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1993

Recommended Citation
Groth, Lois, "Implications for counselors when working with gay and lesbian adolescents" (1993). Graduate Research Papers. 2453.
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Implications for counselors when working with gay and lesbian adolescents

Abstract
Living as a member of the gay and lesbian community has become increasingly accepted by the general public. However, some people continue to view the homosexual population with fear and hatred (Thomas, 1992). Although statistics vary, the Federation of Parents and Friends of Lesbians and Gays, Inc. (1987), estimated that 10% of the population is homosexual. Of that 10%, as many as 34% have attempted suicide.
Implications for Counselors When
Working with Gay and Lesbian Adolescents

A Research Paper
Presented to
The Department of Educational Administration
and Counseling
University of Northern Iowa

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts in Education

By
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July 1993
This Research Paper by: Lois A. Groth

Entitled: IMPLICATIONS FOR COUNSELORS WHEN WORKING WITH GAY AND LESBIAN ADOLESCENTS

has been approved as meeting the research paper requirements for the Degree of Master of Arts in Education.

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Living as a member of the gay and lesbian community has become increasingly accepted by the general public. However, some people continue to view the homosexual population with fear and hatred (Thomas, 1992). Although statistics vary, the Federation of Parents and Friends of Lesbians and Gays, Inc. (1987), estimated that 10% of the population is homosexual. Of that 10%, as many as 34% have attempted suicide (Remafedi, 1987). As a minority in the world population, gay and lesbian individuals are subjected to stereotypes, biases and homophobic beliefs. The negative actions and beliefs that homosexual adolescents endure jeopardize their physical well-being and can have a negative effect on their self-concept, identity and transition into adulthood (Troiden, 1989).

In 1869, a German physician defined the term homosexuality, but this term did not enter the United States vocabulary until 1890 (Bullough, 1979). For years, homosexuality was viewed as a sexual deviation by both the general population and the medical and mental health communities. Homosexuality has been labeled as being a sin
and an illness, as well as being illegal and "immoral" (Bullough, 1979; Remafedi, 1989).

The first gay and lesbian organizations were established in the 1950s. In 1969, police raided a gay bar called the Stonewall Inn. In reaction to this riot, gays rioted for three days and this riot is said to have been the landmark which launched the gay-liberation movement (Scagliotti, 1986). Approximately four years later, on December 15, 1973, the American Psychiatric Association declared that homosexuality was no longer a mental disorder (Rudolph, 1988a). Although 58% of the members approved the decision, more than one-third of the members opposed the proposal (Bayer, 1981). According to Rudolph (1988a), this statistic indicates that the attitudes of the counseling profession regarding homosexuality are divided.

There are no definite answers as to whether homosexuality is biologically or environmentally influenced, but many theories exist about the etiology (Bibus, Leonard, & Swanson, 1989). Some researchers believe an unstable family
environment that includes factors such as sexual and/or physical abuse, early deaths, frigid parents, and other negative family factors cause homosexuality (Dworkin, 1992). Others claim that a glandular disorder, the size of a person’s brain (Gelman & Focte, 1992), or genetic predisposition causes homosexuality (Bullough, 1979).

The purpose of this paper is to investigate the internal and external problems a homosexual adolescent experiences. After addressing these issues, the author will discuss the developmental processes of gay and lesbian youth and their dissatisfaction with counseling services, as well as the role and responsibility the school counselor has towards the gay and lesbian adolescent and his or her family and community.

Problems Faced by the Gay and Lesbian Adolescent

While many homosexual adolescents are able to cope with the stressors associated with their sexual orientation, there also exist gay and lesbian youth who encounter numerous problems because of the conflicts between their sexual identity and the predetermined expectations of their family,
church, and society (Hunter & Schaecher, 1987). Homosexual adolescents fear that they will be rejected and isolated from their family and peers, as well as suffering mental and physical abuse from society. The homosexual youth quickly realizes that any admission of thoughts or feelings regarding his or her sexual preference may lead to serious negative repercussions. These individuals may begin leading double lives, hiding their true identities (Schaecher, 1988).

Gay and lesbian adolescents who decide to conceal their identity experience tremendous feelings of isolation. They are limited in their access to accurate information regarding their sexual orientation, and because they fear for their safety, they are unable to seek advice or discuss their expectations with others (Schaecher, 1988). Those who decide to hide also typically experience a negative self-concept. Even if they decide not to try to hide their sexual orientation, gay and lesbian youth frequently experience confusion as to who they really are and who and what they are expected to be (Uribe & Harbeck, 1992). Fear and confusion lead many homosexual
youth into attempting suicide. Research indicates that young gays and lesbians account for 30% of the completed suicides. Homosexual youth attempt suicide two to six more times frequently than the heterosexual population (Greydanus, 1990).

