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Identity and sexual identity in men with learning disabilities.

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Award date:
1997

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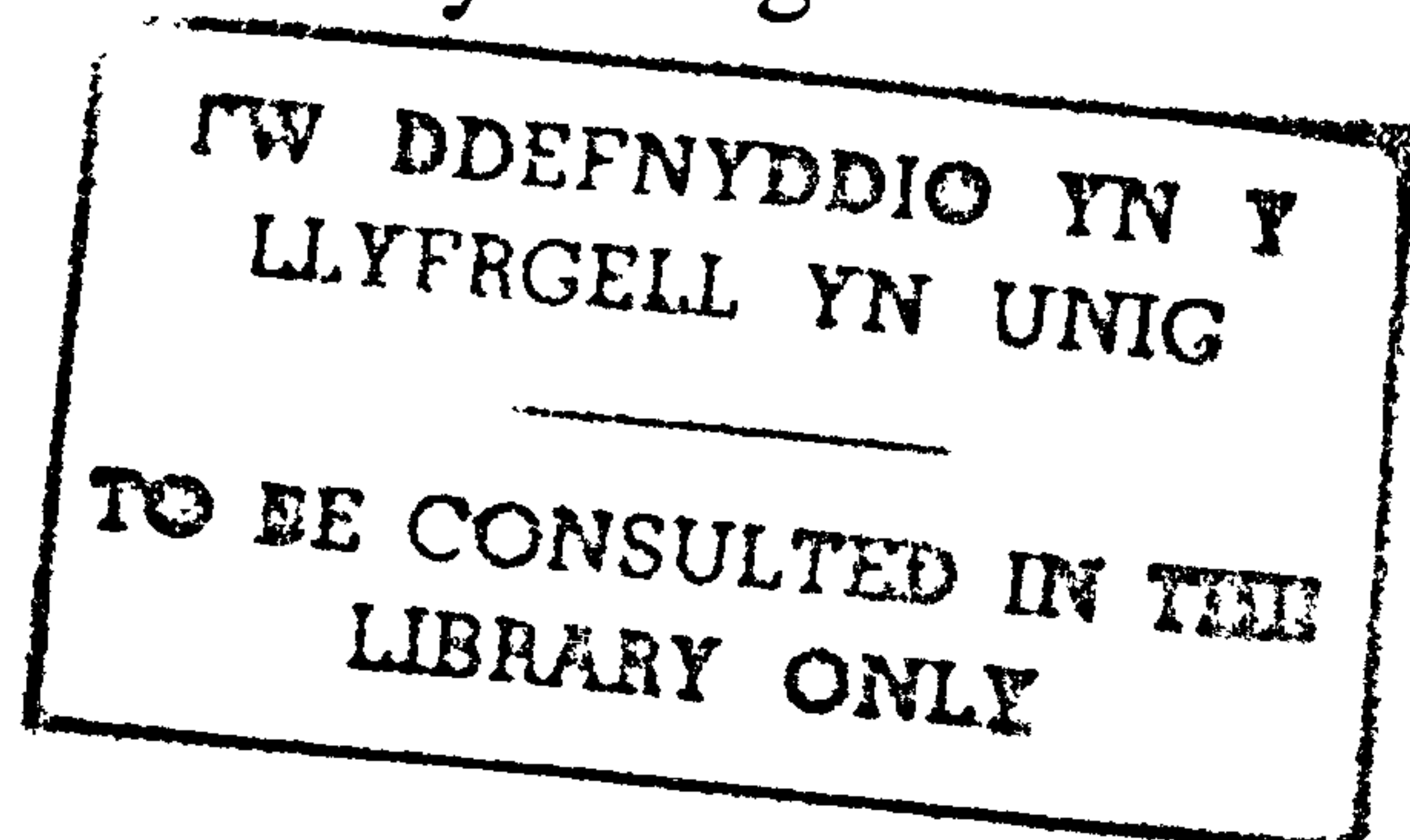
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IDENTITY AND SEXUAL IDENTITY IN MEN WITH LEARNING DISABILITIES

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Submitted in fulfilment of Part II of the
Degree of Doctor of Clinical Psychology
University of Wales, Bangor - March 1997



SUMMARY

Four men with mild learning disabilities who were known to have had sexual contacts with other men completed semi-structured interviews aimed at eliciting information about the identities they had formed in relation to their sexuality and their learning disabilities. The interview data was transcribed and analysed using a qualitative methodology, Grounded Theory. Diagrammatic and verbal descriptions of the identities formed by the participants were produced, and common emerging themes were outlined, facilitating the generation of theories about how men with learning disabilities form identities. These were compared with existing knowledge about sexual identity formation in the non-learning disabled population, and with historical information about the development of homosexual identities.

Men with learning disabilities were found to form quite different sexual identities to those formed by their non-learning disabled peers. Two participants were engaged in struggles to avoid having sexual identities, and a third had a fluctuating identity. Some of the identity solutions reached by participants could be better understood by making reference to historical, rather than contemporary, understandings of sexual identity. For all the participants, awareness of their learning disabilities had a marked impact upon their sexual identity, and disability itself also influenced identity formation. The roles of self-esteem, age, social context, negative experiences and individual coping strategies in identity formation were examined, as were the impacts of sexual identity upon psychological well-being and the practice of safer sex.

Clinical and Theoretical implications of the findings were outlined, such as the need for support of self-determined adaptive coping strategies, and the possible relationship between intellectual ability and the ability to form healthy sexual identities. In addition, implications for the understanding of sexuality in non-learning disabled people were noted and directions for future research were indicated.

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ACKNOWLEDGEMENTS

Thanks are due to all the following:

Dr. Gill Brown, for her unstinting help, support, advice and humour; for setting realistic targets and for seeing that I kept to them;

Dr. Karen Henwood, for untangling my beliefs about methodology, showing me a new way, curbing the bureaucrat in me, and giving me the enthusiasm to keep it all going;

Kath Hale, for services to graphic design, for support beyond the call of duty, and for having the right car stickers;

Clare Worthington, for transcribing all the interview tapes and for interesting comments about what it all meant;

Community Healthcare Bolton N.H.S. Trust for financial support and for leaving me alone to get on with it;

Dr. Robert Jones, for a very significant change of heart;

Jen Hunt, former lecturer (sic) in Clinical Psychology, for lucid, intelligent and insightful comments and some absolutely delicious pesto;

Sue, Laura, Irene and Ed, for letting me go on and on as if there were all the time in the world, and for sharing the experience;

Sue Threlfall, for reading the whole thing, for working with me for all this time and yet remaining in touch with reality, and for telling it like it is;

The many people who I work with who have spoken to me about this, given me their time and ideas, sent me articles, given me telephone numbers, taken it seriously and kept their faces straight;

My family, who are quite amazing;

Mary Coughlan, Helen Watson, Shara Nelson, Mary Chapin Carpenter, Tricky, Laurie Anderson, Mary Black and the rest of my C.D. collection for keeping me entertained;

And David O'Connor, for opening the door and turning on the light.

IDENTITY AND SEXUAL IDENTITY IN MEN WITH LEARNING DISABILITIES.

INTRODUCTION

Where does a piece of research begin? This one began with a concern about the level of risk of HIV infection which seemed to be inherent in the sexual behaviour of a group of the clients of a clinical psychologist, and a wish to find ways to reduce this danger. However, accounts of how to educate men with learning disabilities about safer sex (for example, Dixon, 1988; McCarthy and Thompson, 1992) seemed to rely on models of sexuality which were drawn from the general population, and to lack substantial consideration of the manner in which people with learning disabilities experience their own sexuality. Accounts have considered the subjects' learning disabilities only as a factor to be taken into account in finding the appropriate pitch and frequency of information given on this topic, and not as a formative developmental feature affecting their entire relationship with their sexuality. It seemed important, then, to actually begin somewhere else, with a consideration of how men with learning disabilities construe themselves, including their sexual selves, and to see what could be learned from these issues of identity which might prove constructive in alleviating the original concern.

The introduction will begin with a description of the history of the development of identities formed by men who have sexual relationships with men. It will then consider theories relating to the processes by which individuals construct identities which incorporate same-sex sexual behaviour,

and will examine the relationship between sexual identity and psychological and physical health. The focus will then narrow to consider how people with learning disabilities relate to their disabilities and to their sexuality, before reviewing the literature on the effects of stigmatising conditions upon health and how these can be ameliorated. The aim will be to establish the context within which this research seeks to consider both individual and group resolutions to the dilemmas presented by being learning disabled and having same-sex sexual relationships.

Before this can be done, some definitions of the psychological concepts under examination are needed. This research will make reference to the related terms 'Identity'; 'Self-concept' and 'Self-esteem,' and these can be described as follows: (adapted from Graafsma and Bosma, 1994).

Identity.

A concept which emerges from the fields of personality and social psychology, it refers to an individual's unique personality structure, and also to the ways in which others perceive the person's personality structure.

Self-concept.

This concept is most plainly expressed as a person's view or mental representation of themselves. It therefore implies more conscious cognitive processing and awareness than the concept 'Identity'.

Self-esteem.

This can be defined as the evaluative aspect of self-concept; that is, the value which a person attaches to the way they believe themselves to be.

Close examination of definitions of learning disability reveals that the importance of identity is implicit within them. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, (American Psychiatric Association, 1994) defines Mental Retardation as significantly subaverage intelligence coupled with deficits in adaptive behaviour. The significant elements of adaptive behaviour include communication, academic skills, sensori-motor skills, self-help skills, vocational skills and social skills. Social skills are generally assumed to consist of those abilities which determine individuals' performance in forming and maintaining relationships with others, skills which are in part reliant upon an individual's personality and upon the ways in which others see them. This thesis aims to examine an aspect of social functioning, sexual behaviour, in men with learning disabilities, in order to elucidate not only the phenomenology of this behaviour, but also what it means to have learning disabilities in a social world. It sets out to achieve this by considering how people with learning disabilities construe their sexual behaviour and their learning problems, including their construction of identities which incorporate these elements of their existence. Whilst there is an extensive literature on the teaching of skills to people with learning disabilities, and whilst techniques such as functional analysis may seek to explain the interaction between people and their social contexts, we know very little about how people with learning disabilities construe the social world and their interactions with it, or about how they identify themselves within it.

Issues of identity and self-concept have a central place within psychological thinking. In Beck's cognitive theory of depression, for example, it is one's views of oneself, the world and of the future which are seen as being critical in mediating psychological health (Beck, 1987). Thus negative self-views are expected to predict poor psychological functioning, an expectation which is born out by findings such as that by White et al (1992) who found that depressed people did perceive themselves to be inadequate and ineffectual.

By selecting as participants men with learning disabilities with a known history of sexual contact with other men, this research will allow comparisons with another population - homosexual men - amongst whom a great deal is known about how identity is formed and about its importance in psychological health. By virtue of facilitating comparisons with a group who have in recent history made marked progress towards the development of positive identities, it will also aim to indicate how it might be possible to promote the psychological wellbeing of people with learning disabilities.

The first task here, then, is to delineate the history of the position of people who are sexually oriented towards others of their own sex within Western societies, and then to look at how, within this evolving context, individuals form identities which incorporate their sexual behaviour.

A History of Homosexuality

'Perhaps it is fair to say that psychological approaches [to identity] compared to other approaches... have strength in attending to individual development within the person's life span, but often neglect the larger historical context in which human development occurs.'

(Bosma et al. 1994. p.65)

(i) The 19th Century

Whilst homosexual activity appears to have taken place in most societies and at all times (Miller, 1995), the development of a homosexual identity, and consequently the existence of homosexuals as they are now understood, are relatively recent innovations. The poet Walt Whitman (1819-1892), who had a succession of sustained intimate relationships with men, referred to the nature of these unions as "the love of comrades" or "adhesiveness" (Kaplan, 1980). Rotundo (1993) describes how in Victorian America, sexual contact between men could take place without this being indicative of any durable pattern of sexual behaviour:

"Physical contact was an incidental part of sharing a bed, but - and, in the context of a very affectionate relationship, this contact could express warmth or intimacy. It could even express erotic desire. In the absence of a deep cultural anxiety about homosexuality, men did not have to worry about those moments of contact".

(Rotundo, 1993, p. 85).

It was people who attempted to make a medical and scientific study of sexuality, rather than those who simply lived their lives and experienced it, who defined and named same-sex love. Kertbeny (1869) was the first to use the term 'homosexuality', in reference to a state which he believed to be present from birth. He was, at the time, seeking to prevent the advent of Prussian laws which criminalized sexual relations between men. The notion that sexual desire for members of the same sex could represent a fixed personality trait did predate Kertbeny's invention of a label for the trait: for example, Villerme (1824) believed that active pederasts were born with that condition and had inherited it. Generally, however, prior to the late nineteenth century, sexual acts between men were considered to be no more than that, and were subject to punishment by law and by God (Foucault, 1978). The acts did not define a person or endow him with an identity. Once homosexuality had become a medical category, homosexuals became people with pasts, who could be described in case studies by Doctors and scientists. As Foucault states:

"Nothing that went into [the homosexual's] total composition was unaffected by his sexuality. It was present in him: at the root of all his actions because it was their insidious and indefinitely active principle; written immodestly on his face and body because it was a secret that always gave itself away...The sodomite had been a temporary aberration; the homosexual was now a species."

(Foucault, 1978, p.43).

This species could now be studied. It could also be persecuted, and in response it could struggle for the right to escape persecution. Indeed, Kertbeny's invention of a label for people preferring same-sex relationships occurred *in response* to attempts to suppress them. Thus from its conception, a homosexual identity has been a construct with a clear aim: to assist in the protection of those adopting it from persecution and prosecution.

However, this aim has not proved easy to achieve. Kertbeny's arguments against the criminalisation of homosexuality would have a familiar ring to anybody listening to the debates surrounding the present day fight for equality for homosexuals. For example, he listed important historical figures, such as Newton, Michelangelo, Moliere, Napoleon I and Frederick the Great, who were known to have had same-sex sexual relationships, and pointed out that if they had been imprisoned the world would have been denied their achievements. He emphasised his belief that homosexuality is inborn, and that since sexual orientation is not an acquired trait, there would be no risk of homosexuals 'converting' the heterosexual majority to homosexuality. He also delineated the scapegoat function of homosexuals within society, noting that they were often persecuted in order to divert attention from the misdemeanours of their detractors. Finally, he questioned the right of States to interfere in the private lives of citizens if citizens' private acts did no demonstrable harm to any one. (Kertbeny, 1869).

Kertbeny did not act in isolation. Germany was at that time in the forefront of the study of homosexuality, and also of the liberation movement. Ulrichs (1864) had proposed the notion that homosexuals were a 'third sex', having a woman's mind in a man's body, and vice versa for lesbians. These ideas were influential for decades - for example, in the writings of Radclyffe

Hall (1928) - and as they embodied a notion of an unchangeable and blameless state of being, they provided important justification for arguments against persecution. Two years after Ulrichs died, the first homosexual liberation movement was formed in Germany (Lauristen and Thorstad, 1974). Founded by Magnus Hirschfeld, and called the Scientific Humanitarian Committee, it survived for thirty-five years until 1932, and its very name exemplified the manner in which it made efforts to generate more enlightened attitudes towards homosexuality, by eschewing moral and religious arguments in favour of rational thought and empirical study. Its three principal aims were to achieve the abolition of anti-homosexual legislation, to enlighten public opinion on homosexuality, and to encourage homosexuals to engage in the struggle for their rights. Almost one hundred years later, these aims will be read with depressing familiarity by anyone interested in promoting equality for homosexuals.

An insight into the life of homosexuals at the latter end of the nineteenth century is provided by August Strindberg (1891), who described a homosexual fancy dress ball thus:

'When it opened everyone behaved ceremoniously, almost as if they were in a mad house. Men danced with men, mournfully, with deadly seriousness, as if they were doing something they had been ordered to do, without pleasure, without a smile. Between the dances the couples sat gazing into each other's eyes, as if in them they could read their fate... They were bound together by unfathomable sympathy and the same

couples danced every dance together, did not leave
each other for an instant, faithful to the death.'

(Strindberg, 1891. p.12).

This description, laden with sympathy and shock, poignantly captures the dilemmas of gay life in Germany at the time, depicting individuals struggling to be together whilst living in fear of prosecution and exposure.

Perhaps surprisingly in view of the strictures placed upon sexual activity by conventional Victorian Britain, it was this country which also produced strenuous attempts to improve the status of homosexuals. Havelock Ellis was the first person to write a book in English which treated homosexuality neither as a disease nor a crime. *Sexual Inversion* was published in Germany in 1897, but in the aftermath of the Oscar Wilde trial it was banned in Britain until 1936 (Ellis, 1936). Ellis believed homosexuality to be a simple anomaly of nature, present throughout the animal kingdom and throughout history. He also used lists of homosexuals of unusual intellectual ability - Erasmus, Leonardo da Vinci, Cellini, and Sappho - to dismiss arguments that homosexuality represented a form of degeneracy. The inclusion of Sappho on this list is significant: Ellis was the first 'sexologist' to consider female homosexuality in a serious manner. Whilst eschewing the notion that homosexuals were members of a third sex, Ellis shared with Ulrichs the view that science would provide explanations of same-sex sexual attraction which would result in the elimination of anti-homosexual feeling.

(ii) The Twentieth Century

In 1914, Ellis and Edward Carpenter, a Socialist and prolific writer on the subject of sexuality, founded the British Society for the Study of Sex

Psychology, which concentrated on propagandist and educational activities. This group, which had a specialist subcommittee for matters relating to homosexuality, did not feel that the aim of ending anti-homosexual law, which was the focus of the German group, was a feasible one for the British gay movement. They focussed instead on attempts to promote empathy for homosexuals amongst heterosexuals, placing emphasis on a view of homosexuality as a physical condition for which no-one could reasonably be blamed, and yet which condemned those experiencing it to a life of persecution.

E.M. Forster, writing in 1913, illustrates how far these goals were from being achieved. He describes the fictitious visit of a young man concerned that he is homosexual to a Doctor, seeking advice:

' "So you've never guessed, " he said, with a touch of scorn in his terror. "I'm an unspeakable of the Oscar Wilde sort." His eyes closed, and driving clenched fists against them he sat motionless, having appealed to Caesar. At last judgement came. He could scarcely believe his ears. It was "Rubbish, rubbish!" He had expected many things, but not this; for if his words were rubbish his life was a dream.

"Dr. Barry, I can't have explained -"

"Now, listen to me, Maurice, never let that evil hallucination, that temptation from the devil, occur to you again."

The voice impressed him, and was not Science speaking?...

"I want advice," said Maurice, struggling against the overwhelming manner. "It's not rubbish to me, but my life."

(Forster, 1972. p. 144).

The German and British movements for sexual reform continued to operate throughout the first three decades of the Twentieth century, but in 1933 the Nazis began to systematically persecute homosexuals, and to suppress all organisations and information which might be sympathetic to their cause. The library of the Institute for Sexual Science in Berlin was raided, and books by Havelock Ellis, Freud, Oscar Wilde, Edward Carpenter and others were taken away to be burned publicly, along with a bust of Magnus Hirschfeld which was carried through the streets in a torchlight procession before being thrown onto the fire. The Fascist regime regarded homosexuality as a moral evil:

'Homosexuality is the mark of Cain, of a Godless and Soulless culture which is sick to the core.'

(Quoted in Reich, 1969, p.102).

They began to systematically murder homosexuals in June 1934, and in 1935 extended anti-homosexual legislation to outlaw kisses and embraces between men, and even homosexual fantasies. Tens of thousands of homosexuals were sent to concentration camps, the majority of whom died. In this climate it was obviously impossible for gay rights organisations to continue their activities, and they were dissolved, not to re-emerge until after World War Two.

Paradoxically, whilst the war brought about the demise of the homosexual rights movement in Germany - and indeed, in much of the rest of Europe including Britain - it had a major , and essentially beneficial impact upon homosexual identity in America (Berube, 1989). Despite strenuous attempts to ban homosexuals from the armed forces, many successfully eluded attempts to identify them and joined up. Their task in avoiding detection was made easier by the crude and naive criteria which were drawn up to assist draft officers in spotting them. These included the notion that male homosexuals were universally effeminate, spoke in a special homosexual vocabulary, and lacked a gag reflex (Newsweek, 1947). Thus during the massive mobilisation of personnel which took place, gay men and women from all over the United States, including many from isolated towns, were brought together and inadvertently provided with an opportunity to meet other people like themselves. They became aware of the existence of homosexuals throughout their country and from all sections of society; they built allegiances to one another in order to survive in environments in which they were not supposed to be present, and in the largely single-sex contexts in which they spent the war years and with persistent manpower shortages leading to reluctance to prosecute in all but the most public of cases, they were also able to experience a limited freedom to meet sexual partners and to be tolerated by their heterosexual peers.

The paradoxes inherent in these circumstances are delineated in the differing experiences of two American World War Two veterans. The first, a young draftee who had never left home before, wrote:

"You see, the army is an utterly simplified existence for me - I have no one to answer to as long as I behave

during the week and stay out of the way of the MPs on weekends."

(Berube, 1989. p.390).

The second, a lesbian woman formerly in the W.A.C, states:

"They started an incredible witch hunt in Tokyo. Sending five hundred women home for dishonourable discharges. Every day there were courts-martials and trials."

(Adair and Adair, 1978. p. 60).

When these people returned home from the War, they were no longer prepared to accept that their sexuality should remain forever an unspoken and unspeakable subject. They began systematically to consider the nature of homosexuality, to share information about how to survive in a generally hostile world, and to form secretive groups for gay men and women (D'Emilio, 1983). These organisations included the Mattachine Society and the Daughters of Bilitis. Within these societies, members explored who and what they were; debated whether or not they were suffering from some form of pathology; sought the advice of experts; and planned what they could do to improve their standing in American life. They fought legal actions, too, for their rights to congregate in bars without fear of arrest and to send the magazines they produced through the mail: finally, homosexual people, buoyed up by the knowledge of their collective contribution and sacrifices to the War effort, found the confidence to organise themselves to take effective action to remedy their situation.

Just as Ulrichs had hoped eighty years before, Science did contribute to this movement. The publications of the Kinsey reports (1948; 1953) on male and female sexual behaviour are widely credited with legitimising sexuality as a topic for public debate and discussion, and for altering how the public perceived its sexual behaviour (Marcus, 1992). Perhaps their most dramatic impact originated from the findings that 37% of men and 20% of women had had some form of homosexual experience. These statistics provided such powerful evidence against the notion that homosexuality represented a form of sickness that gay men and lesbians became able to challenge more effectively their own internalised feelings of sickness and guilt in relation to their sexuality, further strengthening their resolve in seeking to overcome their oppression.

The combined impact of the Kinsey reports and the sexual experiences of men and women at war had the effect, therefore, of greatly increasing public awareness of homosexuality, and indeed, of facilitating more open acknowledgement of their sexuality by some lesbians and gay men. Of course, this was not widely seen as a positive outcome, and concern was expressed that homosexuality was spreading: Sir Theobald Mathew, who became Director of Public Prosecutions in Britain in 1944, was amongst those who blamed National Service for this, stating that it had created a climate in which 'homosexuality can be easily acquired and become ingrained' (Davenport-Hines, 1990). Oppression continued, but with it came a heightened consciousness in homosexuals of belonging to a group: strengthened identity served as an adaptive response to repression : increased clarification of identity as a group sharpened the focus of repression, and a vigorous and increasingly public fight ensued.

In the 1950s in America, with McCarthyism in full swing, this fight had an understandably conformist tone. McCarthy inextricably intertwined homosexuality and Communism, and considered both to be at the roots of alleged attempts to destabilise the American Nation (Spencer, 1995). Attempts were made to hound gay men and lesbians out of all forms of public office, including government departments and (once again, and in a battle which rumbles on today) the Armed Forces. The Mattachine Society and the Daughters of Bilitis, based in San Francisco, responded by cultivating images of middle-class respectability, and by promoting highly conventional behaviour amongst their members. They counselled lesbians to grow their hair long and to wear dresses, and applauded police actions against gay men looking for partners in public places. They focussed on attempts to educate professionals, hoping thereby to influence public opinion, rather than on organising lesbians and gay men to be proactive on their own behalf. Such policies did not gain widespread support in the developing gay community, and the membership of these organisations remained small. Yet they did succeed in making contact with a significant number of professionals, and in initiating a dialogue which was a crucial step in changing anti-gay attitudes (Duberman et al, 1989). It is noteworthy that some of their tactics continue to be employed by some organisations striving for equality for lesbians and gay men today, and that these efforts are largely seen as complementary , rather than oppositional , to more militant efforts to achieve the same goals.

This more militant movement also originated in San Francisco, where, throughout the 1940s and 1950s an underground literary movement of poets and writers had evolved which dissented from the dominant post-war ethos of conformity and consumerism. By the mid-1950s this scene was attracting writers such as Robert Duncan, Jack Spicer and Allen Ginsberg, and its

products slowly reached a wider audience. Thus when a bookshop owner in the city was prosecuted in 1958 for selling obscene literature - Allen Ginsberg's 'Howl' - the media were ready to turn the spotlight on their activities, alleging that their lifestyles were those of alcoholics, drug addicts and sexual perverts, and claiming that they were turning 'the average American's value scale ... inside out' (Look, 1958). Many of the central figures in this literary movement - including Ginsberg - were gay men, and their work included descriptions of gay male sex as joyous, delightful, and even holy (McNally, 1979) . Their writings gave lesbians and gay men a new way to look at their lives, as a form of protest against stultifying expectations of American lifestyles and sets of values: as a way of being in control, rather than as victims of their biology and society's prejudice.

Two homosexual-related scandals provided the catalysts which finally resulted in the welding together of the views of the literary movement with the aspirations of homosexuals in the city. In the first, in 1959, a mayoral candidate accused the incumbent mayor of allowing San Francisco to become the national headquarters of organised homosexuals in the U.S.A., charges which were vigorously denied, but which, as a result of intense media coverage, made the entire city aware of the 'homophile' organisations (the Mattachine Society and the Daughters of Bilitis) in its midst. In the second a year later, several owners of gay bars reported to the District Attorney a long history of extortion by the police, and a detective and a state liquor department investigator were caught with marked money and convicted. This scandal seriously embarrassed the police and the city administration, and together the two gave the city a reputation as the national home for rebels and deviants. The police responded by systematically harrasing the city's gay population, prosecuting individuals for sexual misdemeanours and revoking the licenses of gay bars, including all of those

who had testified against the police department during the preceeding scandal.

As a direct response to this, an openly gay man, Jose Sarria, stood for election as city supervisor. He knew he had no chance of winning, but he wanted to prove that he had the right to run for public office 'because in those days people didn't believe that you had rights' (Sarria, 1979). Sarria's campaign influenced the development of a range of lesbian and gay political activities which gained momentum throughout the 1960s. These included the publishing of a gay newspaper which used tabloid tactics to expose gay oppression and urged gay men and lesbians to vote as a bloc during local elections. (This latter method proved astonishingly effective: by 1963 candidates for public office were promoting their electoral chances by taking out advertisements in the paper). An organisation called the Society for Individual Rights (SIR) was also formed, and began to pay attention to the social needs of homosexuals, promoting sponsored dances, bridge clubs and picnics, and opening a community centre in addition to political activities such as promoting voter registration and public picketing.

Gradually, barriers of isolation were broken down. The Methodist church began a dialogue with homophile organisations in 1964, and after witnessing police oppression of homosexuals entering a New Year's Eve party that they had sponsored, a section of the city's Protestant clergy began to speak out for gay rights and to discuss homosexuality with their parishioners. The Daughters of Bilitis were able to plan ten days of public fora in 1966 at which city officials addressed themselves to gay concerns, and a 24-hour helpline was set up to respond to incidents of police brutality. San Francisco came to be regarded as the gay capital of the U.S.A. However, it was to remain unique in the amount of freedom won by its lesbian and gay citizens for some

years, as homosexuals in the rest of the country remained isolated and invisible, with no nation-wide gay movement to support them.

Homosexuals in Britain had undergone a similar process. The post-war years had seen a great increase in the number of prosecutions for homosexual behaviour, from 800 in 1945 to over 2500 in 1955 (Grey, 1992). A homosexual policeman described the situation thus:

"A small group of policemen ... specialised in catching homosexuals. They hardly talked of anything else, working themselves into a non-stop giggling fit when they had an appreciative audience, sprinkling their anecdotes with 'dirty bastards' lest anyone should think they found pleasure in what they talked about so much. They were often struck off uniform duty and, slightly disguised, concealed themselves in the bushes and urinals on Putney towing path, bringing in triumphantly about once a fortnight a couple of lonely old gentlemen [they had] caught ... and for the next month tittering and sniggering with their friends over the details".

(Daley, 1986).

Reputations and businesses were left in ruins, married men committed suicide and tabloid papers jumped in to fan the fires of the witch-hunts, giving lurid accounts of the depravity and degradation which supposedly characterised the lives of homosexuals. Members of the Labour Party in the House of Commons protested at these injustices, as did a solitary Conservative, Sir Robert Boothby, who was bisexual. In 1954 the Government set up a Home Office departmental committee under the

chairmanship of John Wolfenden, vice-chancellor of Reading University, which had the remit to study and then report upon the state of the law relating to homosexuality and prostitution. It is probably not a coincidence that this committee was set up in the aftermath of the much publicised trial of Lord Montagu of Beaulieu and his co-defendants, Peter Wildeblood and Michael Pitt-Rivers (Wildeblood, 1955), who were imprisoned for consenting homosexual acts. The British public seemed quite happy to accept the routine persecution of the poor and underprivileged, but felt disquieted when the same laws were used to make examples of rich people.

Some of the evidence given to the committee was breathtaking in its naivete. The British Medical Association, for example, suggested that a cure for homosexuality could be found by mixing Christianity with forestry, farmwork and market gardening (Davenport-Hines, 1990.). The police and legal experts expressed the view that young people could be seduced into lives of homosexuality, and although this notion was dismissed by the medical witnesses, it caused great alarm amongst parents, just as it does today. The Law Society, the B.M.A. and many other witnesses opposed the decriminalisation of homosexual acts, despite which, when the report was published in 1957, it recommended that this should happen (Wolfenden, 1957) so long as the acts concerned took place in private and were consenting. However, the Conservative Government disagreed, and no bill was drafted. This prompted a group of distinguished figures, including J.B. Priestly, Isaiah Berlin and Angus Wilson to form the Homosexual Law Reform Society. The Government stated that it would not implement reform until a shift in public opinion had occurred : when the Society demonstrated that it had, they chose to disregard this information on the grounds that it was unreliable.

Thus it was not until 1966, when the Labour Party won the General Election, that a Bill was introduced by Leo Abse, becoming Law in 1967, although the Bill only affected England and Wales. Scotland did not follow suit until 1980, Ulster in 1982, the Channel Islands in 1983, and the Isle of Man in 1992. In all instances, the Bill which was passed placed greater restrictions on homosexual behaviour than had been recommended in the Wolfenden Report. It should also be noted that the Bill refers only to male homosexual behaviour: lesbian sexual acts had never been prohibited by Law.

