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DECONSTRUCTING HETEROSEXISM: BECOMING AN LGB AFFIRMATIVE HETEROSEXUAL COUPLE AND FAMILY THERAPIST

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The purpose of this article is to propose a three-step model to help heterosexual therapists become more aware of the influence of their own heteronormative assumptions, heterosexual privileges, and heterosexual identities on the therapy process. This article also provides definitions of concepts central to the practice of affirmative therapy with lesbian, gay, and bisexual clients and strategies that therapists and clients can use to deconstruct heterosexism in the context of therapy.

In the last 15 years, the literature base addressing diversity in couple and family therapy (CFT) has expanded (Constantine, Juby, & Liang, 2001; Erskine, 2002; Hardy & Lazloffy, 1998; Laird, 2000; McGoldrick, 1998; Pewewardy, 2004). This literature reflects a growing commitment in the CFT field to explore issues related to gender, race, and sexual orientation. While the literature commonly connects issues of gender and race to the larger cultural influences of sexism and racism, very little has been written in the CFT field related to the larger cultural influence of heterosexism (Long, 1996; Long, Bonomo, Andrews, & Brown, 2006; Long & Lindsey, 2004; Long & Serovich, 2003).

"Heterosexism" is a term that was created as an alternative to the more common term, "homophobia," in order to highlight the similarities between the oppression of lesbian, gay, and bisexual (LGB) persons and the oppression of women and people of color (Ritter & Turndrup, 2002). While homophobia refers to "an irrational fear of homosexuality and an intolerance for any sexual difference from the established norm" (Ritter & Turndrup, 2002, p. 12), heterosexism refers to a systemic process that simultaneously grants privileges to heterosexuals and oppresses LGB persons (Herek, 1990; Ritter & Turndrup, 2002). In the same way that it is important to understand the ways racism and sexism influence the lives of clients and therapists alike, it is equally important for therapists to understand the oppressive influence that heterosexism may have on the lives and functioning of LGB clients and the ways in which it may negatively influence the therapy process (Bepko & Johnson, 2000; Bernstein, 2000; Connolly, 2004; Long, 1996; Long & Lindsey, 2004; Long & Serovich, 2003).

It is important to note that this article is focused on providing therapy that is informed by an awareness of the oppression experienced by clients due to their sexual orientation. Because of this focus on sexual orientation, this article will specifically address working with clients who are marginalized due to their sexual orientation. In doing so, it is not our intent to further marginalize transgender individuals. There is a need for a model of affirmative therapy that specifically addresses the oppression faced by transgendered clients in terms of their sexual orientation and gender identity. However, since gender identity is different from a person's sexual orientation, a discussion of affirmative therapy with transgendered clients is beyond the scope of this article. Therefore, the purpose of this article is to (a) define central concepts

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relevant to heterosexism and affirmative therapy; (b) present a three-step model for heterosexual therapists to explore the influence of heterosexism in their personal and professional lives; and (c) provide strategies for developing an LGB affirmative practice.

DEFINING HETEROSEXISM, INSTITUTIONAL HETEROSEXISM, AND HETEROSEXUAL PRIVILEGE

As explained previously, heterosexism is commonly defined as a systemic process that marginalizes LGB individuals based on a set of beliefs and assumptions that heterosexuality is the only valid way of living and, therefore, the preferred norm (Appleby, 1995; Blumenfeld, 1992; Herek, 1986). Thus, any sexual identity that varies from being ''fully heterosexual'' is viewed as deviant, morally wrong, and unnatural. Clearly, like sexism and racism, heterosexism is based on assumptions and ideas that are not grounded in scientific evidence or fact (Ritter & Turndrup, 2002). In order to understand the complex nature of heterosexism, it is helpful to divide the concept into three separate constructs: (a) heteronormative assumptions, (b) institutional heterosexism, and (c) heterosexual privilege.

