An Overview of Theory and Practice", *The Counselling Psychologist*, 8, 43-52.
- BAPTISTE, David A
1987 "Psychotherapy with Gay/Lesbian Couples and Their Children in 'Stepfamilies': A Challenge for Marriage and Family Therapists", *Journal of Homosexuality*, 14 (112), 223-238.
- BARKER, Philip
1983 *Basic Child Psychiatry*, Fourth Edition. London: Granada.
- BARTOLUCCI, G and DRAYER, C S
1973 "An Overview of Crisis Intervention in the Emergency Rooms of General Hospitals", *American Journal of Psychiatry*, 130, 953 - 960.
- BAUM, Rudy M
1987 "The Molecular Biology: AIDS", *Chemical and Engineering News*, 65 (47), 14- 26.
- BAUMEISTER, Roy F; SHAPIRO, Jeremy P and TICE, Dianne M
1985 "Two Kinds of Identity Crisis", *Journal of Personality*, 53 (3), 407-420.
- BAYER, Ronald
1987 *Homosexuality and American Psychiatry. The Politics of Diagnosis. [With a new Afterword on AIDS and homosexuality.]* Princeton, New Jersey: Princeton University Press.
- BECKER, Lily
1988 *Brief Dynamic Psychotherapy. An Exploration of Attitudes and Practice among a Group of Local Clinicians - Some Implications for Training.* Unpublished Master's Dissertation (Clinical Social Work). University of Cape Town.
- BELL, A
1965 "Research in Homosexuality: Back to the Drawing Board", *Archives of Sexual Behaviour*, 4 (4), 421-431.
- BELL, Alan P
1975 "The Homosexual as Patient". In Green, Richard (Ed), *Human Sexuality. A Health Practitioner's Text.* Baltimore: Williams and Wilkins, 55-72.
- BELL, Arthur
1984 "The Sixties". In: Denny, Michael; Ortleb, Charles and Steele, Thomas (Eds), *The View from Christopher Street.* London: Hogarth Press, 27-29.

- BELL, Alan and WEINBERG, Martin S
1978 **Homosexualities. A Study of Diversity among Men and Women.** New York: Simon and Schuster.
- BELLAK, L and SMALL, L
1965 **Emergency Psychotherapy and Brief Psychotherapy.** New York: Grune & Stratton.
- BELLAK, Leopold and FAITHORN, Peri
1981 **Crises and Special Problems in Psychoanalysis and Psychotherapy.** New York: Brunner/Mazel.
- BEM, S L
1974 "The measurement of Psychological Androgyny", **Journal of Consulting and Clinical Psychology**, 42, 155-162.
- BERGER, P L and LUCKMAN, T
1966 **The Social Construction of Reality.** New York: Doubleday.
- BERGER, Raymond M
1982a **Gay and Grey: The Older Homosexual Man.** Urbana: University of Illinois Press.
- BERGER, Raymond M
1982b "The Unseen Minority: Older Gays and Lesbians", **Social Work. Journal of the National Association of Social Workers**, 27 (3), 236-242.
- BERGER, Raymond M
1983 "What is a Homosexual? A Definitional Model", **Social Work. Journal of the National Association of Social Workers**, 28 (2), 132-135.
- BERZON, Betty
1979 "Developing a Positive Gay Identity". In: Berzon, B and Leighton, R (Eds), **Positively Gay.** Millbrae: Celestial Arts, 1-14.
- BERZON, Betty and LEIGHTON, Robert (Eds).
1979 **Positively Gay.** Millbrae, California: Celestial Arts.
- BEVERLEY, Peter and SATTENTAU, Quentin
1987 "Immunology of AIDS/ABC of AIDS", **British Medical Journal**, 294, 1536-1538.
- BIEBER, Irving
1962 **Homosexuality: A Psychoanalytic Study.** New York: Basic Books.
- BIEBER, Irving
1972 "Homosexual Dynamics in Psychiatric Crisis", **American Journal of Psychiatry**, 128 (10), 88-92.

- BIGGAR, J
1986 "The AIDS Problem in Africa", *The Lancet*, 1, 79-82.
- BIGSBY, C W E (Ed)
1976 *Approaches to Popular Culture*. London: Edward Arnold.
- BILLER, Henry B
1971 *Father, Child and Sex Role. Paternal Developments of Personality Development*. Massachusetts: Heath Lexington Books.
- BLACHFORD, Gregg
1981 "Male Dominance and the Gay World". In: Plummer, Kenneth (Ed), *The Making of the Modern Homosexual*. London: Hutchinson, 184-210.
- BOHN, Ted R
1984 "Homophobic Violence: Implications for Social Work Practice", *Journal of Social Work and Human Sexuality*, 2 (2/3), 91-110.
- BOONZAIER, Emile and SHARP, John (Eds)
1988 *South African Keywords: The Uses and Abuses of Political Concepts*. Cape Town and Johannesburg: David Philip.
- BORLAND, Mary C; TASKER, Mary; EVANS, Patricia M and
1987 KERESZTES, Judith S
"Helping Children with AIDS: The Role of the Child Welfare Worker", *Public Welfare*, Winter Issue, 2329.
- BOSWELL, John
1980 *Christianity, Social Tolerance and Homosexuality. Gay People in Western Europe from the Beginning of the Christian Era to the Fourteenth Century*. Chicago: University of Chicago Press.
- BOWLBY, John
1970 *Attachment and Loss*, 1 (Attachment). London: Hogarth Press.
- BOZETT, Frederick W
1981 "Gay Fathers: Evolution of the Gay-Father Identity", *American Journal of Orthopsychiatry*, 51 (3), 552-559.
- BRACHT, Neil F
1978 *Social Work in Health Care. A Guide to Professional Practice*. New York: The Haworth Press.

- BRAMMER, Lawrence M
1985 **The Helping Relationship: Process and Skills**,
Third Edition. New Jersey: Prentice-Hall.
- BRONSKI, Michael
1984 **Culture Clash - The Making of Gay Sensibility**.
Boston: South End Press.
- BROWNING, Christine
1987 "Therapeutic Issues and Intervention Strategies
with Young Lesbian Adults: A Developmental
Approach", *Journal of Homosexuality*, 14 (1),
45-52.
- BUCKINGHAM, Stephan L and VAN GORP, Wilfred G
1988 "Essential Knowledge about AIDS Dementia", *Social
Work. Journal of the National Association of
Social Workers*, 33 (2), 112-114.
- BUIS, Robert P D
1979 "The Relationship between the Dogmatic Teachings
and Attitudes towards Race Relations in two South
African Religious Denominations". In: Hare,
A Paul; Wiendieck, Gerd and Van Broembsen, Max
(Eds), *South Africa: Sociological Analyses*. Cape
Town: Oxford University Press, 86-112.
- BULLOUGH, Vern L
1979 **Homosexuality - a History from Ancient Greece to
Gay Liberation**. New York: New American Library.
- BUNDY, Colin
1987 "Street Sociology and Pavement Politics: Aspects
of Youth and Student Resistance in Cape Town,
1985", *Journal of Southern African Studies*, 13
(3), 302-330.
- CADY, Joe
1980 "Coming Out". In: Picano, Felico (Ed), *A True
Likeness: Lesbians and Gay Writing Today*. New
York: The Sea Horse Press, 188-189.
- CALDWELL, J M
1967 "Military Psychiatry". In: Freedman, A N;
Kaplan, H I and Kaplan, H S (Eds), *Comprehensive
Textbook of Psychiatry*. Baltimore: William &
Wilkins, 1183-1187.
- CALHOUN, Lawrence G; SELBY, James W and KING, Elizabeth
1976 **Dealing with Crisis: A Guide to Critical Life
Problems**. Englewood Cliffs, New Jersey: Prentice-
Hall.

- CAMERON, Edward
1985 Untitled Talk delivered to GASA Convention.
 Johannesburg, 31 May 1985.
- CAPE TIMES, The
1978 27 May.
- CAPE TIMES, The
1980 28 July.
- CAPE TIMES, The
1986 22 April.
- CAPITAL GAY
1987 18 September.
- CAPLAN, G
1961 A Approach to Community Mental Health. New York:
 Grune and Stratton.
- CAPLAN, G
1964 Principles of Preventative Psychiatry. New York:
 Basic Book.
- CARKUFF, R R
1969 Helping and Human Relations, (2 Volumes). New
 York: Holt, Rinehart and Winston.
- CARRIER, Joseph M
1977 "Sex - Role Preference as an Explanatory Variable
 in Homosexual Behaviour", Archives of Sexual
 Behaviour, 6 (1), 53-65.
- CARRIGAN, Tim; CONNELL, Bob and LEE, John
1987 "Toward a New Sociology of Masculinity". In:
 Brod, Harry (Ed), The Making of Masculinities.
 The New Men's Studies. Boston: Allen & Unwin.
 63-100.
- CASS, Vivienne C
1979 "Homosexual Identity Formation", Journal of
 Homosexuality, 4 (3), 219-235.
- CASS, Vivienne C
1984 "Homosexual Identity: A Concept in Need of
 Definition", Journal of Homosexuality, 9 (2/3),
 105-126.
- CATHOLIC INSTITUTE FOR INTERNATIONAL RELATIONS
1988 Now Everyone is Afraid. The Changing Face of
 Policing in South Africa. London: Catholic
 Institute for International Relations (anonymous).

