The Modern Clinician's Guide to Working with LGBTQ+ Clients

The Inclusive Psychotherapist

Margaret Nichols

THE MODERN CLINICIAN'S GUIDE TO WORKING WITH LGBTQ+ CLIENTS

The Modern Clinician's Guide to Working with LGBTQ+ Clients is a groundbreaking resource for therapists working with LGBTQ+ clients whose identity expressions span all gender-, sex-, and relationship-diverse groups.

Combining the author's extensive clinical experience with contemporary evidence-based research, the chapters of this book explore the origins and development of sexual minority groups, going beyond lesbian women and gay men to include transgender and gender nonbinary people, kink and polyamory, bisexuality and pansexuality, and those who identify as asexual or aromantic. The text also offers in-depth coverage of clinical work with transgender, gender-nonconforming, and nonbinary clients of all ages. With a wealth of therapeutic strategies and case studies, this resource helps professionals respond to this 'Big Tent' community in an informed and empathetic way.

Spanning sexuality, gender, relationships, and age groups, *The Modern Clinician's Guide to Working with LGBTQ+ Clients* is an invaluable reference for psychotherapists in a broad range of clinical settings.

Margaret Nichols, PhD, is a licensed psychologist, AASECT-certified sex therapist, and American Board of Sexology diplomate in sex therapy. She has been a leader in the field of mental health, particularly in New Jersey, for over 20 years. In addition to founding the Institute for Personal Growth/IPG Counseling, Nichols helped create the Women's Center of Monmouth County, NJ, one of the first battered women's shelters in New Jersey, and founded the Hyacinth Foundation, New Jersey's primary HIV social service agency. She is an internationally published author and speaker.

'Margie Nichols has written the most useful book for clinicians to update their skills in providing care to sexual and gender diverse individuals, couples and families. It is extremely timely, well written, practical and useful. This is a must read for every clinician!'

– **Eli Coleman, PhD**, professor, director and academic chair of the Sexual Health Program in Human Sexuality, University of Minnesota Medical School.

'There are few people in the world as qualified as Margaret Nichols to guide mental health practitioners in working with sexual issues. No one understands the intersection of psychotherapy, non-traditional sexuality, and American culture better than Margie – a master in her craft, and a brilliant teacher whose case descriptions and theory are instantly usable by clinicians of every background. Read this book – it will change the way you see your clients, yourself, and the way you do therapy with everyone.'

– **Marty Klein, PhD**, certified sex therapist, forensic expert, and author of *Sexual Intelligence* and *His Porn, Her Pain*.

'If you are looking for an understanding of how LGBTQ+ people made their journey from sinner to sick to affirmation, Dr. Nichols is the most trusted tour guide. A pioneer way before it was imaginable or even acceptable, Dr. Nichols creates the safe therapeutic, educational, and political space for queer people (including kinksters and polyamorists) to take their psychological, relational, and political seats at the table. Her personal and professional journey contained in these pages is a tour-de-force of courage, persistence, and resistance. Filled with moving rich case material interwoven with scientific insight, historical events, and clinical advances, this book is beautifully written and describes how queer folks overcame societal and medical prejudice to become cultural disruptors and change agents.

Under Dr. Nichol's influence in this powerful book, psychology and psychotherapy will no longer be viewed as neutral, apolitical endeavors. As Nichols brazenly reveals the political in the "scientific" and "therapeutic," we are encouraged, even compelled to ask not what we know about sexualities and gender, but who gets to shape the discourse. This book is a seminal contribution toward an inclusive and ever-changing understanding of queer psychologies. It should be read and studied by clinicians of all personal and theoretical persuasions.'

– **Suzanne Iasenza, PhD**, author of *Transforming Sexual Narratives: A Relational Approach to Sex Therapy*.

'At last, Dr. Margie Nichols, one of our pioneers, has compiled a resource that is required reading for anyone seeking to work with LGBTQ+ persons, those involved in kink, polyamory or anyone with an alternative sexual orientation, gender/gender identity or relationship/relating style. The case material along with thorough reviews of the sociohistorical and scholarly landscape make this book a standout among its peers. Written with hearts and smarts as well as humanity and compassion, this volume is destined to become a seminal text.'

