

### Free Paper Presentation

Title: Perceptions & Attitudes of Interpreters  
with Regard to Sexual Orientation

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#### Abstract

Acknowledging the lack of information regarding the interpreting profession and its perceptions, misconceptions, and overall understanding of homosexuality, the purpose of this research was to obtain empirical evidence regarding differences among homosexual and heterosexual interpreters regarding their perceived identity and attitudes within multi-faceted, socio-cultural constraints. The data was collected via standardized case presentations and rating forms distributed to individuals who were non-randomly selected, with anonymity protected in all phases of research. ANOVAs were performed in comparing Lichert Scale answers to the rating form items between and within the two populations.

Results indicate differences between groups in self-perception, perception of others, identity, and global attitudes. Many of these disparities can be attributed to socio-cultural norms; differences between attributes afforded by

cultural backgrounds, as well as established hierarchies of interpersonal and intrapersonal identity expression, with clear definition along boundaries according to sexual orientation. Heterosexual individuals displayed, in general, more positive attitudes and perceptions than homosexual interpreters towards the homosexual interpreter.

Differences in terms of self-esteem, stereotyping within and outside group parameters, problem solving, positive self-regard, environmental perceptions, and overall psychological status were not only noted between the two main groups examined, but also within groups according to race, gender, and religiosity which functioned as covariates.

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## Interpreter Perceptions of Sexual Orientation

### Introduction

How do heterosexual interpreters feel about gay people? About gay interpreters? About gay deaf people who may very well be their consumers? How do gay interpreters feel about other interpreters, be they gay or straight? What about their attitudes towards gay and straight deaf people/consumers? Is there a difference across boundaries of sexual orientation? Or is there more cohesiveness among this group this very specialized group of professionals? Does this attitude and perception of others translate/correlate congruently with self-identity? These were just a few of the questions posed during this research. Many more cropped up as the research continued, some surprising and some not so out of the realm of expectations.

When doing the background research (literature review) for this study it was no surprise that no information was found regarding the special subgroup of interpreters, be they foreign language or sign language interpreters, with regard to their attitude and perceptions regarding sexual orientation issues.

One can go through any shelf of psychological abstracts and find a plethora of data and research focusing on the gay male and lesbian female and their interactions within society (Allen, 1971; Bell & Weinberg, 1978; Coleman, 1982; Freedman, 1989; Green, 1987; Guyon, 1949; Hargis, 1989; Hite, 1988; Hotvedt, 1982; Larson, 1982; Levine, 1989; Masters, 1988; McNaught, 1986;

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McNeill, 1976; Moses, 1982; Novak, 1989; Paul, 1982; Plummer, 1981; Spong, 1989; Zakarewsky, 1978, 1979)

Studies involving homosexuality and deafness-related issues are difficult to find. Swartz (1989) and Zakarewsky (1978, 1979) are two such studies, with Swartz's being an analytical approach and Zakarewsky's a general descriptive one based mainly on archival material.

Zakarewsky found general support among deaf gays and lesbians, a more intensive support than found in the larger "hearing community."

Swartz (1989) examined homosexual attitudes and perceptions among the Deaf Community where gay males were examined along lines of audiology, examining self-perception and attitudes.

Swartz reports:

"I initially undertook this study while at Gallaudet, surrounded by deaf people full time, many of them gay (and male). I had friends in the "normal hearing" community who were also gay, and I was starting to notice a difference in the behavior between the groups. At first I thought it was just a "deaf thing," something directly attributable to being deaf and the idiosyncrasies that lie within. On further examination I found many other differences, and covariates that explained these differences which were quite surprising."

The results of Swartz's (1989) study showed that hearing gays and deaf gays with deaf parents showed the most confusion and negative feelings about their sexuality. The majority of deaf gays with deaf parents reported feeling distant from their

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family because of their sexual orientation. Additionally, these self-perceptions crossed over into global attitudes towards others. This was not always the case however; hard of hearing gays, though viewing themselves more positively than deaf and hearing gays, they in turn viewed their global environment with more negative connotations than all other population cells examined. This incongruity, though curious, is explained by an understanding of Deaf and "Hearing" Culture and where the hard of hearing individual assimilates - usually on the cusp if at all.

On the whole, deaf gays had a more positive image of themselves than did hearing gays. A possible reason for this was the cohesiveness noted, especially because a very high percentage of them reported that most of their friends were also gay. It appeared that they substituted their deaf friends, a homogeneous group, for their nuclear family, an entity with which they had little in common in terms of culture. Essentially what exists here is a sub-culture within a culture.

Still, Swartz's (1989) and Zakarewsky's (1978, 1979) earlier studies can best be viewed as tertiary with regard to examination of similar concepts within the interpreting profession. Even though there was no particular information addressing the specific sub-population of interpreters, other studies have been conducted regarding attitudes and perceptions regarding sexual orientation among groups with homogeneous career backgrounds and professional affiliation.

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A good example of a more relevant study is Kelch's (1987) where she examined mental health care workers, encompassing psychologists, psychotherapists, mental health counselors, and psychiatrists. Kelch (1987) utilized Bem's (1974) Androgyny Scale as her instrument of measure. This work found that mental health providers were greatly biased in their view of patients depending upon the sexual orientation of that patient. Those patients who were heterosexual were treated with more positive regard and deemed healthier, regardless of the severity of the DSM-III-R diagnosis.

