
FROM THE CLOSET TO A PLACE AT THE TABLE: PAST, PRESENT, AND FUTURE ASSESSMENTS OF SOCIAL SCIENCE RESEARCH ON BLACK LESBIAN, GAY, BISEXUAL, AND TRANSGENDER POPULATIONS

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Introduction

Research on lesbian and gay populations within African American communities has, not surprisingly, focused on many of the same issues that have confronted the sometimes opposed and sometimes intertwined social movements for Black and gay liberation. This literature review examines these issues following the same general historical trajectory within which they arose. Thus it begins with the question of homophobia, examining how early work in the field adopted a homophobic stance in viewing homosexuality as a mental illness or European American strategy for destroying the Black race, while more recent work has looked at homophobia itself as the real illness and destructive strategy. Most of this early work, and its legacy today, focused on Black gay men. Beginning in the 1970s, however, the rise of the second wave of the feminist movement meant that lesbianism became an important issue in research on Black sexuality. With gender added to the matrix of race and sexuality, research began to focus on the effects of double and triple minority status on the mental health outcomes of Black gays and lesbians. In the 1980s HIV/AIDS became a dominant area of concern in research on this population. Only recently have researchers taken a healthy Black gay and lesbian identity as a given in studies comparing homosexual and heterosexual populations.

Given the research that has been and is being done, where should social science research on African American LGBT populations next delve? Some time will be spent exploring this question.

Homophobia

Until 1973, homosexuality was considered a mental illness by the American Psychiatric Association (APA). This blatant homophobia was given a special twist in research on gay and lesbian Black Americans. Such research tended to adopt the Black Power or Afrocentric line that homosexuality was a practice unknown in Africa which had been thrust upon the peoples of the African Diaspora through contact with Europeans. Thus in an article first published in 1974, entitled “The Politics Behind Black Male Passivity, Effeminization, Bisexuality, and Homosexuality,” Frances Cress Welsing (1990) argued that homosexuality was a “strategy for destroying Black people” (p. 91). The history of the argument that homosexuality is a cancer spread in the Black community by Western capitalist influences is discussed by Potgieter (1997). More recently researchers have seen homophobia as the real cancer — a view supported by the APA’s later declaration that homophobia, not homosexuality, is the truly abnormal condition — though the earlier view has certainly not disappeared.

In fact, even after homosexuals emerged, like Blacks a generation earlier, as an official “minority” (Barron, 1975), research has shown that Black Americans possess disproportionately negative attitudes toward homosexuals (Lorde, 1978; Staples, 1981). Several potential sources have been named as the cause for homophobia in the larger Black community. The most often cited cause is the Black church (Bonilla & Porter, 1990); however, other research has shown no such relationship (Seltzer, 1992). Black cultural nationalism of the 1960s (Harper, 1991) runs a close second in the “blame game.” Another popularly-cited source for homophobia in Black America has been heterosexual Black women (Ernst, Francis, Nevels, & Lemeh, 1991), based on the theory that heterosexual women see homosexuality as exacerbating the Black male shortage. Unfortunately, education doesn’t stem the tide — even educated populations within Black America tend to be more homophobic than their White counterparts (Chng & Moore, 1991).

Because of the homophobia within the Black American community, Black youth engaging in homosexual behavior perceive that their friends and neighbors are unsupportive (Siegel & Epstein, 1996; Stokes, Vanable, & McKirnan, 1996), and so they are often reluctant to disclose their sexuality (Cochran & Mays, 1988b; Mays, 1989). Similar results were found when examining older Black American gay populations (Adams & Kimmel, 1997).

Homophobia’s impact is far reaching in the African American community. It has been linked with the mishandling of sexual abuse cases by professionals working with racial and sexual minorities (Fontes, 1995) and with the transmission of HIV/AIDS (Stokes & Peterson, 1998). Though the bulk of research on Black families focuses on biological/extended and non-biological/fictive kinship members (Chatters,

Taylor, & Jayakody, 1993; Taylor, Chatters, Tucker, & Lewis, 1990), little has focused specifically on openly homosexually-identified family members. Mays, Chatters, Cochran, and Mackness (1998) put it this way:

Negative beliefs and misconceptions about homosexuality, including the myth that gay men and lesbians are pedophiles, and conservative religious belief condemning homosexuality will interfere with the acceptance of gay/lesbian identified family members (p. 82).

Lesbianism

Some of the earliest research concerning Black lesbians came from Black feminists in the 1970s (for examples, see Lorde, 1978; Smith, 1979). These early writers and researchers acknowledged the paralyzing effect homophobia had on lesbians in the Black community (Lorde, 1978). Though historically some researchers saw lesbianism as a choice in response to the shortage of males (Staples, 1978), current research recognizes the limits of such a “choice” perspective.