– **Michael C. LaSala, PhD, LCSW**, author of *Coming Out, Coming Home*.

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Closer to home, I am grateful to the many people over the years who have encouraged me to write a book – it took decades, but I finally did it! I owe the most to the many clients I have worked with from 1976 to the present who have taught me – everything. Throughout the years, many colleagues have educated me, encouraged me, and inspired me. My fellow therapists at the Institute for Personal Growth have consistently and lovingly created an environment that encourages out-of-the-box thinking and the development

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The late Dr. Sandra Leiblum trained me in sex therapy and was the first to push me to write academic articles. My friend and colleague, the late Michael Shernoff, L.C.S.W., inspired me in ways too numerous to describe. For many years Michael was a primary connection to other LGBTQ+ health care providers who were leaders in the field, and he collaborated with me on numerous training seminars and articles. He is sorely missed for his friendship as well as his professional acumen.

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Finally, my children, Cory, Jesse, Alejandra, and Diana, have always provided me with the nurturance and love I need to survive. Apologies to Alejandra and Diana for the many hours during the writing of this book that I have been effectively absent from their lives. They have been patient with me beyond belief. My daughter Jesse passed away years before I began to write this book, but her memory warms me when I am most discouraged and downhearted.

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TODAY'S GAY OR LESBIAN CLIENT

When I was an adolescent, I was struggling to hide both my gender non-conformity and my attractions to women. I buried my lesbian feelings so deep I didn't even acknowledge them to myself again until I was in my 20s. I was raised in a suburb of New York, but it may as well have been Oklahoma or Nebraska. For years, as a teen, I just felt 'wrong,' and I dared not confide in anyone, not family, peers, or even a therapist I saw for depression when I was 18. I didn't know any gay men or lesbians. In the 1960s my liberal East Coast college had no groups for non-heterosexual men or women. The depictions I saw in the media were few and far between, and invariably negative. Gay men were portrayed, when they were mentioned at all, as predators who hung around school yards hoping to entice an unsuspecting and naïve young boy. Gay women received no mention at all, except in the occasional cautionary tale like 'The Children's Hour,' the Lillian Hellman play in which the apparently lesbian character hangs herself. In high school, I was not allowed to wear pants or slacks. I was not an athletic kid, but even had I been, these were the days before Title IX, when sports for girls were unheard of.

Contrast this with the life of one of my daughter's friends, a girl born in 1994 in Jersey City, a brief subway ride from Manhattan. Briana was an athletic tomboy who played soccer throughout high school and thus was surrounded by other girls who were not 'femmes,' as well as a few who were not entirely heterosexual. Her high school had a GSA – Gay Straight Alliance – which she joined when she was 16 and which formed the basis for her closest friend group. She took a girl to her senior prom with very little blowback from her peers and the support of teachers and the school administration.

Briana struggles a bit with her identity, sometimes identifying as bisexual, sometimes pansexual, and sometimes as gay, mostly eschewing labels as too 'limiting.' She grew up seeing gay men and lesbians portrayed fairly sympathetically on TV and in film: Ellen de Generes, 'Will & Grace,' *Brokeback Mountain*, 'The Kids Are All right,' 'Modern Family.' Briana 'came out' to her parents while in high school. After Mom and Dad spent some time in denial, they eventually became relatively accepting, although they periodically let her know they are hoping that the 'straight' side of her bisexuality will prevail and that she will end up married to a man. They found other parents in PFLAG (Parents and Friends of Lesbians and Gays) who offered them emotional and practical support. Her parents are polite and welcoming to the occasional girlfriend she brings home. In college Briana got involved with a gay group on campus; most years she goes to the NYC Gay Pride March at the end of June. Briana maintains an androgynous appearance and occasionally in public she hears a muttered 'dyke' from a passerby, which enrages her. She doesn't feel shame or humiliation when that happens – she knows she has just encountered a jerk. Now in her 20s, she is 'out' to everyone, including her boss and co-workers at the pet grooming store she manages. She intends to have children someday and anticipates no barriers to this regardless of the gender of her eventual partner. Currently, she identifies as 'polyamorous,' although in practice whenever she has a romantic partner she is monogamous with that partner.

