INTRODUCTION

Have you ever watched a gay pride parade (more inclusively known as a “pride” parade) in a large city, especially one like San Francisco, New York, or Toronto? What a spectacle! The most amazing thing is that the majority of spectators are not lesbian, gay, bisexual, transgender, or intersex (LGBTI) individuals themselves. No, they are heterosexual people and their families who are supportive, accepting, inquisitive, and/or they are those who just like to attend a good party. One definition of gay is “keenly alive and exuberant” (Merriam Webster Dictionary, 2011) and the fact is, the LGBTI community knows how to have a good time. Generally speaking, LGBTI people think outside the box,

(Continued)
A portion of most modern societies is composed of individuals who differ with respect to some aspect of their sexuality or felt gender. This does not mean, however, that every society allows its members to express these differences—individualism and its expression are not valued in every culture. For example, there is little question that gay and lesbian individuals can be much more open about their lifestyles in individualistic societies (e.g., United States, Canada, Western Europe, Australia) compared with collectivist societies (e.g., Mexico, Southeast Asia, South America).

Furthermore, the form that such expression takes is also dependent on sociocultural and historical factors. Gay identities in the 1950s, for example, look different than today’s gay identities. Their expression also depends on a person’s culture, religion, and age.

The main focus of this book will be on contemporary lesbian, gay, bisexual, transgender, and intersex (LGBTI) identities primarily in the United States, but also in Canada and in various collectivist societies. Salient research will be included aimed at increasing your understanding of LGBTI individuals and looking at what we know from the published literature about counseling them.

**The Problem With Terminology**

Collectively, LGBTI are people with nonheterosexual identities (e.g., lesbian, gay, bisexual) and/or those with transgender identities (e.g., fetishistic crossdresser, transsexual, intersex). More specifically, transgender individuals include those who present unconventional gender expressions (e.g., fetishistic crossdresser, transgenderist, gender bender) and/or those who present unconventional gender identities (e.g., transsexual, transwoman, transman). Terminology is often challenging when writing or talking about groups who have been historically oppressed and disenfranchised. Postmodern writers have become very sensitive to the labels used to describe individuals. Within queer theory, for example, labels are avoided altogether. Although some writers use the term *queer* to refer to LGBTI people, the older generation often associates this label with a derogatory term used mainly to describe masculine gay men in the early part of the 20th century (Minton & Mattson, 1998).
The term sexual minorities also has disadvantages, as some writers suggest that the word minority may imply a lesser-than status compared to those who are “mainstream.” One favorable expression could be persons with nondominant sexualities; however, it is cumbersome and pedantic. The term LGBTI has been chosen for this text instead of the many acronyms that are in usage today, including some that include one Q for queer and another Q for questioning. Not only does adding further initials make the acronym needlessly cumbersome, terminology remains in flux for some identities, and some individuals chose not to identify with any of the identity labels within the acronym anyway.

Identity labels are used herein as adjectives, not nouns. For example, lesbian women, not lesbians; gay men, not gays; and so forth. While the term lesbian is considered appropriate usage by the American Psychological Association (APA; 2010, p. 74), lesbian women is arguably a preferred term to equalize it with the suggested term gay men by APA (2010, p. 74). It is imbalanced and prejudicial to use gay as an adjective for gay men while using lesbian as a noun for lesbians. This book is primarily about identities, and these social constructions do not describe a person’s entirety. To imply that a gay male’s identity is socially constructed (through adjective usage) while implying that a lesbian female’s identity is essentialized (through noun usage) is incorrect and, if anything, is completely backward. Research provides stronger arguments to suggest that most gay men have affectional orientations that are inherently based much more than is the case for most lesbian women.

Identities describe one aspect of a person. A lesbian woman, for example, is more than just her nonheterosexual identity—she is also someone’s daughter, someone’s neighbor, and someone’s friend. She is a lover, a worker, and an inhabitor of earth. Similarly, referring to a transsexual individual as a “transsexual” diminishes this person’s existence to this one aspect of self.

Even the term LGBTI is limited in that its focus is only on identities. People also differ on the continuum called “affectional orientation,” for example, and these do not in and of themselves constitute an identity label. Affectional orientation is used preferentially over the older term sexual orientation throughout this text as it better reflects “the fact that a person’s orientation goes beyond sexuality” (Pedersen, Crethar, & Carlson, 2008, p. 136). Affectional orientation refers to the attraction, erotic desire, and philia for members of the opposite gender, the same gender, or both (Alderson, 2010).

A recent scale that measures affectional orientation includes six components: sexual attraction, sexual fantasies, sexual preference, propensity to fall in love romantically, being in love romantically, and the extent to which one has sexual partners of each gender (Alderson, Orzech, Davis, & Boyes, 2011; Brown & Alderson, 2010). This scale, called the Sexuality Questionnaire, incorporates suggestions made by several researchers to measure affectional orientation on two separate scales: one that measures magnitude of interest in males and another that measures interest in females. Factor analytic work has shown that affectional orientation can operationally be defined and measured as a combination of the above six components (Alderson et al., 2011; Brown & Alderson, 2010). A copy of the scale can be found in Appendix C.