Kelch (1987) also found that mental health care workers, in rating themselves, rated their own mental health more positively if they were heterosexual. The major problem with Kelch's (1987) work is that androgyny (or the lack of it) does not correlate directly into attitudes of self and others with regard to sexual orientation.

Additionally, much criticism has been written of Bem's (1974) work because of its "all or nothing" attitude towards femininity and masculinity (Hite, 1982; Jones, 1982). Still, Bem did offer the present day researcher a useful rating instrument that could be modified to address special populations.

Other studies (Hamilton & Trolier, 1986; Herek, 1984; Millham, San Miguel & Kellogg, 1976) examined perceptions of homosexuals using factor analysis and simple hypothesis testing of limited scope. The results were similar, with heterosexuals

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faring better than homosexuals in terms of mental stability, dependability, and overall well-being.

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### Statement of the Problem

Deaf Culture and the networking of support systems that operate within this tightly knit group suggest that this culture transcends its values and idiosyncrasies to the professional interpreters who work within it. Those individuals who find themselves functioning within the interpreter "sub-culture" share a mutual bonding formed by specialization, language, mediation between cultures, as well as the need to preserve their dignity in the face of oppression by the larger "hearing" society. This strong bonding within the culture may exhibit many facets that lend themselves to a greater degree of tolerance for sexual orientation that differs from societal norms.

There are other things to consider as well. What is the political stance and activity of the individual? Do they participate fully in the Deaf Community on a social level? How do they function linguistically in the Community? (See Baker and Cokely's "Avenues to membership in the Deaf Community"). Do these unusual bonds within the culture lend themselves to a greater degree of tolerance for sexual orientation that differs from societal norms? Do interpreters have a more flexible definition of what and how "norms" shall be defined? Are there other factors influencing perception and attitude? There exists the other possibility that the interpreter sub-culture would shun the homosexual interpreter within their group. There might be the need for interpreters, long having struggled for acceptance

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and recognition within society as a whole, feeling the need to admonish and discount homosexual interpreters. They may view them as a hindrance to the advancement of the profession. Heterosexual interpreters may wish to elevate themselves above a group they perceive as inferior - one can understand the sociological (ego, esteem, self-worth, etc.) need for this.

But negative attitudes of homosexual interpreters need not be confined to straight interpreters. This view may hold true for both gay and straight interpreters. Homophobia is prevalent regardless of sexual orientation - there exists the need to perceive homosexuals as inferior - a result of lasting markers of imprinting since early childhood.

Research suggests that females, Protestants and Caucasians would have more positive attitudes towards their homosexual colleagues. Females because of reported tolerance in previous studies (Moses & Hawkins, 1982; Steffensmeier, D. & Steffensmeier, R., 1974); Protestants because Catholics probably would exercise more discrimination along the lines of church teachings (McNaught, 1986); and Caucasians by default because of the belief that African-Americans might display the need to view gay interpreters as inferior, thus elevating their own status as a minority (Jones, 1982).

Therefore, this research focused on the global group of interpreters with subdivision according to sexual orientation. Still, that was deemed insufficient because of recognized

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prejudice that exists according to race, sex, and religion. Therefore, many variables and covariates would need to be examined in an attempt to parse out how each division perceived their fellow interpreter in terms of sexual orientation, and their overall attitude towards homosexuality.

**Statement of the Hypotheses**

In consideration of the above observations derived by review of the literature, the following hypotheses are made:

1. Homosexual interpreters would rate the homosexual "Jack" and "Jill" in the subject presentations more positive, in a composite global assessment, than would heterosexual interpreters.

2. Obtained reliability alpha coefficients for the Rating Form will demonstrate that the Rating Form has high internal reliability as an instrument.

3. Factor structure of the Rating Form will demonstrate a homogeneous instrument that effectively measures similar attributes pertaining to mental health, and inter- as well as intrapersonal skills.

4. Differences in composite global assessment would be reported according to race, gender, and religion of the interpreter.

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### Method

#### **Subjects**

This research was conducted by administering a questionnaire, non-randomly, of a national sample (N=88) of professional interpreters for the Deaf. Subject names and addresses were gathered from the 1992 Membership Directory (RID, Inc., 1992) as published by the Registry of Interpreters for the Deaf, Inc.

Demographic information, including breakdown according to gender, race, and education level of all respondents is reported in Table 1 below. Data regarding respondent sexual orientation, age, and years as a professional interpreter is reported in Table 2 below. Note that all data is reported as a composite of all subjects as well as separate cells according to sexual orientation.

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TABLE 1

General Demographic Information in Percent

Attribute	Sample or Cell			
	Gay	Straight	Total	
<b>Sexual Orientation</b>	36.40	54.50	-	
<b>Gender:</b>				
Female	47.40	52.60	47.70	
Male	52.60	47.40	52.30	
<b>Race:</b>				
Caucasian	92.90	94.10	93.20	
African-American	2.70	2.10	2.30	
Asian	2.70	2.10	2.30	
<b>Religion:</b>				
Catholic	22.10	18.60	20.50	
Protestant	14.70	9.20	11.40	
Jewish	2.70	6.30	4.50	
Fundamental	15.80	38.90	25.00	
None	31.50	15.90	22.70	
Other		10.70	4.10	6.80
<b>Education:</b>				
H.S./GED	0.00	7.90	4.40	
A.A. Level	12.80	22.70	17.81	
B.A./B.S. Level	27.80	23.10	24.46	



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a person's ability given sparse data. Through this method it was assumed that prejudice regarding homosexuality, if any existed, would surface based upon the almost subliminal suggestion regarding the case's sexual orientation.

