

Why Tell If You're Not Asked? Self-Disclosure, Intergroup Contact, and Heterosexuals' Attitudes Toward Lesbians and Gay Men

Gregory M. Herek, Ph.D.*

From G. M. Herek, J. Jobe, & R. Carney (Eds.), Out in force: Sexual orientation and the military (pp. 197-225). Chicago: University of Chicago Press.

The United States military's principal justification for its policies concerning homosexual personnel has very little to do with the actual abilities or characteristics of gay men and lesbians. The Department of Defense (DoD) has virtually abandoned its past arguments that homosexual men and women are psychologically impaired, a security risk, or incapable of performing their duties, and therefore are inherently unfit for military service (Herek, 1993). Instead, the DoD now concedes that lesbians and gay men can serve honorably and capably, and acknowledges that they have done so in the past. Indeed, the current policy ("Don't Ask, Don't Tell, Don't Pursue") allows service by gay people provided that they keep their sexual orientation a secret.

Thus, current policy is less about homosexuality than it is about heterosexuals' reactions to homosexuality and to persons who are gay or lesbian. The DoD argues that heterosexual personnel would be unwilling to work with or obey orders from a gay man or lesbian, that they would be unwilling to share sleeping quarters or latrines with them, and that the presence in a unit of an individual known to be gay would reduce cohesion and thereby impair performance (for elaboration on these points, see the chapters by MacCoun and Shawver). These arguments boil down to a concern about information: how gay people manage information about their sexual

orientation, and how heterosexuals react to information that another service member is gay.

In the present chapter, I review theory and research from the behavioral and social sciences to provide an understanding of the processes whereby gay people – as members of a stigmatized minority group – manage information about their status, how and why they disclose this information to others (popularly referred to as *coming out of the closet*, or simply *coming out*), and the effects of receiving such information on members of the heterosexual majority group. I also explain why self-disclosure about one's sexual orientation – undertaken either as an end in itself or incidentally to achieving other goals – is important for an individual's well being, regardless of whether that individual is a heterosexual, homosexual, or bisexual. I argue that the current policy imposes unequal restrictions on the speech and conduct of different military personnel by placing minimal constraints on heterosexuals' disclosure of information about their sexual orientation while prohibiting gay men and lesbians from doing the same.

Because many issues to be addressed here concern social interaction and interpersonal disclosure, the chapter begins with a brief discussion of scientific research relevant to those topics. Next, basic aspects of sexual orientation are discussed as a prelude to considering self-disclosure about sexual orientation by heterosexuals. Then the asymmetries of experience between heterosexuals and homosexuals are described, followed by discussion of the reasons why gay

***AUTHOR NOTE:** I wish to thank Steve Franzoi, Rob MacCoun, Jack Dynis, and Jared Jobe for their helpful comments on earlier versions of this chapter.

men and lesbians – despite societal sanctions – come out to others. Then data are presented concerning the impact of such disclosure on heterosexuals. Finally, the implications of current military policy are considered in light of the foregoing discussion.

Self-Disclosure and Stigma

Coming out to another person is a form of *self-disclosure*, which is defined here as the communication by one individual to another of information about himself or herself that otherwise is not directly observable. By this definition, revealing one's height, weight, gender, or eye color does not usually constitute self-disclosure because such characteristics are apparent to the casual observer in most circumstances. In contrast, revelations about one's political beliefs, religious affiliation, personal income, family background, or sexual orientation would usually be classified as self-disclosure.

For the present discussion, four points about self-disclosure are particularly relevant. First, self-disclosure is an integral component of normal social interaction. Even casual conversations with strangers typically involve self-disclosures about, for example, one's marital or parental status, occupation, or opinions about a television program or sports team or politician. An extensive body of research indicates that self-disclosure is an integral component in the formation and maintenance of ongoing social relationships with friends, coworkers, neighbors, and others (Altman & Taylor, 1973; Derlega & Berg, 1987). Willingness to self-disclose is generally beneficial to one's social life and friendships, whereas patterns of consistent nondisclosure are linked to loneliness and social isolation (e.g., Davis & Franzoi, 1986; Franzoi & Davis, 1985; Franzoi, Davis, & Young, 1985; Stokes, 1987).

Second, self-disclosure can vary in its level of intimacy. Ongoing interpersonal relationships generally are closer to the extent that they involve more intimate self-disclosures. Developing a relationship with someone – getting to know that person – is often analogous to the process of peeling away the layers of an

onion, with the uncovering of each successive layer corresponding to revelations of progressively more intimate information about the self. Such information is more personal or intimate to the extent that it: (1) promotes broad generalizations about one's personality; (2) distinguishes oneself from others; (3) reveals a characteristic that is not readily observable to others; (4) reveals a characteristic that is regarded by the larger society as undesirable; (5) reveals a characteristic that may be perceived as a vulnerability; and (6) is associated with high levels of emotion or feeling (Archer, 1980; see also Altman & Taylor, 1973).

Third, the level of intimacy in a relationship is usually reciprocal, that is, the parties to a relationship expect each other to share roughly equal amounts of personal information, and to disclose information that is of approximately the same level of intimacy (e.g., Berg & Derlega, 1987; Derlega, Harris, & Chaiken, 1973). Lack of reciprocity in the intimacy of self-disclosure – whether one party is perceived as disclosing too much or not enough – is likely to strain a relationship (Fitzpatrick, 1987; Baxter, 1987).

Finally, the process of self-disclosure is complicated considerably for people who possess a concealable stigma. As used here, *stigma* refers to a pattern of serious social prejudice, discounting, discrediting, and discrimination that an individual experiences as a result of others' judgments about her or his personal characteristics or group membership (e.g., Goffman, 1963; Jones et al., 1984). Whereas some stigmatized characteristics are readily visible to others (e.g., skin color, physical disability), others can often be concealed (e.g., membership in an ostracized religious or political group, homosexuality). Having a concealable stigma means that otherwise routine self-disclosures can place oneself at heightened risk for negative sanctions, that such disclosures are likely to be regarded by others as highly – often inappropriately – intimate, and that reciprocity of disclosure is difficult to maintain in a personal relationship.

In the most influential theoretical account of stigma, Goffman (1963) observed that the

primary challenge in social interactions faced by persons with a concealable stigma is to control who knows about their stigmatized status. He referred to persons with a concealable stigma as the *discreditable* to highlight the importance of such information management. As the term *discreditable* suggests, having one's stigma revealed to others often carries negative consequences, ranging from having social stereotypes inaccurately applied to oneself, through social ostracism and discrimination, to outright physical attack. Once an individual's stigma is revealed, according to Goffman (1963), he or she becomes one of the *discredited* and her or his primary task in social interaction shifts from managing personal information to attempting to influence how others use that information in forming impressions about the individual.

Gay men and lesbians frequently find this task complicated by the widespread perception that acknowledgment of their homosexual orientation is perceived as a highly intimate disclosure, unlike acknowledgment of heterosexuality. Self-disclosing gay people are likely to be regarded as inappropriately flaunting their sexuality, whereas heterosexuals' self-disclosures about their sexual orientation are usually considered unnoteworthy because everyone is presumed to be heterosexual. This asymmetry creates difficulties in maintaining reciprocal levels of self-disclosure in social interactions between heterosexuals and homosexuals.

The foregoing discussion suggests that hiding their stigmatized status might be the safest strategy for gay men and lesbians. Successfully preventing others from learning about their stigma, however, requires considerable effort. *Passing* as a nonstigmatized person requires constant vigilance and a variety of strategies. These strategies include *discretion* (i.e., simply refraining from disclosing personal information to others), *concealment* (actively preventing others from acquiring information about oneself), and *fabrication* (deliberately providing false information about oneself to others; Zerubavel, 1982). Whichever strategy is used,

passing requires the individual to lead a kind of double life (e.g., Ponce, 1976). It interferes with normal social interaction, creates a multitude of practical problems, and requires psychological as well as physical work.