Philia is the propensity to fall in love romantically with members of a particular sex or gender (or both, as in the case of biphilia). Consequently, individuals can have a heterosexual, homosexual, or bisexual orientation—regardless of the extent to which they acknowledge or accept it. Most gay men and lesbian women, for example, went through a “coming out” process before they accepted their homosexual orientation (Alderson, 2002).

Identities and affectional orientation do not always match. A gay male, for example, often identifies as having a bisexual or heterosexual orientation before he accepts his homosexual orientation (Stokes, Damon, & McKirnan, 1997). Some marry a woman before later coming out. Likewise, lesbian women often have a similar experience, despite the finding that their affectional
orientation is usually much more fluid than men’s (Diamond, 2007, 2008). More on that in Chapter 4.

Identity labels—when chosen at all—are picked by individuals themselves to describe some aspect that defines their sense of self. Consequently, they can be transient labels, inaccurate labels, or oversimplified labels. Such is also the case with some LGBTI individuals—our sexuality and gender is so much more than the label we give it.

**Defining LGBTI Individuals**

**Sexual Identity**

*Sexual identity* refers to the label individuals use to define their sexuality (Alderson, 2010). Most people choose a label that coincides with their affectational orientation (i.e., heterosexual or “straight,” gay, lesbian, bisexual, or queer), but most transgender or transsexual individuals will also use a sexual identity label that describes their gender expression or gender identity (i.e., transgender or transsexual). Some *intersex individuals*—that is, people with “congenital conditions in which development of chromosomal, gonadal, or anatomical sex is atypical” (Vilain, 2008, p. 330)—will define themselves as intersex and/or as transgender.

**Gay, Lesbian, and Bisexual Individuals**

*Gay men* are males who self-identify as having primarily homosexual cognition, affect, and/or behavior and who have adopted the construct of “gay” as having personal significance to them. *Lesbian women* are females who self-identify as having homosexual cognition, affect, and/or behavior and who have adopted the construct of “lesbian” as having personal significance to them (Alderson, 2010).

*Bisexual individuals* are defined as those who self-identify as having primarily bisexual cognition, affect, and/or behavior. People might define as bisexual if they have sexual attraction, sexual fantasies, a sexual preference, a propensity to fall in love romantically, the actual experience of being in love romantically, and/or the experience of having sex with both genders. In effect, they acknowledge some degree of affectional interest in both sexes. Bisexual individuals have not established a substantive bisexual community (McKirnan, Stokes, Doll, & Burzette, 1995), so many define themselves as gay, lesbian, or heterosexual (McKirnan et al., 1995).

**Transgender and Transsexual Individuals**

*Transgender persons* refer to “individuals who do not comply with the either/or, female/male construction in society” (Ormiston, cited in Herring, 1998, p. 162), while *transsexual individuals* are those who believe their gender is dissonant with their morphology (adapted from Vanderburgh, 2009). Generally, transsexualism is viewed as a subset of transgenderism, the overarching category that also includes intersex people, fetishistic crossdressing individuals, and gender benders.

Transgender persons and transsexual individuals present nondominant gender expressions or gender identities, respectively. Consequently, transgender individuals of all kinds transcend gender binaries, and this transcendence is unrelated to their affectional orientation. A transsexual or transgender person may have any of the three affectional orientations (heterosexual, homosexual, or bisexual). A postoperative transsexual male-to-female person is often referred to as a *transwoman*, while a postoperative transsexual female-to-male individual is a *transman*. Note that not all trans people will use the terms *transman* or *transwoman* to define themselves.

A *transgenderist individual* is a male or female who crossdresses most if not all of the time and who may or may not experience gender dysphoria (Brown et al., 1996; Docter, 1988). *Gender dysphoria* means feeling varying degrees of discomfort with one’s biological sex and/or one’s expression of gender roles. A transgenderist
individual with gender dysphoria usually experiences it in a less severe form and has resolved (or has had it decided for him or her) not to proceed with gender reassignment surgery.

Fetishistic crossdressing individuals are men who crossdress, at least during adolescence, because of the sexual arousal and often climatic release it provides. Most of these men define as heterosexual.

Drag queens are gay men who crossdress for fun and/or money, whereas women who crossdress for fun and/or money are drag kings. The core element of drag is “performance and parody” (Lorber, 2004, p. xxv). This form of crossdressing is considered a traditional part of LGBTI culture, and its significance is comparable to wearing a kilt, accepted as traditional Scottish attire for men.

There are many terms with a shorter history that are sometimes used by transgender individuals to describe themselves. Just two of the informal ones include gender bender and she-male. Gender benders are people who intentionally “bend,” or transgress, traditional gender roles. A she-male “refers to men who have achieved a female chest contour with breast implants or hormonal medication but still retain their male genitals” (Blanchard & Collins, 1993, p. 570).

Although the term queer has not caught on in general usage (Savin-Williams, 2005), it refers to those people who refuse to be classified on the basis of sexuality (Herdt, 1997). Not labeling one’s sexuality is an outgrowth of queer theory. Queer theory is an outgrowth from social constructionism, a paradigm that will be described shortly.

**Defining the Terms of Oppression**

As you will glean from every chapter in this book, LGBTI individuals have been victim to a great deal of prejudice, discrimination, harassment, violence, oppression, and denigration. The terms that follow are the ones in most common usage today.