Twenty-first-century LGB Youth

Today's young gay person is different from the same-sex-oriented youth of even 20 or 30 years ago. But just how different still depends upon social class, educational level, and geography, as well as family variables such as openness and extreme religiousity. Research on gay adolescents began in the 1970s, and for a long time focused primarily on young gay men who were recruited to study from the mental health facilities where they received treatment. This methodology, besides ignoring gay women, almost insured that subjects would be more mentally unstable than a representative sample would have been. In the 1980s and 1990s, school populations began to be used, rather than samples from mental health facilities, and women were included as well as men. All of these studies, taken together, and continuing until today, show that lesbian, gay, and bisexual youth are at greater risk for depression, suicidality, drug and alcohol abuse, academic failure, and sexually transmitted infections, including HIV. For example, a 2006 study by Eisenberg and Resnick found that over 50% of LGB youth reported suicidal ideation, and that nearly 40% had attempted suicide, a rate more than four times that of non-LGB youth. These elevated rates of distress appear to be

related to the fact that LGB youth suffer more abuse of all kinds than do heterosexual youth (Marshal et al., 2011): a meta-analysis of studies (Friedman et al., 2011) showed that they suffer more sexual abuse, physical abuse by parents, and physical assaults at school. School bullying of LGB youth is extremely prevalent, and research has established a clear link between school climate and LGB youth fragility (Murdoch and Bolch, 2005). The amount of oppression LGB students face, both in the form of stigma from teachers and school personnel, and bullying from peers, is directly related to the extent to which these students will develop depression, suicidality, and other signs of instability.

Certain factors can ameliorate the effects of victimization, however. A 2013 study showed that lesbian, gay, and bisexual students in schools with Gay Straight Alliances had half the suicidal ideation of students in schools without GSAs (Heck, Flentje, and Cochran., 2013). And a growing body of research shows that family support can also act as a buffer against peer bullying (Ryan et al., 2010; van Beusekom et al., 2015). Parental acceptance acts as a protective shield for many young LGB people. These findings highlight the importance of clinical work with the families of non-heterosexual young people as well as the need for clinicians to be school advocates. Parents need to hear that the negative outcomes they fear for their children can be in part prevented through their own actions, and schools need to be confronted when they fail to protect the safety of students. While it does appear to 'get better' – Birkett, Newcomb, and Mustanski (2015) followed gay teens over several years and found their level of distress was reduced as they got older – it is also clear that initial levels of distress are related to level of victimization.

In 2009 Ritch Savin-Williams published the ground-breaking book, *The New Gay Teenager*. In it, Williams challenges the view that LGB young people are invariably damaged by their experiences. He correctly critiques the negative bias of research that used consumers of mental health services as subjects. Savin-Williams emphasizes the resiliency and strength of gay teens over their fragility. The more controversial thesis of the book, however, is that the 'new' LGB teen is 'post gay' – that is, he/she does not care about labels, considers those labels confining, and does not view their sexual orientation as the most important defining characteristic of their identity. Savin-Williams work has been criticized in part because many of his subjects were students at elite colleges, but he clearly foresaw the future in some way. His central premise, that labels are obsolete, is objectively not true. In fact, as we have seen, more young people than ever identify as lesbian, gay, or bisexual. But it is also true that the labels have proliferated to a degree that no one would have imagined a few decades ago, and that non-heterosexual people are exhibiting, or at least admitting to, far more sexual fluidity than we thought possible.

The Stress of Growing Up Gay

So what is it like to grow up lesbian, gay or bisexual in the twenty-first century? While Briana, the girl described in the beginning of this chapter, had a relatively easy time of it, it is not true for all young sexual minority youth. Most still suffer from some type of *minority stress*.

