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Coming-out in conflict:

Social work practice with the gay, lesbian, and bisexual client coming out to family of origin

Authors note: Transgender people are often categorized with lesbian, gay, and bisexual people. Transgender people face much of the same oppression and some of the same issues as LGB people. Transgender people may identify as LGB as well. There is little information on work with transgender people in social work literature. This is something that should be explored more but due to lack of information on transgender issues, in this case, I will focus on LGB issues only.

For many lesbian, gay, and bisexual people, a major step in identifying with their sexualities is coming out to their family of origin. For some this is a difficult process and can be more difficult if the family of origin responds without understanding and acceptance. A person coming out can cause a crisis where the usual family coping strategies and communication patterns do not suffice to keep homeostasis. The reactions of parents and siblings to persons coming out vary widely, including shock, denial, acceptance, or even violence.

The social work profession has a special capacity to help individuals and families deal with the coming out process. The lesbian, gay, and bisexual community is considered to be an oppressed group because its members currently do not have rights equal to those of other groups of people. I will refer to the term lesbian, gay, and bisexual as LGB in this paper. Homosexuality continues to carry a stigma and lack of acceptance in society for various reasons. One of these is the traditional view against same-sex relationships in many religions and denominations. LGB people face stigma, lack of some civil rights, as well as violence. One misconception about

sexual orientation that often leads to disapproval of LGB people is the idea that sexual minorities choose their orientation and could change to be heterosexual if they wanted. It is a diverse community with diverse needs. The focus in this paper will be on the coming out process.

The social work profession has a mandate to work competently with oppressed groups, including the LGB community. The core values of the social work profession include social justice, the dignity and worth of all people, and the need for culturally competent work call social workers to pay special attention to their work with LGB people. Despite personal feelings about LGB people, all social workers should be competent with this and other oppressed populations based on “race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability” (National Association of Social Workers [NASW], 1997, Subsection 1.05, ¶3). In many cases, social workers that work with LGB people the most have increased comfort with LGB people and their differences.

All people probably know an LGB person (whether they know it or not). This includes social workers and their everyday practice. It is important that social workers create inclusive environments where clients can feel comfortable. By being open and accepting, social workers can create safe environments for clients.

LGB people have existed for most of history. In some civilizations, they were reviled, in some revered. Homosexual activity was accepted in ancient Greece and Rome. In many Native American populations, there was traditionally a category for people who didn't fit into standard gender or sexual roles. Sometimes these were called Berdache and were often spiritual leaders, healers, or had some other special place in the society. In the United States, much of the rejection of LGB people is based on traditional Judeo-Christian beliefs that same-sex sexual activity is a sin.

Currently, gay rights advocates are working hard to get equal legal protection and rights for LGB people. Some of these rights include the right for same sex couples to marry and have all of the legal benefits that go with marriage, non-discrimination in employment, and hate crime laws that give extra protection to LGB people through stricter sentencing for crimes committed based on perceived membership in a protected group. These groups are based on religion, race, and ethnicity, and in some cases sexual orientation, gender identity, and physical or mental disability. Since states or local authority give many of these rights, they are available to some and not to others depending on location. During the summer of 2003, the U.S. Supreme Court struck down state laws prohibiting same-sex sexual activity (making sex between any consenting adults legal) (National Gay and Lesbian Task Force, 2003, June 26).

There is growing visibility and acceptance of LGB people in society and popular culture as more people are coming out and being open about their sexual orientation. With visibility comes more acceptance within society. It is often stated that people are most challenged to look at their own homophobic or heterosexist feelings when someone they are close to or know comes out to them. It is easier to hate and misunderstand an impersonal other than a loved one. By personalizing the other, it is less likely that someone will feel the same hate for someone with whom they disagree.

There is great diversity within the LGB community regarding identity, relationships, practice, class, race, gender expression, and involvement in politics or the gay rights movement. There are many people who have or have had same-sex sexual experiences or attraction that would not identify as lesbian, gay, or bisexual.

In many cultures and situations LGB identity has more to do with role than orientation. This has a lot to do with social construction of sexuality. Appleby and Anastas (1998) describe

constructions of sexuality in Native American, Filipino, Latino, and African-American societies. What sexual role a person performs is more integral to identity than with whom one is performing it. A man in the active position with another man will not be likely to consider that homosexual behavior but a man in the passive position will (pp. 106-107). This is shown in some other groups in our own society including prisons, the military, and exclusively male living situations. In cultures where homosexuality is especially stigmatized, the passive role receives stigma while the active role will likely not. These include Latino and African-American cultures where patriarchy, and male-dominated gender roles seem to be especially strong. Men and women who step outside of these gender norms are often punished through scorn or violence (Appleby and Anastas, 1998, pp. 108-109).

