Coping and Healing for the Straight Spouse and Children of a Mixed-Orientation Marriage

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Abstract

This researcher sought to understand what happens to a straight spouse, the children, and the marriage when a mate reveals same-sex or bisexual attraction. For straight spouses and their children, the disclosure process is often traumatic and painful, and brings major change in all aspects of family life. Along with this change comes the potential for mental health consequences for all family members. The helping profession has been slow to understand and acknowledge this population. Additional education in issues related to gay, lesbian, bisexual and mixed-orientation families, along with well-grounded therapeutic choices will help therapists better serve and meet the needs of 21st Century families.

Keywords: straight spouse, mixed-orientation marriage, bisexual marriage
Coping and Healing for the Straight Spouse and Children of a Mixed-Orientation Marriage

This researcher sought information from more than 20 peer-reviewed journals to better understand three aspects of the straight spouse/homosexual or bisexual marital relationship: the gay or bisexual spouse who “comes-out” to his or her family, the impact on the straight spouse and the children following the coming out process, and how the straight spouse and children heal following this disclosure. Investigations regarding the gay or bisexual spouse included understanding the motivations for why gay or bisexual individuals marry, and the later reasons they reveal same-sex attraction. Understanding the emotional impact on the spouse, the children and the marriage were also considered. The third component of this investigation sought to understand what helps and hinders a healing process for the spouse, the children, and the marriage.

To obtain peer-reviewed articles, keyword searches were conducted for the years between 1985-2011 using the online databases PsycINFO, ProQuest, Google Scholar, and Questia. Using the criteria of “full text” and “peer-reviewed journal”, database searches using keyword combinations such as, “straight spouse” AND “gay spouse”; “wives of gay husbands” OR “wives of bisexual husbands”; “husbands of lesbian wives” OR “husbands of bisexual wives”; “straight spouse AND depression”; “grief AND “straight spouse”; codependency AND “straight spouse”; and finally, therapy AND “mixed-orientation marriage” were utilized.

Initially, more than 50 articles were found. Ultimately, of the selected journal sources, only two included empirical studies. A major source for data in some of the articles originated from content analysis of more than 10,000 postings from the Straight Support Network (SSN) (Buxton, 2006b). Additional research in the remaining articles was based on qualitative data from transcribed interviews, material from two literature reviews pertaining to mixed orientation
marriages, a retrospective examination of hospital records, and peer reviewed articles on topics relevant to the key search terms and the primary research question which was, “What are the best treatment options for working with a grieving spouse when a partner reveals him or herself to be homosexual or bisexual?” Subsequent research following the initial literature review utilized numerous published books, Internet resources, telephone conversations with research authors, and informal conversations during attendance at two meetings of the Minneapolis Minnesota Straight Spouse Network support group.

Assumptions and Limitations

As an affluent, well-educated, Caucasian middle class female, this researcher acknowledges findings and conclusions that may be perceived as a biased contextual frame of reference. Data related to values-related discussions or studies concerning gay, lesbian and bisexual issues and marriage was not included. Nor was there in-depth consideration regarding the complexities of gender preference and gender identity formation; therapeutic options for the individual gay or bisexual male or female during the coming out process; transgender issues; discussions of the distinctive sub-groups within the LGBT population; or in-depth consideration of homosexuality and bisexuality in any specific cultural, ethnic, socio-economic or religious contexts beyond the United States and a Caucasian, middle-class contextual framework.

The Spouse Who Comes Out

The first component of this study was the lesbian, gay, or bisexual (LGB) partner in what was previously believed to be a heterosexual relationship between a male and a female. This LGB individual could be either male or female, and self-described as homosexual, which is desiring, or having sexual relations with members of the same sex. If the individual is bisexual, they are attracted to, or engage in sex with members of both the opposite and same sex (Corley & Kort, 2006). The areas of focus in this first component included information about the gay or
bisexual individual, either male or female, who marries, and later decides to “come out”, which is to reveal their same-sex attraction during their marriage (Taylor, 1999).

Who Are They?

Studies attempting to accurately number lesbian, gay, bisexual and transgender (LGBT) persons in the United States are subjective at best because sexual preference and sexual identity is a complex issue reliant on the individual’s personal inclination to reveal sexual attraction to members of the same sex, their identification with their biological male or female gender, and their own self labeling (Taylor, 1999). “LGBT” is also considered a “catchall” term, with each letter of this seemingly straightforward acronym representing distinct populations defined by a variety of unique family, community, geographic, educational, age, race, ethnicity and socioeconomic factors. What are not addressed in this acronym are people on the “outskirts” of this catchall phrase; outwardly heterosexual males or females experimenting with same-sex behaviors who do not identify as gay or bisexual.