Moreover, attempts to pass are not always successful. Lesbians and gay men often find that others have acquired information about their homosexuality from a third party, through astute observation, or simply by guessing. Even when they are able to pass, many gay people find the process personally objectionable for a variety of reasons. Consequently, they reveal their stigma to one or more other persons. Before elaborating further on these points, it is important to clarify the meaning of sexual orientation.

Sexual Orientation, Heterosexuality, and Homosexuality

Although heterosexual and homosexual behaviors alike have been common throughout human history, the ways in which cultures have made sense of these behaviors and the rules governing them have varied widely. For at least a century in the United States and Europe, human sexuality has been popularly understood in terms of a dichotomy between two types of people: those who are attracted to their same gender (*homosexuals*) and those who are attracted to the other gender (*heterosexuals*). (Individuals whose behavior crosses these categories have usually been labeled *bisexual* or have had their behavior explained as the product of situational or developmental factors such as, respectively, a sex-segregated environment or an age-specific stage of sexual experimentation.)

This classification system differs from other possible ways of understanding sexuality in that its focus is the individual rather than the behavior. Instead of conceiving of people as capable of a wide range of sexual attractions and behaviors, the heterosexual-homosexual dichotomy creates two ideal *types* which, depending on the individual, correspond more or less to actual experience and behavior (for historical perspectives on the heterosexual-homosexual dichotomy, see Duberman, Vicinus,

& Chauncey, 1989; Katz, 1983; for cross-cultural perspectives, see Herdt, 1984).

Sexual orientation is not simply about sex. Because sexual attraction and expression are important components of romantic relationships, sexual orientation is integrally linked to the close bonds that humans form with others to meet their personal needs for love, attachment, and intimacy. These bonds are not based only on specific sexual acts. They also encompass nonsexual physical affection, shared goals and values, mutual support, and ongoing commitment. In addition, one's sexual orientation is closely related to important personal identities, social roles, and community memberships. For heterosexuals, the identities and roles include those of *husband*, *wife*, *father*, and *mother*. Most heterosexuals experience their sexuality, their romantic and affectional relationships, and their social roles and community memberships based upon those relationships as a central component of who they are, that is, their sense of self or identity. For homosexual persons, being *gay* or *lesbian* is itself an important personal identity, one that is commonly associated with membership in a minority community, as elaborated below.

Although heterosexual and homosexual orientations alike encompass interpersonal relationships, personal identity, and community memberships, an asymmetry exists in US society between the experiences of heterosexuals and gay people. US culture promotes an assumption of heterosexuality: Normal sexuality is equated with heterosexuality, and people are assumed to be heterosexual unless evidence is provided to the contrary (e.g., Herek, 1992; Hooker, 1965; Ponce, 1976). Consequently, heterosexuals need not disclose their sexual orientation for its own sake, but are free to do so incidentally to pursuing other goals. Gay men and lesbians, in contrast, routinely face negative social sanctions if their sexual orientation becomes public knowledge, with the consequence that disclosing it often becomes an important act of self-affirmation as well as a vehicle for meeting other needs. This asymmetry is briefly explored below.

Heterosexuality and Normalcy

Society's institutions and customs routinely elicit and convey information about individuals' heterosexuality. Advertisements and other messages in mass media explicitly convey the assumption that the audience consists of heterosexuals, many of whom are preoccupied with meeting, marrying, living with, or having sexual relations with someone of the other gender. Employers, schools, hospitals, and government institutions often request information about one's marital status, spouse, and children. People routinely are publicly identified as part of a heterosexual relationship, whether as a fiancé, spouse, or widow. Wedding rituals and anniversaries are important family and community events.

Patterns of normal social interaction also reflect the heterosexual assumption. Heterosexuals are (correctly) assumed to be heterosexual without ever explicitly revealing their sexual orientation to others; they need not come out of the closet. Nonetheless, most heterosexuals regularly make statements and provide information to others about their relationship status, attractions, and even their problems with establishing or maintaining heterosexual relationships. Wearing a wedding ring or displaying a photograph of one's spouse, fiancé or (opposite-sex) romantic partner, for example, publicly identify oneself as heterosexual.

Such affirmations of heterosexuality, however, are not commonly interpreted as statements about private sexual conduct. Rather, they identify an individual as occupying a particular role in society. These roles – husband or wife, father or mother – are largely *desexualized* (Herek, 1992). That is, they are interpreted by others primarily as indicators of social duties and behaviors; they are not perceived to be associated primarily or exclusively with sexual behaviors, even though they recognize private sexual conduct (and, in the case of marriage, legitimize such conduct).

When a man says that he is married or a woman says that she is a mother, for example, the recipient of this information could make

assumptions about the individual's private sexual behavior with a high likelihood of being accurate. Presumably, the married man has at some time engaged in heterosexual intercourse with his wife (although the frequency of such intercourse is not revealed by such a statement), and the mother can be presumed to have engaged in heterosexual intercourse at least once (although she might possibly have conceived her child through artificial insemination or adopted it). Yet, marriage and parenthood are not usually construed primarily in sexual terms. Even at the time of a wedding – when assumptions about sexual conduct are perhaps most explicit— sex is widely understood to be merely one part of a larger picture. Friends and relatives may expect that newlyweds will engage in sexual intercourse (and some wedding rituals include serious or joking references to this fact), but most do not regard the marriage in exclusively or primarily sexual terms. Indeed, advice to the newly married often stresses the many responsibilities and obligations associated with married status, rather than romance and sex (e.g., see Slater, 1963).

Because of the desexualized nature of heterosexual social roles, disclosures that identify one as heterosexual are not perceived as an inappropriate communication of information about private sexual conduct. Thus, the act of referring to one's heterosexual spouse in conversation, or of introducing that spouse to one's coworkers is not regarded as a flaunting of one's sexuality. Family members or friends may approve or disapprove of the particular spouse's character, physical appearance, race, religion, occupation, or social class. They may be happy that their friend or relative has settled down, or may feel that he or she should have waited longer before marrying. They may speculate about whether the couple's relationship is likely to endure over time. However, the fact that a man's spouse is a woman, or that a woman's spouse is a man, does not often elicit surprise or comment. Rather, a heterosexual orientation is unremarkable, usually unproblematic, and taken for granted.

Homosexuality, Invisibility, and Stigma

By contrast, homosexuality is stigmatized in the United States. Historically, *the homosexual* has been defined as a counterpart to *the normal person*: People identified as homosexual have been regarded as abnormal and deviant, and have accordingly been stigmatized as sinners, criminals, and psychopaths (see the chapter by Sarbin in this volume regarding different constructions of homosexuality). Stigma persists to the present day (for a review, see Herek, 1995). Opinion surveys since the 1970s have consistently shown that roughly two-thirds of US adults condemn homosexuality or homosexual behavior as morally wrong or a sin (Herek, 1996). Only a plurality of Americans feel that homosexual relations between consenting adults should be legal (Herek, 1996). In addition, more than half of US heterosexual adults feel that homosexual relations – whether between women or men – are disgusting, and about three-fourths regard homosexuality as unnatural (Herek & Capitano, 1996). Public revelation that one is a homosexual can have serious negative consequences, including personal rejection and isolation, employment discrimination, loss of child custody, harassment, and violence (Badgett, 1995; Berrill, 1992; Herek, 1995; Levine, 1979a; Levine & Leonard, 1984; Patterson, 1992). Heterosexuality not only remains the statistical norm; it is also the only form of sexuality regarded by society as natural and legitimate.

Like heterosexuals, most individuals with a homosexual identity experience their sexual orientation as a core part of the self. Unlike heterosexuals, however, most lesbians and gay men also experience their sexual orientation as problematic – to at least some extent – for several reasons. First, society's assumption of heterosexuality means that most gay people were raised with the expectation that they would be heterosexual. Not conforming to this expectation, they had to discover and actively construct their homosexual identity against a backdrop of societal disapproval, usually without access to parental or familial support or guidance (Herdt, 1989; Martin, 1982; Savin-Williams, 1994). Because most people

internalize society's negative attitudes toward homosexuality, the discovery that oneself is gay often involves overcoming denial and then integrating one's homosexuality into the rest of one's identity in a positive way; this is the process of coming out to oneself (Malyon, 1982; Stein & Cohen, 1984).