- CENTRES FOR DISEASE CONTROL (ATLANTA, USA)
1982 **Morbidity and Mortality Weekly Report**, 131 (19), 249.
- CHAPMAN, Beate E and BRANNOCK, Joanne
1987 "Proposed Model of Lesbian Identity Development: An Empirical Examination", **Journal of Homosexuality**, 14 (3), 69-80.
- CHESCHEIR, Martha
1985 "Some Implications of Winnicott's Concept for Clinical Practice", **Clinical Social Work Journal**, 13 (3), 218-233.
- CHESEBRO, JAMES W (Ed)
1981 **Gayspeak. Gay Male and Lesbian Communication**. New York: Pilgrim Press.
- CLARK, Don
1977 **Loving Someone Gay**. Millbrae, California: Celestial Arts.
- COHEN, L; CLAIBORN, W and SPECTOR, G A
1983 **Crisis Intervention**, Second Edition. New York: Human Sciences Press.
- COLEMAN, Eli
1982 "Developmental Stages of the Coming Out Process". In: Gonsiorek, John C (Ed), **Homosexuality and Psychotherapy: A Practitioner's Handbook of Affirmative Models**. New York: Haworth Press, 31-43.
- COLEMAN, Eli
1987 "Assessment of Sexual Orientation", **Journal of Homosexuality**, 14 (1/2), 9-24.
- COLGAN, Phillip
1987 "Treatment of Identity and Intimacy Issues in Gay Males", **Journal of Homosexuality**, 14 (1/2), 101-123.
- COTTON, Wayne L
1972 "Role-Playing Substitutions Among Homosexuals", **The Journal of Sex Research**, 8 (4), 310-323.
- CRAMER, David W and ROACH, Arthur J
1988 "Coming Out to Mom and Dad: A Study of Gay Males and Their Relationships with Their Parents", **Journal of Homosexuality**, 15 (3/4), 79-91.

- CROWLEY, John W
1987 "Howells, Stoddard and Male Homosocial Attachment in Victorian America". In: Brod, Harry (Ed), *The Making of Masculinities. The New Men's Studies*. Boston: Allen and Unwin, 301-324.
- CUMMING, John and CUMMING, Elaine
1964 *Ego and Milieu. Theory and Practice of Environmental Therapy*. Britain: Tavistock Publications.
- DAHER, Douglas
1977 "Sexual Identity Confusion in Late Adolescence: Therapy and Values", *Psychotherapy: Theory, Research and Practice*, 14 (1), 12-17.
- DALDIN, Herman
1988 "The Fate of the Sexually Abused Child", *Clinical Social Work Journal*, 16 (1), 22-31.
- DANK, Barry M
1971 "Coming Out in the Gay World", *Psychiatry*, 34 (2), 180-197.
- DARBONNE, Allen R
1967 "Crisis: A Review of Theory, Practice and Research", *Psychotherapy: Theory, Research and Practice*, 4 (2), 49-56.
- DARDICK, Larry and GRADY, Kathleen
1980 "Openness between Gay Persons and Health Professionals", *Annals of Internal Medicine*, 93 (part 1), 115-119.
- DAY, Peter R
1981 *Social Work and Social Control*. London and New York: Tavistock.
- DE CECCO, John P
1981 "Definition and Meaning of Sexual Orientation", *Journal of Homosexuality*, 6 (4), 51-67.
- DE CECCO, John P and SHIVELY, Michael G (Eds)
1984a *Bisexual and Homosexual Identities: Critical Theoretical Issues*. New York: Haworth Press.
- DE CECCO, John P and SHIVELY, Michael G
1984b "From Sexual Identity to Sexual Relationships: A Contextual Shift". In: De Cecco, John P and Shively, Michael G (Eds), *Bisexual and Homosexual Identities: Critical Theoretical Issues*. New York: Haworth Press, 1-26.

- DECRESCENZO, Teresa A
1984 "Homophobia: A Study of the Attitudes of Mental Health Professionals toward Homosexuality", *Journal of Social Work and Human Sexuality*, 2 (2/4), 115-136.
- DE COCK, Kevin
1984 "AIDS: An Old Disease from Africa", *British Medical Journal*, 289, 301-308.
- DE GRUCHY, John W
1985 "Theologies in conflict: The South African Debate". In: Villa-Vicenceo, Charles and De Gruchy, John, W. (Eds). *Resistance and Hope. South African Essays in Honour of Beyers Naude*. Cape Town and Johannesburg: David Philip. 85-97.
- DE MONTEFLORES, Carmen and SCHULTZ, Stephen
1978 "Coming Out: Similarities and Differences for Lesbians and Gay Men", *Journal of Social Issues*, 34 (3), 59-72.
- DENNENY, Michael; ORTLEB, Charles and STEELE, Thomas
1984 *The View from Christopher Street*. London: Hogarth Press.
- DEUCHAR, N
1984 "AIDS in New York City with Particular Reference to the Psycho-Social Aspects", *British Journal of Psychiatry*, 145, 612-619.
- DIXON, Samuel L
1979 *Working with People in Crisis. Theory and Practice*. St Louis: C V Mosby.
- DILLEY, James W; OCHITILL, Herbert N; PERL, Mark and
1985 VOLBERDING, Paul A
"Findings in Psychiatric Consultations with Patients with Acquired Immune Deficiency Syndrome", *American Journal of Psychiatry*, 142 (1), 82 -85.
- DUGGAN, H A
1984 *Crisis Intervention: Helping Individuals at Risk*. Lexington, Massachusetts: Lexington Books.
- DUNBAR MOODIE, T (with Vivienne Ndatshe and British Sibuyi)
1988 "Migrancy and Male Sexuality on the South African Gold Mines", *Journal of Southern African Studies*, 14 (2), 228-256.
- DUNKEL, Joan and HATFIELD, Shellie
1986 "Countertransference Issues in Working with Persons with AIDS", *Social Work. National Association of Social Workers*, 31 (2), 114-117.

- EHRlich, Larry G
1981 "The Pathogenic Secret". In: Chesebro, James W. (Ed). *Gayspeak: Gay Male and Lesbian Communication*. New York: The Pilgrim Press. 130-141.
- ELPHIS, Christopher
1987 *Sexuality and Birth Control in Community Work*, Second Edition. London and New York: Tavistock Publications.
- ERIKSON, E H
1956 "The Problem of Ego Identity", *Journal of American Psychoanalytic Association*, 4, 56-121.
- ERIKSON, E H
1959 "Identity and the Life Cycle", *Psychological Issues*, (1), 1-17.
- ERIKSON, Erik H
1963 *Childhood and Society*, Second Edition. New York: W W Norton
- ERIKSON, E H
1968 *Identity: Youth and Crisis*. London: Faber and Faber.
- EWING, Charles P
1978 *Crisis Intervention as Psychotherapy*. New York: Oxford University Press.
- EXIT
1984 No. 20, June/July.
- EXIT
1987 No. 17, Feb/March; No. 19, May/June;
No. 20, June/July; No. 22, August;
No 23, September, and No. 25, November.
- EXIT
1988 No 30, August; No. 32, October.
- FAULSTICH, Michael E
1987 "Psychiatric Aspects of AIDS", *American Journal of Psychiatry*, 144, 551 -556.
- FERRARA, Anthony J
1984 "My Personal Experience with AIDS", *American Psychologist*, November, 1285 -1287.
- FERRINHO, H M
1981 *Towards a Theory of Community Social Work*. Cape Town: Juta and Company.

- FINCH, Briony Jean
1973 **Male and Female Homosexuality: A Comparison of Secretiveness, Promiscuity, Masculine/Feminine Role-playing, Self-concept and Self-acceptance.** Unpublished Honours Dissertation (Psychology), University of the Witwatersrand.
- FISCHER P
1972 **The Gay Mystique: The Myth and Reality of Male Homosexuality.** New York: Stein and Day.
- FLAVIN, Daniel K; FRANKLIN, John E and FRANCES, Richard J
1986 "The Acquired Immune Deficiency Syndrome (AIDS) and Suicidal Behaviour in Alcohol-Dependent Homosexual Men", *American Journal of Psychiatry*, 143, 1440-1442.
- FLISHER, Alan John
1981 **The Development, Implementation and Evaluation of a Training Programme in Rape Crisis Intervention for Lay Therapists: A Community Psychology Approach.** Unpublished Master's Thesis (Clinical Psychology) University of Cape Town.
- FLISHER, Alan J and ISAACS, Gordon M
1987 "The Evaluation of a Training Programme in Rape Crisis Intervention for Lay Therapists", *South African Journal of Psychology*, 17 (2), 40-46.
- FONE, Byrne R S
1980 **The Gay Experience: Fiction and Non-Fiction from the Homosexual Experience.** New York: AMS Press.
- FORD, D H and URBAN, HB
1963 **Systems of Psychotherapy.** New York: John Wiley and Sons.
- FORD, C S and BEACH, F A
1970 **Patterns of Sexual Behaviour.** New York: Harper and Row. (Originally published in 1951.)
- FOUCAULT, Michael
1976 **The History of Sexuality: An Introduction.** Middlesex, England: Penguin Books. (Translated from the French by Robert Hurley.)
- FOWLER, H W and FOWLER, F G
1951 **The Concise Oxford Dictionary of Current English,** Fourth Edition. Oxford: Clarendon Press.
- FRANCHER, J Scott and HENKIN, Janet
1973 "The Menopausal Queen: Adjustment to Aging and the Male Homosexual", *American Journal of Orthopsychiatry*, 43 (4), 670-674.

