A review of the most recent research on "homosexuality" and the prevailing trends in behavior therapy for "homosexuals," indicates a crucial need for behavior therapists to reevaluate the clinical entity of "homosexuality" and the consequential treatment goals of such therapy.

Most of the literature on behavior therapy for homosexuals reveals that homosexual behavior is classified as deviant sexual behavior. "Sexual deviation can be viewed as a problem in stimulus control because sexual arousal occurs in the presence of an inappropriate stimulus." This viewpoint, given by Barlow and Agras (1973), seems fairly representative of how a majority of behavior therapists view "homosexuality." This "behavioral" definition raises several questions: Is homosexual behavior really deviant sexual behavior? Is same-sex stimuli inappropriate? And, is the problem a problem of stimulus control?

"Deviant Behavior"

Classifying a behavior as deviant implies that there is some clearly defined norm of behavior. In regards to sexual behavior, the norm implies that the majority of the population is sexually stimulated by other-sex stimuli rather than same-sex stimuli. The evidence, based on studies by Kinsey, Martin and Pomeroy (1953) has made it quite clear that it is an exceptionally small minority of the population which exhibit exclusively heterosexual or homosexual behavior. Sexual behavior more properly belongs on a continuum with the majority of the population falling somewhere between exclusive heterosexual or homosexual behavior. Thus, "homosexual" or "homosexuality" is a reification, an artificially created entity that has no basis in reality" (Sagarin, 1973). This false dichotomizing of hetero and homosexual and the labelling of sexual behavior as deviant, abnormal or normal are not useful and have actually been detrimental to a scientific analysis of sexual behavior. Sexual behaviors that are traditionally labelled deviant or abnormal are determined by the same principles of acquisition, maintenance and extinction as those labelled normal. To label behaviors deviant or abnormal is a value judgement that has no place in a behavioral analysis.

"Inappropriate Stimuli"

When one assigns the adjectives "appropriate" or "inappropriate" to a stimulus, it has to lead to the question: appropriate or inappropriate for whom? When we are working with individuals in therapy, the "appropriateness" or "inappropriateness" of a stimulus should be determined in light of the reinforcer history of the individual.

From a child's first physical contacts with other objects and particularly from contacts with other human bodies, the child learns that certain behaviors or operants will be consequeated by tactile stimulation (a primary reinforcer). Those objects or persons become discriminative stimuli and secondary reinforcers. As the child develops and comes into contact with an increasing range of people, objects, and different environments, the range of discriminative stimuli and reinforced operants becomes greater. Sexual behavior may be shaped in response to any combination of these various discriminative stimuli. If sexual behavior was only the concern of those emitting the behavior, then there would be no logical reason why they would not continue to carry out any reinforcing behavior regardless of the age, sex, color or form of the discriminative stimuli.

However, sexual behavior is not just a concern of individuals—it is extremely social. Very early in a child's development, words and actions of approval and disapproval become discriminative stimuli, not so much for the sexual response, but more so for the culturally defined appropriateness of the stimuli. While the verbal community, or society in general, is in the position to expose an individual to a wider range of possibilities for positive reinforcement, it actually narrows the range of potential sources for positive reinforcement and creates avoidance behaviors resulting from socially created aversive stimuli. Society selects a very narrow range of what is appropriate depending on the perceived needs of the entire society without regard for the welfare of the individual. If a particular stimulus or a combination of stimuli are reinforcing for individuals and are not self-injurious or injurious to others, then those stimuli are appropriate for those individuals. If behavior therapists evaluate what is "appropriate" and "inappropriate" on any other basis than an individual one, it has to be a value judgement, which again, has no place in a behavioral analysis.

"Stimulus Control"

Viewing the problem of sexual "deviancy" (i.e. "homosexuality") as a problem in stimulus control may be the most basic factor in accounting for the lack of notable success in behavior therapy and generalization in treating "homosexuals." In treating the problems of "homosexuals" by reinforcing responses to heterosexual stimuli and punishing responses to homosexual stimuli, therapists are reinforcing the myth to themselves, their clients and others that reinforcement comes primarily by way of sexual stimulation for "homosexuals." This ignores the fact that reinforcement also comes from mutual respect, support, companionship and sharing as it does with "heterosexuals." If an individual finds that responses to same-sex stimuli are reinforcing enough to continue that behavior in the face of social ostracism and discrimination, then it should be clear that there is more than just the sexual reinforcement which maintains these responses.