Heteronormative Assumptions

Heteronormative assumptions refer to automatic unconscious beliefs and expectations that reinforce heterosexuality and heterosexual relationships as the ideal norm (Ingraham, 2006; Oswald, Blume, & Marks, 2005). Thus, heteronormative assumptions create a society where only heterosexual relationships are visible. Furthermore, heteronormative assumptions lead well-intentioned individuals to ignore the needs and realities of LGB individuals and relationships. For example, a common heteronormative assumption that heterosexual therapists may make is that every client who seeks therapy is in a heterosexual relationship or of a heterosexual sexual orientation. While this is certainly not a conscious or intentional belief, heteronormative assumptions make it difficult to consider that a client has a sexual orientation other than heterosexual (Oswald et al., 2005).

Institutional Heterosexism

Institutional heterosexism, the second construct, is commonly defined as the societal policies and actions by institutions (e.g., governments, health care systems, and educational systems) that (a) promote a heterosexual lifestyle above all others, (b) exclude or discriminate against LGB people as individuals and as a group, and (c) privilege and grant benefits to heterosexuals (Appleby, 1995; Blumenfeld, 1992; Herek, 1990; Hodges & Parkes, 2005). Spaulding (1999) expands on this definition by highlighting that institutional heterosexism is ''a form of social control'' used to maintain heterosexual dominance (p. 13). Examples of institutional heterosexism include state constitutional amendments prohibiting same-sex marriage and the existence of sodomy laws in more than one fourth (i.e., 13) of the states in the United States (Soule, 2004; Supreme Court of the United States, 2003).

Heterosexual Privilege

Heterosexual privilege, the final construct, refers to unearned civil rights, societal benefits, and advantages granted to individuals based solely on their sexual orientation (Allen, 1995; Carbado, 2000). Heterosexual privilege operates in much the same way as White and male privilege by granting unearned benefits to members of a dominant socially sanctioned group (McIntosh, 1999). Examples of heterosexual privilege may include freely displaying pictures of romantic partners without fear of retribution and easily locating a therapist with your same sexual orientation. Finally, while these more tangible benefits are important, one of the less visible, but potentially most influential, privileges that heterosexual individuals

receive is an increased sense of worth that comes with being a part of the dominant socially sanctioned group (Hoffman, 2004; Worthington, Savoy, Dillon, & Vernaglia, 2002). This increased sense of worth (i.e., internalized superiority) is a parallel process to internalized homophobia. Just as LGB individuals may internalize negative beliefs about their self-worth, heterosexual individuals internalize positive beliefs. Both of these processes operate on an unconscious level.

IMPACTS OF HETEROSEXISM ON THE MENTAL HEALTH OF LGB INDIVIDUALS

It is important for affirmative therapists to have an understanding of the impacts of heterosexism on the mental health of LGB individuals. While research documents that there are many positive outcomes and qualities of LGB individuals and relationships (Anderson & Sussex, 1999; Bos, van Balen, & van den Boom, 2004; Means-Christensen, Snyder, & Negy, 2003), the literature also clearly documents the negative influences of heterosexism on the relationship experiences and mental health of LGB persons. Examples of these negative influences include increased rates of depression and anxiety (Bernhard & Applegate, 1999; Bos, van Balen, van den Boom, & Sandfort, 2004; Lewis, Derlega, Griffin, & Krowinski, 2003; Mays & Cochran, 2001); suicide (Bernhard & Applegate, 1999; Faulkner & Cranston, 1998; Garafalo, Wolf, Kessel, Palfrey, & DuRant, 1998; Gibson, 1989; Mays & Cochran, 2001); and alcohol and drug misuse (Cheng, 2003; Faulkner & Cranston, 1998; Garafalo et al., 1998; Jordan, 2000; Kruks, 1991). These trends have been directly linked to the stress associated with belonging to a marginalized or minority group (Lewis et al., 2003; Mays & Cochran, 2001; Meyer, 1995, 2003), which researchers refer to as "gay-related stress." Gay-related stress is defined as the added stressors experienced by LGB persons as a result of heterosexism that is in addition to the normative life stress experienced by all individuals (Lewis et al., 2003; Lindquist & Hirabayashi, 1979). Lewis et al. (2003) found that gay-related stress appeared to be the cause of the increased prevalence of depressive symptoms experienced by LGB individuals. Since gay-related stress results from living in a heterosexist society, it is important for affirmative therapists to interpret the higher prevalence of depression, anxiety, and alcohol and drug misuse among LGB individuals as a direct result of heterosexism and not an indication of deficiencies within LGB persons. Additionally, the concept of gay-related stress is important for affirmative therapists to understand because many of the problems that LGB clients may present with in therapy could be exacerbated by the additional stress that comes from living as a sexual minority in a heterosexist society.