Research specific to Black lesbians has evolved to include not only multiple manifestations of same-sex attraction among Black women but also the way in which this population interacts with the larger population. Wekker (1994), for example, purports that Black mati-ism – the Sranan Tongo word for women who have sex with women – provides an Afrocentric and working class alternative to notions of Black lesbianism, which is seen to be more middle class and Eurocentric in nature. Eversley’s (1981) research analyzed the events surrounding a state employee in California who came out, got fired, and with the help of the American Civil Liberties Union, unsuccessfully attempted to get reinstated. This case, and many before it, brought to light Black lesbian experiences of multiple forms of structural/institutional domination and exploitation on the basis of race, gender, class, and sexual orientation. The term “double minority” came to signify the dual effect of discrimination based on race and sexual orientation (Jones & Hill, 1996; Manalansan, 1996), while “triple jeopardy” signified when gender entered the equation (Greene & Boyd-Franklin, 1996). Of course the layers of jeopardy simply increase when other variables like disability and age enter the matrix (Kimmel & Sang, 1995).

The experiences of lesbians of color have been chronicled in various workplaces, as well as health care settings (Cochran & Mays, 1988a; Stevens, 1998). Further, researchers have examined the negative impact of perceived discrimination on the intimate relationships of Black lesbians (Mays, Cochran, & Rhue, 1993). Researchers have begun to examine the psychological toll of this particular matrix of domination (Collins, 1990) and its many implications (Baca Zinn & Dill, 1994) for Black lesbians (for a discussion, see Greene & Boyd-Franklin, 1996). Some of these studies include an examination of the relationships between sexual identity and risk behaviors as

well as the role of racism, sexism, and heterosexism in the development of Black American lesbians' and bisexual women's sexual identity (Greene, 2000; Saewyc et al., 1999). Recently, they have also begun to look at some of the positive counter effects of such discrimination, such as the benefits of Black American lesbians developing "community" with lesbians of other racial and class backgrounds (Hall & Rose, 1996).

Mental Health Outcomes

Homophobia, double and triple minority status, and fear of disclosure have led many researchers to explore the impact of homosexuality on mental health outcomes. Not surprisingly, the preponderance of evidence found Black homosexuals had higher levels of negative mental health outcomes than their Caucasian counterparts (Siegel & Epstein, 1996). A major source of anxiety for non-heterosexual Black Americans is fear of disclosure. In a small sample of African American and White gay men, Ostrow, Whitaker, Frasier, and Cohen (1991) found that their Black respondents were less likely to be open about their sexuality and had less affirmative social support than their White counterparts. Stokes, McKirnan, Doll, and Burzette (1996) used a much larger sample of behaviorally bisexual men and found that Blacks were much less likely to disclose their sexual orientation to their female partners than were Whites. Despite their reticence, when Black men do disclose their gay or bisexual orientation it is usually to women first (Mays et al., 1998). Mays and her colleagues went on to find that two major predictors of disclosure for Black men were current age and age at initial engagement in homosexual behavior, with older and more experienced men being more willing to disclose their sexuality.

Despite the stress surrounding disclosure, some researchers have found openly gay Black men who have handled their sexual orientation rather well. Edwards (1996) administered a questionnaire to a sample of Black adolescent homosexual males. The instrument focused on four areas of social psychological functioning: self-identity, family relation, school/work relations, and social adjustment. He found that even in the presence of homophobia and racism, his subjects possessed positive social psychological attitudes and survival skills. Peterson, Folkman, and Bakeman (1996) studied a large sample of Black American gay, bisexual, and heterosexual men. The relationship between depressive mood scores, social psychological stressors, psychosocial resources, and coping strategies were quantitatively and qualitatively examined. They found no significant difference in depressive mood scores across the three groups.

Even given the successes, however, the bulk of research has shown that Black homosexuals have difficulty with issues of sexual orientation (Cochran & Mays, 1994). For example, Richardson, Myers, Bing, and Satz (1997) studied 311 non-HIV/AIDS-infected African American men and found gay/bisexual orientation to

be a primary predictor of anxiety disorder. In their study of 136 gay and bisexual teenaged male youths, Rosario, Rotheram-Borus, and Reid (1996) found that gay-related stressful life events were related to emotional distress.

HIV/AIDS

Without question, the AIDS epidemic in the United States has been instrumental in forcing society in general, and the Black American community specifically, to address issues of sexuality (Cohen, 1999). Gay black men, in particular, have been hard hit by the epidemic. Therefore, much of the research focused on this population from the 1980s to the present has focused on the causes and effects of HIV/AIDS.

