

SEATTLE COUNSELING SERVICE
FOR
HOMOSEXUALS
AND OTHER
SEXUAL MINORITIES

ANNUAL REPORT
1971

INTRODUCTION

by

Dr. Robert Deisher, Executive Director
Seattle Counseling Service for Homosexuals

1971 marks the completion of two and one half years of operation of the Seattle Counseling Service.

The service began modestly in August, 1969, with a rented house, telephones, and several volunteers. In the following report the progress which has been made is shown. It also clearly establishes several important facts in relation to the counseling service which were not known at the time of its inception.

First, the need for a counseling service. At the time the counseling service was organized there was question as to whether or not there would be enough requests for counseling to justify offering such a service. The fact that there has been a steady increase in the number of requests made from the beginning for service, even to the present level of achievement shown in this report, clearly indicate that such a need exists.

Second, it is now clear that there is a willingness on the part of both professional and lay volunteers to give time without monetary compensation. This has made possible the development of the present program without funds of the magnitude usually required for the subsidy of so large a volume of highly skilled services.

The Seattle Counseling Service is a unique operation. So far as we know it is the first specific service of this nature that has been accomplished in this country. Although much has been done in the short time of its operation, there remains yet a tremendous potential in the service for future development. The service possesses the potential of providing the means for carrying out research studies which will yield information about many aspects of homosexuality which have been relatively, or entirely, unexplored. It is hoped that a significant research effort can be initiated.

Additionally, it is important to note that the service has become a significant part of the total mental health services of King County and that it is offered at a remarkably low cost.

SUMMARY AND COMMENTARY

by

Michael H. Montgomery, former Assistant Director
Seattle Counseling Service for Homosexuals

In recent years there has been an abundance of literature dealing with the dilemma of Modern Man, living in the "Age of Anxiety," leading a life that has been described as empty, hollow, lonely, alienated. Such an existential concept takes on special meaning when you find yourself dealing in therapeutic association with the individual who has defined himself, or has otherwise been defined, as a homosexual. Given the prevalent values of our society, the homosexual frequently comes to associate open expression of his sexuality with rejection by his family and friends. The inability to be open and honest with significant others leads to debilitating alienation and discomforting loneliness. By our frankness in stating publicly that we deal chiefly with the problems associated with homosexuality, as well as by our assurance of strict confidentiality, the Seattle Counseling Service has provided a means, less threatening than most, for the homosexual to deal with the problems that face him. Whether one views homosexuality as a sickness, or as an acceptable, natural sexual preference, there are two facets of it which anybody who has to deal with it must face: attempts at "curing" the homosexual have been notably unsuccessful, and second, the services of those therapists who claim to be able to cure him (e.g. through psychoanalysis) are usually both hard to come by and prohibitively expensive, even where deemed most necessary. Although as a group homosexuals comprise a substantial minority in our society, little has been done to help those individuals who are faced with societal rejection. It has been the objective of the counseling service to accommodate their need. By applying the Kinsey statistics to the Greater Seattle area, the local homosexual population has been estimated to number between twenty and fifty thousands. Basically, the staff neither advocates nor condemns homosexuality, but views it as a focus around which problems are likely to develop.

It is the purpose of this report to delineate how the Counseling Service operates in its attempts to meet these objectives.

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Those who have volunteered their services in counseling over the last two and a half years represent a variety of professional backgrounds (e.g. psychiatrists, psychologists, physicians, social workers, and persons with graduate degrees in counseling, religion and education). They have provided the Counseling Service with the capacity to deal with a broad spectrum of problems. The more experienced therapists have further provided the resources necessary for an on-going staff training program, particularly for the lay personnel who make up the bulk of the telephone-counseling staff. When considering the complexity of handling a crisis call (e.g. a suicide call), as well as the lack of training available even to professional therapists dealing with homosexual problems, the stress upon continual in-staff training is readily understandable. Because the staff, by and large, are committed to their individual

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careers or graduate training during the day, the vast majority of the counseling sessions take place in the evening.