HETEROSEXISM AND THE SELF OF THE HETEROSEXUAL THERAPIST

Becoming an LGB affirmative therapist involves a process of examining the ways in which heterosexism has shaped heterosexual therapists' personal and professional lives. In particular, the proposed three-step process involves a critical self-exploration focused on the impact of (a) heteronormative assumptions, (b) heterosexual privilege, and (c) a heterosexual sexual identity on their work with LGB and heterosexual clients alike. It is important for heterosexual therapists to engage in this critical self-exploration on an ongoing basis as it is not possible for heterosexual therapists to arrive at a place where they are completely free from their heteronormative assumptions and heterosexual privileges.

Step 1: Exploring Heteronormative Assumptions

The first step of this critical self-exploration process involves heterosexual therapists exploring the heteronormative assumptions that they hold. In order to become aware of heteronormative assumptions, heterosexual therapists may find it helpful to explore the societal and familial

messages they were taught about sexual orientation and "normative" and "healthy" coupling practices. This exploration also involves examining their values and beliefs about sexual orientation, sexuality, and intimate relationships. In order for this self-exploration process to be meaningful, therapists need to make their unconscious heteronormative beliefs about sexual orientation conscious. This involves addressing the beliefs that all people are taught since childhood about the superiority (i.e., normality) of heterosexual relationships and the inferiority (i.e., abnormality) of same-sex and bisexual relationships. This process of making the unconscious conscious is challenging because it requires therapists to admit that they hold less than positive beliefs about an entire group of people. However, acknowledging these heteronormative beliefs about LGB persons is important as it increases heterosexual therapists' awareness of the influence that heterosexism has on their personal lives and clinical work (Pope, 1995).

A tool to begin this process of exploring heteronormative assumptions is the questions found in Table 1. These questions were designed to help identify unconscious beliefs about the normality of heterosexual relationships and how therapists have been socialized into these heteronormative assumptions. There are many ways that heterosexual therapists could utilize these questions to work toward become more affirming in their work with LGB clients. For example, these questions could be used to structure accountability conversations with another heterosexual therapist. The purpose of these conversations is to ensure that, as members of the dominant socially sanctioned group, heterosexual therapists are not relying solely on LGB individuals (i.e., members of the marginalized group) to "enlighten" them about their own prejudicial beliefs and behaviors. While conversations with members of the LGB community are very helpful and impor-

Table 1
Self-Reflection Questions to Explore Heteronormative Assumptions

Sample questions
What did my family of origin teach me about sexual orientation, bisexuality, and same-sex relationships?
Were sexual orientation and same-sex and bisexual relationships talked about in my family? If so, what values were communicated? If not, what did that silence communicate?
Are there any members of my family who are LGB? If so, how were and are they talked about and treated in my family?
If appropriate, what did/does my religious or spiritual community teach me about sexual orientation and same-sex and bisexual relationships? What do the religious or spiritual texts of my particular faith teach me about sexual orientation and same-sex and bisexual relationships?
What are my beliefs about how a person "becomes" gay, lesbian, or bisexual?
What are my beliefs about why I did not "become" gay, lesbian, or bisexual?
What are my initial thoughts or feelings about children who are raised by LGB parent(s)?
What would my initial reaction be upon learning that an LGB person will be working as a teacher or in another profession working closely with children?
What are my experiences using or hearing phrases like "that's so gay" or "fag" during my growing up years and today? What values are associated with these terms?
When I first meet someone, how often do I assume that he or she is heterosexual? What values and beliefs inform this assumption?
What is my initial reaction when I see a gay or lesbian couple expressing physical affection? What is my initial reaction when I see a heterosexual couple expressing physical affection?
If my child came out to me, what would my first reaction be?