Members of the homosexual population develop many techniques to hide their true identities. Some date members of the opposite sex and falsify stories of their dating experiences. Other gays and lesbians put all their time and effort into their academics, to avoid dealing with the “typical” social activities of heterosexual adolescents (Uribe & Harbeck, 1992).

Many gay and lesbians experience negative outcomes when acknowledging their true homosexual identity (Coleman & Remafedi, 1989). According to Remafedi (1987) there is usually a higher rate of physical violence and verbal abuse directed towards adolescents who have come out. To avoid this abuse, the homosexual youth may be truant or even drop out of school entirely (Uribe & Harbeck, 1992). These
individuals also have the potential to become drug abusers and runaways. The combination of these factors can lead them into illegal activities. Gay and lesbian adolescents are more prone to prostitution, stealing and engaging in casual sex with strangers (Remafedi, 1987). Gay and lesbian adolescents display these types of behavior because of the inner turmoil they are experiencing (Thomas, 1992). Bayer (1981) reports that 70% of male prostitutes are gay youth.

This population is very vulnerable to sexually transmitted diseases because of the high-risk behaviors in which they engage. The AIDS epidemic is of great concern to the homosexual youth (Slater, 1988). According to Feldman (1989), these youth account for one-fifth of the reported AIDS cases, with the cases of AIDS doubling each year for the homosexual adolescent.

Developmental Stages

Money (1980) reports that homosexual individuals establish their gender identity between the ages of eighteen months and five years, but the actual realization and
acknowledgment of their sexual orientation is a long and difficult process for many gays and lesbians (Troiden, 1989). The progression of the developmental stages vary with each individual. While some homosexuals make a fairly smooth transition through each stage, other individuals get “stuck” in certain stages of development (Troiden, 1989).

There are many models of homosexual identity development (Cass, 1979a; Coleman, 1981/1982; Young, 1986). Troiden (1989) has combined these theories and developed a four-stage model that explores the basic elements of the gay and lesbian identity development. These stages include: sensitization, identity confusion, identity assumption and commitment.

**Stage 1: Sensitization**

This stage occurs before the onset of puberty. Children at this stage do not see or label themselves as homosexual, but they do have a sense of being different from peers of the same sex. Research conducted by Bell, Weinberg, and Hammersmith (1981) indicates that gays and lesbians see themselves as
being different in the areas of interests and behavior. Very few of the gays and lesbians interviewed felt unusual in the area of sexual behavior as young children. Based on this information, children seem to be more concerned with their gender identity than the sexual aspect of interactions (Troiden, 1989).

Individuals who display “unusual” interests or behaviors usually experience teasing and name-calling. These experiences may result in the child developing a negative self-concept. These individuals have a difficult time socializing and developing their identity (Maylon, 1981).

Stage 2: Identity Confusion

During this stage, individuals, who are in their middle to late years of adolescence, begin to identify that their thoughts, feelings and behaviors are those characteristic to the homosexual population. At this point, gay and lesbian adolescents start experiencing inner confusion and self-hatred. The inner turmoil is the result of an altered perception of self, the sexual arousal and behavior towards the same-sex-
gender, the social stigma and the inaccurate information they have about homosexuals (Troiden, 1989).

Gay and lesbian youths usually use one of four techniques to cope with their sexuality: denial, repair, avoidance, or acceptance. Homosexuals who are in denial attempt to suppress any thoughts, feelings, or fantasies regarding their sexual attraction. The second technique, repair, involves individuals seeking professional help to gain assistance in eliminating their homosexual tendencies. Avoidance, the third strategy, is one in which gay and lesbian youths avoid situations where their homosexual identity may be discovered. The fourth coping mechanism, acceptance, is when individuals accept and admit that their feelings and thoughts are similar to those of the homosexual population (Troiden, 1989). It is at this stage in which individuals are faced with the task of developing their identity (Erickson, 1963).

Stage 3: Identity Assumption

The third stage in the development of homosexual identity occurs during or after late adolescence: 19 to 21 for males and
21 to 23 years for females (Troiden, 1989). It is at this stage that gays and lesbians form their self-identity and disclose this information to other homosexuals. Although this process increases their socialization and contact with other gay and lesbian individuals, as a result of identity assumption, they encounter the problem of social prejudice against the homosexual population (Humphreys, 1972).

