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Counseling Gay and Lesbian Families: Theoretical Considerations

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There are an estimated 2 to 10 million gay and lesbian parents raising from 6 to 14 million children in the United States. Research has revealed few measurable differences between gay and lesbian families and heterosexual families. However, as a result of living in a homophobic and heterosexist society, gay and lesbian families face unique concerns. In this column, family counselors and therapists are challenged to consider whether the theoretical model that influences their work considers the broader social context and the impact that marginalization and discrimination may have on gay and lesbian families.

Keywords: gay; lesbian; families; counseling

There are an estimated 2 to 10 million gay and lesbian parents raising from 6 to 14 million children in the United States (Lamme & Lamme, 2001; Strong & Callahan, 2001). Lesbian and gay families are as diverse as heterosexual families. Each family is unique, whether heterosexual or homosexual. Gay and lesbian families share many of the same concerns as households headed by heterosexuals and in addition, deal with issues specific to being members of an oppressed group.

Gays and lesbians experience oppression in the forms of *homophobia* and *heterosexism*. Homophobia is an irrational fear, intolerance, or hatred of gay men and lesbians. Sanders and Kroll (2000) stated that homophobia can be an attitude or action directed at a person based on her or his homosexual orientation. Overt acts can include gay bashing (where people are beaten and even killed because they are believed to be homosexual) or acts of hatred (where people's integrity is attacked based on their perceived orientation). Covert displays include laws that deprive gays and lesbians equal rights due to their orientation (i.e., marriage, adoption, or anti-discrimination). Heterosexism is defined as "a belief in the inherent superiority of one form of loving (male with female)

over all others and thereby the right to cultural dominance" (Sanders & Kroll, 2000, p. 435). Even though homophobia may appear to be the more obvious issue, it is actually heterosexism that causes more problems for gays and lesbians. As Sanders and Kroll stated,

In working with youth and families, heterosexism is extremely important to address. It is the pervasiveness of the heterosexist belief that homosexuality is somehow lesser—less valid, less fulfilling, less celebratory than heterosexuality—which is the larger social (and therefore clinical) problem. (p. 435)

UNIQUE CONCERNS OF LESBIAN AND GAY FAMILIES

Research has revealed few measurable differences between gay and lesbian families and heterosexual families. However, our largely unaccepting society makes same-sex family life less comfortably visible to the dominant heterosexual world. Consequently, issues such as "coming out," safety, and isolation are real for many gay and lesbian families. These concerns are not discrete and interact with one another to form complex dynamics.

Families make different choices about being "out" in their communities. Gays and lesbians may deal with coming out either before or after becoming parents. When considering telling their children, concerns include child-custody disputes, family-of-origin reaction, fear of discrimination, peer ostracism, and how and when to tell (Ryan & Martin, 2000; Strong & Callahan, 2001). "Threats to legal custody are perhaps the most feared of all legal sanctions" (Parks, 1998, p. 385) and must be carefully researched before revealing a parent's sexual orientation. The gay or lesbian parent's family of origin can be a source of support or a source of conflict depending on their reaction to the coming out. Many parents

fear discrimination in their employment, their neighborhoods, or their children's schools and must give careful consideration before revealing their sexual orientation (Ryan & Martin, 2000).

Lamme and Lamme (2001) stressed the significance of the decision regarding coming out:

The difference between gay families that are "out" and those that are closeted or partially closeted is vital to understand. Children from "out" families may feel like representatives of their community, constantly required to explain their situation and defend their home life. If a family is even partially "in the closet," the children are often doubly afraid: They fear that they could be harassed and lose friends if the family secret becomes known, and they fear that their parents could be persecuted—perhaps losing their jobs or home—if they let the secret slip. This fear can be a paralyzing burden. Besides carefully choosing their words every time they speak of their parents, children from closeted families can be afraid to invite friends over to their house or to form any close friendships. (p. 66)

Children need to express their concerns about coming out and may need assistance in making important choices about this issue. It is essential for both counselors and families to understand that coming out is not a single event but a lifelong process for both parents and their children.

With regard to personal safety, McPherson (2001) observed that as gays and lesbians, "Wherever we go, [we] have to ask ourselves, 'Are we safe here?' When you are a parent, your stress is multiplied as you constantly worry about the safety of your children" (p. 11). Safety concerns affect not only parents but children as well, and family therapists may need to assist gay and lesbian parents in understanding their children's needs. For example, children may want their parents to hide their sexual orientation while at a school function. The therapist can help the parents understand the child's need as reaction to a homophobic culture and not the child's dislike for the parent.

Gay and lesbian families who are not White and middle class to upper class or who do not belong to the dominant culture must be viewed in the context of other oppressions. Racism and classism affect gay and lesbian families of color and families living in poverty. White families may have the advantages of White privilege while at the same time experiencing heterosexism and homophobia. A gay and lesbian family who happens to be African American and poor may live with heterosexism, racism, and classism. All forms of oppression as well as conflicting loyalties should be considered.

Lesbian and gay families face unique challenges as a result of living in a homophobic and heterosexist society. They also address issues that are universal to being a part of any family. Family therapists have a responsibility to provide services using a theoretical approach that considers the social context and which does not assume that all problems are within the family itself.