tant, the questions in Table 1 are structured to help heterosexual therapists take responsibility for their own unconscious heteronormative assumptions. Another possible use of the questions in Table 1 is as a guide for self-reflective journaling. Self-reflective journaling can deepen heterosexual therapists' awareness of the heteronormative assumptions that may be impacting their personal lives and professional work. Supervisors could also use these questions to help their supervisees do important self of the therapist work in an effort to explore how heteronormative assumptions may influence their work with LGB clients. Educators could use these questions as a writing assignment or could assign trainees to interview one another using the questions found in Table 1. Since members of the dominant socially sanctioned group are rarely asked to reflect on how their values, beliefs, and assumptions were developed, it is important for heterosexual therapists to review these questions frequently and throughout their professional careers.

Step 2: Exploring Heterosexual Privileges

The second step in this process of critical self-exploration involves acknowledging the existence of heterosexual privilege and ways that heterosexual therapists benefit from living in a heterosexist society. This step is important because, as with all types of oppression, the discrimination experienced by the LGB community is inherently linked to and amplified by the advantages granted to heterosexual persons by a heterosexist society. Therefore, in order to make strides toward becoming an affirmative therapist, it is important for heterosexual therapists to acknowledge the heterosexual privileges that they experience on a daily basis and actively work to eliminate these unearned benefits.

The questions found in Table 2 can be used as a tool to help heterosexual therapists become more aware of their own heterosexual privileges and begin to deconstruct the influence of these privileges in their personal and professional lives. The suggestions provided previously in Step 1 can also be applied to the questions in Table 2. In addition to reflecting on the questions in Table 2, heterosexual therapists could create a list of privilege statements that represent the privileges they experience on a regular basis due to their sexual orientation. Examples of heterosexual privilege statements include the following: ''I can go to any movie or watch any TV show and see positive representations of my sexual orientation,'' ''I can walk into a store and easily find a Valentine's Day card that represents my romantic relationship,'' ''I can walk into any therapy or medical office and expect to have my sexual orientation affirmed in the intake paperwork,'' and ''I can walk in public holding hands with my romantic partner without fear of a negative reaction.'' Another resource for the exploration of heterosexual privileges is the ''Heterosexual Questionnaire'' created by Dr. Martin Rochlin (Morin & Kimmel, 2004; Rochlin, 1998). The questionnaire provides a list of questions to help heterosexual individuals both explore their privileges as well as gain insight into questions that LGB individuals are asked on a daily basis that require them to defend their sexual orientation.

Step 3: Exploring the Development of a Heterosexual Identity

The third step in this process of critical self-exploration for heterosexual therapists involves becoming aware of their own heterosexual identity. The concept of heterosexual identity has been defined as ''the understanding that one has of his or her sexual orientation, which is different from sexual orientation itself'' (Hoffman, 2004, p. 377). While there is a large body of literature that addresses LGB identity development, until recently very little attention has been paid to the identity development of heterosexual individuals, as if only LGB persons have a sexual orientation (Mohr, 2002; Worthington et al., 2002). However, researchers have begun to articulate the important role that heterosexual identity plays in the maintenance of heteronormativity and the continuation of heterosexual privilege (Mohr, 2002; Worthington et al., 2002). The importance of becoming aware of dominant socially sanctioned identities (e.g., White, male, heterosexual) has also been documented by researchers studying racial identity development. These researchers have found that White individuals who are more aware of their