The concept of minority stress was first developed by social scientists like Erving Goffman and Gordon Allport when describing the pressures of discrimination experience by stigmatized minorities such as African Americans. It was hypothesized that the members of these minorities face multiple difficult and discriminatory social situations, and that the stress of these situations leads to poor physical and mental health. The *stress response* – also known as the 'fight or flight' response – is a physical reaction the body has when the brain perceives danger. Changes in the body are triggered to prepare it to respond: adrenaline and cortisol are released into the system, and changes like increased heart rate, pulse rate and blood pressure, and increased blood flow to the extremities ensue. But the stress response was meant to be an instantaneous response to a discrete danger, not a prolonged state of being. When the response becomes *chronic*, as is true for many minority people who face discrimination on a daily basis, our physical wellbeing suffers. Prolonged surges of adrenaline and cortisol can cause chronic high blood pressure, damage to blood vessels, increased weight gain, sleep problems, and mood problems like anxiety or depression. In 2003, psychologist I. H. Meyer proposed that the minority stress model applied to lesbian and gay people and that stigma, prejudice, and discrimination create minority stress that accounts for their higher rates of mental and emotional illness. He identified three types of chronic stress for LGB people: '(a) external, objective stressful events and conditions (chronic and acute), (b) expectations of such events and the vigilance this expectation requires, and (c) the internalization of negative societal attitudes' (Meyer, 2003, p. 5).

Minority stress includes both *macro* and *micro* aggressions. An example of a macro aggression is being physically assaulted because someone knows or believes you are gay. An example of a micro aggression is being excluded from a social group because you are believed to be gay, or being asked about opposite sex partners because you are assumed to not be gay. Minority stress is also created by the anticipation of macro and micro aggressions and the hypervigilance this anticipation creates, and by the damage to self-esteem created by internalizing cultural stigma. Given the kind of stresses LGB people experience, it is not surprising that they would suffer poor mental health in comparison to heterosexuals. And they do: a large body of research supports the conclusion that LGB people, especially youth, are more depressed, more subject to substance abuse, and more suicidal than non-LGB people (Bryan and Maycock, 2017). Non-Caucasian minorities within the LGB community

have higher rates still (LaSala, 2010), which is also predicted by the minority stress model and the concept of intersectionality, the idea that people who are members of more than one stigmatized group will have heightened reactions to multiple stigma.

There is no doubt that lesbian, gay, and bisexual people are still subjected to minority stress, despite increases in overall social acceptance. What is it like to grow up as a non-heterosexual in today's culture? To begin with, the recognition that one might not be heterosexual starts young: Pew Research Center data indicates that the median age at which children recognize they are probably not straight is ten years for boys and 13 for girls. However, children who are gender nonconforming, especially males, may be subjected to teasing or accused of being gay at far younger ages. In some very liberal and supportive families, children may actually reveal this to their parents at a fairly young age. But the same Pew Center survey found that the median age for telling anyone else about one's sexual orientation was 18 for boys and 21 for girls. This means the average LGB young person spends eight years keeping a secret about their identity, a secret kept for fear of reprisals if discovered, a secret bound to inculcate some sense of shame. The 2017 Human Rights Campaign Youth Survey found that 67% of respondents reported hearing their families make negative comments about LGBT people, which may be a reason it takes so long for young LGB people to tell anyone else (Kahn et al., 2018).

The 2017 HRC survey reveals more about the stresses contemporary 'queer' youth face: 85% rate their average stress level as '5' or higher on a 1–10 scale; 70% have been bullied at school because of their sexual orientation; and 74% have experienced verbal threats at school or elsewhere. When they are 'out' to anyone, it is most frequently a LGBTQ friend, next is most commonly a sibling or non-LGBTQ friend. Only 22% of these 13–17 year olds surveyed had told their parents they were gay, and only 5% told a teacher or healthcare provider. And as we have already seen, research indicates that LGB children are subjected to more physical and sexual abuse, by parents, peers, and others, than heterosexual children.

Thus growing up gay, lesbian, or bisexual still nearly invariably involves two things: some harassment or discrimination; and a good deal of hiding or secrecy. Given this inauspicious beginning, it is remarkable that Pew survey results indicated that only 7% of LGB people believe being gay was a negative factor in their life.

LGB Youth Resiliency

So how does an individual move from stress, discomfort, and secrecy to self-esteem and openness?