Homophobia is the fear, dislike, or intolerance of gay and/or lesbian individuals. A more specific term is homonegativity, which refers to having negative views of gay and/or lesbian people, regardless of the reason. Biphobia is the fear, dislike, or intolerance of bisexual individuals and/or rendering them invisible by denying their existence.

Transphobia is the fear, dislike, or intolerance of transgender individuals. This may include rendering transsexual individuals invisible by denying the existence of differing gender identities.

Heterosexism is a term related to homophobia and biphobia, but it does not necessarily require the fear and/or dislike of those who define as gay, lesbian, or bisexual be present. Instead, it refers to the many ways individuals in our society consciously or unconsciously minimize gay, lesbian, and bisexual people, either by assuming that they don’t exist or by projecting a belief that they are somehow inferior compared with their heterosexual counterparts.

**Caveats Regarding Research Conducted With LGBTI Individuals**

You can probably infer from the above that LGBTI individuals are a significantly diverse group. Furthermore, terminology is often confused by both mental health professionals and researchers alike. Adding to the confusion is that those who define themselves on the basis of a sexual identity label (gay/lesbian, heterosexual, bisexual) might be referring to their sexual behavior, their affectional orientation, and/or their sexual identity, just as a transsexual or transgender person might be interested sexually in men, women, or both. Due to the confounding of what is meant by the terms in the published literature, it is impossible to answer the question accurately, “What percentage of the population defines as LGBTI?”

**Invisibility**

Besides problems with definition, there is a larger issue. Much of the LGBTI community remains invisible to researchers (Flowers & Buston, 2001).
Antisodomy laws remained active in some U.S. states until these were all invalidated by a 2003 Supreme Court decision (Fields, 2004), and most states do not have same-sex marriage legislation. How likely are American citizens to reveal their LGBTI status to enumerators or most researchers for that matter?

Despite the fact that Canada has had same-sex marriage in all jurisdictions since July 20, 2005, the 2006 census reported only 45,300 same-sex couples across the nation (Statistics Canada, 2009)—this figure equals 0.6% of all couples in Canada! Clearly most same-sex couples are remaining closeted, given the estimated size of the gay male community alone. The gay male population, according to various “representative” studies, suggests a percentage between 3% and 10% for both adults and adolescents (Frankowski, 2004; Savin-Williams, 2005).

This invisibility that remains for many if not most members of the LGBTI community is not difficult to understand when one considers the pervasive and pandemic effect of homophobia, biphobia, transphobia, and heterosexism. Regardless of where LGBTI individuals live worldwide, there are factions (in some countries, most of the citizens and residents) that display prejudice, discrimination, denigration, and/or oppression toward them.

Nonrepresentative Sampling

To qualify as a representative sample, a study would need to be drawn from a random sample of a population. All samples in the social sciences are biased, even when random sampling of a population has been attempted. While some people answer surveys or participate in experiments, they may constitute an entirely different sample than those who refrain from participating.

This problem is accentuated further when researchers attempt to random sample the LGBTI community because of their increased invisibility. Consequently, researchers studying the LGBTI community are not able to get a random sample, so instead, sampling is almost always biased. As a result, research findings provide only a glimpse of the experience of those who want to be known to us. Research reveals that at least with college students, those who participate in sex studies are a certain type of person—they are more sexually experienced, more liberal in their sexual attitudes, and have higher self-esteem compared with nonparticipants (Wiederman, 1999). It seems likely that LGBTI participants are similar to college students who sign up for sex studies. The more traditional and introverted LGBTI individuals are likely poorly represented in published research.

Given the above caveats, most gay and lesbian research—and in fact most psychological research, for that matter—has been based on well-educated Caucasian samples of individuals who are relatively accepting of their homosexual orientation (Croteau, Anderson, Distefano, & Kampa-Kokesch, 2000). Little is known about uneducated gay and lesbian people and those who have not yet come to identify as gay or lesbian. Even less is known about bisexual individuals.

As a group, individuals who self-report as lesbian or gay exist in all age categories and approximate racial mixes as the population as a whole (Degges-White & Shoffner, 2002). Demographics on the percentage of bisexual and transgender people are not as clear, although prevalence information from the Netherlands suggests that transsexuality occurs in about 1 in 11,900 males and 1 in 30,300 females (Meyer et al., 2001).

Bisexuality is currently impossible to estimate because of the many definitions it encompasses. For example, the National Survey of Family Growth was conducted between March 2002 and March 2003 on 12,571 Americans (4,928 men and 7,643 women), ages 15 to 44, with a response rate of 79% (Mosher, Chandra, & Jones, 2005). Participants were asked the question, “Do you think of yourself as heterosexual, homosexual, bisexual, or something else?” Only 1.8% of the males answered bisexual, while 5.9% admitted to having attraction to both males and females.
The Limitation of All Research

Quantitative studies attempt to generalize their results beyond the findings of the current research project. In doing so, the generalizations that result are just that: generalizations. As we know from qualitative research, the actual experience of many people does not fit neatly into the generalizations derived from quantitative studies. For example, the consistent finding that males score higher in mathematics and females score higher in verbal ability is based on large-group studies, yet there are innumerable examples of women excelling in math and men excelling in verbal skills (and the converse: men poor at math and women poor at verbal skills).