While the greater part of the clients seek counseling for problems of adjustment to homosexuality and sexual identification, the service has found itself dealing increasingly with problems falling in the broader area of human sexuality. Where there have been staff members trained to handle such problems, the service has received clients who have sought help with the contingent difficulties of transvestism, transsexuality, frigidity, impotence, and paedophilia. Where the need for in-depth therapy or treatment has been indicated, it has been the practice of the counseling service to refer these clients to agencies with the appropriate staff and facilities. While the staff does not share a single theoretical base for therapy, the counseling, in general, is aimed at helping the client to increase his self-awareness and to learn to separate myth from fact with regards to human sexuality and sexual deviancy. The men and women who have entered counseling relationships have not been of any one type or condition, being variously young and old, married and single, "gay" and "straight." Typically, the first visit finds the client extremely anxious--it being far many the first open admission of homosexuality.

While the main means of reaching potential clients remains to be through advertisements in local newspapers, other community agencies have increasingly used the Seattle Counseling Service as a source of referral where they come into contact with problems related to homosexuality. These agencies and institutions include: The Crisis Clinic; the Department of Public Assistance; the Department of Probation and Parole; Harborview, University, and Public Health hospitals; Alcoholics Anonymous. The increase in the number of institutional referrals serves as an indication of recognition of the counseling service as a viable, professional agency, serving a broad spectrum of the metropolitan population.

As the Counseling Service has become increasingly well-known in the community, there has been a like rise in number of requests for the staff to participate in speaking engagements and symposia. With a view towards changing some of the popular myths surrounding homosexuality, the Counseling Service believes this to be an important, if secondary, function. Because of the existing educational programs of gay organizations in the local area, the service has limited itself to those speaking activities which are concerned with the psychological implications of homosexuality, rather than those which are concerned with the social implications of the Gay World. Particular emphasis has been placed upon contact with professionals dealing in the area of mental health. Over the course of 2½ years, the staff has reached over four thousands of members of the community through these engagements. Included in this figure are psychiatry classes at the University of Washington, medical and nursing classes, numerous undergraduate classes, in addition to the staffs of various community agencies such as the Atlantic Street Center and Department of Public Assistance offices.

While this remains an area which needs great expansion, research has assumed an important role in the function of the service. Because of its unique access to a considerable and little-regarded segment of society, the counseling service has already contributed to research concerning the condition of the married homosexual, as well as to a study of the relationship between homosexuality and suicide. Several studies related to homosexuality in the Seattle community are currently projected. Besides its contributions to active research, the service is in process of creating a research library. Included in this library will be a collection of books dealing with human sexuality, and publications of homosexual organizations. Even at its present initial small size, the library is proving itself a unique and valuable source of information for the community at large.

COMMENTS ON 1971 ACTIVITIES
AND PLANS FOR THE CURRENT YEAR

By

Elizabeth Rae Larson, Director
Seattle Counseling Service for Homosexuals

The past year has seen a marked increase in service offered and some shifts in the type of requests received and service provided. The volume of telephone service has increased by a third. Although the percentage of counseling calls (i.e. calls where the person discusses personal/emotional problems) has remained stable, there has been a shift from informational inquiries to direct requests for service. Part of this may be due to the creation of the Gay Community Center, which came into existence last fall.

The total number of in-person clients has remained relatively stable, but the amount of service to these clients has almost doubled, from an average of 2.6 hours per client in 1970 to 4.3 hours per client in 1971. It is possible that this increase is due to the fact that we are seeing more individuals who are presenting more serious problems than was previously true. For example, individuals coming for counseling who were psychotic or severely depressed accounted for 6% of the total client population in the last year. More members of other sexual minorities, e.g. transvestites, transsexuals, masochists, exhibitionists and fetishists, have been seeking our services in the last year. Taken as a group, these other sexual minorities accounted for 6% of the 1971 client population. Another substantial shift has occurred in the younger age groups: 20% of in-person clients in 1971 were 18 years or less compared to 2% in the previous year.