Attached to the case histories were "Rating of Subject" forms which included 20 questions about the mental health of the case study. Additionally, the rating form included general demographic information to be supplied by the subject completing the rating form. The Rating Form was designed to measure the participants' self-perception as well as their attitudes towards homosexuality in comparison with heterosexuality, and bias regarding sexual orientation; was there congruence in attitude according to the subject's and case's sexual orientation?

The Rating Form was designed to measure the participants' perception as well as their attitudes towards fellow interpreter practitioners along lines of sexual orientation. Various dependent variables were established in the background/demographic portion of the Rating Form which categorized each individual. Responses made in the perceptions and attitudes section acted as guides for comparing the established groups.

It was important to establish the reliability of the rating instrument used in this study. The Rating Form demonstrated an overall reliability coefficient alpha (using Cochran's Analysis) of .88 when considering one global score (global assessment).

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### Design and Procedure

The case presentations and rating forms were mailed to all participants during a one-time mailing to 120 selected professional interpreters. No claim will be laid that the methods used here are the best available. At best this can be looked upon as a pilot study, considering the small number of subjects, and the manner in which they were selected, non-randomly. Additionally, the subjects were self-selected, each deciding whether to participate; either return the completed rating form or not; 92 chose to return their rating forms. The underlying purpose was to gain a mix of individuals who were hopefully representative of gay and straight professional interpreters, and preferably an equal mix of each.

Subjects were randomly (double-blind) supplied with one case history, "The Case of Jack" or "The Case of Jill", either gay or straight, and a Rating Form. Subjects were instructed in a cover letter to read the Case Presentation and then complete the Rating Form. Finally, they were asked to return the Rating Form to the investigator in a stamped envelope provided.

The type of data comparison design used is a "between subjects" model. The dependent variable was the global assessment score given the case subject in the case presentation.

The Lichert scale values selected by the subjects on the Rating Forms were tabulated and means derived for the total score of all

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20 items (global assessment). The primary independent variable was the sexual orientation of subjects (straight or homosexual/bisexual). A preliminary ANOVA was conducted to identify which demographic variables were significantly related to the dependent variable of sex knowledge. Then an ANOVA was performed between the gay and straight groups, Any demographic variables identified as significant functioned as covariates in this ANOVA.

As stated earlier, reliability was measured using the coefficient alpha. Cochran's Analysis and Kuder-Richardson Formula 20 was used in determining the coefficient alpha, dependent upon whether the data was dichotomous or not. Comparisons were made whereby the Lichert Scale rating statements, 20 in all, were segregated into poles of "more positive" and "less positive" dependent upon there value (above or below the gross population mean scalar score). In this instance Cochran's Analysis was used to determine reliability.

Factor validity was examined by performing factorial analyses using varimax rotation. Strength of items in each matrix was determined by comparing the Eigenvalue with regard to the alpha coefficient. Because the data was believed to be homogeneous in nature, measuring attributes of similar quality and content, it was hoped that the Eigenvalues would accord the Rating Form strength in terms of validity (Was what was reported as being test really being tested/evaluated?).

### **Analysis and Discussion of Data**

There were 120 Case Presentation and Rating Form packets mailed out and 92 were returned to the investigator for inclusion in this study. Four of these were deemed invalid because they were either unanswered for the most part or the participant was no longer a practicing interpreter.

Reliability was measured using the coefficient alpha. Cochran's Analysis and Kuder-Richardson Formula 20 was used in determining the coefficient alpha, dependent upon whether the data was dichotomous or not. A reliability alpha of .88 was obtained for the Rating Form, supporting hypothesis 2: "Obtained reliability alpha coefficients for the Rating Form will demonstrate that the Rating Form SKI has high internal reliability as an instrument."

As stated earlier, factor validity was examined by performing factorial analyses using varimax rotation. Strength of items in each matrix was determined by comparing the Eigenvalue with regard to the alpha coefficient. Factor validity showed an impressive matrix presentation whereby 15 of the 20 items on the Rating Form reported values of .40 or better. The other 5 items which did not fit into the first regression appeared ambiguous in nature, but considering the very small number of items presented in the Rating Form (20), it is not

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unusual that ambiguity would surface in factor validity analysis which is geared towards instruments with more items.

Therefore, hypothesis 3 was supported which stated: "Factor structure of the Rating Form will demonstrate a homogeneous instrument that effectively measures similar attributes pertaining to mental health, and inter- as well as intrapersonal skills."

Of the respondents (subjects) included in this study, where N=88, 54.5% were heterosexual, 36.4% homosexual, and 2.3% bisexual. For the purpose of this research the bisexual subjects' data was not analyzed unless otherwise specified herein; the population cell was too small to establish significance and these subjects could not be included, without prejudice, in the heterosexual or homosexual cells.

Other demographic information obtained is contained in Table 1 under the "Subjects" subsection of this paper. Upon examination one will note that the race distribution was completely biased, with the study realistically representing a mono-racial population.

Normality was examined within all groups in consideration of various variables. This determined which tests of significance would be used to test the hypotheses of this research, whether it is the ANOVA (Analysis of Variance) or the Kruskal-Wallis, or combination and comparison of both. The kurtosis for all respondents' data when examining the variable of Global

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Assessment (scalar score of all 20 items combined) was  $Ku = -.653$ .