Here is a sex research example: Studies done to date suggest that there is a higher percentage of effeminate gay men compared to effeminate heterosexual men (Barber & Mobley, 1999; Chung & Harmon, 1994; Rieger, Linsenmeier, Gygax, & Bailey, 2008; Savin-Williams, 2005). Does that mean that every gay man is effeminate? Walking into a gay bar will quickly dispel that stereotype, particularly those that cater to the leather and denim crowd. Furthermore, many heterosexual men display effeminate behaviors (Baffi, Redican, Sefchick, & Impara, 1991; Levine, 1993).

For the reasons stated above, the cliché that “the more we learn, the less we know” is particularly true regarding the study of LGBTI individuals. In effect, what we know is based on LGBTI individuals who want us to know them—after all, they are the ones who participate in research studies. That leaves a significant gap in our knowledge, as the “typical” LGBTI persons might be the ones who don’t give of their time to become participants.

Maintain critical thinking while reading the chapters in this text, as with any text, for that matter. As you read findings from quantitative research, remember that the results do not apply to all people within that subgroup. Similarly, as you read qualitative research, don’t lose sight of the fact that there are also communalities that typify the experience of many people within that subgroup.

Furthermore, as soon as we write about something, we are simultaneously creating it (see next section for an explanation). In maintaining a critical stance, also view the research in this area as reflecting our understanding of LGBTI individuals now: at this point in history within a psychosocial and political context. People change and identities shift as they interact with an environment that is also shifting on many levels simultaneously. Today’s constructed reality is tomorrow’s fiction.

Considerations When Conducting Research With LGBTI Individuals

Given all of the above considerations, Logan and Barret (2005) recommend that research questions be formulated in a way that acknowledges that LGBTI individuals may become participants in them. Furthermore, their inclusion should not be based on stereotypes or overgeneralizations. Research design should also ensure that ethical and legal issues that may affect this vulnerable population are considered and addressed. For example, extra precautions may be necessary to ensure their anonymity and confidentiality, especially in smaller communities (e.g., rural, small colleges).

Another important consideration brought forward by Logan and Barret (2005) is recognizing the potential for heterosexual bias when interpreting research results and test results. Most psychological tests of yesteryear assumed heterosexuality, so questions about relationships implied or stated that they were between a man and a woman. Counselors need to ensure that the tests they are using do not make such heterosexual assumptions.

It is also problematic to review research results and interpret them according to existing heterosexual standards. For example, if a sample of same-sex couples is shown in a study to have shorter relationships compared to a sample of opposite-sex couples, some of whom are legally married, there is an immediate bias given that in
most American states, same-sex couples cannot marry currently. Another bias would include assuming that couples are supposed to be married with children and then judging negatively same-sex couples who are not, even in those states that permit same-sex marriage. Same-sex marriage is a new consideration for gay and lesbian couples, and not everyone will think it is the final destination of a committed relationship.

Essentialism versus Social Constructionism

A debate emerges repeatedly throughout the varied factions of psychology, known holistically as the nature–nurture controversy. Are our thoughts, emotions, and behaviors determined through nature (i.e., biologic and/or genetic causes), through nurture (environmental and/or self-created causes), or through both? In sexuality research, the debate is usually conceptualized as between the essentialists and the social constructionists (Stein, 1996).

Essentialists believe, for example, that people with homosexual orientations and/or discordant gender identities have always existed, regardless of whether they could give themselves a sexual or gender identity label. Essentialists usually support their position with evidence from biologic and genetic studies (Ellis & Mitchell, 2000; Roscoe, 1988).

Social constructionists, on the other hand, believe that homosexual orientations and/or gender identities are environmentally determined and that they require certain socio-political-historical conditions to exist in order to find expression. Consequently, a homosexual orientation or gender identity needs to be created within an environment that allows it at some level. Social constructionists usually support their position with evidence from the social sciences (e.g., history, sociology, anthropology, political science).

Researchers like Kitzinger and Wilkinson (1995) have argued that we will never prove whether essentialism or social constructionism is more accurate because “data cannot settle questions of epistemology” (p. 103). Consequently, spending countless research dollars trying to prove one position or the other is untenable and moot.

Many researchers hold the view that behavior is always the result of both nature and nurture. For schizophrenia to find expression, for example, it is thought that one needs to have a biological predisposition toward it but that environmental factors (such as stress) are needed to release it. Certain medical conditions work this way, such as shingles. For shingles to develop, one must first have the herpes roster virus within one’s body as a result of having contracted chicken pox earlier. Only then can the dormant virus erupt into the shingles rash if something environmental (often stress) brings the virus out of its dormant state.

One of the important theoretical developments for sexuality studies that has emerged from social constructionism is queer theory. One of its basic tenets is that identity labels are themselves oppressive by presumably restricting one’s sexual choices (e.g., a lesbian woman might feel guilty if she has sex with a man). Queer theorists also argue that labels allow others to delegate non-dominant groups to a less privileged status in society (Gamson, 2000; Minton, 1997).