Second, like heterosexuality, a homosexual orientation is closely related to important personal identities, social roles, and community memberships. But because homosexuality has historically been defined as deviant and abnormal, homosexuals' identities and roles have been of an oppositional nature, that is, they represent the viewpoint of an outsider. Defining oneself personally and socially as *gay* or *lesbian* – or, more recently, *queer* – provides entry to alternative communities that have developed in the United States and elsewhere (Levine, 1979b; Murray, 1979; Warren, 1974) but frequently prevents one from participating in “normal” community activities.

Third, whereas the public roles that assert one's heterosexuality (e.g., husband, wife) are desexualized, the roles associated with homosexuality are sexualized. Heterosexual relationships are widely understood as involving many components – including romantic love, commitment, and shared goals, as well as sexual attraction – but same-sex relationships are widely perceived only in sexual terms, even though they are very similar to heterosexual relationships in that they are primarily about love, affection, and commitment (Blumstein & Schwartz, 1983; Kurdek, 1994; Kurdek & Schmitt, 1986; Peplau, 1991; Peplau & Cochran, 1990). Consequently, whereas a man and woman holding hands in a public setting are likely to be regarded fondly (“All the world loves a lover”), a similar public expression of affection between two men or two women is usually perceived as an inappropriate flaunting of sexuality.¹

Despite these problems, a homosexual identity forms and develops through the same process as do other aspects of identity and the self: social interaction (Erikson, 1963; Mead, 1934). By verbally stating “I am gay” or “I am

lesbian” or “I am a homosexual” (or making such assertions through symbolic speech or other conduct), an individual affirms her or his identity and integrates it with other facets of the self. This process of affirmation and integration is generally recognized as an important component of the process of identity formation and psychological health (Malyon, 1982; Stein & Cohen, 1984).

Thus, stigmatization of homosexuality creates a dilemma for lesbians and gay men. If they allow themselves to be perceived as heterosexual (or actively work to pass as heterosexual), they must lead a double life that requires considerable effort and carries psychological costs. If, however, they identify themselves as homosexual (or allow others to learn of their homosexuality), they are likely to be perceived as inappropriately flaunting their sexuality and they risk ostracism, discrimination, and even physical violence. Despite the risks, many gay men and lesbians today choose to come out to at least some heterosexuals. Others have their sexual orientation revealed without their consent. Some negative and positive consequences of being out of the closet are discussed in the next section.

Coming Out: Disclosure of Homosexuality

Although some gay individuals (including some active-duty military personnel) have disclosed their sexual orientation by going public – e.g., by appearing on national television or having their homosexuality reported in a major newspaper – survey research conducted with national probability samples suggests that this pattern is not common. In a 1991 national telephone survey of attitudes and opinions that I conducted with John Capitanio, approximately 45% of the heterosexual respondents who knew at least one gay person reported that they first learned about the individual's sexual orientation directly from that person herself or himself (Herek & Capitanio, 1996). Another 16% initially learned about it through a third party or guessed, but subsequently discussed it directly with the gay or lesbian friend or relative.

When we examined the types of relationships in which direct disclosure was made, we found that such disclosure almost always occurred between close friends and immediate family members, rarely occurred between distant relatives, and occurred slightly more than half the time between acquaintances or casual friends. Because this study was conducted with a nationally representative sample, we can conclude that approximately 61% of US adult heterosexuals who know gay men or lesbians were told directly by at least one gay friend or relative about his or her homosexuality, and that such revelations occur more often in close relationships than in distant relationships.

Some revelations, of course, are out of the person's control; information about her or his homosexuality is circulated by a third party without the individual's consent. In recent years, such third-party disclosures have been referred to as "outing" (Gross, 1993; Johansson & Percy, 1994). In 32% of the relationships with a gay person reported by heterosexuals in the national sample (note that respondents could report more than one relationship), the respondent initially learned that the friend, relative, or acquaintance was homosexual through a third party. In another 30% of the relationships, the respondent initially guessed that the friend, relative, or acquaintance was gay.

In summary, the majority of heterosexuals who know gay people have been told directly by at least one person that he or she is gay. At the same time, gay people often are outed involuntarily or have their sexual orientation guessed by a heterosexual. Nevertheless, some gay men and lesbians keep their sexual orientation hidden from all or most of their social circles. In a 1989 national telephone survey of 400 lesbians and gay men, for example, between 23% and 40% of the respondents (depending upon geographical region) had *not* told their family of their sexual orientation, and between 37% and 59% had *not* told their coworkers ("Results of poll," 1989).

The Effects of Being Out on Social Perceptions

As noted previously, homosexuality's stigmatized status means that people who are

identified as gay or lesbian are likely to encounter differential treatment by others, including ostracism, discrimination, and violence. In addition to these dramatic negative consequences, being identified as homosexual also has subtle effects on the ways in which gay men and lesbians are perceived by heterosexuals. Once a person is known to be homosexual, that fact is regarded by others as the most (or one of the most) important pieces of information they possess about her or him. In other words, homosexuality represents a master status (Becker, 1963). Knowledge of one's homosexuality colors all other information about the individual, even information that is totally unrelated to sexual orientation. Consequently, once a man or woman is labeled by others as a homosexual, all of her or his actions – regardless of whether they are related to sexual orientation – are likely to be interpreted in light of her or his sexual orientation. The master status of homosexuality has at least three important consequences.

First, gay-identified people are regarded by heterosexuals primarily in sexual terms. This sexualization of the individual is evident in the DoD's equation of disclosing that one is homosexual with acknowledgment that one has engaged in or intends to engage in homosexual behavior. Such assumptions are not necessarily accurate, however. A public statement about one's psychological identity and community membership may not reveal a great deal about one's private sexual behavior. A heterosexual who has never had sexual contact with another person (e.g., as a consequence of choosing to wait until marriage, taking a vow of celibacy, or lacking a suitable partner) or has not had sex for a long time (e.g., as a consequence of choice, aging, loss of a spouse, lack of a partner) is nevertheless a heterosexual. By the same logic, an individual may self-identify as homosexual, gay, or lesbian and yet not be engaging in sexual acts with others for a variety of reasons.

Second, gay-identified individuals are likely to experience problems establishing a satisfactorily reciprocal level of intimacy in day-to-day social relations. Using Archer's (1980)

previously-described criteria, revealing information about one's homosexuality is likely to be perceived as a highly intimate self-disclosure. The fact that one is gay or lesbian is a characteristic that invites broad generalizations, is distinctive and not readily evident in normal social interaction, and whose disclosure can be an affect-laden event. Revealing that one is heterosexual, in contrast, is not regarded as intimate self-disclosure. Indeed, as noted above, revelation about one's heterosexual relationships or one's marital status is routine in casual interactions with strangers. Derlega, Harris, and Chaikin (1973), for example, found that a woman's disclosure of being caught by her mother in a sexual encounter was judged to be more intimate when the encounter was described as being with another woman than with a man.

A third important consequence of coming out is to have popular stereotypes about homosexuals applied to oneself (see the chapter by Sarbin). A *stereotype* is a fixed belief that all or most members of a particular group share a characteristic that is unrelated to their group membership. Examples of widespread and enduring stereotypes are the beliefs that Blacks are lazy and Jews are greedy. Some stereotypes of gay men and lesbians also are commonly applied to other disliked minority groups in this and other cultures. These include the stereotypes that members of the minority are hypersexual; a threat to society's most vulnerable members (e.g., children); secretive, clannish, and untrustworthy; and physically or mentally sick (Adam, 1978; Gilman, 1985). Other stereotypes are more specific to homosexuality, such as the beliefs that gay men are effeminate and lesbians are masculine (e.g., Kite & Deaux, 1987).