Developmental psychologists and researchers have suggested several models for how this comes about. The Australian psychologist Vivenne Cass

proposed the first of these in 1979. Cass outlined six stages, beginning with 'Identity Confusion' and culminating in 'Identity Synthesis.' She theorized that the process starts with the individual having a sense that they are different from – and alienated from – their peers. From that point, they move through stages of identity comparison, tolerance, and acceptance, culminating with a feeling of pride in one's gayness and finally to a stage in which one's sexual orientation is fully integrated into the sense of self and is seen as important, but as only one aspect of the self.

Following Cass, others have proposed similar models. D'Augelli's theory (1994) is notable because it includes identity processes, not stages, which can occur concurrently or sequentially. This addresses a common critique of all stage models of development, namely that they are linear and imply that everyone goes through stages in the same way. D'Augelli posits the following processes: exiting heterosexuality, developing a personal LGB identity, developing an LGB social identity, becoming an LGB offspring (dealing with parents and family of origin), developing an LGB intimacy status, and becoming part of an LGB community. In contemporary LGB culture, that community is often a virtual one. Moreover, if Savin-Williams' research is accurate, some young LGB people will reject or downplay the importance of claiming any sexual orientation identity, and others will see their identity as fluid and subject to change. Some have hypothesized that today's LGB young people go through these stages much more rapidly than was true when the models were first constructed in the late 1970s and 1980s. This was true for Briana, described earlier, who experienced 'identity pride' before she had finished high school.

Coming Out

All models of sexual orientation identity development focus on the issue of 'coming out.' The phrase has two meanings: 'coming out' to self, and 'coming out' to others. Coming out to one's self is the point in time when the dim recognition that one is 'different' gels into the certainty of what that difference is. Not everyone reaches this self-acknowledgment. Richard, the man I described in the previous chapter who, at first meeting, told me he wasn't sure he was heterosexual, spent most of his life fighting the recognition that he was gay despite a complete absence of heterosexual attractions, fantasies, or behavior. His shame about being gay was so deep that even when he finally admitted who he was, he invariably followed the statement 'I'm gay' with 'But I'm not happy about it.' Most people who were born in Gen X or more recently are able to come out to themselves and to not be filled with self-hatred.

The second meaning of 'coming out' is to reveal one's sexual orientation to others. Coming out to others is a complex act with nuanced meanings

and a multitude of possible repercussions. In the early days of gay activism, the cry was 'Come out, come out, wherever you are!' Getting people to be open about their orientation was arguably the single most important tactic of the LGBT movement. There is ample evidence that it is more difficult to hate people with whom you are in close proximity. In the 1960s, for example, very few people knew a gay person. In the absence of personal experience, it is easier to imagine a 'homosexual' as bad, evil, or sick. It is harder to maintain that view if, say, your niece, neighbor, or co-worker is openly gay. When activists in the 1970s sounded the call to action, tens of thousands of gay people *did* come out, to parents, family, friends, and sometimes employers. This radically changed public opinion. Today, in most parts of the US, very few people have never met a gay person and, consequently, fewer people see LGB people as the 'Other.'

However, the suggestion to 'come out' to others at times became pressure. It is not uncommon to find gay people who feel stigmatized by their LGB peers if they are relatively private about their sexual orientation. It is also undoubtedly true that coming out to others can be very important to self-esteem. It is difficult to escape a feeling of shame if you are hiding something so crucial to who you are as a person. And hiding your sexual orientation also means hiding your partners and many details about your personal life, which can lead to a sense of isolation and invisibility. Therefore, coming out to others remains a highly individual experience, and it is not always wise to do so. In general, there are some situations in which coming out is inadvisable. Here is what I suggest to my LGB clients pondering coming out:

1) If you are a minor, living at home and dependent upon parents for financial support, and you know or suspect that your parents are disapproving, coming out to them may make your home life much more difficult, and in extreme cases it may trigger them to find a reparative therapy camp for you, to refuse to pay for college, or even to throw you out. Even if they don't do any of that, they could make you miserable with their negativity.
2) If you are not entirely sure you are LGB, or if you still feel bad about it, wait. Depending on your social environment, you may be surrounded by people who will shrug off the revelation as no big deal and are both comfortable with and knowledgeable about being gay. But if the people around you are not familiar with other gay people, they will look to you for information and for how they should react to your disclosure. Don't come out if you are feeling insecure or shaky in your identity, or if you aren't prepared to educate people who don't know much about being gay.
3) Don't come out if it would be dangerous to do so. Again, depending upon where you live, an openly gay person may risk such social stigmatization

that they are at risk for physical or emotional abuse, or encounter rejection and isolation. In this environment, LGB people must be very discriminating in whom they choose to tell and with whom they must keep a secret.

