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**"We are all mentally ill" : grassroots efforts to provide LGBTQ affirmative psychotherapy & social services, 1960-1987: Oral History Project, Seattle, Washington**

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Dexter Rose  
“We Were All Mentally Ill”  
Grassroots Efforts to Provide  
LGBTQ Affirmative Psychotherapy  
& Social Services, 1960-1987: Oral  
History Project, Seattle, WA

## **ABSTRACT**

This thesis reports on the preliminary oral history findings collected for a larger national study directed by David S. Byers and Stephen Vider. The findings reported here focus on experiences of clinicians and social service providers in Seattle, Washington. Another student, José Hernandez conducted similar field research in Los Angeles, California. Both projects were under the supervision of the principal investigators.

The larger study—and this thesis—examines the motivations and strategies of clinicians and social services workers offering lesbian, gay, bisexual, transgender and queer (LGBTQ) affirmative psychotherapy and social services during a time when homosexuality and later ego-dystonic homosexuality were listed as a diagnosis in the DSM, 1960-1987. This exploratory study’s purpose was to record oral histories from those providing LGBTQ affirmative psychotherapy during this time. Semi-structured interviews were conducted in an effort to better understand how clinicians and social service workers approached the task of developing LGBTQ affirmative psychotherapy, counseling, and social services despite national leadership.

Significant findings of the research were 1) LGBTQ affirmative services were the result of collective, organized volunteer efforts and skill sharing 2) political activism, education and clinical services overlapped to increase LGBTQ civil rights and destigmatize homosexuality 3) although homosexuality had been removed from the DSM the practice of providing affirmative services was limited to LGBTQ specific efforts led by LGBTQ people.

**“WE WERE ALL MEANTALLY ILL” GRASSROOTS EFFORTS TO PROVIDE  
LGBTQ AFFIRMATIVE PSYCHOTHERAPY & SOCIAL SERVICES 1960-1987: ORAL  
HISTORY PROJECT, SEATTLE, WASHINGTON**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

Dexter Rose

2016

Smith College School for Social Work  
Northampton, Massachusetts 01063

## ACKNOWLEDGEMENTS

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I am grateful to have been part of this project. I completed this thesis based on data I collected as a research assistant for an ongoing study supervised by social work professor David S. Byers and historian Stephen Vider.

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## **CHAPTER I**

### **Introduction**

Through the 1960s, 1970s and 1980s, lesbian, gay, bisexual, transgender and queer (LGBTQ) people existed in an extremely hostile environment. Coming out as gay, lesbian, bisexual, transgender or queer could mean losing your family, your children, your friends, your job, your home and your physical safety. LGBTQ people faced social, political and economic discrimination at every turn, including attaining mental health services. Conventional mental health interventions during this time framed homosexuality as a pathology and heterosexuality as the only healthy expression of sexuality. How then did LGBT affirmative services emerge? This exploratory oral history project seeks to better understand this inquiry using these guiding questions: How did clinicians and social service workers approach the task of developing LGBT affirmative services without national leadership, or in some cases in spite of it? What were there strategies, motivations, training and theoretical understandings? How did their approaches vary based on race, class, cultural, religious, and regional factors?

This thesis reports on the preliminary oral history findings collected for a larger national study directed by David S. Byers and Stephen Vider, and used here with their permission for the purpose of this MSW thesis. The findings reported here are based on the data I collected as a research assistant for this project. I focused on experiences of clinicians and social service providers in Seattle, Washington during this period. This thesis was written in collaboration with another MSW student and research assistant, José Hernandez, who conducted similar field



research in Los Angeles, California. Both projects are under the supervision of the principal investigators. The larger study—and each city specific thesis—examines the motivations and strategies of clinicians and social services workers offering LGBTQ affirmative psychotherapy and social services during a time when homosexuality and later ego-dystonic homosexuality was listed as a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

I interviewed 11 participants all of who offered LGBTQ affirmative services in Seattle Washington, within the years 1960-1987. The period chosen reflects a time when homosexuality was listed as a diagnosis in the DSM. Homosexuality was explicitly listed in the DSM until 1973 when collective organizing and direct action tactics by LGBTQ activists demanded the American Psychiatric Association (APA) remove it as pathology. Ego dystonic homosexuality (EDH) replaced homosexuality at that time and remained in the DSM until its removal in 1987.

The 27 years represented by this study cover major historical periods such as the early gay rights movement, the gay liberation movement, the many political uprisings and movements of the 1960s and 1970s and the tragic emergence of AIDS in the early 1980s. Though much has been written about the LGBTQ movements of these eras, not much has been written about the clinical efforts of LGBTQ affirmative social services during this time.

Oral history methods gather the stories of those not often represented in political histories. Oral history allows for the lived experience of participants to be presented in their own words. Their stories and perspectives broaden the narrow history frequently presented in the available literature. The experiences of LGBTQ affirmative social service workers gives important insights into the darker past of social work and the meaningful responses to an unjust system.

I come to this project as a student with a hunger to better understand my own history as a queer person within social work. The history of the APA dictating morals through diagnosis is a shameful one. Collecting the stories of the brave and resilient people who resisted the mainstream beliefs surrounding LGBTQ care and interventions are meaningful not only for understanding our history as a profession, but also to illuminate our path towards the future. I am grateful for the opportunity to conduct this research and add these courageous voices to the limited literature that currently exists.

Thorough review of existing literature uncovered limited sources regarding the grassroots organizing of LGBTQ affirmative mental health services in Seattle, Washington. The second chapter, the literature review examines this limited literature concerning Seattle's early LGBTQ movements and grassroots organizing to address LGBTQ mental health needs as well as LGBTQ organized responses to the AIDS epidemic. The review also briefly examines literature focused on LGBTQ affirmative frameworks and interventions during that time.

Following the literature review, the third chapter describes the methodology of the project. Semi-structured interviews were conducted in Seattle Washington with LGBTQ affirmative providers to explore the ways in which they created and participated in LGBTQ affirmative practices during the 1960s, 1970's and 1980's. Interviews were fully transcribed and then analyzed and coded for themes.

Succeeding the methodology, the fourth chapter, findings, presents the major themes, which emerged from the interviews. Consistent themes within the narratives were 1) LGBT affirmative services were the result of collective, organized volunteer efforts and skill sharing 2) political activism, education and clinical services overlapped to increase LGBT civil rights and destigmatize homosexuality 3) although homosexuality had been removed from the DSM the

practice of providing affirmative services was limited to LGBT specific efforts led by LGBT people.

Concluding the thesis is chapter five, the discussion, which considers the findings in relation to the reviewed literature. This chapter will also discuss study limitations and recommendations for future research. I will conclude by discussing how these findings could inform future social work practice.

## CHAPTER II

### Literature Review

#### A Sin, a Crime, & a Sickness

Jackie Cachero was 15 when she was involuntarily committed to Western State Hospital. She had gleefully informed her mother that she was a lesbian after discovering her sexuality in boarding school. The year was 1958.

They transferred me to what they call the ‘shit ward,’ she said ‘God, the building was so old, you know, the old wood floors, and they even swayed... You walked down to the end of the hall, and there was a window that had big iron bars, painted black. You could reach through them and raise the window up a little bit—that was the fresh air. So I used to park this rocking chair down there, and I’d rock, and I’d just cry and wish my mom could find me and get me out (Atkins, 2003, p. 51-52)

Cachero escaped and ran away, but was found and returned to Western State. She served two more years at the hospital where she was highly medicated against her will and physically abused. She was released when she became a legal adult at 18. “Happiness about being a homosexual had turned into psychiatric insanity” (Atkins, 2003, p. 52).

In 1958, homosexuality was a diagnosis listed in the DSM. Mental health clinicians viewed homosexuality as an illness, which required treatment. In 1958 there were no widely known mental health or social services available which affirmed homosexual, bisexual or transgender identified people. Eleven years later in the face of national discrimination, grass root

efforts in Seattle, Washington nurtured an effort to meet the mental health needs of LGBTQ identified people.

### **The Past Informs the Future**

How did clinicians and social service workers in Seattle, Washington approach the task of developing LGBT affirmative psychotherapy, counseling and, social services without national leadership, or in some cases in spite of it? What were their strategies, motivations, training, and theoretical understandings? How did their approaches vary based on race, class, cultural, religious, and regional factors? This study will utilize oral history to expand the narrative. Documenting and analyzing clinical experiences from the past can inform future LGBTQ services. Uncovering and detailing the stories and experiences that are missing from the history build the narrative. The themes of these interviews have the potential to shift practices, policies and theoretical frameworks toward a more comprehensive and effective end.

Elizabeth Rae Larson, a counselor who later became director of Seattle Counseling Services for Sexual Minorities (SCS), expressed this straightforward idea, in an article about SCS, featured in *The Columns Northwest*, a regional Seattle LGBT newspaper

So we're here, and we're going to try to stay here until we are not needed any longer -- until a person who happens to be a member of a sexual minority can go into a counselor's office and start working on whatever problem brought him there without first having to argue or educate or wade through a tangle of superstitions of fear (para. 13)

She described both the services SCS offered as well as the differences between SCS and mainstream mental health services at that time, emphasizing the critical need for gay centered services in Seattle, Washington.

There has been very little historical scholarship to date examining the LGBTQ mental health movement in Seattle. Major texts with national scopes have not documented the LGBTQ mental health history of Seattle. The history of social service workers and community responses to LGBTQ mental health needs in Seattle is critically important for rethinking how change can happen in local and broader contexts. Many of the services developed by social workers, psychiatrists, psychologists, clergy, activists, and other community members and volunteers during this period in Seattle were at odds with professional guidelines. Activists and clinicians worked together to create services they would call “affirmative.” Affirmative therapy is considered a non-pathologizing therapeutic framework that supports rather than discourages LGB identified people’s expressed sexuality.

A note on language: LGBT and LGBTQ (lesbian, gay, bisexual, transgender and queer/questioning) are the current and more inclusive ways to describe the population for whom services in this study are being examined. However this was not the terminology used in much of the writing from both primary and secondary sources of the time period being assessed, 1960-1987. Language is fluid and constantly evolving within LGBTQ space and literature. This study will rely on the language and conceptual understandings of participants as well as primary documents from the period, while also drawing connections to other language and understandings endorsed by many in the LGBTQ community today.

### **A Response to a need: Seattle Counseling Services**

Seattle’s story is both layered and rich, but only mapped by a few. Through an analysis of early gay literature and archival material, researcher, Michael G. Lee (2013) concluded, “Little has been written about gay and lesbian communities’ efforts to address health and human service concerns prior to the HIV/Aids crisis” (p. 163). The stories of Seattle’s contributions toward gay

social services are mainly found within collected archival materials, two main texts, *Gay Seattle* and *Counseling Our Own* as well as Lee's (2013) essential article "Between Stonewall and AIDS: Initial efforts to establish gay and lesbian social services." Journalist and communications professor at the University of Washington, Gary Atkins authored *Gay Seattle: Stories of Exile and Belonging*, a detailed history of Seattle's gay community including an extensive look at lesbian and gay social services. In *Counseling Our Own*, psychological and medical anthropologist, Charna Klein chronicles the start and continued growth of Seattle Counseling Services (SCS) from its inception in 1969 until the year 1986.

The literature concerning Seattle's early LGBTQ mental health movement often focuses on Seattle Counseling Services, the first and longest running LGBTQ mental health agency in the nation (Atkins, 2013; Klein, 1991). The organization opened in the summer of 1969 under its first name, Dorian Counseling Services. It was born out of a need for gay specific counseling and social services (Atkins, 2013; Klein, 1991; Macdonald, 1994). Both Atkins (2003) and Klein (1991) credit the beginning of Seattle's mental health movement to the collective efforts of University of Washington pediatrician Dr. Bob Deisher and the gay rights group The Dorian Society.

