

An Analysis of Problem Areas and Counseling Experiences of Gay White Males¹

Robert L. Mapou,² Juliana Ayres, and Steven P. Cole

Emory University

An analysis of problem areas and counseling experiences of gay white males was performed in preparation for a larger study. Subjects were members of several gay organizations. A number of relationships among demographic variables and problem areas were found. Two factors, a general social functioning factor and a factor relating to acknowledging one's gayness to others (coming-out), accounted for almost 70% of the variance in a structure of problem areas. Approximately half of the respondents reported having had counseling experience. Of those reporting their satisfaction with the experience, the majority were satisfied. Results suggested that white, educated, middle-class gay males may not be underserved with respect to psychological service delivery.

A central goal of community mental health is the development of psychological and counseling services based upon the needs of a given population or community (Caplan, 1964). A second goal is the provision of services to underserved communities (Caplan, 1964; Lemkau, 1967). A number of definitions of community have been offered which converge on several points (e.g., Bernard, 1973; Bloom, 1977; Rossi, 1973; Warren, 1973). For the purposes of this paper, community is defined as a group of individuals who share a common characteristic, are aware of this fact, socially interact with one another, offer mutual support, and reside within a given locality.

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²All correspondence should be sent to Robert L. Mapou, Department of Psychology, Emory University, Atlanta, Georgia 30322.

Homosexual individuals have not, in general, been considered to be members of an underserved community. However, while gay men and lesbians have usually been aware of available psychological and counseling services and have possessed the funds to procure such services, many have been reluctant to do so because of past negative relationships between gay people and members of the helping professions (*Removing the Stigma*, 1979; Woodman & Lenna, 1980). Prior to the deletion of homosexuality *per se* from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*Removing the Stigma*, 1979), gay men and lesbians were often mistreated and misunderstood by helping professionals (Katz, 1976; Woodman & Lenna, 1980). Homosexuality was viewed as psychopathological and the goal of psychotherapy for any gay person, as defined by many helping professionals, was to change sexual orientation to more "normal" heterosexuality (e.g., Bieber, Dain, Dince, Drellich, Grand, Gundlach, Kremer, Rifkin, Wilbur, & Bieber, 1962; Socarides, 1978). Because of these views, there has been mistrust of members of the helping professions among gay men and lesbians, with an ensuing reluctance to obtain services (Woodman & Lenna, 1980). Thus, on this basis, gay people may be viewed as an underserved population and, as such, deserving of some additional attention by helping professionals. Gay individuals may also be at somewhat higher risk of developing difficulties than nongay individuals because of some of the unique problems associated with being gay, as well as the lack of traditional social supports (e.g., family, church) available to nongay individuals (Altman, 1971; Voeller, 1980; Woodman & Lenna, 1980). For example, there is evidence that both suicide rates and alcoholism rates are higher among gay individuals than among nongay individuals (Bell & Weinberg, 1978; Saghir & Robins, 1980).

The gay community of a given area may be defined as including individuals within the area who identify themselves as gay and, in general, turn to one another for social interaction and support. The overall goal of this project was to begin to assess the service needs of the gay community within a large southern city. This project began with the hypothesis that gay people have problems unique to being gay (e.g., telling family and acquaintances about being gay, fears of losing employment or housing) which could benefit from increased sensitivity and knowledge on the part of members of the helping professions. It was expected that few gay people would report having had counseling experience. Additionally, it was expected that most counseling experiences reported would be negative. Support for these hypotheses was sought through distribution of a structured questionnaire to a small subgroup of the gay community.

METHOD

Subjects

Subjects were 96 members of several gay organizations in a large southern city. Because the sample included only 11 women and 4 blacks, as well as 1 individual who did not report race and 1 who did not report sex, it was decided to limit the data analysis to white males. The final sample consisted of 79 gay white males. Respondents ranged in age from 18 to 58, with a mean age of 33. Of the respondents, 70 (88.6%) were members of religious organizations; the remainder were members of a political action group. Sixty-three respondents (79.7%) were single, 11 (13.9%) were divorced, and 3 (3.8%) were married. Of the respondents, 55 (69.6%) reported having no children. Sixty-nine respondents (87.3%) had 4 or more years of college. Four living situations characterized most of the sample: 24 respondents (30.4%) were living alone, 23 (29.1%) were living with a lover, 17 (21.5%) were living with a roommate, and 9 (11.4%) were living with family. The mean income of the respondents fell between \$11,000 and \$15,000 per year. Respondents' occupations were highly varied and included physicians, lawyers, laborers, sales personnel, and artists.