It seems highly unlikely that an individual would seek the help of a therapist because her relationship with a same sex partner is reinforcing. More likely, it is because the label of homosexual is non-reinforcing, and in fact, aversive. The label "homosexual" is used not only to describe the sex of the stimulus to which one responds, but the person with that stereotype, much the same as all minority group members in the history of our society. Pattison (1974) suggests that to attain and maintain any identity at all, the individual comes to accept the identity of "homosexual," but in the process renounces the opportunity for personal identity. When individuals accept a label but know the stereotypes do not represent themselves, the usual tactic is to try to eliminate the stereotype by replacing "Gay is Bad" with "Gay is Good." But, as Pattison points out, this is only replacing one stereotype for another and does nothing to reinstitute a personal identity.

The problem does not lie in stimulus control but in the conflict between the positive reinforcement from homosexual stimuli and the punishment—the loss of personal identity and the oppression that comes with the label "homosexual."

This leads us to one final and very important question: Why are homosexuals oppressed? Or, why is it that society has such a vested interest in our, supposedly, "private"
sexual behavior? One possibility is that any sexual behavior that deviates from heterosexual union is seen as a threat or attack on the nuclear family, the basic institution and unit of the capitalistic system. Heterosexuality and gender-defined roles are necessary for the maintenance of the division of labor. Women must fulfill the role of homemaker, wife, mother and servicer for the men who are the producers and providers. We are taught that each sex is only a half being—women are emotional, weak, and passive; men are rational, strong, and competitive.

The roles of women and men are supposed to interlock to create a whole. We are taught that the only way we can be whole is through heterosexual union. It is through this ideology and division of labor that the perpetuation of roles, the reproduction of the division of labor, and the maximization of consumption is assured. "The ruling class oppresses gays as part of an overall assault on phenomena and ideas that do not fit in with the sexist division of labor." (L&RU Forum, 1976) We are all oppressed in that we are not allowed to be whole, complete persons as individuals. We must all fit into the scheme of the division of labor to be whole and socially acceptable.

Behavior therapists are in a position to make significant contributions to the struggle against oppression and to the improvement of treatment for socio-sexual problems. Since there are no distinct entities of "homo-" or "heterosexual-" it is incumbent upon those in the "helping professions" to stop promulgating the myth that there are by treating them as such. All socio-sexual problems should be treated with the common goal of improving the quality of interpersonal relationships and sexual functioning.

While the general goals of therapy should be the same, the therapy itself has to be different—not because the people or behaviors are different, but because, unfortunately, the social consequences of the label one accepts are different.

A brief summary of the therapeutic guidelines offered by Clark (1977) indicates some of the basic problems that need to be dealt with in therapy.

If a client requests the elimination of homosexual feelings and behavior, it is the responsibility of the therapist to help the client identify the motivating factor behind such a decision. It is likely that the client's problems are not the result of her "homosexuality" itself, but more so because of its social consequences. It may be more healthy for the individual to deal with the aversive consequences than to try to eliminate reinforcing sexual behavior. No therapist should seriously consider changing "homosexual" behavior to "heterosexual" unless they would seriously consider changing "heterosexual" behavior to "homosexual."

The therapist should encourage the client to identify incorporated stereotypes and to question some of her basic assumptions about being "homosexual." Regardless of the invalidity of stereotypes, we have been exposed to negative conditioning associated with them all our lives. Asking the client for examples of Gay people they know who do not display stereotypical behaviors is one way to offset this negative conditioning. The therapist should point out the inherent dangers in relying on society's value system for self-assessment and validation.

Finally, the therapist should encourage the client to identify the sources and agents of oppression. All people who identify themselves as "homosexual" experience some form of oppression. It may be relatives or friends who tell jokes about "queers" not realizing there is one of "them" in their midst. It may be the legal system that threatens to take away the client's children based on her sexuality. The reality of oppression must be brought to awareness before there can be any changes or struggle against oppression. The therapist should develop a supportive peer relationship with the client, eliminating the oppressive relationship found in the roles of therapist and client.

Unfortunately, therapists for too long have let themselves be party to the oppression of "homosexuals." As long as we allow society to determine what is normal, abnormal, deviant, appropriate or inappropriate for the individual, we will continue to be agents of oppression. And, all that behavior therapy has to offer will be wasted.

References
Pattison, M. "Confusing concepts about the concept of homosexuality." Psychiatry, 1974, 37, 340-349.