The number of client hours in groups has also risen dramatically in the past year, from 453 client hours in 1970 to 2,007 hours in 1971. Part of the increase was due to the use of the leaderless rap group to provide service to people who can benefit from peer contact. One-fourth of the group hours in the past year were devoted to this use. The remaining hours represent more traditional types of group counseling.

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Our basic commitment to direct service to clients remains our major focus. Specific plans for this year include the continuation of phone and personal counseling as the major activity, the improvement and expansion of the services offered to other sexual minorities and a focus on service development for younger age groups as major areas of concentration.

In addition, we plan to expand the use of rap groups, since peer contact has proven a major help to many clients. A women's group has been in operation for the past year, and we have already started a cross-dressers' rap group and a rap group for gay youth (20 years and under). A group for parents of gay people is being planned if sufficient interest can be generated to get it started. Our basic plan is to attempt to start rap groups only in areas where existing gay social and political organizations are not meeting needs for peer contact. For example, we abandoned a tentative plan to start a gay mothers' group because the Seattle Gay Mothers' Union has come into existence in the last year.

Improvement of service in specialized areas is necessarily dependent on staff training. Our training now includes the use of staff from other agencies who

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provide specialized service, e.g. drug-abuse counseling, to help train our staff in these areas. Also, we are making an effort to recruit staff who are members of sexual minorities other than homosexual. Presently, we are using two such lay persons as resources to other staff, program planners and co-therapists. A general and continuing focus of training on issues in sexuality underscores our conviction that anxiety and uncertainty on the part of the counselor when dealing with sex reduces her/his effectiveness in serving clients.

Along the same lines, consultation to other agencies and professionals is receiving increased attention in an attempt to provide better overall services for members of sexual minorities, since any major improvement must come about by the incorporation of our types of service into general mental health and social service agencies. All of the existing agencies have the potential of offering better services to sexual minorities, in their area of specialty, than would ever be possible through our center. The only barrier to such service is the lack of knowledge and, in some cases, fear of the unknown, which confront agencies when they are approached for service by a member of a sexual minority. By giving consultative assistance to agencies or counselors who are dealing with such clients, it is our hope that these clients can be served within the agency without the need to refer the client to us for direct treatment. In many cases, the Seattle Counseling Service could offer secondary, supportive assistance to the client, such as rap groups, without interrupting the primary contact the client has established with an existing agency. A part of this approach will include planning and executing education and training programs on counseling sexual minorities aimed toward counselors and caseworkers in agencies. A collective effort, with other gay organizations and service centers, of this type has been planned for the spring of this year.

Research efforts will also receive attention in the coming year. As our experiences accumulate, we find that there are several areas of knowledge which deserve more systematic exploration. A few of the areas which we tentatively have begun to explore are problems of young persons (18 years and under), knowledge and attitudes of mental health and social service professionals toward sexual minorities, professional and legal attitudes towards gay parents, lesbian mothers' life styles and child rearing. We do not plan major studies at the present time. Rather, we will concentrate on gathering pilot data and developing methodologies. In areas where our findings appear significant, we hope to stimulate more research by publicizing our preliminary findings.

As a venture into a new service area, we are attempting to organize a V.D. testing program. Our basic goal is to launch a promotional venture to encourage gay people to come in for testing whether they think they have V.D. or not. We are attempting to work in cooperation with gay business establishments to develop incentives for people to come and be tested, basically by giving out discount vouchers to persons who come in. The program would protect the anonymity of the client, which, we hope, will be a further incentive.