- FREEDMAN, Alfred M; KAPLAN, Harold J and SADOCK, Benjamin
1976 **Modern Synopsis of Comprehensive Textbook of Psychiatry/II.** Baltimore: Williams and Wilkins.
- FREUD, Sigmund
1977 **On Sexuality. Three Essays on the Theory of Sexuality, Vol. 7.** Compiled and edited by Angela Richards. Middlesex, England: Penguin Books.
- FREUND, K and BLANCHARD, B
1983 "Is the Distant Relationship of Fathers and Homosexual Sons Related to the Sons' Erotic Preference for Male Partners, or to the Sons' Atypical Gender Identity, or to Both?" In: Ross, Michael E (Ed), **Homosexuality and Social Sex Roles.** New York: Haworth Press, 7-25.
- FRIEND, Richard A
1987 "The Individual and Social Psychology of Aging: Clinical Implications for Lesbians and Gay Men", **Journal of Homosexuality**, 14 (1/2), 307-331.
- FROSCH, John
1981 "The Role of Unconscious Homosexuality in the Paranoid Constellation", **Psychoanalytic Quarterly**, L, 587-611.
- GADPAILLE, Warren J.
1980 "Cross-Species and Cross-Cultural Contributions to Understanding Homosexual Activity", **Archives of General Psychiatry**, 37 (3), 349-356.
- GAGNON, J H and SIMON, W
1967 "Femininity in the Lesbian Community", **Social Problems**, 15, 212-221.
- GAGNON, J H and SIMON, W
1974 **Sexual Conduct: The Social Sources of Human Sexuality.** London: Hutchinson.
- GALLO, R; SALAHUDDIN, S; POPOVIC, M and Associates
1984 "Frequent Detection and Isolation of Cytopathic Retroviruses (HTLVIII) From Patients with AIDS and at Risk for AIDS", **Science**, 224, 500-503.
- GAMBRILL, Eileen
1983 **Casework: A Competency-Based Approach.** New Jersey: Prentice-Hall.
- GASA 60-10
1988 **Counselling Service Annual Report.** (Compiled by John Pegge, Director). Cape Town: GASA 60-10.

- GAY LEFT COLLECTIVE (Editors)
1980 **Homosexuality: Power and Politics.** London and New York: Allison and Busby Limited.
- GEARHART, Sally Miller
1981 "Gay Civil Rights and the Roots of Oppression". In: Chesebro, James W. (Ed). **Gayspeak: Gay Male and Lesbian Communication.** New York: The Pilgrim Press, 275-285.
- GEDDES, Donald Porter
1954 **An Analysis of the Kinsey Report on Sexual Behaviour in the Human Male and Female.** New York: Mentor Books, The New American Library of World Literature.
- GERMAIN, Carel B and GITTERMAN, Alex.
1980 **The Life Model of Social Work Practice.** New York: Columbia University Press.
- GEORGE, Kenneth D and BEHRENDT, Andrew E
1987 "Therapy for Male Couples Experiencing Relationship Problems and Sexual Problems", **Journal of Homosexuality**, 14 (1/2), 77-88.
- GERSHMAN, Harry
1983 "The Stress of Coming Out", **American Journal of Psychoanalysis**, 43 (2), 129-138.
- GILLIS, L S
1986 **Guidelines in Psychiatry**, Third Edition. Cape Town: Juta and Co. Ltd.
- GLANZ, L E
1987 **Attitudes of White South Africans Toward Certain Legal Rights of Homosexuals.** Memorandum submitted to the President's Council. Pretoria: Human Science Research Council.
- GOCHROS, Harvey L
1984 "Teaching Social Workers to Meet the Needs of the Homosexuality Oriented", **Journal of Social Work and Human Sexuality**, 2 (2/3) 137-148.
- GOCHROS, H and SCHULTZ, E
1972 **Human Sexuality and Social Work.** New York: Associated Press.
- GOFFMAN, Erving
1963 **Stigma. Notes on the Management of Spoiled Identity.** Middlesex, England: Penguin Books.
- GOLAN, Naomi
1978 **Treatment in Crisis Situations.** New York: Free Press.

- GOLAN, Naomi
1981 **Passing through Transitions. A Guide for Practitioners.** New York: Free Press.
- GOLAN, Naomi and VASHITZ, Batya
1974 "Social Services in a War Emergency", **Social Service Review**, 48, 422-427.
- GOLDBERG, Richard L
1984 "Heterosexual Panic", **American Journal of Psychiatry**, 44 (2), 209-211.
- GONEN, Jay Y
1971 "Negative Identity in Homosexuals", **Psychoanalytic Review**, 58 (3), 345-352.
- GONG, Victor (Ed)
1985 **Understanding AIDS. A Comprehensive Guide.** Cambridge: Cambridge University Press.
- GONG, Victor
1985 "Preface - Update on AIDS Research". In: Gong, Victor (Ed). **Understanding AIDS - A Comprehensive Guide.** Cambridge, London: Cambridge University Press, xv-xxii.
- GONSIOREK, John C (Ed)
1982 **Homosexuality and Psychotherapy. A Practitioner's Handbook of Affirmative Models.** New York: Haworth Press.
- GONSIOREK, John C
1982 "The Use of Diagnostic Concepts in Working with Gay and Lesbian Populations". In: Gonsiorek, John C (Ed), **Homosexuality and Psychotherapy. A Practitioner's Handbook of Affirmative Models.** New York: Haworth Press, 9-20.
- GOODE, E
1981 "Comments on the Homosexual Role", **Journal of Sex Research**, 17, 54-65.
- GOULD R
1972 "The Phases of Adult Life: A Study in Developmental Psychology", **American Journal of Psychiatry**, 129 (5), 521 -531.
- GOULDEN, Terry; TODD, Peter; HAY, Robert and DYKES, Jim
1984 "AIDS and Community Supportive Services. Understanding and Management of Psychological Needs", **The Medical Journal of Australia**, Oct, 582-586.

- GRAMICK, Jeannine
1983 "Homophobia: A New Challenge", *Social Work. Journal of the National Association of Social Workers*, 28 (2), 137-141.
- GREEN, Richard (Ed)
1975 *Human Sexuality. A Health Practitioner's Text.* Baltimore: Williams and Wilkins.
- GREENBERG, David F and BYSTRYN, Marcia H
1984 "Capitalism, Bureaucracy and Male Homosexuality", *Contemporary Crises*, 1 (1), 33-56.
- GREENBERG, Jerrold S
1976 "The Effects of a Homophile Organisation on Self-Esteem and Alienation of Its Members", *Journal of Homosexuality*, 1 (3), 313-318.
- GRINNELL, Richard M Jr
1981 *Social Work Research and Evaluation.* Itasca, Illinois: F E Peacock Publishers.
- HABERMAS, J
1979 *Communication and the Evolution of Society.* Boston: Beacon Press.
- HALL, Martin
1986 *Resistance and Rebellion in Greater Cape Town, 1985.* Unpublished monograph. Cape Town: Centre for African Studies, University of Cape Town.
- HALPERN, Howard A
1973 "Crisis Theory: A Definitional Study", *Community Mental Health Journal*, 9 (4), 342-349.
- HAMMERSMITH, Sue Kiefer and WEINBERG, Martin S
1973 "Homosexual Identity: Commitment, Adjustment and Significant Others", *Sociometry*, 36 (1), 56-79.
- HAMMERSMITH, Sue Kiefer
1987 "A Sociological Approach to Counselling Homosexual Clients and Their Families", *Journal of Homosexuality*, 14 (1/2), 173-189.
- HAMMETT, Theodore M
1986 *AIDS in Prisons and Jails: Issues and Options.* National Institute of Justice: U S Dept of Justice.
- HAROWSKI, Kathy J
1987 "The Worried Well: Maximising Coping in the Face of AIDS", *Journal of Homosexuality*, 14 (1/2), 292-306.

- HARRY, Joseph and DEVAL, William
1978 "Age and Sexual Culture among Homosexually-Oriented Males", *Archives of Sexual Behaviour*, 7 (3), 199-209.
- HART, John
1979 *Social Work and Sexual Conduct*. London: Routledge and Kegan Paul.
- HART, John
1984 "Therapeutic Implications of Viewing Sexual Identity in Terms of Essentialist and Constructionist Theories", *Journal of Homosexuality*, 9 (4), 39-51.
- HARTMAN, A
1978 "Diagrammatic Assessment of Family Relationships", *Social Casework*, October, 465-476.
- HASTINGS, G B; LEATHER, D S and SCOTT, S
1987 "AIDS Publicity: Some Experiences from Scotland", *British Medical Journal*, 294, 48-50.
- HAUSER, R
1962 *The Homosexual Society*. London: The Bodley Head.
- HAYES, Joseph J
1981a Lesbians, Gay Men, and their "Languages". In: Chesebro, James W (Ed). *Gayspeak: Gay Male and Lesbian Communication*. New York: The Pilgrim Press, 28-42.
- HAYES, Joseph J
1981b *Gayspeak*. In: Chesebro, James W (Ed). *Gayspeak: Gay Male and Lesbian Communication*. New York: The Pilgrim Press, 45-67.
- HEARN, Jeff and PARKIN, Wendy
1987 'Sex' at 'Work'. *The Power and Paradox of Organisation Sexuality*. Sussex: Wheatsheaf Book.
- HEBDIGE, Dick
1979 *Subculture: The Meaning of Style*. London and New York: Methuen.
- HELM, Brunhilde
1973 "Deviant or Variant? Some Sociological Perspectives on Homosexuality and its Subculture". In: ASSA: *Sociology Southern Africa*. Papers from the First [sic] Congress of the Association for Sociologists in Southern Africa. Durban: The Association.