Another basic tenet of queer theory is that how we language something constructs the very thing that is being languaged (Gergen, 1985, 2009). In other words, there are no LGBTI or heterosexual individuals unless we socially create them by talking them into existence. Similarly, queer theorists argue that homosexual persons did not exist until the word homosexual was invented in 1869, meaning that before then, people defined themselves according to neither sexual orientation nor sexual identity labels. This does not mean that queer theorists would argue against the universality of homosexual behavior; instead, they would argue that it doesn’t have any social significance or meaning until we label it.

Individualism Versus Collectivism

The concepts of “individualism” and “collectivism” have generated more thinking and
research in the field of cross-cultural psychology compared to any other issue since the early 1980s (McCarthy, 2005). The continuum that exists between these concepts involves “the degree to which a culture encourages, fosters, and facilitates the needs, wishes, desires, and values of an autonomous and unique self over those of a group” (Matsumoto, 2000, p. 41). Countries and cultures vary regarding the extent to which they subscribe to the ideals of individualism versus collectivism.

Hofstede (1980), for example, conducted a worldwide study of 116,000 employees of IBM and found that the most individualistic countries include, in rank order, the United States, Australia, Great Britain, Canada, and the Netherlands. The most collectivist countries were Venezuela, Colombia, Pakistan, Peru, and Taiwan. Hofstede (Itim International, 2009) has ranked many countries according to the individualistic–collectivist dimension.

In an individualistic society, members are expected to strive for individuality, and such qualities as independence, autonomy, and personal freedom are espoused (Arthur & Collins, 2010). In a collectivist society, the collective good and reputation of the family unit are held in highest regard, and individuality and most qualities associated with it are of much lesser importance. Instead of striving for independence and autonomy, the quest is for familial interconnectedness, familial responsibility, and family heritage (Arthur & Collins, 2010; Pedersen et al., 2008).

The worldview of people living in the two types of societies can be remarkably different, and those individuals who relocate from one type of society to the other often face huge challenges regarding their acculturation. The expectation of being a well-adjusted, respected person looks different depending on one’s worldview.

Most texts looking at the psychology of LGBTI individuals look at those living in our own individualistic society. Consequently, the expression of LGBTI identities is presented in a one-sided manner where striving for individuality is the hallmark of successfully attaining a positive LGBTI identity.

Does such a presentation of identity remain consistent throughout the world? Not at all, as you will discover as the various subgroups within the LGBTI community are looked at in the United States and Canada and then in other societies. The stereotypes you may have already are applicable to neither the majority of LGBTI individuals (at least in most instances) nor to those who primarily identify with a collectivist society.

The Multicultural Framework and This Text’s Organization

The Multicultural Framework

A great deal of work has occurred since the 1970s regarding the creation of a framework for developing multicultural counselor competence (Sue et al., 1998). After several revisions and enhancements, the framework most often cited includes the following three dimensions:

1. Beliefs and Attitudes—Counselors need to become aware of their own biases, values, and assumptions toward clients from a particular nondominant group.

2. Knowledge—Counselors need to understand the worldview of their clients.

3. Skills—Multicultural counselors also need to learn appropriate interventions to work effectively with their clients (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992; Sue et al., 1982).

This text will adhere to this framework. Chapters 3 through 10 are organized according to the following headings:

1. Challenging Your Attitudes and Beliefs About This Group—This section includes reflection questions, assumption questions, and a reflection from the perspective that you are the client belonging to the particular subgroup of LGBTI individuals focused on in the chapter (Multicultural Framework: Beliefs and Attitudes).
2. Background Information Regarding the Particular Subgroup of LGBTI Individuals—This section provides comprehensive knowledge about the specific subgroup (Multicultural Framework: Knowledge).

3. Common Concerns Facing This Group and Counseling Considerations—This section begins with two roleplays that can be practiced either in or out of class, with a list of ways to handle the situation presented within the roleplay in Appendix B. Following the roleplays is a section called “How Would You Help This Person?” This section helps you further focus on concerns that this subgroup may face. Then the common concerns specific to this subgroup are outlined, followed by the skills needed to work with those issues, followed by available information about counseling diverse populations (Multicultural Framework: Beliefs and Attitudes, Knowledge, and Skills).

4. Resources for This Group—This section includes some of the national organizations and Internet sites that may prove helpful to counselors working with this particular subgroup (Multicultural Framework: Knowledge).

5. Limitations, Furthering Research, and Implications for Counselors—This section looks at the limitations of the current research available regarding this specific subgroup of LGBTI individuals, followed by areas requiring further research. The last section includes implications for counselors (Multicultural Framework: Knowledge and Skills).

6. Exercises—Two or three individual exercises followed by two or three classroom exercises are included (Multicultural Framework: Beliefs and Attitudes).

7. Chapter Summary—A brief review of highlights pertaining to this specific subgroup of LGBTI individuals (Multicultural Framework: Knowledge).