When people hold stereotypes about the members of a group, they tend to perceive and remember information about the group in a way that is consistent with their stereotypes. Heterosexuals who hold stereotypes about lesbians and gay men are more likely than others to engage in *selective perception* and *selective recall*. That is, they tend to selectively notice behaviors and characteristics that fit with their

preconceived beliefs about gay men or lesbians, while failing to notice behaviors and characteristics that are inconsistent with those beliefs (e.g., Gross, Green, Storck, & Vanyur, 1980; Gurwitz & Marcus, 1978). And, when they are trying to remember information about a gay person, their recollections and guesses about that individual tend to fit with their preconceived beliefs (e.g., Bellezza & Bower, 1981; Snyder & Uranowitz, 1978).

Stereotypical thinking is difficult to overcome, even for people who have consciously decided that they do not wish to be prejudiced. Even though the latter are likely to experience guilt, discomfort, or other negative feelings when they realize that they have been thinking stereotypically about a particular group, they do it nevertheless (Devine & Monteith, 1993). Stereotypical thinking is resistant to change for several reasons. The use of stereotypes appears to be fairly automatic when thinking about members of a social outgroup. In other words, using stereotypes is like a habit. To break the stereotype habit, one must break out of the automatic mental processes that one usually uses, and consciously take control of one's thinking. Such a change requires cognitive effort. It also requires acquisition of new skills – one must learn new ways of (non-stereotypical) thinking (Devine & Monteith, 1993). Another reason that stereotypical thinking is difficult to overcome is people tend to use whatever information is most accessible to them when they are making judgments and decisions (Tversky & Kahneman, 1973). Stereotypical beliefs often represent the most readily available information about the members of a social outgroup. Finally, stereotypes persist because they tend to be reinforced by other members of one's own group. Someone who expresses a stereotypical belief about an outgroup is likely to be rewarded by members of the ingroup (e.g., in the form of acceptance or liking), whereas someone who expresses a counter-stereotypical belief may be punished (in the form of disagreement, discounting, ridicule, or even rejection and ostracism).

Why Do Lesbians and Gay Men Come Out?

Given the prevalence of stigma and the negative consequences of being labeled a homosexual, it might be asked why lesbians and gay men ever voluntarily reveal their sexual orientation to anyone. At least three broad categories of reasons why gay men and lesbians tell others about their sexual orientation can be identified.

Improving interpersonal relationships. Withholding information about oneself from friends, coworkers, and acquaintances often disrupts social relationships – or hinders their development – and arouses suspicions about an individual's private life. As noted above, disclosure of information about oneself is an important component of forming and maintaining interpersonal relationships, with more extensive and intimate disclosures characterizing closer relationships. Because sexual orientation is so central to personal identity, keeping it a secret from another person necessarily requires withholding a substantial amount of information about oneself. This information is central to many of the topics that are commonly discussed by people in a close relationship. Examples include the joys and stresses of one's romantic relationships or search for such relationships, feelings of fulfillment or loneliness, and mundane or momentous experiences with one's partner. In most such discussions, the gender of one's partner (and, consequently, information about one's sexual orientation) is revealed simply through the accurate use of masculine or feminine pronouns. Thus, when an individual actively conceals his or her sexual orientation from another, the two cannot have an honest discussion of such matters. As a result, spontaneity and personal disclosure are necessarily limited, which inevitably impoverishes the relationship.

Keeping one's sexual orientation a secret also creates a variety of practical problems (e.g., ensuring that one's heterosexual acquaintances do not see one entering a gay club or church, or do not learn about the gender of one's lover) and ethical problems (e.g., lying and deception; e.g.,

Plummer, 1975). Some gay people disclose to others as a way of eliminating or reducing these problems. Or, anticipating that others will find out anyway, some gay people disclose as a way of exercising some degree of control over others' perceptions (e.g., Davies, 1992; for examples of similar types of disclosure by members of other stigmatized groups, see Miall, 1989, and Schneider & Conrad, 1980, concerning, respectively, infertile adoptive mothers and epileptics). In either case, such disclosures represent an attempt to exercise control over the way in which another person learns of one's stigma when such revelation is inevitable, and to frame that information in a positive light. Thus, coming out makes the gay person's life simpler and makes possible honest relationships with others (Wells & Kline, 1987).

Enhancing one's mental and physical health. Past research on stigma has documented the use of self-disclosure as a strategy for relieving the stress associated with concealment of one's stigma while also enhancing one's self esteem and overcoming the negative psychological effects of stigmatization (Schneider & Conrad, 1980). Such *therapeutic disclosure* usually requires an audience that is supportive, encouraging, empathetic, and nonjudgmental (Schneider & Conrad, 1980; but see Herman, 1993). Hence, it is most likely to occur with immediate family members or individuals who are considered close friends (e.g., Miall, 1989). By disclosing to such individuals, the stigmatized person can reduce or eliminate the negative feelings about himself or herself that often accompany secrecy and isolation, while also developing a new, shared definition of his or her stigmatized attribute as normal and ordinary (Schneider & Conrad, 1980).

Gay people often disclose to others as a strategy for promoting their own well-being. As mentioned earlier, lesbians and gay men have been found to manifest better mental health to the extent that they feel positively about their sexual orientation and have integrated it into their lives through coming out and participating in the gay community (Bell & Weinberg, 1978; Hammersmith & Weinberg, 1973; Herek &

Glunt, 1995; Leserman, DiSantostefano, Perkins, & Evans, 1994). In contrast, closeted gay women and men may experience a painful discrepancy between their public and private identities (Humphreys, 1972; see generally Goffman, 1963; Jones et al., 1984; for a discussion of AIDS stigma and passing, see Herek, 1990). They may feel inauthentic or that they are living a lie (Jones et al., 1984). Although they may not face direct prejudice against themselves, they face unwitting acceptance of themselves by individuals who are prejudiced against homosexuals (Goffman, 1963). Passing also can create considerable strain for lesbian and gay male couples, who must actively hide or deny their relationship to family and friends. This denial can create strains in the relationship and, when it prevents the partners from receiving adequate social support, may have a deleterious effect on psychological adjustment (Kurdek, 1988; Murphy, 1989).

Coming out also may promote physical health. Psychologists have long hypothesized that hiding or actively concealing significant aspects of the self can have negative effects on physical health, whereas disclosure of such information to others can have positive health consequences (e.g., Jourard, 1971). Empirical research has generally supported these hypotheses. Larson and Chastain (1990), for example, found that survey respondents high in self-concealment manifested significantly more bodily symptoms, depression, and anxiety than did respondents who were low in self-concealment. The negative health correlates of self-concealment appear to be independent of an individual's degree of social support (Larson & Chastain, 1990; Pennebaker & O'Heeron, 1984). Recent empirical research points to the physiological mechanisms underlying such relationships, indicating that ongoing inhibition of behavior – as is involved in active deception or concealment – requires physical effort and is accompanied by short-term physiological changes, such as increased electrodermal activity (Fowles, 1980). Pennebaker and Chew (1985), for example, observed an increase in skin conductance levels when experimental subjects (following the experimenter's

instructions) actively deceived another individual.

Long-term behavioral inhibition may lead to stress-related disease (Pennebaker & Susman, 1988) and, conversely, disclosure of previously-concealed personal information appears to be associated with better physical health. Pennebaker, Kiecolt-Glaser, and Glaser (1988), for example, found that individuals who wrote a series of essays in which they disclosed highly personal information about upsetting experiences subsequently displayed better immune functioning, lower blood pressure, fewer medical visits, and less subjective distress than did members of a control group who wrote essays about trivial topics. Esterling, Antoni, Fletcher, Margulies, and Schneiderman (1994) observed lower levels of Epstein-Barr Virus (EBV) antibody titers (indicating better immune system functioning) among experimental subjects who verbally disclosed personal information about a stressful event, compared to subjects who disclosed such information in a written essay. The latter group, in turn, displayed lower EBV antibody titers than subjects in a control group (Esterling et al., 1994).

In summary, coming out appears to be associated with enhanced mental health. In addition, although empirical research has not directly assessed whether deceiving others about one's sexual orientation can lead to physical health problems, such a conclusion is consistent with existing research.