On both sides of the Atlantic, homosexuals were expected to be satisfied with the narrow freedoms they had won. In the face of increasing prosecutions and harassment by the police, they were not. Finally, an event occurred which has often (very mistakenly, as will be clear from all the above) been credited with giving rise to the movement for homosexual liberation. In the early hours of the morning of June 17th 1969, eight Police officers raided the Stonewall Inn, a gay bar on Christopher Street, in Greenwich Village, New York. The manager was served with a warrant for selling alcohol without a licence, whilst anyone with no identification or who was wearing the clothes of the opposite sex was arrested. On this occasion, unlike previously, those who had not been detained did not simply go home, but congregated outside the bar. When the Police van arrived to take away those who had been arrested, the crowd began to boo, and a cry went up to turn the van over. Before that could happen it drove off : the next person to emerge from the bar under arrest was a lesbian, and she was fighting with the arresting officers. This was the trigger for the crowd to get angry. They began to hurl beer cans and bottles at the windows of the bar, and to throw coins at the Police, who had to take refuge inside (Truscott, 1969).

The scene escalated; the crowd tried to set fire to the club and the Police turned a fire hose on the crowd. Police reinforcements arrived and the disturbance continued for some time, the crowd regrouping each time the Police thought they had succeeded in dispersing them. Order was finally restored, but the next night the Police and the crowds returned, and this time there was more of an overtly political tone to the crowd's stance: they had written 'They invaded our rights', 'Legalise gay bars', and 'Support Gay Power!' on the boarded-up window of the bar (Duberman, 1993). More rioting ensued, but by the next night (Sunday) the situation was calmer. This crucially symbolic event represented the first time that gay people had directly fought back against oppression, and it left an indelible impression on subsequent efforts to achieve equality, instilling the gay rights movement with a new confidence and openness. This change was apparently evident as soon as the Stonewall riots had occurred; Ginsberg commented at the time 'The guys were so beautiful, they've lost that wounded look that all fags had ten years ago' (Teal, 1971).

Gay rights movements were galvanised into new and dramatic actions on both sides of the Atlantic. In Britain the Gay Liberation Front (G.L.F.) was formed, an organisation which regarded itself as revolutionary. Kissing, embracing and holding hands on the street marches which they organised were accompanied by demands that discrimination and oppression must end. 'Coming out' - making open statements of being homosexual - came to be regarded as a central necessity in this fight and in the individual's fight for psychological health, pride in oneself being seen as a necessary precursor to speaking to others without being burdened by the guilt and shame which had previously routinely accompanied a person's discovery of their own homosexuality. The G.L.F. set about challenging stereotypes associated with

their sexuality, deliberately presenting an aggressive image and engaging in demonstrations when, for example, they were informed of pubs where customers who were believed to be gay had been turned away. They also set up their own clubs where gay men and lesbians could meet in a relaxed atmosphere. In all these activities, which also extended to the promotion of annual Gay Pride marches, the G.L.F. was joined by the Women's Liberation Movement, as recognition grew of the impact that restrictive gender roles had upon acceptance of homosexuals within society.

Unfortunately, women associated with the G.L.F. quickly realised that gay men were no less sexist than their heterosexual counterparts, despite their shared experiences of oppression, and in 1972 they broke away to form their own organisations (Weeks, 1977). At the same time many gay men began to express their dissatisfaction at the tactics used by the G.L.F., and a proliferation of less militant groups were set up, including the Campaign for Homosexual Equality. 1972 also saw the founding of Gay News, a populist gay newspaper, from which the contact advertisements made a significant contribution to the furthering of gay equality by putting otherwise isolated gay people in contact with one another and the various local gay groups which were springing up across Britain.

Gay rights organisations in America were equally forceful in their activities during the post-Stonewall years, focussing with some success upon attempts to achieve the repeal of local laws forbidding homosexual acts, and on the elimination of police harassment. They also maintained the durable concern with how they were perceived by 'experts', and they campaigned successfully to have homosexuality removed from the official list of psychological disorders: when D.S.M. - III was published in 1980 the classification had been removed, and by the time the revised version of this manual was produced in

1987 all reference to homosexuality had been deleted from it (American Psychiatric Association, 1980, 1987).

These efforts and achievements have not led to the extinction of anti-homosexual feelings, acts or theories. Strident public displays of homosexuality raised not only public awareness but also hostility from sections of the public, the press and the Government. Many of the gains made seemed likely to be threatened in the early 1980's by the advent of AIDS, which provided a sharp focus for homophobic attitudes, as it seemed to represent something clear for which homosexual men could be blamed (Herdt, 1992). Whilst gay men responded rapidly to the crisis by making rapid and extensive changes to their lifestyles and particularly their sexual behaviour, the response from governments was widely seen to be slow, inadequate and bigoted (Levine, 1992), and their doom-laden, heavily symbolic and vague education campaigns seemed to many gay men to exploit and promote widespread feelings that AIDS was a form of divine retribution for the sins of homosexuals. Calls were made for the testing of all people belonging to 'high-risk' groups and for the segregation of the sick and dying.

Once again, however, the impact of renewed oppression of homosexuals was the renewed politicisation of them: the numbers of gay men and women belonging to campaigning organisations increased, and many of the groups formed to tackle oppression generated by the AIDS crisis also found themselves embroiled in new campaigns to allow the admission of homosexuals to the Armed Forces, for example, and to lower the age of consent for homosexual men. They had much to fight against, with right-wing governments in Britain and America making clear anti-homosexual statements, and in Britain with the introduction in 1988 of Section 28 of the

Local Government Act, which forbade the 'promotion' of homosexuality . Whilst this law is thought to be unworkable, its intention was surely to demonstrate the Conservative Government's antipathy towards gay people, rather than to actually do anything 'real' about it: it was a sop and an encouragement to the homophobes amongst the Government's supporters.

Since the defeat of the Republican President in the United States, and with a less authoritarian leader of the Conservative party in Britain (which in addition had a smaller majority making it more vulnerable to changes in the voting habits of minority populations) there has been a softening of anti-gay attitudes. In both countries elected officials have been able to come out as gay and to be successful in being re-elected, and there has been a marked reduction in anti-gay rhetoric from their colleagues. In addition, AIDS is no longer big news, and when AIDS stories are reported, they are increasingly likely to be about improvements in efficacy of treatment. Another period of consolidation of gains made thus far seems to have begun, and whilst the staunch opposition shown by the Armed Forces to the admission of gay men and lesbians to their ranks demonstrates that homophobia still exists in some highly virulent strains, it is clear that gay rights organisations now have the confidence and stability to tackle these effectively.

(iii) Historical summary

A section of this study will consider how the struggle of individual men with learning disabilities to establish identities for themselves that include their sexuality compares to the history of the struggle described here by homosexual men to establish identities and rights for themselves, and therefore it is important to stop here to summarise how this latter battle has proceeded. It should be noted that the history recorded here adopted an arbitrary starting point and that it is, as a result, devoid of a context at its starting point. In reality, the history of homosexuality may be as long as the history of humanity, and it is only reasonable to relate here that part of it which seems to have a relatively marked effect upon the current status of homosexuals in our society.

Thus the first stage of this history was an attempt to institute laws forbidding homosexual acts: the response to this was to label people who showed a consistent pattern of same-sex sexual contacts - resulting in the development of the term 'homosexuality' - and to suggest that this was a permanent condition which was present from birth. The many valuable contributions which had been made by homosexuals to society were also noted. As legal persecution continued, people began to organise themselves into groups to fight the oppression, centering their arguments upon rational thought and scientific evidence, whilst also encouraging homosexuals themselves to engage in the struggle for their rights. Bound up in cultural beliefs about the inherent pathology in their sexual desires, homosexuals were not generally able to reach this latter goal. Then there followed a period of the most intense persecution of homosexuals, extending to genocide, in the place (Germany) where the fight for their rights had begun. As other countries joined forces to fight this common enemy, the fledgling homosexual rights movements in

those countries temporarily ceased their activities, although the bringing together of so many people inevitably led to the bringing together of many thousands of homosexuals who were simultaneously shown how widespread they were in society and that they were as capable as anyone of making significant contributions to the well-being of their communities. They were also exposed to further attempts to suppress them within the very organisations which they were supporting, and these factors combined to give them the confidence to organise themselves to take action to improve the situation.

These first organised groups attempted to cultivate highly respectable images and to use scientific knowledge to further their cause. Frustrated by the relative lack of progress made, supported by groups of others who were dissatisfied with the post-war ethos of conformity, and spurred on by public exposures of the oppression they were experiencing, some more militant groups were formed who were prepared to take direct action to acquire ordinary human rights. As gradual progress was made towards limited legal acceptance of homosexuals, so awareness grew that gay people did have rights, until an event of open repression of them led to open revolt by people who now believed that that they had suffered for too long. Their identity was now clearly formed; they were a group bound together by a common sexuality and shared experiences of oppression, they had a name - gay - which they had chosen for themselves, and they had a set of common aims towards which they were striving. Whilst they were not able to remain together as a single force fighting ongoing legal restrictions, splitting up into factions led to a diversification of the methods that they used and may have resulted in increased efficacy. Thus when a new challenge faced them in the shape of AIDS they were quickly able to respond, to educate themselves and others, and to limit the potential damage to their position and their identity. They now

represent a mature political force within society, ready to confront signs of growing homophobia as they emerge. They are now also finding the strength to examine their sexuality in more depth, to see it not only as but one facet of themselves, but also as a more fluid and shifting phenomenon than they were forced to believe it was when that was essential to their fight. Confident, mature, organised: homosexuality has acquired psychological health despite the stresses to which it continues to be subjected.

Homosexual Identity Formation

The above is the story of the group: what about the individual? What theories have been put forward which might explain how each individual comes to understand their own sexuality and to form an identity which incorporates it when they have lived their life in a culture with this history of homosexuality? There have been several attempts to describe this process (Plummer, 1975; Troiden, 1977; McLellan, 1977) with the most prominent and widely researched of these being that developed by Vivienne Cass (1979; 1984). She has produced and tested a six-stage theory of homosexual identity formation, which can be summarised as follows:

Stage 1 : Identity Confusion. In this stage individuals notice that aspects of their experiences - actions, feelings or thoughts - may be defined as homosexual. This leads them to feel confused and to question previously held identities relating to sexual orientation. The person can then consider the possibility of adopting a homosexual identity , accepting it as positive or negative, or reject this possibility, foreclosing progression to later stages.

Stage 2 : Identity Comparison. Having accepted that a homosexual identity may be possible, the individual is likely to feel a sense of isolation as they

become aware of the difference between themselves and nonhomosexual people. Assuming that the person does not decide in the light of this awareness that a homosexual identity is intolerable, they may begin to contemplate making contact with other homosexuals in order to overcome feelings of isolation.

Stage 3 : Identity Tolerance. The person begins to seek out other homosexuals in order to meet their emotional, social and sexual needs, feeling that it is necessary, rather than entirely desirable, to do this: the person is thus tolerating, rather than accepting a homosexual identity. At this stage the individual is likely to make very little disclosure to heterosexual acquaintances. Contact with homosexuals may prove positive, which would lead the individual towards the next stage, or negative, which might prevent this. Two separate images tend to be maintained during this phase; a public image of heterosexuality, requiring the person to play out a heterosexual role, and a private homosexual image which is only revealed when in the company of other homosexuals.

Stage 4 : Identity acceptance. As the person spends more time with other homosexuals and increases their exposure to gay venues, they develop a more positive view of homosexuals and begin to build up a network of gay friends. They maintain a philosophy of fitting in to society, which means that they pretend to be heterosexual at appropriate times, whilst retaining a homosexual 'lifestyle' at others. This prevents the individual from having to face the possibly negative responses of others towards their homosexuality. They are likely to make carefully selected disclosures to others, especially friends and relatives. If the person feels able to avoid confrontation with others who are hostile towards homosexuals, they are likely to fix their identity at this stage: otherwise, they will move into the next stage.

Stage 5 : Identity Pride. Here the individual will feel strong pride in their homosexuality, and fierce loyalty to homosexuals as a group, whilst developing a negative view of heterosexuals, who are seen as the source of negative views of homosexuality and of prejudice and oppression. The homosexual individual is likely to make open disclosures of their sexuality and to enter into direct confrontations with nonhomosexuals in order to demonstrate the validity and equality of homosexuals. It is the response to these confrontations which governs whether or not the individual moves past this stage. If the response is hostile, as the individual has predicted, then they are likely to fix their identity at this stage. However, if they are not, this creates cognitive dissonance, which is resolved by moving on to the next stage.

Stage 6 : Identity Synthesis. Having received positive responses from some nonhomosexuals, the individual becomes aware that it is not valid to divide the world up into good homosexuals and bad heterosexuals. The anger and pride of stage 5 abate somewhat as a homosexual identity ceases to be the primary identity possessed by the individual and becomes only a part, albeit an important one, of the way a person views themselves. As the homosexual identity is no longer hidden, disclosure ceases to be an issue. The person's own view of themselves and the views they believe others to hold of them become synthesized into one integrated identity that unites private and public aspects of self. This generates feelings of peace and stability, and the process of identity formation is complete. Cass does not ascribe fixed durations to any of these six stages, and reports that they will vary greatly in length from one individual to another.

The reader may be interested to note the similarities between this view of how individual homosexuals come to terms with their sexual orientation and the historical process which has led to the context in which these individual accommodations are reached. For example, both involve increasingly public expressions of sexuality, and both pass through a stage in which direct confrontation with nonhomosexual society is felt to be necessary. The individual appears to re-enact the struggles of the group in reaching a stable identity, and clearly, it would be very difficult for any individual to reach stages 4,5 and 6 of Cass' model if the group had not achieved the changes in societal attitudes which have meant that homosexuality is at least discussable and, in some circumstances readily accepted.

Cass' own research (1984) provides evidence for the validity of the content of the six stages and for the order in which they occur, although she also found that there was blurring between the stages such that stages 1 and 2 and stages 5 and 6 may not be entirely discrete from each other. Brady and Busse (1994) developed a questionnaire, The Gay Identity Questionnaire, based upon Cass' theory, which used 45 items to assign people to one of Cass' six stages. They administered it to 225 men who had reported same-sex fantasies or engaging in homosexual behaviour. Their results suggested that stages 1-3 and stages 4-6 did, in fact, group together and therefore they suggest that homosexual identity formation consists of two stages, with the principal differences between the two stages being whether or not an individual has resolved a coherent self-identity as homosexual and has a sense of where they belong as homosexuals. However, they did find that each of their subjects could be assigned to one of Cass' six stages, and they do not question the nature of the process she has proposed through which homosexuals pass. The two-stage model they produced may be an artefact of

the relatively small number of items in their questionnaire, resulting in a loss of discriminative sensitivity, rather than to the non-existence of six stages.

Alternatives to Homosexual Identities

Not all people who engage in same-sex behaviour do identify themselves as gay or bisexual. Hencken (1984) describes a variety of common conceptualisations of homosexual behaviour which enable people to avoid the stigma of homosexual self-labelling. He notes that society gives people the problematic messages that homosexual behaviour makes a person homosexual, and that being a homosexual is bad. Thus some individuals strive to maintain their self-esteem, sexual and emotional satisfaction, and coherent identity by finding ways of explaining their homosexual behaviour other than accepting that they are homosexual. These include ascribing their homosexual acts to having been drunk; reporting only having homosexual sex for money; reporting that they only allow partners to 'do things' to them without reciprocation; describing the acts as 'just physical'; ascribing the acts to states of extreme sexual arousal; describing the acts as experimental; stating that homosexual acts were only engaged in in order to generate variety; stating that sexual contact is more available from same-sex sexual partners than from opposite sex partners; stating that only members of the same sex can know how to please each other sexually; saying that the acts only took place when the individual was going through a 'phase'; claiming that there were no other opportunities for sexual outlet; claiming to have been seduced; claiming not to have enjoyed the homosexual sex; stating that the sexual partner was just a very close friend; stating that the homosexual contact could only take place with the one member of the same sex who the individual happens to love, and claiming that it was a political decision to have a homosexual relationship. This article also points out that the

phenomenon of men who are sexually active with other men without adopting a gay or bisexual identity illustrates the psychological inadequacy of concepts of sexual orientation. Doll et al (1992) found that 25% of a sample of men who had had sex with other men identified themselves as heterosexual, although in this American study clear differences between cultures emerged in terms of how individuals were likely to identify themselves : 34% of the Hispanic men in the sample identified themselves as heterosexual.

It is not the contention of this thesis that a homosexual identity necessarily represents some fixed internal state of the individual holding that identity, but that it serves the adaptive function of enabling the individual to maintain their psychological well-being in societies which retain high levels of anti-homosexual feeling. It has been widely documented (Benedict, 1938; Carrier, 1980; Van Baal, 1984; Herdt, 1990) that other cultures can integrate homosexual behaviour into their social structures without it having any impact upon individuals' identities, or even by having it as a compulsory aspect of peoples' behaviour, in which circumstances it has a negative impact on an individual's social standing and identity if they do not participate (Herdt, 1987). However, the participants in this study will have lived their lives in a culture where homosexual identities are the norm for people who engage in sexual contact with people of the same sex, and it will be important to examine how they have been influenced by this. Indeed, other researchers have highlighted the need to pay attention to individuals' social contexts (Cain, 1991; Donovan et al, 1994) in order to understand their relationship with their sexuality, and have suggested the use of qualitative research methods in order to achieve this (Parker and Carballo, 1990).

Sexual Identity and Psychological and Physical Health

Brady and Busse (1994) built into their study an examination of the psychological health of their subjects. They found that subjects in the second stage of their model had better psychological health than those in the first stage. Examining subjects in terms of their position in relation to Cass' six stages, they found that subjects leading fairly 'closeted' lives at stage 4 were as psychologically healthy as those who were 'out' and in stages 5 and 6. They suggest that psychological health is related to having a coherent self-identity as gay and to having a significant degree of contact with some aspect of 'gay culture', rather than to open disclosure of sexual identity. Brady and Busse also note that 'coming out' and becoming involved in the homosexual community is not a process which relies solely on the resolution of a homosexual identity, but is also dependent upon other factors including occupation, where one resides and with whom, sex role socialisation and 'cognitive complexity'. Thus they imply that being learning disabled will have an influence upon an individual's ability to access systems which are likely to support them in developing a healthy homosexual identity.

Other researchers have also documented links between sexual identity formation and psychological health. For example, McDonald (1982) found that subjects who were not happy with their homosexual orientation had lower self-esteem, were lower in mood and were more likely to experience anxiety than those who were at ease with their homosexual identity. Dempsey (1994) reported that gay, lesbian and bisexual teenagers were more at risk of a variety of behavioural and emotional problems, such as running away, violence, dropping out of school and suicide, if they were unhappy with their sexual orientation, and Vincke et al (1993) found that when individuals received negative responses to them 'coming out' they were likely to feel less

positive about themselves and to be more likely to take part in sexual acts which placed them at risk of HIV infection. Seibt et al (1995) demonstrated that gay men who had formed positive sexual identities and were integrated into gay 'culture' - for example, by belonging to a group for gay men or by reading national or local gay newspapers and magazines - were more likely to engage only in safer sex than those who were not. This supports an earlier finding by Connell et al (1989) that safe sex was more likely to be adopted by adult gay and bisexual males if they had a clear gay identity which was supported by their social milieu.

Perhaps most tellingly, Ross and Rosser (1996) have developed a scale to measure internalized homophobia amongst men who have sex with men. Factor analysis revealed that there were four dimensions of this phenomenon: Public identification as gay, perception of the stigma associated with being gay, social comfort with gay men, and the moral and religious acceptability of being gay. They found that in addition to being less satisfied with their relationships, men with high levels of internalized homophobia were more likely to be HIV positive than those who rated low for internalized homophobia. It is not overstating the case to note that reaching a homosexual identity with which an individual is happy can protect them against psychological dysfunction and early death.

Sexuality and People with Learning Disabilities

In working with people with learning disabilities who have same-sex sexual relationships, clinical psychologists are faced with special difficulties which are rarely encountered in the general population. Matters relating to the sexual behaviour of people with learning disabilities are amongst the most

contentious and complex of all the challenges the profession faces. Rhodes (1993) examined the changes which occurred in attitudes towards this group over the 150 years up until the 1960's and found that despite great changes in perceptions of the place of people with learning disabilities in society, including, for example, wider acceptance of their right to live in the community, a constant feature of their treatment has been society's resistance to or denial of a sexual, marital or reproductive life for them. Between 1880 and 1940 the eugenics movement led to the forced mass sterilisation and segregation of these members of society. Kempton and Kahn (1991) state that the growing civil rights movements and the 'sexual revolution' of the 1970's were amongst the catalysts for change, as were the moves towards normalisation and deinstitutionalisation of people with learning disabilities. Subsequently, parents and professionals have begun to work together to find ways to help their offspring and clients to understand their sexuality and to engage in appropriate and self-valuing sexual behaviour. Kempton and Kahn also point out that the AIDS epidemic has provided a new impetus for work aimed at improving education and training in this field. This work was already begun : Coleman and Murphy (1980) found that 84% of institutions for people with learning disabilities provided sex education, although explicit sexual activity by residents other than masturbation was generally disapproved of and in many cases forbidden.

More recent research appears to show advances on these attitudes. Johnson and Davies (1989) found that professionals had positive attitudes towards the sexuality of people with learning disabilities which compared reasonably favourably to their views on the sexuality of non-learning disabled people. By contrast, parents had more restrictive views on what was permissible for their learning disabled offspring compared to their non-learning disabled peers. Topics provoking the most controversy were abortion, sterilisation and

homosexuality. The authors argue that the restrictive views of the majority of the population exert a powerful influence on staff and create difficulties for them in attempting to implement their essentially permission-giving and liberal views. Murray and Minnes (1994) found generally moderately liberal attitudes towards the sexuality of their clients amongst a group of people providing services to people with learning disabilities, with younger staff and those who had had a university education having the most liberal views, and with professional staff having more liberal attitudes than direct care staff. However, the picture is far from being entirely positive. McCabe (1993) reports that caregivers and parents continue to have largely negative attitudes towards the sexuality of people with learning disabilities, perceiving it as a problem or ignoring it, and that this leads to unmet needs for sexual knowledge.

This is not to say that there have not been substantial efforts to provide sex education to people with learning disabilities. Indeed, there is a very substantial literature on this subject. Ann Craft (Craft and Craft, 1982; Craft, 1994a) has been particularly prolific on the subject. She describes a wide range of topics to be covered, which include personal relationships, social skills, masturbation, sexual intercourse, reproduction and contraception, and suggests methods for communicating them to their intended audience. For example, the 'Picture Yourself' pack (Dixon and Craft, 1992) contains a variety of pictures of people in various social and sexual contexts, and gives practical advice about how these topics might be discussed with people with learning disabilities, using the pictures as prompts. Detailed coverage of the topic of homosexuality is noticeably absent from most of Craft's work, which formerly concentrated on marriage and marital relationships between people with learning disabilities. In her 1982 publication she considered that homosexuality was a pathological and

abnormal expression of sexuality, and more recently (Craft, 1994a) the topic is only mentioned in the contexts of 'problem behaviour', AIDS, and in a brief section of its own which urges professionals to be sure that this behaviour is not occurring because the individuals concerned do not have access to members of the opposite sex. This latter suggestion, although obviously homophobic, actually reveals an interesting point about Craft's views on sexual behaviour if it is turned around. Does Craft mean that she believes that most people would engage in homosexual sex if they were deprived of contact with the opposite sex - an assertion which would apparently be true for men (Wooden and Parker, 1984)? Or does she believe that the sexuality of people with learning disabilities is somehow more flexible and adaptive than that of the general population? This recent book, 'Sexuality and Learning Disabilities', makes no mention of how sexuality might develop in people with learning disabilities, taking a nuts-and-bolts approach to the subject which is essentially atheoretical, and as a result does little to advance understanding of the subject which forms its title.

Dixon (1988) has produced a resource book for educators in this field. This covers some issues in great detail, including self-esteem, relationships and pregnancy, birth and parenting, perhaps reflecting the author's family planning service background. She provides interesting and realistic case vignettes to be discussed with clients, with suggestions for questions which might be asked in order to assess clients' knowledge and to promote understanding. It gives substantial consideration to the needs of people who use wheelchairs and lists an extensive set of resources which can be accessed to widen the knowledge of the educator. However, despite claims to 'cover all of the major issues that will be of concern to you and your students', it gives almost no consideration to male homosexuality (there is one case vignette in which one of the characters is male and the other has a gender-

neutral name, Chris) and none whatsoever to lesbian sex. One is forced to conclude that Dixon does not regard these topics as major issues. Again, although providing many useful practical suggestions - which is the book's aim - there is little here to challenge the orthodoxy that models of sexuality developed by studying the general population can be applied without modification to people with learning disabilities.

McCarthy and Thompson (1992) have also produced significant work on this topic, and this seems to be less conservative than that produced by Craft. Originally based in Hertfordshire at Harperbury Hospital, they were members of a sex education team set up for people with learning disabilities. Their work was influenced by feminist theory, taking the view that because they are oppressed as women and as people with learning disabilities, women with learning disabilities will have great problems in negotiating and achieving satisfaction in their sexual relationships. It also acknowledges the heterosexism of society, and is concerned about the impact that this has on the ability of services to meet the needs of learning disabled men who have sex with men. These concerns led them to develop an educational pack, 'Sex and the Three R's : Rights, Responsibilities and Risks', which covers a wide range of behaviours and gives substantial consideration to the needs of women and of men who have sex with men. For example, it covers lesbianism, male homosexuality, sexual abuse, safer sex, pornography and relationships with non-learning disabled people in detail, and uses more explicit pictures than those published by Craft to assist educators in discussing and explaining these topics.

These authors' stance is quite explicitly that they regard homosexual relationships as equally valid as heterosexual relationships, and are also clear that homosexual acts do not necessarily mean that the participants are

gay. However, their justification for making this statement is that 'a large number of men without learning difficulties who have sex with men do not consider themselves gay'; once more, direct comparisons to non-learning disabled people are assumed to be appropriate. Rather more positively, McCarthy and Thompson give suggestions regarding how learning disabled people might be supported in their same-sex sexual contacts, placing emphasis on the need for explicit verbal approbation by care staff, and are realistic about the probable response of gay venues to the introduction of people with learning disabilities, whilst seeing this as a desirable aim.

Some consideration has also been given to the topography of services which are set up to provide sex education to people with learning disabilities. Ames (1991) has proposed that the personnel in such a service should include a nurse, a social worker, a psychologist and a sexuality educator, and that these people should work collaboratively with direct care staff who are generally the people who have to carry out planned interventions. Ames also emphasises the need for such services to have clear policies which are subjected to ongoing development, for standards to be set regarding treatment and training procedures, and for detailed assessment of clients' sexual behaviour and needs in relation to sexuality. Such aims seem to be achieved very rarely.

Despite the admirable work of McCarthy and Thompson, the broad thrust of sex education material for people with learning disabilities often seems conservative and limited in scope. Moreover, they are the only authors cited above to question the validity of applying socially constructed labels and identities such as 'gay' or heterosexual to people with learning disabilities, recognising that they may not be integrated into the social networks from which these descriptors emanate. In addition, the authors cited here have

rarely evaluated the impact upon clients of the programs they suggest. As McCabe (1993) has noted, sex education programs for people with learning disabilities are generally concerned with providing information on a limited range of subjects, with no assessments of the individuals' needs, or of reliability, validity or effectiveness of the methods proposed. Craft has shown (1994b) that a pilot of an educative program she had designed, produced and implemented proved, on evaluation, to require significant revision and expansion in order to improve its efficacy. The fact that efforts to educate people with learning disabilities about sex have so far been largely unsuccessful is demonstrated by Szollos and McCabe (1995) who found that even people with mild learning disabilities continue to have low levels of knowledge and experience of sex, and that their knowledge is even lower than would be predicted by their principal carers. Clements et al (1995) have suggested that this knowledge deficit can be a contributory factor to the development of challenging behaviour in people with learning disabilities. Without improvements in this area, it will not be possible to protect the rights of this population. Understanding the sexual identities of people with learning disabilities is essential to improving the validity of sex education and psychosexual therapy provided to them.

Identity and People with Learning Disabilities

The sexual behaviour of people with learning disabilities has been subjected to widespread suppression in the past and remains highly contentious. Recognising this, there are two issues of identity to be considered here: in addition to examining how people with learning disabilities form sexual identities it is also necessary to consider the way in which people incorporate awareness of their own learning disabilities into their identity. Once again, research to date on this topic has been inadequate. It is established that

cognitive abilities are one of the factors underlying the development of self-concept (Pope et al, 1988). Whilst as children we are oriented to the concrete and immediate (rewards and punishment), we go on to develop concepts , or moral rules, which are at first absolute and undifferentiated, so that a single experience of failure or criticism may result in a child believing that they are totally bad. As children develop cognitively, differentiations become easier and they become able to recognise that dispositional qualities, such as happiness or sadness, and interpersonal qualities - friendliness, kindness - are not absolute.

Pope et al state that it is usually only in adolescence that young people develop more qualified and integrated views of themselves and their behaviour, and they concede that not all children develop all of the cognitive abilities that affect self-concept at the same rate, and that this can lead to self-concept problems. Many people with learning disabilities may never develop the level of cognitive complexity which usually ushers in the formation of a balanced view of themselves; they may be consigned to continually see themselves in absolute terms and therefore to self-concepts which are based upon how they are treated or seen by others, failing to see other peoples' statements as opinions, and regarding them instead as facts. Harter (1983) states that comparison to peers also constitutes an important factor in the formation of self-concept. Taken together, these two influences present a bleak picture for people with learning disabilities struggling to form identities, as they are routinely subjected to bigotry, verbal abuse, and other reminders of their 'failure' as people by their peers. It is not surprising that Rosenthal (1992) has stated that learning disabled people entering adulthood are likely to suffer from having no cohesive sense of self. Such fragmented self-concept as they do have is likely to be overwhelmingly negative. Furthermore, Koestner et al (1995) have postulated that people with learning

disabilities are prone to having an 'entity' theory of their own abilities - seeing them as fixed and unchangeable - rather than an 'incremental' theory which sees abilities as being changeable, increasable and controllable. Consequently, negative evaluation of themselves is likely to become central and fixed in many people with learning disabilities. Sigler and Mackelprang (1993) have pointed out that in addition to being 'delayed' cognitively, people with learning disabilities may also have forms of organic brain damage which cause impulsiveness and communication skills deficits: these factors may lead to limited social acceptance and difficulties in achieving intimacy and as a result may further contribute to poor self-concept and to impaired sexuality development.