4) It's often a bad idea to come out at work. Again, this is dependent upon environment. But losing your job usually has a whole lot of other negative consequences. I know lots of LGB people who are out everywhere but at work, for very practical reasons.

In general, LGB people need to think carefully about the consequences of coming out versus hiding. If your LGB client, for example, has a socially liberal family and lives in a progressive urban environment, if they are in a gay-friendly profession, then there may be nothing but positives and little risk no matter to whom they reveal their orientation. In these circumstances, coming out to family, friends, school and/or work, and neighbors might be nothing but liberating. Your client may feel relieved of any lingering shame they carried about their 'secret,' will feel seen, respected, and loved. There may be no bad reactions from anyone.

But if, on the other hand, your client has a culturally conservative family and environment and can anticipate a high likelihood of negative reaction from others crucial to their life if they disclose – or if they are in a heterosexual marriage with children and their partner is unsuspecting – you may want to advise that person to think through to whom, when, and where they want to 'come out,' to plan it strategically and perhaps role play with you. Marriages and children are particularly difficult situations to navigate, usually requiring much thought, discussion, planning, and potential grief.

In short, 'coming out' to self is a crucial part of development for all LGB people, whatever identity – or principled non-identity – they embrace. But coming out to others is a mixed bag, and it is hard and in some cases impossible to go back into the closet. My own experiences have been mixed. My mother was initially very rejecting, and for a while we didn't speak to each other. She came around slowly but by the end of her life had a 'live and let live' attitude about my sexual orientation. And she loved my partner Nancy and adored our son Cory. I went through a period where being 'out' was so important to me I practically introduced myself to the check-out person at every store I patronized – 'Hi, I'm Margie, I'm a lesbian' with an implied 'And you better be ok with that.' I never came out to members of my family of origin about being kinky or nonmonogamous, partly out of a sense of personal privacy and partly because I didn't want to take the time to educate them and bring them along. Ultimately, the solution to the coming out problem for me is that I have spent my life living within the LGBTQ+ community. In other words, I live 'out' in a safe world: I surround myself with like-minded people who won't reject me for being queer. Most people choose

not to live in a world as restricted as mine, or might not have the means to do so.

For most people, 'coming out' is not just an issue of 'yes' or 'no,' it is more complex and multi-leveled: they may be 'out' in some social situations but not all, for example. It is also nuanced in another way. There are degrees of being 'out.' Let's take the situation of a lesbian woman living with her partner, and the issue of how 'out' she is to her parents. There are many variations of this situation: there is a 'deep closet' version in which she and the partner have separate bedrooms, don't spend holidays together, and may even pretend to have boyfriends to the parents. Then there are a couple of versions of 'don't ask, don't tell': for example, she and the partner don't maintain separate bedrooms, but they never mention it, parents pretend not to notice, the pretense is still they are friends. Alternatively, they maintain the same arrangement except that parents are told once that she and the partner are partners, but it is never mentioned again, and the two women act like friends in front of parents (no hand holding, kissing, etc.). Then there is a fully 'out' option: the two women engage in 'partner' activities like holding hands in front of the parents, the relationship is a subject of family discussion as if it were a heterosexual relationship, and so on. The benefits of the last option are obvious, but some parents are not capable of that level of acceptance. Some parents are okay knowing (sort of), but with plausible deniability. They may want to be nurturing, welcoming, to both their child and their child's partner, if there is one, but the idea of accepting homosexuality engenders a great deal of cognitive dissonance. Perhaps the parents have deeply held anti-gay religious beliefs, or a strong cultural tradition of non-acceptance. The parents feel in a position of having to betray either beliefs or their child. The easiest way for the parents to handle this cognitive dissonance may be to be nurturing and accepting of their child but never openly acknowledge that the child is gay. Some gay people can tolerate and be comfortable with this attitude from their parents, knowing that the parents are trying to be loving but struggling with a difficult dilemma.