The skewness for data was  $SK = -.030$ . The standard deviation for data while examining this same variable was  $SK = .049$ . In view of this data it can be summarily stated that normality of data existed. Although the data did not present a strict bell-shaped curve, deviation from such a hypothetical curve was minimal. Because the data assumed normality the data would be analyzed using the ANOVA.

The Rating Form examined specific attributes of character and personality such as competency, dependability, stability, and intelligence. In a more global sense these specific qualities correlate into traits such as self-esteem, problem solving ability, positive self-regard, environmental perceptions, emotional affect, cognitive ability, physical presentation, androgyny, and overall psychological (psycho-social) health.

As was pointed out by many subjects who completed the study, and noted on the Rating Form, it was impossible to rate the interpreter in the case presentation on all these parameters; the history was incomplete. In fact, many of the comments were rather offensive, showing frustration with the assumption that an effective rating was possible: "How in the hell am I supposed to answer all these fucking questions when you don't tell me jack-shit about this person?!?"

Although reading these comments was enjoyable, the bottom line is: what the subject thought the researcher was striving

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for, and what was actually being "striven" for, were two separate things. It was not expected that an accurate psychological depiction could be ascertained from the case presentations. It was not expected that a DSM-III-R diagnosis could be made, assuming that one was deemed necessary.

The goal was to measure differences among subject groups who completed the Rating Form. The fact that so many subjects showed frustration was a positive to the research instead of a detractor. This demonstrated that the subjects did not show experimental bias or the "halo effect."

All case presentations were identical in content with regard to identified characteristics of the interpreter in question. The only variables were gender and sexual orientation. There were four case presentations: a gay Jack, a straight Jack, a gay Jill, and a straight Jill. The only other difference was one that existed based on the gender of the case presented: Jack was always identified as masculine and Jill feminine.

Before delving into statistical analysis of the data it was important to determine if there had been an anomaly with dispersion of case presentations? Were gay and straight subjects rating an equal number of gay and straight Jacks and Jills? Whether this would have a bearing on the results would have to be determined later. Because this was a double-blind experiment, the experimenter had no way of knowing whether gay and straight subjects would be given an equal share of gay and straight case

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presentations. It was left open to chance in the hopes that random assignment would take charge. As it turns out this is not what happened.

The data showed that heterosexual subjects rated an inordinately high number of straight Jacks/Jills while homosexual subjects rated an inordinately high number of gay Jacks/Jills. Would this affect the data analysis and results negatively? The answer is no, that it would not because this variable was taken into consideration when all ANOVAs were performed. Therefore, even though there did not exist normality in distribution of cases across subjects' sexual orientation, and reported analyses had already taken this disparity into account.

After all data had been collected it was encoded and a Global Assessment Score tabulated based on the composite Lichert Scale ratings of all questions. An initial ANOVA testing sexual orientation of the subject was performed on the resulting data from Rating Form. This revealed a significant sexual orientation effect,  $F(1, 87) = 3.05, p < .025$ . When the orientation of the case presentation functioned as a covariate in this ANOVA, the result was still significant for sexual orientation,  $F(3, 85) = 3.34, p < .043$ . Finally, when the gender of the subject functioned as an additional covariate in the ANOVA, the result was very significant for sexual orientation  $F(5, 83) = 6.97, p < .01$ .

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However, the effect of sexual orientation was not in keeping with working hypothesis 1: "Homosexual interpreters would rate the homosexual Jack and Jill in the subject presentations more positive, in a composite global assessment, than would heterosexual interpreters." Actually the reverse was true. A surprising revelation was that, all other variables being equal (covariates taken into consideration) heterosexual interpreters viewed homosexual interpreters more positively. This analysis was further strengthened by taking the general mean score for the entire subject population and putting the constraint on the data that it must apply only to homosexual case presentations. When the same was done to the combined case presentations, or to the heterosexual case presentations, no significant differences were found.

Therefore, straight interpreters rated the gay Jack/Jill more highly than did gay interpreters. The hypothesis: "Homosexual interpreters would rate the homosexual Jack and Jill in the subject presentations more positive, in a composite global assessment, than would heterosexual interpreters" was not supported.

How could this be? A great deal of this goes back to the premise of self-degradation within the homosexual population (Kelch, 1986; Zakarewsky, 1978, 1979; Swartz, 1989). Distrust of fellow gays is deemed prevalent among the homosexual community. Neville (1993) cites that gay clients would much rather see a

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straight doctor, psychologist, professional, than a gay one. He goes further to say that gay men and women often feel that the gay professional is lesser a person, political in lieu of knowledgeable, and cannot draw professional boundaries within settings that demand ethical adherence from a higher authority (American Medical Association, American Psychological Association, American Bar Association, etc.).

Neville's assessment could well be correct. He is director of mental health services at the Chase-Brexton Clinic in Baltimore, Maryland, and a board member of the Gay and Lesbian Community Center of Baltimore (GLCCB). But is he alone in his thinking? Apparently not.

McNaught (1993), a noted scholar and writer on issues concerning homosexuality and religiosity, had similar findings. In an in-depth conversation, McNaught elaborated on the great amount of in-fighting within the gay community. According to McNaught there exists a great deal of distrust within the gay community. This is true within and between genders of homosexual individuals.