The Dorian Society was composed of middle class, professional, homosexual, men working towards recognition of gay rights and acceptance in the dominant heterosexual society (Atkins, 2013; Faderman, 2015; Klein, 1991). The Dorian Society because of the group's objectives to assimilate within the larger culture has been labeled as conservative by more radical groups such as the Gay Liberation Front (GLF) (Faderman, 2015). Klein (1991) presents the Dorian Society as an "overtly homosexual social presence" one, which she stated could scare away "closeted homosexuals" (those who were not out concerning their sexuality) from SCS, she

also describes the Dorian Society as “primarily a social club” (p. 104). Assimilation into heterosexual society remains a passionate debate within the LGBTQ community (Sycamore, 2006; 2008). The Dorian Society strived for acceptance into heterosexual mainstream society and was conservative in many aspects. The Dorian Society also took risks during a time of great repression; risks which set the stage for the possibility of the first gay counseling services in the nation.

Dr. Bob Deisher was a pediatrician studying and working with young, male sex workers at the University of Washington. A percentage of his subjects identified as gay. He listened to their stories, which highlighted the deficit within mental health services for gay people. Klein (1991) traces the roots of SCS back to Deisher’s recognition of the need for gay counseling for many of the homeless youths he was working with. Atkins (2003) presents Deisher as setting out to create a space in which homosexuals could access counseling services without being turned away or harassed. Many of the stories Deisher heard were of gay youth without family or other natural supports, turned out on the streets. Many of his research participants had begun hustling for survival. The youth reached out to Deisher for counseling because they were unable to obtain counseling and social services through conventional mental health resources.

Atkins (2003) describes Deisher as a medical doctor who came to realize the need for emotional support for his young, gay research participants. SCS received financial backing from the Reed Erikson Foundation and with volunteer support from the Dorian Society, Dorian Counseling Services at Dorian House rented a small, dilapidated house on Capitol Hill and began offering counseling services to homosexuals in the summer of 1969 (Atkins, 2013; Klein, 1991).

A one-column advertisement ran in the local gay magazine *Out & About* (n.d.) announcing, “The Seattle Counseling Services for Sexual Minorities exists to provide non-



judgmental, sensitive mental health services to sexual minority people (e.g., lesbians, gay men, bi-sexuals, transgenderals, etc.)” (p. 24). Non-judgmental and sensitive services had to be sought outside of conventional services. Although not specifically calling out the mainstream mental health services this quote emphasizes the lack of compassionate services for LGBTQ people during this time. Atkins (2013) also underscores the importance of SCS offering gay services at this time,

...Counseling services run by gays for gays. The need was obvious. As long as the professional psychology and psychiatry associations still considered homosexuality a disease, gay men and women wanted a safer place to talk about their identity, about coming out, about homosexual relationships, about surviving on the streets if they were kicked out by their parents, about sexual diseases, about depression and alienation. While work went on to change the designation, gays could begin to counsel one another (p. 120).

Sexual minorities were being pathologized and dismissed by the dominant mental health agencies of the era. SCS was the response of collective grassroots efforts to answer the call for gay affirmative services. Not only was there a lack of affirming services, the services available were discriminatory and harmful. Where could sexual minorities go for counseling that offered positive regard for their whole selves and not have their sexuality labeled as a sickness? The DSM diagnosis remained, but the services at SCS would respond differently than that of mainstream mental health services. At SCS gay, lesbian and other sexual minorities would be valued for who they were. SCS would not aim to change their sexual orientation a radical divergence from what was being offered through traditional counseling services in 1969. Exploration into the experiences of social service workers during this time could offer insight

into how services were first developed in the context of overwhelming discrimination. Oral history preserves precious history while informing present services.

It is important to recognize, as Atkins (2003) suggests, that Deisher was not presented as a radical calling for a change within the existing psychiatric services, nor was he calling for the recognition of gays rights. Deisher witnessed a need in his practice and set out to address it by organizing a volunteer run, social services house for homosexuals. A place safe, outside of the institutions that judged homosexuality as unhealthy and pathological (Atkins, 2013; Klein, 1991, SCS website). Klein (1991) proposes that gay counseling services “Sprang up in response to felt needs for positive services by gay people” (p. 12).

Is this how those who initially provided services also framed their efforts? Is the act of erecting a gay counseling center, which affirms gay, lesbian, bisexual and transgender people in the context of overwhelming homophobia and transphobia inherently political? Was it possible for the formation of SCS not to be an act of resistance in the social and political climate of 1969?

In 1971, Deisher—by then executive director of Seattle Counseling Services for Homosexuals and Other Sexual Minorities—wrote the introduction for the Annual Report. He states the growing need for gay counseling services and then backs up the claim with statistics from the center (*Annual Report for the Seattle Counseling Service for Homosexuals and Other Sexual Minorities, 1971*, 1971). The need for gay affirmative services was recognized and subsequently validated through the growth of services even without much financial backing, outreach or institutional support.

The 1971 Annual Report authors, Executive Director, Deisher, former Assistant Director, Montgomery and Director, Larson paralleled the growth of SCS with the obvious need for gay

social services. They also emphasize that much of the services offered relied on the generosity of lay volunteers, professional volunteers and students. Montgomery reported,

Although homosexuals comprise a substantial minority in our society, little has been done to help those individuals who are faced with societal rejection. It has been the objective of the counseling service to accommodate their need (p. 2)

Again the emphasis is placed upon the need for services in the context of their absence.

Specifically Montgomery underlines neutrality, “The staff neither advocates nor condemns homosexuality, but views it as a focus around which problems are likely to develop” (p. 2). The report does not rally a call to change the diagnosis of homosexuality or alter current mainstream social services. The report emphasizes a need for services for an underserved population “rejected” from society, it does not however question society’s bias or advocate for homosexuality as a non-pathological sexuality.

Services SCS offered included telephone counseling, individual, couples and group therapy, case management, vocational, education and workshops (*Annual Report for the Seattle Counseling Service for Homosexuals and Other Sexual Minorities, 1971, 1971*; Atkins, 2013; Klein, 1991). The staff was a mix of professionals and paraprofessionals, some paid, but mostly volunteer. These basic services were not available to sexual minorities within mainstream mental health during this time. Utilizing volunteers made SCS economically sustainable and accessible. Atkins (2003) and Klein (1991) both address this in the literature. They also emphasize that the staff was gay, “Counseling services run by gay for gays” (Atkins, 2003, p. 120). How did staff identify and how did that affect the services they offered? Was it as Atkins and Klein suggest services for and by gay people? What other services outside of SCS were to be found in Seattle?

Although SCS is often the focus of research, other LGBTQ social services were founded in the early seventies in Seattle. These included Stonewall Recovery Services, Gay Women's Resource Center, and the Gay community Center, all of which were founded in 1971 (Atkins, 2013; DuBay, 1972; Klein, 1991). The following section will describe these services and review the work of other scholars to document and contextualize their efforts.

### **Stonewall Recovery: Affirming the Most Vulnerable**

Atkins (2003) and Lee (2013) write about Stonewall Recovery Services as a residential treatment facility that offered drug and alcohol recovery services for homosexuals, and re-entry for incarcerated homosexuals. Embracing homosexuality at a time when it was still listed in the DSM as pathology by the APA, Co-director William H. DuBay authored, "A Stonewall News Release,"

The extreme oppression of homosexuals in our society has led many of them into drug addiction, alcoholism and crime, suicide and lives of wasted desperation. Stonewall offers a radically new solution to this problem. In contrast to the current legal and clinical approaches which condemn homosexuality as criminal or 'sick,' our approach regards it not only as healthy, but even as restorative and therapeutic, the key to successful rehabilitation (DuBay, 1972).

This quote offers a celebration of homosexuality, a radical divergence from the heterosexism and homophobia saturating therapy and social services at the time. The author is in opposition to the sick and criminal narrative that was prevalent, calling out oppression of homosexuals and citing homophobia as an antecedent for addiction and criminal choices. Stonewall was an affirmative haven for those oppressed by a homophobic culture.

Atkins (2003) emphasized the commitment of Stonewall to offer an alternative to the pathology and moral judgment so many social service agencies projected onto gay people at the time. A brochure describing Stonewall stressed the importance of acceptance stating, “The treatment plan is based on the philosophy that self-knowledge and self-acceptance are the foundations of a creative life” (DuBay, 1972). This statement is in direct opposition to therapies that strived to convert homosexuals to heterosexuals, a popular intervention within mainstream mental health settings for homosexuality at the time. How did the founders of Stonewall come to frame recovery services for gay people in this liberatory way?

Stonewall was created to serve the most vulnerable of a vulnerable population. Like SCS, Stonewall was created to fulfill a need for services outside of mainstream mental health services, which seemed more harmful than helpful to LGBTQ persons struggling with addiction. Atkins (2003) emphasizes this importance, of Stonewall offering services to, “the most tortured by mental health professionals” (p. 164). Atkins framed Stonewall as an important service advocating for those who were most affected by homophobia and discrimination. Lee (2013) presented, “Seattle’s Stonewall Therapeutic Center” as a response to the critical issue of alcoholism among gays and lesbians. Stonewall in each depiction was offering a critical service based in affirmative therapy, advocating for acceptance of homosexuality within society and within the self. How were those utilizing Stonewall’s services affected by this radical theoretical approach and practice?

Unfortunately funding cuts and inability to relocate due to homophobia in the community and residents campaigning against the Stonewall in their neighborhoods eventually closed the doors of Stonewall Services as a residential facility in 1976. However the need for gay affirming recovery services remained. Stonewall would continue on without offering a residential facility

and would later be absorbed by SCS. Stonewall like other gay services struggled with securing a permanent residence amongst homophobic neighbors in Seattle. The Gay Community Center (GCC) also struggled with retaining permanent residence in Seattle.

### **The Gay Community Center**

Atkins (2003) and Kyper (1981) only briefly mention the first GCC started by the Gay Liberation Front (GLF) in 1971. A rent increase one year after it opened forced the center to shut down. Klein (1991) references the opening of the second GCC in 1974 as a response from SCS. Following the closing of the initial GCC, SCS inadvertently filled the need and became more of a drop in center. This was not sustainable and so SCS opened another GCC to relieve the burden. Seattle Gay News, a gay newspaper focusing on LGBT culture and politics still in print today was founded at the center. Editor Mark Thompson (1994), senior editor of the Advocate at the time of publication, briefly mentions the GCC's 24 hour hotline for male victims of sexual assault in *The Long Road to Freedom: The Advocate History of the Gay and Lesbian Movement*. Atkins (2003) concentrates coverage of the GCC on the two arson attempts, the second of which destroyed the GCC building in 1976. The GCC managed to remain open moving to six different locations before losing funding and shutting its doors in 1981 (Atkins, 2013; Kyper, 1981).

Gay Community News author, Kyper (1981), mentions Stonewall services losing funding along with a handful of other gay social service agencies, though the article mainly focuses on the Gay Community Center (GCC). The center's main funding source was the Comprehensive Employment and Training Act (CETA). The funding ended in the summer of 1980 and the center closed within a year. Kyper (1981) interviewed the center's co-directors after it closed who both stressed the need for reliable, broad based funding. One of the directors, Raymond wrestled with

the double bind of federal funding, suggesting that government money offered then taken away was a tactic to shutter gay groups. The following section will explore political themes of funding.

### **The Politics of Funding**

Lee (2013) and Klein (1986) both focus heavily in their studies on the struggle to maintain funding for gay social services. Lee stresses funding challenges as the most dogged obstruction among evolving organizations.

Similar to Lee's findings, Klein (1986) described a key conflict for SCS centered on the need for county funding and the desire of the agency to be self-determined. Klein's broader point is that fighting for and acquiring county funding required SCS to become more and more professional, traditional and apolitical. SCS, like many LGBTQ organizations, fought discrimination in funding, and did not always win. Some were forced to make concessions in order to continue running operations. Klein articulates the agency tug of war with the county,

The relationship between gay counseling services and mainstream agencies and government has been a tenuous, twilight existence between acceptance and annihilation.

Gay counseling services has the bizarre role of changing the system of which they are becoming a part, while the government was buying them out of their direct forms of action as change agents through education and political participation. Gay counseling services and the government were accommodating each other (p. 80).

Klein (1991) entitled chapter six of *Counseling Our Own*, "Growth without Cooptation." It seems to linger as a question rather than a statement. Klein's inquiry spun throughout the book seems to implore if "growth without cooptation" is possible. Atkins (2003) also comments on this struggle pointing out the radical leadership of the mid-seventies and the struggles SCS encountered in securing county funding.