Table 2
Self-Reflection Questions to Explore Heterosexual Privilege

Sample questions
How has your involvement in heterosexual relationships been encouraged, rewarded, acknowledged, and supported by your family, friends, and the larger society?
As a child, how were you encouraged to play according to heterosexual norms?
Have you ever had to question your heterosexuality? Has a family member, friend, or colleague ever questioned your heterosexuality?
Have you ever had to defend your heterosexuality in order to gain acceptance among your peers or colleagues?
Have you ever worried that you might lose your job because of your heterosexuality?
Have you ever wondered why you were born heterosexual?
Has anyone ever asked you to change your heterosexuality?
Have you ever worried about being removed from a spiritual, religious, civic, or social organization because of your heterosexuality?
Have you ever worried that a therapist would refuse to see you based on your heterosexuality?
Have you ever worried that if you sought therapy your therapist might try to change your heterosexuality?
Have you worried that you might be ''outed'' as a heterosexual?
Have you ever been afraid that your work accomplishments would be diminished because of your heterosexuality?
Have you ever feared that you would be physically harmed based solely on your heterosexuality?
Has anyone ever assumed that you are unsafe around children based solely on your heterosexuality?

racial identity are less likely to express racist attitudes (Spanierman, Armstrong, Poteat, & Beer, 2006). Therefore, increasing the knowledge that heterosexual therapists have about their sexual identities might decrease the extent to which heteronormative assumptions and heterosexual privilege influences the therapy process.

While the most common recommendation in the literature for heterosexual therapists working with LGB clients is to learn about models of LGB identity development (Worthington et al., 2002), Worthington et al. (2002) and Mohr (2002) argued that affirmative therapy with LGB clients needs to focus on the influence of the therapist's heterosexual identity development. Heterosexual identity development refers to ''the process by which people with a heterosexual sexual orientation identity (i.e., heterosexual identified individuals) identify with and express numerous aspects of their sexuality'' (Worthington et al., 2002, p. 497). This approach appropriately shifts the focus from exclusively examining the identity development of the marginalized group to examining the identity development of the dominant socially sanctioned group. This shift is important since heterosexism is ''an expression of who the therapists are as heterosexual-identified people'' (Mohr, 2002, p. 534). Therefore, the process of becoming an LGB affirmative therapist involves more than simply learning about LGB topics; it requires that heterosexual therapists also learn how they came to develop a heterosexual sexual orientation.

Like the processes for exploring heteronormative assumptions and heterosexual privilege, the process of making heterosexual identity development conscious may also involve serious

self-reflection. Therefore, heterosexual therapists may find it helpful to reflect on the questions listed in Table 3. In particular, heterosexual therapists could reflect on these questions in the context of each of the following developmental stages: childhood, adolescence, young adulthood, and adulthood. It may also be useful for therapists to reflect on how their relationship status (e.g., single, partnered, married, divorced) influences how they might answer the questions in Table 3. For example, a married heterosexual therapist could reflect on how her answers may have differed from when she was a single person. Heterosexual therapists could also explore these questions with an accountability partner or in a supervision group.

damali ayo (2005), an antiracism educator, suggests that the first, and most important, step that White individuals can take to end racism is to admit that they have a racial identity and explore how their racial identity influences every aspect of their lives. Therefore, it is important to acknowledge that becoming an LGB affirmative therapist involves admitting having a sexual orientation. Through responding to these questions in Table 3, heterosexual therapists can come to acknowledge their own sexual orientation and how their sexual orientation may be directly impacting the therapy services they provide to all clients. Ultimately, heterosexual therapists need to live with an awareness of their sexual orientation and begin to recognize all the ways that their sexual orientation influences their daily existence.