LGB people face many of the same life issues as heterosexuals such as communicating with family and friends, developing self-identity, creating families, spirituality, sex, and finding a place in the world for themselves. They also have some special concerns because of their sexual orientation and society's response to it. Heterosexism and homophobia are everyday concerns for millions of LGB people. Safety is one concern that most people have to think about but that LGB people often have a special concern. Gay bashing is a real fear for LGB people. The National Gay and Lesbian Taskforce (n.d.) cites the FBI Hate Crimes Statistics (2000) on hate crimes "In 2000, there were 1,229 incidents of hate crimes based on sexual orientation reported to the FBI." This statistic is based on reported hate crimes while there are many more that go unreported by victims or by law enforcement. LGB people often face hate for being open about their sexual orientation and relationships.

Another concern for LGB people is physical and mental health. HIV/AIDS has been a key health issue, especially for gay men. While heterosexuals can and do get HIV/AIDS as much

or more than gay men, HIV/AIDS was first thought to be a disease that especially targeted gay men. Mental health is an issue that LGB people can face because of extra stress from the feelings of alienation, difference, hate, and misunderstanding in society. Some LGB people learn to thrive despite this extra stress and are especially resilient. Others struggle to function in such an environment of alienation and homophobia. There is a particularly high incidence of depression, suicide, and substance abuse and addictions in the LGB community. Since LGB youth often don't have any positive LGB role models, they don't know how to deal with the pain of not belonging and suffer in silence. Many deal with family and friends disapproval of their identity and feelings of shame because they don't fit into the rigid box of what they're told they should be like. "GLBT youth are almost three times more likely to attempt suicide than their heterosexual peers. In fact, suicide is the leading cause of death among GLBT youth" (National gay and lesbian task force, 2003, "Isolation..." ¶1).

Often as GLBT people grow up in a heterosexist society, they feel different, alienated, and alone. Coming to terms with one's sexual orientation is easier for some than others. Depending on experiences and the person, it takes different amounts of time to be able to identify with one's sexual orientation. Some never do. It may seem that living openly with such a stigmatized identity wouldn't be worth the pain and difficulty it can bring. For many people, coming out can be a freeing experience.

There are many good reasons to come out to important people in an LGB person's life. It can create a sense of openness and honesty in the relationships with family and friends. It has been shown to be good for mental and emotional health (LaSala, 2000, "Why Come Out?" ¶2). For LGB people in romantic relationships, the process of coming out can strengthen those relationships because it shows a level of commitment to take that risk. Being "in the closet" can

be stressful and coming out takes away the need to hide and the fear of being outed. A secondary benefit for people coming out is that by coming out, and being open, people will know more gay people, and there will be more acceptance in the future for all.

With the benefits of coming out come some risks and concerns as well. There is the risk of alienation from family, friends, church, community, and society. This is a big risk and for some the benefits are not worth the risk. For some young people who are still financially dependant on their parents, there is also a risk of parents reacting by using that dependence to try to change their child.

Coming out is something that often happens while an LGB person is young or in late adolescence but can take place anytime. It is something that may happen quickly or it may take years to come out. To come out or not is a decision all LGB individuals must face and it is “often associated with a great deal of anxiety and concern about how others around them might react” (Cowie and Rivers, 2000, “The decision...,” ¶1). LaSala (2000) writes, “Despite the strong likelihood of disapproval, surveys suggest that 60-77% of gay men and lesbians decide to come out to their parents” (“Why Come Out?,” ¶2).

For many LGB people, coming out to self is the first and most difficult part of the coming out process. Most LGB people have grown up in a heterosexist society that tells LGB people they are bad and evil. For children who may be feeling like they are different this can be very destructive. These children may repress the feelings of attraction they have for people of the same sex or they may deny them. This time is a very important time for the development of LGB youth because they are learning to deal with the reality of their difference in society. Appleby and Anastas (1998, p. 126) write about how few homosexual role models or accurate information are available. People newly recognizing their different sexual orientation must rely on

misinformation, myths, and stereotypes. This can lead to internalized homophobia and internalized oppression because of “internalization of negative messages and stereotypes...weakening of self-esteem, self-pride...” (Appleby and Anastas, 1998, p. 126).