Regardless of the subjectivity of the “actual” number of LGBT individuals, it is estimated there are more than 2,000,000 heterosexual men and women who have once been, or are currently in, what is termed a "mixed-orientation marriage" (MOM), where one partner is either lesbian, gay, bisexual or transgender (Buxton, 2006a; Buxton, 2006b; Buxton 2006c; Higgins, 2006). Additional, and potentially more provocative statistics released in 2011 from the Centers for Disease Control estimates gay men to be 4% of the U.S. population, but with an approximate 7% of the population of U.S. males engaging in sex with other men (MSM) (Olson, 2011c). Another recent study in New York City cites even higher numbers, finding that nearly 10% of married men had experiences sex with another man in the previous year (Olson, 2011c). These numbers of supposedly heterosexual partners who engage in same-sex relationships while they
are married is significant, and presents consequential emotional and health-related impact for a large number of unsuspecting individuals.

Buxton (2006a) cites more than double the requests for information from Straight Spouse Support Network since the 2004 announcement on national television by New Jersey’s Governor McCrevy that he was “a gay American” (Buxton, 2006a, p. 318). Buxton believes as well that as more people come out, there will likely be an increase in the number of spouses and families facing the sudden, and often unexpected, revelation that their husband or wife is gay or bisexual (Buxton, 2006a). Demographic information from Amity Buxton’s Straight Spouse Support Network indicates disclosure among families occurs most often in the 30-50 year-old range (Buxton, 2006b), and crosses all socioeconomic levels, geographic locations, occupations, races, ethnic groups and faith communities. The disclosure or, in some cases, accidental discovery of same-sex attraction by the male or female spouse, and subsequent adjustment following this disclosure profoundly impacts the entire family, though it’s most often those coming out who draw the attention, and consequently receive the most attention, and often peer support (Hays, 1989; Buxton 2004). Understanding how families respond to this disclosure of homosexual or bisexual attraction and same-sex activities by a family member is an important endeavor for both clinicians and scholars in the field of family, gay and lesbian studies (Beeler & DeProva, 1999; Duffey, 2006; Buxton, 2006a; Taylor, 1999).

Aside from the implications for the straight spouse and the children, are public health and addiction issues as well. Sexually active gay or bisexual spouses may engage in unsafe and secret sexual encounters where the risks for HIV are high (Corley & Kort, 2006). Couples who are sexually active both prior to and following disclosure are also at risk for sexually transmitted diseases (STDs), and transmission of the HIV virus. Sexual addiction among married LGB is
also significantly more widespread than has been assumed, and may be related to the increased numbers of virtual environments such as Internet pornography sites, chat rooms, and other cyber venues, which have grown exponentially in the last 15 years (Buxton, 2006a; Corley & Kort, 2006; Higgins, 2006).

Motivations for Marriage

The reasons for marriage among gay or bisexual gay men and women and lesbians are highly individualized, and differ greatly from person to person, though the research did not reveal significant differences for these marital reasons among gay and bisexual males or gay and bisexual females (Kays & Arouse, 2010; Higgins, 2006; Corley & Kort, 2006). Many claim to marry in hopes of filling societal obligations to "pass off" as straight, and in the process gain love and approval from society and their families. There is also often mistaken thinking that once married, same sex attractions will cease (Corley & Kort, 2006; Gochros, 1989; Grever, 2001). There are also expressed needs to be close to someone, of wanting children, and fears of having no "safe haven" without a spouse (Corley & Kort, 2006). The articles examined also revealed the significance of pressures to conform to societal norms (Higgins, 2006; Corley & Kort, 2006; Olson, 2011b); confusion and lack of awareness about sexual identity (Clark & Serovith, 2007; Olson, 2011a); and for some, hopes that marriage will resolve conflicted feelings of same-sex attraction (Corley & Kort, 2006). Most interesting however, was a significant factor mentioned most often in the variety of journal articles, empirical studies, books and interviews: the genuine love and affection a gay or bisexual spouse feels for their spouse (Alessi, 2007; Buxton, 2006c; Hernandez, Schwenke & Wilson, 2011; Higgins, 2006; Kays & Yarhouse, 2010; Thompson, 2009). Many marry and then stay married for the benefit of their children and the love for their spouse and the family life they've created together (Buxton, 2004; Hernandez & Wilson, 2010).
For some gay and bisexual women, especially when their children were very young, motherhood seemed like a more important option than a lesbian identity (Bates, 2010, p. 222).