Homosexuals deal with this stigma in a variety of ways. One technique is capitalization. Capitalization is when a gay or lesbian surrenders his or her true beliefs about homosexuality in front of certain people, but at the same time acknowledges his or her sexual orientation to other gay and lesbians. This type of of life may lead homosexual youth to experience self-hatred and despair (Troiden, 1989). Another approach, ministralization, is one in which gays or lesbians magnify homosexual mannerisms and behaviors, in an inappropriate way (Troiden, 1989). Passing, the third strategy, is when homosexuals conceal their identity to their family, friends and associates, but disclose their sexual
orientation to a chosen few. In this phase, gays and lesbians lead double lives, they divide their social lives into heterosexual and homosexual worlds and hope that their two different worlds are never revealed (Humphreys, 1972). The last strategy in dealing with the stigma, is group alignment. This involves the individual immersing him or herself in the homosexual community. This admission provides the gays and lesbians with a sense of relief (Troiden, 1989).

By the end of the identity assumption stage, many individuals begin to accept themselves as homosexuals (Troiden, 1989). Although these people are very selective about who they disclose their sexual identity to, they appear to be more happy and content in accepting homosexuality as a way of life (Cass, 1979b).

Stage 4: Commitment

According to Troiden (1989), this stage involves the identification of oneself as a gay or lesbian to heterosexual individuals. It is also a time in which homosexuals become involved in same-sex love relationships. This usually occurs
for women at ages 22 to 23 and for males at the ages of 21 to 24. When they have reached this stage, gays and lesbians now view their sexual orientation as a way of life rather than a deviant sexual behavior.

Dissatisfaction with Counseling Services

Although school systems, treatment centers and other care providers are making remarkable progress in meeting the needs of the gays and lesbians, there still exist dissatisfaction among the homosexual population regarding the services they receive from the counseling profession (Campbell, 1992; Rudolph, 1988b). Counselors' negative bias, prejudicial attitudes towards gays and lesbians and their lack of understanding that homosexuality is a way of life rather than a behavior, contributes to the dissatisfaction gays and lesbians experience during counseling sessions (Campbell, 1992; Rudolph, 1988a).

Another complaint of the homosexual population seeking counseling services is that the forms they must fill out are biased (Dworkin, 1992). Since society does not condone
marriages to same-sex individuals, the written language on these informational forms excludes their relationship status. This is very frustrating to the gay and lesbian individuals (Dworkin, 1992).

The terminology or language used by the therapist has also been seen as judgmental to gay and lesbian individuals. The use of the word “friend,” rather than “lover” or “partner,” indicates to clients that the therapist does not consider their relationship with their significant others as long-lasting or committed relationship. Although many professionals and members of society use the term “gay” as a generalization, the gays and lesbians surveyed believe it is important for therapists to acknowledge the specific gender relationships in correct gender terms (Dworkin, 1992; Schaecher, 1988).

For the homosexual individuals who have sought counseling services, 50% of the clients have been dissatisfied with the services (Bell & Weinberg, 1978; Jay & Young, 1979; May, 1974; Saghir & Robins, 1973). It is imperative for the well-
being of gays and lesbians that counseling services improve in order to meet their special needs (Rudolph, 1988b).

The Counselor's Role and Responsibility

Counseling professionals have an obligation to homosexual adolescents. It is their responsibility to give these youth assistance in dealing with the stigma and prejudice they face, as well as guiding them into discovering their true identity.

The first step in this process is for professionals to examine their own thoughts, feelings and beliefs regarding homosexuality (Krysiak, 1987). It is imperative that the counselor is aware of biases and accepting of the homosexual population. A relationship begins when the counselor is accepting and displaying a positive attitude towards his or her sexual orientation (Coleman, 1981/1982). For therapists who have some uncertainties regarding homosexuality, it is strongly suggested that they refer the clients to another professional or outside agency that will better be able to assist them with the challenges they face regarding their
sexual orientation and the homophobic attitudes of the majority of the population (Rudolph, 1988b).

Counselors must establish a trusting and respectful relationship with their client in order for the treatment to be successful. It is important for counselors to "mirror" the language used by their client. As the counselor uses their terminology, gay or lesbian individuals will begin to feel as if the counselor is validating them as people (Dworkin, 1992). To create this type of relationship, it is also important for counselors to assume that every client they meet has homosexual feelings or thoughts on his or her mind. By making this assumption and carefully listening to the client, the counselor will be better prepared to identify the problems and concerns of the individual (Coleman, 1981/1982). To assume that every person who seeks counseling is heterosexual will not only have a negative effect on the counseling relationship, but it will have a detrimental effect on the homosexual's well-being (Coleman, 1981/1982).
The primary challenge a counselor faces when working with gay or lesbian individuals is assisting them in becoming functioning members of society (Coleman, 1988). The first step in this procedure is to allow gays or lesbians to openly discuss their thoughts, feelings and experiences they have encountered as homosexuals. Gaining some insight into the individual's problems enables the counselor to determine what factors are impairing the client's development (Krysiak, 1987). Counselors should address issues that result from the prejudicial and bias stigma that society has imposed on the homosexual population. These areas include: family and peer alienation, physical and verbal abuse, drug abuse, prostitution, sexually transmitted diseases, and many others (O'Connor, 1992). The discussion concerning these issues should focus on ways gays and lesbians can live healthy lives as homosexuals in a heterosexual world (Krysiak, 1987).