Various other anonymous interviews (N=10) were conducted among interpreters who were willing to acknowledge they were gay, but that their identity be withheld for this research. The response was overwhelming negative with much less positive regard than demonstrated by other groups. They forwarded such statements as:

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"Gay interpreters have a chip on their shoulder."

"For the most part they are histrionic. If they're not looking in a mirror they are lost."

"They are so insecure that they try to make other gay interpreters insecure to establish their own security. It's like the dog chasing his tail."

"When I think of gay interpreters, that's fellow interpreters I work with and know, I can think of very few who are stable. They are so busy with their own agendas that they forget to be human beings first."

"Sure, I know some gay interpreters who are nice, but most of them would just as soon stab you in the back as say something nice about you. Backstabbing - it's an art form with them."

Certainly positive statements were made, but on the whole the gay interpreter, when taken out of the larger group where influenced by group mentality, exhibit more disdain than admiration for fellow gay interpreters. In comparison with statements made about straight interpreters, there was more ambivalence or positive regard for those of different sexual orientation.

Similar interviews (N=10) were conducted with acknowledged heterosexual interpreters, and their anonymity was guaranteed for consistency. There was consistency between statements made about gay as well as straight interpreters. While some negative statements were made about gay interpreters, there was an equal

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correlation of negative statements made about straight interpreters.

While this data was anecdotal, and less than scientific in nature, it is important to note the disparities which are in keeping with the data analyses conducted of the Global Assessment Scores along the lines of sexual orientation.

Earlier research and statements tend to support this incongruity (Jones, 1982; Neville, 1993; and Swartz, 1989). Jones' (1982) work is important because it demonstrated that blacks often look down upon other blacks because of the need for self-esteem elevation. In this minority's instance, if some peculiarities can be found in individuals within their own culture, then the discriminating individual(s) elevates their own status in the eyes of their own culture and the larger Anglo-Saxon culture.

Swartz (1989) found similar behavior among deaf, gay males. Frequently deaf gays would admonish hearing gays more severely for similar imperfections in character.

The data was then analyzed for other variables including gender, race, religion, age, education, and years interpreting of the participating subjects. The results of ANOVAs conducted are reported in Table 3.

Significance was found along lines of gender, race, and religion (as reported in Table 3). Females, Caucasians, and Catholics rated homosexual subjects more positively, than all

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other groups within the demographic comparison. The results for race must be brought into serious question because the participating subjects were predominantly Caucasian, and even though the ANOVA reported significance, a larger more racially balanced group would be needed to lend credence to this portion of the research. However, when one thinks of the interpreting profession the interpreter is usually "white" (and female).

**TABLE 3****Results of ANOVAS on Other Demographic Data**

Demographic of Subject x (Case Sexual Orientation)	Statistic		
	<u>F</u>	Degrees of Freedom	<u>p</u>
Gender	4.11	(3, 85)	.022
Race	2.68	(6, 82)	.050
Religion	4.35	(6, 82)	.005
Age	-	-	NS
Education	-	-	NS
Years Interpreting	-	-	NS

\*NS=No significance found

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The results for gender, where females rated the gay case presentations more positively, were expected and supported hypothesis 4 (in part): "Differences in composite global assessment would be reported according to race, gender, and religion of the interpreter." This follows along the lines of previously mentioned reasoning that females are more tolerant of difference, often displaying compassion and understanding where their male counterparts are more rigid (Moses & Hawkins, 1982; Steffensmeier, D. & Steffensmeier, R., 1974).

This analysis was further strengthened by taking the general mean score for the entire subject population and putting the constraint on the data that it must apply only to homosexual case presentations, and divided according to the demographic variable of gender. When the same was done to the combined case presentations, or to the heterosexual case presentations, no significant differences were found.

The results along lines of religious diversity were interesting, and also supported hypothesis 4 as state above. Because this hypothesis was open in nature, any difference of significance would have supported it. However, the religious differences did not follow what might be considered standard reason.

While Protestants and Fundamentalists rated the gay presentations with equally in comparison, Catholics gave significantly higher ratings (when conducting data analysis with

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ANOVA and covariates). Again, as with the data for sexual orientation and gender, this analysis was further strengthened by taking the general mean score for the entire subject population and putting the constraint on the data that it must apply only to homosexual case presentations, and divided according to the demographic variable of religion. When the same was done to the combined case presentations, or to the heterosexual case presentations, no significant differences were found.

Further examination of the religiosity demographic revealed that those subjects who identified themselves as "Other" (outside of the mainstream) viewed the gay case presentations more negatively, those who had no religious preference were divided evenly.

Upon going back to the question of why Catholics would be more tolerant, there is no easy answer. Perhaps there is a backlash within the Catholic community? Perhaps Catholic interpreters are not really representative of the strict doctrine and teachings of Roman Catholicism? According to McNaught (1993) there seems to be a rising rift within the Catholic Church. More and more there is less tolerance for hypocrisy that appears to be exercised by the church hierarchy (sexual abuse of children by priests, birth control and safer sex measures, denying women priesthood, etc.). Perhaps the higher positive rating of the gay presentations is a sign of a renaissance within the Catholic Church; at least by its followers and not necessarily its

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leaders? More research would be required in this area in the interest of avoiding any perfunctory statements or conclusions with regard to Catholicism and increased tolerance.