Changing society's attitudes. As Goffman (1963) noted, some stigmatized individuals devote considerable energy and resources to self-disclosure in order to change societal attitudes and to help others who share their stigma (see also Anspach, 1979; Kitsuse, 1980). Some of them *go public*, that is, make their status a matter of public record through, for example, a speech, media interview, or legal proceeding (Lee, 1977).

Like members of other stigmatized groups (see, for example, Schneider & Conrad (1980) for epileptics, and Gussow & Tracy (1968) for persons with Hansen's Disease [leprosy]), gay

people often come out to others in order to educate them about what it means to be gay, and to affect their actions toward gay people as a group. Indeed, many gay men and lesbians regard coming out as a political act that is a necessary prelude to changing society's treatment of them (Humphreys, 1972; Kitsuse, 1980). Perhaps the most noted political leader to advocate this strategy was Harvey Milk, San Francisco's first openly gay Supervisor, who was assassinated in 1978. For example, in a message that he had recorded to be played in the event of his death, Milk expressed the belief that coming out would eliminate prejudice: "I would like to see every gay lawyer, every gay architect come out, stand up and let the world know. That would do more to end prejudice overnight than anybody could imagine" (Shilts, 1982, p. 374).

Social science theory and data suggest that coming out is indeed likely to have a positive effect on heterosexuals' attitudes toward gay people as a group. This prediction is based on the *contact hypothesis*, which states that intergroup hostility and prejudice can be reduced by personal contact between majority and minority groups in the pursuit of common goals (Allport, 1954; see also Sarbin's chapter in this volume). A large body of empirical data (e.g., Amir, 1976; Brewer & Miller, 1984; Stephan, 1985) indicates that intergroup contact can indeed change attitudes, provided that the contact meets the conditions originally specified by Allport (1954), for example, that the interacting individuals share equal status and that the two groups share superordinate goals.

Most empirical research using the contact hypothesis has focused on interracial and interethnic prejudice (for reviews, see Amir, 1976; Brewer & Miller, 1984; Stephan, 1985). Social psychologists recognize, however, that common psychological processes underlie all forms of intergroup prejudice, regardless of the specific outgroup involved. The same theories and methods have been applied to understanding heterosexuals' antigay attitudes as have been used for, say, Whites' anti-Black attitudes (for examples, see Herek, 1987a, 1987b). Consequently, it would be reasonable to assume

that the contact hypothesis is applicable to the case of heterosexuals' attitudes toward lesbians and gay men, even in the absence of data.

Supporting data, however, are indeed available. Survey research conducted with nationally representative probability samples (Herek & Capitanio, 1995, 1996; Herek & Glunt, 1993; Schneider & Lewis, 1984) and with nonrepresentative convenience samples (Doran & Yerkes, 1995; Gentry, 1987; Herek, 1988; Millham, San Miguel, & Kellogg, 1976; Weis & Dain, 1979) has consistently shown that heterosexuals who report personal contact with gay men or lesbians express significantly more favorable attitudes toward gay people as a group than do heterosexuals who lack contact experiences. In a 1988 national telephone survey of 937 adult U.S. residents, for example, Eric Glunt and I asked respondents "Have any of your female or male friends, relatives, or close acquaintances let you know that they were homosexual?" We found that individuals who responded affirmatively had significantly lower scores on a measure of prejudice against gay men (Herek & Glunt, 1993). Furthermore, we observed that contact was associated with less prejudice regardless of a respondent's demographic characteristics (including gender, age, educational background, level of religiosity, marital status, number of children, and geographic region). We also found that contact was the best statistical predictor of respondents' attitudes toward gay men, that is, the contact variable explained a greater proportion of variance in attitudes than any other demographic or social variable that we assessed.

I subsequently replicated and expanded upon these findings in my previously mentioned research with Dr. John Capitanio (Herek & Capitanio, 1996). In a 1990-91 national telephone survey of 538 adult heterosexuals, we asked respondents if they had "any male or female friends, relatives, or close acquaintances who are gay or homosexual." Respondents who reported contact experiences with at least one gay person (roughly one-third of the sample) manifested significantly more favorable attitudes toward gay men compared to respondents

without contact experiences. As in my study with Eric Glunt, we found that this pattern held across demographic and social groups, and that contact was the most powerful predictor of attitudes.

In a follow-up survey one year later, we asked the same respondents about their attitudes toward lesbians and found the same patterns. In both surveys, we also asked questions about the nature of respondents' contact experiences: how many lesbians or gay men they knew, the type of relationship they had, and how they learned that a friend or relative was gay. Consistent with the contact hypothesis, we found that having a close relationship with a gay individual (e.g., a close friend or a member of one's immediate family) was associated with more favorable attitudes toward gay people generally than was having a more distant relationship (e.g., an acquaintance or distant relative). We also found that contact exerted an additive effect on attitudes: Respondents who knew three gay people generally had more favorable attitudes than those who knew two, who had more favorable attitudes than those who knew one.

The few attitude studies conducted with nonrepresentative samples of military personnel indicate that the relationship between contact experiences and favorable attitudes observed among civilians also holds for military personnel. Naval hospital personnel who reported having more than one gay friend manifested significantly less negative attitudes toward gay people generally (Doran & Yerkes, 1995) and Army personnel who believed that a gay man or lesbian was serving in their unit were more willing than others to allow homosexuals to serve in the military (Miller, 1993, cited in National Defense Research Institute, 1993, Chapter 7). In another survey of Army personnel conducted by Miller (1994), having gay friends was a significant predictor of opposition to the military's ban on homosexual personnel.

Yet another finding from my own national survey (Herek & Capitanio, 1996) concerned the effects of self-disclosure on others' attitudes. We found that respondents who had been told

directly by a gay friend or relative about the latter's homosexuality had more favorable attitudes toward gay people as a group, compared to respondents who had guessed about a friend or relative's homosexuality, or had been told by a third party. This effect also appeared to be additive: Respondents' attitudes tended to be more favorable to the extent that they had been the recipient of self-disclosures from more gay or lesbian individuals (Herek & Capitanio, 1996).

Of course, correlational data do not indicate causality. However, our analyses of the relationships between reports of contact in the first survey (referred to here as Wave 1) and the same respondents' attitudes one year later in the follow-up survey (Wave 2) indicated that heterosexuals who knew a gay man or lesbian in 1990-91 were likely to develop more positive attitudes toward gay people as a group in the following year. Wave 1 contact explained a significant amount of variance in Wave 2 attitudes, even when Wave 1 attitudes were statistically controlled. At the same time, we also observed that heterosexuals who reported favorable attitudes toward gay men and lesbians in 1990-91 were more likely than other respondents to experience contact with a gay person in the subsequent year. That is, Wave 1 attitudes explained a significant amount of variance in Wave 2 contact, even controlling for Wave 1 contact, probably because lesbians and gay men tend to reveal their sexual orientation to heterosexuals whom they expect to react favorably (see also Wells & Kline, 1987). In summary, then, not only does contact with gay people affect heterosexuals' attitudes, but a heterosexual person's attitudes (or gay men and lesbians' perceptions of them) probably affects the likelihood that she or he will knowingly experience contact with gay people.

What are the psychological processes through which contact experiences influence heterosexuals' attitudes? In a close relationship, a gay or lesbian individual's direct disclosure about her or his homosexuality can provide the heterosexual with the necessary information and motivation to restructure her or his attitudes

toward gay people as a group. This seems most likely to occur when the gay man or lesbian carefully manages the disclosure process so that the heterosexual can receive information (e.g., about what it means to be gay, about the gay person's similarity to other gay people) in the context of a committed relationship. For example, the gay person may self-disclose in a series of gradual stages, frame the disclosure in a context of trust and caring, explain why she or he did not disclose earlier, answer the heterosexual person's questions, and reassure the heterosexual that her or his past positive feelings and favorable judgments about the gay friend or relative are still valid.