Since many gay and lesbian youth have had to hide their sexual identity, they are misinformed about the topic of homosexuality. Because of this, it is the counselor’s role to
educate the gay or lesbian adolescent on this subject. Assigning the gay or lesbian youth readings regarding homosexuality serves a dual purpose. It provides individuals with information regarding their sexual orientation, as well as giving the counselor the opportunity to discuss the literature with the adolescent homosexual, to help clear up any misconceptions or questions (Slater, 1988). The counselor can also educate gay and lesbian youth by suggesting that they attend support groups, workshops and performances. These opportunities will assist the adolescent in meeting other homosexual individuals and enhance the informational process (Slater, 1988).

The counselor’s next responsibility is to act as a support system in the “coming out” process (Feinstein, Looney, Schwartzberg, & Sorosky, 1982). Campbell (1992) suggests that counselors be cautious in encouraging the client to disclose his or her sexual identity. Such a disclosure may bring about a tremendous relief to the adolescent homosexual, if received in a positive manner. However, for those youth who
receive negative reactions, it can drive them into feeling more isolated and discouraged (Campbell, 1992). Schaecher (1988) strongly recommends that the counselor explore with clients the reasons for wanting to disclose their true identities. They should also explore the anticipated reactions by friends and family and how they intend to cope with them. Whatever decision clients make, it is the counselor's responsibility to be supportive to their endeavors (Campbell, 1992).

Counselors also have an obligation to the family once disclosure has been made. For the family, it is a time in which they start experiencing numerous emotions: guilt, shame, denial, shock, fear, blame, and many more (Campbell, 1992). McCubbin and Patterson (1983) identified three ways families adapt to this situation. The first strategy is that of resistance. Resistant families avoid dealing with the situation and may even expel the adolescent homosexual from the family unit. Restructuring involves the family attempting to deal with the self-disclosure by addressing the situation openly. The third technique is consolidation. Consolidation
refers to a family accepting and acknowledging that they do
have a gay or lesbian family member.

It is the counselor's job to assist the family in coping with
this situation as best as possible. Counselors should provide
families with support, information and a safe environment in
which to discuss this situation. Counselors can also assist
families by providing them with literature on the topic of
homosexuality. If at all possible, the counselor should attempt
to get families involved in a support group for families of gay
and lesbians (Slater, 1988).

Counselors also have to become actively involved within
the school system. They may be in a position where they can
influence the human sexuality curriculum by requesting that
they include alternative life-styles (Krysiak, 1986).
Counselors can also reduce the stigma placed on the
homosexual population by providing information to teachers,
administrators and the student body, whether it be through
workshops, gay and lesbian guest speakers or other forms of
communication (Gordon, 1983).
Counselors can also have an impact in the community. They can be advocates of gay and lesbian youth community centers, as well as becoming actively involved in the decision making policies regarding homosexuality (Coleman & Remafedi, 1989). To alleviate some of the social homophobia, counselors may also want to consider volunteering their time, speaking at different community organizational meetings. By speaking at community meetings, the counselor can provide accurate information regarding the homosexual population and possibly elicit community support for gay and lesbian efforts.

Summary

Although individuals in the gay and lesbian population have made great strides in their efforts toward gaining acceptance, they still encounter many problems and dangers while growing up. It is the role and responsibility of the school counselor to be actively involved in assisting them in making a smooth transition into a heterosexual world. Counselors need to be free of biases and provide support, assistance and accurate information, regarding homosexuality to their clients. They
should assist gay or lesbian youths in exploring their thoughts and feelings regarding their sexual orientation, as well as their perceptions of the social stigma attached to being homosexual. Because gay and lesbian adolescents do not usually have many people they can discuss this with, it is up to the school counselor to help them make wise and safe choices regarding their future. Once homosexual youths have disclosed their sexual orientation, counselors need to intervene and provide assistance to their families. They also need to be actively involved within the community to support the needs of the gay and lesbian adolescents. By working with gay and lesbian adolescents, families, schools and communities, school counselors are doing their part in the educational process.
References