Table 3
Self-Reflection Questions to Explore Heterosexual Identity

Sample questions
How do you describe your sexual identity? How do you explain how you came to identify as a heterosexual? Why do you think you identify as a heterosexual?
What role does your sexual identity play in who you are as a person?
What factors were most important or influential to your development of a heterosexual identity?
What societal beliefs or norms influenced your development of a heterosexual identity?
What spiritual or religious beliefs influenced your development of a heterosexual identity?
What family beliefs or norms influenced your development of a heterosexual identity?
When did you have your first opposite-sex attraction? What meaning did you assign to that attraction? If you experienced that attraction as natural or normative, where do those beliefs come from?
Have you experienced attraction to members of the same sex? If so, how did you make sense of those attractions? If not, how do you make sense of not having attractions to members of the same sex?
Do you understand your own heterosexual sexual orientation as a stable factor in your identity or do you perceive your sexual orientation as fluid and changeable? Why?
Do you understand your own heterosexual sexual orientation as existing on a continuum or do you perceive your sexual orientation as "either/or" (i.e., either I am straight or I am gay)? Why?
How does your identification as a heterosexual influence how you make sense of how a person comes to identify as an LGB individual? How does your identification as a heterosexual influence how you perceive LGB-identified individuals?
How does your identification as a heterosexual influence the way you do therapy with all of your clients (regardless of their sexual orientation)?

STRATEGIES FOR DEVELOPING AN LGB AFFIRMATIVE PRACTICE

In addition to going through each of the three steps in this self-exploration process, there are a number of strategies that are important to the development of an LGB affirmative practice. Three possible strategies include (a) claiming an identity as an LGB affirmative therapist, (b) communicating an LGB affirmative stance, and (c) deconstructing the influence of heterosexism on LGB clients and the therapy process.

Claiming an Identity as an LGB Affirmative Therapist

In order to claim an identity as an LGB affirmative therapist, it is important to realize that heterosexual persons can never be completely free from their heteronormative assumptions. Due to the privileges they receive from living in a heterosexist society, if heterosexual therapists pretend that they are somehow free from the influence of heteronormative assumptions, then they are likely to cause more harm than good when working with LGB clients (Wetchler, 2004). Claiming such a level of enlightenment would enable heterosexual therapists to cease being critical about the ways they, as members of the dominant socially sanctioned group, participate in the marginalization of LGB individuals and relationships and ignore their ''heterosexist blind spots'' when working with LGB clients (Wetchler, 2004, p. 142). To further illustrate, in the antiracism literature, White people are encouraged to understand that they embrace dual simultaneous identities: that of a racist and an antiracist (Hardy & Lazloffy, 1998). It is argued that as a White person, it is impossible to be nonracist, but that a White person can also claim a dual identity as an antiracist (i.e., a person committed to dismantling the system of racism that grants unearned advantages to Whites). Therefore, heterosexual therapists who desire to practice LGB affirmative therapy need to acknowledge that they are both heterosexist and anti-heterosexist or, said slightly differently, heterosexist and LGB affirmative therapists.

Once heterosexual therapists have accepted a dual identity as heterosexists and anti-heterosexists, they can begin the ''coming out'' process as an LGB affirmative therapist. This coming out process involves developing a public identity as an LGB ally. Coming out as an LGB ally involves both personal and political actions. Examples of personal actions that allies can engage in are sharing their commitment with families and friends; challenging antigay jokes and stereotypes; not making assumptions about anyone's sexual orientation; educating themselves about current areas of oppressions experienced by LGB individuals, couples, and families; and reading books or articles to expand their understanding of their own heterosexual identity development. In therapy, an important personal action that heterosexual therapists can take is avoiding heteronormative language (e.g., wife, husband) when referring to their new clients' intimate relationships until the client's sexual orientation is known. For example, an LGB affirmative therapist would use the term ''committed relationship'' rather than ''marriage'' when asking clients about their relationship status. Possible political actions include: participating in rallies for LGB rights; petitioning lawmakers to support LGB individuals, couples, and families in receiving their basic civil rights (e.g., legal marriage, adoption rights, antidiscrimination laws); educating other professionals about heteronormative assumptions and heterosexual privilege; and taking an active stance in their professional organizations to support LGB affirmative policies and dismantle heterosexist practices. The purpose of these personal and political actions is to make a public declaration of support for the LGB community.