Both Atkins and Klein name the anti-establishment collective leadership of the early seventies as a period of significance and struggle at SCS. In the mid 1970s SCS culture was heavily influenced by feminist, socialist ideals. They elected to have a three-person leadership collective that would share power and make decisions by consensus. Both researchers documented the funding battles that ensued between the three-person feminist-socialist collective that was leading SCS at the time and King County Mental Health Board. Atkins selected quotes from former volunteers and staff highlighting the struggle. Rae Larson, SCS director is quoted, “You don’t get to do political things if you are a social service organization.”

Patrick Haggerty was one of the three people who formed the feminist collective that led SCS in the mid seventies. A statement from his social work thesis is quoted by Atkins (2003)

Social work sees its gay client’s in a mental health context, rather than people who are being denied basic rights and who are being excluded from the mainstream of society...It is high time that social workers realize that the real issue is that a significant minority of people are being denied basic rights to fair legal treatment, employment, housing, education, military service, and general social acceptance...If the problem is intolerance and oppression of a minority in a larger society, then the social workers must deal with that problem, not the so called problem of sexual identity (p. 160)

Emphasis is placed on systems of oppression, not the individual. The responsibility for social change is placed upon social workers. The dilemma is presented here as it was by Klein (1991).

How can an organization remain committed to social change and also attain critical funding?

This is a careful dance, a tricky maneuver.

Atkins (2003) and Klein (1991) noted that as SCS began to apply for, acquire, and rely on county funding, the organization became more professionalized and conservative. Atkins (2003)



named this the shift, “the activist-to-professional route” (p. xviii). Recognizing the shift Atkins (2003) cites the Seattle Sun interview with the then new director of SCS, Joyce Owens-Smith who clarified, “We are not political, we are a mental health agency” (p. 173). Throughout the literature there is a question of whether a social service agency can remain political and acquire monies to fund operations. What does it mean for an organization to secure funds from the very entity that demands their neutrality?

This study will offer the opportunity to better understand the frameworks and experiences of social workers in relation to funding. How did clinical workers frame funding efforts? Did social service workers see themselves as agents of change; was this a motivation for developing LGBTQ services? In a climate of homophobia and violence against LGBTQ people was offering affirmative services seen as political? The very act stood against the dominant culture’s views of LGBTQ people. Were statements such as Owen’s a result of backlash against political organizing strategies within social services? What did these conversations debating cooptation and funding sound like outside of media representations? As the political and grassroots efforts of the seventies shifted the LGBTQ community would soon be confronted with the discovery and devastation of the Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS).

### **HIV/AIDS LGBT Affirmative Responses**

In 1969 there was a grassroots response to the lack of positive mental health services for LGBT people. The discovery of HIV/AIDS in the early 80’s once again called upon the grassroots efforts of activists and community members affected by HIV/AIDS to build resources and respond to the crisis. Once again traditional social service agencies lacked the ability to

address LGBTQ needs regarding HIV/AIDS. Atkins (2003) details the different grassroots efforts that bloomed to meet the need for services in the gay and lesbian community.

The Northwest AIDS Foundation concentrated on raising funds and helping people who tested positive navigate unemployment, disability, and welfare. Their efforts soon moved to education. Bringing “compassion” to meet the needs of those suffering was the work of the Chicken Soup Brigade; addressing basic needs such as cleaning homes and delivering food. Shanti Seattle came in two years later in 1984, providing psycho-education centered on the stages of dying and pairing positive folks with companions. Seattle AIDS Support Group (SASG) also aimed to help by promoting community connection via support groups.

Atkins (2003) focuses much of the discussion on the battles over closing Seattle’s bathhouses—a knee jerk reaction to close gay male bathhouses as a tactic to address the crisis as San Francisco had done—Seattle’s bathhouses remained opened and were utilized as sites for safer sex education and HIV/AIDS testing. San Francisco, one of the first cities to be hit hard by the epidemic had decided to close the bathhouses in an effort to hinder the transmission of HIV. Seattle in contrast, in an effort led by a bathhouse owner, framed these sites as sites of education rather than as sites of transmission. Atkins also focused on the evolution of AIDS education in the 80’s.

Perhaps the strong roots of the initial LGBTQ mental health movement supported the fast response and rapid growth of services to address the epidemic and support those affected by it. The lack of information pertaining to HIV/AIDS, overt discrimination, lack of medical access, and certain death provided the motivation in the early years. Atkins (2003) closes many of his paragraphs with the name and age of those who had died from AIDS complications. Atkins

describes an AIDS diagnosis during this period as another closet for homosexuals to come out of, stressing the discrimination and fear that the gay community was facing during this time.

### **Homosexuality and Ego Dystonic Homosexuality: The Myth of Removal**

Although 1973 is widely cited and celebrated as the historical moment when homosexuality was removed from the DSM as a diagnosis, closer examination of history and people's experiences tell a different story. Through political pressure exerted by LGBTQ people, direct action and collective organizing the APA removed homosexuality from the DSM in 1973 (Faderman, 2015). However the diagnosis was replaced first by sexual orientation disorder (SOD) and soon after by ego-dystonic homosexuality (EDH), which remained until its removal in 1987 (Drescher, 2015). The EDH diagnosis aimed to pathologize those whose feelings were at odds with their same sex attractions and affections. Did mainstream mental health services remain hostile to homosexuals seeking treatment even after the explicit removal of homosexuality as a diagnosis?

Although homosexuality had been removed from the DSM, the stigma surrounding homosexuality being "undesirable" remained. Replacing the diagnosis of homosexuality with ego-dystonic homosexuality (EDH) did not encounter much protest, but continued to negatively affect the care that LGBTQ people received from mainstream mental health providers. EDH still pathologized homosexuality and favored heterosexuality as the desirable, healthy sexuality (Bayer, 1981). The following section will explore LGBTQ affirmative therapies that were emerging during this time.

### **Affirmative Approaches to Social Service**

Affirmative models of gay therapy vary. Berger, R.M. (1977) authored an article promoting the "advocate model" in which providers are encouraged to "legitimize" homosexual

lifestyles and advocate for them rather than counsel them to be heterosexual. The problem is a hostile society and not the homosexual lifestyle of the individual. Berger states, “The nature of the presenting “problem” is redefined from the point of view of a homosexual client system seeking to maintain an individual life-style within a predominantly heterosexual culture” (p. 280). Berger offers a few suggestions for clinicians working with homosexuals including: counseling which honors same sex affection and love, navigating legal rights for homosexual couples, employing staff that have had clinical experience with homosexuals, inviting educational speakers to inform staff about gay issues, encouraging social workers to build gay counseling services and lobby for gay rights.

Berger also encourages social workers to engage in social change efforts to improve the conditions of society for homosexuals. Berger’s article presents affirmative therapy not only as clinical skills but also social change advocacy in the form of activism to address injustices that homosexuals face legally and socially (Berger, 1977).

Social workers Goldberg, Schoenberg, & Shore (1984) discussed different aspects of social work with homosexual clients in their anthology *Homosexuality and Social Work*. Written in a progressive framework, they also advocated for self-determination for clients, social change and education. Topics included: life stages, youth work, couples counseling, serving older lesbians and gay men, confronting homophobia, alcoholism, homophobia among mental health professionals, and teaching social workers to work with homosexual clients. The collection focuses on clinical skills but also stresses that the work cannot end there. In addition to clinical skills, policy change, activism, community organizing and administrative change must also be part of the work. The editors underscore their mission

What distinguishes gay social work is not that it is services provided by social workers (homosexual or not) to gay and lesbian clients; it is the adaptations in the provision of services necessitated by society's negative attitudes toward homosexuals' responses to those attitudes (Schoenberg, Goldberg, & Shore, 1984)

This view not only addresses homosexuals deserving compassionate care within mental health services it also considers the effects of homophobia and heterosexism. This is what Langrider (2007) termed "strong" gay affirmative therapy (GAT). Meaning that it not only offers ethical therapy to LGB people considering their humanity and distinctive needs, but also, "uses positive affirmation to directly ameliorate the effects of heterosexism" (p. 30). "Weak" affirmative therapy offers the former without the latter. Langrider argues that ethical therapy with LGB people often referred to as GAT within the literature, actually falls short of what GAT actually represents. How did clinicians of the early LGBTQ movement define affirmative therapy? What were the working definitions for those building these services from the foundations? What were the practices that were born out of the theory of gay affirmative therapy?

### **Transgender: Affirming the T of LGBT**

A major gap in the literature is attention to Seattle's transgender community. Atkins (2003) makes reference to this omission in his introduction to the paperback edition of *Gay Seattle*, stating that Seattle still requires a text to cover the "rich history of transgender Seattle" (p. x). Klein (1991) also stresses this gap, reporting on services for "transgenderals" – a term she uses and states was popular and respectful during the time at which the book was written. She describes SCS as having limited resources and as the only agency for transgender people in the Northwest until the opening of Ingersoll Gender Center in 1984. Referring to transgender people she states, "There is a dearth of all kinds of resources with this population" (p. 29).

Seattle Times journalist, Sherry Stripling (1986) describes the services of Ingersoll Gender Center in her article entitled, “Crossing Over-Local Counseling Center Offers Transsexuals Place to Talk About Gender Confusion and the Option of Having Sex-Change Surgery.” Marsha Botzer founded the Ingersoll Gender Center in 1984. The article features Botzer’s life story and the widespread lack of knowledge concerning transgender issues among medical and mental health providers. It chronicles the many doctors and support services Botzer had to contact and research before finding providers that were competent and willing to work with transgender clients.

Stripling (1986) attended a Monday night support group and described different members’ stories. The tone of the article occasionally reads as sensational, detailing Ingersoll clients’ transitions and personal appearance. Descriptions are intrusive and focused on physical appearance, “Today she still is attractive, thanks in part to more than 400 hours of electrolysis to remove her beard, and surgery to re-shape her broad forehead and bulging Adam’s apple.” The author chooses throughout the article to pay concentrated efforts on descriptions of transgender people’s bodies. The article though offering visibility and empathy also displays transgender people as objects.

Stripling (1986) describes Botzer recognizing a need as many people who were interviewed from the group reported an appalling lack of knowledge and discrimination from medical and mental health providers, including rejections by emergency room staff and mental health professionals, discrimination she had also faced firsthand. The article also described the gatekeeping role of mental health professionals in connection with access to hormones and gender affirming surgeries, describing the Harry Benjamin International Gender Dysphoria

Association standards. Beginning in 1984, the Center offered individual therapy, support groups, gender affirming surgeries, referrals and resources not else where available (Stripling, 1986).

Transgender history has been hidden and ignored. Language confounds the challenge in historical studies such as this one, as the word transgender wasn't in widespread use until the early 90's (Stryker, 2008). In a letter dated 1975, Gwyn Hanscom – Director of Gender Identity Services at SCS – wrote to Dr. Charles Ihlenfeld of the Harry Benjamin Foundation (a transgender institution which has historically set the standards for transgender care) discussing a paper on gender identity. Hanscom stressed the importance of the topic and the difference between sexuality and transsexual identity. Hanscom offered that there was a difference between transsexuals and homosexuals, the two terms often being conflated.

Neither Atkins nor Klein discusses transgender services at SCS or other gay social service organizations. This study will attempt to explore this history in conversation with LGB histories of developing affirmative social services and psychotherapy models.

### **Intersections of Race, Class and Gender**

Intersections of race, class and gender among the literature are also understudied. It seems that much of the writing builds from gay as defined by white, cisgender, middle class men without explicitly denoting so (Schoenberg et al., 1984). Atkins (2003) and Klein (1991) both address the historical importance of the women's movement as well as lesbian activism within the seventies. However both pay little attention to intersections of race and class.