In addition to these theoretical perspectives some research has focussed upon the secondary effects of having a learning disability which arise from the stigma associated with it. For example, Jahoda et al (1988) found that all 12 of their sample of people with mild learning disabilities were aware of the stigma attached to them as a result of being learning disabled. Benson and Ivins (1992) found that poor self-concept in people with learning disabilities is correlated with anger and depression, although anger was less likely to be reported by people with severe or moderate learning disabilities than by people with mild learning disabilities. This may either reflect limited ability to express emotional states in people with severe and moderate learning disabilities, or it may reflect a necessity for people to be able to make comparisons of their own situation with that of others before they can feel angry at injustices meted out to them. Szivos and Griffiths (1990) examined the processes by which a group of people with mild and borderline learning disabilities came to terms with this aspect of their identity. The subjects in their group discussed together their first realisation that they were disabled and the impact that this had had on their lives and their families. In talking

about their experiences with disability and stigma, the subjects reportedly passed through six stages: denial, statement, recognition, exploration, meaning, and acceptance. The authors note the importance of these findings for much of the work of psychologists with people with learning disabilities, and advocate the use of such groups to encourage people to acknowledge the objective fact of their handicap and to clarify which are their areas of ability and disability. They place emphasis on the importance of ensuring that individuals have the emotional resources necessary to allow them to drop defensive tactics such as denying their learning disabilities before they can make such acknowledgements, and they bemoan the lack of any parallels for people with learning disabilities to the rallying and supportive slogans, such as 'Glad to be Gay' and 'Black is Beautiful', which have been adopted by other oppressed minorities. They chastise service providers for participating in beliefs systems which see handicap as something shameful which should be hidden under a 'cloak of competence' and stress the need to make this a subject which can be discussed openly.

Zetlin and Turner (1988) attempted to identify which elements of self-concept are particularly important to people with learning disabilities. Using a semi-projective sentence completion task, they found that the principal elements which people with learning disabilities felt distinguished themselves from other, non-learning disabled people were work, social conformity, dependency, the eventfulness or boredom of their lives, and interpersonal relationships. The authors note that most measures of self-concept do not pay significant attention to these domains and that as a consequence they may be inappropriate for use with people with learning disabilities. This may have a significant bearing on the validity of the results of studies (e.g. Benson and Ivins, above) and is another reminder that assuming that people with

learning disabilities construe the world and themselves in the same way as anyone else is inappropriate and can lead to poor research.

Homosexuality and People with Learning Disabilities

It is sobering to consider the combined impact of the above information upon the identities of people with learning disabilities who have sexual relationships with members of their own sex. Bombarded with negative messages about both their cognitive abilities and their sexual behaviour, unable to critically evaluate this information and therefore accepting these opinions as facts, and viewing their situation as unchangeable, they are placed on fertile territory for extreme psychological disturbance. If this is identified, and there is a possibility of them receiving psychological therapy, this will in all probability be provided utilising untested and atheoretical methods, and underpinned with unsafe assumptions about the nature of sexual identity.

There is almost no research devoted to this doubly stigmatised population other than that which considers them as a high risk group for HIV infection (e.g. Davidson-Paine, 1994), a fact which seems to risk adding a third stigmatising feature to the list before there is any understanding of the combined impact of the first two. One exception is the qualitative study of two gay men with learning disabilities published by Davidson-Paine and Corbett (1995). This explores the often painful experiences these men had in striving for social acceptance, finding that they were generally not well received in either the straight or gay communities or by their families. One of the participants, who also had a physical disability, describes a fragment of his struggle:

"I was kicked out of the Mormon church for being gay. I've been seen as different by the gay community for being disabled and having a learning difficulty. I am put in a very low power-base in relation to physical disability because I have a learning disability. People take no notice of me because I have a mild learning difficulty and a physical disability occasionally."

(Davidson-Paine and Corbett, 1995, p.148).

One of the participants reported having consented to a sexual liaison with a carer in exchange for continued receipt of his support, and battled to express the feelings that accompanied this abuse: the authors comment upon the lack of opportunities for meaningful support available to these men which leaves them vulnerable to exploitation in this manner. They suggest that a remedy may be to introduce gay men with learning disabilities to the gay community, assuming they can be given appropriate guidance and support in relation to dress and behaviour. They seem somewhat overoptimistic in expecting these preparations to lead to acceptance by the community, and state that "there is no reason why a person with a learning disability could not form a perfectly healthy and balanced reciprocal relationship with someone without a learning disability", an assertion which would be pleasing if it were true but which does not seem to have any evidence to support it : their own article seems to be laden with evidence to the contrary.

The participants do report some positive experiences, beginning to enjoy wearing 'sexy' clothes and enjoying those sexual contacts in which they were consenting. Overall, however, the impact of the paper is of weary struggle against hostile society, and hard won minor concessions which are insufficient to compensate for the depressing drudgery of the effort expended.

The paper accepts without question the appropriateness of the label 'gay' for the participants, and since they use it themselves this seems acceptable, but this self-labelling may be unusual in the learning disabled population (McCarthy and Thompson, 1994) and it may not be useful to think of every learning disabled person who regularly has sex with people of their own sex as trying to form a gay identity. But the authors are to be congratulated for opening up the possibility of debate on this topic, and for making bold statements about the strenuous efforts which should be made to integrate those learning disabled people who do choose a gay identity into the gay community, statements which may be highly controversial to many people.

Health and Stigma

Although Davidson-Paine and Corbett's paper seems to be virtually unique in considering the doubly stigmatizing impact of being gay and learning disabled, there is a substantial body of literature describing the existence and impact of having individually the stigma of being either homosexual or physically disabled, and some research has also been produced looking at the impact of having one or other of these stigmatizing conditions along with another such condition. For example, Coleman and Ramafedi (1989) have demonstrated that the stigma associated with homosexuality is such that in adolescents who are forming homosexual identities it can be a significant factor in precipitating suicide and in putting young people at risk of HIV infection: they state that providing sensitive services to teenagers who are forming gay identities should now be an imperative of health services. In the field of disability, Susman (1994) has shown that the evocation of adverse responses by a disability can become imposed upon the minds and lives of people with disabilities, resulting in negative self-concepts and susceptibility to psychological ill-health. However, she also outlines the success which

people with disabilities can have in overcoming these problems by challenging prevailing antipathetic attitudes to their disabilities.

Westbrook et al (1993) studied responses to a range of stigmatizing conditions in six cultural groups (Chinese, Italian, German, Greek, Arabic and Australian) and found that a hierarchy of disabilities existed such that some were more stigmatizing than others. All of these communities rated people with asthma, diabetes, heart disease and arthritis as being more acceptable than people with psychiatric illness, cerebral palsy, AIDS and learning disabilities. There were differences between the different cultural groups in terms of how acceptable they found disability to be, with Germans being the most accepting and people from an Arabic background being the least accepting, but all the groups placed the various handicapping conditions in a similar order in terms of how acceptable they were. Schlebusch et al (1991) have shown that the degree of stigma an individual attaches to one stigmatizing condition predicts that individual's response to other conditions. Thus people who held negative views about homosexuality were also likely to hold negative views about black people and about people with AIDS.

Since possessing one stigmatizing condition can achieve this, it is unsurprising that possessing two or more stigmatizing conditions has been found to adversely affect individuals' psychological health: such people are likely to experience strongly negative responses from others. Examples of studies examining the impact of 'double stigma' include Ceballos et al (1990) who found that gay Hispanic subjects living in America experienced greater stress in relation to their homosexual lifestyles than did their white peers, which may be partially explained by a study in which Comstock (1989) showed that lesbians and gay men of colour in that country were more likely to be subjected to violence as a result of their sexuality than were their white

gay counterparts. Rothberg and Kidder (1992) demonstrated that lesbian adult children from families with one or more alcoholic parents were at elevated risk of poor self-esteem and of fear of intimacy in their personal relationships than lesbians from families where neither parent was alcoholic, and they explain this as being in part due to the double stigma that they faced, in addition to the extra burden of family conflict that they were more likely to have experienced.

Burke (1995) has produced an interesting study examining the identities formed by lesbians and gay men in the police force. Whilst being a police officer is not necessarily a stigma, the fact that homosexuals are generally disapproved of in the force (Bridge, 1982; Burke, 1994) creates some parallels with learning disabled people who have same-sex sexual relationships when sexual contact is largely disapproved of for this population. Burke found that over half of his sample were neither able to be open about their sexuality at work nor about their occupation when out in the gay community. 28% of the participants reported that neither their gay identity nor their identity as a police officer was the more important one for them, whilst among the remainder of the respondents equal numbers reported their homosexual or police identities as being the most important one to them.

Burke proposes a model of identity formation for lesbian and gay police officers which suggests that early in their career officers tend to prioritize their identity as an officer, feeling enthusiastic about their job and fearful of the consequences of disclosing their sexual preferences. Later they become increasingly dissatisfied with this situation and with the homophobic comments of their peers, and may as a response invest greater importance in their homosexual identity. However, if they do not receive strongly negative responses to disclosure of their sexuality at work, or of their profession

amongst gay acquaintances, they may integrate the two identities, favouring neither. Burke does not propose a stepwise progression through these stages and notes that it is possible for officers to move back to 'stages' they have passed through earlier. Obviously, there is a major difference between the positions of gay police officers, who have chosen their careers and presumably value them, and those of people with learning disabilities who have homosexual contacts, who have not chosen to have, nor usually value having, learning disabilities. What is interesting to consider, though, is the range and flexibility of the identity solutions reached by police officers, and this might make a useful point of comparison for the participants in the present study.

In the disability literature, there are equally clear demonstrations of the impact of double stigma. Fernell et al (1992) studied children with hydrocephalus, some of whom had learning disabilities, and compared them to their siblings and to age-matched controls. They found that self-esteem was lowest in the group who had learning disabilities and hydrocephalus, intermediate in the hydrocephalus only group, and highest in the siblings and the control group, there being no significant differences between the latter two groups. These results are suggestive of the importance of double stigma for psychological functioning, since they imply that the poor self-esteem found in the doubly-stigmatized group does not seem to be explicable in terms of changes in family functioning resulting from their handicapping conditions, as their siblings were not adversely affected. Alston and Mngadi (1992) showed that ethnicity acts as an additional stigma with disability, and that African-Americans with disabilities were likely to perceive difficulties in their relationships with services designed to support them as a consequence. This theme is echoed by McAllan and Ditillo (1994) in their examination of the difficulties faced by gay men and lesbians with disabilities, which identified

myths and misunderstandings held by rehabilitation professionals about homosexuals as potential barriers to the efficacy of the services they were providing.

Remedying the Effects of Stigma

Just as there is consensus about the damaging effects of having stigmatizing conditions, so there is about the potential remedies for the people who are affected by such difficulties. The first of these concerns the response by the individuals themselves, where there are almost universal calls for the formation of self-help groups and for political activism. Rhoades et al (1995) present an overview of the self-help advocacy movement run by and for people with learning disabilities, via which they have demanded that they are recognised as valuable and contributing citizens in their communities. The authors' view is that it is the formation of groups which is at the crux of the potential for success of such organisations, facilitating peer support, networks of friendships in the community, opportunities to take control in a group, for group members to set goals and make decisions for themselves, and to begin to shed their negative self-perceptions. Communicating openly with other people with the same disability might, the authors contend, enable the group members to understand that the prejudice and stigma they experience is not their fault, but emanates from the ignorance which prevails in wider society. They may come to understand that societal attitudes can be changed, and that by demonstrating their competencies as a group they may have a significant impact in bringing change about.

One might criticize this view by suggesting that it should not be necessary to be competent at anything in order to be respected, otherwise it would be necessary to accept a hierarchy of respectability which would always leave

those people with the fewest competencies - people with profound and multiple disabilities - as the least respect-worthy members of society. Perhaps an over-reliance on the importance of competence has had a negative impact on the progress of organisations devoted to self-advocacy by people with learning disabilities. Clymer (1995) has suggested that what is important for people with disabilities is to develop a positive identity for themselves which incorporates and accepts their disabilities and ethnicity, rather than attempting to demonstrate competency, which would seem to represent a way of attempting to deny their disability. Kirschbaum (1991) considered the humiliation which many disabled people face in their everyday life, and advocated that the anger, depression and sadness that this causes should be turned into caring and compassion for one another, thereby mediating the translation of hurt and anger into creative confrontations designed to change attitudes and win allies. Ultimately, he stresses the need for overt political activism to fight discrimination and to win equal rights for people with disabilities: at this point the reader may be reminded of the goals, methods and efforts of the homosexual rights movements in fighting for their rights, and may begin to quail at the enormity of the task facing people who have doubly stigmatized lives, including those who have learning disabilities and enjoy same-sex sexual relationships, in coming to accept their situation and to advocate on their own behalves. This will obviously be particularly difficult for people with learning disabilities, compared to other stigmatized groups, since they will have significant difficulties in expressing themselves clearly and forcefully on such complex psychological, political and sociological topics.

The second widely advocated response to the difficulties faced by stigmatized people concerns the manner in which services designed to meet their needs should respond. Again, there is widespread consensus:

understanding of the special experiences and problems of such individuals is seen as essential to providing effective help to them. Gentry (1992) has asserted the need for health care providers to have an understanding of the alternative lifestyles and the unique health concerns of homosexual people in order to provide sensitive and knowledgeable healthcare. Examples of health issues which are specific to lesbians include lesbian parenting, lesbian battering, and adjusting to aging without many of the family support networks which are often available to heterosexual women. Gonsiorek (1988) highlights the need for understanding of the special social pressures and psychological problems experienced by gay people, including internalised homophobia and the difficulties which often accompany the 'coming out' process. Schneider (1991), in noting that the most important milestone in reaching a positive gay or lesbian identity was establishing contacts with other homosexuals, recommended that mental health services should provide gay-positive counselling and should facilitate young gay people in meeting others. He also notes that by no means all young gay people do need the support of mental health services; many prove able to identify their own support networks and to negotiate the transition to a satisfactory gay adult identity without professional help. In seeking to help those who do need it, Hall and Fradkin (1992) highlight the importance of mental health professionals feeling comfortable with their own sexuality and being aware of the extent to which they may be homophobic. They state that psychologists and others need to be clear that homosexuality is not a disease, and that in order to be maximally helpful to gay people, they need to develop complex conceptual maps to assist them in understanding the identity issues faced by their clients. Cranston (1991) advocates the use of self and group empowerment training to promote self-esteem, social skills, and the development of support networks, a suggestion which is consistent with the

findings already outlined that positive identity is linked to the presence in one's life of supportive others.

It might be assumed that these goals would be easy to achieve. However, this is far from being true. As Isay (1989) points out, psychodynamic psychotherapists in particular continue to pathologise homosexuality and to attempt to effect 'cures' of individuals 'suffering' from it. This is despite the fact that Freud (1903) did not believe homosexuality to be a sickness and suspected an organic factor in its development. Many analysts appear to regard being gay as a bar to entrance to their profession (Webb, 1994). It is of little comfort to gay men and lesbians that this may merely represent a desire to protect therapists from informed critiques of their theories and practice, facilitating the perpetuation of these homophobic views. However, with psychodynamic therapists gay people might at least gain sufficient information to be aware that therapy from them might start with an unhelpful prejudice located in the therapist. With therapists of other orientations, so little attention appears to have been paid to the significance of homosexuality in clients' lives (Furnell, 1986) that they are likely to be unaware of special considerations necessary when working with homosexuals, and possibly to ignore their clients' sexual orientation altogether, in order to avoid difficult issues relating to professional expectations of 'political correctness', or even to assume heterosexuality, thereby mitigating against successful therapy as this may prevent the client disclosing their sexual orientation, resulting in feelings of alienation within the therapeutic relationship. It is essential that clinical psychologists and other mental health professionals become better informed about the development of sexual identities in order to abandon their existing assumptions when working with gay clients and to come to more meaningful formulations of their difficulties.

Coleman and Ramefedi (1989) have highlighted the challenges faced by mental health workers in responding to the needs of gay, lesbian and bisexual teenagers who are in the process of forming identities, stressing the need for understanding of the process of identity formation and of the impact of being stigmatized upon their psychological health. Understanding is also at the core of McAllan and Dittillo's (1994) consideration of the needs of lesbians and gay men with disabilities who are receiving rehabilitation services, and in addition they make it clear that adherence to best health care practice is also required once understanding has been reached. The dearth of research on the needs of people with learning disabilities who have additional stigmatizing conditions means that we have to extrapolate from these other populations to deduce that efforts to meet the psychological needs of doubly stigmatized learning disabled people are unlikely to be successful unless psychologists understand the impact of these stigmas and their interaction with the ways in which learning disabled people form identities.

The Phenomena Under Investigation

Overall, it can be seen that we have little meaningful understanding of the way in which people with learning disabilities understand themselves or their sexual behaviour. It is equally clear that the sexual behaviour of people with learning disabilities is a cause of concern to many providing services to them, and that numerous attempts have been made to address these concerns. However, since these attempts have largely been founded in ignorance about the special difficulties faced by people with learning disabilities in forming sexual identities, and indeed, often in the absence of any knowledge about homosexual behaviour in any human population, we are a very long way from being able to effectively meet the psychological needs of people with learning disabilities who have same-sex sexual relationships. This is likely to leave

them at risk of psychological and physical ill-health. Community integration has not lead to increases in the opportunities for people with learning disabilities to form intimate relationships (Webster, 1994) and has meant a continuation of their unmet need for positive sexual lives. Vasquez and Eldridge (1994), in considering the needs of stigmatized populations, have argued that it is now an ethical responsibility of psychological professions to include in their core training information, theory and research about gender, ethnicity and sexual orientation so that these needs might be begun to be met.

This research aims to begin to provide a fragment of this understanding by examining the personal and sexual identities of men with learning disabilities who have sex with men, and by attempting to ascertain how they strive to achieve positive psychological functioning despite having these two potentially stigmatizing aspects of their selves. It will do so by eliciting the views of the men themselves. Atkinson (1988) has commented upon the relative rarity of pieces of research which extract information by direct interviews with people with learning disabilities, and has shown that the information produced via this method can be detailed and accurate. This research will seek to order data gathered in this manner into coherent models of the tactics the participants have each used and the outcomes they have achieved individually in their endeavours to develop positive identities. In order to optimize the possibility of producing knowledge which will be useful in promoting psychological and physical health in this population, the research will also note and explore themes which prove common to the participants. However, in doing so, it will not lose sight of the inevitable unique nature of each individual's experiences and strategies for responding to this. An omission from this research might be significant in further demonstrating its utility: the author was unable to identify any women with

learning disabilities who had sex with other women and could not include any women amongst the participants. It is hoped that shedding some light on the struggles that learning disabled men have in coming to terms with their sexuality might prove useful in beginning to understand why the sexual behaviour of women with learning disabilities seems to be have even greater limitations imposed upon it.

RESEARCH QUESTION

The principal research question is:

"How do four men with learning disabilities form identities which incorporate their sexual behaviour and their disabilities?"

PARTICIPANTS

The four participants in this study were all men with mild learning disabilities who had been referred to the Clinical Psychology Service of a Community Learning Disabilities Team as a result of concerns about their sexual behaviour. They are not intended to be a representative sample of men with learning disabilities who have sex with men: rather it is the phenomenology of their individual sexual identities which will be examined here, although any common themes which emerge may make a contribution to a wider understanding of the sexuality of men with learning disabilities. No participants refused to participate in the study, and the number of men participating was determined by the amount of time available to collect, analyse and write up data. Each has been given a pseudonym and will be described in some detail.

Participant One : Damian

Damian is 29 years old and he lives with a married couple who are paid to provide care to him. He was referred to the Clinical Psychology service by his Social Worker after receiving a Police Caution for sexual assaults on two brothers aged 9 and 13. These occurred whilst Damian was a lodger in their family home : Damian took the opportunity of being left alone in the house

with the two boys one night to carry out the assaults, which consisted of him manipulating the boys' genitals by putting his hands under their bedclothes. Immediately upon the discovery of this offence, Damian was removed from the house and lived for a short time with his biological mother until Adult Placement Scheme Carers were identified for him.

Damian was brought up by his mother from the age of four when his father died. In addition to mild learning disabilities (he has a recent WAIS-R full scale IQ score of 62) he has cerebral palsy, which results in him walking with a pronounced limp, and he was born with hydrocephalus, as a consequence of which his head is noticeably enlarged. He attended a Special School for children with Moderate Learning Disabilities and frequently presented behavioural management problems to his mother, resulting in referrals to Clinical Psychology Services at ages 8 and 14. The nature of these difficulties was apparently defiance of his mother's wishes and outbursts of temper if she attempted to impose her will upon him. This was a durable pattern of behaviour and resulted in Damian leaving home to live in a Hostel for people with learning disabilities when he was 19. His mother maintained contact with him and he continues to have weekly visits home. He lived in the Hostel for seven years before becoming a lodger with the family where he committed the assaults.

Since leaving school Damian has attended a Horticultural Training Scheme for Adults with Learning Disabilities, and he also attends college for one day a week, studying basic literacy and numeracy. He has also attended classes in catering which he reports as having been his most positive experience of education. With the exception of his catering instructor, who reported that he was diligent, helpful and attentive, all the instructors on the various schemes he has attended have described Damian in negative terms, stating that he is

manipulative, lazy, dishonest and a thief. His peers describe him in similar terms and he has had only one significant friendship, which is described in the next paragraph. Professionals from the Learning Disabilities Service who have had contact with him are equally damning of him, and his early contact with the author, which occurred two years before Damian participated in this research, was somewhat fraught: Damian appeared to expect to be disliked by his Psychologist and was argumentative and verbally aggressive during sessions, behaviour which confirmed the information that the Psychologist already had about him. No progress was made, and after six meetings Damian refused to attend any further appointments, although the Psychologist made it clear that he was welcome to recommence sessions if he wished. Three months later Damian contacted the author via his Social Worker and asked for a new appointment. This was arranged, and this time Damian was happy to answer questions and proved to be highly cooperative. When asked about this change of heart, he said that he had wanted to come back because he had no-one else to talk to.

Damian arrived early for one of his sessions, and saw an earlier client leaving his appointment. He was very flustered when he came into his own session and asked what the other man, Tony, had been saying about him. He was told that he had not been mentioned, and was asked why he was so concerned. He eventually revealed that he had had an ongoing sexual relationship with the man who had just left, and thought that this would get him in trouble if he revealed it. He then went on to reveal that he had had a sequence of other consenting sexual contacts with men, but that the only one which had become a relationship was with Tony. Damian was reassured about the legality of this relationship and allowed to express his feelings about it having broken up, but as the focus of his sessions was upon his offending, the Psychologist attempted to return to this topic. However,

Damian made persistent attempts to talk about Tony, and eventually he was told that this would happen once the first 'run-through' of sessions focussing on his offending had been completed.

Thus by the time Damian participated in this study he had had detailed discussions with the author on the subject of his sexual contacts with other men, the principal focus of which had been to reassure him that these contacts were not deviant and that the Psychologist would not reject him as a result of these disclosures. Damian eventually felt confident enough to tell his Social Worker about his sexual interest in men, and to request a move to accomodation where it would be easier for him to pursue this interest without fear of negative judgements by his carers. At the time of his participation here, this aim had not been achieved. The influence of Damian's previous contact with the author will be discussed in the results section.

Damian had never had a referral to a Psychiatrist nor had he ever been prescribed any psychotropic medication. His carers described him as 'stable' and people providing support to him regarded him as having no significant problems of anxiety or depression. As an adult he had received no treatment from a Clinical Psychologist other than that aimed at reducing his sexually offending behaviour, and he thus appeared to have an acceptable level of psychological health.

Participant 2 : Norman

Norman was 46 years old at the time of his participation in this study, and lived independently with his partner, Steve, in a Local Authority flat. He had been referred to the Clinical Psychology Service of a Community Learning Disabilities Service by his Probation Officer, following a conviction for buggery against a 14 year old boy. The circumstances of the offence were that Norman had met a rent boy, Richard, and had taken him back to his flat where he had paid him for sex in which Norman was the passive (receptive) party. This had occurred a number of times until Norman had tired of the affectionless nature of the acts, when he had told Richard that he did not want to see him again. Richard had not accepted this, and had continued to turn up at Norman's flat, threatening him with violence if he did not have sex with him, and then demanding payment for the sex which Norman described as painful and humiliating. Eventually, Norman succeeded in forcibly preventing Richard from entering his flat, refused to give him any more money, and told him he would call the Police if he came round again. A few days later, Norman was walking home when he saw Richard with a group of friends. Richard said something to the others, who then approached Norman and began to punch and kick him, until he fell to the ground. He was still being assaulted when a Policeman arrived. On asking for an explanation for the assault, the youths informed him that Norman had had sex with their friend, and that their friend was only 14. Norman was arrested immediately, charged, and remanded in custody. When he eventually appeared in Court he was given a three year Probation Order, only avoiding a Prison sentence when his Probation Officer suggested that he would be a very vulnerable prisoner. Throughout these proceedings, Norman was never interviewed with an Appropriate Adult present, and spoke very little, with what he said being virtually dictated to him by his Solicitor. It was only after he was sentenced

that the degree of Norman's learning problems became clear to his Probation Officers, and he was referred to the Clinical Psychologist. A WAIS-R yielded a full scale IQ score of 68.

Norman lived with his parents until the age of 8, when he was sent away to a Residential School. He does not know why this happened, except that the entire family always seemed to be arguing. Norman is unclear about the type of school this was, but he thinks that most of the children there had behavioural problems, so it may have been a school for emotionally and behaviourally disturbed children. His parents refused to have him at home during holidays, and he was placed with a foster family: he now regards these people as his parents. In fact, he retained limited contact with his biological family until his sixteenth birthday, which was the last time he saw them: he does not know now if they are alive or dead. He has also severed contact with his foster family following his Court case; this was at his instigation as he expected to be rejected by them as a result of his conviction. Norman claims not to be able to remember whether or not he has ever been subjected to any form of abuse.

Upon leaving school, Norman acquired sheltered employment at Remploy, and he has continued in this employment to date, with an excellent work record and a reputation for reliability. He had had no contact with Learning Disabilities Health Services prior to his referral to the author, to whom he presented as a reticent, private man, who often succeeded in masking his learning problems by making great efforts to be organised. For example, he would ensure that he always arrived on time for appointments by taking appointment letters, which he could not read, to the personnel manager at work, whom he had informed of his conviction; she would tell him when and where the appointment was and remind him again the day before he was due

to go somewhere. He was initially virtually mute during sessions with the author, becoming more open when it was made clear to him that his Psychologist did not disapprove of homosexual behaviour. He then revealed that although he had known he was attracted to men for some years his first sexual contact was with Richard. He has subsequently had two other sexual partners, including his current partner, Steve, both of whom were aged over 18. He states that he is sexually interested in males aged about 13 to 25, and that he first found the confidence to act upon his sexual interests when he followed a gay storyline in 'Eastenders'.

Norman had been referred to a Psychiatrist following the offence for which he was convicted. She had stated that he was not suffering from any form of mental illness, and as an adult Norman had received no mental health services other than input from the author in relation to his offending. This, in combination with his excellent work record, suggests that his psychological health is good. Norman saw the author throughout the period of his Probation Order; the impact of this contact will be discussed in the results section. He was recontacted after a 16 month gap and asked to participate in this study.

Participant 3 : Daniel

Daniel was 35 years old at the time of his participation in this research. He was diagnosed at birth as having Down's Syndrome, a diagnosis which was later revised to 'mosaic Down's Syndrome'. He lived with his parents in a large detached house and was accustomed to an affluent lifestyle, going on continental or transatlantic holidays twice a year and having a large number of personal possessions of significant financial value. He was referred to the Clinical Psychology Service of a Community Learning Disabilities team when, during attempts his parents were making to move him into independent

accommodation, difficulties were encountered in finding housemates for him. Each learning disabled man who was approached refused to move in, saying that they would not live with Daniel because he was 'queer'. He had received a Police Caution four years previously for following and making indecent suggestions to a 15 year old paper boy. This referral was made as this research was beginning, and Daniel was interviewed for the research following only two introductory sessions with the author. He had had no previous contact with Learning Disabilities Health Services since childhood; he had never seen a Psychiatrist nor been prescribed any psychotropic medication, and had a good record of attendance at his day placements, giving an impression of generally positive psychological health.

Daniel had been to several schools, starting at a mainstream primary school, then transferring to a state Special School (MLD), then an independent Special School at the age of 13, before completing his education from the age of sixteen in a state Special (MLD) School again. Upon leaving school he began to work at the same Horticultural scheme which was attended by Damian. Both at school and subsequently Daniel was regarded as being generally well-behaved and hard working, but with a tendency to domineer less able people. His parents, concerned that Daniel seemed to be more able than other people gave him credit for, had twice requested that he had IQ tests: these had both yielded full scale scores of 60. He presented to the author as a confident man who would speak with marked frankness about personal matters to a degree which was at times inappropriate. He frequently spoke in quite complex phrases, the meaning of which he was sometimes unable to provide upon questioning, and was very assertive, never failing to politely request that the author should be on time for the next appointment if he had been late for a session.

Daniel reported a long history of sexual contacts with other men, including frequent contacts in public toilets, and a number of male sexual partners with whom he had maintained contact over some time - in one case for over fifteen years. He also reports having had two female sexual partners. In addition to his ongoing attendance at the Horticultural scheme he has recently acquired paid employment collecting glasses and clearing tables at a pub, the money being paid as therapeutic earnings: his employers are entirely happy with his performance in this job. Daniel has continued to be a client of the author since his participation in this study. He continues to live at home and his parents and Social Worker persist in their efforts to find living companions for him.

Participant 4 : Chris

Chris was 37 years old at the time of his participation in this study, and lived in a flat with one other man with learning disabilities, where they received 24-hour a day support from social services staff. He was referred to a Community Learning Disabilities Nurse when staff became concerned about his detailed descriptions of apparently frequent sexual contacts with men. Following an assessment visit the case was referred on to the Clinical Psychology service.

Chris had a complex life history, and it was not possible to complete an accurate chronology of significant events. So far as could be ascertained, Chris lived at home with his parents until the age of sixteen. At this point his parents divorced; Chris was allegedly very upset and angry about this and became verbally aggressive towards his mother, who reports that he then decided to go to live with his grandmother. His view of events is that he was forced to leave home by his mother. There is evidence that there had been

difficulties in Chris' relationship with his family before this time, and he also appears to have presented behavioural difficulties in school, as a result of which he attended at least six different Special (MLD) Schools.

Upon leaving school and moving in with his grandmother, Chris seems to have had no occupation for some time. He eventually began to attend an Adult Training Centre when he was 19. His activities are then unclear for some time, but by the time he was 23 he was living in a hostel in the south of England, and he had paid employment for a short time as an odd-job man in a shoe factory. During this period he regularly visited his mother and her new husband, and when he was 27 he moved back to live with them. This arrangement lasted only a short time before a resurgence of Chris' aggression towards his mother led to him having to move out again into another hostel. He lived there for almost four years, attending a Social Education Centre and a 'Drop-In' centre during the week, occupations which continue today. When Chris was 31 he moved out of the hostel into the flat in which he was living when this research began.