Questionnaire Design

The questionnaire was designed specifically for this study and had no prior research applications.³ The first page of the questionnaire was a cover sheet explaining the purpose and goals of the study to the respondents. The second page of the questionnaire was divided into three sections. The first section requested various demographic data from respondents, including age, marital status, number of children, occupation, education, yearly income, and living arrangements. The second section requested respondents to indicate how long ago they had first been aware of their homosexual desires, had first had a homosexual experience, and had first taken a gay identity. Respondents were also asked to what extent they had revealed their identity to others. The third section asked respondents whether they had

³Copies of the questionnaire are available upon request from the first author.

ever been in counseling, either prior to or at the time of the study. Those responding affirmatively were requested to provide additional information about the experience, including the type of counseling (individual, group, crisis line, other), the referral source, the counselor's employer (self, county, private agency, other), the counselor's title (psychiatrist, psychologist, social worker, other), the counselor's sexual orientation, the counselor's sex, and the number, frequency, and cost of visits. Finally, respondents were requested to explain their feelings about and satisfaction or dissatisfaction with the experience.

The third page of the questionnaire requested respondents to provide information on problems that they had encountered and their severities at different points in time. This portion was based upon an intake form employed by the counseling center of a major southern university. The first column contained a list of problems which are shown in Tables I and II. The second column asked respondents to rate the extent to which an item had ever been a problem. The third column asked respondents to indicate the extent to which an item was a problem specifically at the time of the study. Problem severity for both columns was rated on the following 5-point scale: 0 for not at all, 1 for a little, 2 for moderately, 3 for distinctly, and 4 for extremely.

Procedure

Data were collected over a 3-week period in the spring of 1980. Experimenters made arrangements to attend regularly scheduled meetings of the participating groups. Experimenters explained the purpose and goals of the study to those attending, informing them that participation in the study was entirely voluntary. Questionnaires were distributed to those willing to participate. Following their completion, questionnaires were collected by the experimenters. Additional questions from the respondents were also answered. Following the analysis of the data, the experimenters returned to meetings of the groups and presented the results and conclusions. A brief written report of the study and results was provided upon request.

RESULTS

Data Coding

Data were coded as either interval data or categorically. Data coded in interval fashion included age, number of children, years of education,

Table I. "Ever a Problem" Questionnaire Items Reported in Decreasing Order of Frequency

Ever a problem	Reporting problem ^a		Mean scale rating
	<i>n</i>	% sample	
Termination of a close relationship	55	69.6	2.91
Dealing with your own emotions	53	67.1	2.19
Fears	51	64.6	2.02
Dealing with other people's emotional reactions	50	63.3	2.02
Telling your family (parents, siblings) that you are gay	49	62.0	2.90
Relationships with family members in general	48	60.8	2.13
Depression	47	59.5	2.28
Anxiety	47	59.5	2.19
Relating to people in social situations	45	57.0	2.20
Close relationships with people of your own sex	45	57.0	2.00
Telling straight friends that you are gay	44	55.7	2.43
Job satisfaction	42	53.2	2.31
Telling people at work that you are gay	41	51.9	2.63
Close relationships with people of the opposite sex	41	51.9	2.22
Your religious beliefs and your gayness	37	46.8	2.60
Telling your boss that you are gay	29	36.7	3.17
Sexual functioning	27	34.2	1.85
Alcohol use	24	30.4	1.83
Drug use	14	17.7	1.93
Telling your spouse and/or children that you are gay	7	8.9	3.43
Other	5	6.3	—

^aNumber and percentage of sample indicating that the item was a problem and the mean scale rating for those indicating it was a problem.

income, number of counseling visits, cost of counseling, and problem severity. Dichotomous variables included counselor's sex, counselor's sexual orientation, and satisfaction with counseling. Satisfaction was coded on the basis of comments by respondents and required consensus of the experimenters. Remaining data were divided into three or more categories and included marital status, occupation, living arrangements, information on gay identity development, and information on counseling experiences.