Klein (1991) briefly addresses this omission, “Although concerns for sexism, racism, and classism are definitely part of the milieu of most gay counseling services, the actual results are often unimpressive. Most centers reported little effort to attract racial minorities and these efforts were largely unsuccessful” (p. 81). What were social services workers theoretical

understandings in regards to race and class? How were LGBTQ people who were outside the margins of sexuality, but also race and/or class served or not served by these grassroots LGBT mental health efforts? What were the identities and positionality of those responding to the need of mental health services for LGBTQ people? This history is critical to help shape and inform the services that are being offered presently. Schoenberg, Goldberg, & Shore (1984) explicitly open their collection by attesting to the lack of understanding and attention to the needs of LG people of color in social work services. This study can be a sight for further exploration and greater understanding.

### **Conclusion**

Klein (1991) kicked off her book with this question, “They have been called dykes, faggots, fence sitters, queers and queens. These are the sexual minorities...the homosexuals, bisexuals, transsexuals, and transvestites. They have been viewed as criminals, sinners and mentally ill. How do they deal with these labels? Who provides an empathetic ear and helping hand?” (p. 12). So I will close with it here. There is much to learn from the efforts, triumphs and mistakes of those who came before. This study aims to build on the preceding literature by beginning to bridge the gaps and explore untold themes that have yet to be discovered.



## **CHAPTER III**

### **Methodology**

This thesis reports on preliminary oral history data collected for a larger national study directed by David S. Byers and Stephen Vider, and used here with their permission for the purposes of this thesis. The findings reported here are based on data I collected as a research assistant for this project, focusing on experiences of clinicians and social service providers in Seattle, Washington, during the period of 1960-1987. This thesis was also written in collaboration with another MSW student and research assistant on this project, José Hernández, who conducted similar field research in Los Angeles, CA and also under the supervision of the principal investigators. The larger study—and each city specific thesis—examines the motivations and strategies of those who built LGBTQ affirmative mental health and social services models and explores the social and political context within which they rose. Oral history allows us to preserve these powerful stories and experiences while also gaining a better understanding of how affirmative services emerged, rejected the status quo of the established mental health systems of the time and affected masses of LGBTQ people.

The Oral History Association defines oral history methodology as “gathering, preserving and interpreting the voices and memories of people, communities, and participants in past events. Oral history is both the oldest type of historical inquiry, predating the written word, and one of the most modern” (OHA, 2015). Oral history’s strength is giving voice to the past and providing a context for the present. Oral history gives us insight into groups that have been historically

excluded, marginalized, and whose stories have been distorted (Armitage, Hart, & Weathermon, 2002). It can offer a voice to politically marginalized populations by looking beyond available texts, often written by those with means and privilege. Oral history provides background information and personal anecdotes that are seldom documented in research, giving life and breath to the research. It supplements the gaps in existing research and offers a window into the ways, oppressed people have resisted, adapted and fought back (Martin, 1995).

There are limitations within oral history research. One limitation of this approach is that key figures may no longer be alive or may be too cognitively impaired to participate, thereby leaving out their stories and experiences. Another limitation is based in basic human error as oral history relies on memories of the individuals, which are not infallible. This methodology also cannot control for reactivity of respondents, nor respondent bias. This also holds true for the researchers. Never the less, oral histories remain an incredibly important method of research allowing for social workers to fill in the gaps of history and gain a better understanding of those who history has been pushed aside (Martin, 1995).

A qualitative methodology was best suited for this type of oral history research project because the experiences of some of the first gay affirmative clinicians and social service workers have not been explicitly articulated elsewhere in the social work, psychology, psychiatry, or historical literatures. An oral history approach allowed us to focus on the voices and insights of the clinicians and social service workers during this period, to integrate their experiences within broader historical contexts. Conducting surveys would not have provided the level of data needed. A survey assumes we know the domains over which we should ask questions and what the response categories should be. The strength of interviewing was that it allowed participants

to explain in detail their experiences in their own words and gave the interviewer the freedom to probe the participant and follow the conversation wherever it might lead.

## Participants

The inclusion criterion for this oral history research project was to have provided any form of affirmative counseling, psychotherapy, or social services to LGBTQ people from 1960 to 1987. Individuals who provided services outside the study’s time frame were excluded. The inclusion criterion included licensed professionals, paraprofessionals, lay counselors, and volunteers. In extending the research to include those without professional training the hope is to include those who did not have access to higher education and/or professional training, therefore opening the criteria to those who have historically been denied access. The geographical selection criteria for this specific project were to interview candidates at various locations nationally. The larger study examines the early development of affirmative models and services at a national urban level, including Boston, New York, Seattle, and Los Angeles. This thesis reports on interviews conducted in Seattle, Washington (see Table 1).

Table 1.

<i>Seattle, Washington Participants</i>				
Name	Gender	Sexual orientation	Ethnic/racial background	Affiliations
Patrick Haggerty	Male	Gay	White	SCS
Bill Etnyre	Male	Gay	White	SCS
Pam Weeks	Female	Lesbian/Queer	White	LRC, Stonewall
Pat Kalafus	Female	Bi/Lesbian/Queer	White	SCS
Sandy Fossage	Female	Lesbian	White	SCS
Ann Manly	Female	Bisexual	White	SCS
Rae Larson	Female	Lesbian	White	SCS, SISTER
Participant A <sup>1</sup>	Female	Straight	White	SCS
Lew Hamburg	Male	Gay	White	SCS
Charna Klein	Female	Lesbian	White	SCS
David Baird	Male	Gay	White	Stonewall

<sup>1</sup> Participant A chose not to have our stories associated with her name and will be referred to as Participant A throughout the study.

The table below shows additional demographic data collected from participants. As a research assistant for this study, I interviewed eleven participants for this portion of the research in Seattle, Washington (see Table 2).

Table 2.

*Socio-demographic Characteristics*

<u>Characteristics</u>	<u>Total (N=11)</u>
<i>Provided affirmative therapy as...</i>	
Social worker	5
Psychologist	0
Psychiatrist	0
Psychoanalyst	0
Clergy	0
Professional Counselor	2
Volunteer/ Lay counselor	6
Other	3
<i>Training</i>	
Formal training	4
On the job	7

**Recruitment**

We used a purposive and theoretical sampling method. In purposive sampling, the researchers decide the purpose of the informants for the project and then go and find such informants; there is no sampling design that determines how many of each type of informants the study needs (Bernard, 2002, p. 189). In theoretical sampling, researchers sample “incidents, slices of life, time periods, or people on the basis of their potential manifestation or representation of important theoretical constructs” (Patton, 1990, p. 238). In our case, we were especially interested in the life experiences of a special population during a particular time period, i.e., those who provided affirmative services to LGBTQ people between 1960 and 1987.

We knew ahead of time what type of informants we needed. We also used key informants, who are people that possess lots of knowledge about their culture and are willing to share that knowledge (Bernard, 2002, p. 196).

We posted flyers at agencies that provide services to LGBTQ populations (see Appendix A). We also used a snowball sampling technique by asking participants who were interested in participating in the study for leads or referrals to other service providers they may know.

A limitation of snowball sampling is that it can lead to a racial, gender, and class homogenous group of participants (Bernard, 2002). We made a concerted effort to recruit from agencies that serve diverse LGBTQ populations. However, we were not able to recruit enough participants who were people of color or who identified as transgender/gender non-conforming to learn about experiences already deeply under-represented in the literature on this topic.

Though this type of research design does not lead to generalizable results, descriptive information gathered will contribute to the body of literature and expand our understanding of the clinician and social service workers' rationale behind providing support to LGBTQ communities. Barriers to recruitment we faced included study participants that were cognitively challenged, and that people we would have liked to interview had died of HIV-related complications and old age. In other cases, we attempted to locate key informants based on referrals or direct outreach, but some were unresponsive and others we could not locate.

## **Materials**

The principle investigators for this study developed a demographic questionnaire (see Appendix B) to collect information on the participants' age, race, gender, and sexuality, level of education, training and any religious affiliations. They also developed guiding questions (see

Appendix C) that served as a conversation starter and guided the interviewer through gathering the essential information. The interviews were audio recorded, transcribed, and then coded.

## **Procedures**

Once a participant was identified, an initial phone assessment followed to assure participants met the inclusion criterion, once confirmed an interview was scheduled. Interviews were conducted in the participant's home and offices; two participants were interviewed over the phone. The interviews arranged according to the participant availability. On the day of the interview, participants first signed a consent form to participate in the study (see Appendix D). After they signed the consent form, they completed the demographic questionnaire. Participants were encouraged to ask questions before, during and after the interview. If there were no further questions following the paperwork, we would begin the interview. We asked questions such as: When did you first become interested in working with LGBT populations? Why was this important to you? How did you decide to provide affirmative services to these populations? We ended the interviews by asking them if there was anything that we didn't ask that they would like to talk about, allowing for the participant to speak to anything that remained after all the structured questions have been explored. At the end of the interview, participants were asked to refer (if applicable) people they knew that provided affirmative services to LGBTQ communities during the time period of the study, 1960-1987. After the interview was completed, audio recordings were transcribed in full and then analyzed for thematic content.

## **Analysis**

While participants are usually named in oral histories to allow others to check the research, social work research also privileges the privacy of research participants. We balanced these competing ethical concerns by giving participants the choice for their identifiable

information to be made confidential or fully disclosed. (DeBlasio, Ganzert, Mould, Paschen, & Sacks, 2009; Shopes, 2007). One interviewee chose to not have her stories connected with her legal name and so this participant is referred to as, “Participant A,” to secure her anonymity. Interviews were fully transcribed and then analyzed for themes and meanings. Interviews were first coded line-by-line and then again marking them incident-by-incident. My first interview with Patrick Haggerty, was transcribed and then coded by both José Hernandez and David Byers to establish inter rater reliability.

### **Interviewer Reflexivity**

As stated above researchers are not free from bias. My positionality, interests and political beliefs are not absent when I interview a participant. Throughout the interviews I identified more closely with some of the participants political leanings and strategies for change. I hope that my interviewing skills allowed for that to remain unnoticed, but as an aspiring psychotherapist, I am aware that although I believe I am being neutral that is not always the case and people pick up on subtle cues, such as changes in your facial expression and body language. Clinical interviewing skills are an asset for social workers conducting oral history interviews (Martin, 1995), and I found this to be true, however there is a difference between a clinical interview and an oral history one and I am still learning.

Interviewing people who had historically built the first LGBTQ affirmative services left me with a sense of awe, it felt wrong to interrupt or challenge their memories. It felt most respectful and appropriate to listen and ask questions when the interviewee had finished. However I also believe that it would have been appropriate to ask more challenging questions and engage with additional meaningful content, especially content which could be considered uncomfortable to talk about. Ordinarily, I approach these topics over time and it felt more

difficult to raise them in such a short period after having just met the participant, however I believe that interviews could have revealed different findings had I approached these challenging questions in all of the interviews.

### **Demographics**

Participants were found using snowball sampling. Research began with one interviewee who was an acquaintance through university and who then connected this researcher with other possible people to interview. I also reached out to various individuals named in *Gay Seattle* (Atkins, 2003) through email. Participants often named other people they knew who they thought would be important to include in this oral history project and then would connect us through email. In total there were 11 participants. All 11 people interviewed identified as white. Four participants identified as male and seven identified as female. All but one participant identified along the LGBTQ spectrum. Three participants stated “none” or “no affiliation” regarding religious affiliation. Other participants wrote, “Native based spirituality,” “Presbyterian,” “Agnostic,” “Protestant Christian” “Jewish,” “Hunter gather,” “Episcopalian,” and one participant named “12 Step Program” as their religious affiliation. All participants with the exception of one consented to have their name associated with their stories. All participants consented to have their interviews recorded. All interviews were transcribed in their entirety.

Demographics in regards to clinical settings are as follows: five people identified as working within an agency setting, five more identified as working in both private practice and an agency setting, while one participant reported working in a private practice setting. In answer to the question, “In what capacity did you provide LGBT affirmative psychotherapy or social services between 1960-1987?” Three participants responded solely with “social worker” while two others included social worker in their answers and two others included “professional



counselor.” Five participants included lay counselor/volunteer affiliated with an organization in their responses. Remaining answers included, “other: administrative director,” “other: human sexuality,” and “other: anthropologist.” The majority of participants held a BA or higher with seven attaining a Masters in Social Work and with one attaining a doctorate degree. Another participant reported homophobia as she had completed all requirements for a doctorate, but was denied her doctorate as the administration would not approve any dissertation proposals she presented. The remaining participants stated “N/A” and the final participant wrote: “Gestalt and bioenergetics” in as their training. All participants practiced in Seattle, WA while two participants also added Tacoma and New York City to their locations.