Chris has an extensive history of sexual contact with other men and with a number of women. He reports that his first sexual experience occurred when he was 17, with another young man he met on a river bank where the man was fishing. On a visit to his mother when he was 24 he received a Police Caution for having sex with another man in a public toilet, and he has been removed from toilets by the Police in similar circumstances on at least three other occasions. By his own account he has sex in public toilets almost every day, and often comments on the fact that many of his sexual partners are married. He has had a girlfriend for five years, although she lives forty miles away and Chris rarely sees her, maintaining contact by telephone. This relationship does not appear to be sexual, and Chris has had sexual contacts

with women he has met in a nightclub during the timeperiod of this 'steady' relationship. He has also sustained an ongoing relationship with an older man with whom he first had sex when he was 18, and he reports a wide range of sexual activities in which he has participated with this man.

Chris has a diagnosis of schizophrenia, and whilst doubt has frequently been cast upon the validity of this diagnosis he does at times seem to become unstable, developing a volatile temper and suffering from very low self-esteem. He is prescribed psychotropic medication by a Psychiatrist, who regards him as 'unstable', and he has had repeated contacts with professionals from learning disabilities and mental health services. At times of heightened instability he finds it difficult to discuss his sexual behaviour, or indeed, any other personal subject. At other times he presents as a highly amiable man who will talk at great length on almost any subject, often producing surprisingly philosophical comments. On one occasion, for example, he questioned the author at length about the purpose of his life, searching for meaning in all the activities with which he occupied his time, and failing to find any. Chris has recently completed a WAIS-R which yielded a full-scale score of 57; this was administered following his being the victim of sexual abuse by a member of staff who worked temporarily at the flat, when attempts were being made to prosecute the abuser. These attempts failed when the defence Solicitor threatened to 'make mincemeat' of Chris in the witness box, and the court would not accept that Chris should be allowed to give his evidence by video link.

Chris had had contact with the author for over three years at the time of his participation in this study; the impact of this contact will be considered in the results and discussion section.

METHOD

A summary of the Protocol for this research was submitted to the University and local N.H.S. Trust Ethics Committees (see Appendix 1) and the Research was given approval.

Each of the participants was approached via their Social Worker to see if they would be willing to participate in the study. The Social Worker was provided with an information sheet about the study (see Appendix 2) from which they explained the purpose of the study to the potential participants. Each participant was then asked to sign a Consent form (see Appendix 3), and then the Social Worker returned the forms to the researcher.

Once they had consented to take part the participants were interviewed between three and five times using a semi-structured interview schedule (see Appendix 4). The content of the interview was derived from Brady and Busse's (1994) Gay Identity Questionnaire; from important elements of Cass' model of sexual identity formation; from research indicating the significant factors in adjusting healthily to being homosexual (e.g. Seibt et al 1995), and from the author's observations about the way in which clients thought about themselves and their sexual behaviour. The interview thus covered participants' views of themselves and others; their knowledge of sexual vocabulary; their awareness of communities formed on the basis of sexuality; their knowledge and awareness of the lives of homosexual and heterosexual people; their knowledge of the Law relating to sexual behaviour; their opinions of homosexuality; how they saw other peoples' views on homosexuality; their understanding and awareness of their learning

disabilities; their views on the sexual rights of people with learning disabilities; their ways of defining their own sexual behaviour and the amount of contact they had had with non-heterosexual people. Each of the interviews was recorded on audiotape and transcribed so that scripts were obtained for all the interviews for each participant. These scripts formed the raw data on which the research was based.

The scripts were then analysed using Grounded Theory. This method was devised by Glaser and Strauss (1967) in response to their concerns that the great bulk of research in the social sciences at that time was aimed at the quantitative testing and verification of a relatively small number of theories, and that such research had become largely irrelevant to the people who it was intended to help. Similar concerns have subsequently been expressed in the field of Psychology (Rennie et al, 1988; Henwood and Pidgeon, 1995). Glaser and Strauss suggested that researchers should attempt to generate more relevant theory by performing research which was grounded in a process of the continual sampling and analysis of data acquired from concrete (rather than experimental) settings, such as the unstructured data which is generated by interviewing, or that which emerges from participant observation. They emphasised the importance of the participants' own accounts of their social and psychological experiences and of the contexts in which these occurred.

The process of analysing data using this method begins with attempts to make sense of unstructured data by coding it according to the participants' descriptions of phenomena, and then sorting the codes into an open-ended indexing system. The codes can represent concepts and themes which emerge in the participants' observations about their experiences, and are intended to generate new theory. The research carried out in this way tends

to begin in a somewhat messy fashion; it moves gradually towards order and reaches conclusions which are not known or necessarily predicted before it begins (Gherardi and Turner, 1987). However, if the research did not extend beyond coding, it would constitute a form of content analysis, rather than a Grounded Theory analysis. Two features of this method distinguish it from content analysis. The first of these is the method of Constant Comparison, which requires the researcher to continually sift and compare the items of data and the categories which emerge in order to highlight consistencies and inconsistencies which are evident in the data, thereby promoting the development of new concepts and theories.

The second strategy, Theoretical Sampling, demands that the researcher actively samples new cases which are selected for their potential for generating new theory (cases in this circumstance refers to items of data or the categories into which they fit) by extending or deepening the researcher's understanding as it emerges. An example of this is negative case analysis (Kidder, 1981) where the researcher deliberately explores instances which do not seem to fit the concept which has been emerging. Employing these two strategies together leads to the research process being highly interactive and iterative, and means that the usual distinction between the data collection phase and the analysis phase tends to break down. Charmaz (1990) has commented that this often leads to the researcher being lead in unexpected directions.

These principles of qualitative research were applied in the present research in the following ways. During interviewing of participants, the researcher was alert to inconsistencies in the participants' responses to questions, and would seek to explore these further with them as they emerged, thus checking negative cases as they arose and revealing them for later analysis at the data

coding stage. The researcher also continually sought to check understandings of the participants' comments with them throughout the interviews, leading to lengthy questioning on some topics, examples of which can be seen throughout the sections of transcript presented in the Results and Discussion section. The purpose of this was explicitly to attempt to ensure that the researcher's interpretation of the data matched with what the participants had intended to communicate.

Once the data had been gathered, the lengthy process of analysing it began. The scripts were coded by sticking as closely as possible to the information given by the participants; thus coding categories often bore labels which were close to the words used by them (see Appendix 5). Each occurrence of a specific coding category - for example, 'Getting into trouble with the Police' - was then collected together onto an index card. By continually examining these cards it became apparent that they could be sorted into collective groups illustrating wider themes and suggesting theories which might explain how the participants formed identities. An example of this occurred when it became apparent that a participant had had experience of getting into trouble with a variety of people, such as the Police, his parents and his work supervisors, specifically in relation to his sexual behaviour. It was thus possible to generate a new larger category of responses, 'Getting into trouble in relation to sexual behaviour'. Items in this category seemed likely to have a tendency to hamper the participant in forming a positive sexual identity. Frequently, the researcher would have been attuned to such emerging themes during the interviewing process and would have sought to explore them with the participants. A weakness of the present study is that understandings which emerged post-interviewing were not reflected back to the participants for further checking. It will be readily apparent that the process of coding category generation is at least in part interpretive. Sherrard

(1997) has commented that qualitative research openly seeks to interpret data, and that the reader should be invited to examine these interpretations as a method of evaluating the integrity of the research.

This process of data coding was first completed for each participant in isolation, so that a view could be formed on the phenomenology of the individual's identity formation: inter-relationships between the categories which had been produced from the individual's data were worked out, and categories which appeared to be in conflict with one another were given particular attention. 'Maps' of the efforts each participant was making to form an identity with which they could be happy were then produced, which are shown in the Results and Discussion section. The use of this type of conceptually organised display has been documented by Miles and Huberman (1994), with the model used here approximating to that which they describe as 'Cognitive Maps', although the focus is shifted onto identity rather than cognitions. These maps were then examined as a group in order to note at this wider level commonalities and differences between the participants in the formation of their identities, so that more general theories about identity formation might emerge. Only at this point was the data compared to existing theories of identity formation to see if these theories had relevance to a group of people with learning disabilities. These comparisons are described in the Results and Discussion section and are summarised in Table 1. The majority of the column headings in this table represent data categorisations which emerged for all of the participants, or where differences in whether or not a category had emerged appeared to have a significant bearing on identity formation.

Reliability and validity are important considerations in qualitative research just as they are in quantitative research, though the difference between the

manners in which these issues are considered in the two paradigms is just as great as the difference between the research methodologies. Negative case analysis (or deviant case analysis; Potter, 1996) is one of the tactics used to ensure the reliability and validity of qualitative research ; the two notions are less easily separable in this type of research than they are in quantitative research. Exploring whether or not a negative case disconfirms a tentative theory can lead to conclusions both about whether or not the theory is replicable and applicable to other cases, and whether it is relevant to the idea that the researcher purports to be examining. Other qualitative research methods of ensuring reliability and validity include using the participants' own understandings, rather than imposing the researcher's views, in, for example, coding the raw interview data. A second method, allowing the reader to evaluate the processes of the research by exposing it openly, follows from this; and over time, the coherence of bodies of research is seen as providing evidence of the reliability of findings, with each new project potentially building upon the insights gained from previous studies. Overall, qualitative research places great emphasis upon openness of method as the greatest safeguard for the reliability and validity of its findings.

It should also be born in mind that whilst quantitative research is often concerned with outcome, much qualitative research, including that which is presented here, is devoted to the consideration of process. The process under consideration here is that by which people with learning disabilities construct identities involving their sexual behaviour: this is essentially a subjective process during which individuals attempt to 'make sense' of the place of their sexuality in their lives. As we have seen, the labels people attach to their sexual behaviour are not reliable or valid predictors or descriptors of that behaviour. What this research aims to do, therefore, is to accurately reflect the subjective processes by which people with learning

disabilities come to terms with their sexuality, and to accurately reflect places where this process and its conclusions are contradictory and unreliable. In displaying the information on which its conclusions are based, it seeks to allow the reader to judge whether this has been done honestly, and whether the conclusions are likely to be meaningful representations of the phenomenology of the participants' sexuality at the time at which they were interviewed. This is the sense in which it does seek to be valid: it can only represent reliability to the extent to which the subjective experience of sexuality proves to be reliable within an individual's life. 'Retested' at later points in time, participants' sexuality might well show substantial change which should, therefore, be reflected in different results in research.

It is important to comment here upon some significant considerations in interviewing people with learning disabilities. It has been widely demonstrated that people with learning disabilities have a tendency to agree with the interviewer or to offer positive responses to questions, regardless of their own opinion - this is known as 'acquiescence' (Atkinson, 1988; Clare and Gudjonsson, 1995). Thus care has to be taken to minimize the possibility of the interviewer simply leading the interviewee to produce the answers the interviewer expects or wants to receive. Sigelman et al (1981) have demonstrated that this can be done by the use of 'either/or', rather than 'yes/no' questions, and Shanly and Rose (1993) advocate the use of 'either/or' questions in conjunction with open questions in order to check for consistency in participants' responses. However, it has also been demonstrated that people with learning disabilities sometimes have difficulty in answering open questions (Sigelman et al., 1982). The present researcher attempted to give due consideration to these factors throughout the interviewing process, and the reader will be able to identify examples of 'either/or' and open questions in the sections of interview transcript presented

in the Results and Discussion section. However, it was not always possible to adhere to these interviewing tactics: participants would on occasion apparently become frustrated with their inability to grasp the meaning of an open question, for example, and it would seem necessary for the researcher to ask a closed question in order to bring a particular line of questioning to a close and to prevent breakdown of rapport between interviewer and interviewee. The implications of this will be discussed in the Results and Discussion section.

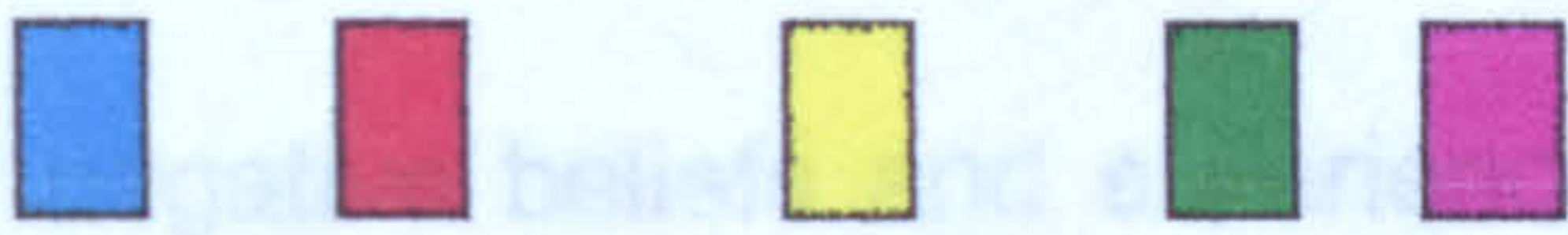
In this context, where there is a risk of the researcher's expectations being imposed upon the responses of the participants, it is important to state in outline what the researcher's expectations were before the research began. Essentially, it was expected that the research would reveal that the participants had sexual identities which were, at least in private, broadly similar to those usually reported in the non-learning disabled population - that is, gay, straight or bisexual, and that these would be stable across settings. It was also expected that the participants' experiences of being learning disabled and of experiencing disapproval of their sexual behaviour might lead to them keeping these sexual identities secret. The extent to which these expectations were born out is explored in the Results and Discussion section.

RESULTS AND DISCUSSION

The results are presented first for each participant individually, in the form of 'Identity Maps', which will be described in detail. A key for these is provided on the preceding page. The common themes and significant differences between the individuals will then be summarised in a table (Table 1) and discussed.

Results for Participant 1: Damien

See Figure 1 (following page) for Damien's Identity map.


 Damien has a wealth of legal beliefs and experiences related to both homosexual behaviour and learning disabilities. As for the other participants, negative influences upon Damien's relationship to his same-sex sexual behaviour are marked out in red on his Identity Map. Damien has had a Police Caution for sexual exposure to minors, and believes homosexuality and paedophilia to be intimately related. These identity-influencing factors are shown at the top left and side of his map. To quote from his interview script:

Key to Figures 1 - 4:

Factors promoting positive identity

Factors hindering positive identity

Identity conflict

Identity resolutions

Identity buffers

RESULTS AND DISCUSSION

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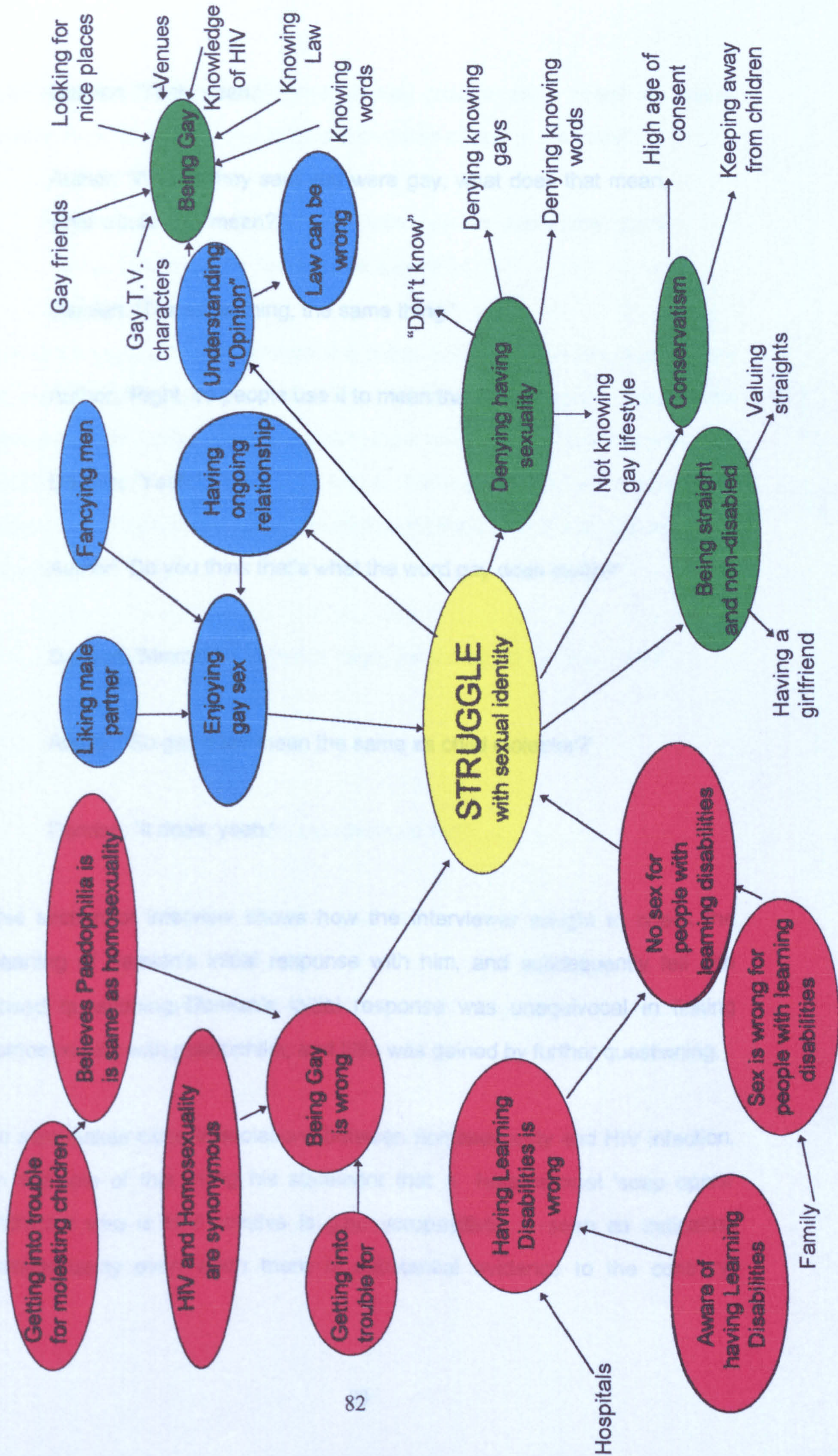
Damian has a wealth of negative beliefs and experiences related to both homosexual behaviour and learning disabilities. As for the other participants, negative influences upon Damian's relationship to his same-sex sexual behaviour are marked out in red on his Identity Map. Damian has had a Police Caution for sexually abusing two minors, and believes homosexuality and paedophilia to be intimately related. These identity-influencing factors are shown at the top left hand side of his map. To quote from his interview script:

Author: 'If people think someone is queer what do they think that person does?'

Damian: 'They think, "Oh, he's a child molester", or something like that.'

Author: 'So queer means that, it means you're a child molester?'

Figure 1 - Identity Map: Damian



Damian: 'Yeah, yeah.'

Author: 'What if they said you were gay, what does that mean, what would they mean?'

Damian: 'The same thing, the same thing.'

Author: 'Right, so people use it to mean that?'

Damian: 'Yeah.'

Author: 'Do you think that's what the word gay does mean?'

Damian: 'Mmmm.'

Author: 'So gay does mean the same as child molester?'

Damian: 'It does, yeah.'

This section of interview shows how the interviewer sought to check the meaning of Damian's initial response with him, and subsequently fell into closed questioning. Damian's initial response was unequivocal in linking homosexuality with paedophilia, and little was gained by further questioning.

He also makes close associations between homosexuality and HIV infection, an example of this being his statement that a heterosexual 'soap opera' character who is HIV positive is gay: seropositivity is seen as indicating homosexuality even when there is substantial evidence to the contrary.

Additionally, he himself has encountered trouble as a result of sexual contacts with men. This has ranged from name-calling in the street :

Damian: 'Because there's these kids near me, every time I come home they said "Oh, here comes a queer" ',

to being caught with another man in a public toilet by a security guard. Since he regards his sexual abuse of children as being no different in value to his sexual contacts with men, when asked about trouble he has encountered as a result of the latter, he refers to the former. He believes that homosexuals can receive harsh punishments from the police for the slightest expression of their sexuality:

Author: 'What sorts of things might the Police do, do you think?'

Damian: 'Lock'um up.'

Author: 'What might they lock them up for?'

Damian: 'Doing the things they've done.'

Author: 'What sort of things? What sort of things might someone who is gay get locked up for?'

Damian: 'Touching.'

This results in him being highly cautious about his sexual behaviour, apparently censoring his fantasies:

Author: 'Do you ever see anybody in the street and think, "Oh, he's really fanciable"?'

Damian: 'No, never!'

Author: 'Why not?'

Damian: 'No! In case I get in trouble w'th' Law and that.'

He notices that many people do not approve of homosexuality:

Damian: 'Other people think it's not on, because they don't like gays, you see.'

and that these negative views are shared by members of his family:

Damian: 'I know they'd start calling me names and things like that'.

He generally takes on this view himself, offering highly pejorative opinions on the subject, stating:

Damian: 'I don't think it's nature,' ; and

Damian: 'Well, for the straight people it's fine to meet in a club but people who are gay shouldn't meet anywhere really, because it's just not right,'; and

Damian: 'I think [gay] sex is, er, I know it's a hard word isn't it? - despicable really.'

Readers may need to remind themselves that the person talking has had frequent sexual contacts with men himself, since these statements appear to place a great distance between the speaker and his subject. In fact, Damian is able to report substantial pleasure from his homosexual contacts, and a warm interest in his sexual partners. In an example of negative case analysis, the researcher explored Damian's positive feelings about his male sexual partner with him:

Author: 'So if you could pick a perfect sexual partner for yourself, what would they be like?'

Damian: 'Definitely Tony.'

Author: 'Tony? What is good about Tony?'

Damian: 'Er, like I said before, Tony is a nice person to get on with. I know he has his difficulties, we all do really, but, er, I saw him one day, he walked past, and that were it!', and;

Author: 'So when you are on your own, like in your bedroom, if you were thinking about having sex, who would you be thinking about having it with?'

Damian: 'Definitely Tony.'

Damian variously describes his former partner Tony as being handsome, kind, faithful and as having a nice body. Thus there is a very clear conflict between Damian's statements about homosexuality, and the views he believes others hold about it, and his own sexual and emotional interest in men. The conflict informs the researcher's conclusion-drawing and theory-generating processes about Damian's relationship with his sexuality. But this is not the only conflict which he has to resolve in relation to his sexual behaviour. In order to examine another area of difficulty, it is necessary to explore how Damian regards his learning disabilities, and how he thinks these interact with his sexuality. This area is shown at the lower left hand side of his identity map.

Firstly, he does have an awareness of having disabilities, although he seems reluctant to talk about this. When asked what 'mental handicap' means, he replies:

Damian: 'I don't know what it means.'

Author: 'Have a guess.'

Damian: 'I don't know.'

Author: 'Well, it refers to people who are not very...'

Damian: 'Bright.'

Author: 'That's right, people who are not very bright. So what sort of things might people who are not very bright not be good at?'

Damian: 'Writing, really.'

Author: 'Yes, good, anything else? What do you think they would be like at maths?'

Damian: 'I don't know.'

Author: 'Would they be good or not good?'

Damian: 'Not very good.'

Author: 'O.k., that's right, people who have learning disabilities or who are mentally handicapped are often not very good at writing or at reading sometimes. Sometimes people who have lots of learning disabilities are not good at speaking or can't speak at all.'

Damian: 'I know this person that, she's called Jane, she's in a wheelchair, she can't speak.'

Author: 'Well, she might have learning disabilities then. But other people with learning disabilities can speak, they're just not as clever at working things out as other people.'

Damian: 'Neither am I really.'

Author: 'Right, do you think you've got learning disabilities?'

Damian: 'I were born disabled.'

Author: 'In what way?'

Damian: 'Me legs, can't walk steady.'

Author: 'Do you think you've got any other disabilities?'

Damian: 'Money.'

Author: 'What about money?'

Damian: 'I can't add it up.'

Author: 'Do you think that's a kind of learning disability?'

Damian: 'It could be, yeah.'

It seems to make sense to interpret this exchange as indicating that Damian is aware that he has significant problems with learning, but that he finds it difficult to acknowledge this openly, perhaps as a result of regarding having learning disabilities as being something to be ashamed of. The researcher can be seen to be repeatedly checking interpretations of the participant's comments, and here has more success in using open questions.

Damian seems to find it even more difficult to contemplate the sexual rights of people with learning disabilities:

Author: 'Do you think it is alright for people who've got learning disabilities ... to have sex?'

Damian: 'No.'

Author: 'Why not?'

Damian: 'I don't know.'

Author: 'Forget everyone else for a minute, do you think it's alright?'

Damian: 'I'm not sure.'

Author: 'Do you think other people, people without learning disabilities, do they think it's alright for you to have sex with people or not?'

Damian: 'I wouldn't know because I don't talk to people about that.'

Author: 'Have a guess, from things you've heard people say, even if you've not been talking to them.'

Damian: 'I haven't got a clue what they'd say.'

So although Damian is not prepared to discuss the views other people might have about him having sex, he clearly states initially that it is not acceptable for people with learning disabilities to have sex. At other times, he provides

evidence that he is aware of very widespread disapproval of him having any form of sexual contact, saying that his mother and his peers would not like him to have a girlfriend. He also alludes to people with learning disabilities who have been sent to locked wards as a result of their sexual behaviour, adding to the impression that he has acquired the opinion that people with learning disabilities should not engage in any form of sexual expression.

Damian seems to have negative views of being learning disabled, of the rights of people with learning disabilities to have sexual relationships in general, and of homosexuality in particular. Despite this, he is attracted to men and is able to describe them and his relationships with them in positive terms. There is plainly a struggle for him in terms of forming a sexual identity, and this is illustrated in yellow on his map. The tactics he uses to maintain a sense of wellbeing against this background are varied and, as we shall see, highly adaptive and flexible.

In some circumstances, Damian will believe that being homosexual is acceptable. This tactic, and others employed by Damian to resolve identity conflicts, are indicated in green on the right hand side of his identity map. Damian can sometimes recognise that negative views about homosexuality are opinions rather than facts:

Author: 'So some people do not think it's alright for you to have sex with men?'

Damian: 'Well, it's their opinion.'

Information which is helpful to him in developing a positive identity is illustrated in blue on his identity map. Another example of this is that he

holds a view that the Law, which he perceives as being extremely hostile towards homosexuals, is not infallible:

Damian: 'Some Laws are wrong and some are not.'

He can then state that he is gay:

Author: 'Tony's a man, right, he's a man who you've had sex with, so do you think he's gay or straight?'

Damian: 'Same as me I think.'

Author: 'What's that?'

Damian: 'Gay.'

He then uses accurate information to defuse some of the negative myths which exist about homosexuality. For example, he displays a relatively sophisticated understanding of HIV and safer sex:

Author: 'What danger is there in having sex?'

Damian: 'Oh, diseases and that ... there's one I remember, and that's HIV.'

Author: 'Right, very good. What does HIV lead on to?'

Damian: 'AIDS.'

Author: 'That's right, a lot of people don't understand that. So what do you use to make sure you don't get HIV?'

Damian: 'Condoms.'

He also shows recognition of the fact that the Law does allow homosexual acts in some circumstances, stating accurately that it is against the Law to have sex in public places, that sexual partners have to consent to the acts which take place, and that sexual acts in public toilets are illegal. He also refers to the fact that there is an age above which men may have sex with each other, although he over-estimates this age. He finds further support for this tentative acceptance of his homosexuality by regarding his male former sexual partner as being a friend, and by having an awareness of the venues in which gay men might meet each other and the language they use to describe one another. He seems also to seek further development of this emerging identity, by expressing a desire to have more valued places in which to conduct his sexual relationships:

Author: 'What if you could go somewhere like a bedroom, what would you have thought of that?'

Damian: 'It would have been different ... it would have been better.'

Author: 'Why might it have been better?'

Damian: 'Because there would have been a bed in the room, wouldn't there?'

Author: 'How would that have made things better?'

Damian: 'Made it comfortable, and you might be able to lock the door in a bedroom.'

In some instances, then, Damian seems to form a gay identity which equates roughly to stage three (Identity Tolerance) of Cass' model of homosexual identity formation. He is extremely wary of revealing this identity to anyone, and may only have done so to the author because he was aware from his previous contact that the author did not express negative views about homosexuality. However, this tactic does have a degree of coherence, and contains some avenues which Damian could explore to progress beyond his current difficulties in this area.

A related tactic employed by Damian is to attempt to maintain absolute secrecy about his sexual behaviour. One of the ways he does this is literally; he states, for example, that he does not talk to other people about his sexual behaviour:

Author: '[Do you talk to] staff ... and your carers and the other people who go to [your Day Service]?'

Damian: 'I don't talk to them.'

Author: 'Would you ever want to tell them about it?'

Damian: 'No, because the same thing would happen as I said before.'

Author: 'What's that?'

Damian: 'People would talk.'

This reticence to discuss his sexual behaviour seems to be almost equally inclusive of his heterosexual relationships, since Damian reports that he would be open about his relationship with his girlfriend only with his carers and the author, but not with his family or his peers. In addition to not talking about it, Damian maintains secrecy about his sexual behaviour by denying any knowledge about sex or sexually related matters. He states that he knows no-one who is gay, and that he knows nothing about gay people; he repeatedly denies knowing the meaning of sexual terminology, including the words 'gay' and 'homosexual';

Damian: 'I don't know, they just keep coming out with it. I don't know what that word means.'

He states that he would not know where to meet a heterosexual partner, and that he is unaware of the Laws relating to sexual conduct. He frequently claims to be unable to answer questions relating to sex:

Damian: 'I can't, I just can't, my mind's gone absolutely blank.'

He also demonstrates a disinclination to use sexual terminology; when asked to say what heterosexual means, he replies:

Damian: 'Well, it means when people say when you have sex with a ... er ... that word.'

Occasionally, this lack of knowledge is genuine, and on being pushed to define 'heterosexual' Damian eventually reveals that he has confused the word with 'homosexual'; however, his script is also full of evidence that much of this denial of knowledge is false. He can accurately define the meaning of 'gay' and 'lesbian', he can name and locate homosexual and heterosexual nightclubs, and he talks about homosexual friends and acquaintances. As we have already seen, he has quite detailed and accurate knowledge about some areas of the Law, and of HIV and safer sex. This provides the evidence that his use of denial of knowledge is a method which he seems to employ to deflect attention from his sexuality, rather than a reflection of genuine gaps in his understanding.

This tactic of denying sexuality as part of his identity is something of a blind alley. In common with many people with learning disabilities, large parts of his life are supervised and observed by other people. This inevitably leads to intrusions into his privacy, and to forced revelations about his sexual conduct. In addition, his Police Caution was a public statement of him having a sexuality, which may have simultaneously increased his desire for secrecy and decreased his ability to achieve it, since subsequently his behaviour has been, quite properly, under even closer scrutiny. Damian seems to acknowledge the failure of this tactic, and some of the influences which have led him to employ it:

Author: 'What's important about having sex with men, as far as you're concerned?'