Clearly, Black gay men have a significantly higher rate of infection than both their straight and their White counterparts (Koblin, Taylor, Avrett, & Stevens, 1996; Sullivan, Chu, Fleming, & Ward, 1997; Williams, Elwood, Weatherby, & Bowen, 1996). The problem is so overwhelming for this population that many researchers have chosen to focus their efforts on specific regions. Not surprisingly, the two most popular are New York (Koblin, et al., 1996; Quimby & Friedman, 1989) and San Francisco (Peterson, Coates, Catania, & Hauck, 1996). However, other regions with significant at-risk populations – e.g., Houston, Texas, Alabama – have also been the subject of focused research (Williams, et al., 1996; Lichtenstein, 2000). More recently researchers have decided to compare the “more popular” cities – New York and San Francisco – with less studied ones, like Pittsburgh (Sullivan, et al., 1997). Regardless of the region or number of cases in a sample, researchers tend to conclude that there is a strong need in the Black community for culturally sensitive programs which stress preventing risky behaviors (Peterson, Coates, Catania, & Hauck, 1996; Rotheram-Borus et al., 1994; Myrick, 1999). This need for cultural specificity is further highlighted in Mays and her colleagues’ (1992) work, which located a unique sexual vernacular among gay Black males that is often not addressed by mainstream AIDS organizations. In addition to cultural perspectives, researchers have argued that HIV/AIDS prevention programs need to also consider economic and social factors (Icard, Schilling, & El-Bassel, 1992). Peterson (1997) does a thorough job of examining the literature in this area to probe individual, interpersonal, and contextual factors associated with high-risk behaviors among homosexually active Black American men. Cohen’s (1999) work is arguably one of the most comprehensive efforts to address the Black American community’s response to HIV/AIDS:

What began as a comparison of the political responses to AIDS by a visibly active lesbian and gay community and a seemingly more distant and less confrontational African American community is now focused much more exclusively on a detailed exploration of the way in which African American communities understood

and responded politically to [the AIDS] social and health crisis (1999, p.22).

Still others note the reluctance of Black churches to engage in HIV/AIDS activism, and argue that socially conservative religious institutions have manufactured a homophobia and an AIDS panic within the community that has fragmented Black American politics (Blaxton, 1998; Fullilove, 1999).

For various reasons – including the lack of culturally specific programs for Black gays and lesbians – prevention efforts have been much less effective for people of color than for other sectors of the population. Statistics from 1996 show that while the rate of infection among gay White men had begun to decline, it was rising among heterosexual and minority populations (Deaths drop sharply, 1997). Social researchers found similar results. For example, in a three year longitudinal study, Brunswick and Flory (1998) examined heterosexual risk factors for HIV/AIDS and found that the infection rate resembles the global trend (i.e., increasing rates for heterosexuals, particularly people of color) as opposed to the initial rates in the United States, which were highest among gay White males. As one begins to ponder the effect of this epidemic on the future of the Black community, it is particularly disheartening to note that Black adolescents have a higher rate of infection than their White counterparts (Bowler, Sheon, & D'Angelo, 1992). Of the 42,156 AIDS cases reported to the Centers for Disease Control (CDC) and prevention in 2000, Black Americans accounted for 47% of the total, even though they made up only 12% of the total US population. Oddly enough, this racial gap exists even among drug users – Black American intravenous drug users are more likely to get AIDS than are White intravenous drug users (Friedman, Quimby, Sufian, Abdul-Quader, & Des-Jarlais, 1988). These results led Friedman and his colleagues to conclude that cultural factors clearly impact the transmission of HIV/AIDS.

Comparisons between Homosexual and Heterosexual Populations

In spite of the domination of HIV/AIDS in research on gays and lesbians in the Black American community, researchers have used both qualitative (Dubeau, 1997) and quantitative (Mays & Jackson, 1991) methods to gain larger insight into the similarities between the experiences of this population and the larger Black community (Petty, Fleming, & White, 1999). Price-Spratley (1996), for example, examines the lives of Audre Lorde, Marlon Riggs, and W.E.B. DuBois to demonstrate issues of negotiating legacies. Researchers have found that, like the larger Black population, Black lesbians and gays are more likely to be distrustful of health care providers (Cochran & Mays, 1988a; Siegel & Raveis, 1997) and are suspicious of social workers (Icard, 1985; Icard & Traunstein, 1987). Reitman, St. Lawrence, and Jefferson's (1996) work suggests that theoretical models used to describe adolescent male homosexual behavior may be generalizable to the larger adolescent Black

community. In examining the experiences of older Black gay men, research has shown not only diversity within that population, but similarities between them and older Black heterosexual men (Adams & Kimmel, 1997).