### **Generalizability and Limitations**

Due to the small sample size, findings from this oral history project are not generalizable. Sample diversity is limited by size and convenience. Every participant interviewed self-identified as White making this sample racially homogenous. I am a white gender queer person, from a working class background, who is a graduate student. It is a strong possibility that the diversity of the sample was limited by utilizing snowball sampling in regards to my positionality. The starting participant was a white, cisgender male, who generously offered to connect me with other participants. The sample of respondents may have been quite different if the starting participant had held a different social, racial and gender identity. I also attempted to start multiple chains for referral, but did not receive replies to a majority of outreach emails. Many of those referenced in Gay Seattle were also white, making outreach stemming from this source limited in terms of racial diversity as well. The time frame of the project was limited and convenience sampling may have sacrificed diversity during outreach for this oral history project. The effort presented here is a starting point for further research.

## **CHAPTER IV**

### **Findings**

The findings presented in this chapter are an effort to gather regional data on the following research questions: How did clinicians and social service workers approach the task of developing LGBTQ affirmative psychotherapy, counseling, and social services without national leadership, or in some cases in spite of it? What were their strategies, motivations, training, and theoretical understandings? How did their approaches vary based on race, class, cultural, religious, and regional factors? This chapter contains the findings from oral history interviews conducted over the phone and in person with people who provided LGBTQ affirmative psychotherapy and social services during the years 1960-1987 in Seattle, Washington. 11 interviews were conducted with 10 participants consenting to associate their stories with their full name. Interviews were transcribed and coded for thematic analysis.

The major findings of this study were 1) LGBT affirmative services were the result of collective, organized volunteer efforts and skill sharing 2) political activism, education and clinical services overlapped to increase LGBT civil rights and destigmatize homosexuality 3) although homosexuality had been removed from the DSM the practice of providing affirmative services was limited to LGBTQ specific efforts led by LGBTQ people. This chapter will present consistent themes within the narratives that emerged from the analysis of raw data from 11 semi-structured oral history interviews.

## **“We were all mentally ill”**

Fighting the stigma of homosexuality as a “sickness” emerged as a theme among the narratives. Participants highlighted the ways in which anti-LGBTQ messages remained the same even after the removal of homosexuality as a diagnosis. Pat Kalafus who began as a volunteer at SCS and later became clinical director, plainly stated,

It's one thing what the party line is, so to speak, but another thing how that trickles down in terms of treatment that people were getting. And it seems to me that it was pretty bad back in those days, in terms of--if you mentioned you were gay, that became the problem. When further asked what the standard treatment for LGBTQ people was she explained the focus was on increasing attraction to the opposite sex. She expanded on that idea including that people could be gay, "as long as they stayed married," "didn't show it, flaunt it, you know." She spoke about women she knew, doctors and in the government who, "just never talked about it" (being lesbian). She went on further, "Like there was not the openness, let me put it that way."

Although the diagnosis had been removed the intervention of moving the person closer to heterosexuality remained. Many people were still struggling with their LGBTQ identity and were unable to be public with that identity. Kalafus served at SCS from the mid-1970s until the early 1980s, when EDH was a diagnosis in the DSM.

She worked alongside Sandy Fossage during that time, another volunteer who later became the director of SCS. Fossage recalled how established mental health systems did not serve LGBTQ people and gave a specific example of a client coming in to the center

At that point in time, the minority population wasn't very well-received by the mental health agencies or the population. She said, “Do I have to tell people I'm gay?” I said,

“No.” She said, “Thank you.” I never saw her again. But there were people struggling from many points of view and dealing with their sexual identity.”

Offering this person approval for her personal choices and process was something that Fossage did not believe would be offered outside of explicit LGBTQ affirmative services.

Charna Klein also did not believe that the established mental health systems were equipped to offer care for LGBTQ people. Klein volunteered at SCS through the seventies and wrote a book about SCS covering that time period entitled, *Counseling Our Own*. Klein like other participants identified that the clinical focus was on homosexuality as a problem to be fixed

Because the established mental health system, in those early days, right off the bat, would define a lesbian or gay person as being abnormal, and they would say, “That is the problem.” But that wasn’t necessarily the problem that the person came in for, their presenting issues. So these services existed in order to support the lesbian/gay community population in our culture, in that subculture, where being lesbian and gay was a normalcy.

Affirmative services were motivated by the homophobia and heteronormativity that was soaking the mainstream mental health systems at that time. Klein like some others interviewed had experience first hand what it was like to be an out homosexual in the established mental health system. Earlier in her life she had encountered, “a very homophobic counselor” who “didn’t know anything.” Participants though very aware of the controversy of removing homosexuality from the DSM, did not make distinctions between services prior to and succeeding the 1973 decision to remove homosexuality from the DSM.

## **Homosexuality as a “sickness”**

The label had changed, but the practices of the established mental health systems had not followed with affirmative services. Fossage worked at SCS in the seventies, first as a volunteer and then later as the director. She was a young woman coming out during the 1960s. She casually recounted how she went to Europe to "get cured" when she was younger, so she could do what she “was supposed to do" which, was get married and have children. She plainly stated about being a lesbian, "You were sick."

Multiple participants spoke about “sickness” and “being sick” in reference to oppression and in conjunction with the DSM and the APA. Lew Hamburg, a lay volunteer who lived in the dilapidated mansion where SCS was first housed spoke to this when asked about how aware he was of the general debates surrounding the awareness of homosexuality as a diagnosis,

Oh, very aware. I mean, that was—um—you know, the big—the Counseling Service, also, we got a lot of newspapers and scholarly journals from all over the place. So yeah, we were—we were very aware of that. Um—that at that time, it was still classified as sickness.

Pam Weeks an early coordinator for the Lesbian Resource Center (LRC) stated unashamedly, “We were all mentally ill.” David Baird who initially volunteered for SCS and then co-founded Stonewall Center an intentional healing community in Seattle laughed as he responded, "One day I was mentally ill, the next day I wasn't." The tenuousness of the initial diagnosis punctuated by his laughter.

Rae Larson who volunteered at SCS shortly after receiving her psychology doctorate and who later founded SISTER a women’s sexuality group specified how psychology framed the matter of homosexuality, "I literally came in through psychology, right? So I read these

descriptions in all my textbooks. And it makes you feel like you--no matter what you do, you're a sick puppy." Again emphasizing homosexuality as a sickness. She also spoke to the complicated tensions that existed within the APA, stating how she felt like she could not be out as a lesbian and be a member of the APA, "because that would have disqualified me to join." Although the APA had dismissed homosexuality as pathology, she did not believe she could be an out member within the APA as a clinician. The messages from the APA a leading establisher of mental health policies was clearly unwelcoming to her as a lesbian. And Larson still perceived mainstream mental health systems as homophobic and unwelcoming.

Ann Manly was interviewed along with Larson. She worked as a volunteer administrator and then later served on the collective leadership team of SCS in the mid-1970s. She emphasized the need for LGBTQ competent social service workers and psychotherapists. "They were just looking for general mental health work. But they needed to find somebody who knew the score." The "they" she is referring to, LGBTQ people, were seeking general counseling services and did not want to educate their counselors concerning basic LGBTQ information. She did not believe that LGBTQ people would receive LGBTQ competent services from mainstream mental health providers during this time.

The practice of providing affirmative services was left to those brave enough to step out of conventional thinking of the time and offer services that were LGBTQ competent, accepting and non-judgmental. Under the table LGBTQ affirmative services led by LGBTQ people and LGBTQ supporters emerged from this dearth of service, misinformation and oppression.

Mainstream mental health agencies and providers still viewed homosexuality as the issue, even if the person seeking services did not name their sexuality as an issue. Mainstream, available mental health services did "not know the score" and seemed in the opinion of the

participants unable to offer LGBTQ competent services. Building their own services would be their strategy. Through volunteering, training, and education they would offer alternative services, which were LGBTQ affirmative, competent and safe. Focus of treatment would shift to a critical view of society and homophobia rather than pathologizing those seeking services.

### **Volunteering**

Providing gay affirmative services included paying special attention to the ways in which LGBTQ people had been marginalized and pathologized by mainstream mental health systems. Services needed to be specific for a population that was discriminated against by society and woefully misrepresented and underrepresented by mainstream mental health systems. In Seattle organized volunteer efforts outside of established mental health care became the answer.

All participants (N=11) interviewed began offering LGBTQ affirmative services as volunteer work. Ten out of eleven identified along the LGBTQ spectrum. One participant identified as a family member of a gay person. All those interviewed had a personal stake in the affirmative services they were helping to collectively create. These underground, volunteer services were responsively designed to counter the prevailing message in mainstream mental health systems that LGBTQ people were “sick.” Services were a collective and organized effort to create safer, non-judgmental, LGBTQ positive spaces where people offering services were informed about LGBTQ issues and valued LGBTQ people. Motivations for volunteer work were rooted in personal experiences of discrimination, isolation, and a driving desire to give back to the LGBTQ community.

### **Motivation**

Personal struggles of isolation and discrimination appeared throughout the narratives of those who identified as LGBTQ. One relational finding was the connection between participants

experiencing oppression as an LGBTQ person and their efforts as volunteers offering affirmative services.

Fossage recalls wanting to be someplace where she could be “authentic” to herself as a recently out lesbian and “face who I was in a positive way.” Coming back from Europe where she had attempted “to get cured” she began volunteering at SCS, “no training, no degree, it was all peer kind of level, but I said, “Sure, I’ll do that.” Fossage went on to attain a MSW degree, joking, “Hm. Maybe it would be a good idea if I got a degree so I could do this professionally,” because very few of us there, in that time, the seventies, had degrees.” She went on to become the director of SCS, advocating for the addition of multiple women’s programs to the center and dramatically increasing the amount of women who utilized SCS’s services. She also worked closely with transgender women and fiercely advocated for the rights of transgender women.

Klein also spoke to how she had experienced isolation and oppression, which led her to be a volunteer at SCS. She described the isolation,

There was no relationship to anybody else or any community, and I felt that I had to basically socialize myself. I had to educate myself, and it was very difficult at that time, because anything about being lesbian or gay either said that we were sick or criminals...And inside, you knew you weren’t sick, you weren’t a criminal, but you’re standing there alone, against the world.

In parallel language she describes the LGBTQ community coming together to offer affirmative services

We had—but we had to, basically, do all this for ourselves, for our agency, for our community. We were developing an alternative society, an alternative culture, where we



could survive with our brothers and sisters, with very little support from the larger society. We had to provide it ourselves.

And then again when the AIDS crisis ascended

Same thing with AIDS. When the AIDS epidemic started, who was it that was helping the AIDS victims? The gays and lesbians. The larger society was homophobic. They weren't helping us. It was a big struggle to get the support that was needed for these people who were sick with AIDS.

The same thread runs through out. Coming out of isolation, breaking shame and depending on one another, "We had to provide for ourselves." And so emerges affirmative services in the absence of services or in opposition to services, which continued to pathologize and shame LGBTQ people. SCS and the LRC were two of the first organizations to emerge, which specifically address the needs of LGBTQ and lesbian women. Kalafus recalled her time as a phone counselor

I took whatever training they had. It was maybe a Saturday or a couple Saturdays, and I started working on phone lines. So you took a shift, I think it was, like, four hours at a time, six to ten or something like that—evening. And I remember working with—you know, a variety of people. Um—I usually—there was this one guy, Kenny, a young gay man. We used to have the best time, you know, he and I would switch off on calls.

There'd be a supervisor—um—but at that time, it was really peer-counseling, that's how it was started. It was about—um—gay, bi, trans people helping other people where they didn't have to feel hassled about their sexual orientation.

