

histories under his observation, one of a lesbian, the other of a male transvestite. A colleague in classical philology suggested to him the expression *die contraire Sexualempfindung*, which he then used in the title of an article published in *Archiv für Psychiatrie und Nervenkrankheiten* in 1869 that is regarded as the first medical paper in modern times on what came to be designated as homosexuality. Westphal himself judged the condition inborn, a symptom of a neuropathic or psychopathic state, as an alienation from the feeling proper to the anatomical sex of the subject. He drew the forensic distinction between exclusive and occasional homosexuality, but his failure to separate the two psychological entities that he had encountered was not corrected until fifty years later, when Havelock Ellis formulated the differential concept of *eonism* and Magnus Hirschfeld that of *transvestism*, the latter on the basis of 17 cases of heterosexual transvestism that he had isolated from the 7,000 homosexual case histories he had taken until that time.

The English abstractors and translators of psychiatric literature from the Continent were never able to decide upon a uniform equivalent for the awkward German expression (in which the adjective is, strictly speaking, a French word), but "contrary sexual feeling" or "contrary sexual instinct" does figure in the writing of some British and American alienists at the close of the nineteenth century. To the English-speaking lay public, of course, the word "contrary," like "perverse" conveyed a notion of the rebellious, refractory, and antithetical, though such connotations were not overtly recognized by specialists. In any event the expression was not destined to survive. As early as 1870 an American psychiatrist preparing an abstract of Westphal's article had used "inverted sexual feeling," and eight years later the Italian Arrigo Tamassia invented the far more satisfactory *inversione dell'istintosessuale* in an article published in *Rivista sperimentale di freniatria e*

*medicina legale*. With appropriate modifications this term, simplified to **sexual inversion**, was adopted in all the Romance languages and in English as the *medical* designation for what journalistic style was later to dub **homosexuality**, a term invented by the apologist Károly Mária Kertbeny in 1869 and taken up by Gustav Jaeger in the book *Entdeckung der Seele* in 1880. Since the last of these fitted perfectly into the international nomenclature of Greek-Latin expressions and allowed for a triptych with **bisexual** and **heterosexual**, it drove the clumsy and eccentric coinages that had been proposed in earlier decades out of use. So "contrary sexual feeling" is the linguistic remnant of the first, uncertain psychiatric attempt to grapple with the problem of homosexuality.

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## COUNSELING

The concept of counseling, as it was introduced at the beginning of the twentieth century, referred to the way students were helped to deal with problems in the areas of study and choice of a professional career. The counselor gave information and advice, expecting the student to act accordingly.

Since then the meaning of the word "counseling" has changed considerably. It is now widely used in the sense of a more or less professional way of helping people with relatively uncomplicated emotional or social problems, by way of conversation (listening and talking). More complicated psycho-social problems, necessitating an intrapsychic personality change or complex and difficult behavioral changes, are the realm of **psychotherapy**.

Over the years counseling techniques have changed considerably as well, especially as a result of the work of Carl R. Rogers. In his view, people can, under the right circumstances, find the answers to their problems themselves. Instead of

panied by aggressive feelings toward self and others (especially other homosexuals). Here the anti-homosexual attitude of the environment is reflected in what might be called an internalized homophobia.

In the second stage, the feelings are given a name, "I must be gay," but they remain a secret. Characteristic of this period are feelings of anxiety and depression. The following stage is one of experimentation and testing. The company of other homosexuals is sought, first sexual contacts are made, and the person involved "comes out" to one or more significant figures in his or her environment. At this stage, fear of rejection may play an important role. If all goes well, the fourth stage is reached in which homosexual feelings become an integral part of the personality, and a fitting and affirmative lifestyle evolves. The coming out is as complete as the circumstances permit.

*Homosexual Identity.* In Western society a distinction is made between homosexual acts and homosexuality. Since exclusive erotic interest in the same or opposite sex prevails only for a minority of people, committing homosexual acts apparently does not always lead to a self-identification as a homosexual. This is particularly true in a number of non-western cultures. For the counselor, it is important to take into account that the category or "construction" of homosexuality is in fact a fluid one, taking different forms in different cultures. At the same time, the formation of a strong homosexual identity adds, in many cases, to the individual's sense of belonging and security.