- HELLMANN, Ronald E; GREEN, Richard; GRAY, James L and
1981 WILLIAMS, Katherine
"Childhood Sexual Identity, Childhood Religiosity,
and 'Homophobia' as Influences in the Development
of Transsexualism, Homosexuality, and
Heterosexuality", *Archives of General Psychiatry*,
38, 910-915.
- HELQUIST, Michael
1987 "Your HIV Status: What Does It Mean If You Test
Positive?", *The Advocate*, July, 42-47.
- HENCKEN, Joel D
1984 "Conceptualisation of Homosexual Behaviour which
Preclude Homosexual Self-Labeling", *Journal of
Homosexuality*, 4 (9), 53-63.
- HENLEY, Clark
1982 *The Butch Manual. The Current Drag and How To Do
It.* New York City: The Sea Horse Press.
- HEPWORTH, Dean H and LARSEN, Jo Ann
1986 *Direct Social Work Practice. Theory and Skills*,
Second Edition. Chicago, Illinois: The Dorsey
Press.
- HETRICK, Emery S and MARTIN, A Damien
1987 "Developmental Issues and Their Resolution for Gay
and Lesbian Adolescents", *Journal of
Homosexuality*, 14 (1/2), 25-43.
- HIRSCHOWITZ, Ralph G
1972 *Crisis Theory.* Unpublished Paper presented to
National Multi-Professional Conference in
Johannesburg, June 1972.
- HODGES, Andrew and HUTTER, David
1974 *With Downcast Gays. Aspects of Homosexual Self-
Oppression.* London: Pomegranate Press.
- HOFF, Lee Ann
1978 *People in Crisis. Understanding and Helping.*
California: Addison-Wesley Publishing Company.
- HOFFMAN, Martin
1968 *The Gay World. Male Homosexuality and the Social
Creation of Evil.* New York: Bantam Books.
- HOFFMANN, Richard J
1984 "Vices, Gods and Virtues: Cosmology as a Mediating
Factor in Attitudes Toward Male Homosexuality".
In: De Cecco, John P and Shively, Micheal G
(Eds), *Bisexual and Homosexual Identities:
Critical Theoretical Issues.* New York: Haworth
Press, 27-44.

- HOLLAND, Jimmie C and TROSS, Susan
1987 "Psychosocial Considerations in the Therapy of Epidemic Kaposi's Sarcoma", *Seminars in Oncology*, 14 (2), Supp. 3 (June), 48-53.
- HOLLIS, Francis and WOODS, Mary E
1981 *Casework. A Psychosocial Therapy*, Third Edition. New York: Random House.
- HOOKER, Evelyn
1965 "A Preliminary Analysis of the Group Behaviour of Homosexuals", *Journal of Psychiatry*, 42, 217-225.
- HORWITZ, T L
1981 *Attitudes of White and Coloured University Students in South Africa Towards Male Homosexuality*. Unpublished Masters Dissertation (Psychology), University of South Africa.
- HOULT, Thomas Ford
1984 "Human Sexuality in Biological Perspective: Theoretical and Methodological Considerations". In: De Cecco, John P and Shively, Michael G (Eds), *Bisexual and Homosexual Identities: Critical Theoretical Issues*. New York: Haworth Press, 137-155.
- HUMPHREYS, Laud
1972 *Out of the Closets: The Sociology of Homosexual Liberation*. Englewood Cliffs, New Jersey: Prentice Hall.
- HUMPHREYS, L
1979 "Exodus and Identity: The Emerging Gay Culture". In: Levine, M P (Ed), *Gay Men: The Sociology of Male Homosexuality*, New York: Harper and Row.
- HUNT, P M A
1982 *South African Criminal Law and Procedure*, (Vol 2), Second Edition. Cape Town: Juta and Co.
- IJSSELMUIDEN, C B; STEINBERG, M H and Associates
1988 "AIDS and South Africa - Towards a Comprehensive Strategy, Part 1. The World-wide Experience", *South African Medical Journal*, 73, 455-460.
- ISAAC, S and MICHAEL, W D
1977 *Handbook in Research and Evaluation: For Behavioural Sciences*. San-Diego, California: Edits Publishers.

- ISAACS, G
1979a **Working with the Male Homosexual Client: Some Major Theoretical and Clinical Assumptions.** Part 1 of Unpublished Master's Dissertation (Social Work), University of Cape Town.
- ISAACS, G
1979b **Crisis Intervention as a Form of Therapy for Persons with Homosexual Concerns: An Experimental Study.** Part 2 of Unpublished Master's Dissertation (Social Work), University of Cape Town.
- ISAACS, G M
1985 **Gay Oppression in South Africa: Social and Psychological Implications.** Unpublished Paper presented at First National Conference on Homosexuality. Gay Association of South Africa. Johannesburg, 31 May - 2 June.
- ISAACS, G M
1987a **"Crisis Psychotherapy with Persons Experiencing the AIDS Related Complex",** *Crisis Intervention*, 4 (4), 115-121.
- ISAACS, G M
1987b **"AIDS: The Challenge of Social Work",** *Maatskaplike Werk/Social Work*, 23 (3), 151-152.
- ISAACS, G
1988 **"Counselling Methodology within the Framework of Human Sexuality",** *Medical Sex Journal of South Africa* (Supplement of S A Family Practice), 9 (6), 33-34.
- ISAACS, G and MILLER, D
1985 **"AIDS - Its Implications for South African Homosexuals and the Mediating Role of the Medical Practitioner",** *South African Medical Journal*, 68, 327-330.
- ISAACS, Gordon and ZIMBLER, Allen
1984 **General Crisis Intervention: Guidelines and Considerations.** Training Manual presented to Volunteers and Professionals. Johannesburg Radio 702 Crisis Centre.
- JACOBSON, G; STRICKLER, M and MORLEY, W E
1968 **"Generic and Individual Approaches to Crisis Intervention",** *American Journal of Public Health*, 58, 339-342.

- JANDT, Fred E and DARSEY, James
1981 "Coming Out as a Communicative Process". In: Chesebro, James W (Ed), **Gayspeak: Gay Male and Lesbian Communication**. New York: The Pilgrim Press, 12-27.
- JAY, Karla and YOUNG, Allen
1972 **Out of the Closets: Voices of Gay Liberation**. New York: World Publishing.
- JAY, Karla and YOUNG, Allen
1978 **Lavender Culture**. New York: Jove Publications.
- JAY, Karla and YOUNG, Allen
1979 **The Gay Report. Lesbians and Gay Men Speak Out about Sexual Experiences and Lifestyles**. New York: Summit Books.
- JOFFE, Hugh Ivan
1980 **An Attempt to Minimize the Adjustment Reaction of Aged Home Entrants in the Greater Cape Town Area**. Unpublished PhD Thesis (Psychology) University of Cape Town.
- JOHNSON, Edward and HO, Peter
1985 "The Elusive Etiology - Possible Causes and Pathogenesis". In: Gong, Victor (Ed), **Understanding AIDS. A Comprehensive Guide**. Cambridge: Cambridge University Press, 77-89.
- JOHNSON, H
1972 "Ideology and the Social System", **International Encyclopaedia of the Social Sciences**, 7. New York: Macmillan Company and Free Press, 76-85.
- JOSEPH, Jill G; EMMONS, Carol-Ann; KESSLER, Ronald C;
1984 WORTMAN, Camille B; O'BRIEN, Kerth; HOCTER, William T and SCHAEFER, Catherine
"Coping with the Threat of AIDS: An Approach to Psychosocial Assessment", **American Psychologist**, 39(11), 1297-1302.
- JOUBERT, Dian
1974 **Tot Dieselfde Geslag: Debat oor Homoseksualiteit in 1968 (Brandpunte 7)**. Cape Town: Tafelberg.
- JOUBERT, D
1985 "Homoseksualiteit", **Maatskaplike Werk/Social Work**, 21 (1), 36-43.
- JOUBERT, Dian; CONRADIE, Ernst L; LOUW, Daniel J and HURST, Lewis A
1980 **Perspektiewe op Homoseksualiteit**. Durbanville: Uitgewery Boschendal.

- KADUSHIN, Alfred
1983 **The Social Work Interview, Second Edition.** New York: Columbia University Press.
- KAHN, Raphael
1978 **Therapist Variables in Crisis Intervention Therapy.** Unpublished Master's Dissertation (Clinical Psychology), University of the Witwatersrand.
- KAPLAN, D M
1968 "Observations on Crisis Theory and Practice", **Social Casework: The Journal of Contemporary Social Work**, 49, 151-155.
- KARR, Rodney G
1981 "Homosexuality and the Male Role". In Chesebro, James W (Ed), **Gayspeak: Gay Male and Lesbian Communication.** New York: Pilgrim Press, 3-11.
- KATZ, Jonathan
1976 **Gay American History. Lesbians and Gay Men in the USA.** New York: Thomas Y Cromwell Company.
- KATZ, Jonathan Ned
1983 **Gay/Lesbian Almanac: A New Documentary.** New York: Harper and Row.
- KENNETH, George D and BEHRENDT, Andrew E
1987 "Therapy for Male Couples Experiencing Relationship Problems and Sexual Problems", **Journal of Homosexuality**, 14 (1/2), 77-88.
- KING, Dave
1984 "Condition, Orientation, Role or False Consciousness? Models of Homosexuality and Transsexualism", **The Sociological Review**, 32 (1), 38-56.
- KINGSLEY, Lawrence; KASLOW, Richard and MULTICENTRE AIDS
1987 COHORT STUDY
"Risk Factors for Seroconversion to Human Immunodeficiency Virus Among Male Homosexuals", **The Lancet**, Saturday 14 February, 345-349.
- KINSEY, Alfred C; POMEROY, Wardells and MARTIN, Clyde E
1948 **Sexual Behaviour in the Human Male.** London: Saunders.
- KIVOWITZ, Alexandra L
1988 "Being Missed and Missing: An Interactional Element of Separation/Individuation", **Clinical Social Work Journal**, 16 (3), 261-269.