Damian: 'I know it's not nice, but I just don't want it happening again.'

Author: 'You've just said to me it's not nice, but a minute ago you said you enjoyed it, so what do you mean when you say it's not nice?'

Damian: 'Well, other people think it's not on, because they don't like gays you see.'

Author: 'Which other people think it's not on?'

Damian: 'People that just walk about and say "Hey up, here comes a queer." '

Author: 'What do you think yourself, though? Do you like it?'

Damian: 'There's nothing wrong with it really.'

Here, Damian seems to try to rescue his secrecy tactic by stating that he will cease to have sex, but when it is pointed out to him that he has stated that he enjoys homosexual sex, he reveals that the tactic was generated by the disapproval of others, and that his own opinion, in the absence of this disapproval, would be that there is nothing wrong with homosexual sex. A clear impression is gained of a man struggling to *avoid* an identity which includes his sexual behaviour, allowing him to continue it with minimum interference by others, but failing because of the degree to which his life is overseen. Presumably, however, he does succeed in keeping a significant number of his sexual contacts secret, so that use of this tactic is intermittently successful.

Damian seems to juggle two other potential identities in attempting to resolve the conflict between his desire for homosexual sex and the extreme sanctions he anticipates receiving for pursuing this interest. The first is to adopt a stance whereby he accepts this aspect of his behaviour, but only within certain highly conservative limits, which he may assume will protect him from further trouble. An example is that he advocates an age of consent for homosexual sex which is substantially higher than the actual age. On being reminded that the age is 18, he comments:

Damian: 'I think the age is wrong really.'

Author: 'Why, in what way is it wrong?'

Damian: 'It's just wrong.'

Author: 'How old do you think people should have to be?'

Damian: 'The same age as I am really.'

Author: 'Which is how old?'

Damian: '29.'

It is interesting to note that Damian includes himself amongst the people whom he considers to be old enough to have homosexual sex. He is censorious of his own apparent sexual interest in children, saying that he has learned to keep away from them, and here he seems to achieve a separation of the identities 'gay' and 'paedophile'. Again, this may be an influence of this participant's previous contact with the author, wherein it was made clear that

the author did not believe these two types of behaviour to be equivalent, with homosexuality being acceptable, and paedophilia being unacceptable.

This conservatism tactic might work well in some circumstances: it is one which has been employed by some homosexual rights campaigners to good effect, as has been seen in the introduction to this research. However, it relies on a degree of rationality in the responses of others to homosexuality which Damian has rarely encountered, particularly where the homosexuality concerned is in himself. It allows Damian to feel better about himself if he keeps it private, but it does not work in public: he would still be subjected to abuse even if he were to stick to these self-imposed rules.

So Damian has tried to construct a second identity which encompasses sexuality, but which keeps this within parameters which are likely to prove acceptable to the greatest number of people. Thus at times he denies that he has learning disabilities, whilst proclaiming that he is heterosexual. When asked at the beginning of his interviews to describe a person who is important to him, he chooses to describe his girlfriend, and in defining the nature of the Special School he attended, the following exchange took place:

Author: 'So if I said that [your school] is a Special School ...'

Damian: 'It is.'

Author: 'What does that mean?'

Damian: 'For people who are special.'

Author: 'In what way are they special, the people at [your school]?'

Damian: 'I think they can do more things really.'

We know that Damian knows that this is not the case, but in addition to masking his awareness of his own learning problems, this denial has the advantage for Damian of circumventing the difficulties surrounding his understanding that sexual behaviour is unacceptable for people with learning disabilities. He shows that he knows that heterosexuality is a more acceptable form of sexual self-expression than homosexuality:

Author: 'What do you think [your carer] will say when you tell her you've got a girlfriend?'

Damian: 'She'll probably say "Good luck!" '

Author: 'What would she say if you told her you had a boyfriend?'

Damian: 'She'd go spare!'

He also states that his male peers would all prefer to have sex with women, and reveals the value he himself places in heterosexuals by describing them as 'talented' and by wishing to spend time with them. The problem with this identity, of course, is that Damian enjoys having sex with men, and indeed, he states that his preferred sexual partner is a man. Because he can discern that this is a contradiction, he cannot adhere to this heterosexual identity,

although it may be useful to him in circumstances where he is with people who do not know him well or are unaware of his sexual history.

To summarize, Damian moves between four separate identities aimed at trying to resolve the difficulties which emerge as a result of his combination of learning disabilities and a sexual interest in men. The first of these ('Being gay' on his identity map) is to accept that he is gay, and to find support for this position. This identity only protects him psychologically when he is with people who he believes will not disapprove of his homosexuality, and it may not have materialised in this research if it were not for his previous contact with the author. The only other person with whom he seems to be free to express this identity is his former partner, Tony. Most people with whom he has regular contact are unlikely to accept that it is acceptable for him to be homosexual, and he has developed other identities to cope with this disapproval.

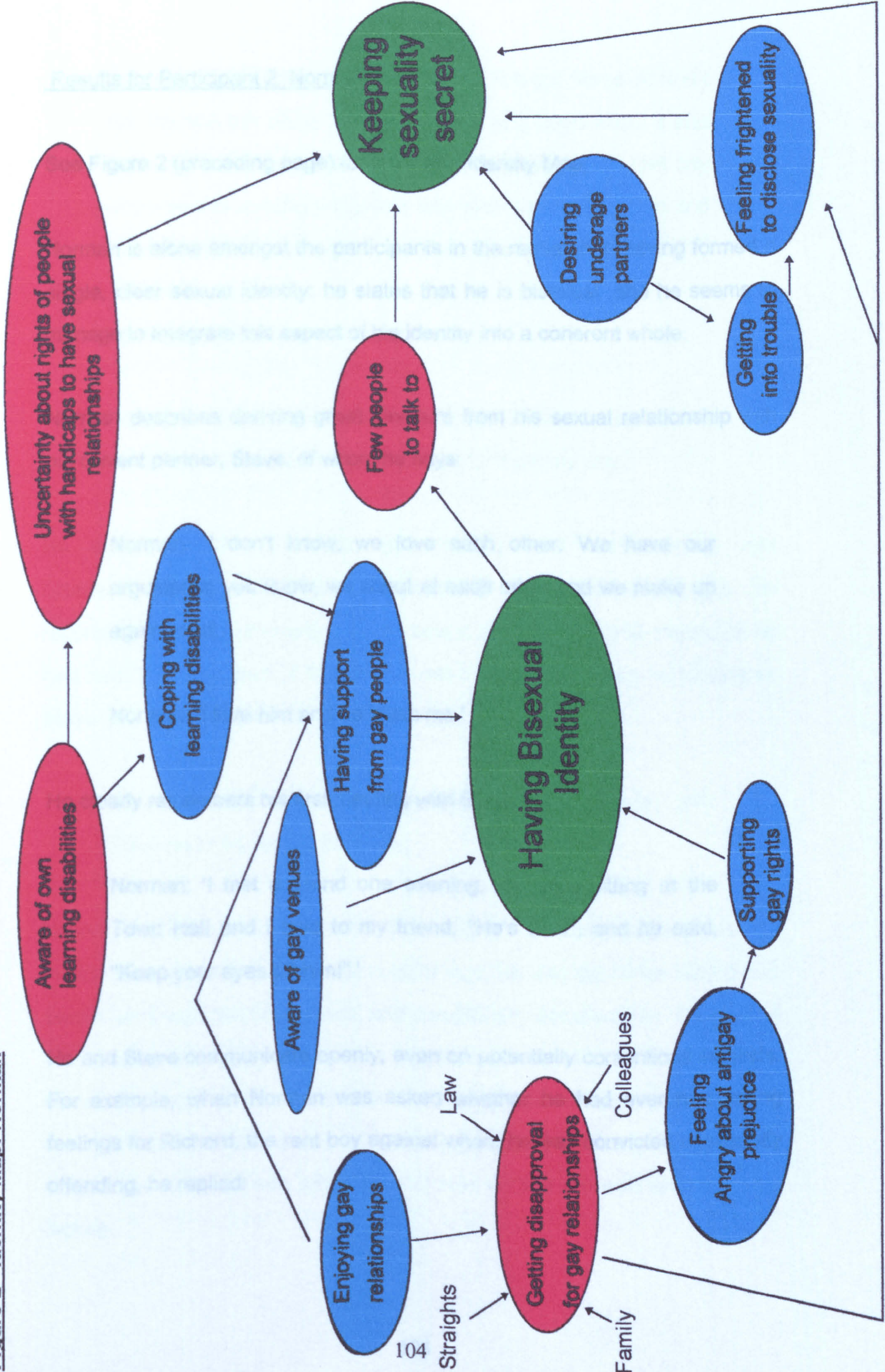
Thus his second identity ('Denying having sexuality') is one which denies that he is sexual and which maintains absolute secrecy about his sexual behaviour. This seems to be the identity he adopts most readily, which is understandable in the light of the constraints he believes to be placed on his sexuality, and it might prove effective with strangers, but as a result of the level to which his life is overseen by others, he frequently has this identity exposed as false. He can attempt to implement a third identity ('Conservatism') one of conservative homosexuality, which will work with people who accept that homosexuality is acceptable within narrow limits, but few of the people Damian knows express this view, so once again this identity has only very limited utility.

His fourth identity ('Being straight and non-disabled' on his identity map) is one of non-learning disabled heterosexuality. This works well with strangers, and the heterosexual element is effective with people who are unaware of his sexual history. This identity might thus be more widely applicable than the others, but again, it is ineffective when he is with people who do know his history or who spend some time with him and become aware of his learning problems. Also, because Damian understands that homosexuality and heterosexuality are usually considered to be mutually exclusive, he himself cannot accept the contradiction which a heterosexual identity creates with his sexual behaviour.

Damian has not been able to form a single identity which resolves the difficulties raised by the competing influences on his sexual behaviour and how he reveals this to other people in his life, and in this sense he does not have a single sexual identity. Instead, he has a range of identities which maximise his chances of 'fitting in' to the widest variety of situations. However, none of these is entirely satisfactory: each results in a degree of dissonance and distress. In particular, it is perturbing to consider the impact the lack of an identity for Damian of which he can be proud might have upon his self-esteem, and consequently upon his sexual offending, since low self-esteem has been found to be a significant problem in people who commit these types of offences (Lurigio et al, 1995). Assessment of the identities formed by learning disabled sexual offenders, and the development of therapeutic techniques designed to assist them in developing positive sexual identities might result in improvements in the currently controversial levels of efficacy in their treatment (Quinsey et al, 1993; Marshall and Pithers, 1994). In particular, the attempts Damian has made to exclude sexuality from his identity places him at a distance from his sexual acts, meaning that when he receives criticism for his behaviour it does not affect any core part of his

identity: this may make it easier to repeat the acts without further damaging his self-esteem. Maintaining self-esteem appears to have been a driving factor in excluding sexuality from his identity in the first place, but if the cost of this is continued sexual offending this is clearly not a satisfactory resolution of the difficulties.

Figure 2 - Identity Map: Norman



Results for Participant 2: Norman

See Figure 2 (preceding page) for Norman's Identity Map.

Norman is alone amongst the participants in the research in having formed a single, clear sexual identity: he states that he is bisexual, and he seems to manage to integrate this aspect of his identity into a coherent whole.

Norman describes deriving great pleasure from his sexual relationship with his current partner, Steve, of whom he says:

Norman: 'I don't know, we love each other. We have our arguments, you know, we shout at each other and we make up again', and;

Norman: 'I love him and he loves me.'

He clearly remembers his first meeting with Steve:

Norman: 'I met a friend one evening, we were sitting at the Town Hall and I said to my friend, "He's nice", and he said, "Keep your eyes off him!"'

He and Steve communicate openly, even on potentially contentious subjects. For example, when Norman was asked whether he had ever had strong feelings for Richard, the rent boy against whom he was convicted of sexually offending, he replied:

Norman: 'At first I did, yeah. Now I don't, I've got Steve. At first I did. We still talk about it, Steve and I. I told Steve about it and he said, "That's in the past." He knew Richard were a rent boy when he was at school together and what he'd been doing and that. I told Steve what I done. He said, "It's in the past now." '

They negotiate about ordinary domestic tasks:

Norman: 'He will help out, or when I ask him to. He don't like it sometimes, I always say "please" or I don't get my way.'

He describes Steve as kind, good-looking, and undemanding, and spontaneously states that he is happy in his life at his flat with him. He reports that he gets pleasure from the sexual part of their relationship, as he had from the early part of his liaison with Richard. However, he compares Steve very favourably to Richard:

Norman: 'I think with Richard what he wanted were money: with Steve he don't, he just likes me.'

Norman's positive views about his homosexual relationship are represented in blue on the left hand side of his identity map. He also describes having had sexual fantasies about other men, and occasionally about women. Overall, he seems to have a happy relationship with his sexuality. This is not to say that he is not aware of strong disapproval of his homosexual behaviour. For example, asked whether or not he thought there were any heterosexual people who thought it was alright for two men to have sex with each other he replied:

Norman: 'No, they would go mad.'

Author: 'All straight people?'

Norman: 'People don't like gay people. Straight people don't like gays.'

Author: 'Do you think that is true of all straight people?'

Norman: 'I was walking in the town centre and these lads, as if he knew me, said, "He's gay, he is!" That were on a Friday afternoon and they didn't know me, I didn't know that lad, I'd never seen him before, he must have seen me, with Steve or, you know.'

Author: 'How did you feel when they said that?'

Norman: 'Bleedin' awful, I did.'

He also suspects that his family would disapprove of his sexual behaviour if they knew about it, and states that the other staff at his place of work would think that his sex life was disgusting (shown in red on the left hand side of his identity map). However, he also has a small network of gay and bisexual friends, with whom he has regular social contact, and with them he feels he can discuss his sexual relationships. They visit him and Steve at their flat, and Norman believes that other homosexuals, bisexuals and lesbians are the only people who would not disapprove of his sexual behaviour. Although he and Steve rarely go out in the evenings together, when they do, they usually

go to gay bars in the town where they live: Norman reports that this is a relatively new part of his life:

Author: 'How long do you think you've known about [the gay bars]?'

Norman: 'Since I met Richard.'

Author: 'So before you met Richard you didn't know there were places like that?'

Norman: 'No I didn't.'

So Norman has a degree of integration into the 'gay community', and receives support from other gay and bisexual people. He sees homosexuals as being 'normal':

Author: 'What sorts of lives do you think gays have?'

Norman: 'Er, normal lives.'

Author: 'When you say a normal life, what kind of life is a normal life?'

Norman: 'Working and that, going out, drinking, meeting new friends and that.'

Author: 'Do you think there are any differences between the lives that gay people have and the lives that straight people have?'

Norman: 'No, just normal, like me and Steve, we were walking through the town centre and met a friend of his. I know him, he's gay and we get on well, we have a chat and that and he is gay and Steve knows him well. He's alright to talk to.'

Since Norman sees gay people as being essentially the same as straight people it is perhaps unsurprising that he expresses anger about anti-gay prejudice. For example, when discussing his fear of losing his job if people at work knew that he was bisexual, he says:

Norman: 'I think there should be a Law really. Because like in the Forces they tried that with the gay people in the Forces over here, they tried to fight for it and they lost.'

Author: 'And what did you think of that?'

Norman: 'I think it's bloomin' awful really.'

This is not the only Law reform relating to homosexuality which is advocated by Norman. He also supports the notion of gay people being allowed to have Blessings in Church:

Norman: 'It's up to them, if they want a Blessing in Church it's their life, it's nowt to do with other people. You know, type of people who are against Blessing them type of people.'

In historical terms, Norman's concerns thus seem entirely contemporary, emanating from the mainstream of the current focus of efforts to further the rights of gay men, lesbians and bisexual people. He believes that the Laws applying to homosexuals should be the same as those applying to everyone else. He is even aware that in other countries, such as Holland, the Laws are more equal, and spontaneously comments that the situation for homosexuals in Britain has changed:

Norman: 'When I were young, it were different then, it were different, you didn't hear of it.'

Thus Norman deals with the negative views he knows to be prevalent about homosexuality by disagreeing with them, requiring that he is able to recognise that they are opinions rather than facts. He has formed a view on how homosexuals should be treated, and has built up a supportive network of knowledge and acquaintances. The dominance of positive views of homosexuality in his thinking is demonstrated by the predominance of blue, identity-supportive features on his identity map. Feeling supported in his sexuality, he is able to firmly state to the author that he is bisexual. He has therefore reached a clear identity resolution and there is no yellow 'identity conflict' feature on his identity map. There are, however, marked limits on the openness with which he will reveal this information, which seem to derive principally from his experiences of being in trouble, and from his awareness of his learning disabilities.

Norman made very clear to the author how important to him it was that the author was aware of his criminal record:

Author: 'How do you feel about the questions I have asked?'

Norman: 'I was a bit frightened at first.'

Author: 'You were a bit frightened?'

Norman: 'Because if you were a new person, I wouldn't tell; with you, it's different, you know what I've done.'

He reports that he felt ill-at-ease in discussing his offence with his former Probation Officers:

Norman: 'At first I was a bit frightened, I was a bit dicey at first.'

He continues to live in fear that revelations about his conviction could lead to him losing his job:

Author: 'Why wouldn't you tell [your colleagues] about your offence?'

Norman: 'Because it would go all round the factory and that, and then they wouldn't like it. I could lose my job.'

In fact, the management team at the factory do know about the conviction and have continued to support Norman in his work, so this is unlikely. What is evident is that Norman feels that he must be secretive about this. Perhaps this is because, as he states to the author, his sexual interests do cover teenage boys with whom it is illegal in this country for him to have sex, so that in his mind a part of his sexuality is associated with criminality. As a result, he

does not disclose his sexuality, and therefore misses out on some opportunities to receive support from many people who may, in fact, be accepting of at least the legal aspects of his sexual behaviour. The importance of secrecy to him in resolving his fears about disclosure of his sexuality are shown in green on the right hand side of his identity map.

Furthermore, Norman is unsure about the sexual rights of people with learning disabilities. He does acknowledge his own intellectual limitations:

Author: 'Do you think of yourself as somebody with learning problems?'

Norman: 'I do really. I can read bits in the paper and the TV Times, I can see what programmes are about and that, but I'm not too bad on that. It's just my writing and spelling.'

He reports that his lack of ability in these areas sometimes 'bothers' him:

Norman: 'You know, when I'm reading the newspaper in the morning, you know, and I can't understand. I think it's bad.'

He compares himself to others whom he perceives as being worse off in order to cope with these problems:

Norman: 'I know one man who works on the market, he's about sixty, he can't read and write. He lives with his sister and he gives her some kind of pension book and his sister takes all his money off him, he don't sign for it, his sister does. He's as old

as me, 7 or 8 years older than me and he's deaf and dumb. He can talk a bit and he's happy. I have been for thirty years.'

Norman seems extremely uncertain about whether people with learning disabilities should be allowed to have sexual relationships. He says:

Norman: 'They should, yes. I've no idea now. I've changed my mind - they shouldn't.'

Thus he has another possible reason for keeping his sexuality secret, and generally he does so. He describes how he chooses who to tell:

Norman: 'You've got to be very careful: John, because he's bisexual. He knows Steve very well, he knows his mum and dad very well, and his mum and dad don't know he's bisexual.'

Author: 'So what sort of people would you not tell?'

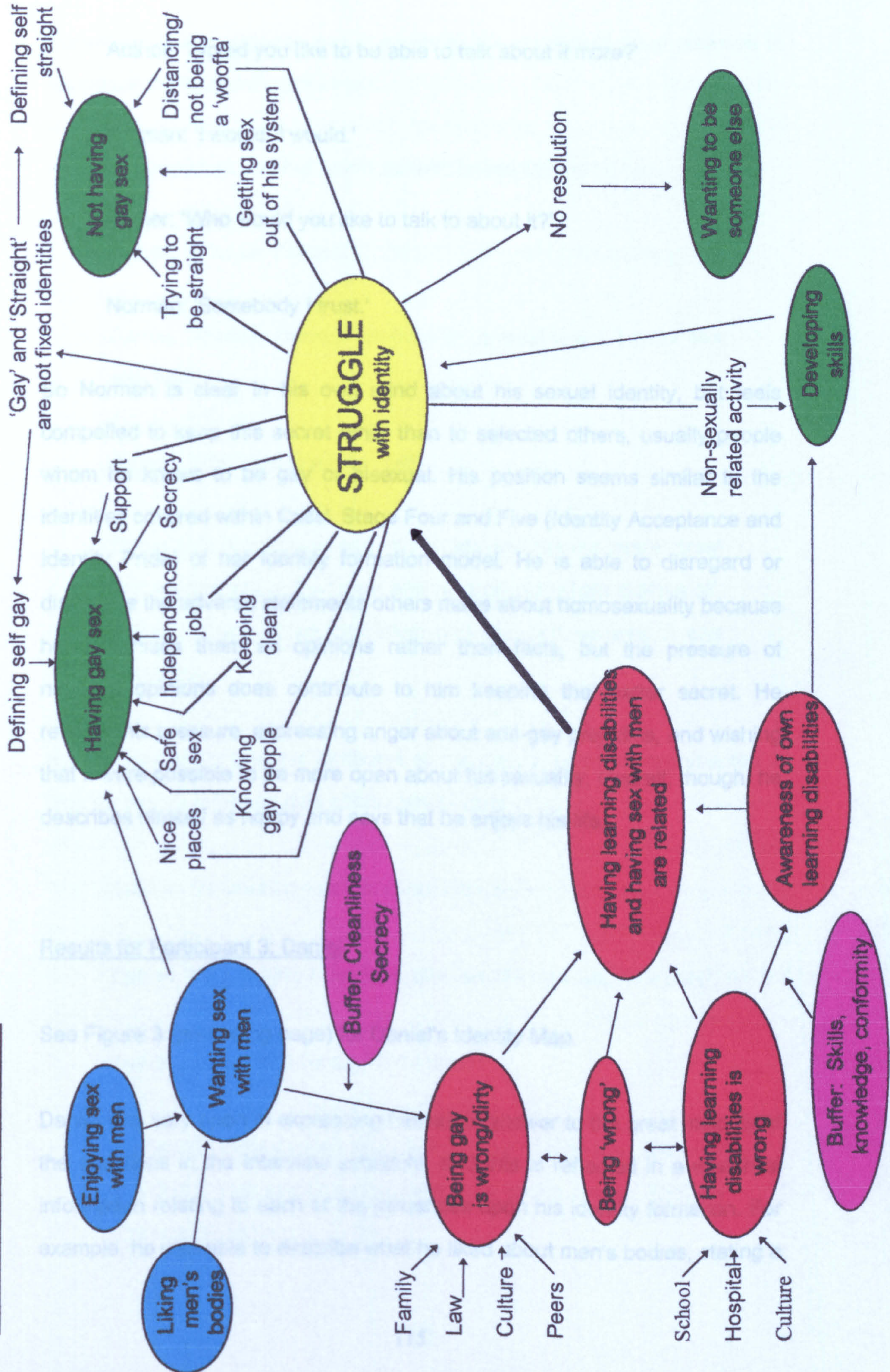
Norman: 'People who are straight and that.'

He also describes his resentment at the necessity to maintain this secrecy:

Author: 'How would you feel if there were more people you can talk to? How do you think it would be?'

Norman: 'It would be alright to talk about it and that, and then they would know what I am and that. Some people if you told them they would not want to know you, they'd just walk away.'

Figure 3 - Identity Map: Daniel



Author: 'Would you like to be able to talk about it more?'

Norman: 'I would, I would.'

Author: 'Who would you like to talk to about it?'

Norman: 'Somebody I trust.'

So Norman is clear in his own mind about his sexual identity, but feels compelled to keep this secret other than to selected others, usually people whom he knows to be gay or bisexual. His position seems similar to the identities covered within Cass' Stage Four and Five (Identity Acceptance and Identity Pride) of her identity formation model. He is able to disregard or disbelieve the adverse statements others make about homosexuality because he recognises them as opinions rather than facts, but the pressure of negative opinions does contribute to him keeping the matter secret. He resents this pressure, expressing anger about anti-gay prejudice, and wishing that it were possible to be more open about his sexuality. Overall, though, he describes himself as happy and says that he enjoys his life.

Results for Participant 3: Daniel

See Figure 3 (preceding page) for Daniel's Identity Map.

Daniel was very open in expressing himself in answer to the great majority of the questions in the Interview schedule, and this is reflected in a wealth of information relating to each of the influences upon his identity formation. For example, he was able to describe what he liked about men's bodies, stating a

preference for smoothness and muscularity. He expressed great pleasure in his sexual contacts with other men:

Daniel: 'I met another fellow as well, called Darren.'

Author: 'Another Darren?'

Daniel: 'Another Darren. He lives in [a local town]. I have sex with him.'

Author: 'What does he look like?'

Daniel: 'He is the same age as me. Me and him are into a forest and we had sex in the forest and we took our whole clothes off. It was brilliant. Away from mum and dad and parents. It was wonderful.'

He ascribes many positive attributes to his sexual partners, represented in blue on the top left hand side of his identity map:

Author: 'So what do you like about Darren?'

Daniel: 'He's alright, I like his figure, and he can talk, he's cool.'

Author: 'What does he say that's cool?'

Daniel: 'Er, I like it when he's talking to me and he says like "Are you O.K.", that sort of thing, make sure you're alright. That's a guy I can trust.'

He describes the same person as being friendly, making good eye contact, and being nice to touch. Generally, he describes his sexual contacts with men as "brilliant", and can connote being gay markedly positively:

Author: 'Can you think about any good things about being gay?'

Daniel: 'Gay, it's more exciting.'

Author: 'How is it more exciting?'

Daniel: 'Just a bit of feeling, that's all. I feel like, more important.'

Author: 'Feel more important?'

Daniel: 'Yes, It's more exciting, It just feels brilliant, that's all.'

In the light of these positive feelings it is surprising to discover that Daniel is also acutely aware of a plethora of negative views on homosexuality, shown in the red network on the lower left hand side of his identity map. These seem to emanate from virtually everyone he knows other than his sexual partners, and present him with possibilities of the most dire consequences for continuing his homosexual behaviour. These include diabolical punishment:

Author: 'So if it is not illegal [to have sex with men] why do you say you need to stop it?'

Daniel: 'It's punishing, punished.'

Author: 'Who will punish it?'

Daniel: 'The Devil.'

Author: 'So what would happen to you if you have sex with men?'

Daniel: 'The Devil is saying things and says, "Right, come on, have it off with someone." '

Author: 'All right, and what will happen if you do have it off with someone?'

Daniel: 'I say "No, I don't want this." '

Author: 'But if you do, what trouble will you get in, what will be the problem?'

Daniel: 'I will be in serious trouble.'

Author: 'Who will be putting you in trouble?'

Daniel: 'The Devil.'

Author: 'So what sort of punishment does the Devil use?'

Daniel: 'Probably make a spell on me.'

Author: 'And what would the spell do?'

Daniel: 'Er, make me do these things I've been doing, having sex with men.'

It can be seen that Daniel feels that his sexual behaviour places him a trap: it condemns him to punishment by the Devil, and that punishment is that he will have sex with men. Daniel reveals that it has been explained to him both that it must be the Devil who makes him have sex with men, and that the consequence of this behaviour is that he will burn in Hell with the Devil: he has seen the circular implications of this even if those who explained it to him have not.

The Devil is not the only source of punishment that Daniel predicts. He also expects severe punishment from the Police and his family. Having said that he believes that homosexual sex is illegal, Daniel is asked who would get him in trouble. He replies:

Daniel: 'Mum and dad and the Police.'

Author: 'There's trouble that's being told off by mum and dad and there's trouble that means that the Police get involved or whatever.'

Daniel: 'It means you have to go to Court and all my name will be written down in the Newspaper and all that sort of thing.'

Author: 'Who told you that would happen?'

Daniel: 'The Police. That is the Law. And they'd put my name in the [local paper] and saying "Daniel was arrested on serious charges for having sex with men." It means I'd have to go to Prison about 25 days, I'd have to go to prison to stop keep doing it.'

He also states that he believes that in Prison he would receive little food, and he elaborates further on the disapproval he believes emanates from his mother and father, stating blankly that they want him to stop having sex at all, and that they wag their fingers and pull their faces at him when they discover that he has been having sex. He believes that his parents dictate what is and is not acceptable in terms of his sexual behaviour, and that only bad people would approve of his homosexual behaviour:

Author: 'Has anyone ever said to you that it's all right to [have sex with men]?'

Daniel: 'The Devil.'

Author: 'Is the Devil a good person or a bad person?'

Daniel: 'Bad person.'

Author: 'What about ... the Police and your mum and dad and your sisters ... are they good or bad people?'

Daniel: 'Good. They are good and they try to stop it.'

He additionally reports that his peers would disapprove of his sexual behaviour, and has adopted highly conventional views himself of what is and is not acceptable. For example, he states that it is acceptable for him to kiss his girlfriend because he has known her for a long time, and he says that it is all right to have sex :

Daniel: 'When you were engaged or married, that sort of thing, that's the time when you can have it.'

On the other hand, Daniel proposes the view that homosexual sex is dirty. Asked to describe homosexuals, he says:

Daniel: 'They are like punks.'

Author: 'But are they nice people?'

Daniel: 'No, they are dirty.'

Author: 'Do you think all gay people are dirty?'

Daniel: 'Some of them are.'

Author: 'Do you think there are any gay people who are not dirty?'

Daniel: 'They are mostly dirty.'

Author: 'Can you think of anybody, do you know anybody who is gay who isn't dirty?'

Daniel: 'Mark Fowler on television, he's gay.'

Like Damian, Daniel regards Mark Fowler as being gay because he is HIV positive, and this is another pejorative theme which he associates with homosexuality:

Author: 'What about ... having sex with grown men, is that against the Law or is that all right?'

Daniel: 'No, against the Law.'

Author: 'Is it ever all right for two men to have sex with each other?'

Daniel: 'I've been watching [television programmes about] HIV positive.'

In the same vein, in discussing having spoken to his mother and father about having gay friends, he says:

Daniel: 'They said it's not nice.'

Author: 'Right.'

Daniel: 'You can get a germ inside you, like a disease, like AIDS.'

It is not clear whether or not Daniel is saying that his parents have made this statement to him, but it does make clear again the link in his mind between HIV infection and homosexuality. He has also had to cope with personal abuse in relation to his sexual behaviour, reporting being called 'puff' and 'woofta', and saying:

Daniel: 'I hate people going, "Hello, woofta, bugger off", that sort of thing. I hate it! They get on my wicks.'