Communicating an LGB Affirmative Stance

A second strategy for deconstructing heterosexism in clinical practice involves communicating an LGB affirmative stance in therapy. As argued by Matthews (2007), ''affirmative counseling with gay, lesbian, and bisexual clients often begins before counselors know the client's sexual orientation'' (p. 214). Therefore, embracing an identity as an LGB affirmative therapist would require heterosexual therapists to begin therapy by informing all clients about their

commitment to providing LGB affirmative services. As explained earlier, this commitment can be further expressed by using non-heteronormative terms like "partner" when first meeting a client to communicate an openness that clients may be LGB. It could also be important to ask clients about the gender of their partner when clients communicate that they are in a romantic relationship and, therefore, avoid assuming that all clients are partnered with members of the opposite sex (Matthews, 2007). Heterosexual therapists can also create initial intake paperwork that uses non-heteronormative language (e.g., partner instead of spouse), which would communicate to all clients that their therapist is not making an assumption about their sexual orientation. In initial sessions, therapists could also ask if LGB clients have had negative therapy experiences due to past therapists' lack of knowledge or prejudice related to sexual orientation.

Furthermore, a commitment to providing LGB affirmative therapy would involve creating an LGB-friendly climate through the presence of magazines, newspapers, and books in the waiting room that are written for an LGB audience, information about LGB community resources, LGB affirmative symbols (e.g., a rainbow symbol), and books on LGB affirmative therapy. Finally, throughout the process of therapy, it is important for heterosexual therapists to be honest with themselves about the ways that heterosexism may limit their ability to fully see and appreciate their LGB clients' lived experiences as members of a marginalized group. For instance, a heterosexual therapist might assume a problem being explored in therapy is due to communication issues, but fail to acknowledge the role that gay-related stress or heterosexism may have played in the creation and maintenance of the problem. The above suggestion is not meant to imply that all problems experienced by LGB clients are a result of heterosexism; however, it is important for LGB affirmative therapists to consider the possibility that heterosexism may be influencing their clients' experience of the problem.

Deconstructing the Influence of Heterosexism on LGB Clients

Previous articles on LGB affirmative therapy have focused on the importance of therapists learning about issues like the coming out process and LGB sexual identity formation (Brown, 1996; Ritter & Turndrup, 2002). Knowledge about each of the aforementioned issues is important to the practice of LGB affirmative therapy; however, affirmative therapy needs to be centered in a critical reflection on the potential role that heterosexism plays in shaping the experiences of LGB clients. One way to begin deconstructing the influence of heterosexism is by helping LGB clients name or label the influence of heterosexism in their lives. In particular, this could involve helping LGB clients place their experience of the presenting problem within a larger political context of living in a heterosexist society. Thus, LGB clients are encouraged to shift their understanding of the problem as being exclusively related to an individual or relational pathology to a pathology that exists in the larger social structure. This is important because members of marginalized groups are often encouraged to internalize their mistreatment or discrimination as a problem that exists within themselves (e.g., internalized homophobia), which renders the larger systemic processes of oppression invisible.

For example, a lesbian couple could come to therapy because one member of the couple is concerned that her partner is not fully committed to the relationship. Instead of beginning therapy by exploring their levels of commitment, an affirmative therapist could begin the therapy process by exploring how their relationship may not be honored by their families, employers, and friends due to heterosexism and heteronormative assumptions. An affirmative therapist might learn that what was initially experienced as a lack of commitment to the relationship is actually a reaction to the real fear that she would lose her job if her employer discovers her sexual orientation. This example illustrates the importance of initially exploring the problem within the context of living in a heterosexist society.