- KLEIN, F; SEPEKOFF, B and WOLF, T J
1985 "Sexual Orientation: A Multi-Variate Dynamic Process", *Journal of Homosexuality*, 11 (12), 3549.
- KLEIN, M
1959 "Our Adult World and Its Roots in Infancy", *Human Relations*, XII (4), 292-303.
- KNOBEL, G J
1986 "AIDS in Dental Practice: Hazards, Infection Control, Medico-legal and Ethical Aspects", *Journal of Forensic Odonto-stomatology*, 4 (1), 15-27.
- KNUTSON, Donald C
1979 "Job Security for Gays: Legal Aspects". In: Berzon, Betty and Leighton, Robert (Eds), *Positively Gay*. Millbrae, California: Celestial Arts, 171-187.
- KOTZE, C G
1975 "Die Aard en Betekenis van die Homoseksuele Subkultuur", *The South African Journal of Sociology*, 12, 81-88.
- KREUGER, David W
1983 "Childhood Parent Loss: Developmental Impact and Adult Psychology", *American Journal of Psychotherapy*, Vol XXXVII (4), October, 582-592.
- KRIEGLER, R and STAFFORD, R
1988 "S v Matsemela en 'n ander (Transvaalse Provinsiale Afdeling)", *South African Law Reports*, (2), 254-258.
- KRONEMEYER, Robert
1980 *Overcoming Homosexuality*. New York: Macmillan Publishing Company.
- KUBLER-ROSS, E
1969 *On Death and Dying*. New York: Macmillan.
- LA TORRE, Ronald and WENDENBERG, Kristina
1983 "Psychological Characteristics of Bisexual, Heterosexual and Homosexual Women". In: Ross, Michael W (Ed), *Homosexuality and Social Sex Roles*. New York: The Haworth Press, 87-97.
- LAURITSEN, John and THORSTAD, David
1974 *The Early Homosexual Rights Movement (1864-1935)*. New York: Times Change Press.

- LAYON, J; WARZYNSKI, M and IDRIS, A
1986 "Acquired Immunodeficiency Syndrome in the United States: A Selective Review", *Critical Care Medicine*, 14 (9), 819-827.
- LEE, Alfred McClung
1966 *Multivalent Man*. New York: George Braziller.
- LEE, John Alan
1977 "Going Public: A Study in the Sociology of Homosexual Liberation", *Journal of Homosexuality*, 3 (1) 49-78.
- LESTER, David
1975 "The Relationship between Paranoid Delusions and Homosexuality", *Archives of Sexual Behaviour*, 4 (3), 285-293.
- LEVINE, Martin P
1977 "Gay Ghetto", *Journal of Homosexuality*, 4 (4), 363-378.
- LIDDICOAT, Renee
1961 "A Study of Non-Institutionalised Homosexuals", *Journal of National Institute for Personnel Research*, 8, 217-249.
- LINDEMANN, E
1944 "Symptomatology and Management of Acute Grief", *American Journal of Psychiatry*, 101 (2), 141-148. Reprinted in Parad, H J (Ed), *Crisis Intervention: Selected Readings*. New York: Family Service Association of America, 1965, 7-21.
- LITTLEWOOD, Roland and LIPSEGE, Maurice
1982 *Aliens and Alienists. Ethnic Minorities and Psychiatry*. Middlesex, England: Penguin Books.
- LOPEZ, Diego J and GETZEL, George S
1984 "Helping Gay AIDS Patients in Crisis", *Social Casework: The Journal of Contemporary Social Work*, September, 387-394.
- LOPEZ, Diego and GETZEL, George S
1987 "Strategies for Volunteers Caring for Persons with AIDS", *Social Casework: The Journal of Contemporary Social Work*, January, 47-53.
- LORAIN, J A
1974 *Understanding Homosexuality. Its Biological and Psychological Bases*. Lancaster, England: Medical and Technical Publishing Company.

- LOWE, Gary R
1988 "South African Social Work and The Norm of Injustice", *Social Service Review*, 62 (1), 20-39.
- LUKTON, Rosemary Creed
1974 "Crisis Theory: Review and Critique", *Social Service Review*, 48 (3), 384-402.
- MAHLER, M
1971 "A Study of the Separation-Individuation Process and Its Possible Application to Borderline Phenomena in the Psychoanalytic Situation", *The Psychoanalytic Study of the Child*, 26, 403-424.
- MAHLER, M
1974 "Symbiosis and Individuation: The Psychological Birth of the Human Infant", *The Psychoanalytic Study of the Child*, 29, 89-106.
- MALAN, D H
1976 *The Frontier of Brief Psychotherapy*. New York: Plenum Press.
- MALAN, D H
1979 *Individual Psychotherapy and the Science of Psychodynamics*. London: Butterworths.
- MALYON, Alan K
1982a "Psychotherapeutic Implications of Internalised Homophobia in Gay Men". In: Gonsiorek, John C (Ed), *Homosexuality and Psychotherapy: A Practitioner's Handbook of Affirmative Models*. New York: Haworth Press, 59-70.
- MALYON, Alan K
1982b "Biphasic Aspects of Homosexual Identity Formation", *Psychotherapy: Theory, Research and Practice*, 19 (3), 335-340.
- MANN, James
1973 *Time-Limited Psychotherapy*. Cambridge: Harvard University Press.
- MARGO, Glen
1976 *Social Stereotyping. A Study of Discriminatory Behaviour in the Delivery of Health Care Services to Sexual Minorities*. Unpublished D.P.H Thesis, Berkley University, San Francisco.
- MAROTTA, Toby
1981 *The Politics of Homosexuality*. Boston: Houghton Mifflin.

- MARSH, Michael; GONG, Victor and SHINDLER, Daniel
1985 "Questions and Answers about AIDS". In: Gong, Victor, *Understands AIDS. A Comprehensive Guide*. Cambridge, London: Cambridge University Press, 190-198.
- MARTIN, John L and VANCE, Carol S
1984 "Behavioural and Psychosocial Factors in AIDS", *American Psychologist*, 39 (11), 1303-1308.
- MASLOW, Abraham H
1962 *Toward a Psychology of Being*. Princeton, New Jersey: D van Nostrand Company.
- MASON, Judy
1987 "Social Work with Individuals and Families". In: McKendrick, Brian (Ed), *Introduction to Social Work*. Pinetown: Owen Burgess Publishers, 47-75.
- MASTERS, William H and JOHNSON, Virginia E
1979 *Homosexuality in Perspective*. Boston: Little, Brown.
- MAY, R; ANGEL, E and ELLENBERGER, H F (Eds)
1958 *Existence: A New Dimension in Psychiatry and Psychology*. New York: Basic Books.
- MCDONALD, Gary J
1982 "Individual Differences in the Coming Out Process for Gay Men: Implications for Theoretical Models", *Journal of Homosexuality*, 8 (1), 47-60.
- MCKENDRICK, Brian W (Ed)
1987 *Introduction to Social Work in South Africa*. Pinetown: Owen Burgess.
- MCKENDRICK, Brian W
1987a "The Development of Social Welfare and Social Work in South Africa". In: McKendrick, Brian W (Ed), *Introduction to Social Work in South Africa*. Pinetown: Owen Burgess, 5-19.
- MCKENDRICK, Brian W
1987b "The South African Welfare System". In: McKendrick, Brian W (Ed), *Introduction to Social Work in South Africa*. Pinetown: Owen Burgess, 20-46.
- MCKUSICK, L; CONANT, M and COATES, T
1985a "The AIDS Epidemic: A Model for Intervention. Strategies for Reducing High-Risk Behaviour in Gay Men", *Sexually Transmitted Diseases*, Oct-Dec, 229233.

- McKUSICK, L; HORSTMAN, W and COATES, T J
1985b "AIDS and Sexual Behaviour Reported by Gay Men in San Francisco", *American Journal of Public Health* 75, 493-496.
- McWHIRTER, David P and MATTISON, Andrew M
1984 *The Male Couple: How Relationships Develop*. Englewood Cliffs, New Jersey: Prentice-Hall.
- MEAD, George H
1934 *Mind, Self and Society*. Chicago and London: University of Chicago Press.
- MEDORA, Nilufer and CHESSER, Barbara
1980 "Brief Report: Two Studies of Hope and Faith in Coping with Crises", *Crisis Intervention*, 11 (4), 141-147.
- MEHR, Joseph
1983 *Human Services: Concepts and Intervention Strategies*, Second Edition. Boston: Allyn and Bacon.
- MESSING, Alice E; SCHOENBERG, Robert and STEPHENS, Roger K
1984 "Confronting Homophobia in Health Care Settings: Guidelines for Social Work Practice", *Journal of Social Work and Human Sexuality*, 2 (2/3), 65-74.
- MEYER, William S
1988 "On the Mishandling of 'Anger' in Psychotherapy", *Clinical Social Work Journal*, 16 (4) 406-417.
- MIELI, Mario
1980 *Homosexuality and Liberation: Elements of a Gay Critique*. London: Gay Men's Press.
- MILESKEI, Maureen and BLACK, Donald J
1972 "The Social Organisation of Homosexuality", *Urban Life and Culture*, 1, 187-202.
- MILLER, David and BROWN, Barrie
1988 "Developing the Role of Clinical Psychology in the Context of AIDS", *The Psychologist. Bulletin of the British Psychological Society*, 2, 63-66.
- MILLER, David
1987 "Counselling: ABC of AIDS", *British Medical Journal*, 294, 1671-1674.
- MILLER, D; JEFFRIES, D J; WILLIE-HARMS, J R and PUNCHING, A J
1986 "HTLV-III: Should Testing be Routine?", *British Medical Journal*, 292, 941-943.