Elaborating on the Common Concerns Facing This Group and Counseling Considerations Section

In addition to the above multicultural framework, the counseling sections of the text encompass the concept of inclusive cultural empathy (ICE; Pedersen et al., 2008), which results from the lifework of Pedersen, Crethar, and Carlson in the area of multicultural counseling practice. “ICE is a generic counseling perspective that requires a counselor to manage both similarities and differences at the same time” (Pedersen et al., 2008, p. 45). When counselors practice ICE, they recognize that clients present to counselors their own unique multicultural mosaic: that is, they have been influenced by various cultural influences to varying degrees. The problems that clients present to counselors are embedded within these cultural forces. Developing inclusive empathy for clients will only occur by understanding, appreciating, and honoring their unique cultural milieu.

The list of concerns found in Chapters 3 through 10 is not exhaustive; it is only suggestive of the multitude of issues for which the particular subgroup may seek help. Some of the concerns found in Chapter 3 about gay males will also apply to other subgroups, and likewise other chapters will cover some concerns that will also apply to gay males. The intent is be comprehensive across the chapters, not within each one. If you have a gay male client with a different problem that is germane to the LGBTI community but not found in Chapter 3, look in either the end of the Preface or in Chapter 11 (the conclusions chapter) to find out if that problem is covered in a different chapter in this text.

Furthermore, there are many generic issues that clients bring to counselors. Each subgroup also seeks help for the same reasons as the dominant culture, whether for substance abuse problems, sexual difficulties, intimate partner violence, feelings of isolation, or whatever. Counselors need to have a good understanding of a plethora of human conditions to do their jobs effectively.

A Note Concerning Including LGBTI Clients in Groups

One of the competencies (Logan & Barret, 2005) concerning when LGBTI individuals are included in groups is for counselors to have
sensitivity to their special needs. Due to their oppression and marginalization, it is important that counselors ensure that LGBTI clients will have allies in the groups they attend. Counselors need to be conscious of this when screening and selecting group members. It is also important that group norms are established and interventions are implemented that are inclusive of LGBTI members. For example, group norms need to be created that allow members to share personal details without judgment or ostracism. LGBTI participants should feel safe to let others know in the group about their sexual and/or gender identity without negative repercussion following such disclosures. Counselors are expected to intervene when overt or covert disapproval of an LGBTI member occurs in the group. To not step in is to neglect the importance of both human dignity and group dynamics.

**Beginning to Challenge Your Attitudes and Beliefs**

Before concluding this chapter, take two steps to begin your assessment of some beliefs and assumptions that might prove a hindrance in counseling LGBTI clients. First is a change-model approach and second is a test of heterosexist thinking.

**A Change-Model Approach**

Tyler, Jackman-Wheatner, Strader, and Lenox (1997) used the transtheoretical model of change (Prochaska, Norcross, & Diclemente, 1994) to raise awareness of LGB issues (modified here to include LGBTI) among graduate students in counseling. In the model of change, *precontemplation* refers to the stage in which people are not intending to take action in the foreseeable future and likely are unaware that a problem even exists. In contemplation, the person begins to see that a behavior is a problem while he or she begins to look at the pros and cons of this behavior. In the preparation stage, the person plans for taking action and may begin to take some small steps toward change. The action stage is where the plan becomes implemented and the person moves toward making positive change. During maintenance, the person works actively at preventing relapse, and for some, this stage lasts indefinitely. Finally, the termination stage occurs when the person is no longer tempted to return to the problem behavior and is sure he or she will not begin the unhealthy behavior again. An underlying premise of the transtheoretical model is that the person must be ready to move to the next stage if change is to occur and become permanent. For example, a person who doesn’t recognize that alcohol abuse is a problem (i.e., precontemplation) is not going to take steps to reduce or stop consumption (i.e., action).

To get a sense of where you are currently in your attitudes toward LGBTI individuals, refer to Table 1.1 and indicate below your current level of readiness to adopt an affirmative counseling stance toward members of this community.

What level of readiness are you at (i.e., note Tyler et al., 1997, only included the four stages of precontemplation, contemplation, action, and maintenance) in relation to:

1. Your *statements* regarding LGBTI individuals: 
   
2. Your *thoughts* about LGBTI individuals: 
   
3. Your *feelings* toward LGBTI individuals: 
   
4. Your *behavior* toward LGBTI individuals: 

You may want to return to this self-assessment after you have finished reading the chapters in this text and working through the exercises. Are you ready yet to work effectively with LGBTI clients?
Table 1.1

<table>
<thead>
<tr>
<th></th>
<th>Precontemplation</th>
<th>Contemplation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statements</strong></td>
<td>“It’s fine with me if someone is gay. I don’t understand the need to talk about LGBTI issues.”</td>
<td>“I guess I treat LGBTI people differently than straight people.”</td>
<td>“I’m going to change the way I’ve done things in the past.”</td>
<td>“I’m glad I’ve made changes to become more supportive of LGBTI people.”</td>
</tr>
<tr>
<td><strong>Thoughts</strong></td>
<td>People are people.</td>
<td>LGBTI people have been treated unfairly in the past.</td>
<td>LGBTI people deserve to be treated with dignity and respect.</td>
<td>My life is enriched by my relationships with and the contributions made by LGBTI individuals.</td>
</tr>
<tr>
<td><strong>Feelings</strong></td>
<td>Confusion about need to discuss or receive training.</td>
<td>Embarrassed and ashamed about past statements or behavior.</td>
<td>Excited about new attitudes and experiences. Fear about others’ reactions.</td>
<td>Pride in personal accomplishment and efforts to be an ally.</td>
</tr>
<tr>
<td><strong>Behavior</strong></td>
<td>No extended contact or association with LGBTI individuals. Has never attended LGBTI-oriented activities.</td>
<td>Seeking out opportunities to expand knowledge or gain new perspectives.</td>
<td>Choosing to more closely affiliate with LGBTI individuals and deepening relationships.</td>
<td>Nurturing relationships with LGBTI individuals. Attending P-FLAG, support groups, and other LGBTI activities as an ally.</td>
</tr>
</tbody>
</table>