The demographic variables of subject age, education, and years as a professional interpreter did not yield significant results. Differences can be noted but no conclusions or statements of significance can be made due to small population cells.

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### Conclusions

Asked by a few interpreters while this study was being conducted, and after it was completed, was "Why do it?" "Who cares?" One reason is the expressed need by some individuals within the Registry of Interpreters for the Deaf (RID) that the segment of interpreters in the organization who are gay need an outlet within RID for support, constructive expression of concerns, and effective lobbying.

The point of this study was not to prove whether such an outlet is necessary, but rather to examine the perceptions and attitudes of the interpreting organization as a whole. In so doing it was hoped that an understanding would be gained as to the cohesiveness of gay and lesbian interpreters, their perceptions of one another, their self-perceptions, and the attitude of the larger body towards the gay and lesbian interpreters.

While this study's findings are by no means inclusive, they are intriguing and suggest that, if anything, the gay and lesbian interpreter should attempt to assimilate the philosophy, attitudes and perceptions of the larger (?) heterosexual body of interpreters into their own repertoire of standards accorded homosexuals, including self and others.

In an attempt to explain these results as "not surprising" we must consider that the gay person theoretically has a more difficult time finding role models who are gay. During early to

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middle adolescence, a time when the gay individual struggles to attain a positive identity, they are being constantly bombarded with negative information concerning homosexuality. This leaves them caught in a dilemma, one where his inner self is telling him that their homosexual feelings are unquestionably real, while society is constantly imputing that homosexuality (and their feelings) are wrong, sinful, and indeed sick.

Accurate and supportive information does not exist where adolescents spend the majority of their waking hours, and at home the picture is equally as bleak. The gay individual is surrounded by teachings and philosophies that impede their acquisition of a positive ego and sexual identity. Many religions, especially Catholicism, teach that homosexual behavior is wrong, immoral, and a sin. Society's generally negative attitude manifests itself in anti-gay jokes, jokes that are often told by the fathers, brothers, and peers of the gay person.

The task is not made any simpler by the ambivalence that exists among educators. Willke & Willke (1971) report, in their manual of "How-To" for teachers and sex education, that homosexuality is a medical disorder and should be treated as such. The Willkes' (1971) answer seems to be that homosexuality is a sad fact of life, and rather than teaching about it in an objective manner within the classroom, the teacher is advised to offer the homosexual student treatment, but definitely not to encourage or condone such activity. Granted this research was

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published over 20 years ago, but that is not actually too long ago, and many of the subjects who completed and returned their Rating Forms were in different levels of the educational system at that time, receiving the "benefits" of this dogma. Therefore, it is important to take into consideration how the perceptions and attitudes of the older segment of subjects tested may have been acquired/shaped.

At the same time of Willkes (1971) report, Allen and Martin (1971) reported their findings that homosexuality was not a disorder, but rather an alternate way of life. They emphasize the Wolfenden Report that made it quite clear that homosexuality is not a disease. Like many, the Willkes decided to ignore Allen and Martin's work, as well as that of the American Psychological Association who removed homosexuality from the Diagnostic and Statistical Manual for Mental Disorders.

The saying goes "You are what you eat." Perhaps the saying may also go "You are what you think." We are a product of our thoughts and our thoughts are accumulated by what we are taught.

Some things are taught as being appropriate, and other things are taught as being taboo. Many things are not taught at all, and this usually means that this is also taboo. If we are not taught appropriately, we in turn can not learn and grow productively. Lack of learning results in stunted growing. When answers must be sought out from sources that are less than reliable, myths often perpetuate, and there exists a great time

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lag between when the actual truth is sought out, and when it is actually acquired.

Paul (1982) reports that even though some myths concerning homosexuality are dispelled, new ones soon take their place. This indicates that the myths are not based upon lack of education, but rather a persistent need to display homosexuality in a negative light by the public in general. This holds true for heterosexuals as well as homosexuals. Homosexuals still experience homophobia due to social learning and cognitive acquisition through the larger society. Hence the homosexual is often damning of themselves.

McNaught (1986) reports in a compilation of writing his struggle in coming out of the closet and expressing his homosexuality while at the same time remaining a devout Catholic. The Catholic church has long frowned upon homosexuality, and it was interesting to note the high percentage of respondents to the survey who were raised in a Catholic environment. McNeill (1976) expresses a very tolerant stance that the church should adopt in dealing with gay males within congregations of the Catholic church. McNeill points to Dignity, a gay Catholic organization that promotes acceptance of gay males on humanistic as well as religious terms within the realm of the larger culture. This may change or is changing, for the Catholic church has just clamped down on Dignity, with many churches forbidden to let Dignity use the church as a place of worship.

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When such sentiment of negativity surrounds homosexuality in our culture, it is no wonder that many gay male or female decides to remain in the closet. Coleman (1982) has even developed a five-stage plan to help his clients in the coming-out process. Coleman's objectives are realistic, for he recognizes the difficulty that the gay person faces when toying with the idea of whether to come out or remain in the closet. Coming out is a big step, and in so doing one searches out all avenues of support before taking on the momentous task.

But is there support for such "coming out" in RID? Are the results of this study peculiar and not at all realistic nor representative of the organization's sentiment? Or, as one subject wrote on the bottom of their Rating Form: "I think this research is stupid and has no importance for our profession. Why are you trying to rock the boat even further?"