Beyond the similarities, however, research has discovered some clear differences in life course experiences. Though extremely underutilized in academic work, there is a rich body of work in which Black lesbian and gay activists and cultural workers have explored unique interactions of race, class, gender, and sexual orientation (Baldwin, 1956; Beam, 1986; Boykin, 1996; Hemphill, 1991; Lorde, 1982; Smith, 1983; also see Marlon Riggs's film *Tongues Untied*). Recently, more traditional researchers have entered in the discussion. Peplau, Cochran and Mays's (1997) work, for example, highlighted unique dimensions to the intimate relationships of homosexual Black Americans and thus contributed significantly to our knowledge in this area. Peplau and her colleagues (1997) went on to show that homosexual Blacks were more likely to engage in interracial dating than were their heterosexual counterparts, and that these Black lesbians and gays were highly satisfied in their relationships – regardless of the race of the other partner. Crow, Fok, and Hartman (1998) conducted an interesting controlled study with over 500 participants. They examined hiring bias against women, Blacks, and homosexuals. They found that Black male homosexuals were most likely to be discriminated against. To study sexual abuse patterns, Doll and colleagues (1992) conducted interviews with over 1,000 adults in Chicago, Denver, and San Francisco; higher rates of abuse were found in Black gay populations. In her study of suicide in the Black community, Gibbs (1997) found homosexuality to be a significant predictor, and Icard and Traunstein (1987) discovered unique sociopsychological factors specific to Black alcoholic gay men. As a result of research findings similar to these, mental health workers are beginning to develop models specific to minority lesbian and gay populations (Greene, 1997).

Specific to comparing populations one of the most comprehensive research projects ever conducted on Black LGBT populations that also compared the findings to the larger Black population is the Black Pride Survey (BPS2000). Over 2,600 African American LGBTs across the country were sampled during the summer of 2000. The self-administered survey consisted of various questions focusing on basic demographic information, experiences with discrimination, policy priorities, and political behavior, as well as the attitudes of Black LGBT individuals towards both gay and straight organizations that are either predominantly Black or predominantly White. As this study is not a probability sample of African American LGBTs, its results are not generalizable to that entire population. However, given its sample size (over 2,600), the number of locations it samples (nine locations in eight metropolitan areas), and the scope of experiences it measures, this study provides impressive insight into the Black American LGBT population. Further, where appropriate, all results were compared to statistics, from a variety of sources, on the

larger Black community. Methodology and results from the Black Pride Survey have been discussed elsewhere (Battle, et al. 2002).

Next Steps for Social Science Research

As shown above, research on lesbian and gay populations within the Black American community has covered a great deal of ground over the last quarter century. While early work on homophobia was based on the assumption that the fear of Black gays and lesbians was justified because homosexuality was either a disease or a strategy of European domination, the latest research starts with the recognition that gays and lesbians are a significant part of the Black community; the Black Pride Survey is an example. Though such research has, for the most part, clearly moved from intolerance to tolerance, it has tended to stop short of acceptance. There is clearly room for further research which is not focused so much on the ways in which the problems of the past continue to haunt Black gays and lesbians — from oppression and its negative effects to HIV/AIDS — but on their hopes and dreams for the future that are unfolding in the present. Using the themes from the Black Pride Survey, we suggest new areas of research on gay and lesbian populations in the Black American community.

Family Structure

Little is known about the family structures and parenting behaviors of Black LGBT people. Documenting the existence of gay, lesbian, bisexual, and transgender parents is important. While Bennett and Battle (2001) argue textbooks focusing on the Black family largely ignore the topic of Black LGBT family members, that is also true of textbooks focusing on families in general. Often times, family and homosexual are seen as being mutually exclusive categories. To the contrary, LGBT people have siblings, care for elderly parents, and through parenting and by developing mutually beneficial romantic relationships, they develop families of their own. In short, it is important that LGBT families are represented in research and by the researchers.

As a matter of fact, there is evidence to suggest that lesbian and bisexual females report higher incidences of teenage pregnancy than their straight counterparts (Saewyc, 1999). Specifically for Black lesbian and bisexual females, more research is needed to determine if a higher birth rate is more common than among White women or women of other ethnic backgrounds. According to the 1990 Census, Black females who are part of a lesbian couple were more likely than Whites in the same situation to report having given birth to a child (Ettelbrick, Bradford, & Ellis, 2001). Similarly, Mays and her colleagues (1998) report a third of the Black lesbians in her sample had children. What is the rate to which lesbian and bisexual women give birth to children? How does this differ from rates in White communities? How does this differ from heterosexual communities? And what are the psychological, social, and political ramifications?