*Socialization.* Homosexual men and women are usually socialized as heterosexuals. For them there are very few positive role-models with whom to identify. This standard socialization as traditional men and women can cause problems in later life. In Western society, men are expected to be strong, competitive, active and unemotional, while women are trained to be submissive, passive, caring and expressive. Homosexual women are, there-

fore, faced with different issues from those of homosexual men. Cultural norms and values can become especially problematic in the relationships between men and between women. Homosexual men, for example, may find it difficult to deal with intimacy in their affectional and sexual relationships, while lesbians may have trouble maintaining a fair amount of autonomy in contacts with other women.

*Discrimination.* Most homosexual men and women sooner or later have to deal with discriminatory remarks, anti-homosexual violence, rejection by family, friends or colleagues and, in some countries or states, legal prohibitions. Taking these facts into account, it is quite astounding that many seem to manage by themselves, without any form of professional help. Counselors should be aware of this oppression, for it is the only way to gain insight into the defense mechanisms homosexuals have had to develop in order to survive psychologically.

*Health.* AIDS has become an important factor in the lives of homosexual men. Changes in sexual behavior, adoption of "safe sex," has become a matter of life and death. Many have been confronted with the loss of close friends and lovers, or may have been infected with HIV themselves. For seropositive men, uncertainty about their future health and fear of death and dying may cause a number of serious problems. Men with AIDS or ARC (AIDS Related Complex) are confronted with a host of medical, psychological, social, and material difficulties.

*Conclusion.* Changing attitudes toward homosexuality have transformed the practice of counseling gay men and lesbian women. Gay-affirmative counseling methods have been developed; many of them by the homosexual community itself. Most larger cities in Europe and the United States now have counseling services that cater exclusively to the needs of homosexual men and women. Apart from individual and relationship counseling, these services usually offer opportunities

to participate in various groups, such as coming out groups, consciousness-raising groups, groups for people with AIDS-related problems, and so forth. Sometimes workshops are organized covering topics such as self-defense, intimacy and autonomy, or (homo)social skills.

Most homosexuals manage to lead positive and fulfilling lives without the intervention of counselors. Some, however, do need help. It is clear that such help must be given by counselors who have acquired a positive attitude toward homosexuality. Familiarity with the literature on homosexual psychology and with the (local) gay community, its activities and establishments, is also a prerequisite.

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### COUNTERCULTURE

The term counterculture came into wide use in North America in the late 1960s to designate a lifestyle then popular among young people and characterized by open rejection of mainstream values—materialism, sexual conformity, and the pursuit of career success, in short what was widely known as the “Protestant ethic.” The abandonment of these “square” values was blatantly announced by such markers as experimentation with drugs, rock music, astrology and other aspects of the occult, as well as flamboyant styles of dress and coiffure. Opposed to atomistic individualism, many counterculturists attempted collective living arrangements in communes, urban at first and then increasingly rural.

Apparently the term counterculture is an adaptation of the slightly earlier

“adversary culture,” an expression coined by the literary critic Lionel Trilling (1905–1975). In many respects the counterculture constituted a mass diffusion—fostered by diligent media exploitation—of the prefigurative beat/hippie phenomenon. As American involvement in the Vietnam War increased, in the wake of opposition to it the counterculture shifted from the gentle “flower-child” phase to a more aggressive posture, making common cause with the New Left, which was not, like the radicalism of the thirties, forced by economic crisis to focus on issues of unemployment and poverty. Of course radical political leaders were accustomed to decry the self-indulgence of the hippies, but their followers, as often as not, readily succumbed to the lure of psychedelic drugs and the happy times of group togetherness accompanied by ever present rock music. The watchword in all these interactions was liberation, a term usually left undefined as it served a multitude of interests. All too soon, however, the violence endemic to the times seeped in, and the 1967 “summer of love” yielded, two years later, to the Altamont tragedy and the revelation of the Manson killings.

Apart from the revulsion against violence, why did the decline set in so quickly? The counterculture shamelessly embraced ageism: “Don’t trust anyone over thirty.” Observing this precept cut young people off from the accumulated experience and wisdom of sympathetic elders. Moreover, it meant that the adherents of the movement themselves quickly became back numbers as they crossed over the thirty-year line. In regard to gay adherents, the distrust of older people tended to reinforce the ageism already present in their own subculture. To be sure, the full force of such problematic effects has become evident only in retrospect. Although outsiders, and some insiders as well, exaggerated the fusion of the counterculture and the New Left, still the convergence of massive cultural innovation with hopes for fundamental political change gave the