Perhaps the results of this research will be helpful to gay-identified individuals and groups within the organization? If we are to believe the results, that straight interpreters, as compared with gay interpreters, hold gay interpreters with higher regard, then we need to examine further the reasons for the disparity. Such information would be helpful to the individual considering the revelation, to their colleague, that they are gay.

**Appendix A**  
**Case Presentations**

**The Case of Jack**

## Perceptions &amp; Attitudes

**Age:** 43

**Years as Interpreter:** 20

**Education:** Master's in Special Education

**Physical Status:** Excellent

This 43-year-old male was referred for psychological evaluation by Acme Referral's personnel office. He is undergoing sensitivity training prior to job promotion. In keeping with company policy, he has been administered a battery of psychological tests to assess global functioning, and more specifically his perception of social situations and interactions with others.

Jack was born in Eldersburg, Maryland, and now resides in Golden, Colorado. He lives with Bruce who is his lover of 15 years. Jack has one brother Jonathan, who is 32 years of age. Both of his parents are retired and living in the state of Maryland. Jack enjoys volleyball, hiking, bicycling, circuit training and rock climbing. He also enjoys reading, writing, and travel, and meeting new people.

During the psychological evaluation Jack was friendly (smiling frequently and appropriately), cooperative and highly motivated. He jokingly remarked a few times that he believed the "testing would show he was crazy," something that can easily be attributable to normal anxiety under the circumstances. At the conclusion of the testing Jack remarked how interesting the entire experience had been, and that he was glad he had done it.

Jack's performance on an individually administered intelligence test yielded a Verbal I.Q. in the "Superior" Range, a Performance I.Q. in the "High Average" Range, and a Full Scale

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I.Q. in the "High Average" Range of intellectual functioning. One of Jack's strengths is his ability to learn new material quickly, to focus, and concentrate. This is exhibited in his excellent job performance reports while at Acme Referral. Another strength is abstract thinking, which is also demonstrated by his innovative presentation techniques while at Acme. Jack also showed strength in his ability to use common sense, judgment, social awareness, and reasoning, especially in drawing upon past experiences in reaching solutions to common sense problems and situations.

Jack exhibited weakness in his ability to concentrate on and utilize abstract concepts of numbers and numerical operations. He has reported that math was his least favorite subject in school, and one in which he never did very well.

In terms of personality, Jack appears to be slightly anxious; independent yet desiring nurturance and reassurance from significant others; vulnerable; somewhat aggressive; uncertain; slightly immature; and deficient in self-esteem and self-worth. He describes himself as waxing and waning in terms of personality, from being a "goody two-shoes" to the direct opposite, one who bucks social norms.

Jack is very outgoing, has many friends, and is well liked by his superiors, peers, and subordinates at Acme. Jack's behavior is assertive and appropriate in most contexts, and he is well-mannered. He was attentive to the examiner's directions, and very focused on the task of assessment.

**The Case of Jack****Age:** 43**Years as Interpreter:** 20**Education:** Master's in Special Education**Physical Status:** Excellent

This 43-year-old male was referred for psychological evaluation by Acme Referral's personnel office. He is undergoing sensitivity training prior to job promotion. In keeping with company policy, he has been administered a battery of psychological tests to assess global functioning, and more specifically his perception of social situations and interactions with others.

Jack was born in Eldersburg, Maryland, and now resides in Golden, Colorado. He lives with Donna who is his lover of 15 years. Jack has one brother Jonathan, who is 32 years of age. Both of his parents are retired and living in the state of Maryland. Jack enjoys volleyball, hiking, bicycling, circuit training and rock climbing. He also enjoys reading, writing, and travel, and meeting new people.

During the psychological evaluation Jack was friendly (smiling frequently and appropriately), cooperative and highly motivated. He jokingly remarked a few times that he believed the "testing would show he was crazy," something that can easily be attributable to normal anxiety under the circumstances. At the conclusion of the testing Jack remarked how interesting the entire experience had been, and that he was glad he had done it.

Jack's performance on an individually administered intelligence test yielded a Verbal I.Q. in the "Superior" Range,

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a Performance I.Q. in the "High Average" Range, and a Full Scale I.Q. in the "High Average" Range of intellectual functioning. One of Jack's strengths is his ability to learn new material quickly, to focus, and concentrate. This is exhibited in his excellent job performance reports while at Acme Referral. Another strength is abstract thinking, which is also demonstrated by his innovative presentation techniques while at Acme. Jack also showed strength in his ability to use common sense, judgment, social awareness, and reasoning, especially in drawing upon past experiences in reaching solutions to common sense problems and situations.

Jack exhibited weakness in his ability to concentrate on and utilize abstract concepts of numbers and numerical operations. He has reported that math was his least favorite subject in school, and one in which he never did very well.

In terms of personality, Jack appears to be slightly anxious; independent yet desiring nurturance and reassurance from significant others; vulnerable; somewhat aggressive; uncertain; slightly immature; and deficient in self-esteem and self-worth. He describes himself as waxing and waning in terms of personality, from being a "goody two-shoes" to the direct opposite, one who bucks social norms.

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**The Case of Jill****Age:** 43**Years as Interpreter:** 20**Education:** Master's in Special Education**Physical Status:** Excellent

This 43-year-old female was referred for psychological evaluation by Acme Referral's personnel office. She is undergoing sensitivity training prior to job promotion. In keeping with company policy, she has been administered a battery of psychological tests to assess global functioning, and more specifically her perception of social situations and interactions with others.