The roots of both LRC and SCS were peer counseling. LGBTQ people needed a place where they could go and find resources, acceptance and help without anyone pathologizing their

sexuality. There was a sense of shame often connected with being LGBTQ because of the society's negative views concerning homosexuals.

Larson recognized this and commented on the connection between SCS and LRC, "We were both like pioneer groups, and so our—kind of connection was sympathy with what it's like to be out there organizing and unpopular in a community that is ashamed of itself." As these services emerged training was required for those volunteering.

### **Training & Skill Sharing**

Participants from SCS, LRC and Stonewall all spoke about training as a collective effort of skill sharing with one another and learning as they went along. Participants spoke about how LGBTQ issues were just coming into being and how they were creating models of assessment, intervention and education as they went along. Bill Etnyre an early volunteer and trainer described this process

No formal training for LGBT issues, just came from being involved with SCS. We were going out and training other people. I would say the whole idea of treating gays and lesbians as some unique something-or-other, really, was evolving shortly before I became inv--so, it was all sort of being created at those times, right? All around the country. He joked about how he had interned with the Crisis Clinic as a MSW student, "So I'd gone through their training. So basically, I probably just stole ideas from there!"

Etnyre had begun volunteering at SCS after attending a rap group there. He described how he began in private practice with a few others and eventually began working with one other psychotherapist exclusively. He continued volunteering and eventually was contracted with SCS and along with his work partner began offering "all kinds of workshops on—psychosocial aspect

of AIDS.” He described himself along with the people he had first started out with as the trainers,

You know, my training for that just came from being involved with Seattle Counseling Service, being involved in this practice with Harold and Jack and Cheryl, you know—we were kind of the ones who thought we knew something. We were going out and training other people.

Etnyre offered trainings first for the phone counselors and then for counselors working with people recently diagnosed as HIV positive. Throughout his interview he spoke about reading relevant materials, finding out more information and being a trainer in the community. Other participants mentioned these early trainings and also shared that they had learned as they went along. Participants described learning from other lay counselors, learning from consultation with other volunteer professionals, learning from reading the limited literature that was available, and from being with clients.

Patrick Haggerty excitedly recalled how volunteers at the counseling center trained themselves, “We did train ourselves, we did! A lot of training of ourselves went on at the Seattle Counseling Service. We trained ourselves about this scientific information, we had meetings about it.” He went on,

The people who were being sexologists and scientists and psychologists and social workers. We were at the Seattle Counseling Service studying Kinsey and Masters and Johnson and whatever else was coming out, and we were writing it ourselves. We were writing the truth as we saw it, as we went along. We were defining a new truth about it. A common theme was the creating of new material and doing what had not been done before, like Klein stated, creating an alternative culture, one that did not pathologize LGBTQ people.

Larson echoed this when she said, “I think we designed the training programs for the people that came after us.” Discussing how “we were so new” and so developing the trainings, and doing the work as it came up, as they went along, “You know, literally, to be quite honest, I was untrained. I learned on the job.”

Fossage also learned as she went along. Fossage was one of few participants who discussed directly working with transgender people noted on how she began counseling transgender women

And at one point they asked me if I would see women as clients. Ah—no training, no degree, it was all peer kind of level, but I said, “Sure, I’ll do that.” So I ah—so then one of the staff people came to me, female-to-male, and said, “Would you be willing to work with women who identify as transsexual.” I said, “Sure. What’s transsexual?” So this staff member kind of—um—guided me, mentored me, and I started working with women who were looking to transition during that period of time.

She also stated how just sitting with clients was a learning experience

I learned from the clients with whom I worked at Seattle Counseling, and help—I don’t know quite how to say this—supporting people in their journey of coming out, for example, I learned a lot and was able to be supportive, and—um—so that was an education.

For participants who began as lay volunteers learning from other counselors, professional volunteers and clients was a theme.

Hamburgh, one of the first lay volunteers to work the phone lines spoke about how he was trained, "Learning on the fly from professionals" because "They were always open for my questions and things like that." Hamburgh began as a lay volunteer and slept in the attic to be

able to answer the calls that would come in during the late night hours. “We received over 2,000 calls that first year” emphasizing the need that was abundant in the community and emphasizing how little there was in terms of resources for people seeking affirmative services. Lay volunteer counselors were able to learn as they went along offering services to those in need.

Weeks who was based out of the LRC also discussed lay volunteer work, as well as how things were less formal when she first began offering affirmative services

So—really a different time. Really, really—really more informal, more networking, more, “Who knows what? Who’s willing to learn that, to disseminate the information?” Um—um—you know, and again, you didn’t need any kind of licensing or anything like that to do peer counseling or therapy. Not even therapy. There’s no certification, no registration, ‘cause the state—you know, it just started blooming then, and it took the state a while to catch up with it.

Training emerged as a sharing of ideas from a collective hive that was generating the literature, trainings and supervision that would inform LGBT affirmative care. Education was a large part of training along with witnessing, experiencing and consultation. Education did not stay behind the doors of SCS, LRC and Stonewall. In fact education would be part of affirmative practices and dissolving stigma about LGBTQ people.

### **Education and fighting against stereotypes and stigma**

Speaking engagements were another way clinicians and social service workers fought against stigma. Hamburg an early SCS volunteer spoke about the value and visibility speaking engagements offered

I think they were really valuable, because people got to—[sighs]—you know, thinking about it later, a lot of people had this stereotypical idea of the gay community, and then

seeing us, it was like, I think a lot of people suddenly realized they had been lied to and started questioning.

Speaking engagements were used as a tool not only to educate the public, but also as a way break through stereotypes and negative images that saturated society at that time. Speaking engagements allowed non-LGBTQ people to see and hear LGBTQ people themselves.

These speaking engagements also deeply affected LGBTQ people at the time according to Haggerty, who was a volunteer at SCS

We did a lot of public education. We really did. We organized speaking engagements and we went everywhere speaking. Colleges, universities, anywhere people would hear us, churches, anywhere people would engage us in a speaking engagement, we would go and speak. All of these people I was talking about, anybody who was out would go on a speaking engagement. A lot. So, they were, um, speaking engagements were providing a lot of things to lesbian and gay people at the time, because they were an opportunity for people to come out, for people to get heard. I don't know how many lesbian and gay people we touched at speaking engagements. A lot of them.

Relieving a sense of isolation, public engagements allowed for LGBTQ within the community to meet and see other LGBTQ people. Sharing a connection. Education also occurred within the organizations.

Knowledge of other LGBTQ affirmative social services within in Seattle seemed to be similar across interviews. Weeks of the LRC describes how hungry people were for knowledge We would find people who we knew were working in a certain area, and we would ask them to bring information to us. That's what we would do, yeah. So, you know—just such early days around—I mean, everything. You know, when a book came out, you

would buy the book. Like, you—you—now people reference books I've never heard of, but at the time, I read everything.

Due to marginalization in the mental health system and discrimination in the general society clinical services needed to address multiple fronts to offer effective affirmative care. A culture was emerging from the volunteers, training, outreach and education that all overlapped to form affirmative care. Part of this culture was working for civil rights.

### **Civil Rights and Politics**

The strategies and motivations named were a response to a homophobic and transphobic mental health system. Volunteers and people who used SCS services began integrating counseling services with the need for collective organizing to claim social, political and economic LGBTQ civil rights. During this time LGBTQ people began fighting back against the systems that labeled them “sick” and “criminals.” Organizing and fighting for basic civil rights was a theme among the interviews. Etnyre emphasized the importance of civil rights

You know, in the seventies—early seventies—I would say the most pressing need at the time was just basic civil rights. You know. There wasn't any protection for employment or housing or any of that. I think at that time—their mental health needs were very important—but, you know, that's what I would say was the most pressing need at the time.

Etnyre named both mental health and civil rights as important to the needs of LGBTQ people during this time. Others also echoed his sentiment. Participant A<sup>2</sup> who identified as heterosexual

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<sup>2</sup> “Participant A” is used in place of this participant's legal name as she opted to not have her legal name associated with her stories.

honestly shared that she had not been aware of the stigma LGBTQ faced initially and that she learned through conversations with colleagues.

But you know, I mean just—once I became aware—ah—at that time—I realized—I had, over the course of my adulthood, realized the stigma and discrimination—ah—that were part of the lives of LGBT. I did—I'm not sure I would say I minimized it—I didn't see that it was something to focus on.”

Participant A throughout her interview emphasized her neutrality on LGBTQ issues and shared her framework of it just being a variant of sexuality. That the most pressing need for LGBTQ as she saw it was

To be understood as people who were part of our families, people who were part of our friendship circles, people who were part of our business community, people that we worked with. Ah—people we interacted with on a daily basis.

Participant A worked in private practice and volunteered with SCS to run groups and offer trainings. She also led trainings for other mental health workers during the AIDS crisis. She attended church, where she remained an advocate, saying to her pastor “You know, you need to know more about the gay members of your congregation, or gay lesbians of your congregation.” She also actively organized Parents, Families and Friends of Lesbians and Gays (PFLAG) founding the organization in Washington State and participating for many years. For Participant A being an ally meant actively speaking out for LG people as part of her work. Many of the participants participated in political work and organizing as well and described how clients too were organizing in the face of discrimination.

LGBTQ people were so marginalized that volunteers worked with people individually and in groups addressing the personal aspects of being LGBTQ in a society that rejected any



expression of sexuality outside of heteronormativity and/or any gender expression outside of accepted gender norms for the sex one was assigned at birth. Clinical work such as this and political activism overlapped making it difficult to separate the two as they informed each other and were part of the fabric of affirmative social work care at this time. Those who worked at SCS often spoke to the activism and politics that were integrated into the clinical work. “Politics was in the air.” Hamburg spoke about the start of SCS and the context of 1969 and the early 1970s. Politics were very much part of the fabric of SCS,

People were trying to find out where they fit in to the whole—ah—politics of sexuality. Um—whether they were going to, like, the more conservative Dorian Society or whether they were going to be more like the radical GLF or join the Women’s Resource Center or what. It was just really a time of lots of questioning. And I think the Counseling Service helped a lot of people, very non-judgmentally, just sort of work through that out loud.

Volunteers working the 24-hour hotline were able to utilize non-judgmental listening skills to open up space for previously taboo subjects, too outside of what was acceptable in mainstream society. Klein proudly spoke about the undeniable relationship between activism and counseling

Seattle Counseling Service, which was lesbian/gay movement – you know, part of that community and part of the activism that we were all doing. Lots of activism for gay rights in the city, equal employment, right? There were all kinds of things that we were doing as activists, not just that we worked there as counselors. We were activists.

For Klein it seemed that the activism was equally important as counseling to the composition of SCS. Klein frames activism as an integral piece of the agency. SCS was started as a counseling center, but by the accounts of the majority of interviewees also became a place for organizing for civil rights. Begun in 1969 days before the historical Stone Wall Uprising, SCS, which was

founded as a counseling center quickly incorporated political and community organizing for LGBTQ civil rights.

Haggerty also stressed the ways in which struggle for human rights and social justice was incorporated into the fabric of SCS

The Seattle Counseling Service for Sexual Minorities, at that time, was pretty loose, and it did start as a—a counseling service—but it rapidly took on a political overtone, as soon as the gay movement got a head on. And a lot of—significant—out of the closet political activity was generated, um, out of the Seattle Counseling Service for Sexual Minorities Haggerty animatedly underlined how often the clinical work and the political struggle would inspire the other,

The group therapy frequently melted into the political aspect of it, and back and forth.

But there was a lot of group activity, ah, of a personal, psychological, social, *and* political nature, that was going on at the Counseling Service at the time/ And these groups were, like, formal, and they were scheduled—meetings—where people who wanted to do that activity would show up and do it.

Haggerty was a collective leader in the mid-1970s a time in which King County Board of Mental Health (KCBMH) targeted SCS. KCBMH withdrew funding from SCS at this time limiting leadership to one individual and squashing SCS's collective leadership model.

### **The politics of funding**

Funding for SCS became a bigger issue in the mid-1970s. Haggerty linked the loss of political and collective action to the change in funding and non-profit status

There was leadership evolution, and we got in some collective leadership models there, in the early years, and I was involved in that. Ultimately, the Seattle Counseling Service

assumed the liberal, progressive, 501-C-3, federal tax exempt, private non-profit corporation model of functioning. And as the years went on, Seattle Counseling Service became must more specifically involved in providing psychological and counseling services, specifically.