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SEATTLE COUNSELING SERVICE
TELEPHONE STATISTICS FOR 1971

		AVERAGE # CALLS PER MONTH		
		Data kept for	Range	Mean
<u>CALLERS:</u>				
Males	1346	8mo.	90-211	168
Females	600	8mo.	37-88	62.5
Unknown	268	8mo.	11-66	36
<u>DESCRIPTION OF CALLS</u>				
<u>Telephone Counseling</u>				
Extended - 15 min. +	544	12mo.	20-60	45
Brief - less than 15 min.	541	12mo.	11-96	45
<u>CALLS DIRECTED TO SCS</u>				
appointments made, changed, or cancelled	300	8mo.	24-45	37.5
Ask for specific counselor	224	8mo.	14-37	28
Referral/follow up	110	8mo.	6-23	14
Consultation request	32	6mo.	1-12	4
<u>ASSISTANCE REQUESTS:</u>				
Crafts	12	8mo.	0-3	1.5
Employment	62	12mo.	0-13	4
Legal	57	12mo.	0-5	5
Medical	37	12mo.	0-9	3
Religious	2	8mo.	0-1	.5
Research	22	12mo.	0-8	2
Information Requests	772	12mo.	21-94	64
Other	31	8mo.	0-11	4
Click, crank, wrong #	411	12mo.	11-68	34
<u>TOTAL CALLS</u>	2145	12mo.	139-364	262

SPEAKING ENGAGEMENTS AND STAFF TRAINING FOR AGENCIES 1971

#	Type of Group	Total Participants	# of Speakers	Total # of hours
2	Church Groups	45	3	5
3	High School Classes	130	4	4
15	Undergrad. College & Univ. Classes	511	20	23
4	Grad. School & Fed. School Classes	332	12	6
4	Mental Health Professional Groups	54	19	8
6	Metex Tours	24	24	18
1	KING Radio Program	---	2	3

Annual Report for the Seattle Counseling Service for Homosexuals and Other Sexual Minorities, 1971.
 Folder 10, Box 149, Wesley C. Uhlman Subject Files, 5287-02. Seattle Municipal Archives.

IN-PERSON COUNSELING
STATISTICS FOR 1971

INDIVIDUAL COUNSELING		GROUP COUNSELING				
Presenting Problem	#	Focus	Total # of participants	Mean # per session	Length of ea. session	# of sessions
Sexual Orientation	67					
Alienation/loneliness	49					
Marriage-gay	29					
Disfunctional relationships	21	1. Alcoholism	25	5	1 hr	27
Confidence/self-esteem	19	2. Interpersonal relationships	8	5	3 hrs	13
Psychosis	17	3. Interpersonal relationships	9	5	3 hrs	19
Marriage-straight	12	4. Interpersonal relationships	10	7	3 hrs	13
Condition of probation/ parole	7	5. Interpersonal relationships	10	5	3 hrs	7
Welfare	7	6. Interpersonal relationships (DVR clients)	14	10	3 hrs	17
Transsexual	7					
Transvestite	5					
Legal	5					
Alcoholism	5					
Draft	5					
DDDCs	5					
Psychiatric depression	4					
Parental Acceptance	3					
Sexual dysfunction	3	Rap Group for Gay Women	(no data)	7	2 hrs	36
Sadism or masochism	3					
Post-institutional adjustment	2					
Foster home placement	2					
Medical	2					
Family relationships	2					
Employment	2					
Situational	2					
Financial	1					
Multiple personality	1					
Adjustment to homosexual life style	1					
Exhibitionism	1					
Fetishism	1					
TOTAL	280					

TOTAL CLIENT HOURS (Individual and group): 3271
 Individual counseling: 1264 (mean: 4.3 hrs/client)
 Group Counseling.....:
 (based on average # of participants)
 Group 1: 135
 Group 2: 195
 Group 3: 285
 Group 4: 223
 Group 5: 105
 Group 6: 500
 Gay Women's Rap Group: 504

TYPE OF WORK PERFORMED AND ACHIEVED EDUCATION LEVEL OF SCS STAFF
 EXPRESSED AS MEAN NUMBER OF STAFF PER QUARTER (1971)