Frequently Reported Problems

Results from the questionnaire column labeled "Ever a problem" are reported in Table I. The most frequently reported problems included termination of a close relationship, dealing with your own emotions, fears, and dealing with other people's emotional reactions. Mean scale ratings were computed for each item from the responses of those individuals who had indicated that the item was a problem (ratings of 1 to 4) and ranged from 1.83 (alcohol use) to 3.43 (telling your spouse and/or children that you are gay). Other items having high mean scale ratings, indicative of problems

Table II. "Currently a Problem" Questionnaire Items Reported in Decreasing Order of Frequency

Currently a problem	Reporting problem ^a		Mean scale rating
	<i>n</i>	% sample	
Dealing with your own emotions	47	59.5	1.83
Anxiety	43	54.4	1.84
Telling your family (parents, siblings) that you are gay	41	51.9	2.66
Job satisfaction	40	50.6	2.25
Fears	39	49.4	1.72
Depression	38	48.1	1.84
Dealing with other people's emotional reactions	38	48.1	1.76
Relationships with family members in general	36	45.6	1.78
Telling straight friends that you are gay	32	40.5	2.31
Telling people at work that you are gay	30	38.0	2.93
Relating to people in social situations	30	38.0	1.67
Close relationships with people of your own sex	27	34.2	1.96
Close relationships with people of the opposite sex	26	32.9	1.85
Telling your boss that you are gay	25	31.6	3.44
Termination of a close relationship	25	31.6	2.64
Sexual functioning	18	22.8	1.72
Your religious beliefs and your gayness	16	20.3	2.69
Alcohol use	12	15.2	1.67
Drug use	12	15.2	1.50
Telling your spouse and/or children that you are gay	7	8.9	2.86
Other	5	6.3	—

^aNumber and percentage of sample indicating that the item was a problem and the mean scale rating for those indicating it was a problem.

seen as more severe, included telling your boss that you are gay, termination of a close relationship, telling your family (parents, siblings) that you are gay, and telling people at work that you are gay. The overall mean scale rating for all items was 2.34. Responses to the "Other" category and their severity ratings included self-acceptance (4), acknowledging own gayness (4), staying out of the gossip (4), seeking out same-sex relationships within gay organizations (3), and wanting nongay people to understand that we are all the same (4).

Results from the questionnaire column labeled "Currently a problem" are reported in Table II. The most frequently reported problems included dealing with your own emotions, anxiety, telling your family (parents, siblings) that you are gay, and job satisfaction. Mean scale ratings were computed as above and ranged from 1.50 (drug use) to 3.44 (telling your boss that you are gay). Other items having high mean scale ratings included telling people at work that you are gay, telling your spouse and/or children that you are gay, your religious beliefs and your gayness, and telling your family (parents, siblings) that you are gay. The overall mean scale rating for all problems was 2.12. Responses to the "Other" category and their severity

ratings included unsettledness (4), self-acceptance (3), staying out of the gossip (4), seeking out same-sex relationships within gay organizations (2), and wanting nongay people to understand that we are all the same (2).

Relationships Among Variables

Cross-tabulations and Pearson product-moment correlations provided measures of relationships among variables. A number of significant correlations among demographic variables were found, as shown in Table III. Older respondents tended to have higher incomes, more children, and paid more for counseling than did younger respondents. Those with higher incomes tended to report having had more education, more children, and having paid more for counseling than did those with lower incomes. Those reporting more education tended to report having paid more for counseling than did those reporting less education. Significant relationships among items evaluating the development of sexual orientation were also found, as shown in Table IV. Respondents who reported that their first recognition of homosexual desires had taken place farther in the past also reported that first homosexual experiences and first acceptance of gay identity had taken place farther in the past.