Jill was born in Eldersburg, Maryland, and now resides in Golden, Colorado. She lives with Joan who is her lover of 15 years. Jill has one brother Jonathan, who is 32 years of age. Both of her parents are retired and living in the state of Maryland. Jill enjoys volleyball, hiking, bicycling, circuit training and rock climbing. She also enjoys reading, writing, and travel, and meeting new people.

During the psychological evaluation Jill was friendly (smiling frequently and appropriately), cooperative and highly motivated. She jokingly remarked a few times that she believed the "testing would show she was crazy," something that can easily be attributable to normal anxiety under the circumstances. At the conclusion of the testing Jill remarked how interesting the entire experience had been, and that she was glad she had done it.

## Perceptions & Attitudes

Jill's performance on an individually administered intelligence test yielded a Verbal I.Q. in the "Superior" Range, a Performance I.Q. in the "High Average" Range, and a Full Scale I.Q. in the "High Average" Range of intellectual functioning. One of Jill's strengths is her ability to learn new material quickly, to focus, and concentrate. This is exhibited in her excellent job performance reports while at Acme Referral. Another strength is abstract thinking, which is also demonstrated by her innovative presentation techniques while at Acme. Jill also showed strength in her ability to use common sense, judgment, social awareness, and reasoning, especially in drawing upon past experiences in reaching solutions to common sense problems and situations.

Jill exhibited weakness in her ability to concentrate on and utilize abstract concepts of numbers and numerical operations. She has reported that math was her least favorite subject in school, and one in which she never did very well.

In terms of personality, Jill appears to be slightly anxious; independent yet desiring nurturance and reassurance from significant others; vulnerable; somewhat aggressive; uncertain; slightly immature; and deficient in self-esteem and self-worth. She describes herself as waxing and waning in terms of personality, from being a "goody two-shoes" to the direct opposite, one who bucks social norms.

Jill is very outgoing, has many friends, and is well liked by her superiors, peers, and subordinates at Acme. Jill's behavior is assertive and appropriate in most contexts, and she is well-mannered. She was attentive to the examiner's directions, and very focused on the task of assessment.



**The Case of Jill****Age:** 43**Years as Interpreter:** 20**Education:** Master's in Special Education**Physical Status:** Excellent

This 43-year-old female was referred for psychological evaluation by Acme Referral's personnel office. She is undergoing sensitivity training prior to job promotion. In keeping with company policy, she has been administered a battery of psychological tests to assess global functioning, and more specifically her perception of social situations and interactions with others.

Jill was born in Eldersburg, Maryland, and now resides in Golden, Colorado. She lives with Jim who is her lover of 15 years. Jill has one brother Jonathan, who is 32 years of age. Both of her parents are retired and living in the state of Maryland. Jill enjoys volleyball, hiking, bicycling, circuit training and rock climbing. She also enjoys reading, writing, and travel, and meeting new people.

During the psychological evaluation Jill was friendly (smiling frequently and appropriately), cooperative and highly motivated. She jokingly remarked a few times that she believed the "testing would show she was crazy," something that can easily be attributable to normal anxiety under the circumstances. At the conclusion of the testing Jill remarked how interesting the entire experience had been, and that she was glad she had done it.

## Perceptions & Attitudes

Jill's performance on an individually administered intelligence test yielded a Verbal I.Q. in the "Superior" Range, a Performance I.Q. in the "High Average" Range, and a Full Scale I.Q. in the "High Average" Range of intellectual functioning. One of Jill's strengths is her ability to learn new material quickly, to focus, and concentrate. This is exhibited in her excellent job performance reports while at Acme Referral. Another strength is abstract thinking, which is also demonstrated by her innovative presentation techniques while at Acme. Jill also showed strength in her ability to use common sense, judgment, social awareness, and reasoning, especially in drawing upon past experiences in reaching solutions to common sense problems and situations.

Jill exhibited weakness in her ability to concentrate on and utilize abstract concepts of numbers and numerical operations. She has reported that math was her least favorite subject in school, and one in which she never did very well.

In terms of personality, Jill appears to be slightly anxious; independent yet desiring nurturance and reassurance from significant others; vulnerable; somewhat aggressive; uncertain; slightly immature; and deficient in self-esteem and self-worth. She describes herself as waxing and waning in terms of personality, from being a "goody two-shoes" to the direct opposite, one who bucks social norms.

Jill is very outgoing, has many friends, and is well liked by her superiors, peers, and subordinates at Acme. Jill's behavior is assertive and appropriate in most contexts, and she is well-mannered. She was attentive to the examiner's directions, and very focused on the task of assessment.



**Appendix B**  
**Rating Instruments**

## Perceptions &amp; Attitudes

Rating of Subject

After reading the case summary, rate Jill in each of the following statements by circling the number you feel best describes her.

1. Jill is a skilled interpreter.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

2. Jill is dependable/reliable.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

3. Jill is depressed.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

4. Jill is organized.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

5. Jill is good-looking.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

6. Jill is friendly.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

## Perceptions &amp; Attitudes

7. Jill is honest.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

8. Jill is emotional.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

9. Jill is intelligent.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

10. Jill is hard working.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

11. Jill is affectionate.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

12. Jill is stable.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

13. Jill is well-liked.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

14. Jill has a positive attitude about herself.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

15. Jill is feminine.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

16. Jill is an effective problem solver.



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