Sexual Behavior and Identity

Group identity is important because it helps to build and solidify feelings of pride and purpose among the individual and group members. It is important to determine, particularly for Black LGBT people, what terms like “gay,” “lesbian,” “queer,” “same gender loving,” among the many other labels, mean to both the individual and the group. Does identifying as “queer” make one more likely to be more politically active in the community or associate more closely with the White LGBT community? Does identifying as “same gender loving” mean that one is more likely to see their sexual orientation and their lives through Afrocentric lenses?

Researchers must understand the ways in which a person’s different identities shape experience. As made evident by the BPS2000 sample and the work of Black feminists and theorists (see Collins, 1990; Davis, 1981; Reid-Pharr, 2001; and Smith, 1983), race, gender, class, and sexual orientation are all important identities, rotating and sometimes all equally ranking in their level of importance in the lives of minority populations. In other words, these identities are not separable as they each help define the unique experience of Black LGBT people – the “intersectionality” response. Researching this intersectionality and the role it plays in oppressing and empowering individuals and communities is of utmost importance. Such research findings can then inform research on physical health, mental health, political participation, and a whole host of other life course outcomes.

Political Issues and Attitudes

There are clearly both different and identical political issues that are important to the Black LGBT community and the Black heterosexual community. However, what is less clear is how intersecting identities affect how one thinks about politics. More research is needed to determine how being Black and lesbian, gay, bisexual, or transgender shapes one’s attitudes toward politics as well as political participation. Are Black men concerned more politically about HIV/AIDS? Are Black transgender men and women more concerned about job discrimination? Such questions should be informed by research. In a democracy which claims all people are created equally, understanding how certain populations are systematically left out of the political process is a problem which merits research and resolution.

Health Care

The lack of health care coverage is related to existing health disparities for racial and ethnic minorities (Smedley, Stith, & Nelson, 2002). Unfortunately, very little is known about health care coverage for LGBT people. While local and state level health researchers have recently begun to include questions of sexual orientation on health surveys, far too few prominent national surveys capture this needed data.

Perspectives

Including questions of sexual orientation on national surveys, research will be able to inform policy makers of any unique health needs of LGBT people as well as of existing disparities.

Discrimination

Homophobia and racism are endemic problems in the lives of Black LGBT people; most research suggests that both problems affect the mental health outcomes for Black LGBT people. Very little research has examined positive psychological affects as a result of homophobia and racism. Do homophobia and racism make Black LGBT more resilient? In other words, are Black LGBT less likely to express destructive behavior when faced with obstacles because of experiences with racism and homophobia? Answering these questions could possibly lead to effective ways to deal with the stresses of homophobia and racism. We are certainly not supporting the idea of discrimination. However, exploring the resolve of those who manage to shine in times of constant despair paints a more nuanced picture of the racial minority experience, the homosexual experience, and the overlap. More important, stigma, individual discrimination and institutional discrimination, regardless of any benefits, should be adequately researched, appropriately described, and systematically removed.

Religion

The Black church has always played a prominent role in the Black community by offering leadership, comfort, and support. Unfortunately, in many communities there has been and still is a stigma around homosexuality in too many churches and other religious institutions. The Black church has not been immune from this. Hence, what is the role of church in the lives of Black LGBT people? If comfort and support are not attainable through their traditional religious venues, then where do Black LGBT people go? What are the psychosocial implications? What are the political implications of establishing largely LGBT congregations for religious and political empowerment in a culture that encourages a separation of church and state? As the larger society moves toward a more liberal stance on (homo)sexuality, what are the implications of the Black church lagging behind? The role of religion is far too important in the experience and history of the African American community for it not to be taken seriously. Further, as the current president of the United States pushes an agenda of encouraging faith-based institutions to provide social services which used to be primarily the responsibility of the government, researchers as well as political and religious leaders need to fully understand the empowering and oppressive role of the Black church on the entire community and not just those who identify themselves as heterosexual. Clearly, more research is needed to better inform these questions and issues.

Conclusion

Research into the lives of Black LGBT has come a long way. As Black LGBT people become more visible and a stronger political force, it is important that researchers continue to expand the knowledge base of Black LGBT people. Although these are only a few suggestions and guiding questions for the future direction of research on Black LGBT people, they are nonetheless important and ambitious. Filling in these blanks will contribute to the elimination of structural and institutional barriers that Black LGBT face daily.

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