A number of significant relationships were found among demographic variables and problem areas labeled as ever a problem. Older respondents tended to report more difficulties telling people at work that they were gay than did younger respondents, $r(63) = .27, p < .05$, while younger respondents tended to report more difficulties with drugs than did older respondents, $r(70) = -.28, p < .05$. Respondents with lower levels of income tended to report more difficulties with close relationships with

Table III. Correlations Among Demographic Variables^a

	Age	Income	Years of education	No. of children	Cost of therapy
Age		79 .46 $p < .001$		64 .26 $p < .05$	29 .42 $p < .05$
Income			79 .39 $p < .001$	64 .38 $p < .01$	29 .48 $p < .01$
Years of education					29 .39 $p < .05$

^aFor each cell, the first value is the number of subjects included in the correlation, the second value is the correlation, and the third value is the p value.

Table IV. Relationships Among Sexual Orientation Development Items^a

	First homosexual desires	First homosexual experience	First self-identified as gay
First homosexual desires		67.52 .68	41.15 .62
First homosexual experience			58.02 .68

^aFor each cell, the first value is a χ^2 test of association with 9 degrees of freedom and the second value is the contingency coefficient. All χ^2 tests are significant at $p < .001$.

members of the same sex than did respondents with higher incomes, $r(69) = -.24, p < .05$. Those who paid more for counseling tended to report more difficulties with fears than did those who paid less for counseling, $r(21) = .46, p < .05$, while those who paid less for counseling tended to report more difficulties dealing with other people's emotional reactions than did those who paid more for counseling, $r(24) = -.42, p < .05$.

Significant relationships were also noted among demographic variables and items labeled as problems at the time of the study. Older respondents tended to report more difficulties than did younger respondents in the following areas: close relationships with members of the opposite sex, $r(50) = .39, p < .01$; telling people at work that they were gay, $r(53) = .46, p < .005$; sexual functioning, $r(49) = .30, p < .05$; telling heterosexual friends that they were gay, $r(52) = .43, p < .005$; and telling their boss that they were gay, $r(53) = .31, p < .02$. Respondents with lower incomes tended to report more difficulties with depression than did respondents with higher incomes, $r(55) = -.27, p < .05$. Respondents who reported more visits to a counselor tended to report more difficulties with drugs than did respondents who reported fewer visits, $r(17) = .75, p < .005$. Respondents who had paid more for counseling tended to report more difficulties with close relationships with people of their own sex than did respondents who had paid less for counseling, $r(17) = .61, p < .01$.

Factor Analysis of Problem Areas

A principal-components factor analysis with no rotations and using iterative computations of communalities (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975) was performed on problem items. Due to the large number of problem items, it was decided to analyze separately items labeled as ever a

Table V. Factor Analysis of Items Labeled as Ever a Problem

Item	Factor loadings	
	I	II
Close relationships with people of your own sex	.63	.23
Close relationships with people of the opposite sex	.58	-.03
Relating to people in social situations	.61	.40
Relationships with family members in general	.61	.42
Anxiety	.64	.18
Fears	.63	.04
Depression	.39	.42
Termination of a close relationship	.44	.08
Your religious beliefs and your gayness	.40	-.14
Sexual functioning	.58	.10
Dealing with your own emotions	.57	.37
Dealing with other people's emotional reactions	.52	-.04
Telling people at work that you are gay	.55	-.70
Telling your boss that you are gay	.61	-.65
Telling straight friends that you are gay	.59	-.57
Telling your family (parents, siblings) that you are gay	.45	-.41
Telling your spouse and/or children that you are gay	.43	-.25
Job satisfaction	.47	.42
Drug use	.13	.41
Alcohol use	.08	.14

problem and items labeled as problems at the time of the study. The two analyses produced similar results.

Results of the factor analysis of problems labeled "Ever a problem" are shown in Table V. Factor I, which accounted for 45.1% of the variance, may be conceptualized as a general social functioning factor. Items loading most heavily on this factor included those dealing with relationships with others and with psychological functioning in general. The second factor, which accounted for 22.0% of the variance, may be conceptualized as a coming-out factor. Items loading most heavily on this factor were those dealing with telling others about one's gayness.