If an LGB person has positive support and acceptance from a social work professional or any role model, the coping process can be made much easier. The fear of people’s reactions and being different in a society that values sameness can lead to more stress than many young people are used to dealing with. They may turn to unhealthy coping mechanisms such as substance use or may begin to face mental health issues such as depression.

Appleby and Anastas (1998) quoted a young woman from a group therapy session about the difficulty of beginning the coming out process.

If you think that you are a lesbian, you have three options: you can hide, you can kill yourself, or you can find a safe place to come out and deal with who you are. It’s really hard though to come out and to accept yourself when so many people are telling you that what you think you might be is so terrible. That’s why so many young people opt for the first two choices. All it takes though is one kind person to tell you that’s it’s all right, that’s you’re okay, to make you believe that you are not this terrible person that society is always saying you are. It’s that one person who can literally save your life. (p. 125)

The identification process is different for each LGB person and social workers can best help these individuals by working with these differences. Appleby and Anastas (1998) wrote “The professional view (of coming out) embraces an understanding of the greatly differing ways in which lesbian, gay, and bisexual people come to assume these identifications for themselves” (p. 71).

Coming out to self is a process that may take a long time but at some point in time, many LGB people feel the need to tell others. This disclosure may be first to a trusted LGB friend or any trusted person. It may be to family first or family may be the last to know. “One key issue in coming out concerns whether, when, and how to disclose a lesbian, gay, or bisexual identity to one’s family of origin” (Appleby and Anastas, 1998, p. 68).

When an LGB people begin the process of coming out to family of origin, they are likely to have fears of their parents’ and siblings’ reactions. It is important at this time for this person to look at their expectations for disclosure and their family’s reactions. They will need to know that their family may take time to adjust to this new issue in the family. LaSala (2000) wrote that the clinician could be of great help at this time.

Clinicians may want to remind their gay and lesbian clients of their own adjustment trajectories to help them empathize with their parents' responses. Reframing parental reactions as part of a normal and hopefully progressive adaptation process, similar to their own, can help lesbians and gay men not to personalize and react emotionally to their parents' distress. If lesbians and gay men perceive their parents' hurt and anger as part of a temporary grieving process, they may not feel as defensive and may avoid ongoing participation in reactive chains of responses between family members, which could lead to estrangement. (LaSala, 2000, “Child’s Need...,” ¶1)

Coming out to siblings and extended family can create different challenges but is much like coming out to parents. These differences will vary greatly with each family and what those sibling and extended family relationships are like.

Many LGB individuals can manage to come out to their families on their own or with the support of their partners or other supportive friends. There may be some though who will come

to a social worker or other helping professional for help with this process or may come for other reasons and this issue will come up. Some come to the social worker in the context of family therapy or are referred by another social worker or helping professional. Part of the social work role is to be open to these individuals and families and to be self-aware. The social worker should be comfortable talking about sexual orientation and should have thought about co's personal feelings regarding sexual orientation. It may be helpful for an LGB person who is coming out to see a social worker who is also LGB. Since lesbian, gay, and bisexual practitioners have already gone through a lot of identity formation and have dealt with issues surrounding their sexual orientation, they may be especially well suited to offer guidance to clients who are coming out (Cowie and Rivers, 2000).

When a social worker is in the initial stages of assessment with an LGB client, it may be helpful to look for other resources the client may rely on. These can include family, friends, partner, safe places, others in the LGB community, spirituality, racial or ethnic community or previous experiences and coping strategies the client has used in the past. Cowie and Rivers (2000) write that helping professionals "should also acknowledge the resilience of those clients who have faced adversity from family, peers, work colleagues or indeed society in general and are still determined to go on" (Cowie and Rivers, 2000, "Providing Support...", ¶3). Empathy is very important.

The social worker will also want to assess the client's family with the individual. Appleby and Anastas (1998, p. 142) warn the social worker to know that disclosure to families is a big risk and to use caution when counseling gay, lesbian, and bisexual youth to come out. They need to know risks, think about expectations, and choose what they will do. The social worker is there to talk it through and be a support. Each family is different but the client would know them

best. In family therapy situations the client will be the whole family that is dealing with this new issue. Some things to consider during family assessment are personal feelings of family members regarding LGB people, their relationship to the coming out individual, their reaction or expected reaction to the individual, if they have supportive people in their life, spirituality, community issues, and their feelings about sexuality.

There are many reactions parents can have to their son or daughter coming out to them as LGB. Muller (1987) wrote “most parents respond out of confusion, of denial and concern, guilt and love” (p. 5). LaSala (2000) adds that disclosure to parents can be very stressful for an LGB person because while some parents respond with “shock, guilt, anger, embarrassment, and rejection when they learn that their children are homosexual” others may respond more drastically with estrangement, violence, and even threats of murder” (LaSala, 2000, ¶3).