Thus Daniel has had to find a way to balance his desire for sex with men against his awareness of the likely negative consequences of people knowing about him doing this, and he seems to have developed two principal strategies for coping with this. The first is to keep himself clean, apparently in the belief that this will protect him against HIV infection and other sexually transmitted diseases, and since in his mind homosexual behaviour and dirt are so intimately related, as a way of distancing himself from homosexuals. Keeping clean appears to be an extremely important part of his identity, and when asked to describe five important things about himself it is the first thing he says:

Daniel: 'I look after myself, I had a shower yesterday morning, look after your body, you have to keep yourself clean.'

Author: 'So what else is important about you?'

Daniel: 'To clean myself below here, down here, everywhere round here, clean myself below the waist.'

The importance of this to him is readily apparent:

Daniel: 'Men, they're not clean, body, make sure everything's clean, all right, sort of thing. Because if you're not clean you will be dirty and that means that you get AIDS.'

The danger present in this belief is equally clear:

Author: 'When you're having sex with Darren do you use anything?'

Daniel: 'No.'

Author: 'Do you use condoms?'

Daniel: 'No, we're always a clean person, we clean ourselves. Make sure he doesn't get like disease inside him, inside of him or on your private thing.'

Just as keeping clean will not prevent Daniel from contracting HIV infection, so his second strategy for managing the conflict he experiences in relation to his sexual behaviour is unlikely to be effective. Daniel attempts to maintain secrecy, feeling that his behaviour is subjected to continuing scrutiny:

Daniel: 'People are talking all around [my town] about that sort of thing.'

Author: 'Talking about you, do you mean?'

Daniel: 'Talking about me on the bus, sort of thing, what's going on, that sort of thing.'

Author: 'What do people on the bus say?'

Daniel: 'Not anything, just the way they looked at me.'

Author: 'And how...'

Daniel: ' "He's strange", that sort of thing.'

Author: 'And what would those people on the bus think about you having sex with anybody?'

Daniel: 'They'd think it was disgusting.'

So he wants to prevent people from knowing about his sexual behaviour:

Daniel: 'We'll stop them ... seeing what I'm doing.'

Author: 'So you can sort it out by them not knowing?'

Daniel: 'I want to keep it that way.'

Author: 'How would you feel about having a secret like that?'

Daniel: 'Brilliant, I like keeping it secret and not telling anyone.'

This clearly is not possible. Daniel's sexual behaviour has been subjected to a great deal of exposure, to the Police and to his parents, and even to the families of other people with learning disabilities who have refused to live with him in the house he wants to move into. However, telling himself to keep things secret and to keep himself clean seems to protect him from having to accept that something about him is bad: if he is clean and nobody knows what he is doing, well, he can't be properly gay, he won't get diseases, and he will avoid trouble from other people. In terms of a solution to his difficulties this is something of a dead end, not allowing him to form a positive view of his sexuality, but serving to ward off the worst of his feelings about himself. To borrow a term from chemistry, it is a buffer, something which maintains a system in balance and prevents it from changing to extremes of p.h. which would hamper its functioning. This is shown in pink on Daniel's identity map.

Daniel experiences related difficulties in his view of himself as a person with learning disabilities. He is well aware of the fact that he has problems with learning:

Author: 'Is there anybody in your family who is mentally handicapped?'

Daniel: 'No. I am just a little bit.'

Author: 'Right, how do you know you are a little bit then?'

Daniel: 'Because I can't think, I can't say, that's why I'm a bit handicapped.'

Author: 'Do you think it's important that you're handicapped?'

Daniel: 'Yes.'

Author: 'Tell me why it's important?'

Daniel: 'Because, I told you I can't think how to say, I have difficulty.'

Author: 'So it makes it hard sometimes?'

Daniel: 'Yes.'

Author: 'Do you want to tell me anymore about being handicapped then?'

Daniel: 'People like in wheelchairs and things and people on remote controls, like on Blue Peter.'

Author: 'Well, that's people who have a physical handicap, isn't it, when there is something wrong with their bodies.'

Daniel: 'Yes, when their bodies are wonky and crooked and arms like that.'

Author: 'So is there anything wrong with your body?'

Daniel: 'No.'

Author: 'Which bit of your body doesn't quite work properly?'

Daniel: 'It's here, inside my brain.'

So Daniel is aware of his disability and does not value it. Indeed, the level of his unhappiness at being learning disabled is perhaps best illustrated by the following exchange:

Author: 'What does "clever" mean?'

Daniel: 'Happy.'

Author: 'How does it mean happy? If we say someone is really, really clever, what does it mean?'

Daniel: 'I feel happy.'

Thus he sometimes denies having learning disabilities, saying of the people who attend the same day service as him:

Daniel: 'Yes, we are all clever, we've got to be clever because we do our jobs and then we can go home.'

He seems to equate learning disabilities with mental ill health and with homosexual behaviour, perceiving the function of many services for people with learning disabilities as being to treat or punish people for being mad or for having sex, which is, to him, a sign of madness:

Author: 'What sort of a school is [the special school Daniel attended]?'

Daniel: 'Where all the nutters are.'

Author: 'Oh, right, so what do you mean by nutters?'

Daniel: 'Because they think they want to have sex with other men.'

Author: 'Because they ... say that again.'

Daniel: 'If you want to have sex with men, a nutter is up here.'
(*pointing to his head*).

Author: 'So that's a sign of being a nutter, is it?'

Daniel: 'Yes.'

Author: 'Did everyone at [the school] want to have sex with other men?'

Daniel: 'No, they were trying to stop people having sex.'

Author: 'Who were?'

Daniel: 'With men.'

Author: 'Who were trying to stop them?'

Daniel: 'Teachers. They were going to get a cane across their hand.'

Author: 'So were you a nutter?'

Daniel: 'I was, a long time ago.'

Author: 'And in what way do you think you were a nutter?'

Daniel: 'Because all the teachers keep telling me off.'

Daniel does not think that these associations between sexual behaviour, madness and punishment end with passage into adulthood. When discussing learning disabilities hospitals he was asked:

Author: 'What sort of people go to those kind of hospitals?'

Daniel: 'They put them in a cell.'

Author: 'They used to have some cells in places like that, but most people would just live on wards.'

Daniel: 'Live on wards and leave them strapped up in wards.'

Author: 'Well, again, sometimes that would happen, but most of the time people would move about.'

Daniel: 'They would stop people touching people round and they take it off and if they do it again they put it back on.'

Author: 'Why did they go there, those people you work with?'

Daniel: 'I think they did something wrong at home.'

Author: 'What sort of a thing?'

Daniel: 'Like going having sex with another person.'

It seems that being learning disabled, having sex with men and being punished are inextricably linked to one another in Daniel's mind, creating an impression that he believes himself to be flawed in some very significant ways. The difficulties he experiences in relation to being learning disabled require more psychological footwork to minimize the distress that awareness of his disabilities could cause for Daniel. He has developed more 'buffers' to deal with this. These are designed to maximise the chances of him 'passing' as non-learning disabled, and focus on the acquisition of skills and knowledge and upon the adoption of views which might be considered to represent those of the mainstream of society. Daniel states that he does not lack any of the skills necessary to live his life:

Daniel: 'I am fine and I am capable of doing whatever I have to do.'

Where he does struggle to learn things, he puts this down to lack of practice. Having mentioned that his sister can speak French whilst he cannot, he was asked why this was:

Daniel: 'I need more practice. I take a lot more practice and [my sister] helps me, teach me how to speak.'

Daniel makes several references to the importance to him of being independent and being adult, considering this to be one of the five most important things about himself:

Daniel: 'I am more like an adult. I wanted to be like an adult. I look after people, I make them happy. It's part of growing up.'

Relatedly, he reports the significance to him of acquiring a 'respectable' paid job:

Daniel: 'I really want to be a business man, when I'm older.'

This statement illustrates the limits that are inherent in this strategy of skills acquisition as a way of denying or avoiding an identity which incorporates being learning disabled. Daniel is a man in his thirties, and he is clearly never going to have the necessary skills or knowledge to be a business man. Whilst he may continue to develop his abilities these are likely to be within parameters which are substantially narrower than those which operate for the non-learning disabled population, and in his failure to achieve his goals Daniel will be repeatedly reminded of his learning disabilities.

Daniel's beliefs about conformity and sexuality further undermine his attempts to pass as non-learning disabled. He seems to believe that only heterosexual people can achieve respectable positions in society, and that homosexual people are generally somewhat degenerate. When asked where he could meet heterosexual people, he replied:

Daniel: 'Straight people would be sort of like important people.'

Author: 'Like what?'

Daniel: 'Important. Like people in offices and things. Like you.'

Author: 'Right.'

Daniel: 'Office work and office men. In case they go to meetings, that sort of thing.'

Author: 'Where else might you meet heterosexual or straight people?'

Daniel: 'In town. In Marks' and Spencer's, in the Bank, in Boot's, Smith's, Woolworth's.'

Author: 'Apart from the shops, where might you meet straight people?'

Daniel: 'With his briefcase.'

Author: 'What do straight people do?'

Daniel: 'Have posh houses. Storage houses and famous stars, that sort of thing, they are all straight people.'

Compare this to how Daniel describes homosexual people:

Author: 'What do you think people who are gay or queer do?'

Daniel: 'Like people who go up and then kiss, and going around touching my body.'

Author: 'Can you think of anything else?'

Daniel: 'Go down to my legs and feel my bottom.'

Author: 'Where do you think you could meet someone who is gay?'

Daniel: 'Near the toilets. Around the streets in town, the back streets.'

Author: 'How would you know they were gay?'

Daniel: 'I just know they are gay, because they are going round touching peoples' bums and kissing bums sort of thing.'

Author: 'Is there anywhere else you could meet gay men?'

Daniel: 'Behind bushes.'

Thus whilst straight people are seen as necessarily respectable, gay people are seen by Daniel as being simply sexual beings who do not have any interest in whether or not their partners are consenting and who frequent

toilets and backstreets. So Daniel dichotomises people as being straight, skilled and respectable, or gay, sexual and unrespectable. In the context of these beliefs his own sexual behaviour presents a barrier to achieving his goals: he can't have skills and 'fit in' if he continues to have sex with men. Again, the buffer which Daniel has developed to deal with his belief that being learning disabled is wrong has only limited utility: acquiring more skills may reduce the likelihood of people noticing that he has learning disabilities, but focussing on skills acquisition ultimately only reminds Daniel of the things he cannot learn. Similarly, a belief that conforming in his sexual behaviour will help him to develop a satisfactory identity runs into trouble because he enjoys his homosexual contacts and because he is aware that he lacks the skills which he associates with heterosexuality. Like Damian, a substantial part of Daniel's struggles - shown in yellow on the right of his identity map - with identity are aimed at moving away from identities, particularly those which incorporate homosexual behaviour and learning disabilities, from which it is not possible for him to escape. This is reflected in the identity resolutions which Daniel has reached.

One of the solutions is to see gay and straight as being mutually compatible (see top right of his identity map) and not as fixed identities:

Author: 'Can you think of any gay people who are clean?'

Daniel: 'Like me, I am clean sometimes.'

Author: 'So do you think you're a gay person?'

Daniel: 'Mmmm.'

Author: 'Tell me again what a gay person is?'

Daniel: 'Like something disease, like homosexual.'

Author: 'You've told me several things about yourself. You've told me that you're a straight person.'

Daniel: 'I am straight.'

Author: 'Which is somebody, a man who has sex with women.'

Daniel: 'That's right.'

Author: 'And today you've told me that you're a gay person as well.'

Daniel: 'Yes.'

Author: 'Which is a man who has sex with men.'

Daniel: 'That's right.'

The struggle here may in fact reside in the author: these statements by Daniel may illustrate that it is inappropriate to apply the labels which are used to describe sexuality in the non-learning disabled population to people with learning disabilities. As far as Daniel is concerned, his feelings may indicate to him that he is gay when he is having sex with men and straight when he is having sex with women. In this respect he is like a man living before modern labels for sexuality were developed, responding sexually to men and women

without believing that this signifies anything fixed about him, and only encountering problems when his sexual behaviour is revealed to others and they respond adversely to it and to him. He may be disenfranchised from the processes described by Cass by which other men who have sex with men form identities which incorporate their sexual behaviour, but this may leave him free to experience a wider range of sexual behaviour than people who do self-label in this way. Here, negative case analysis facilitates the generation of a number of theories about Daniel's sexual identity.

We have already seen some of the ways in which Daniel supports the continuance of his same-sex sexual contacts. These include keeping clean, maintaining secrecy, and seeking independence and are shown uncoloured leading upwards from the yellow sector of his identity map. He believes that independence will enable him to continue his sexual behaviour without interference from others. Daniel states both that other peoples' influence is a reason for stopping having sex:

Daniel: 'I want to stop it ... I had decided that I need you to come to sort this thing out.'

Author: 'So why do you want to stop it?'

Daniel: 'Because I don't want any more of it.'

Author: 'And why is that? Why do you not want any more?'

Daniel: 'I am getting sick of it, people telling you what to do, that sort of thing';

and that escape from this would enable him to continue and to be happy. This is illustrated in the following statements:

Author: 'Where could you have sex and not get into trouble?'

Daniel: 'Have it in bed.'

Author: 'What if your mum and dad knew?'

Daniel: 'They wouldn't be very pleased.'

Author: 'What about if it was in a hotel?'

Daniel: 'That would be okay, it is away from mum and dad ' ;

and:

Author: 'Right, just imagine that you're living in the new house, just think about that for a minute. You've moved in there, so your mum and dad won't know what you're doing all the time will they?'

Daniel: 'No, no they won't.'

Author: 'If they didn't know what you were up to, would you want to carry on having sex with Darren?'

Daniel: 'Yes. No one can stop me.'

Author: 'It seems to me that your choice on your own is to carry on.'

Daniel: 'Yes, that's right.'

Author: 'But your mum and dad want you to stop.'

Daniel: 'Yes.'

Author: 'Do you always have to do what your mum and dad think?'

Daniel: 'No I don't.'

Author: 'Why not?'

Daniel: 'Because it's my life, it's my decision.'

Author: 'What do you think about that then?'

Daniel: 'It sounds brilliant. I'm in charge, I've got myself involved in this and I'm going to stick to it.'

In addition to seeking to escape from oppressive influences on his sexual behaviour, Daniel has also succeeded in identifying a small number of people who are supportive of the continuance of his homosexual acts. He identifies a member of staff at the day service he attends as gay and as someone he could talk to about his sexuality, and he notices gay characters on the

television, especially Colin, Della and Binney from 'Eastenders'. He also notes that his sexual partners are a potential source of support:

Author: 'Did you talk to this person you were having sex with?'

Daniel: 'Yes.'

Author: 'What did you say?'

Daniel: ' "Hello darling", that sort of thing.'

Author: 'And what did he say?'

Daniel: 'He said the same back.'

Author: 'And did he say it was bad to have sex with him?'

Daniel: 'No, he said "Okay, good, go on then" '.

Author: 'And what did you do?'

Daniel: 'I said "Okay".'

Author: 'So do you think he thought it was alright or not alright?'

Daniel: 'I think he thinks it's okay.'

Daniel also wishes for more pleasant places in which to have sex, and shows that he does know the rudiments of safer sexual behaviour:

Author: 'What were we talking about last time?'

Daniel: 'I want to, and it's not up to mum and dad, it's up to me.'

Author: 'What's up to you?'

Daniel: 'How I want to have what I want.'

Author: 'Right.'

Daniel: 'Best to use condoms.'

Author: 'Right, and what are you supposed to do with condoms?'

Daniel: 'Put them on your private thing.'

Author: 'Right, good.'

Daniel: 'For safety.'

So Daniel has found a range of strategies and devices to support his ongoing homosexual behaviour and these may be effective in facilitating the continuation of those aspects of his behaviour which he succeeds in keeping secret from others, but they have not proved sufficient to enable him to form a sexual identity which incorporates this as a permanent facet of himself. It remains important to him to be seen as someone who does not have sex:

Daniel: 'I haven't had any [sex] this week, anyway, because it was good, and it was a good sign,' and;

Daniel: 'I am happy and I am pleased and I want to stop it, this being what we're doing today.'

He makes efforts to distance himself from homosexuals, stating that he is not a 'woofta' and using convoluted language to describe awareness of the existence of homosexuals:

Daniel: 'I had a friend once heard someone, two boys are gay and think that they're puffs or something.'

He refers to the fact that he is attempting to stop having sex altogether by saying that he wishes to get sex 'out of his system', but also proposes becoming heterosexual as a solution to his difficulties:

Daniel: 'It's got to stop.'

Author: 'So what does that mean when it's stopped?'

Daniel: 'I need to be so that I need to be a bit more straighter.'

Author: 'Right, so you'll be straighter if it stops.'

Daniel: 'I would please mum and dad.'

None of these solutions are entirely effective either. Daniel repeatedly encounters evidence that he is not 'straight', and he is unsuccessful in

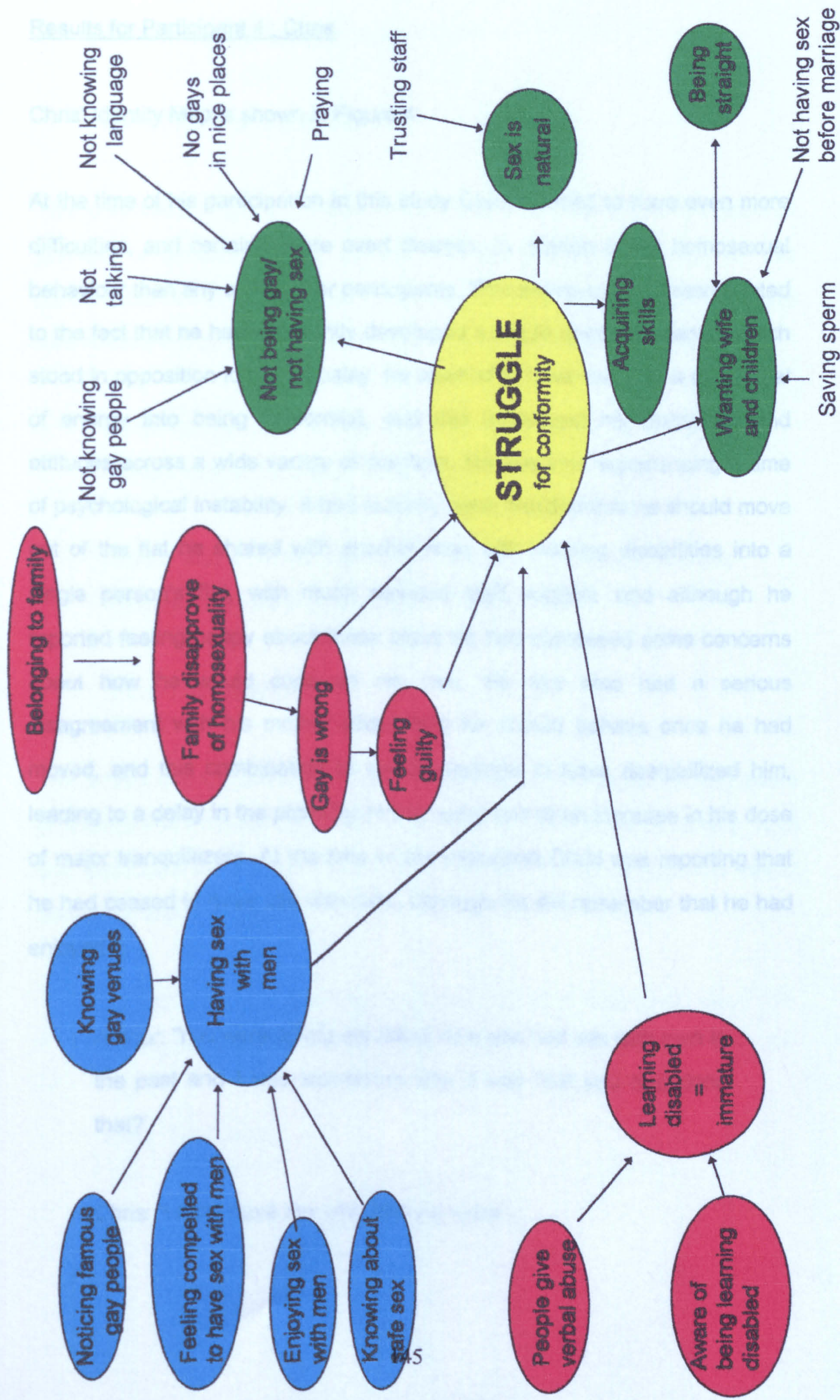
attempting to stop having sex altogether. Trying not to see himself as gay, because gay in his mind is a bad thing to be, can only lead to him feeling worse about his sexual behaviour, trapped between negative views of homosexuality and his own desire for sex with men. If Daniel were able to understand that the negative views he has been taught about homosexuality were opinions rather than facts, he might have been able to resolve this conflict by rejecting these negative views. However, he does seem to regard other peoples' opinions as facts, and seems to simultaneously hold a range of contradictory ideas himself without noticing that they are incompatible with one another. No coherent sense of an identity emerges, and whilst this gives Daniel some freedom of sexual expression, it also seems to leave him vulnerable to distress as he has no successful strategies for responding to the hostile views of others. He seems to resort to fantasy (in green, on the lower right of his identity map) as the only route he can find out of this dilemma:

Daniel: 'I always fancied, wanna be Superman. I would like to be like him when he was very small and lifted up a car. If I was him I could go away, fly away from all of this.'

The role of Daniel's relationship with the author in the information he produced in interviews is less clear than it is for the other participants, since he had not received therapy from the author before he participated in the research. He appeared to believe that the author had come to see him in order to help him to stop having sex with men, and this suggests that he would expect the author to have negative views about homosexuality. This may have predisposed him to produce negative comments himself. Whilst he did reveal a wide range of factors supporting the continuation of his homosexual activities, it may be that the balance here is still shifted in favour

of material suggesting that Daniel experiences difficulties with this. However, compared to the other participants, who each had substantial previous knowledge of the author, Daniel's scripts may be regarded as relatively neutral in terms of interviewer bias. The overall tendency in this research may have been for the participants to produce more *positive* views on homosexuality than they would have done with an interviewer whom they did not already know.

Figure 4 - Identity Map: Chris



Results for Participant 4 : Chris

Chris' Identity Map is shown in Figure 4.

At the time of his participation in this study Chris seemed to have even more difficulties, and certainly more overt distress, in relation to his homosexual behaviour than any of the other participants. This seems to have been related to the fact that he had apparently developed a single dominant identity which stood in opposition to his sexuality: he seemed to have invested a great deal of energy into being conformist, and this influenced his behaviour and attitudes across a wide variety of domains. He was also experiencing a time of psychological instability. It had recently been decided that he should move out of the flat he shared with another man with learning disabilities into a single person's flat, with much reduced staff support, and although he reported feeling happy about these plans he had expressed some concerns about how he would cope on his own. He had also had a serious disagreement with his mother about how he should behave once he had moved, and this combination of events seemed to have destabilized him, leading to a delay in the plans for him to move and to an increase in his dose of major tranquillizers. At the time of his interviews Chris was reporting that he had ceased to have sex with men, although he did remember that he had enjoyed it:

Author: 'You were telling me about how you had sex with men in the past and I was wondering why it was that you had done that?'

Chris: 'I don't have sex with men no more.'

Author: 'But why did you used to do it?'

Chris: 'Well, I just enjoyed it.'

This enjoyment is shown in blue in the network of features which seem to promote a positive sexual identity for Chris. Referring back to this conversation a few minutes later Chris brings his enjoyment up to date, and also reveals the confusion he experiences about his homosexual desires:

Chris: 'All my father and grandfather and all the relatives think it's bad. Half of me says it's disgusting.'

Author: 'But a minute ago when I asked you why you had sex with men you said you had liked it when you did it.'

Chris: 'I do enjoy it.'

The conflict that Chris experiences is established immediately: acutely aware of disapproval from his family (shown in red, top centre of his identity map) and significant other people in his life, he feels forced to abandon sexual behaviour which he enjoys:

Author: 'What do [your step dad] and your mum think about you having sex with men?'

Chris: 'Disgusting.'

Author: 'How do you know that they think that?'

Chris: 'Well, my mother doesn't like me coming to see you every time, that's probably what they think. I mean, I told my mother about gay sexual and she said "That's disgusting." I mean, I'm not gay or sexual, I'm just a normal adult.'

As this quote implies, all forms of sexual behaviour for Chris are prohibited by his family:

Author: 'Does your mum think it's alright for you to have sex with a woman?'

Chris: 'I've done it with women before.'

Author: 'Does your mum think it's alright for you to have sex with women?'

Chris: 'No.'

Author: 'What would she say if she knew?'

Chris: 'She'd kill me.'

Chris' mum is far from being alone, in his view, in her condemnation of his sexual behaviour. Raised as a Catholic, Chris sees the Church and God as important influences on him:

Chris: 'I don't like sex, I've stopped it. It gives me headache.'

Author: 'Well, I understand that, but what I am trying to find out is why, really.'

Chris: 'But I stopped it because I believe in God, because I'm a Catholic. Sex is bad for your health. They stab you, rape you and murder you.'

Author: 'So what do you think God will do to you if...'

Chris: 'God will punish me.'

Author: 'What will he do?'

Chris: 'He'll say "Right, Chris, you're punished, you get cremated, go to the Devil and you die!" I just want to be a normal person. I feel guilty now.'

Chris expresses intensely negative feelings about gay men:

Author: 'Do you think you meet gay people in nice places or nasty places?'

Chris: 'Horrible places.'

Author: 'Where's horrible, what sort of places are horrible?'

Chris: 'Because being gay is bad for your health, they are bad people, they pinch money off you, they stab you and you're dead.'

Author: 'Who told you that they do that?'

Chris: 'Some older women told me that if you're in a shop or in a pub, they can pinch your money and stab you to death outside. Gays smack me in the mouth and beat me up. Rob you, gay people and sexful people.'

He does not seem able to see gay people in any other way than as dangerous and unpleasant:

Author: 'What sort of things do you think gay people do during the day?'

Chris: 'Gay people are very bad, can kill people, are not very friendly.'

Author: 'Gay people are not very friendly?'

Chris: 'I think gay people are very bad and dangerous. I think gay people are not very friendly.'

Chris also associates homosexuality very closely with AIDS:

Chris: 'If you have sex with men you get AIDS and you can kill yourself, you can get proper AIDS and you can die.'

He is aware that AIDS (or HIV infection) can also be contracted from women, but his principal concern seems to be the risk presented by men:

Chris: 'Sex is bad for your health.'

Author: 'In what way is it bad for your health?'

Chris: 'By sucking a man's privates.'

Author: 'What will happen?'

Chris: 'You get AIDS off men.'

Author: 'Can you get AIDS off anyone else?'

Chris: 'AIDS from women.'

Author: 'So is it all right to have sex with anyone?'

Chris: 'No, can kill you. If I have sex with a man now, I could get AIDS and kill myself.'

He seems to have come to the firm conclusion that homosexuality is intrinsically wrong (see the 'gay is wrong' red sector on his identity map), and states that it should in some way be brought to an end:

Chris: 'I don't think there should be gay people in this world.

The Law says you should not be gay. Gay is a bad habit', and:

Chris: 'I think gay people should be locked up in prison.'

Against this background, Chris sometimes struggles to understand why he has had sex with men, invoking concepts of compulsion - which are, after all, part of the history of the understanding of homosexuality, having been produced to protect people who had homosexual sex from persecution on the grounds that their sexuality was innate and therefore out of their control. Asked again to say why he used to have sex with men, Chris replied:

Chris: 'I don't know, just made me do it.'

Author: 'What made you do it?'

Chris: 'Mind.'

Author: 'What did your mind say to you?'

Chris: ' "Do it", it told me that.'

This is repeated:

Chris: 'I don't know, my mind just made me do it.'

So Chris sees homosexuality as something that has been imposed on him from within. He believes that it will condemn him to disapproval by his family and the Church, and he believes that homosexuals are dangerous, violent people who spread disease. They diverge widely from the conformity which, as the following extract illustrates, he sees as an antidote to the problems he believes to be generated by homosexuality:

Chris: 'I don't think gay people should be gay.'

Author: 'Right, why's that?'

Chris: 'Because you're asking for trouble, because gay people are not very nice, very dangerous. Keep away from gay people. That's why people should believe in God, because when I die I want to get buried or cremated, they shouldn't act like that, they should act their age, and think what they're doing. I go to college, training, for employment, jobs; I go to job agencies. People should be working, employment, should go for jobs, should go for interviews. That's why women in this world say, "Adults got to keep their hair short and go out to work." I think gay people and sexual people are very dangerous, they don't know what they're talking about.'

The notion of being an adult is clearly very important to Chris, and he relates a very narrow, conservative view of what an adult is like:

Chris: 'Well, they're nice people, they're kind, they learn to cook, learn to do his own meals, have a shave, er, be nice to his mother and father, go for a drink, not stopping in 5 days a week, that's what [my flatmate] does, stopping in 5 nights a week. What I do is go to work, like proper work experience, listen to staff, be careful, behave myself, act his age, be nice, be polite. You should wear a clean shirt and trousers, have a shave, plenty of aftershave, have a haircut, learn to read and write, learn to live on his own.'

The mention of academic skills here might imply that Chris also regards having learning disabilities as an affront to his desire to conform. There is other evidence to support this theory. When asked what 'mental handicap' means, Chris replies:

Chris: 'When you can't talk proper and can't read and write.'

He is aware that the schools he attended were Special schools for children with learning disabilities, and describes himself as having had difficulties learning to read:

Author: 'But why is it hard for you to read?'

Chris: 'Because I can't use my brain.'

He describes the purpose of his schools in some detail:

Chris: 'Education training. The reason I went to [Special] School was to learn, learn to read and write, learn to do sums and learn to cook. I learn to act like an adult, learn to act my age, grow up. Different schools, education training, to get a job, employment skills, so when you leave school you'll be able to get a job. When I went to [Special] School, education training skills, I used to learn to cook, learn to add money up, do sums, all sorts of skills. I used to learn a lot.'

He also sees adult behaviour as the solution to verbal abuse that he suffers because of his learning disabilities:

Chris: 'Quite a lot of young kids take the mickey out of me, but I can't just walk away and blank them out and act like an adult.'

Chris sometimes simply denies that he has problems with learning:

Author: 'Do you think you're handicapped?'

Chris: 'I'm not handicapped, no. I'm just a normal adult.'

So having sex with men and having learning disabilities are factors which, in Chris' mind, prevent him from acquiring conformity and respectability. Identities incorporating these features of himself are effectively closed to him, and he invests a great deal of energy in attempts to deny the reality of his sexual behaviour. As can be seen he distances himself from gay men by describing them in highly pejorative terms. He also says that he has no gay friends, that gay venues are horrible, and that no gay people are found in nice places:

Chris: 'Drop-In's a very nice place, there is no gay people there.'

He denies knowing the meaning of words relating to sexual behaviour which at other times he has used spontaneously and accurately:

Author: 'Do you know what "gay" means?'

Chris: 'I don't understand.'