Table 4 provides questions that can be used by therapists to guide the process of deconstructing the influence of heterosexism on the lives of LGB clients. Again, it is important to note that not all problems presented by LGB clients are directly or indirectly related to

Table 4
Reflection Questions for Deconstructing Heterosexism

Sample questions
Is it possible that homophobia and heterosexism are negatively influencing your experience of this problem?
What if your experience of this problem has more to do with living in a homophobic, heterosexist society than it does with your own personal and relationship characteristics or flaws?
What added stressors do you face from living in a homophobic, heterosexist society?
What influences do these added stressors have on your life or on your relationship?
What toll does living in a homophobic, heterosexist society have on your sense of self or on the quality of your relationship?
How do you think negative societal beliefs about your sexual orientation may be impacting your own sense of self? Your own sense of your relationship? Your own sense of the problem?
How might homophobic and heterosexist beliefs be influencing your understanding of the problem? Of your self? Of your relationship?
How might living in a society that is hostile toward your sexual orientation impact the development of the problem you are experiencing?
What is the impact of living in a society that discourages you from freely and openly expressing your sexuality? If coupled, what is the impact of living in a society that discourages you from freely and openly expressing your commitment to the person you love?
How would your life be different if society did not choose to define you solely in terms of your sexual orientation?

heterosexism; however, it is important for affirmative therapists to explore the possibility that heterosexism may be influencing LGB clients' experiences of their presenting problem. In an effort to resist the societal pressure to locate the presenting problem as solely existing within the LGB client, it is important that heterosexual therapists develop strategies that help themselves and their LGB clients frame the presenting problem within the context of heterosexism. The following examples represent strategies for heterosexual therapists to assist them in framing their LGB clients' presenting problems within the context of heterosexism when appropriate: (a) seek out supervision or clinical consultation from an LGB affirmative therapist; (b) identify a peer who is willing to be an "accountability" partner; (c) explore heteronormative biases in their chosen theoretical model; (d) continually review the reflection questions provided in this article about heteronormative assumptions, heterosexual privilege, and heterosexual identity; (e) develop self-reflection questions that are meaningful given their personal context; and (f) always ask, "How may heterosexism be influencing my clinical judgment in this case?"

In addition to strategies that heterosexual therapists can utilize to deconstruct heterosexism in their clinical work, it may also be important for heterosexual therapists and LGB clients to work together to frame the problem within the context of heterosexism. When appropriate, a possible strategy that can be used by heterosexual therapists and their LGB clients is to cocreate a written document that communicates their commitments to seeing the presenting problem as being influenced or created by heterosexism. This document could be read at the beginning of each session as a tool for centering each interaction on a commitment to exploring the influence of heterosexism on the therapy process. In an effort to support this commitment,

heterosexual therapists and LGB clients could discuss how their personal beliefs and lived experiences may interfere with their commitment to understanding the presenting problem in the context of heterosexism. Additionally, heterosexual therapists and LGB clients may find it helpful to create a written list of heteronormative assumptions that may interfere with this process. Once these assumptions are identified as barriers, then the therapist and the LGB client could explore how these assumptions are products of heterosexism and may negatively impact the therapy process. One final suggestion is for heterosexual therapists and LGB clients to journal in between sessions about times when heterosexist beliefs or explanations for the presenting problem were present and explore in session how those beliefs or explanations influenced their experiences of themselves and the therapy process. Lastly, the strategies and examples provided here represent attempts to begin the process of placing heterosexism at the center of affirmative therapy. Many other strategies could be used to achieve this purpose.

CONCLUSION

The purpose of this article was to highlight the need for heterosexual therapists to become more aware of the influence of their own heteronormative assumptions, heterosexual privileges, and heterosexual identities on their personal and professional lives. Through the proposed three-step process of self-reflection it is hoped that heterosexual therapists will be able to take a more affirmative stance in their work with LGB clients. Finally, while this article is focused on the impact of heterosexism on the therapeutic process, it is important to acknowledge that heterosexism is not the sole cause of the struggles faced by LGB persons. This focus on heterosexism is not intended to detract from the many similarities that exist between the experiences of LGB individuals, couples, and families and those of heterosexual individuals, couples, and families. Therapists need to respect all clients' definitions of their presenting problems. In particular, when working with LGB clients, heterosexual therapists need to be aware that not all LGB clients will perceive heterosexism as influencing their presenting problem. However, it is still important that therapists explore with LGB clients the possibility that heterosexism may be contributing to their current experience of the presenting problem.

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