What You Can Do to Help the Parents

Early in my career, I used to love working with adolescents, but sometimes made the error of siding with my client's rebellion against school and/or parents a little too much. That changed when I had kids. Suddenly I understood the position of the parents. One of the first things I learned about being a parent is how scary it is, and how many times you feel helpless and clueless. And you just pray or cross your fingers or otherwise hope for good fortune.

It is helpful to be in touch with those feelings a bit when working with a parent or parents who have learned they have a gay or lesbian child. These days, many parents won't need professional help coping with this disclosure,

even from a teenager. Indeed, some children come out to their parents before puberty, age ten or younger. There are dozens of books written for parents of gay kids, dating back to 1979 with the classic *Now That You Know* (Fairchild, 1998), up to the more recent book, *Coming Out, Coming Home*, a study of how families adjust and change as a result of having a gay child (LaSala, 2010). There is an entire sub-genre of 'Mommy blogs' about raising gay and gender non-conforming children, including 'My Son is Gay' by Susan Hope Berland, 'Raising My Rainbow' by Lori Duron, and supportive blogs for Christian households like Susan Cotrell's at FreedHearts.org. Reading these books and blogs can be very helpful.

PFLAG – Parents and Friends of Lesbians and Gays – is also a wonderful resource for parents. In 1972, Jeanne Manford marched in New York City's Gay Pride Parade with her son and was approached by many marchers who begged her to talk to their parents. As a result of that experience, she decided to start a support group for parents. Twenty people showed up for the first meeting in March 1973 at a Methodist church in New York City. Today PFLAG has 400 chapters in all 50 states, the District of Columbia, and Puerto Rico. They provide a nonjudgmental system of comfort, information, and validation for parents with gay, lesbian, bisexual, and transgender children. In my experience, peer support groups like PFLAG are the best way for parents to get help dealing with a child's disclosure of sexual orientation.

But besides providing resources, there are times when it makes sense for you as a therapist to work with parents. If your primary client is the gay child, in order to work with the parents you need to deal with any countertransferential feelings you have that come from wanting to protect your gay client. It is useful to remember that most parents actually love their children and want to do right by them, and that what seems negative is coming from a desire to protect their kids from harm. If the parents have agreed to see you, this is almost always a sign that they want to overcome their prejudices. When working with parents, it helps to understand the dynamics of how parents deal with a child's coming out. First, many parents experience a grieving process that can include denial, anger, and sadness. This stage may last some time: they are grieving the loss of the child they thought they had. Parents need to let go of the image they have in their heads of who their child is, and the dreams they have of what that child's future will be. They frequently have fantasies of weddings, grandchildren, and a lifestyle that they now see as unattainable, and they have to mourn the loss of that imagined future before they can accept the child they actually have. Second, parents often see having a gay child as a failure, and blame themselves. As a therapist, you need to help the parent get out of the trap of personalizing their child's sexual orientation so that they can see that they did not cause it, nor did their child 'choose' this somehow to hurt or alienate them. Psychoeducation can help here. They may be angry at themselves or their child, and therapy can

aid in their understanding that this is no one's 'fault,' and no one is to blame. If the parents see homosexuality as a 'choice,' it can enhance their belief that their child is intentionally harming them. Finally, parents of gay children can experience what is known in social science as 'courtesy stigma.' That is, the stigma of being lesbian or gay attaches to them because of their child. This takes two forms: vicarious stigma and public stigma. Vicarious stigma means the parents will suffer themselves from the rejection and prejudice that they perceive, or assume that their child experiences. Many parents explain to me that they fear that their son or daughter is facing a difficult and lonely life, and this causes them, the parent, much pain because they feel unable to protect the child. Here again, psychoeducation can be very helpful, as is meeting older gay people with successful lives. Public stigma, on the other hand, is the very real discrimination and bias they may face as it becomes known that their child is gay. This is why, for some parents, the most troublesome aspect of their child's disclosure may be anticipating that their extended family or their community will find out. For some, this may be their very first experience of being treated like an 'outsider,' and it is an experience that is unpleasant and unwanted. Therapy can help parents adjust to this massive change in their lives and lessen the resentment they may feel by being forced into a stigmatized status.