Such interactions may help the heterosexual to keep in mind the other person's homosexual identity while observing behaviors that are inconsistent with stereotypes about gay people. Such a juxtaposition can facilitate the rejection of those stereotypes while fostering attitude change. If this experience leads the heterosexual person to accept that the friend or relative is indeed representative of the larger community of gay people – in other words, the friend or relative is not regarded as an anomaly – the heterosexual is likely to experience cognitive dissonance: On the one hand, she or he has strong positive feelings toward the gay friend or relative; on the other hand, she or he probably has internalized society's negative attitudes toward homosexuality. If the dissonance is resolved in favor of the friend or relative – an outcome that is more likely when the gay person plays an active role in imparting information about her or his stigmatized status – the heterosexual's attitudes toward gay people as a group are likely to become more favorable. The probability of favorable attitudes resulting from contact appears to be greater to the extent that a heterosexual has contact with more than one lesbian or gay man. Knowing multiple members of a stigmatized group is probably more likely to foster recognition of that group's variability than is knowing only one group member (Wilder, 1978). Knowing multiple members of a group may also reduce the likelihood that their behavior can be discounted as atypical (Rothbart & John, 1985).

Summary. In summary, gay men and lesbians have a variety of reasons for disclosing their sexual orientation to others. Coming out affirms a core component of one's identity and facilitates the integration of one's homosexual identity with other aspects of the self. It permits honesty and openness in personal relationships with others, thereby enhancing and maintaining those relationships and creating a relational context in which other kinds of self-disclosure can occur. It permits the individual to feel authentic and to enjoy enhanced social and psychological functioning, while also possibly reducing stress and psychogenic symptoms. And it represents a political act through which an individual can attempt to change societal attitudes. Conversely, the negative consequences of staying in the closet include feelings of inauthenticity, impaired social relationships and interactions, increased strain on one's intimate relationships, and psychological and physical distress.

Conclusions and Implications for the U.S. Military

The foregoing discussion has several implications for current U.S. military policy. First, it demonstrates that the current policy – by codifying society's norms about disclosure of sexual orientation – establishes different rights of expression for heterosexual and homosexual personnel. Heterosexual personnel are permitted to declare their sexual orientation publicly whereas homosexual personnel are not. A married heterosexual soldier, for example, can freely disclose information about her or his marital status, can publicly display a photograph or letter from the spouse, and can even publicly display affection for the spouse (e.g., holding hands, embracing, kissing) – all without negative sanctions. Furthermore, because heterosexual roles are desexualized, public affirmations that one is heterosexual are not construed as a presumption of sexual conduct, including conduct that is prohibited under the Uniform Code of Military Justice (UCMJ), such as oral sex.² Homosexual personnel, by contrast, are required to hide their sexual

orientation publicly and, if their identity becomes known, they are presumed to have engaged in illegal behavior.

Second, prohibiting gay men and lesbians from disclosing their sexual orientation does not simply mean that they are forbidden from discussing specific private sexual acts. Indeed, discussion of sexual behavior is a relatively minor component of public disclosure of one's sexual orientation. Current military policy has the effect of barring gay male and lesbian personnel from sharing a wide range of personal information with coworkers, friends, and acquaintances – information of the sort that is freely shared among heterosexuals.

Third, the prohibition on self-disclosure by lesbian and gay male personnel has important consequences for homosexuals. By requiring gay men and lesbians to hide significant portions of their lives, the policy imposes serious restrictions on their ability to interact socially. Whether gay people comply with the policy by using discretion, concealment, fabrication, or another strategy, they are disadvantaged – compared to heterosexuals – in establishing interpersonal relationships of the sort that contribute to social cohesion (see MacCoun's chapter in this volume) and opportunities for advancement. Furthermore, the ban on self-disclosure deprives gay men and lesbians of access to social support and may be deleterious to their long-term physical and psychological well being.

Fourth, the policy prevents heterosexual personnel from interacting freely with openly gay men and women in the course of their duties. Ironically, ongoing interpersonal contact would be likely to eliminate the prejudicial attitudes that the DoD currently cites as the reason why its policy is necessary. By allowing homosexuals the same rights of verbal self-disclosure currently permitted to heterosexuals, the military would create many of the conditions specified by social psychological research (e.g., institutional support for intergroup contact, shared goals) as likely to reduce interpersonal hostility and eliminate negative stereotypes.

Taken at face value, the maxim of “Don't ask, don't tell, don't pursue” appears to promote a live-and-let-live atmosphere in which homosexual personnel are tolerated so long as they keep their sexual orientation a private matter. As the foregoing discussion reveals, however, the policy places severe and sweeping strictures on gay people while preventing heterosexual personnel from experiencing the very types of social interactions that are most likely to eliminate antigay sentiment in the military's ranks. In a society in which homosexuality is stigmatized, to refrain from asking recruits about their sexual orientation is, perhaps, a positive step toward respecting the right of gay men and lesbians to retain control over information about their status. But in a society in which all adults are presumed to be heterosexual, to forbid gay people from telling others about their sexual orientation – and all aspects of their lives related to it – is to condemn them to invisibility and to sanction society's prejudice.

References

- Adam, B.D. (1978). *The survival of domination: Inferiorization and everyday life*. New York: Elsevier.
- Allport, G. (1954). *The nature of prejudice*. New York: Addison Wesley.
- Altman, I., & Taylor, D.A. (1973). *Social penetration: The development of interpersonal relationships*. New York: Holt.
- Amir, Y. (1976). The role of inter-group contact in change of prejudice and ethnic relations. In P. A. Katz (Ed.), *Towards the elimination of racism* (pp. 245-308). New York: Pergamon.
- Anspach, R.R. (1979). From stigma to identity politics: Political activism among the physically disabled and former mental patients. *Social Science and Medicine*, 13A, 765-773.
- Archer, R.L. (1980). Self-disclosure. In D.M. Wegner & R.R. Vallacher (Eds.), *The self in social psychology* (pp. 183-205). New York: Oxford University Press.
- Badgett, M.V.L. (1995). The wage effects of sexual orientation discrimination. *Industrial and Labor Relations Review*, in press.
- Baxter, L.A. (1987). Self-disclosure and relationship engagement. In V.J. Derlega & J.H. Berg

(Eds.), *Self-disclosure: Theory, research, and therapy* (pp. 155-174). New York: Plenum.

Becker, H.S. (1963). *Outsiders: Studies in the sociology of deviance*. New York: The Free Press.

Bell, A.P., & Weinberg, M.S. (1978). *Homosexualities: A study of diversity among men and women*. New York: Simon & Schuster.

Bellezza, F.S., & Bower, G.H. (1981). Person stereotypes and memory for people. *Journal of Personality and Social Psychology*, *41*, 856-865.

Berg, J.H., & Derlega, V.J. (1987). Themes in the study of self-disclosure. In V.J. Derlega & J.H. Berg (Eds.), *Self-disclosure: Theory, research, and therapy* (pp. 1-8). New York: Plenum.

Berrill, K. (1992). Anti-gay violence and victimization in the United States: An overview. In G.M. Herek & K. Berrill (Eds.) *Hate crimes: Confronting violence against lesbians and gay men* (pp. 19-45). Newbury Park, CA: Sage.

Blumstein, P., & Schwartz, P. (1983). *American couples*. New York: William Morrow.

Brewer, M. B., & Miller, N. (1984). Beyond the contact hypothesis: Theoretical perspectives on desegregation. In N. Miller & M. B. Brewer (Eds.), *Groups in contact: The psychology of desegregation* (pp. 281-302). Orlando, FL: Academic Press.

Davies, P. (1992). The role of disclosure in coming out among gay men. In K. Plummer (Ed.), *Modern homosexualities: Fragments of lesbian and gay experience* (pp. 75-83). London: Routledge.

Davis, M. H., & Franzoi, S. L. (1986). Adolescent loneliness, self-disclosure, and private self-consciousness: A longitudinal investigation. *Journal of Personality and Social Psychology*, *51*, 595-608.

Derlega, V.J., & Berg, J.H. (Eds.) (1987). *Self-disclosure: Theory, research, and therapy*. New York: Plenum.

Derlega, V.J., Harris, M.S., & Chaiken, A.L. (1973). Self-disclosure reciprocity, liking and the deviant. *Journal of Experimental Social Psychology*, *9*, 277-284.