**Disclosure to the Straight Spouse**

Though leading what may emotionally be a "double life" is often stressful and destabilizing for the LGB spouse (Gochros, 1989; Higgins, 2006), coming out to the straight spouse, and proceeding with the subsequent decisions about how to proceed following the disclosure creates multi-layers of psychological, emotional, physical, and spiritual upheaval (Buxton, 2009; Gochros, 1989). As both Alessi, (2007) and Buxton (2006c) mention, the coming out process brings potential for disruption in every aspect of life, and threats to the broader web of family, work and community connections that are vital sources of meaning and emotional support for the person previously believed to be a seemingly "normal" heterosexual person living a “typical” married life. There is the potential of divorce from the straight spouse, fears of aging alone, coupled with possibilities of losing children in custody battles, and endangering relationships with other family members, friends, community contacts, and potentially, even separation from one's own parents of origin. Regardless, the couple is likely to embark on, "a roller-coaster ride" of emotional stages that can encompass humiliation, revenge, renewed hope, rage, and eventual, resolution (Buxton, 2006c).

**The Spouse Who Comes Out Summary Statement**

The number of men and women who marry in spite of homosexual or bisexual attraction is significant. They marry for many reasons; because they were unaware of their same-sex attractions prior to marriage, or assumed the same sex desires would cease once married, or don’t want to “sacrifice the privileges” and implied normalcy of a heterosexual identification in our society (Olson, 2011c). Most importantly, most claimed to genuinely care for their spouse. Once
their same sex attractions are either discovered by their spouse, or gradually revealed during a process of growing awareness over the course of the marriage, the disclosure brings disruption and emotional upheaval in every aspect of life.

**Disclosure Impact**

This component of the investigation sought information on how the straight spouse, the children, the marriage, and the family unit is impacted by the news of the spouse/parent disclosure of same sex attraction. Though numerous stories from straight spouses are each unique in their perspectives, they share many common threads (Grever, 2001).

**Disclosure Impact for the Straight Spouse**

Did these straight spouses have any "inklings" or clues about their husband or wives same-sex attractions before they were informed? The literature suggests that most spouses were unaware of their mate's same-sex inclinations (Buxton, 2006a; Hays, 1989). However, there was a common theme of spousal sense of, "something missing" (Buxton, 2006a; Buxton 2006b; Hernandez & Wilson, 2010); “…a sense of responsibility for her husband’s lack of sexual interest” (Hernandez & Wilson, 2010); coupled with descriptions of, "… feelings of shame for wanting more" (Duffey, 2006 p. 89); and, "…a real distancing" (Buxton, 2006c); or, a "… lack of passion… and wondering about what was wrong" in their marriages prior to disclosure (Hernandez & Wilson, 2010). Carol Grever, a Colorado journalist whose husband came out after more than 30 years of marriage writes:

> Why didn’t I suspect? An entry from my journal shows some of the clues I saw earlier, but didn’t comprehend. “All day cleaning winter’s debris from the garden, I was thinking about Jim. Here’s how it is with Jim and me. After more than thirty years of marriage (maybe twenty-five of which were reasonably happy), I feel
really alone. We have less and less in common. Our continuing drive to sell the business is connected to our growing insecurity in our marriage. After our business is gone, what will be left between us? Only history? Convenience?

Pride? Is that enough to stay married? (Grever, 2001, p. 49)

The studies of now-divorced Seventh-day Adventist women in mixed-orientation marriages (Hernandez & Wilson, 2007) where the spouse's same sex attractions were kept secret over the course of many years described these women as experiencing a framework of loss that has been useful in understanding grieving that lacks clarity and finality, and takes on an all-consuming and pervasive "ambiguous loss" and complicated grief.

We believe we can master our own destinies because we assume that the world is a fair and logical place where effort matches outcome. Good things happen to people—and conversely, bad things will happen only if we have done something wrong or failed to put in enough effort. This philosophy results in a great deal of stress when people face a problem that cannot be solved, such as ambiguous loss. (Boss, 1999, p. 19)

Hernandez & Wilson suggest as well that too often people assume the straight spouse is eager to leave a mixed orientation marriage. They fail to recognize the loss of intimacy and individual self-esteem that began early in the relationship before the issue of same-sex attractions were identified or revealed by the gay or bisexual spouse.