- MILLER, Martin
1981 **The Coming Out Crisis of Homosexuality: An Affirmation of Emergent Identity.** Unpublished Honours Dissertation (Psychology), University of Cape Town.
- MILLER, Robert D
1978 "Pseudohomosexuality in Male Patients with Hysterical Psychosis: A Preliminary Report", **American Journal of Psychiatry**, 135 (1), 112-113.
- MILLIGAN, Don
1975 "Homosexuality: Sexual Needs and Social Problems". In: Baily, Roy and Brake, Mike (Eds), **Radical Social Work.** London: Edward Arnold, 96-111.
- MINTON, Henry L and McDONALD, Gary J
1984 "Homosexual Identity Formation as a Developmental Process", **Journal of Homosexuality**, 9 (2/3), 91-104.
- MINUCHIN, S
1974 **Families and Family Therapy.** Cambridge, Massachusetts: Harvard University Press.
- MOKHOBO, D
1988 **Sexual Attitudes amongst Black Youth with Special Reference to AIDS.** AIDS Proceedings: Selected Papers and Task Group Reports of the AIDS Congress, Strategies for Southern Africa, May, Johannesburg, 34.
- MONEY, John
1974 "Two Names, Two Wardrobes, Two Personalities", **Journal of Homosexuality**, 1 (1), 65-70.
- MONEY, John
1977 "Bisexual, Homosexual and Heterosexual. Society, Law and Medicine", **Journal of Homosexuality**, 2, 229-233.
- MONEY, John and EHRHARDT, A A
1972 **Man and Woman, Boy and Girl.** Baltimore: John Hopkins University Press.
- MONEY, John and TUCKER, Patricia
1975 **Sexual Signatures. On Being a Man or a Woman.** Boston-Toronto: Little, Brown and Company.
- MORIN, Stephen F and GARFINKLE, Ellen M
1981 "Male Homophobia". In: Chesebro, James W (Ed), **Gayspeak: Gay Male and Lesbian Communication.** New York: The Pilgrim Press, 117-129.

- MORIN, Stephen F and SCHULTZ, Stephen J
1978 "The Gay Movement and the Rights of Children",
Journal of Social Issues, 34 (2), 137-148.
- MOSALA, Itumeleng
1985 "African Independent Churches: A Study in
Sociotheological Protest". In: Villa-Vicencio,
Charles and De Gruchy, John W (Eds), Resistance
and Hope. South African Essays in Honour of
Beyers Naude. Cape Town and Johannesburg: David
Philip, 103-111.
- MOSES, A E and HAWKINS, R O (Jnr)
1982 Counselling Lesbian Women and Gay Men: A Life
Issues Approach. St Louis, Missouri: Mosby.
- MUCHMORE, Wes and HANSON, William
1982 Coming Out Right. A Handbook for the Gay Male.
Boston: Alyson Publications.
- MURPHY, Timothy F
1984 "Freud Reconsidered: Bisexuality, Homosexuality,
and Moral Judgement". In: De Cecco, John P and
Shively, Michael G (Eds), Bisexual and Homosexual
Identities: Critical Theoretical Issues. New
York: Howarth Press, 65-78.
- MURRAY, John B
1968 "Learning in Homosexuality", Psychological
Reports, 23, 659-662.
- NG'WENO, Hilary
1987 "AIDS in Africa: A Racist Taint", Newsweek,
March, 4.
- NICHOLS, Stuart E
1985 "Psychosocial Reactions of Persons with the
Acquired Immunodeficiency Syndrome", Annals of
Internal Medicine, 103, 765-767.
- NORMANN, Hansjurg
1983 Gay National Liberation. An Investigation into
the Status of an Ideology in Cape Town.
Unpublished Honours Dissertation (Sociology
Research), University of Cape Town.
- O'HAGAN, K P
1986 Crisis Intervention in Social Services. London:
Macmillan.
- ORNSTEIN, A
1986 "Supportive Psychotherapy: A Contemporary View",
Clinical Social Work Journal, 14 (1), 14-30.

- OVESEY, L
1955 "Pseudohomosexuality, the Paranoid Mechanism and Pananoia", *Psychiatry*, 18, 163-173.
- OVESEY, Lionel
1969 *Homosexuality and Pseudohomosexuality*. New York: Science House.
- PARAD, Howard J (Ed)
1965 *Crisis Intervention: Selected Readings*. New York: Family Service Association of America.
- PARK, Jan Carl
1981 "Referendum Campaigns vs Gay Rights". In: Chesebro, James W, *Gayspeak: Gay Male and Lesbian Communication*. New York: The Pilgrim Press, 286 - 290.
- PAUL, Jay P
1984 "The Bisexual Identity: An Idea Without Social Recognition". In: De Cecco, John P and Shively, Michael G (Eds), *Bisexual and Homosexual Identities: Critical Theoretical Issues*. New York: Howarth Press, 45-64.
- PEARSON, G
1973 "Social Work as the Privitised Solution", *The British Journal of Social Work*, 3 (2), 209-225.
- PEGGE, J V
1988a "The Impact of AIDS", *Maatskaplike Werk/Social Work*, June, 24 (2), 104-115.
- PEGGE, J V
1988b *Counselling Service Annual Report*. Cape Town, GASA 60-10.
- PERRY, S W and MARKOWITZ, J
1986 "Psychiatric Intervention for AIDS - Spectrum Disorders", *Hospital and Community Psychiatry*, 37 (10), 1001-1006.
- PETROPOULOS, Marina
1986 *The Facts of Life*. Cape Town: Tafelberg.
- PFUHL, Erdwin H Jr
1980 *The Deviance Process*. New York: D Van Nostrand.
- PICANO, Felice
1980 *A True Likeness. Lesbian and Gay Writing Today*. New York City: The Sea Horse.

- PINNOCK, D
1986 **Some Notes on the Blueprints of a Garrison City. Western Cape: Roots and Realities.** Unpublished monograph. Centre for African Studies, University of Cape Town.
- PLECK, Joseph H; O'DONNELL, Lydia; O'DONNELL, Carl and
1988 SNAREY, John
 "AIDS - Phobia, Contact with AIDS, and AIDS - Related Job Stress in Hospital Workers", Journal of Homosexuality, 15 (3/4), 41-54.
- PLUMMER, K
1975 **Sexual Stigma: An Interactionist Account.** London: Routledge and Kegan Paul.
- PLUMMER, K
1981a **"Going Gay: Identities, Life Cycles and Lifestyles in the Male Gay World". In: Hart, J and Richardson, D (Eds), The Theory and Practice of Homosexuality.** London: Routledge and Kegan Paul.
- PLUMMER, Kenneth (Ed)
1981b **The Making of the Modern Homosexual.** London: Hutchinson.
- PORTER, Robert A
1966 **"Crisis Intervention and Social Work Models", Community Mental Health Journal, 2 (1), 13-21.**
- PRYTULA, Robert E; WELLFORD, Christopher D and DE MONBREUN,
1979 Bobby G
 Body Self-Image and Homosexuality", Journal of Clinical Psychology, 35 (3), 567-572.
- PURYEAR, Douglas A
1979 **Helping People in Crisis.** San Francisco: Jossey-Bass Publishers.
- QUADLAND, Michael and SHATTLIS, William D
1987 **"AIDS, Sexuality and Sexual Control", Journal of Homosexuality, 14 (1/2), 277-298.**
- RAMOS, Reyes
1981 **"Participant Observation". In: Grinnell, Richard M. (Ed), Social Work Research and Evaluation.** Itasca, Illinois: F.E. Peacock Publishers, 348-360.
- RAPOPORT, Lydia
1965 **"The State of Crisis: Some Theoretical Considerations". In: Parad, Howard J. (Ed), Crisis Intervention: Selected Readings.** New York: Family Service Association of America, 22-31.