Results from the factor analysis of items labeled as problems at the time of the study are shown in Table VI. A structure similar to the one above was found. Factor I, conceptualized as a general social functioning factor, accounted for 46.8% of the variance. Factor II, conceptualized as a coming-out factor, accounted for 20.7% of the variance.

Counseling Experiences

Of the respondents, 35 (44.3%) reported having been in counseling either at the time of the study or at some previous point in time. Cross-

Table VI. Factor Analysis of Items Labeled as Problems at the Time of the Study

Item	Factor loadings	
	I	II
Close relationships with people of your own sex	.65	-.43
Close relationships with people of the opposite sex	.60	.10
Relating to people in social situations	.69	-.41
Relationships with family members in general	.55	-.22
Anxiety	.76	-.21
Fears	.59	-.11
Depression	.70	-.36
Termination of a close relationship	.40	.18
Your religious beliefs and your gayness	.68	-.04
Sexual functioning	.56	.10
Dealing with your own emotions	.67	-.51
Dealing with other people's emotional reactions	.52	-.25
Telling people at work that you are gay	.50	.70
Telling your boss that you are gay	.59	.61
Telling straight friends that you are gay	.46	.70
Telling your family (parents, siblings) that you are gay	.41	.46
Telling your spouse and/or children that you are gay	.67	.36
Job satisfaction	.58	-.08
Drug use	.12	-.26
Alcohol use	.24	.34

tabulations and *t* tests were used to determine whether these individuals differed significantly from those individuals who had no counseling experience. Counseled respondents were significantly younger (mean = 30.9) than noncounseled respondents, mean = 34.8, $t(77) = 2.07$, $p < .05$. Counseled individuals also reported significantly less difficulty telling a spouse and/or children of their gayness (ever a problem) than did noncounseled individuals, $t(37) = 2.05$, $p < .05$. No other significant differences between the two groups were found.

The following data refer only to those individuals who had received counseling: 4 respondents (11.4%) had referred themselves to a counselor, 4 (11.4%) had received a referral from a friend, 11 (31.5%) reported a variety of other referral sources, including pastors and medical doctors, and 16 (45.7%) failed to report a referral source. Twenty-four respondents (68.6%) reported having seen a male counselor. Seven respondents (20.0%) failed to report counselor sex. Twenty-six respondents (74.3%) reported counselor sexual orientation and of those, 18 (69.2%) reported having had a heterosexual counselor. The majority of respondents had seen a psychiatrist (34.3%), psychologist (17.1%), a social worker (11.4%), or a pastoral counselor (8.6%). Sixteen respondents (45.7%) had gone to

counseling once a week, five (14.3%) had gone more than once a week, and the remainder had gone less than once a week or failed to report. The mean number of counseling visits for all respondents over all counseling experiences was 29. The mean cost per visit was \$27. Nineteen respondents (54.3%) reported an opinion about counseling. Within this group, 11 (57.9%) reported being satisfied with the experience. Cross-tabulations and *t* tests failed to reveal any significant differences between satisfied and dissatisfied respondents on any variables. However, several significant differences were found between those who reported an opinion about counseling and those who did not. Those reporting any opinion had significantly less difficulty with fears (Ever a problem, $t(23) = -2.61, p < .02$) and with telling straight friends that they were gay (Currently a problem, $t(22) = -2.98, p < .01$) than those who reported no opinion.

DISCUSSION

Items reported most frequently as having been problems at any time tended to be those related to general social functioning, while the most severe problems encountered in terms of scale ratings tended to be those related to coming-out, or acknowledging one's gayness to others. This latter finding supports the hypothesis that respondents would have problems specifically related to being gay within a nongay culture. Further support for this finding was provided by the results of the factor analysis, which suggested that the majority of the variance in a structure of problems encountered at any time could be accounted for by a general social functioning factor and a coming-out factor. Thus, while respondents reported gay-related difficulties, they also reported problems which are not unlike those encountered by nongay individuals.