Parents may fear what others will say. They can go into a sort of closet of their own. They aren't likely to talk about it with others because of the shame they feel (Muller, 1987, p. 13). Appleby and Anastas (1998) write more about family secrecy. “The family may respond by urging the family member to ‘be discrete’ and by keeping the secret themselves.” (Appleby and Anastas, 1998, p. 71). Muller (1987) also writes “even today most parents of lesbian daughters and gay sons remain invisible” (p. 12). This silence creates a cycle that leads to more LGB people feeling alienated because they perceive it as an issue only they have to deal with.

When working with the family of LGB clients, LaSala (2000) warns, “Parents must grieve and obtain accurate information about gay lifestyles. Lesbians and gay men need support as they struggle to cope with their parents' negative reactions” (¶1). This grieving has to do with adjustment to new realities. LaSala (2000) cites Muller (1987) “Most mothers and fathers assume that their children will grow up to be heterosexual, and when they learn otherwise they

experience feelings of profound loss” (LaSala, 2000, “Parental Grieving Process,” ¶1). All of the parents’ dreams for their child that were based on this idea of heterosexuality seem to disappear in a puff of smoke. LaSala (2000) suggests “parents of lesbians and gay men experience Kubler-Ross's (1969) five grieving stages, beginning with shock, moving through denial, sadness, and anger to eventual acceptance of their children's sexual orientation” (“Parental Grieving Process,” ¶1).

LaSala (2000) highlights one especially hurtful reaction to an LGB son or daughter. “Perhaps they could get her professional help to become heterosexual. They struggled with self-recrimination as well as mutual blame. Was Ruth a bad mother? Did Bob do something to turn his daughter off to men?” (LaSala, 2000, “Parents’ Reactions,” ¶1). Many LGB people who are coming out have come to terms with their identity and will likely be hurt by any mention of reparative therapy. LaSala (2000) uses another example from the same case to understand a little about family reactions. “Ruth and Bob saw Cindy's lesbianism as proof that she could not handle the freedom afforded her at school, and they insisted she see a psychiatrist in order to convert herself into a heterosexual” (LaSala, 2000, “Child’s Need...,” ¶4).

When there is excessive conflict during the coming-out crisis, there is a danger of family breakdown. LaSala (2000) calls for therapists to “first help members to express their feelings so that they can begin to ‘cool down’” (“Treatment Issues,” ¶2).

Parents’ reactions can be stressful for an LGB person’s romantic relationship and “gay men and lesbians may need to find ways to shield their relationships from parental disapproval (LaSala, 1998) that might otherwise strain their unions” (LaSala, 2000, “Why Come Out?, ¶3).

The fear of a dependent adolescent of being kicked out of the house or being cut off financially can be a very realistic fear. LaSala (2000) writes that

Parents who are significantly disapproving may cut off from their gay children in an effort to pressure them to renounce their gay lifestyles. If one comes out to parents during the "Leaving Home" family developmental stage (Carter & McGoldrick, 1988) and a cutoff results, the completion of developmental tasks will be compromised... Yet, if a lesbian or gay man remains in the closet, psychological maturity may never be fully achieved. ("Risk of..." ¶4)

One very important thing to remember when working with families is that parents most likely love their children and don't want to lose them; Children love their parents and are looking for acceptance and understanding. "Coming-out lesbians and gay men hope for acceptance but are often bitterly disappointed by their parents' initial reactions and, as a result, may distance from them or attack them defensively" (LaSala, 2000, "Child's Need...", ¶1). Both parts of the family need to learn new ways to communicate strong emotions without hurting the other to minimize reactivity. "I" statements are a good example of this. Through time, parents may be more able to accept their child's sexual orientation and even embrace their partner into the family. This is considered to be progress.

Much of the social work role will depend on where the LGB client is in the coming out process and how they come to the social worker in the first place. The social worker may need to help clients as they are processing their sexual orientation, help the client plan and prepare to come out, help the client through their parents' reaction, or work with the entire family. Coming out may be a secondary issue for some clients who may be dealing with more pressing needs. These needs may be related to the client's LGB identity or not. They could include lack of material resources, mental health issues such as depression or suicidal thoughts/behavior, fear of violence from homophobic people in society, partner relationship problems, and physical health

issues (like HIV/AIDS) among many other issues. It would be appropriate to talk with the client about what needs should to be addressed first but the problems could be intertwined and should be addressed together. I will focus on goals for family relationships here.