It is at this juncture that the state becomes more involved with the direction of SCS because they created leverage with desired funding.

Klein also spoke to this tension in her interview. She discussed the significances and losses of being underfunded

Well, you know, most people who are mental health workers, counselors, receive a regular salary. They don't have to live in a house with, you know, half a dozen, ten people, and they have a little room—a little hovel there. And, you know, live in a very, sort of, poverty level in order to survive. And, you know, we could have had, maybe, more professionals that were paid, that had more hours there. We could have had greater educational opportunities.

The tension was thick in her interview as she spoke to both the losses and gains of acquiring county funds.

We were from the people, of the people, and we wanted to be close and provide for our own people, with a certain culture. At the same time, in order to get the funding, we had to interact with the outer culture, which was, you know, homophobic or didn't understand the needs that we had in the community. So it was definitely a balancing act in having to bring that whole thing together, to negotiate that.

Klein concluded with a simple, yet profound statement, which has been a tension for many grassroots organizations, which need to negotiate funding and the challenges that brings forth.

In a direct reference to KCMBH, “We had to become a little more establishment and little less counter-cultural in order to qualify with them.”

Both Klein and Kalafus spoke to this in terms of assessment of clients according to the standards set by KCMBH. Klein related the difference in anthropological terms

The categories—the categories of mental illness that came from the Washington code, the Washington state code, and we had to fill that out. And it was, like, an imposition of categories. Like, as an anthropologist, there’s the emic level, that is how the people see things, how the people classify things. And then there’s the edic level – how the anthropologist, or how, say, the mental health system categorizes those things that they’re dealing with. And those two things aren’t exactly the same.

The measurements of mental health were different. Kalafus relates the difference to homophobia and heteronormativity

So you had to rate the people, you know, the clients—level of functioning. And so— [laughs]—and so there was some discussion about a particular file that was being audited. It was a young man, I want to say, maybe, thirty-ish, maybe a little older—in his thirties—I don’t think late twenties—and he was employed as a waiter in one of the gay bars—um—right on Capitol Hill there. And he was—when he came out as gay, he—his family cut him off, so he was—um—not close by home and didn’t have—um—speaking relationship with, like, his parents or his siblings. And his life—you know, pretty much revolved around his life there on Capitol Hill. And I can’t remember what his clinical problem is. Probably depression. Okay? And so I remember having this conversation about, “Why was he given the score that he had been given? That they were questioning—because in my mind, he was pretty functional. Right? He had employment,

he was comfortable, he didn't have—you know—didn't have to worry, in terms of anxiety-level or paranoia, about being found out. He could be out. You know? But they assessed him—because they saw it as a dead-end job, estrangement from family, no—um—family members supporting him—they put his—ah—number, numerical number, way lower than I would have. And their point to us was, “You're—you're losing money if you have such a high percentage of functional people” – that you could justify a lower level. But we didn't see it that way, you know what I mean? And I think, automatically, I think, just because a person's gay, it took 'em down at least, I don't know, ten, fifteen points.

KCBMH had been funding SCS shortly after it was founded. However, as explained by Larson and early SCS volunteer, KCBMH did not have a complete understanding about what SCS did and offered.

Larson described the founder, Bob Deisher's “brilliance” as a privilege white man who utilized his power to build a board for SCS, which made KCBMH, take notice. The board was so uninformed, she joked, “I'm pretty sure, not all, but many of them probably thought we should be transforming gay people into straight people.” She then went on to describe “the uncomfortable marriage” between SCS and KCBMH and asserted, “We were a pain in their ass from that point on.” And in seriousness, “the very fact of coming here is lethal” in reference to SCS sharing files with KCBMH. Detailed confidentially was stressed by a number of participants. Larson proudly shared

I was a radical, wild-eyed thing then, and I typified that story by putting a gas can and a box of matches by the filing cabinet. And –everybody—I have no idea what we would

have done if anyone pushed us, but that sort of sat there as a reminder of how we felt about our files.

Confidentially was so important because as Larson stated being associated with SCS as a client could mean losing ones family, job, children, and physical safety.

The danger for some of being identified as LGBTQ at that time cannot be underestimated. Confidentially was a major theme throughout the interviews. Kalafus commented that during her time at the center clients were given numbers so that none of the files were actually linked through a person's name. She summed up the tension between the county and SCS well, "I think there was an atmosphere of feeling safe at the agency. You know, we were with our own. And then you had this outside entity coming in, that we got money from, but of course there were some strings attached, right?"

The strings attached to funding, the careful detail to confidentially, education, training, volunteering, fighting for LGBTQ civil rights, fighting against the stigma of being labeled sick were the themes to arise from the data. In the following chapter I will review the findings and make connections with literature presented in the first chapter, discuss limitations and recommendations for future research and present the implications for social work practice.

## **CHAPTER V**

### **Discussion**

The purpose of this oral history project was to collect stories from social workers, peer counselors, psychologists, psychiatrists, and clergy who offered LGBTQ affirmative services during the years 1960-1987 throughout the US. This thesis focuses on those who were practicing in Seattle, Washington. The overarching research question guiding the project is, “How did clinicians and social service workers approach the task of developing LGBT affirmative services without national leadership, or in some cases in spite of it? What were their strategies, motivations, training, and theoretical understandings? How did their approaches vary based on race, class, cultural, religious, and regional factors? Key findings both aligned with and diverged from historical descriptions of this time period. Key findings also addressed certain gaps that were originally identified during the literature review. This chapter will 1) review key findings examining them in relation to the literature presented in the second chapter 2) discuss limitations and recommendations for further research and 3) offer implications for future social work practice.

#### **Key Finding: Comparisons with the Previous Literature**

The semi structured oral history interviews conducted with individuals who practiced LGBTQ affirmative services in Seattle produced rich narratives exploring their motivations, training, and strategies in offering LGBTQ affirmative services. Each participant had their own layered history and stories to share. Together their narratives weave a more developed story of

how LGBTQ affirmative services emerged, their nature, the challenges they faced and the many lives they affected. Thematic analysis of these oral history interviews resulted in findings that were both consistent with previous literature, challenged existing literature and bridged gaps in the available literature.

### **Motivations for Affirmative Services**

**“We were all sick.”** Participants shared their own personal feelings of isolation and shame as well as some of their own efforts to engage in the established mental health system, all of which were negative. Participants also highlighted the established mental health systems perception of LGBTQ people as “sick.” This is in concert with what Atkins (2013) described in *Gay Seattle*, in which he emphasized the moral choosing of psychiatrists and their labeling of anyone outside their sexual norms as “sick.” It also aligns with Klein (1991), who stated established mental health systems in Seattle identified being LGBTQ as the issue, labeling LGBT people as “deviant” and “sick.”

These experiences of discrimination and marginalization were often the antecedent for those interviewed to volunteer at LGBTQ organizations offering affirmative psychotherapy and social services. It was a place where they and other LGBTQ people could be accepted for who they were and be supported in coming out. LGBTQ services not only rejected the attitudes of the established mental health system, but collectively organized and built affirmatives services from the ground up. If the status quo of the mental health profession was homophobia and heteronormativity, then LGBTQ people would offer services outside the established mental health system and break from the status quo. This is very much in line with how Atkins’s (2013) framed the beginning of gay affirmative services in Seattle, “The psychologists and psychiatrists were still officially defining homosexuality as a mental illness, so if the professionals were not



going to change therapy, gay and lesbians figured they must” (p. 158). All participants except one identified along the LGBTQ continuum. A family member who identified as gay motivated the remaining participant. All participants had some personal stake in doing the work and offering LGBTQ affirmative services. It would make sense that during a time of such discrimination that those who would take up the task would be directly affected. Atkins (2013) noted this hazard as well. At the start of SCS in 1969, the APA still listed homosexuality explicitly as a mental illness and so volunteering for SCS meant stepping out of the accepted norms and risking possible discrimination.

Discrimination was another motivation. Bill Etnyre placed lack of basic civil rights as the biggest presenting concern for those seeking services at the Seattle Counseling Center. This is also in alignment with both Atkins (2013) and Klein (1991), who presented affirmative services in conjunction with fighting for basic civil rights. The beginnings of these organizations which centered LGBTQ experience recognized the need for counseling and social services, while also making the connection that the personal struggles of those seeking services were rooted in oppression of LGBTQ people. Therefore affirmative services would not only include counseling, but would grow to include group work, consciousness raising, political actions, and public speaking engagements to educate the public. These clinical services, intertwined with political action and education addressed both the personal mental health needs of LGBTQ people, as well as the political, economic and social rights of LGBTQ people.

Strategies of affirmative services in Seattle were reflected on by participants and offered a lot of insight for clinicians practicing today. Themes of acceptance and unconditional positive regard were woven throughout the narratives. Consultation with those who were trained professional volunteers, as well as training from those with lived experience emerged among the

narratives painting a collective picture of skill sharing and open information sharing, not based in an established hierarchy. Among the narratives a clear strategy that shone through was the collective effort, which built affirmative services. It was not one person, but an entire community of people. The narrative of a “founding father,” which places emphasis on one person, rather than the shared group efforts that formed affirmative services, sometimes overshadows these collective efforts. Emphasis is shifted from Bob Deisher being the founder of SCS and placed on those who were offering services in the agency, working collectively to offer LGBTQ affirmative services.

Participants painted a picture of welcoming, casual and accepting spaces, focusing not only on the services they offered, but the way a space felt to the LGBTQ people who would be entering it for services. They worked together to create spaces that were physically welcoming, casual and relaxed. The literature often describes the physical space of SCS as run down (Atkins, 2013; Klein, 1991). Participants remark on this as well, but participants also remark about how the space felt inviting and welcoming, that there were spaces to gather and talk and places to meet. While the comfortable relaxed atmosphere of SCS may have been due to lack of funds, it seemed to create a space which felt more casual, less professional and perhaps less intimidating to those who had a history of being marginalized in professional spaces. Though funding was always a concern, tensions seemed heighten as services became more entwined with political action.

As SCS became more political the county threatened to cut funding. Eventually it did. Both Atkins (2013) and Klein (1991) framed the funding struggle as political, emphasizing the ways in which the counseling services changed in order to retain funding. The radical organizing and clinical work that SCS was promoting shifted to be more aligned with what the county

required, so that funding could be retained (Atkins, 2013). Participants framed the county as an outsider enforcing standards of heteronormativity. Did SCS have to move away from their political visions in order to remain funded?

Haggerty whose language is rather resigned states, “Ultimately, the Seattle Counseling Service assumed the liberal, progressive, 501-C-3, federal tax exempt, private non-profit corporation model of functioning” for Haggerty it seems like SCS did the inevitable. And SCS is not alone, this is a topic explored in the INCITE Anthology *The Revolution will not be Funded*. Radically based social services, which address political, economic and social oppression are often coopted by the state. The need for funds to keep operations running gives states the leverage they need to offer funding with strings attached, squashing political dissent (INCITE! Women of Color Against Violence, 2007). The seeds are here in some participant’s interviews; speaking about the changes that were required by the states in order to retain funding. Klein (1991) describes this period from 1977 to 1986 as, “increasing institutionalization associated with the demands of the King County Board of Mental Health and the State of Washington for complete compliance with new regulations, and an apolitical, mental health model” (p. 95-96). It seems the answer from participants and the literature is yes.

LGBTQ affirmative services began as a critical resistance to the status quo, incorporating many empowering, radical ideas of self-determination. A study which explores the ways in which clinical services and political efforts of once grassroots responses to oppression have been affected by state funding regulations, could offer insight into ways that current clinical social work could connect more with political struggles, which have the potential to improve client’s social, political and economic context.

## **Limitations and Recommendations for Further Research**

This thesis is part of a larger oral history project organized by David S. Byers and Stephen Vider with one other student researcher from Smith School for Social Work. This section will discuss the limitations of this specific geographical study, which was conducted in Seattle, Washington.