TYPE OF WORK	ACHIEVED EDUCATION								
	.12 yrs. or SSC	Under- Grad.	BA or BS	MA, or MEd. School	MS, or MSW	EdD or PhD	Other or MD	Unkn.	TOTAL
In-Person Counselor	.75	.75	1.75	3.5	4.5	.25	.5	1	13
In-Person Couns. & Admin.	0	0	0	0	1	0	.5	0	1.5
Administrative*	.5	.5	.25	0	2	.5	2.25	0	6
Administr. & Teleph. Couns.	.25	1.25	0	0	0	0	0	0	1.5
Telephone Counseling	.5	4	2.25	.5	0	0	0	1.5	8.75
In-Person & Teleph. Couns.	.25	0	0	.25	.75	0	0	0	1.25
TOTAL	2.25	6.5	4.25	4.25	0.25	.75	3.25	2.5	32

*Administrative: house maintenance, clerical work, records, staff supervision, consultation.

FORMAL STAFF TRAINING ACTIVITIES:

CONSULTATION GROUPS: Group leaders were 2 psychiatrists, 1 psychologist, and 2 social workers (both are directors of local agencies).
 Number of staff who attended one or more sessions: 75
 Total sessions this year (each session was 2 hrs): 17

WORKSHOPS:

Topic	Length	Staff Attend'g
"Telephone Counseling": role playing handling different presenting problems and situations.	3 hrs.	11
"Transsexual Rep": discussion with Jan Maxwell (National Transsexual Counseling Unit, S.F. Cal.) 2 day visit to Seattle Counseling Service including this session.	3 hrs.	9
"10 Days in August": National Sex and Drug Forum workshop held in San Francisco. Symposium on human sexuality for persons working in sex education, counseling &/or research.	10 days	2
"Sexuality Workshop": focused on human sexuality stressing homosexual orientation. Modeled after National Sex & Drug Forum approach.	3 days	13
"Suicide Intervention": with Bruce Cummins from Crisis Clinic, Seattle, Wash. Stressed techniques of handling suicide calls including role playing calls.	3hrs	16
Follow up individual work with less experienced phone staff.	1 call each	7
"Suicide Workshop": Given by Seattle Mental Health Institute. Objective and experiential sessions (2) on dealing with potential suicides.	3 hrs each	3

SOME COMPARISONS OF 1970 - 1971 ACTIVITY

	1970	1971
TELEPHONE SERVICE (TOTAL CALLS)	2136	3149
Counseling*	(695) 33%	(1008) 32%
Assistance requests (employment, legal, etc.)	(264) 12%	(183) 6%
Information requests	(951) 40%	(773) 25%
Click, crank, wrong number	(307) 14%	(411) 13%
Requests for service (appointments, referrals, consultation, etc.)	NO DATA	(666) 21%
IN-PERSON INDIVIDUAL COUNSELING (TOTAL CLIENTS)	264	289
Sexual orientation*	(73) 29%	(67) 23%
Alienation/loneliness	(53) 20%	(45) 17%
Marriage (gay or straight)	(17) 6%	(41) 14%
Interpersonal relationships (dysfunctional)	(23) 9%	(21) 7%
Transsexual	(5) 2%	(7) 2%
Transvestite	(3) 1%	(6) 2%
Alcoholism	(14) 5%	(5) 2%
Confidence/self-esteem	NO DATA	(19) 7%
Psychosis and psychiatric depression	NO DATA	(18) 6%
IN-PERSON INDIVIDUAL COUNSELING (TOTAL CLIENT HOURS)	678 hours	1,254 hours
Mean hours per client	2.5	4.3
GRUUPS (TOTAL HOURS)	453 hours	2,007 hours

* Expressed numerically (in parentheses and as percentage of total. Figures do not add to total because some smaller categories have been omitted.

AGE AND SEX CHARACTERISTICS (expressed as percentage of the total for whom the were available) OF IN-PERSON CLIENTS

	1970	1971
AGE:		
Under 16	—	3%
16 - 18	2%	17%
19 - 30	58%	53%
31 - 60	30%	26%
Over 60	1%	0%
Unknown	9%	1%
SEX:		
Male	72%	67%
Female	28%	33%