Author: 'I think you've talked to me about the word "gay" before.'

Chris: 'I've forgotten it all, Paul.'

Author: 'Right, okay. Do you know what a lesbian is?'

Chris: 'No.'

Author: 'Do you know what "straight" means?'

Chris: 'No. Straight?'

Author: 'Yes.'

Chris: 'Straight, yes, straight.'

Author: 'What does that mean?'

Chris: 'It means you're straight, you stand up straight.'

Ultimately, he denies having sex at all:

Chris: 'I was having sex, but I stopped, I pray to God, I don't do it now.'

He is able to give another rationale for this:

Author: 'Why have you stopped enjoying sex?'

Chris: 'I just feel guilty.'

Author: 'What makes you feel guilty?'

Chris: 'Just guilty of doing it, because God is watching me.'

He also fears rejection by his friends if they knew that he had sex with men:

Chris: 'They'd call [insult] me, they'd say "Go away,"; "Clear off,"; "Leave me alone."' '

Finally, he tries to avoid having to discuss the subject at all:

Chris: 'It gives me a headache all the time, though, Paul.'

Author: 'Why do you think it gives you a headache?'

Chris: 'Because when we talk it gets me going. I've got a headache now.'

Author: 'What is it that makes your head hurt?'

Chris: 'Because when you keep saying "sex, sex, sex", it gives me a headache.'

Only one chink emerges in the barriers which Chris has formed around his sexuality: whilst the great majority of messages he has received about sex seem to have been prohibitive, he recalls a single permission-giving comment from a member of staff. He reports that he 'likes listening to staff,' and that:

Chris: 'I believe in what people tell me to do.'

Therefore it is important to him that a female member of staff has suggested to him that sex is a normal activity:

Chris: 'I mean, Bernie has told me before, sex is natural.'

In the face of all the negative beliefs that Chris holds about sexuality, it is not surprising that this lone message (shown on the right hand side of his identity map) does not succeed in facilitating Chris in developing a positive sexual identity. Rather, he struggles to build an identity which excludes sexuality from it for the present. This struggle is shown in yellow on his identity map at the confluence point of the disparate influences on his sexual behaviour. He states that he will be able to become a sexual being once he is married. He says:

Chris: 'I don't prefer men, I prefer women.'

Chris also makes clear that he would like to have a wife and children:

Author: 'Can you tell me five important things about yourself?'

Chris: 'I learn to cook, I learn to live on my own, I learn to read and write. I like going to see my friends. I like going to discos. I'd like a new girlfriend, I'd like to get married, I'd like to have a few children.'

He gives wanting to marry in the future as another reason why he should not be having sex now:

Chris: 'Because it saves a load of sperm, to give a woman a proper baby.'

Further, he relates the need to remain clean and respectable to his desire to have a girlfriend and wife:

Author: 'What sort of a person are you?'

Chris: 'I'm a grown up adult. I have my hair cut every seven weeks. I always wear a shirt and tie. I always look smart, I like cooking, I like listening to staff.'

Author: 'Why do you have your haircut every few weeks?'

Chris: 'To keep it short and tidy.'

Author: 'Right, why is it important to keep it short and tidy?'

Chris: 'Like girls. I have a shave every morning and I wear different aftershave. To smell nice, then girls can smell me.'

It is clear from the above that Chris sees a link between achieving conformity and acquiring skills:

Chris: 'A handicap is stop by leaving home, by leaving your parents. When you've been handicapped you bully someone, it's part of growing up and acting your age by learning some.'

Author: 'Are you saying to me that people who are handicapped, what they need to do is learn lots of skills and things?'

Chris: 'That's correct, handicapped skilled by training.'

Author: 'And what happens to them when they learn all those skills?'

Chris: 'When they learn a lot of skills they go to get a job and employment.'

Author: 'And are they still handicapped then?'

Chris: 'Still gonna get a job. When you get older they go back to their parents. This was what we were talking about. Handicapped means like growing up, listening to what staff says.'

Author: 'Does the handicap go away or is it always there?'

Chris: 'Go to education skills, college, work preparation skills, training scheme, doing something to get a job and when they're at college or school, they've got education training to get jobs and when they're grown up and been taking their tablets they know better what they're doing.'

Author: 'So what do the tablets do?'

Chris: 'Make people better. So you can say "Right I'm better, I can go to college, so I can make my mind up what I want to do at work", go to employers, get a job and stick at the work.'

He seems to think that if he works hard to learn skills, to keep clean and tidy, to stop having sex with men, then he will be able to marry and get a job and be independent. In both subtle and direct ways, these seem to be the lessons he has been taught, and many of the things he says illustrate how reliant he is on the opinions of others to shape how he should behave. As he says, he believes what other people tell him, and it is as if he feels he should not make any decisions for himself. Of course, this immediately thwarts his goal of independence, and it may illustrate that he does not distinguish effectively between facts and opinions. The evidence is growing, for us and for him, that he is unlikely to be successful in achieving the identity he seems to crave. He is in his late thirties, he does not have a job, he does not have the same level of skills as his non-learning disabled peers, and he likes having sex with men. The 'solutions' Chris has found (shown in green on his identity map) are, in reality, only blind alleys into which he has been directed by other people. He does not value his (dis)abilities, he does not value his sexuality, and he does not value his own opinions. Failing repeatedly to reach his goals, and in the absence of any positive identity, we should not be surprised that his mental health is poor and that at times he cannot bear to talk about the problems to which he has found no solutions. We may be reminded of someone from the first two decades of this century who perceives his homosexuality as something shameful and unspeakable, and seeks to bring it to an end.

As during his previous contact with the author it was made clear that the author did not disapprove of homosexual behaviour, it might be expected that Chris would be expressing less negative views on the subject than he would

to a stranger. Thus the information produced here may underestimate the difficulties Chris experiences in relation to homosexuality.

Table 1 - Summary of findings in relation to identity and sexual identity

	Aware of own learning disabilities	Believes people with learning disabilities have right to have sex	Experience of being in trouble regarding sexual behaviour	Keeps sexual behaviour secret	Uses range of coping strategies	Has support for sexual identity	Believes sex with men is wrong	Self-identity	Pride in identity	IQ	Knows difference between fact and opinion	Reasonable psychological health	Cass stage	Knows about safe sex	Practices safe sex
Chris	✓	X	✓	?	X	X	✓	Non-Sexual	X	57	X	X	1	✓	X
Daniel	✓	X	✓	✓	✓	X	✓	Gay & straight	X	60	X	✓	-	✓	X
Damian	✓	X	✓	✓	✓	X	Depends	Gay or straight	X	62	✓	✓	3/1	✓	X
Norman	✓	unsure	✓	✓	✓	✓	X	Bi-Sexual	✓	68	✓	✓	4/5	✓	✓

SUMMARY OF RESULTS FOR ALL PARTICIPANTS

See Table 1 (previous page) for a summary of the principal findings.

Awareness of Learning Disabilities

All four of the participants were aware of their own learning disabilities, and each of them cast this aspect of themselves in a negative light. This ranged from Norman, who expressed dismay at his own inability to read and write adequately, to Daniel, who seemed to see having learning disabilities as some form of degeneracy which also contributed to a propensity to engage in what he believed to be 'dirty' homosexual acts.

Sexual Rights of People with Learning Disabilities

All the participants had at least some doubts about whether it was acceptable for people with learning disabilities to have any form of sexual experience. Again, there was a range to the extent of this view, from Norman and Damian who were not altogether sure whether it was acceptable or not, via Daniel, who initially advocated total prohibition, but later stated that it would be good if he were allowed to have sex, to Chris, who at the time of interviewing regarded all forms of sexual behaviour outside marriage as sinful and punishable. For Chris, his insistence that it was not acceptable for people with learning disabilities to have sex seems to have been more closely related to his family and his religious background than his learning disabilities, although there was a link in the sense that he apparently believed that he should defer to his family and their views because of his learning problems.

Experiences of Trouble in relation to Sexual Behaviour

The participants' beliefs about their sexual rights may have been coloured by the fact that all of the participants had been in some form of trouble as a result of their sexual behaviour. All had had contact with the Police, and for Daniel, Damian and Norman this was as a result of sexual contacts with minors. However, whilst Norman recognised that different views may be held about sex with adolescents than are held about sex with adult men, Daniel and Damian did not always make this distinction and generally believed homosexuality and paedophilia to be the same. This may explain why Norman was less certain in his views about the rights of people with learning disabilities to have sex, since he understood that the trouble he had experienced was related to the age, rather than the sex of his partners.

Intellectual ability may have been a factor in making the discrimination between paedophiles and homosexuals: Daniel and Damian had been exposed to common myths relating these two sexual phenomena and had accepted them as true even though they had evidence, such as that provided by television characters, that this is not the case. Norman may have been exposed to the same myths but his experiences had taught him that most homosexuals are not attracted to children. Norman's personal contact with homosexuals may have been important in making such knowledge meaningful to him: the other participants had had substantially fewer contacts with people they knew to be gay, or no contact at all.

Contact with the Police was not the only form of trouble that had been encountered by the participants. Daniel, Damian and Norman all reported being openly and publicly abused as a result of their sexual behaviour, and

Chris, too, was clearly aware of very widespread disapproval of his sexual conduct.

Keeping Sexuality Secret

Not surprisingly, at least three of the participants had adopted secrecy about their sexual behaviour as one of the strategies they employed in order to maintain their psychological well-being whilst continuing to have sex with men. If he was using secrecy, Chris had taken it to the extreme of simply denying that he had sex with men any more. Staff working with him did not believe that he had desisted from this, but it is not certain that he was actually being secretive: he may genuinely have stopped. Norman had managed to develop a small network of people with whom he did not have to keep his sexuality secret: these were all people who identified themselves as gay or bisexual. However, he did regard all heterosexuals as likely to be hostile to his sexuality, and thus he kept this secret from most of the people he met.

Use of a Range of Coping Strategies

Apart from Chris, all the participants had a range of strategies for managing to maintain their psychological well-being whilst continuing their homosexual behaviour. Norman used secrecy, anger at anti-gay prejudice, awareness of alternative views on homosexuality and the support of other gay and bisexual people to cope with the difficulties which arose for him as a consequence of his sexuality. Damian adopted a range of 'identities' which he used according to circumstances. For example, he would present an image of highly conservative homosexuality, or of heterosexuality, according to his audience and the amount of knowledge they had about him. He could also deny having any sexuality, or accept that he was gay. Daniel could also describe himself

as gay or straight, but the impression is gained that the mechanisms by which these latter two men come to adopt both of these labels are quite different. Daniel seems not to regard the two labels as mutually exclusive, and so when he is having sex with a woman he is straight and when he is with a man he is gay, and in conversation he can be both things at the same time. He does not take these labels as representing fixed and opposing identities.

Damian, however, recognises that these two categories are usually considered to be mutually exclusive, and he cannot adopt them both simultaneously. It seems that he adopts a heterosexual label when he wants to avoid negative responses to his homosexual behaviour. He also generally limits his mentions of male sexual partners to a single individual, which is a strategy reminiscent of the 'I just love X' construction which Hencken (1984) highlights as one of the tactics used by men to avoid having to label themselves as homosexual. Interestingly, however, this is the only one of the strategies which Hencken suggests are used by the general population which is also employed by any of the participants in this study, suggesting that people with learning disabilities cope with their homosexual behaviour, if they feel they cannot accept a homosexual identity, in ways which differ from those employed by their non-learning disabled peers. However, as Burke (1994) found amongst police officers, people with learning disabilities do find a range of ways of including or excluding sexuality from their identities, and this research adds to the breadth of identity constructions which can be developed by men who have sex with men.

Chris seems to have virtually no strategies for coping with his homosexual behaviour: he seeks only to stop it, and reports feeling guilty about it and his other sexual behaviour. He has to resort to entreaties to the author to end discussions on the subject: he can find no other way of managing his

distress. The only sexual identities which he can consider are located in a future which he is unlikely to attain, where he is employed and married, and where the purpose of sexual activity is procreation. Chris is not coping with his sexuality, and this may be a contributory factor in his mental ill-health.

Access to Support for Sexual Behaviour

Norman is alone amongst the participants in being able to identify substantial sources of support for his sexual identity, and this comes entirely from other bisexual or homosexual people. Daniel and Damian both notice homosexual characters on the television, and recognise that their male sexual partners could be supportive of them. Damian seems able to accept this very limited support, but Daniel regards anyone who approves of homosexuality as being 'bad', and therefore untrustworthy in their opinions, so he rejects this support and maintains a largely negative view of homosexuality. To Chris, for whom all sex outside marriage, and particularly homosexual sex, is wrong, and who regards homosexuals as dangerous deviants, the idea of obtaining support from other men who have sex with men is likely to sound bizarre. His experience of having allegedly been abused by a support worker is likely to have moved him even further away from a position where he might have felt able to seek support from other men who have sex with men. He does not seem to be able to identify any meaningful sources of support, and it might be predicted that he would reject it if he did. He certainly does have contact with a number of very significant people whom he perceives as being hostile towards homosexuals, as do Damian and Daniel.

Beliefs about Homosexuality

Chris and Daniel regard homosexual behaviour as being wrong, and Daniel shares with Chris the experience of feeling that significant others disapprove of his homosexual behaviour. Damian does too, but his access to limited support may be decisive in allowing him at times to accept that homosexuality is an acceptable form of sexual expression. Norman has a well-developed view that homosexuality is a legitimate sexual identity, and he feels angry that others do not share his opinion.

Participants' Sexual Identities

The sexual identities these men have formed seem to arise from the combined effects of each of these influences. Chris essentially rejects all sexual identities, finding all those which are available to him to be unacceptable. Daniel 'toggles' between gay and straight labels, but does not seem to regard either as being a meaningful identity: his struggle has been to avoid accepting sexuality as any core part of himself. Damian does see sexual behaviour as implying sexual identity, and can, when he feels he is supported, accept a gay identity for himself. However, he will state that he is 'straight' when he feels that he is likely to receive negative responses to his homosexual behaviour. Unlike Daniel, he notices the apparent mutual exclusivity of the labels gay and straight and cannot adopt both labels simultaneously. This may allow Daniel to be more varied in his sexual behaviour than Damian, although without monitoring their sexual behaviour in ethically unacceptable ways this idea would be difficult to test.

Identity Pride

Only Norman has a sexual identity with which he is satisfied. He is sophisticated enough in his thinking to label himself 'bisexual' even though all his sexual contacts have been with male partners, because his fantasies lead him to believe that he would respond sexually to women as well as men. He has some pride in this identity, and advocates the expansion of the rights of gay and bisexual people to include, for example, the right to serve in the Armed Forces and to have their relationships Blessed in Church. For each of the other participants, sexuality seems to be such a vexed issue that they are unable to take any pride in their sexuality: indeed, their responses to their sexuality are characterised far more by guilt and distress than by any sense of ownership or pride, and they do not advocate for their own rights to a fulfilling sexual existence.

The Effects of Intellectual Ability

The impact of each of the mens' level of learning disability upon the evolution of their sexual identities can only be considered very tentatively. The IQ scores of the four men are so similar that it is possible, within the confidence limits of the test used (the Wechsler Adult Intelligence Scale, Revised Version) that all the participants other than Chris and Norman overlap one another in terms of ability. Whilst the levels of independence achieved by each of the men, as well as the clinical impression gained by interviewing them support the order in which the scores place them, no definitive answer can be produced by this research about the relationship between intellectual ability and sexual identity formation. Nor was it the intention of this research to answer this question. However, a number of interesting and testable further hypotheses do emerge. The principal one is that it may be necessary

for people to have a certain level of intellectual ability before they can form satisfactory homosexual (or bisexual) identities in a culture which presents a large number of negative messages about homosexuality to them.

Distinguishing between Fact and Opinion

The participants in this study who did not seem to be able to distinguish between facts and opinions - Chris and Daniel - seemed to regard everything that was said to them by valued other people as being true, even when this meant them accepting as factual pieces of information which contradict one another. So Chris could state that sex is natural, as he has been told by a member of staff, and that it is un-natural, as he has been told by his family, and apparently believe both of these statements. Neither of them had any coherent sense of sexual identity.

Damian seemed to fluctuate in his ability to discriminate on this basis: he used the word 'opinion' accurately, but his beliefs suggest that he does not always succeed in translating this knowledge into practice. This may be defensive: Damian may deliberately state disapproval of homosexuality in order to deflect disapproval from himself. The evidence for this is that he will at times happily describe himself as gay. Alternatively, he may genuinely be unsure about whether or not he can reject other peoples' opinions. Further research would be necessary to elucidate this proposal, and if it were found that some people with learning disabilities did vacillate in their ability to determine the value of opinions, it would then be necessary to examine whether this related directly to intellectual ability, or to the importance people with learning disabilities place in the views of their non-learning disabled peers.

Interestingly, Norman holds very clear views of his own about the worth of other peoples' views on homosexuality: he believes that the majority of people disapprove of it and he rejects this view. The factors which seem to influence his ability to do this are the support he receives from other homosexual and bisexual people, his knowledge of gay rights achievements in other countries, and possibly also his intelligence. Of course, intellectual ability may be an influence on his ability to access support and to understand information about other cultures. The impression which emerges from this study is that intelligence interacts with a number of other factors to enable people to dismiss the negative messages they are given about homosexuality and go on to form positive identities incorporating their sexual behaviour. This supports Pope et al's (1988) finding that cognitive abilities underlie the development of self-concept, and Rosenthal's view (1992) that many learning disabled people entering adulthood have no cohesive sense of self. In respect of their sexual behaviour, only one of the participants here, Norman, seems to have achieved this.

Sexual Identity and Psychological Health

What seems more clear from this research is that the sexual identities formed by the participants have a significant bearing on their psychological health, and potentially also on their physical health. Chris seems to have very poor psychological health. He is alone amongst the participants in being prescribed psychoactive medication, and he himself reports various symptoms, including headaches and guilt, which might be suggestive of psychological illness. It will be clear from the sections of his interview which are reproduced here that the subject of sexuality is one which evokes strong responses from him, and that this appears to be a consequence of the interaction between his interest in having sex with men and his relationship

with his family, whom he perceives as being strongly antipathetic towards homosexuality. It might be assumed that Chris believes that the negative features he believes to be true of homosexuals will also be true of him if he continues to have sex with men, and that as a result he will experience high levels of stress and poor self-esteem. He does not seem to have developed any successful strategies for coping with these issues, has formed no coherent sexual identity, and it is likely that his difficulties in relation to sexuality contribute substantially to his psychological morbidity.

Like Chris, Daniel has not formed a single coherent sexual identity, but he does seem to have been successful in avoiding making sexuality central to his sense of himself. He does not seem to regard homosexuality and heterosexuality as fixed identities representative of permanent internal states, and so whilst he is upset by criticisms of his sexual behaviour he does not seem to perceive these as being critical of the core of him. He also has a range of strategies for coping with the criticisms he elicits and the negative beliefs he holds about homosexual behaviour, such as keeping clean and identifying potential sources of support, or the use of escapist fantasies. Thus whilst he does notice that other people disapprove of homosexuality, he does not seem to experience the same high levels of distress which are experienced by Chris, and overall seems to have reasonable psychological health.

Damian, too, is aware of hostility towards homosexuality, but he seems to have developed a range of sexual and non-sexual identities which he can use in different circumstances to reduce the criticism he might otherwise experience himself. Two of these identities incorporate homosexuality, and thus enable Damian to receive support for his sexual behaviour when he is with people whom he feels will accept these identities. A strong suspicion

emerges that Damian feels himself to be homosexual, and that his other identities are defensive: this should not, however, be seen as an intrinsically unhealthy state of affairs. As Brady and Busse (1994) have shown, it is not necessary to be 'out' as gay in order to achieve psychological health. Damian appears to have found the trick of 'passing as straight' when this is appropriate without feeling bad about himself in the process, and he maintains reasonable psychological health.

For Norman, less complicated psychological manoeuvres are necessary to maintain his stability. He has a clear sexual identity; he rejects views which are antipathetic towards it; he has support from his partner and from selected others with whom he feels safe to be open about his sexuality, and he spontaneously reports being happy.

Use of Safer Sexual Practices

Even though Damian and Daniel cope with their sexuality, Norman is alone here in actually being happy with this aspect of himself. His psychological health appears to be good. It may be as a consequence of this that he is the only participant who reports that he employs safer sexual practices in his sexual relationships, whilst the other participants, who are more accepting of the idea that homosexuality is wrong, even if they can cope with it, apparently remain at risk of HIV infection and other sexually transmitted diseases. This supports Coleman and Ramefedi's finding (1989) that the impact of the stigma attached to homosexuality upon psychological well-being can leave people at increased risk of contracting HIV. It is important to note that knowledge of safer sex is not the significant factor here, as all the participants have enough knowledge to ensure that their physical health is protected.

Other factors, such as impulse control and access to condoms, may also play a part in their decisions about whether or not to engage in safe sex.

It should be noted that positive sexual identities are not a panacea for the promotion of safer sexual practices, and a wide range of factors influence the employment of safer sex. Flowers et al.(1997) found that gay men may abandon safe sex in very close, loving relationships, placing the importance of commitment, trust and love above their own physical health, and seeing unprotected penetrative sex as the ultimate expression of 'togetherness'. They highlight the fear which many men have of penetrative sex and the surrendering of control which it can be perceived as entailing, meaning that many gay men may feel that it is necessary to be in emotionally close relationships before practising it. These are clearly not the concerns of the participants in the present study, two of whom seem to be a very long way from being in a position to form a stable relationship. Whilst Norman has done this, we cannot be certain that his practice of safer sex arises because of a positive sexual identity, or from fear of penetrative sex, or from feeling insufficiently attached to his partner to feel willing to abandon safer sex for the sake of closeness.

Comparison with Cass' Model of Sexual Identity Formation

It is interesting to consider how the manner in which the participants in this study have responded to their sexuality compares to Cass' model of how their non-learning disabled peers deal with their sexual attraction to people of the same sex. Chris' situation bears some resemblance to stage one of Cass' model, Identity Confusion. He has noticed that his behaviour could be considered to be homosexual, and he has seen this as being entirely negative. He has rejected the possibility of forming a homosexual identity,

and indeed, he rejects any sexual identity for himself unless he should succeed in marrying. It is not clear whether this has entailed him questioning any previously-held identities relating to sexuality, as we get no sense of him ever having been happily adjusted to any form of sexual behaviour. What may also be different for Chris in his attempts to cope with his sexuality compared to the general population is the extent to which he feels he must oblige others - particularly his family - by modifying his sexual behaviour. He seems to assume *in toto* the identity which is imposed upon him by them, even though this stands in frank opposition to his own sexual desires. The results are risky sexual behaviour and psychological ill-health.

Daniel's identity does not fit neatly into any of Cass' stages, principally because he does not seem to recognise fixed sexual identities. He describes himself as both straight and gay, understanding what these words mean in terms of behaviour but not, apparently, in terms of identity. His sexual identity is better located in history prior to the development of labels for these phenomena: in fact, Daniel seems determined to maintain this position, thereby reducing the impact of the problems which inevitably accompany sexuality. He responds sexually to men and women without the distress that is experienced by Chris, despite being aware of negative responses from other people, including his family. Other factors, such as the positive support he generally receives from his family on other issues, may contribute to his ability to cope with his sexuality: this would be worthy of further study.

Damian appears to 'choose' between Cass' stage one and stage three. He rejects a homosexual identity when he feels that this is prudent, but accepts it, and seeks the support of other homosexuals - particularly his former partner - when it is safe to do so. Despite the positive nature of this contact, however, he does not progress beyond stage three: he does not have a

positive image of homosexuals in general, and appears to have made disclosures only inadvertently, when he has been caught having sex with men. Even in private and with someone he knows to be accepting of homosexuality, he continues to espouse heterosexuality as a superior identity to homosexuality, and it is in this respect that he partially remains in stage one, rejecting a homosexual identity in some circumstances. It is difficult to imagine someone without learning disabilities using this strategy: they would be likely to realise themselves, and to expect their audience to realise, that this position lacks coherence. Damian seems oblivious to the fact that he has in effect given the author different messages at different times, even if he is himself aware that he is being inconsistent and is simply trying to 'cover up'.

Norman displays elements of stages four and five of Cass' model. He has a positive view of homosexuals and bisexuals, and has a negative view of heterosexuals whom he perceives as being implacably anti-gay. He shows some pride in his sexual identity, but does not disclose it to anyone other than a small network of other gay and bisexual people. He certainly does not confront heterosexuals about their attitudes, even though he has some knowledge - about attitudes towards homosexuality in other countries, for example - which might prove useful in such circumstances. He lives a double life to some extent, pretending to be heterosexual when he is in the company of heterosexuals. It is possible that his age is a contributory factor in him having reached a more satisfactory resolution of his sexual identity than have the other participants: he is much the oldest of the participants and, as reported, he has only relatively recently 'come to terms' with his bisexuality. He is obviously satisfied with his situation, and enjoys his sexuality. The reader might like to contemplate, however, how they might react if circumstances were to arise in which they had to develop any of the types of relationship with their sexuality which the participants here have evolved.

Acquiescence, Expectations and Interpretations.

All of the above results have to be considered in the light of the potential interactions between the tendency of people with learning disabilities to display acquiescence during interviewing, the fact that the interviewer had clear expectations of certain results before commencing the research, and the essentially interpretive nature of some of the data analysis in qualitative research. It will be clear that the results do not match those which were predicted by the researcher, a fact which in itself serves to reduce concerns about the likelihood of the researcher having led the participants to produce predetermined findings. In addition, many of the findings in this research, such as the possible effects of age upon identity formation and the impact of some forms of skills teaching upon the participants' psychological well-being, are in areas which were not considered at the beginning of the research. The use of open and 'either/or' questions, negative case analysis and frequent checking of interpretations with the participants appears to have been successful in ensuring that the results presented here have integrity. Checking of interpretations only occurred at the interviewing stage: a repeat of this study would benefit from the inclusion of checking during and following the analysis of the data. The reader will also use their own judgement to ascertain from the data presented how far the author has been successful in avoiding imposing views on the participants.

Stevenson and Cooper (1997) have suggested that a criteria for all good psychological research should be that authors make explicit their expectations from the outset and consider how these might have affected outcomes, a criteria which they suggest should be applied equally to quantitative and qualitative research, and which has been met here. The

very questions asked (or not asked) obviously emanate from researcher's expectations about, in this instance, sexuality in people with learning disabilities and the important factors influencing it. Whilst it is hoped that this researcher has not produced an excess of 'led' answers to questions, there may very well have been other important influences on the participants' sexual identity formation which were not explored at all in this thesis. In this sense, the researcher will clearly have shaped and narrowed the conclusions reached by the research, as is likely to be the case with the majority of psychological - and other - research.

CONCLUSIONS

The principal aim of this research has been to see how four men with learning disabilities have formed identities in relation to their sexual behaviour and their learning disabilities. Consequently, many significant conclusions have already been presented in the discussions concerning each of the participants. This section will therefore concentrate upon findings which have implications for psychological theory and for the practice of Clinical Psychology.

(i) Theoretical conclusions

(a) The evidence here suggests that the sexual identities of men with learning disabilities are of note in themselves, in that they cannot always be described according to models which have been developed in the non-learning disabled population, and therefore they have implications for our understanding of sexuality in general. Sexual identities emerge as being at least in part constructed, and the drive to self label, in the apparent belief that to do so is to represent fixed internal 'truths', seems instead to evolve from a desire to find support and to 'fit in' somewhere. People who do not understand that sexual identities are 'supposed' to be fixed, and that heterosexuality is the opposite of homosexuality, may not form identities which are based on this model of labelling, and may consequently express a wider range of sexual behaviour than they would if they bought in to the accepted system. This mirrors findings of cross-cultural studies such as that by Herdt (1992) who found that in some other cultures sexual behaviour is not construed as representing any form of individual identity. It may be helpful to think of people with learning disabilities as coming from another culture within our own. In this light the constraints placed upon their sexuality by others may be

regarded as parallel to racist acts which deny people of other ethnic origins the right to express the behaviours expected within their culture. People with learning disabilities may be well able to see what is expected of them by the non-learning disabled, dominant culture, but may fail to understand why these demands are made.

(b) Luria (1976) has demonstrated that cognitive development does not take place in a uniform manner across all human cultures, but is influenced by the ways in which societies are organised and by the demands that they make on their citizens. If we can think of people with learning disabilities as belonging to another culture, then in order to understand their cognitive processes we need to understand how these have been influenced by their separateness from us. So, are some people with learning disabilities able to simultaneously accept as true wholly contradictory pieces of information because their organic brain deficits lead to them being unable to evaluate these items against one another, or because their culture determines that they require the skill of not dismissing information given to them even if it does not 'fit' with previously held knowledge? Luria provides examples of apparent 'failures' to categorize information correctly amongst tribesmen who had not had formal education - failures which would have led to poor scoring on the Similarities subtest of the Wechsler Adult Intelligence Scale - where the categories given made sense in the context of the tribesmen's lives. There may be an example here of a form of secondary handicap, whereby people with learning disabilities, by virtue of being excluded from much of the 'ordinary' existence of their non-learning disabled peers, are unable to acquire some of the cognitive processes of the mainstream, leading to further isolation from it. This constitutes an argument for Inclusion in, for example, education services, and for the valuing of the potentially unique ways in which people with learning disabilities have developed in order to make sense of their

world. Future research could address the hypothesis: 'Inclusive education would lead to increased ability in people with learning disabilities to recognise contradictions between pieces of information given to them.'

(c) Intelligence itself may be one of the factors which determines whether people with learning disabilities do engage with dominant ideas about sexual identity. In order to accept for oneself that a homosexual identity is possible, it is necessary to find a way to cope with widely-held negative views about homosexuality. Denying the validity of negative views is a potentially successful strategy, but evidence here suggests that some people with learning disabilities cannot do this because they believe that information given to them by other people is true, even if it conflicts with other information which they have already accepted. It may be easier to eschew for oneself the notion that one has a sexual identity than to accept an identity which one believes signifies danger and disease and will lead to rejection and isolation. It may be necessary for an individual to have reached a level of intellectual development at which incoming information can be evaluated on whether it constitutes facts or opinions, and a level of confidence which allows unwelcome opinions to be rejected, in order to form homosexual (or bisexual) identities, even if these would best describe the individual's behaviour. This supports Brady and Busse's view (1994) that intellectual complexity is one of the factors influencing sexual identity formation, and it is a tentative finding which could be tested by a quantitative research methodology. The hypothesis to be tested would be : 'The likelihood of reaching a positive sexual identity increases with increasing intellectual ability.'

(d). Age may be a factor in determining how people with learning disabilities adjust to their sexuality, just as it is in the general population. Norman, the oldest of the participants, seems to have reached the most satisfactory

resolution of the dilemmas which arise as a result of his sexuality, and to have done so relatively recently. It is possible that the other participants will develop more positive sexual identities over time, their development in this respect being delayed in comparison to, rather than different from, that of their non-learning disabled peers. This hypothesis could be tested by reference to a larger sample of men with learning disabilities who have sex with men.