Older respondents had higher incomes, more children, and paid more for counseling than did younger respondents. The latter three variables also intercorrelated significantly. These relationships may be due to older respondents having had more time than younger respondents to obtain education, advance in their professions, make higher wages and be able to pay more for counseling, and establish families. The reasons for relationships among demographic variables, counseling variables, and problem areas are less clear. Differences in problems experienced by older and younger respondents, particularly those relating to sexuality and drugs, may be due to differences in society during the times that people were growing up. The finding that respondents who paid more for counseling reported more difficulties with fears (Ever a problem) may indicate that this category represented a more serious problem, for which respondents tended

to turn to more expensive and presumably more experienced counselors. Likewise, the finding that respondents who had more visits to a counselor reported more difficulties with drugs (Ever a problem) may indicate that those recognizing a drug problem were more likely to invest much time in counseling. It is premature, however, to assume any causal relationships among these variables.

An initially surprising finding was that almost half of the respondents had had some counseling experience. This is larger than the percentage of the general population who have had counseling experience (Duke, Note 1). However, these data are consistent with the findings of Bell and Weinberg (1978). Using a larger sample than that employed here, it was found that 58% of the white homosexual men had had counseling experience at some point during their lives. The large number of gay men who have received counseling may be due to past views of homosexuality as an illness, as well as the pressures of being gay in a nongay society. However, it must be noted that Bell and Weinberg reported that the vast majority of their sample did not seek therapy in order to change sexual orientation. This finding needs to be investigated further. These findings do suggest, however, that it is necessary to reevaluate the initial hypothesis that gay males may be underserved in terms of numbers alone.

In contrast to the prediction that respondents would be dissatisfied with counseling experiences, it was found that the vast majority of those who reported an opinion were satisfied with the experiences. However, this finding must be interpreted with caution, since only half of those individuals reporting counseling experiences also rated their satisfaction with the experiences. It may be that those who did not report an opinion were not satisfied with their experiences. It should be noted, however, that the finding of few differences between those who reported any opinion and those who did not suggests that majority reports of satisfaction were reflective of all those who were in counseling. Again, it remains to investigate this finding further.

It remains possible that results are limited because of sample and questionnaire limitations. Respondents were a small group of predominantly middle-class, college-educated members of cohesive support groups. Results may only generalize to similar types of individuals. This is discussed below. Questionnaire development was largely intuitive and based upon a preexisting instrument used to gain information about incoming counseling clients at a college counseling center. Some response categories may have been vague. It is believed, however, that categories successfully covered the range of problems encountered by respondents, due to the fact that few respondents added additional problem areas via the "Other" category.

Respondents were predominantly white, educated, and middle-class and thus represented the types of people most commonly seen in

psychotherapy. Therefore, despite limitations, several important findings emerge with relevance for helping professionals who have contact with this subgroup of gay male clientele. First, a number of problems unique to being gay were identified as major concerns to respondents. Consistent with initial hypotheses, this finding suggests that service providers need to be aware of and sensitive to certain issues of their gay clients which would not normally come up in provision of service to nongay clientele. Second, these findings also support a similarity between gay and nongay clientele. Respondents reported that problems most frequently encountered were those of a social nature and not dissimilar to those presented by nongay clientele in counseling or therapy. Thus, service providers should keep in mind that gay clients have many of the same concerns as do nongay clients and deserve similar attention to these issues. This is in contrast to past views that all problems of gay clients stemmed from homosexuality per se (e.g., Bieber et al., 1962; Socarides, 1978).

The most surprising finding is with respect to adequacy of present services. Approximately half the sample reported having received counseling at one time or another. This suggests that white, middle-class, educated gay males may not be underserved. Additional support is offered by the finding that the vast majority of reports on counseling experiences were positive. Thus, the preliminary conclusion can be made that gay men within this subgroup are receiving the types of services that they need and desire. It must be emphasized, however, that there are a large number of gay people who are not male, white, educated, and middle-class. It remains to extend the present findings to women. Further, it remains to investigate the hypothesis that there are subgroups within the gay community, such as blacks and members of lower socioeconomic classes, who remain underserved by traditional helping services. This hypothesis is also consistent with the finding that these subgroups of the general population are typically underserved (Caplan, 1964; Lemkau, 1967). Therefore, further investigation using a larger and more diverse sample of the gay community appears warranted. It is believed that such investigation will continue to move research on homosexuality away from etiological issues and towards social issues.

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