Often clients come out to family to have a greater sense of openness and honesty with their families because it is very difficult to hide something important from loved ones. By coming out the LGB person is usually hoping for some acceptance and to continue with the family relationship. There is a risk this will not happen and the person can be cut off from family but it is a risk many are willing to take. This is a very difficult process for most LGB people but can be an opportunity for growth and learning. Tools learned from the coming out process can be used in other situations involving crisis, conflict, and important relationships.

Social workers can be helpful to LGB people and their families to facilitate communication. A social worker may be able to provide education for parents and family with misconceptions about LGB people. A social worker could recommend reading or groups for parents of LGB people. An example of a group parents may want to know more about is Parents and Friends of Lesbians and Gays (PFLAG). This is a national organization with groups available in most cities.

Another way social workers can be helpful is to help LGB clients understand how their parents may be feeling as well as helping the parents understand the feelings of the LGB person. Since the coming out process can be a sort of family crisis, it is important for people to continue communicating but also to realize that it will take time for people to understand each other. The family unit can be hurt most when its members react too quickly to each other and can often say very hurtful things. It may be helpful to encourage the LGB client to think about their expectations of their family and their motives for coming out.

There are many helpful theories that may be used to understand the coming out individual and family relationships including role theory, Eriksonian stage theory, and systems theory but I will focus here on crisis theory.

LaSala (2000) focuses on the coming out process as a family crisis because it often pushes families outside of their normal coping process. This can be a painful time and there is a danger of family relationships breaking down if communication is cut off. This can be a place where social workers will be especially helpful. By acknowledging feelings of both the LGB client and their parents, people can feel heard. Negative reactions can be especially hurtful and a social worker can help to put those reactions in perspective and to educate the family on more constructive communication patterns. Parents may feel they can do something to convert their child to heterosexuality, while their child may see this as disregard for their identity or for the long thoughtful process one has gone through. Parents may want to blame someone; either themselves, their child, a partner, a school, or a friend.

A child may react to this or to the fear of this by rejecting the family and severing ties. Sometimes it is the parents who sever the ties in an effort to make their children change. If either of these happens, there is loss for both parents and child.

LaSala (2000, "Planned Distance..." ¶1) recommends a period of "planned distance, brief contacts" soon after disclosure. This is a way to give both parents and the LGB child time and space to work through their strong emotions without hurting each other but also maintaining some contact. This contact should be on neutral issues to keep conflict down initially. While this may sound like avoidance, it is really a time to do emotional work and it's necessary to set limits on what can be addressed during brief visits and phone calls.

It isn't always feasible to work with the entire family but it is possible to coach the coming out individual to understand how their parents might be feeling and realize that time and space are needed as well as a continuation of contact. It's an adjustment process.

After some time, it would be appropriate for the family to talk more and be open to questions without reacting in a hurtful way. It is difficult to know what this time may be. For some it takes weeks or months, others years. This type of family therapy is meant to guide families through the acute crisis and give them tools to work through later interaction.

Not all parents are able to continue relationships with their out children. Some may sever ties completely. Some may pretend it never happened and not talk about it at all. Many people feel very uncomfortable talking about sexual orientation and sexuality. Many times parents would rather not have to talk or about it. The idea of therapeutic intervention is to minimize that possibility of estrangement. For some there is partial acceptance, which is better than estrangement though not ideal. Partners can be a good emotional support during the long process of coming-out.

There are many resources a social worker can use or can recommend to LGB clients and their families. It is important for social workers that will be working with this issue to be familiar with these resources. They may include support groups for LGB people and their families, crisis hotlines, books and articles, supportive people, special health clinics, organizations that are involved in activism and advocacy, and other helping professionals who are open and safe.

Social workers who are LGB or heterosexual can advocate for their LGB clients and for LGB rights. Social workers can work to educate others about the problems with heterosexism as well as being conscious of their own heterosexism. LGB people will be more likely to share openly with a social worker if they trust the social worker and feel that one is a safe person. To

demonstrate that one is a safe person, a social worker may have posters that are LGB friendly, use inclusive language, not assume heterosexuality, be open-minded, and not be judgmental regarding sexuality.

Social workers can be a great resource for LGB people if they are willing to be open and safe. It is important that social workers are competent in this area because sexual orientation is controversial subject for many people and it is a cause of oppression as well. By being competent in this area, social workers can gain more trust from an LGB person and will be better equipped to serve their clients.

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