**Sample.** The sample of participants was small in size (N=11) and therefore findings are not generalizable. All participants identified as white and so the findings were also racially homogenous. Future research would benefit from a more diverse sample representing more identities within the LGBTQ population. Many of the participants (n=9) practiced affirmative services primarily at Seattle Counseling Services (SCS) with one participant offering services at Lesbian Resource Center (LRC) and one other at Stonewall Services. This sample also represented a majority of people who had obtained higher education degrees (n=9). Snowball sampling was utilized, as was direct outreach. Efforts were made to reach out beyond the initial snowball chain, but unfortunately did not yield a response. This study although incomplete, offers a solid contribution to social work knowledge.

Another limitation was human error. Those who were interviewed were speaking of events and practices, which occurred 28-55 years ago. A challenge of retrospective interviewing can be people's memory recall. An additional challenge can be parsing out the timeline, as people tend to jump from one time period to another without transition or warning. People's narratives were incredibly layered and full, each presenting their own complicated life history, imbued with rich emotion and personality. The importance of these stories as told by those who

lived them eclipses the challenges presented, however they are points to acknowledge and make suggestions for improvement in the future.

A recommendation for future study could be a descriptive timeline in which the participant walks through with the interviewer describing important events, memories and stories and placing them on the timeline as best they remember. The timeline would serve as a visual for both interviewer and participant, a container and a tool to aid memory recall. The timeline would produce additional data to analyze for emerging themes and would aid in understanding where people's memories lie in relation to the time frame. This could also be another tool for creating meaning for participants as they lay out their memories in a way they perhaps have not before, making meaning of the events of their lives.

Though reviewed in the methodology section previously its importance bears repeating. There are those who have died because of AIDS related complications, poverty, suicide, addiction, or other circumstances who stories could not be told. Patrick Haggerty abundantly offered the names of those who were no longer with us, deeply concerned that their fight, their services and their brilliance be told. He eloquently stated, "They're all gone because they had hard lives and they went early."

Language is ever evolving, especially within the LGBTQ community. LGBTQ is used throughout this thesis as a way to be inclusive of the many identities along the gender and sexuality spectrum that represent much of the community. However LGBTQ as an acronym was not in widespread use until the 1990s, a few years after the time period for this study ends. Use of LGBTQ as a descriptor of the community was used both by multiple participants and myself throughout the interviews. LGBTQ was used as an inclusive and convenient way to describe the population served by affirmative services in three of the structured interview questions. However

it is important to be careful as a researcher when using contemporary terms to describe the past. In retrospect I believe my interviews could have been more descriptive had follow up questions about different groups comprising the LGBTQ community been explored. For example, “Was that true of all people who were seeking services?” Placing more of a concentrated effort on who exactly was affected as LGBTQ is not a monolith and represents many different people, across many different spectrums of gender, sexuality, race, education, class background and many more defining factors.

### **Implications for Future Social Work Practice**

One important implication from this study is the need for social workers to be critical thinkers and continue to question the status quo. People questioning and thinking outside of the system was emphasized and highlighted throughout the findings as what paved the path for LGBTQ affirmative services to emerge. All who participated in this study were working outside of mainstream mental health systems. Homophobia, transphobia and heteronormativity were deeply entrenched attitudes within practices of mainstream mental health systems and social services. LGBTQ people seeking services inside the system were invalidated, pathologized and ignored. Participants of this study operated outside the accepted norms of established mental health systems at the time, challenging the status quo and building their own knowledge, trainings, public education, frameworks and strategies. This defiant history is incredibly important for current social workers and future social workers as an example of the crucial lesson of questioning what is presented as truth.

Learning the history of social work is fundamental so that we do not repeat the same mistakes and so that we as social workers can continue the brave and brilliant work of those before us. One question I have following this research is how aware are social workers of the

history of affirmative services? How could this history be used as a learning tool to promote critical thinking skills in social work training? These powerful oral histories could inform clinicians about the history of these harmful policies, practices and widespread beliefs in established mental health systems. Are there legacies left on the LGBTQ community when seeking social services and psychotherapy? These stories and memories could help current social workers better recognize homophobia, transphobia and heteronormativity functioning in social work services today and to speak out and organize alternative strategies. Another world is possible and these oral histories are a window into that truth.

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# ORAL HISTORY PROJECT

## LGBT Affirmative Psychotherapy and Social Services, 1960-1987

We are conducting interviews with individuals who provided any form of affirmative counseling, psychotherapy, or social services to LGBT people between 1960 and 1987. This includes social workers, psychiatrists, psychologists, clergy, and peer/lay counselors.

If you would like to share your stories, please contact co-researchers David Byers, MSW, LICSW, PhD Candidate, and Stephen Vider, PhD, at [LGBTcounseling.oralhistory@gmail.com](mailto:LGBTcounseling.oralhistory@gmail.com) to schedule an interview. Interviews may be conducted in person, over the phone, or by Skype.



## Appendix B

### Demographic Interview Protocol

This questionnaire is to be completed independently by participants. This information is useful in order provide an overall description of participants in this study. You may choose not to answer any questions by leaving them blank.

1. In what capacity did you provide LGBT affirmative psychotherapy or social services between 1960-1987?

(check as many as apply)

- Social worker
- Psychologist
- Psychiatrist
- Psychoanalyst
- Clergy
- Professional counselor
- Lay counselor/ volunteer affiliated with an organization
- Other \_\_\_\_\_

2. Where did you train in your field (if relevant)

\_\_\_\_\_

3. What is your gender?

\_\_\_\_\_

4. What is your sexual orientation?

\_\_\_\_\_

5. What is your ethnic/ racial background? (Please check all that apply)

- Native American, American Indian, Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino, A person of Cuban, Mexican, Puerto Rican, Central or South American descent

- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

6. What is your religious affiliation, if any?

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7. In what setting(s) did you practice during this period?

- Private practice
  - Agency
  - Hospital
  - Other \_\_\_\_\_
- 

8. In which cities /towns / states did you practice during this period?

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## **Appendix C**

### **Guiding Questions**

- 1) Where and when did you first get started as a psychotherapist? When did you start working with LGBT people in particular? What led you to that work?
- 2) How would you describe the people you saw? What were their reasons for seeking psychotherapy or social services?
- 3) How would you describe your training? What models of psychotherapy or social services did you draw on?
- 4) Were you aware of other people or organizations conducting LGBT affirmative psychotherapy and social services?
- 5) What did you understand as the most pressing needs of LGBT people at the time?
- 6) What other organizations were you involved in, locally or nationally?
- 7) Were you involved in other forms of social services or social activism?
- 8) How would you have described your own social background or social identity at the time?
- 9) Are there any clients or experiences from that time that stick out in your memory?
- 10) How aware were you about larger debates about the classification of homosexuality or gender variance as forms of mental illness?

## Appendix D

### Consent Form



#### **Consent to Participate in a Research Study Smith College School for Social Work • Northampton, MA**

.....

#### **Title of Study:**

LGBT Affirmative Psychotherapy and Social Services, 1960-1987, Oral History Project

#### **Investigator(s):**

David S. Byers, MSW, LICSW, Ph.D. Candidate, Smith College School for Social Work, 617-851-5543; Stephen Vider, Ph.D., 516-314-5422

.....

#### **Introduction**

- You are being asked to be in an oral history research study to explore the history of LGBT affirmative psychotherapy, counseling, and social services.
- You were selected as a possible participant because you have identified yourself as having provided LGBT affirmative psychotherapy, counseling, or social service work, between the years 1960 and 1987.
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

#### **Purpose of Study**

- The purpose of the study is to learn from clinicians and social service workers about their experiences providing LGBT affirmative services to clients between 1960-1987.
- This study is being conducted in affiliation with Smith College School for Social Work, where David S. Byers, MSW, LICSW, is a Ph.D. candidate and lecturer and research advisor in the MSW program. Research assistants may use data collection experience and findings toward partial completion of their MSW thesis requirement.
- Ultimately, this research may be published or presented at professional conferences.

#### **Description of the Study Procedures**

- If you agree to be in this study, you will be asked to do the following things:



1. Participate in one 60-90-minute individual interview held at a location convenient to you, or by phone or Skype. After reviewing the consent forms with the researcher or research assistant, but before beginning the interview, you will be asked to complete a brief questionnaire to collect demographic information. You may skip any questions you do not feel comfortable answering. The interview will focus on your experiences providing psychotherapy, counseling, or social service work to LGBT clients any time between 1960-1987. With your permission, the interview will be audio recorded so that it can later be transcribed and analyzed. The demographics form and interview transcript will be assigned a number code. If you indicate below that you prefer your participation to remain confidential and anonymous, your name and any identifying information will not be included with the transcript. You have the option to not have the interview recorded, in which case your thoughts and ideas can still be very valuable to the study in a more general way.

**Risks/Discomforts of Being in this Study** [choose one of the following]

- There are no anticipated risks associated with participation in this study. With the current study, we are not aiming to learn about stories that cause distress or embarrassment to recount. You will be welcome to stop discussing a painful memory or experience at any time during the study.

**Benefits of Being in the Study**

- The benefits to participants include the opportunity to reflect on their own experiences developing affirmative approaches to working with LGBT clients. The experience may help individual participants to better understand their own perspectives and actions, and to develop an understanding of their efforts within the historical context.
- There are also potential benefits for the fields of social work, psychology, psychiatry, counseling, pastoral care, and related fields. Very little is known presently about efforts by clinicians and social service workers to develop affirmative services and approaches for LGBT clients. Your memories and stories are vital for understanding the role of clinical practice and social services for addressing needs of marginalized and oppressed people.

**Confidentiality**

- You have the option to participate either confidentially or using your name. If you would like your participation to be kept confidential, only the researcher, David Byers, MSW, LICSW, co-researcher, and research assistant working with you directly will know your name. A questionnaire for demographic information and transcripts of interviews will be assigned a code number for purposes of sorting responses. Your name will not be included on the demographic questionnaire or any interview transcripts if you decide to participate confidentially. *In addition*, if you choose

confidentiality, the records of this study will be kept strictly confidential. If you agree that the researcher can audio record interviews, recordings will be kept as audio files on a password protected computer or a USB Flash Drive, and stored in a secure and locked location. The audio files will be accessible to the researcher, co-researcher, research assistants, and an outside transcriber, and may be used by the researcher for educational purposes.

- All research materials including recordings, transcriptions, analyses and consent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed unless you decide for the audio recording and uncoded transcript to be donated to an archive, the Human Sexuality Collection at Cornell University, to be accessible either immediately upon donation or after 50 years. All electronically stored data will be password protected during the period records are stored by the researcher. We will not include any information in any report we may publish that would make it possible to identify you, unless you decide to be a named participant.

#### **Payments/gift**

- There are no payments or gifts associated with participating in this study.

#### **Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, the research team will not use any of your information collected for this study. You must notify David Byers, MSW, LICSW of your decision to withdraw by email or phone by March 1, 2016. After that date, your information will be part of thesis projects conducted by research assistants, however every effort will be made to remove information you provided from the broader project unless already included in papers for conference presentations or publications.

#### **Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, David Byers, MSW, LICSW at DByers@Smith.edu or by telephone at [REDACTED]. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.



**Consent**

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

.....

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

.....

**Named participation or confidentiality:**

**1. I would like to participate in this study using my name. My memories, stories, and ideas will be attributed to me by name whenever possible.**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

**2. I would like to participate confidentially. My name cannot be used publicly in association with this study, and any information I contribute should be de-identified.**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Audio recording of interviews:**

**1. I agree to be audio taped for this interview:**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

**2. I agree to be interviewed, but I do not want the interview to be taped:**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Destroying or archiving audio recordings and transcripts following three years of secure holding by researcher:**

**1. After three years, I would like the audio recording and transcript of the interview to be donated to the Human Sexuality Collection at Cornell University, to be accessible to the public after the following amount of time:**

\_\_\_\_\_ **Immediately after donation to archive.**

\_\_\_\_\_ **held secure by the archive (not accessible to the public) for 50 years.**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

**2. I would like the audio recording and transcript destroyed along with all other documents related to my participation in this study once no longer needed by the researcher.**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