- RAPOPORT, Lydia
1970 "Crisis Intervention as a Mode of Brief Treatment". In: Roberts, Robert W and Nee, Robert H (Eds), *Theories of Social Casework*, Chicago and London: University of Chicago Press, 265-312.
- READ, Kenneth E
1980 *Other Voices: The Style of a Male Homosexual Tavern*. California: Chandler and Sharp.
- RICHARDSON, Diane
1984 "The Dilemma of Essentiality in Homosexual Theory". In: De Cecco, John P and Shively, Michael G (Eds), *Bisexual and Homosexual Identities: Critical Theoretical Issues*. New York: Haworth Press, 79-90.
- RICHARDSON, D and HART, J (Eds)
1981 *The Theory and Practice of Homosexuality*. London: Routledge and Kegan Paul.
- RICHARDSON, D and HART, J
1981 "The Development and Maintenance of a Homosexual Identity". In: Richardson, D and Hart, J (Eds), *The Theory and Practice of Homosexuality*. London: Routledge and Kegan Paul.
- RICHMOND, Len and NOGUERA, Len (Eds)
1979 *The New Gay Liberation Book*. Pala Alto, California: Ramparts Press.
- ROBERTSON, Rosalind Nina
1986 *Psychiatric Admission as Crisis: Attitudes of Psychiatric Hospital Staff Towards Family Members of Newly-Admitted Schizophrenic Patients*. Unpublished Master's Dissertation (Social Work), University of Cape Town.
- ROESLER, Thomas and DEISHER, Robert W
1972 "Youthful Male Homosexuality: Homosexual Experience and the Process of Developing Homosexual Identity in Males Aged 16 to 22 Years", *Journal of the American Mental Health Association*, 219 (8), 1018-1023.
- ROGERS, Cathy
1988 *Fantasy and Implications for Therapy*. Unpublished Seminar Paper, Masters Programme in Clinical Social Work, School of Social Work, University of Cape Town, 1-17.
- ROJEK, Chris; PEACOCK, Geraldine and COLLINS, Stewart
1988 *Social Work and Received Ideas*. London and New York: Routledge and Kegan Paul.

- ROSENBAUM, Peter and BEEBE, John E
1975 **Psychiatric Treatment. Crisis/Clinic/Consultation.**
 New York: McGraw-Hill.
- ROSS, Michael W
1980 "Retrospective Distortion in Homosexual Research",
 Archives of Sexual Behaviour, 9 (6), 523-531.
- ROSS, Michael W
1983a **The Married Homosexual Man. A Psychological**
 Study. London: Routledge and Kegan Paul.
- ROSS, Michael W (Ed)
1983b **Homosexuality and Social Sex Roles.** New York:
 Haworth Press.
- ROSS, Michael W.
1983c "Femininity, Masculinity and Sexual Orientation:
 Some Cross-cultural Comparisons", **Journal of**
 Homosexuality, 9 (1), 27-36.
- ROTTER, J B
1954 **Social Learning and Clinical Psychology.**
 Englewood Cliffs, New Jersey: Prentice-Hall.
- ROTTER, J B
1966 "Generalised Expectancies for Internal versus
 External Control of Reinforcement", **Psychological**
 Monographs: General and Applied, 80 (1), 1-28.
- ROWAN, Robert L and GILLETTE, Paul J
1978 **The Gay Health Guide.** Boston: Little, Brown and
 Company.
- ROUSSO, Marilyn
1985 "The Relationship Between Physical Disability and
 Narcissism: A Critique of the Literature",
 Clinical Social Work Journal, 13 (1), 5-17.
- RUEDA, Enrique T
1982 **The Homosexual Network. Private Lives and Public**
 Policy. Old Greenwich, Connecticut: Devin Adair.
- RUSK, T N
1971 "Opportunity and Technique in Crisis Psychiatry",
 Comprehensive Psychiatry, 12, 249-263.
- SAGARIN, E
1973 "The Good Guys, the Bad Guys and the Gay Guys",
 Contemporary Sociology, 2, 3-12.

- SALZBERGER-WITTENBERG, Isca
1970 **Psycho-analytic Insight and Relationships: A Kleinian Approach.** London: Routledge & Kegan Paul.
- SAMUELS, Andrew
1985 **Jung and the Post-Jungians.** London: Routledge and Kegan Paul.
- SARREL, Lorna J and SARREL, Philip M
1979 **Sexual Unfolding: Sexual Development and Sex Therapies in Late Adolescence.** Boston: Little, Brown and Company.
- SAUL, Les J and BECK, Aaron T
1961 "Psychodynamics of Male Homosexuality", **International Journal of Psychoanalysis**, 42, 43-48.
- SAVAGE, Michael
1986 **The Cost of Apartheid.** Inaugural Lecture. New Series No. 121. University of Cape Town, 27 August, 1-27.
- SCHARFF, David E
1982 **The Sexual Relationship. An Object Relations View of Sex and the Family.** London and New York: Routledge.
- SCHOENBERG, Bernard; CARR, Arthur C; PERETZ, David and KUTSCHER, Austin H (Eds)
1970 **Loss and Grief: Psychological Management in Medical Practice.** New York: Columbia University Press.
- SCHOENBERG, Robert and GOLDBERG, Richard S
1984 "Introduction: Homosexuality and Social Work", **Journal of Social Work and Human Sexuality**, 2 (2/3), 1-5.
- SCHURINK, W J and SCHURINK, Evanthe M
1982 "The Development of the Gay Personality". In: **The Seven Ages of Man.** Proceedings of a Three-Day Symposium Presented by the Department of Nursing Science in Collaboration with the Centre for Continuing Education of the University of Port Elizabeth. Bergsvlei: Promex Plastics, 109-129.
- SCHURINK, W J and SCHURINK, Evanthe M
1983 **Some Characteristics of the Homosexual Subculture as Reflected by a South African Gay Club.** Paper Presented to Criminology Students. Johannesburg: University of the Witwatersrand.

- SCHURINK, W J
1986 **Gayness: A Sociological Perspective.** Paper Presented at Mardi Gay: GASA Fourth Convention, Johannesburg.
- SEALE, John
1986 **Memorandum Presented to the Select Committee, Health and Social Services.** United Kingdom: House of Commons.
- SELYE, H
1974 **Stress without Distress.** New York: Lippincott.
- SHARP, John
1988 "Ethnic Group and Nation: The Apartheid Vision in South Africa". In: Boonzaier, Emile and Sharp, John, **South African Keyword. The Uses and Abuses of Political Concepts.** Cape Town and Johannesburg: David Philip, 79-99.
- SHILTS, Randy
1987 **And the Band Played On: Politics, People and the AIDS Epidemic.** Middlesex, England: Penguin Books.
- SHIVELY, Michael G; JONES, Christopher and DE CECCO, John P
1984 "Research on Sexual Orientation: Definitions and Methods". In: De Cecco, John P and Shively, Michael G (Eds), **Bisexual and Homosexual Identities: Critical Theoretical Issues.** New York: Haworth Press, 127-136.
- SHORR, Joseph E
1983 **Psychotherapy Through Imagery, Second Edition.** New York: Thieme-Strutten Publishers.
- SIEGEL, Paul
1981 "Androgyny, Sex-Role Rigidity and Homophobia". In: Chesebro, James W. (Ed), **Gayspeak: Gay Male and Lesbian Communication.** New York: The Pilgrim Press, 142-152.
- SIFNEOS, Peter E
1979 **Short-Term Dynamic Psychotherapy: Evaluation and Technique.** New York and London: Plenum Medical Book Company.
- SILVERBERG, Robert A
1985 "Men Confronting Death: Management Versus Self Determination", **Clinical Social Work Journal**, 13 (2) 157-169.

- SILVERSTEIN, Charles and WHITE, E
1977 *The Joy of Gay Sex. An Intimate Guide for Gay Men to the Pleasures of a Gay Lifestyle.* New York: Crown.
- SINGER, J
1977 *Androgyny: Towards a New Theory of Sexuality.* London: Routledge and Kegan Paul.
- SINGER, Jerome L
1981 *Daydreaming and Fantasy.* Oxford: Oxford University Press.
- SIPOVA, Iva and BRZEK, Antonin
1983 "Parental and Interpersonal Relationships of Transsexual and Masculine and Feminie Homosexual Men". In: Ross, Michael W (Ed), *Homosexuality and Social Sex Roles.* New York: Haworth Press, 75-86.
- SLAIKEU, Karl
1984 *Crisis Intervention: A Handbook for Practice and Research.* Boston: Allyn and Bacon.
- SMALL, L
1971 *The Briefer Psychotherapies.* New York: Brunner/Mazel.
- SMITH, Jaime
1988 "Psychopathology, Homosexuality and Homophobia", *Journal of Homosexuality*, 15 (1/2), 59-73.
- SMITH, Sidney Greer
1983 "A Comparison Among Three Measures of Social Sex-Role", *Journal of Homosexuality*, 9 (1), 99-107.
- SNYMAN, J and Associates
1987 *Time-limited Intervention: A Guide for the Helping Professions.* Republic of South Africa: Human Sciences Research Council.
- SOUTH AFRICA, Republic of
1950 *Population Registration Act, No 30 (as amended).*
- SOUTH AFRICA, Republic of
1950 *Group Areas Act, No 41 (as amended).*
- SOUTH AFRICA, Republic of
1957 *Immorality Act, No 23 (as amended).*
- SOUTH AFRICA, Republic of
1977 *Criminal Procedures Act, No 51 (as amended).*
- SOUTH AFRICA, Republic of
1978 *Social and Associated Workers Act, No. 110 (as amended).*

SOUTH AFRICA, Republic of
1982 **Annual Report of Criminal Offences.** Pretoria:
 Central Statistical Services.

SOUTH AFRICA, Republic of
1985 **Government Gazette, 26 April.**

SOUTH AFRICA, Republic of
1985 **Report of the Ad Hoc Committee of the President's
 Council on the Immorality Act (Act 23 of 1957 as
 amended).** Cape Town: Government Printer.

SOUTH AFRICA, Republic of
1988 **Government Gazette, 12 February.**

SPADA, James
1979 **The Spada Report: The Newest Survey of Gay Male
 Sexuality.** New York: New American Library.

STANFORD, John D
1981 **Spartacus International Gay Guide, Eleventh
 Edition.** Holland: Spartacus.

STEIN, Terry S
1988 "Theoretical Considerations in Psychotherapy with
 Gay Men and Lesbians", **Journal of Homosexuality,**
 15 (1/2), 75-95.