(e) Individuals' awareness of their own learning disabilities interacts forcefully with their sexual behaviour in a manner which generally hampers healthy sexual identity formation. All of the participants here had at least some doubts about whether people with learning disabilities had a right to sexual self-expression. They believed either that such expression should take place within very narrow limits, such as kissing and holding hands, or that it should not take place at all. All of the participants believed that homosexual behaviour was even more strongly prohibited for them than heterosexual behaviour. At least two of the participants additionally believed that their learning disabilities and their sexual behaviour were related in the sense that being learning disabled predisposed them to having sex with men, as if the two things were aspects of a form of degeneracy. One participant, Norman, appeared to be more distressed by his learning disabilities than by his sexual behaviour, and all of the men showed evidence of being distressed by their learning problems. It did not seem possible for any of the men to fully reconcile these two aspects of themselves: Norman accepted his sexuality but expressed regret about his learning problems, and the others made attempts to deny each of them. None of them could be said to be happily adjusted to being a man with learning disabilities who has sex with men: it seemed to be asking too much of them to accept about themselves two things which they believed to be profoundly distasteful.

(f) People with learning disabilities may struggle to avoid, rather than to form, coherent sexual identities, unlike many of their non-learning disabled peers.

(g) People with learning disabilities use strategies to avoid a homosexual identity which differ from those which have been found in earlier research (Hencken, 1984) to be used by their non-learning disabled peers. These include denying all sexuality, excluding sexuality from their conversation, keeping clean, adopting 'adult' behaviour, striving for independence, denying all knowledge of sex and sexuality, escapist fantasy and attempting to employ complete secrecy. In fact, these latter two tactics may well also be employed by people who do not have learning disabilities, but the degree to which the lives of adults with learning disabilities are observed and directed by others means that their use of these strategies is discovered, whilst non-learning disabled people may be successful in maintaining secrecy and in using fantasy. Indeed, it might be interesting to research whether or not all the strategies employed by the participants here are also used by non-learning disabled people who wish to avoid labelling themselves as homosexual, but are protected from discovery by the greater autonomy which is usually conferred upon people who do not have learning disabilities.

(h) Coherent sexual identity in people with learning disabilities may be predictive of psychological health and of the adoption of safer sexual practices just as it is in the general population. However, some individuals with learning disabilities may have developed sufficient strategies to be successful in avoiding sexual self-labelling whilst maintaining psychological health. Self-esteem in respect of specific aspects of the person may be the crucial mediating factor here. Denying having a sexual identity may mean that individuals can maintain positive self-esteem about aspects of themselves

which are not connected with sexuality, and thereby maintain positive mental health overall. The results here suggest that positive sexual identity is necessary for the adoption of safer sexual practices even when the individual concerned is otherwise psychologically reasonably healthy. Positive sexual identity may have a specific impact on self-esteem in relation to sexual behaviour, facilitating the employment of safer sexual practices. The interaction between sexual identity, psychological health and safer sexual practice could be usefully examined further if reliable measures of sexual identity and sexual practice could be developed, in order to clarify whether there is indeed a direct link between safer sexual practice and sexual identity, independent of other aspects of psychological functioning. An appropriate hypothesis might be: 'Positive sexual identities predict self-esteem in relation to sexual behaviour but not in relation to other aspects of behaviour.'

(i) Some men with learning disabilities who have sex with men may relate to their sexuality in ways which we can only understand by making reference to notions of sexuality which predate modern views of dichotomised sexualities reflective of assumed fixed internal states. Others may have relationships with their sexuality which are evocative of other points in history when negative views of homosexuality were even more dominant than they are currently. We might consider that some people with learning disabilities have, in very real ways, had the clock turned back on their sexuality, and have as a result adopted beliefs and attitudes which seem reminiscent of those which prevailed in earlier eras. Knowledge of the strategies which have historically been used by individuals to cope with their homosexual behaviour may assist clinicians in understanding the ways in which people with learning disabilities understand their sexuality and in helping them to find ways of optimizing their psychological well-being.

(j) In working with women with learning disabilities on issues of sexuality, clinicians need to be aware of the additional difficulties which are presented to their clients by virtue of their gender, and how these are likely to interact with learning disabilities to generate difficulties in this area which exceed even those of the participants in this research. It may not be any less common for women with learning disabilities to wish to have same-sex sexual relationships than it is for their non-learning disabled peers, and their virtual invisibility may reflect almost insurmountable difficulties in expressing these wishes from a position of powerlessness in relation to gender, disability and sexuality. It may be particularly damaging to these women for clinicians to make assumptions of heterosexuality because their clients do not mention homosexuality, and clinicians should take care to avoid such assumptions in their therapeutic work.

Clinical Implications

(a) Clinical work with verbally competent people with learning disabilities should have as one of its central themes assessment of and attention to the identities which clients have formed, including those which relate to their learning disabilities and, if work is to be undertaken in the area of sexuality and sexual behaviour, to their sexuality. Where depression or anxiety are identified as components of clients' difficulties, unidentified and addressed negative identities may hamper attempts to intervene effectively. Group work aimed at assisting clients in coming to terms with and feeling positive about themselves as people with learning disabilities may prove helpful to large numbers of people with learning disabilities (Szivos and Griffith, 1990). Similar work focussed on sexuality may help people with difficulties in this area. The development of methods of promoting self-esteem in relation to

sexual identity is likely to facilitate the adoption of safer sexual practices by people with learning disabilities.

(b) Access to support in relation to their sexuality is likely to be very important to people with learning disabilities. Since they may be unable to select which pieces of information given to them to believe, they may need to be provided with environments in which they are given unequivocally positive messages about their legal sexual behaviours, rather as we might reward clients for any other positive aspects of their behaviour. It may be helpful to facilitate access to other people who have a positive view of their own non-heterosexual identities, as has been recommended in earlier research (Schneider, 1991) and to provide supportive information on current academic opinion about the nonpathological nature of homosexuality.

(c) Assessment of the strategies used by people with learning disabilities to cope with their sexuality may provide useful information on which to base intervention. Where there is some utility in these, psychologists may wish to encourage their use or to find ways of adapting them so that they are more effective at promoting psychological and physical health. For example, where a client believes that cleanliness represents a method of avoiding a homosexual identity, if this is not seen to be damaging the individual it might be helpful to encourage the person to see condom use as a way of keeping clean. Secrecy about their sexuality may prove to be the most durable of the strategies adopted by people with learning disabilities to protect their self-esteem: services may need to adopt greater clarity about the extent to which they are prepared to defend the rights of their clients to privacy about their sexual behaviour from, for example, their parents or other interested parties, especially where it is known or expected that these significant others would disapprove of the individual's sexual behaviour. Services are likely to need to

enshrine their views of clients' rights in this respect in policy documents which are approved by all service stakeholders in each District, in order to facilitate the defence of this position from the possibility of vigorous attack. Where it is known that important other persons would be supportive of the individual's sexual rights it may be very important for the individual to be made aware of this.

Where strategies employed are futile or damaging, such as where an individual resorts to denying that they have any form of sexuality, psychologists might encourage changes of tactic: denial might be exchanged for secrecy, which might enable the individual to escape the criticisms of others without accepting themselves that sexuality is wrong.

(d) Some of the stock-in-trade activities of learning disabilities services, including those provided by Clinical Psychologists, are revealed in this research as requiring more careful thought than they are often given at present. Skills teaching is the most significant example of this. At least two of the participants here saw the acquisition of skills as a method of escaping from being learning disabled. This message appears to have been inadvertently transmitted to them by services, which, judging from the evidence here, continue to struggle to talk to people with learning disabilities in honest terms about their disabilities. Continually teaching skills in this context, without explaining that they are worth having in themselves, risks fostering the belief that we do not value people if they have learning disabilities, and that they must devote much of their lives to acquiring skills in order to avoid being seen as learning disabled. Engaging in this futile struggle can only ultimately damage the identities and the self-esteem of people with learning disabilities as they will continually feel that they are failing in comparison to their non-learning disabled peers.

(e) This research also has implications for clinical work with non-learning disabled people. Very great care needs to be taken to ensure that the identities which people express are not assumed to exactly represent their private behaviour. People who describe themselves as homosexual, for example, may be damaged by therapist assumptions that this means that they never have sexual contacts with members of the opposite sex. However, where therapists do discover that behaviour does not match identity, they should not necessarily advocate jettisoning of the identity. They should attempt to understand its function, and if it is serving an adaptive purpose for the individual its continued use should be accepted.

(f) Attention needs to be paid in verbal interventions with people with learning disabilities to their specific cognitive deficits. This may sound like a facile deduction: however, how often do we believe that we have provided effective support to people and promoted their psychological well-being by reassuring them that their actions are acceptable, without considering that the individual may be unable to discriminate contradictions in information given to them, and may simply add our views to the already varied and inconsistent set which they have acquired from other people ? The emphasis on Social Role Valorisation in training Clinical Psychologists to work with people with learning disabilities may give the misleading impression that valuing people and giving them opportunities will lead to them becoming 'just like anyone else'. We need to understand, evaluate and value their differences before we can decide when and how to intervene. Further research on the demands made of people with learning disabilities and how these affect their cognitive development may be a prerequisite to successful cognitive therapy with them.

(g) The linking together of paedophilia and homosexuality in the minds of some of the participants here may have implications for clinical work with people who commit sexual offences against children. Such work currently tends to address their 'sexually offending behaviour' (e.g. Salter, 1988) as if this can be dealt with without impacting upon core aspects of the individual and how they construe themselves. In fact, their sexual interest in children may come to be important to them: they are likely to have developed identities which protect and maintain their offending whilst preserving or stabilising their own psychological well-being. Changing their behaviour is likely to prove difficult as the individual will seek to protect their identity by maintaining it: behaviour change risks damaging psychological well-being. Such behaviour may be thought of as being analogous to rule-governed behaviour (Skinner, 1969) or to behaviour governed by the super-ego: the individual may not be consciously aware that they are adhering to a predetermined way of behaving since the genesis of their behaviour may be lost from their conscious memory. Such behaviour is demonstrably difficult to change since it tends to be impervious to contingencies acting upon it. In therapeutic interventions, therefore, it may be necessary to bring the mechanisms underlying the aetiology of sexual offending into awareness, including the ways in which the behaviour may contribute to identity formation, in order to free up the potential for the development of new behavioural repertoires. It is also likely to be important to address the fact that people with learning disabilities may believe all sexual behaviour to be prohibited to them: this eliminates their sexual options, leaving them no legitimate sexual outlets, and thereby extinguishes any impetus to seek appropriate sexual partners, since people with learning disabilities may regard all sexual partners as being equally prohibited.

(h) It will be clear from the content of this thesis that there are going to be no simple methods for markedly improving the psychological welfare of men with learning disabilities who have sex with men. Just as shifts in public opinion have contributed to progress in the rights of gay men, lesbians and bisexuals, so changes in public attitudes to people with learning disabilities are likely to contribute to amelioration of the difficulties faced by people with learning disabilities in coping with their sexuality and sexual behaviour. Clinical Psychologists may need to reflect upon the extent to which they are influenced by prevailing attitudes to disability, to sexuality, and to the interface between them, in order to make themselves aware of the potential within their own behaviour to give their clients subtle negative messages about same-sex (or indeed, opposite-sex) sexual behaviour. It may be safer for each psychologist to consider that this is an ongoing process within their professional and personal development, rather than assuming that it requires a discrete amount of learning with a fixed outcome after which the individual can consider themselves to have acquired 'acceptable' views on these issues. Therapeutic work on sexuality with people with learning disabilities may require rigorous self-reflection by both therapist and client in order to achieve maximal therapeutic gains for the latter.

CRITICISMS AND FUTURE DIRECTIONS

As this research proceeded, the researcher became increasingly aware of two major gaps in previous research which would have been better filled before this research was undertaken. The first relates to the identities formed by people with learning disabilities as a response to their disabilities, about which almost nothing seems to be known. The researcher thus struggled with a plethora of information from this research on learning disabled identities without the benefit of a background of knowledge about how other people

form identities in relation to their intellectual ability, whilst the material about sexual identity formation at least had some benchmarks from the general population with which it might be compared. Further research using a qualitative methodology might prove illuminating in this area.

The second relates to non-homosexual identities formed by people with learning disabilities (and indeed, by their non-disabled peers). It was apparent during this research that the participants had very significant difficulties in incorporating all forms of sexual expression into their identities, including heterosexual behaviour. For the sake of clarity in this research these have been given only very limited attention, which risks giving the impression that they are not significant. In fact, what ought to be highlighted here is the extreme demands with which people with learning disabilities have to contend in order to minimize the chances of them being psychologically damaged by their own sexual behaviour, without losing sight of the fact that all the participants here recognised that homosexual behaviour presented them with even more difficulties to overcome than heterosexual behaviour.

It would have been useful to include in this research a formal measure of the participants' mental health statuses, such as the Reiss Screen (Reiss, 1988) in order to lend greater weight to the findings here about the relationship between identity and psychological health. With small numbers of participants any findings would not have been conclusive, and this is an area requiring future quantitative research. Further qualitative research may facilitate the development of standardised measures of identity formation in people with learning disabilities with which measures of mental health status could be compared.

It was not the intention of this research to present a representative sample of men with learning disabilities who have sex with men. However, comment must be made here about the extreme selectivity of the sample used. All of the participants had had at least some contact with the Police as a consequence of illegal aspects of their sexual behaviour, and three of them had had, or had attempted to have, sexual contacts with minors. Indeed, these illegal acts were the triggers for two of the participants being referred to the author, and have exposed the men to intense public scrutiny. They may also be suggestive of these men having themselves been subjected to sexual abuse at some point in their lives, even though none of them reported any unwanted sexual experiences. These factors would be likely to have had a negative influence on the participants' views on their sexuality. This has to be balanced against the high levels of contact which three of the participants had had with the author prior to their participation which, as a consequence of the author's permission-giving stance on homosexual sex, would be likely to make the participants more positive about their sexuality. The author has attempted to deal with these competing influences earlier in this script. However, other learning disabled men who have sex with men who have not had contact with the Police may be able to make greater and more effective use of secrecy as a tactic to protect their sexual behaviour than the men who participated here. Additionally, many men with learning disabilities may have sex with men but have no sexual interest in minors - as appears to be the case for Chris - and this may influence their relationship with their sexuality in ways which are harder to predict and which would make a basis for future research.

Impact on the Author

It is traditional within qualitative research paradigms for authors to reflect upon the impact that their research has had upon them, and in the context of a Thesis which is submitted as part of a Continuing Professional Development Doctorate it seems particularly appropriate to do so.

This author, in common with most, if not all, Clinical Psychologists, comes from an academic background where research is based on logical empiricism, and where it is as a result dominated by quantitative research aimed at the examination of hypotheses and the 'proof' or disproof of theories about human behaviour. The adjustment to undertaking a piece of qualitative research was perplexing, vexing, taxing and, ultimately, rewarding. Blind alleys were explored and sleepless nights spent in searching for methods of ensuring that the research was reliable and valid in terms of outcome before the light dawned about the important and complementary differences between quantitative and qualitative research, the former having its value in distilling the essence of the rules which we can apply to understanding behaviour in groups of people, and the latter exploring the organic processes which exist in individuals, processes which are essentially fluid and shifting. It has felt like a great step forward to learn another useful research tool, particularly at a time when qualitative methods are achieving greater recognition within the profession of Clinical Psychology - for example, from the Committee on Training in Clinical Psychology. Some anxieties remain, particularly about the ability of clinicians, including the author, to make good decisions about when to use which paradigm. However, the overall impression which persists about qualitative research is positive, especially in its ability to reflect in structured ways the subjective experiences of our clients, and in the way in which it allows the researcher to maintain at all times 'close' to the data which they

have collected. It is difficult to imagine how any other research methodology could have accurately represented the complexity and subtlety of the conflicts and their solutions which have been delineated here, or have reflected the intense emotionality of struggles with identity which have been highlighted by the use of Grounded Theory. At the same time, this research produced much that was surprising to the author: this occurred to a greater degree than has been the author's experience when employing quantitative research, where most of the hypotheses examined are layed out at the beginning of the exercise.

Perhaps more important than these personal professional concerns are the impacts which this piece of research has at an emotional level on the author. Some of the distress felt by the participants in relation to their learning disabilities and their sexual behaviour does emerge in the written word, but nuances of tone and emphasis are lost. The despairing wistfulness of, for example, Daniel's equation of intelligence with happiness struck both the author and the Secretary who transcribed his interviews: 'I went home thinking about that', she said, and so did the author. The guilt and shame felt by Chris was equally compelling, and Norman's resilience and bravery in accepting his sexuality also left a lasting impression. Additionally, the author could not fail to notice the contribution which Clinical Psychologists can potentially make to the misery of their clients, adding to their sense of having continual intrusions into aspects of their lives which for other people are often characterised and enhanced by privacy. Damian even had the misfortune of encountering his former partner whilst attending for an appointment with the author. The author has become more aware of the ways in which it is possible for the practice of Clinical Psychology to be oppressive, and is seeking to make changes to reduce this possibility.

Summary Protocol

Title Identity and Sexual identity in Men with Learning Disabilities

Researcher Paul Withers, Clinical Psychologist

Supervisor Dr Gill Brown, Clinical Psychologist

Introduction

Whilst the sexual education of people with learning disabilities has become a focus of discussion and research, the understanding that learning disabled individuals have of their own sexuality remains unclear. Sexual identity has been shown to have important implications for psychological and physical health (Vincke et al 1993). However, in the non-learning disabled population, self-labelling according to established sexual identity labels (straight, gay, bi-sexual etc) may arbitrarily shape individuals behaviour such that they adhere to the behaviour prescribed by the labels (Cass, 1984). People with learning disabilities may be excluded from the processes and influences governing sexual identity formation: this may have some adverse consequences in terms of psychological and physical health, but may also enable individuals to express a wider range of sexual behaviours than are generally found within individuals without learning disabilities.

Aims

The study will attempt to evaluate the factors influencing sexual identity formation in men with learning disabilities, the nature and extent of identities formed, and the impact upon individuals of their understanding of their own sexual behaviour.

Hypotheses

It is hypothesised that:

1. Participants will have limited and inaccurate awareness of information concerning sexual labels, communities and behaviour, and of legislation relating to sexual behaviour.
2. Participants will not have fully-formed sexual identities due to limited access to factors influencing identity development.
3. Participants will express a range of sexual behaviours (heterosexual/homosexual) as their behaviour will not be constrained by self-labelling.
4. Participants will have received little support and substantial opposition to their sexual behaviour, and particularly their homosexual behaviour.

4. Participants will have received little support and substantial opposition to their sexual behaviour, and particularly their homosexual behaviour.
5. Participants will feel guilt and anxiety in relation to their homosexual behaviour.

Method

Research Design

A qualitative, semi-structured interview technique will be used to determine the relationship between the variables listed above.

Sample

The participants will be five men with learning disabilities aged over 18 who are known to have had sexual contacts with other men.

Measures *

The semi-structured interview will be based on factors which have been shown by previous research to influence sexual identity and sexual behaviour (Brady and Busse, 1994).

Procedure

1. The men will be contacted in writing or verbally, as appropriate, asking them if they wish to take part in the study. Where necessary, advocates will also be contacted for further consideration of the appropriateness of the individual's participation in the study.
2. Participants will be interviewed using the semi-structured interview format. It is estimated that each participant will be interviewed 5 times. Interviews will be audio-taped and then transcribed.

Analysis of data

The qualitative analyse of the data will be based on codings devised to categorise the statements and comments made by participants during the interviews. The analysis will be overseen by Dr Gill Brown and advice will also be available from Dr Karen Henwood, Department of Psychology, University of North Wales at Bangor.

Time to complete the study

Data will be collected by the end of July 1996, and the final write-up will be completed by the end of February 1997.

Participant Information Sheet

This research is being undertaken by Paul Withers, Clinical Psychologist, as part of a Doctorate in Clinical Psychology.

The purpose of the research is to evaluate how some men with learning disabilities view their own sexuality and sexual behaviour, and to look at how they have come to acquire these views. It is hoped that this will enable services to be more helpful in the future to people who have difficulties or worries about their sexual behaviour.

The people who will take part in the study will be a small number of men with learning disabilities who are known to have had sexual contact with other men.

Each participant will be interviewed approximately five times by Paul Withers and each interview will be recorded on audiotape. Each participant will be asked the same questions, and may refuse to answer any or all of these. If any questions are found to be upsetting, Paul will provide time for the participant to discuss this in depth, and will attempt to support them to feel better.

If the participant wishes, other people can be informed when the interviews are taking place, so that they can talk to someone else about how they feel about being in the study. They could also inform this other person if they wish to withdraw from the study. The other person might be a Social Worker, Residential Social Worker or member of their family.

The final results of the study will be given to the participants in as much detail as they wish.

The information gathered will be confidential. It will be typed out by someone who does not know the participant and will not be told their name. Audio tapes and transcripts will be kept locked in filing cabinets accessible only to Paul Withers. In the written study, false names will be used to identify participants and any other information which might reveal their true identities will be excluded from the study.

Taking part in the study is done entirely voluntarily and the participants may withdraw at any time, without giving any reason and without affecting services they receive in the future. They may ask someone else to inform the researcher of their decision to withdraw.

If the participant has any complaints about the conduct of the research, these should be addressed to:

Professor C. F. Lowe,
Head of Department,
Psychology Department
University of Wales
Bangor
Gwynedd LL57 2DG

AND to:

Mr Patrick Wallace
Chief Executive
Bolton Community Healthcare
NHS Trust
St Peter's House
Silverwell Street
Bolton BL1 1PP

A copy of this information sheet should be given to the participant and one should be kept by the person who has explained the sheet to them. Paul Withers may be contacted at any time by either party for further information. Tel. .

01204 303492
01204 596015

Specialist Support Team
Learning Disabilities Health Services
Bromley Cross Clinic
Chapelton Road
Bromley Cross
Bolton BL7 9LY

PRIVATE AND CONFIDENTIAL

Research Consent Form

Dear

I would like your client _____ to be a participant in the study which I am completing as part of my Doctorate in Clinical Psychology. I have enclosed an information sheet about the research and I would be grateful if you could act as an independent person with whom _____ can discuss their potential participation in the study. Once you have explained what the study is about, using the information sheet, it is important that _____ answers the following questions.

Has someone explained to you what the study is about?

YES / NO

Have you been given a chance to ask questions and discuss this study?

YES / NO

Are you happy with all the answers to your questions?

YES / NO

Do you think you have been told enough about the study?

YES / NO

Who has spoken to you about the study?

Do you understand that if you decide to begin to take part in the study, you can decide to stop

- at any time
- without having to say why you are stopping
- without affecting your future from any services?

YES / NO

Do you agree to take part in this study?

Signed/dictated:

Date:

(Name in block letters) _____

APPENDIX 4

Research Interview Schedule

1. Can you tell me five important things about yourself?
2. Can you think of someone who is important to you? Can you tell me five important things about them?
3. Can you say what the following words mean?
 - Heterosexual?
 - Homosexual?
 - Bisexual?
 - Gay? (and synonyms - gay, queer, etc.)
 - Lesbian?
 - Straight?
4. Questions about knowledge of sexual communities:
 - (i) Where would you meet gay people?
What sort of places are these?
 - (ii) Where would you meet straight people?
What sort of places are these?
5. Do you have any straight friends?
6. Do you have any gay friends?
7. Can you name any famous gay people?
8. Can you name any famous straight people?
9. Questions about the Law:
 - (i) What does the Law say about sex?
 - (ii) What does the Law say about heterosexual behaviour?
 - (iii) What does the Law say about homosexual behaviour?
 - (iv) Have you had any contact with the Law (Police etc.) as a result of your sexual behaviour?
10. What makes you have sex with men?
11. What can you tell me about the meaning of the word 'Consent'? (+ clarification questions).
12. Discuss and explain legal position.

13. Can you say what 'privacy' means?
14. What do your family think about you having sex with (a) men;
(b) women?
15. What do you know about H.I.V. infection and A.I.D.S.? (if this has not already arisen).
16. Can you think of people who approve of your sexual behaviour?
17. Can you think of people who disapprove of your sexual behaviour?
18. Tell me about the school that you went to?
19. Have you heard of learning disabilities hospitals?
20. What does being learning disabled mean?
21. Is it alright for people with learning disabilities to have sex?
22. Where do you meet people to have sex?
23. What are your sexual partners like?
24. What did you do with them?
25. Would you like to have other places to go with them?
26. How would you describe your partner's sexual orientation?
27. What do you think of homosexuals?
28. How would you define your own sexual orientation?
29. What sort of sexual partners do you like?
30. If you had a free choice about your sexual behaviour, what would you choose to do?
31. What can you tell me about safer sex?
32. How have people responded to you telling them, or them finding out about, your sexual relationships with men?
33. Where do straight people spend their spare time?
34. Where do gay people spend their spare time?
35. How are gay and straight people alike and different?

36. Who have you spoken to about homosexuality?

37. What would have happened if people at school had found out about you liking to have sex with men?

38. What sort of sexual fantasies do you have?

39. How do you think about yourself in private?

40. How do you think about yourself in public?

41. What has it been like to talk about all this?

42. Is there anything else you want to say?

APPENDIX 5

Sample of Interview Data with Codings.

This sample is taken from the second interview with Daniel.

Author: 'So why do you think that was against the law, what you did, talking to the paper boy about sex and following him?'

Daniel: 'I think that someone is talking to me inside me and said "Come on, Daniel, do this", and have authorities and is the Devil inside me.'

} Personal
struggle
over desire
for sex

Author: 'Could you actually hear the Devil?'

Daniel : 'Yes. "That is wrong, that is wrong."

Author: 'Tell me more about the Devil.'

Daniel: 'The Devil is doing all things wrong like getting into trouble with the Police, that sort of thing. The Devil is to me. "Do this and do that", and I don't want to do it.'

} Getting
into
trouble

Author: 'Do you hear him like a real voice, or is it like you find yourself doing things that you shouldn't be doing?'

Daniel: 'Mmmm.'

Author: 'Which?'

Daniel: 'The things that I shouldn't be doing.'

Author: 'Do you actually hear a voice telling you to do that, or do you just find yourself doing it?'

Daniel: 'No, a voice, yes.'

Author: 'What does the voice sound like?'

Daniel: 'The Devil's voice says "Now come on, do it".'

} Being compelled to
have sex with men

Author: 'And what does the voice sound like?'

Daniel: 'Wicked, horrible. I don't like it.'

Author: 'When does it come, the voice?'

Daniel: 'It was quite a long time ago, when I was quite small.'

Author: 'Do you still get it now or has it gone away now?'

Daniel: 'No, it's all gone now, it's got out of my system.'

Author: 'Right, I see. So the Police got you in trouble about that. So as far as you know do you think that it would be alright, or is it illegal to have sex with boys?'

Daniel: 'It's against the law.'

Author: 'And what does the law say about it?'

Daniel: 'I need to stop it.' } law dictates personal behaviour.

Author: 'So do you think that the law says you shouldn't have sex with boys?'

Daniel: 'Yes.'

Author: 'So that's one thing you know about the law. What about sex with women, what does the law say about that?'

Daniel: 'That's O.K. I have got a girlfriend.' } Having a girlfriend

Author: 'What is her name?'

Daniel: 'Pamela.'

Author: 'Right, and would it be alright for you to have sex with Pamela?'

Daniel: 'Yes, it would be alright because I have known Pam for quite a long time.' } Right and wrong sexual relationships

Author: 'Right, O.K. Do you think there are any times when it wouldn't be alright to have sex with a female person?'

Daniel: 'When you were engaged or married, that sort of thing, that's the time when you can have it.' } Cultural norms dictate sexual behaviour

Author: 'What if you are friends or have only just met somebody, is it against the law to have sex with them?'

Daniel: 'No, because you know who people are and find out who they are and make sure they understand what's going on.'

Author: 'Right, what do you mean by "understand what's going on"?'

Daniel: 'It means eye-to-eye contact. "Do I know you from somewhere?", that sort of thing.' } Eye-to-eye contact

Author: 'So do you think that if you just met somebody and very quickly, like when you had just met them, on the first day that you had met them you thought they really liked you, would it be illegal to have sex with them, if you had only just met them but they seemed to really like you and you liked them? Would that be alright, or would it be illegal?'

Daniel: 'That's illegal.'

Author: 'So you think you would get in trouble for that? Right. O.K. What about having sex with a man, a grown man. Is that legal or illegal?'

Daniel: 'Unlegal.' } 'law' dictates personal sexual behaviour

Author: 'How do you know that is illegal?'

Daniel: 'It's different between a man and a boy.'

Author: 'Right, how is it different?'

Daniel: 'Because he's older.'

Author: 'O.K., so what if the man was the same age as you?'

Daniel: 'That's O.K.'

Author: 'That would be O.K.?'

Daniel: 'Mmm. Someone the same age as me and they could speak out what they have to say, that sort of thing.'

Author: 'How do you mean, "Speak out what they have to say?"'

Daniel: 'Means to speak out, how to relate to people I know.'

Author: 'You mean the names of people you know that do that sort of thing?'

Daniel: 'Yes.'

Author: 'So what are you saying about speaking out?'

Daniel: 'Speak out clearly and that they give you conditions what they are about to say.'

Author: 'And why is that important?'

Daniel: 'Because they are trying to help, help me understand what's going on.'

(Note confusion here)

} Partner has a right to express views

Awareness of consent?

Author: 'O.K. So let's go over that again. You already told me that having sex with boys is against the law, it's illegal. What about the idea of you having sex with grown men, is that alright or is it against the law?'

Daniel: 'No, against the law.'

Author: 'Is it ever alright for two men to have sex with each other?'

} Associating
homosexuality
with HIV infection

Daniel: 'I've been watching H.I.V. positive.'

Author: 'And what did you learn from that?'

Daniel: 'Er, use condoms.'

Author: 'And what did it tell you about the law?'

Daniel: 'It's a lot safer to use it.'

Author: 'Good, but did it tell you about the law, about two men having sex with each other?'

Daniel: 'You get arrested by the Police.'

} Getting into trouble

Author: 'Right, O.K. So let's go over that again. So having sex with boys is illegal, you can get into trouble for that. Having sex with women is alright.'

Daniel: 'That's O.K.'

Author: 'Having sex with men, grown men, is illegal?'

Daniel: 'Is illegal.'

Author: 'What about having sex with girls, with like young girls who are still children?'

Daniel: 'Er, it's called an attack. Rapeness, weakness.'

(Note relative
accuracy
here).

Author: 'Right, so is it alright or not alright?'

Daniel: 'No, it is not alright, it's the law, it's another bit of the law.'

Author: 'So that's against the law as well?'

Daniel: 'Yes.'

Author: 'Right, O.K. You've done very well really.'

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