Finally, whether or not you see their parents, you can help your gay client and his or her parents by coaching the gay client through this process. A gay person coming out to their parents needs to anticipate that their parents may not be able to be instantly supportive. I frequently tell clients: 'Your parents' first reaction will not be their last reaction' and suggest that, just as it undoubtedly took them some time to adjust to their own sexual identity, their parents will also need to process and absorb this new event in their lives. I try to explain the parents' perspective and point out how the parents' distress is related to their love for the child, my client.

As a therapist, it is well worth your time to help parents adjust to their gay children. There is a sizable body of research (Ryan et al., 2010; Grafsky, 2018) showing the harmful impact of family rejection; for example, LGB youth and young adults who report such rejection are more than eight times as likely to report suicide attempts. Similarly, data indicates that young people who perceive their families to be accepting are more likely to report higher self-esteem, less depressive symptoms, substance abuse, and suicidality than those with unsupportive families. If you have young clients who are LGB, this family work may be the most significant therapeutic assistance you can give.

Created Families vs. Families of Origin

While all young people normally 'break' from the families in which they grew up to some extent, it is common in the LGBTQ+ community to find

people with extensive support networks of what might be called 'created' or 'chosen' families. These created families serve an important purpose: they provide support to people whose biological families reject them, and they provide comfort and understanding that families of origin simply cannot offer. The 'horizontal identities' of most LGBTQ+ people foster, by definition, some sense of estrangement from the families of childhood and adolescence. As a therapist, you need to support and encourage your clients in creating these networks, especially if the families they grew up in are less than fully welcoming. In addition, there is a strong tendency for many LGBTQ+ people to remain friends with ex-lovers and partners, something much less common in the mainstream culture. My holidays are spent with two partners/ex-partners, the various new partners of the old partners, my children, and an assortment of long-term friends. This is not unusual in the queer community, but raises eyebrows among my mainstream friends and colleagues.

Intersectionality

One more characteristic of today's lesbian or gay-identified client is worth noting. In 1989 the black feminist scholar Kimberlé Crenshaw proposed a theory of intersectionality, an exposition of the ways marginalized groups overlap with each other and how this overlap results in individuals whose 'minority stress' is amplified by being members of more than one stigmatized group (Crenshaw, 1990). Moreover, within any marginalized group, there are individuals whose experiences are radically different from each other by virtue of intersectionality. The problems of white, educated, middle-class straight women are different from those of black women, women growing up in poverty, and women who are non-heterosexual. It is difficult, if not impossible, to understand any group without taking into account the variation produced by intersectionality.

Within the lesbian and gay community, intersectionality means, for example, that the issues faced by a Latinx immigrant gay adolescent may have little in common with the problems of an older, well-educated Caucasian lesbian. But there is another way in which intersectionality affects gay people: there is considerable overlap between sex and gender-variant minority groups. In your office you will encounter gay people who are also transgender, interested in kink, and engaged in consensually nonmonogamous relationships – sometimes all in the same person! This is why, in the twenty-first century, you cannot work with gay or lesbian clients without understanding all the other facets of sex and gender diversity. Intersectionality in the LGBTQ+ community is the norm, not the exception.

Takeaways for the Clinician

Because cultural attitudes toward homosexuality have shifted dramatically in the last few decades, the experiences of a Millennial or Gen Z gay or lesbian may be unlike those of their older counterparts. Nevertheless, most gay people experience some difficulties growing up as a result of being, or being perceived to be, 'different.' If this difference has triggered abuse from family, peers, or school, you as a therapist will need to help your client determine if their trauma has had lasting effects. Children and adolescents may require your direct advocacy and intervention with educational institutions, and/or therapeutic work with families so that the young person can get support at home. Older clients may benefit from a review of their development as gay people in order to understand the role their sexual orientation has played in their lives. I will go into further detail about the special issues faced by gay, lesbian, and bisexual adults in the chapters that follow. But all LGB clients benefit from having therapists who understand concepts like minority stress, stigma, and intersectionality.

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