Table 1.1 is reproduced with written permission from the authors. It is modified from p. 42 in their article:


**A Test of Heterosexist Thinking**

On the next page is an enlightening revision—reprinted here with permission—of a popular questionnaire by Dr. Martin Rochlin.

The test is entitled, *Are My Attitudes Heterosexist?* Before turning to Chapter 2, complete this test and then find the answers to it at the end of Chapter 2.
Take This Test and Find Out!!!

The first step towards change is to find out where it’s needed. This test was designed to give you some things to consider about the ways our everyday, often heterosexist, assumptions impact our behaviors and interactions with others. It’s not for research purposes and we will not know the results. It’s merely food for your thought . . . Please be advised that this test is for heterosexuals . . . and for those who may have internalized homophobic stereotypes . . .

The “Are My Attitudes Heterosexist?” Test

Check the answers that most resemble yours. The scoring instructions can be found at the end of the questionnaire. When you have completed the test, total your score, and find out where your attitudes fit on the heterosexism scale.

1. At what age did you realize that you were heterosexual?
   a. Infancy to age 4.
   b. Age 5 to age 9.
   c. Age 10 to age 12.
   d. Age 13 to age 18.
   e. What do you mean? I was always this way!

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (3)

2. How do you think you became heterosexual?
   a. Genetics.
   b. Socialization.
   c. Pressure received from heterosexual parents.
   d. A traumatic sexual experience with a member of the same sex.
   e. What do you mean? I was always this way!

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (6)

3. Is it possible that your heterosexuality is just a phase you may grow out of?*
   a. This is who I am, it isn’t a phase.
   b. Yes, possibly.

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (6)

4. Is it possible that your heterosexuality stems from a neurotic fear of others of the same sex?*
   a. Yes, I am a woman and I fear women.
   b. Yes, I am a man and I fear men.
   c. No, I’m heterosexual because of who I love, not who I hate.

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (6)

5. If you have never slept with a person of the same sex, is it possible that all you need is a good Gay lover?*
   a. Yes, that’s possible.
   b. No, definitely not—I know my sexuality, it’s part of who I am.

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (6)
6. Do your parents know that you are straight?*
   a. Yes, of course they do—I’ve already come out to them.
   b. Yes, of course they do—they automatically assumed it.
   c. No, I fear what they may say and do if they know. It’s so unacceptable in my family, I fear that I’ll be ostracized.
   d. This is a stupid question!

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (3)

7. Why do you insist on flaunting your heterosexuality? Can’t you just be who you are and keep it quiet?*
   a. I’m not flaunting it. It’s just who I am. And sometimes I like to be spontaneous.
   b. I try not to be obvious about the love I feel for my partner—but sometimes we do get caught showing affection—I’m sorry.

If you thought or made a similar statement about someone who is not heterosexual, check. □ (6)

8. Why do heterosexuals place so much emphasis on sex?*
   a. We don’t really. It just seems that way because of the presence of heterosexual porn on the Internet, in magazines, and in every major city—as well as the number of bars dedicated to either sex as a theme or getting sex. But it is a very important and meaningful way of expressing intimacy.
   b. Well, sex is pleasurable! It should be emphasized. We shouldn’t feel ashamed about enjoying it.

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (6)

9. Why do heterosexuals feel compelled to seduce others into their lifestyle?*
   a. It’s necessary! We have to ensure the propagation of the species.
   b. It isn’t a lifestyle. It’s an identity. And you either have it or you don’t. Our society, however, does present heterosexuality as the only possible identity—and that discourages many people from recognizing or acknowledging their own identities.

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (6)

10. A disproportionate majority of child molesters are heterosexual. Do you consider it safe to expose children to heterosexual teachers?*
   a. This isn’t true—the fact is, most homosexuals are child molesters. □ (9)
   b. Most of the time I feel safe—child molesters make up a small segment of the population and we, as a society, are beginning to take better care of children by putting mechanisms in place for children to recognize inappropriate behavior and to report it.
   c. Most of the time I do feel unsafe, but just about teachers. Historically, our society hasn’t had a good track record in terms of recognizing or preventing child sexual abuse.

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (9)

11. Just what do men and women do in bed together? How can they truly know how to please each other, being so anatomically different?*
   a. What we do is private—as in all sexualities! And how we please each other doesn’t depend so much on anatomy as it does individual expression.
   b. Men and women fit together like a puzzle—we naturally know how to please each other because we are the ones to reproduce.