Devine, P.G., & Monteith, M.J. (1993). The role of discrepancy-associated affect in prejudice reduction. In D.M. Mackie & D.L. Hamilton (Eds.), *Affect, cognition, and stereotyping: Interactive processes in group perception* (pp. 317-344). San Diego: Academic Press.

Doran, A.P., & Yerkes, S.A. (1995, August). *Attitudes toward gay men and lesbians in a naval hospital sample*. Paper presented at the annual

meeting of the American Psychological Association, New York.

Duberman, M.B., Vicinus, M., & Chauncey, G., Jr. (1989). *Hidden from history: Reclaiming the gay and lesbian past*. New York: New American Library.

Erikson, E.H. (1963). *Childhood and society* (2nd Ed.). New York: Norton.

Esterling, B.A., Antoni, M.H., Fletcher, M.A., Margulies, S., & Schneiderman, N. (1994). Emotional disclosure through writing or speaking modulates latent Epstein-Barr Virus antibody titers. *Journal of Consulting and Clinical Psychology*, *62*, 130-140.

Fitzpatrick, M.A. (1987). Marriage and verbal intimacy. In V.J. Derlega & J.H. Berg (Eds.), *Self-disclosure: Theory, research, and therapy* (pp. 131-154). New York: Plenum.

Fowles, D.C. (1980). The three arousal model: Implications of Gray's two-factor theory for heart rate, electrodermal activity, and psychopathy. *Psychophysiology*, *17*, 87-104.

Franzoi, S.L., & Davis, M. H. (1985). Adolescent self-disclosure and loneliness: Private self-consciousness and parental influences. *Journal of Personality and Social Psychology*, *48*, 768-780.

Franzoi, S.L., Davis, M.H., & Young, R. D. (1985). The effects of private self-consciousness and perspective taking on satisfaction in close relationships. *Journal of Personality and Social Psychology*, *48*, 1584-1594.

Gentry, C. S. (1987). Social distance regarding male and female homosexuals. *Journal of Social Psychology*, *127*, 199-208.

Gilman, S.L. (1985). *Difference and pathology: Stereotypes of sexuality, race, and madness*. Ithaca, NY: Cornell University Press.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.

Gross, A.E., Green, S.K., Storck, J.T., & Vanyur, J.M. (1980). Disclosure of sexual orientation and impressions of male and female homosexuals. *Personality and Social Psychology Bulletin*, *6*, 307-314.

Gross, L. (1993). *Contested closets: The politics and ethics of outing*. Minneapolis: University of Minnesota Press.

Gurwitz, S.B., & Marcus, M. (1978). Effects of anticipated interaction, sex, and homosexual stereotypes on first impressions. *Journal of Applied Social Psychology*, *8*, 47-56.

Gussow, Z., & Tracy, G.S. (1968). Status, ideology, and adaptation to stigmatized illness: A study of leprosy. *Human Organization*, 27, 316-325.

Hammersmith, S.K., & Weinberg, M.S. (1973). Homosexual identity: Commitment, adjustment, and significant others. *Sociometry*, 36 (1), 56-79.

Herd, G.H. (Ed.) (1984). *Ritualized homosexuality in Melanesia*. Berkeley: University of California Press.

Herd, G.H. (1989). Gay and lesbian youth, emergent identities, and cultural scenes at home and abroad. *Journal of Homosexuality*, 17 (1/2), 1-42.

Herek, G.M. (1987a). Religion and prejudice: A comparison of racial and sexual attitudes. *Personality and Social Psychology Bulletin*, 13 (1), 56-65.

Herek, G.M. (1987b). Can functions be measured? A new perspective on the functional approach to attitudes. *Social Psychology Quarterly*, 50 (4), 285-303.

Herek, G.M. (1988). Heterosexuals' attitudes toward lesbians and gay men: Correlates and gender differences. *The Journal of Sex Research*, 25, 451-477.

Herek, G.M. (1990). Illness, stigma, and AIDS. In P. Costa and G.R. VandenBos (Eds.), *Psychological aspects of serious illness* (pp. 103-150). Washington, DC: American Psychological Association.

Herek, G. M. (1992). The social context of hate crimes: Notes on cultural heterosexism. In G. M. Herek & K.T. Berrill (Eds.), *Hate crimes; Confronting violence against lesbians and gay men* (pp. 89-104). Newbury Park, CA: Sage.

Herek, G.M. (1993). Sexual orientation and military service: A social science perspective. *American Psychologist*, 48, 538-547.

Herek, G.M. (1995). Psychological heterosexism in the United States. In A.R. D'Augelli & C.J. Patterson (Eds.) *Lesbian, gay, and bisexual identities across the lifespan: Psychological perspectives* (pp. 321-346). Oxford University Press.

Herek, G.M. (1996). The HIV epidemic and public attitudes toward lesbians and gay men. In M.P. Levine, P. Nardi, & J. Gagnon (Eds.) *The impact of the HIV epidemic on the lesbian and gay community* (pp. 000-000). Chicago: University of Chicago Press. (In press)

Herek, G.M., & Capitanio, J.P. (1995). Black heterosexuals' attitudes toward lesbians and gay men in the United States. *The Journal of Sex Research*, 32, 95-105.

Herek, G.M., & Capitanio, J.P. (1996). "Some of my best friends": Intergroup contact, concealable stigma, and heterosexuals' attitudes toward gay men and lesbians. *Personality and Social Psychology Bulletin*, 22, 000-000. (in press)

Herek, G.M., & Glunt, E.K. (1993). Interpersonal contact and heterosexuals' attitudes toward gay men: Results from a national survey. *The Journal of Sex Research*, 30, 239-244.

Herek, G.M., & Glunt, E.K. (1995). Identity and community among gay and bisexual men in the AIDS era: Preliminary findings from the Sacramento Men's Health Study. In G.M. Herek & B. Greene (Eds.), *AIDS, identity, and community: The HIV epidemic and lesbians and gay men* (pp. 55-84). Newbury Park, CA: Sage Publications.

Herman, N.J. (1993). Return to sender: Reintegrative stigma management strategies of ex-psychiatric patients. *Journal of Contemporary Ethnography*, 22, 295-330.

Hooker, E. (1965). An empirical study of some relations between sexual patterns and gender identity in male homosexuals. In J. Money (Ed.), *Sex research: New developments* (pp. 24-52). New York: Holt, Rinehart, & Winston.

Humphreys, L. (1972). *Out of the closets: The sociology of homosexual liberation*. Englewood Cliffs, NJ: Prentice-Hall.

Johansson, W., & Percy, W.A. (1994). *Outing: Shattering the conspiracy of silence*. New York: Harrington Park Press.

Jones, E.E., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T. & Scott, R.A. (1984). *Social stigma: The psychology of marked relationships*. New York: W. H. Freeman.

Jourard, S.M. (1971). *The transparent self* (2nd ed.). Princeton, NJ: Van Nostrand.

Katz, J.N. (1983). *Gay/lesbian almanac: A new documentary*. New York: Harper & Row.

Kite, M.E., & Deaux, K. (1987). Gender belief systems: Homosexuality and the implicit inversion theory. *Psychology of Women Quarterly*, 11, 83-96.

Kitsuse, J.I. (1980). Coming out all over: Deviants and the politics of social problems. *Social Problems*, 28, 1-13.

Kurdek, L.A. (1988). Perceived social support in gays and lesbians in cohabiting relationships. *Journal of Personality and Social Psychology*, 54, 504-509.

Kurdek, L.A. (1994). The nature and correlates of relationship quality in gay, lesbian, and heterosexual cohabiting couples: A test of the individual difference, interdependence, and discrepancy models.

In B. Greene, & G.M. Herek (Eds.) *Lesbian and gay psychology: Theory, research, and clinical applications* (133-155). Newbury Park, CA: Sage.

Kurdek, L.A., & Schmitt, J.P. (1986). Relationship quality of partners in heterosexual married, heterosexual cohabiting, gay, and lesbian relationships. *Journal of Personality and Social Psychology, 51*, 711-720.