STOLLER, R J
1969 **Sex and Gender.** New York: Science House.

STOLLER, Robert J; MARMOR Judd; BIEBER, Irving; GOLD,
1973 Ronald; SOCARIDES, Charles W; GREEN, Richard and
 SPITZER, Robert L
 "A Symposium: Should Homosexuality be in the APA
 Nomenclature?", **American Journal of Psychiatry,**
 130 (1), 1207-1217.

STRICKLIN, James Lane
1974 **The Psycho-Social Index, Second Edition, Revised.**
 Cape Town: with the assistance of a grant from
 the Editorial Board of the University of Cape
 Town.

STRYDOM, Katinka
1972 **Die Psigo-Maatskaplike Aspekte van
 Homoseksualiteit.** Unpublished PhD Thesis (Social
 Work), University of Cape Town.

STULBURG, Ian and SMITH, Margaret
1988 "Psychosocial Impact of the AIDS Epidemic on the
 Lives of Gay Men", **Social Work. Journal of the
 National Association of Social Workers, 33 (3),**
 277-282.

SUNDAY TIMES, The
1986 29 June.

SUNDAY TIMES, The
1987 26 July.

SUPPE, Frederick
1984 "Classifying Sexual Disorders: The Diagnostic and Statistical Manual of The American Psychiatric Association", *Journal of Homosexuality*, 9 (4), 9-28.

SURPLUS PEOPLE PROJECT, The
1983 **Forced Removal in South Africa. General Overview.** (Volume 1 of the Surplus People Project Report). Pietermaritzburg: Surplus People Project.

SUTHERLAND, S and SCHERL, D J
1970 "Patterns of Response Among Victims of Rape", *American Journal of Orthopsychiatry*, 40, 503-511.

TAYLOR, Alan
1983 "Conceptions of Masculinity and Femininity as a Basis for Stereotypes of Male and Female Homosexuals", *Journal of Homosexuality*, 9 (1), 37-54.

TAYLOR, C
1983 **A Study of Voluntary Welfare Agencies Responses to the Phenomenon of Squatting by Coloured People in Cape Town.** Unpublished Master's Dissertation (Social Work), University of Cape Town.

TEYBER, Edward B
1988 **Interpersonal Process in Psychotherapy. A Guide for Clinical Training.** Chicago, Illinois: The Dorsey Press.

THERON, Francois
1980 **A Brief Summary of the Devlin-Hart Debate on Law and Morality.** Cape Town: Unpublished Seminar Paper, University of Cape Town.

THOMAS, A
1986 **Future Economic Growth Prospects of the Western Cape: A Regional-Structural Perspective.** Western Cape: **Roots and Realities.** Unpublished Monograph, Centre for African Studies, University of Cape Town.

- THOMPSON, N L; SCHWARTZ, D M; McCANDLESS, Boyd R and
1973 EDWARDS, David A
"Parent-Child Relationships and Sexual Identity in
Male and Female Homosexuals and Heterosexuals",
Journal of Consulting and Clinical Psychology, 41
(1), 120-127.
- TREVISAN, Joao S
1986 *Perverts in Paradise* (Translated by Martin
Forman). London: GMP Publishers Ltd.
- TRIPP, C A
1975 *The Homosexual Matrix*. New York: New American
Library.
- TROIDEN, R R
1979 "Becoming Homosexual: A Model of Gay Identity
Acquisition", *Psychiatry*, 42, 362-373.
- TROIDEN, Richard R and GOODE, Erich
1980 "Variables Related to the Acquisition of a Gay
Identity", *Journal of Homosexuality*, 5 (4),
383-392.
- TURNER, Victor W
1969 *The Ritual Process*. England: Penguin Books.
- TYHURST, James C
1975 "The Role of Transition States - Including
Disasters - in Mental Illness". In: Rosenbaum,
Peter C and Beebe, John E, *Psychiatric Treatment.
Crisis/Clinic/Consultation*. New York: McGraw-
Hill Company, 17.
- TYSON, Phyllis
1982 "A Developmental Line of Gender Identity, Gender
Role and Choice of Love Object", *Journal of the
American Psychoanalytic Association*, 30, 61-86.
- VAN ONSELEN, Charles
1982 *Studies in the Social and Economic History of the
Witwatersrand 1886-1914, Vol 2*. New Nineveh,
Johannesburg: Ravan Press.
- VERMOOTEN, J and SCHABORT, J
1987 "S.v.C. (Witwatersrand Local Division)", *South
African Law Reports*, 2, 77-82.
- VIEIRA, Jeffrey
1985 "The Haitian Link". In: Gong, Victor (Ed),
Understanding AIDS: A Comprehensive Guide.
Cambridge: Cambridge University Press, 90-99.

- VILLA-VICENCIO, Charles
1988 **Trapped in Apartheid. A Socio-Theological History of the English-Speaking Churches.** Maryknoll, New York: Orbis Books.
- VINEY, L L
1976 "The Concept of Crisis: A Tool for Clinical Psychologists", **Bulletin of the British Psychological Society**, 29, 387-395.
- WARREN, C A
1974 **Identity and Community in the Gay World.** New York: John Wiley.
- WARREN, Carol A B
1977 "Fieldwork in the Gay World: Issues in Phenomenological Research", **Journal of Social Issues**, 13 (4), 93-107.
- WATSON, L
1984 "Living with AIDS", **The Medical Journal of Australia**, 141 (9), 559-560.
- WEBER, Vaughan C
1975 **Sexual Confusion as Experienced by Adolescents and Young Adults - A Crisis Intervention Response.** Unpublished Dissertation BA (Social Work), University of the Witwatersrand.
- WEBSTER, Steven E
1977 "Coming Out of the Closet: Discovering One's Homosexual Identity". In: Zastrow, Charles and Chang, Dae H (Eds), **The Personal Problem Solver.** Englewood Cliffs, New Jersey: Prentice-Hall, 122-134
- WEEKEND ARGUS, The
1983 30th April.
- WEEKS, Jeffrey
1977 **Coming Out. Homosexual Politics in Britain, from the Nineteenth Century to the Present.** London: Quartet Books.
- WEEKS, Jeffrey
1981 "Discourse, Desire and Sexual Deviance: Some Problems in a History of Homosexuality". In Plummer, Kenneth (Ed), **The Making of the Modern Homosexual.** London: Hutchinson, 76-111.
- WEEKS, Jeffrey
1985 **Sexuality and Its Discontents: Meanings, Myths and Modern Sexualities.** London: Routledge and Kegan Paul.

- WEIDEMANN, George H
1974 "Homosexuality, A Survey", *Journal of the American Psychoanalytic Association*, 22 (3), 651-695.
- WEINBERG, M S
1978 "On 'Doing' and 'Being' Gay: Sexual Behaviour and Homosexual Male Self-Identity", *Journal of Homosexuality*, 4 (2), 143-156.
- WEINBERG, Martin S and WILLIAMS, Colin J
1974 *Male Homosexuals: Their Problems and Adaptations*. New York: Oxford University Press.
- WEINBERG, Martin S and WILLIAMS, Colin J
1975 "Gay Baths and The Social Organisation of Impersonal Sex", *Social Problems*, 23, 124-136.
- WEINBERG, T S
1984 "Biology, Ideology and the Reification of Developmental Stages in the Study of Homosexual Identities", *Journal of Homosexuality*, 10 (3/4), 77-84.
- WHITAM, Fredrick L
1983 "Culturally Invariable Properties of Male Homosexuality: Tentative Conclusions from Cross-Cultural Research", *Archives of Sexual Behaviour*, 12 (3), 207-226.
- WILSON, Francis and RAMPHELE, Mamphela
1989 *Uprooting Poverty. The South African Challenge*. Cape Town and Johannesburg: David Philip.
- WINNICOTT, D W
1965 *The Maturation Processes and the Facilitating Environment*. New York: International Universities Press.
- WINNICOTT, D W
1971 *Playing and Reality*. New York: Basic Books.
- WIRZ, Beatrice
1988 *The Importance of Childhood Factors as Vehicle in Dealing with Current Conflict Issues in an Adult Client*. Unpublished Master's Paper (Clinical Social Work), University of Cape Town.
- WOOLFSON, L R
1980 *Psychological Androgyny and Gender Identity in Adult Homosexual and Heterosexual Females*. Unpublished PhD Thesis(Psychology), University of South Africa.

- ZASTROW, Charles and CHANG, Dae, H (Eds)
1977 The Personal Problem Solver. Englewood Cliffs,
New Jersey: Prentice-Hall.
- ZIMBLER, Allen
1979 "Critical Stage Theory: A Basic Crisis
Intervention Paradigm". In: Proceedings, 10th
International Congress for Suicide Prevention and
Crisis Intervention. Ottawa, Canada: June,
142-147
- ZIMBLER, A
1981 "Depression and Crisis Intervention". In:
Soubrier, J P and Vedrinne, J (Eds), Depression
and Suicide: Proceedings of the XIth Congress of
the International Association for Suicide
Prevention. Paris, New York: Peragmon Press,
772-776.
- ZIMBLER, A and BARLING, J
1975 Critical Stage Theory: A Possible Extension of
the Crisis Sequence. Unpublished Paper presented
at 27th Annual Congress of the South African
Psychological Association, Johannesburg.
- ZIMBLER, Allen; SOLOMON, Caryn; YOM TOV, Carmela and
1985 GRUZD, Colin
Conquering Corporate Stress. Johannesburg:
Divaris Stein.