THEORETICAL CONSIDERATIONS AND CHALLENGES

There are several considerations for the family therapist when providing services to lesbian and gay families. Prevailing stage models of family development and theories of family therapy based on cybernetics are merely by-products of mid-20th century modernist culture and reflect the biases and underlying assumptions regarding what constitutes truth and reality (Doherty, 1991). These models still offer a valuable context for understanding families, including gay and lesbian families, however, their limitations must be acknowledged.

"Theory" determines what therapists see and how they think about their clients' difficulty. The underlying assumptions of any theoretical approach can be unconscious or made conscious. When counseling gay and lesbian families, it is critical to make the underlying assumptions conscious. Theories that are based on a belief that heterosexuality is the only legitimate form of sexual identification, that monogamy is the norm, and that any other type of relating is deviant are not only inappropriate but may cause actual harm.

Theoretical models that assume "the problem" is entirely within the family and focus solely on family interactions should be avoided. The broader social context must be considered when counseling gay and lesbian families. The impacts of marginalization, social disapproval, and discrimination by the dominant culture need to be acknowledged. Theoretical approaches that help the family understand how they have been taught to cooperate in their own oppression and help them deconstruct their thinking by challenging learned descriptions of healthy and pathological relationships may be the most helpful (Seem, 2001).

Other challenges to providing appropriate services to gay and lesbian families are closely related to the consideration of the underlying assumptions in the theories that guide our interventions. These challenges include: recognizing gay and lesbian families, the political/social climate, a lack of institutional support, and the personal beliefs, attitudes, and prejudices of the family therapist.

As previously addressed, there are many gay and lesbian family constellations and their identity may not be readily obvious. Families may be open about their makeup or they may choose to remain invisible due to the possible negative effects of homophobia.

The political/social climate also is an obstacle to working with lesbian and gay families. Although there have been advancements in the gay rights movements, there has been a backlash as well. The religious right and right-wing organizations believe that homosexuals are "threatening the fabric of family life" and "some religious fundamentalists believe that homosexuality is against the will of God" (Ariel & McPherson, 2000, p. 424). There also exists a conservative element of society that adheres to the patriarchal family structure dictating the male figure as central and all powerful.

Finally, many people fear nonconformity and difference and become prejudiced toward homosexuality in general. These factors create a difficult atmosphere in which to provide services for gay and lesbian families. Although it is too early to foresee the full impact of the recent decision of the Supreme Court striking down the Texas sodomy law, that may foretell increasing societal acceptance of homosexuality.

Family therapists and counselors must address personal challenges regarding their own beliefs, attitudes, and prejudices. Homophobic beliefs and heterosexist attitudes can negatively affect the quality of the helping relationship. Ryan and Martin (2000) described additional obstacles that included "the desire to appear . . . liberal-minded, because it results in an unwillingness to acknowledge views that may be biased" (p. 210); an investment in traditional gender roles for males and females; and finally, the belief that homosexual relationships are more sexually focused than heterosexual relationships and therefore require talking about uncomfortable sexual issues. Sanders and Kroll (2000) suggested that therapists "view what has been called sexual orientation through the lens of human affiliation" (p. 434). *Affiliative orientation* is defined as "the involuntary inner experience of 'romantically falling in love,' which we all experience from time to time in our lives" (Sanders & Kroll, 2000, p. 434).

SUGGESTIONS FOR FAMILY COUNSELORS AND THERAPISTS

Difficulty in identifying gay and lesbian families, a negative political and social climate, and personal beliefs and attitudes are obstacles that can be overcome. Researchers have provided numerous suggestions for helping professionals to improve their skills in counseling gay and lesbian families (Ariel & McPherson, 2000; Lamme & Lamme, 2001; Parks, 1998; Ryan & Martin, 2000; Sanders & Kroll, 2000). Awareness of personal beliefs and biases is fundamental and must be examined and when necessary, modified. Family therapists should be intolerant of antigay language and be willing to speak out when it is encountered. They should be careful to use inclusive language and materials in their practices and not those that reflect heterosexism. Formal policies, forms, and brochures ought to reflect this same acceptance and inclusivity. Books and posters that affirm gay and lesbian families help to ensure welcoming surroundings. Awareness of specific issues that may affect gay and lesbian families and knowledge of resources and support groups is the therapist's responsibility.

Ariel and McPherson (2000) stated that a counselor or therapist "has a profound responsibility to obtain the training, education, and experience necessary to understand the lived experience of lesbian and gay parents, their children, their

extended families, and their families of choice" (p. 431). Family therapists and counselors are in a position to provide much needed support and recognition to this population. As Ariel and McPherson observed,

One of the most remarkable aspects of working with gays and lesbians is the continual awareness of two realities. The first is the universal reality of ordinary human beings struggling together to create intimate bonds that allow both individual freedom and family cohesion. The second is the particular reality of societal prejudice: at any moment, a gay or lesbian family can become the object of hate or derision that powerfully affects self-esteem and the level of stress within the family. Being able to hold both of these realities is primary to intervening effectively with any oppressed group. (p. 430)

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