Larson, D.G., & Chastain, R.L. (1990). Self-concealment: Conceptualization, measurement, and health implications. *Journal of Social and Clinical Psychology, 9*, 439-455.

Laumann, E.O., Gagnon, J.H., Michael, R.T., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. Chicago: University of Chicago Press.

Lee, J.A. (1977). Going public: A study in the sociology of homosexual liberation. *Journal of Homosexuality, 3*(1), 49-78.

Leserman, J., DiSantostefano, R., Perkins, D.O., & Evans, D.L. (1994). Gay identification and psychological health in HIV-positive and HIV-negative gay men. *Journal of Applied Social Psychology, 24*, 2193-2208.

Levine, M.P. (1979a). Employment discrimination against gay men. *International Review of Modern Sociology, 9* (5-7), 151-163.

Levine, M.P. (1979b). Gay ghetto. In M.P. Levine (Ed.), *Gay men: The sociology of male homosexuality* (pp. 182-204). New York: Harper & Row.

Levine, M.P., & Leonard, R. (1984). Discrimination against lesbians in the work force. *Signs, 9*, 700-710.

Malyon, A.K. (1982). Psychotherapeutic implications of internalized homophobia in gay men. *Journal of Homosexuality, 7* (2/3), 59-69.

Martin, A.D. (1982). Learning to hide: The socialization of the gay adolescent. In S.C. Feinstein, J.G. Looney, A.Z. Schwartzberg, & A.D. Sorosky (Eds.), *Adolescent psychiatry: Developmental and clinical studies*, Vol. 10 (pp. 52-65). Chicago: University of Chicago Press.

Mead, G.H. (1934). *Mind, self, and society: From the standpoint of a social behaviorist*. Chicago: University of Chicago Press.

Miall, C.E. (1989). Authenticity and the disclosure of the information preserve: The case of adoptive parenthood. *Qualitative Sociology, 12*, 279-302.

Miller, L. L. (1994). Fighting for a just cause: Soldiers' views on gays in the military. In W.J. Scott

& S.C. Stanley (Eds.), *Gays and lesbians in the military: Issues, concerns, and contrasts* (pp. 69-85). New York: Aldine de Gruyter.

Millham, J., San Miguel, C.L., & Kellogg, R. (1976). A factor-analytic conceptualization of attitudes toward male and female homosexuals. *Journal of Homosexuality, 2*(1), 3-10.

Murphy, B.C. (1989). Lesbian couples and their parents: The effects of perceived parental attitudes on the couple. *Journal of Counseling and Development, 68*, 46-51.

Murray, S.O. (1979). Institutional elaboration of a quasi-ethnic community. *International Review of Modern Sociology, 9*, 165-178.

National Defense Research Institute. (1993). *Sexual orientation and U.S. military personnel policy: Options and assessment*. Santa Monica, CA: RAND.

Patterson, C.J. (1992). Children of lesbian and gay parents. *Child Development, 63*, 1025-1042.

Pennebaker, J.W., & Chew, C.H. (1985). Behavioral inhibition and electrodermal activity during deception. *Journal of Personality and Social Psychology, 49*, 1427-1433.

Pennebaker, J.W., Kiecolt-Glaser, J.K., & Glaser, R. (1988). Disclosure of traumas and immune function: Health implications for psychotherapy. *Journal of Consulting and Clinical Psychology, 56*, 239-245.

Pennebaker, J.W., & O'Heeron, R.C. (1984). Confiding in others and illness rates among spouses of suicides and accidental death victims. *Journal of Abnormal Psychology, 93*, 473-476.

Pennebaker, J.W., & Susman, J.R. (1988). Disclosure of traumas and psychosomatic processes. *Social Science and Medicine, 26*, 327-332.

Peplau, L.A. (1991). Lesbian and gay relationships. In J. Gonsiorek & J. Weinrich (Eds.), *Homosexuality: Research findings for public policy*. Newbury Park, CA: Sage.

Peplau, L.A., & Cochran, S.D. (1990). A relationship perspective on homosexuality. In D.P. McWhirter, S.A. Sanders, & J. Reinsch (Eds.), *Homosexuality/heterosexuality: Concepts of sexual orientation* (pp. 321-349). New York: Oxford University Press.

Plummer, K. (1975). *Sexual stigma: An interactionist account*. London: Routledge & Kegan Paul.

Ponse, B. (1976). Secrecy in the lesbian world. *Urban Life, 5*, 313-338.

Results of poll. (1989, June 6). *San Francisco Examiner*, p. A-19.

Rothbart, M., & John, O.P. (1985). Social categorization and behavioral episodes: A cognitive analysis of the effects of intergroup contact. *Journal of Social Issues*, 41 (3), 81-104.

Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology*, 62, 261-269.

Schneider, J.W., & Conrad, P. (1980). In the closet with illness: Epilepsy, stigma potential, and information control. *Social Problems*, 28, 32-44.

Schneider, W., & Lewis, I. A. (1984, February/March). The straight story on homosexuality and gay rights. *Public Opinion*, 7, 16-20, 59-60.

Shilts, R. (1982). *The mayor of Castro Street: The life and times of Harvey Milk*. New York: St. Martin's.

Slater, P. (1963). Social limitations on libidinal withdrawal. *American Sociological Review*, 28, 339-364.

Snyder, M., & Uranowitz, S.W. (1978). Reconstructing the past: Some cognitive consequences of person perception. *Journal of Personality and Social Psychology*, 36, 941-950.

Stein, T. S., & Cohen, C. J. (1984). Psychotherapy with gay men and lesbians: An examination of homophobia, coming out, and identity. In E. S. Hetrick & T. S. Stein (Eds.), *Innovations in Psychotherapy with homosexuals* (pp. 60-73). Washington, DC: American Psychiatric Press.

Stephan, W. G. (1985). Intergroup relations. In G. Lindzey & E. Aronson (Eds.), *Handbook of Social Psychology*, Volume 2 (pp. 599-658). New York: Random House.

Stokes, J.P. (1987). The relation of loneliness and self-disclosure. In V.J. Derlega & J.H. Berg (Eds.), *Self-disclosure: Theory, research, and therapy* (pp. 175-201). New York: Plenum.

Tversky, A., & Kahneman, D. (1973). Availability: A heuristic for judging frequency and probability. *Cognitive Psychology*, 5, 207-232.

Warren, C.A.B. (1974). *Identity and community in the gay world*. New York: John Wiley & Sons.

Weis, C.B., & Dain, R.N. (1979). Ego development and sex attitudes in heterosexual and homosexual men and women. *Archives of Sexual Behavior*, 8, 341-356.

Wells, J.W., & Kline, W.B. (1987). Self-disclosure of homosexual orientation. *Journal of Social Psychology*, 127 (2), 191-197.

Wilder, D.A. (1978). Reduction of intergroup discrimination through individuation of the out-group. *Journal of Personality and Social Psychology*, 36, 1361-1374.

Zerubavel, E. (1982). Personal information and social life. *Symbolic Interaction*, 5, 97-109.

Notes

1. That same-gender relationships lack a desexualized public role comparable to that of husband or wife is evident in the terminology that gay men and lesbians have available for describing the individual with whom they are in a committed relationship. Although *husband* and *wife* are legal terms, they also describe a complex set of relationships that, ideally, encompass the roles of lover, partner, and friend. Lacking legal spousal relationships, gay men and lesbians commonly use terms such as *lover*, *partner*, and *friend*, none of which conveys the complex set of meanings associated with *husband* or *wife*. Nor do those terms unambiguously describe the type of committed relationship signified by husband and wife. One's *partner* may be a business partner. One's *friend* may be simply an old school chum. One's *lover* may be a person with whom one is having a brief extramarital sexual affair. Each of these words creates confusion about the exact nature of the relationship; they describe only one part of it.

2. This assumption persists even though the majority of U.S. heterosexual adults – and, most likely, U.S. military personnel – have engaged in sexual behavior with their spouse that constitutes sodomy under the UCMJ (Laumann, Gagnon, Michael, & Michaels, 1994; see the chapters by Jacobson and Lever & Kanouse in this volume).