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (9)

12. With all the societal support marriage receives, the divorce rate is spiraling. Why are there so few stable relationships among heterosexuals?*
   a. Wow! This is true—but I can’t state one cause—there are multiple reasons.
b. Well, the divorce rate may be high but we’re more stable than homosexuals! □ (9)

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (9)

13. Considering the menace of overpopulation, how could the human race survive if everyone were heterosexual?*
   a. Good question! It would be quite frightening if everyone on the planet reproduced.
   b. At least the continuation of the species is guaranteed with heterosexuality! □ (6)

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (6)

14. Could you trust a heterosexual therapist to be objective? Don’t you feel she/he might be inclined to influence you in the direction of her/his own leanings?*
   a. I don’t believe that people of any sexuality seek recruits—sexuality isn’t a social club.
   b. Because there’s so few of them, only homosexuals seek recruits. □ (9)

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (9)

15. There seem to be very few happy heterosexuals. Techniques have been developed that might enable you to change if you really want to. Have you considered trying aversion therapy?*
   a. Giving me electric shocks after viewing naked pictures of the sex to whom I’m attracted is not going to change me. My sexuality is part of who I am and is not open to change, like all sexualities.
   b. Heterosexuality is natural, homosexuality is not. Heterosexuality cannot be changed by aversion therapy whereas homosexuality can. □ (9)

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (9)

16. Would you want your child to be heterosexual, knowing the problems that she/he would face?*
   a. I would want my child to be happy and would worry about any relationship he/she entered into . . . I wouldn’t want their heart broken.
   b. Rather my child be heterosexual and have problems than be homosexual and happy. □ (9)

If you have asked, or wanted to ask, a similar question to someone who is not heterosexual, check. □ (9)

17. Do you think that people of the same sex should have the right to marry?
   a. Yes.
   b. No. □ (9)

18. Do you think that people of the same sex could make good parents, whether they have their own children or choose to adopt?
   a. Yes.
   b. No. □ (9)

19. Do you feel uncomfortable in the presence of people whom you think (or know) may be gay/lesbian/bisexual/transgendered?
   a. Yes. □ (9)
   b. No.

20. Do you feel that homosexuality is acceptable but only if homosexuals refrain from public displays of affection?
   a. Yes, it’s ok if they refrain from showing affection in public. □ (6)
   b. No, it’s never ok. □ (9)
   c. It depends on what kind of affection. □ (3)
   d. It’s acceptable whether or not affection is displayed publicly.

21. If you answered “a” or “c” in question 20, which activities would you restrict to make homosexuality acceptable? Check all that apply.
   a. kiss on the cheek in the driveway, while partners are going their separate ways. □ (9)
b. holding hands walking through a park. □ (9)
c. dancing together in any dance bar or at any event where people dance. □ (9)
d. holding hands in a romantic restaurant while celebrating an anniversary. □ (9)
e. being affectionate while Christmas shopping or at a movie (e.g. light kisses, arms around each other, holding hands, prolonged eye contact). □ (9)
f. use of terms of endearment (e.g. honey, sweetheart, etc.) □ (9)
g. passionately kissing during a slow dance at any bar downtown. □ (9)

22. Have you ever harassed someone that you believed to be gay or lesbian?
   a. Yes. □ (9)
   b. No.

23. If yes to question 22, how? Check all that apply.
   a. Name calling. □ (9)
   b. Staring and laughing. □ (9)
   c. Ostracizing. □ (9)
   d. Denying someone a membership, job, student placement, or a place to live. □ (9)
   e. Physical assault. □ (9)

24. Do you tell derogatory jokes about gays, lesbians, bisexuals, or transgendered?
   a. Yes. □ (9)
   b. No.

25. Do you laugh at such jokes when you hear them?
   a. Yes. □ (9)
   b. No.

26. Would you tell racist jokes or laugh at them?
   a. Yes. □ (9)
   b. No.

27. Do you assume that all of your co-workers, colleagues, clients, or peers are heterosexual?
   a. Yes. □ (6)
   b. No.
   c. Never gave it any thought. □ (3)

28. Do you organize social events in a manner which welcomes people of all sexualities?
   a. Yes.
   b. No. □ (3)
   c. Never gave it any thought. □ (3)

29. When having conversations with co-workers, colleagues, clients, or peers, do you make that discussion inclusive of everyone?
   a. Yes.
   b. No. □ (3)
   c. Never gave it any thought. □ (3)

30. Do you equally acknowledge the relationships of your co-workers, colleagues, clients, or peers by ensuring, for example, that anniversaries, births, and marriages/union ceremonies, are celebrated in the same way or that all partners are acknowledged?
   a. Yes.
   b. No. □ (3)
   c. Never gave it any thought. □ (3)

*Please note that those questions marked with an asterisk are from The Heterosexual Questionnaire, created by Dr. Martin Rochlin in 1972. The multiple choice options and those questions that are not marked by an asterisk were designed by Lori Yetman in 2000.

How do your attitudes rate?

To discover whether your attitudes rate as nonheterosexist, somewhat heterosexist, or heterosexist/homophobic, add the numbers that appear next to the answers you’ve chosen. An explanation of the totals can be found at the end of Chapter 2.

*Dr. Martin Rochlin, age 75, passed away Monday, Oct. 20, 2003, after a short struggle with cancer. The Heterosexual Questionnaire he developed is well-known by many in the LGBTI field.