Sarah, age 28, wrote of her honeymoon and mentioned that the more she wanted sex, the more her husband withdrew. She wondered what was wrong with her. Reflecting her sense of responsibility for her husband’s lack of sexual interest, Sarah thought it was her fault. (Hernandez & Wilson, 2007, p. 187)
Once the spousal same sex attractions are revealed, the straight spouse experiences confusion, loss of self-esteem, preoccupation with the situation, self-examinations about why they didn’t “know” and the frustration that accompanies an indefinable relationship.

Emily described how feelings changed quickly from yearning, to anger, and then to despair. “We’d spend hours talking…we were friends on a level that left the anger and resentment out of the relationship.” Days later she wrote, “I’m absolutely trapped. I shared this with George and he scolded me for laying a guilt trip on him. When I reminded him of what he laid on me, he said I was retaliating for his coming out and I’ll never let it go. I can’t share my heart with him.”

(Hernandez & Wilson, 2007, p. 187)

Many straight spouses also wondered if they'd done something wrong, were unattractive, or defective in ways to make their spouse seek out same-sex partners (Higgins, 2006). Following the disclosure, there is most often a "deep sense of humiliation" (Hernandez & Wilson, 2007 p. 188), feelings of “disoriented groundlessness” (Grever, 2001, p. 64), additional feelings of being stupid and deceived, fears that nothing is safe anymore, and concern that the marriage had been a charade (Kort, 2005; Buxton, 2006b; Hernandez & Wilson, 2007; Corley & Kort, 2006).

Also mentioned numerous times were descriptions of anger, hurt, bewilderment, anxiety and loneliness. Duffey (2006) mentions the grief of the straight spouse, which, he says, "cannot be underestimated" (p. 90). Hernandez and Wilson describe this grief:

They felt as though their sexuality had been wasted on someone who could not appreciate it. Anger turned to grief as they realized they could never regain what was to have been some of the best years of their lives. They grieved the loss of the ideals, values, and sense of self that had identified them and their marriages. The
sense of order and predictability was now gone, as was their assumption of how God intervenes in people’s lives. Sadness from the loss of their husband was immobilizing, and the women recounted all they did to prevent the demise of their marriage. They felt like failures, even though they rationally understood why the marriage ended. Two women lamented their inability to discriminate between gay and straight men, believing that their MOM was proof that they could not have a healthy heterosexual romantic relationship. (Hernandez & Wilson, 2007, p. 187)

Immediately following the disclosure, and in the subsequent years that follow, the straight spouse may experience any combination of a complex list of emotional issues including anger, feelings of inadequacy, and neglect for their own needs, along with crisis of confidence and self-esteem issues.

Wives described marital dynamics that become more emotionally costly than they could endure. Nothing they tried could help their situation the realization that they could not effect change in their husbands, marriages, or futures left them feeling powerless and despondent. At times, they felt close to their husbands and hopeful that their relationships could continue on. At other times, they felt devastated as they realized that they could not be the primary support person for each other any longer without incurring emotional consequences. Emily wrote, “There is a comfort level between George and me today that could dupe me into thinking we’ll stay together.” Four days later she added, “George had his first date today. Is it the beginning of losing him…When did he stop loving me so much that he can just walk away?” Great sadness ensued as they filed for separation or divorce.” (Hernandez & Wilson, 2007, p. 190)
Also noteworthy were repeated themes of continuing love for their spouse, and often, a
desire to protect the spouse from societal, familial and community prejudice and discrimination
against homosexual and bisexual individuals. One straight spouse writes:

Don’s greatest fear was being found out. He wanted no one to know. So I didn’t
tell a soul. (Grever, 2001, p. 58)

**Impact for the Children**

The straight spouse's concern for the welfare of their children (Bates, 2010; Buxton,
2004; Clark, 2007; Duffy, 2006; Hays, 1989; Hernandez, Schwenke & Wilson, 2011; Hernandez
& Wilson, 2010; Kays & Yarhouse, 2010) cannot be minimized. Although some believe that
worries about the potential impact on a child or children in the family are often “worse than the
reality” (Buxton, 2006a), they are best considered from a developmental perspective (Ahmann,
1999). However, divorce and divided loyalties between parents, separation anxiety, fear of
abandonment, and pain from witnessing their parents denigrate each other are of primary
concern. “No matter what they are told, children gradually become more open, especially if they
can meet others in their situation” (Buxton, 2006b, p. 56). This disclosure to the children, whom
Ahmann (1999) believes are never too young or old to be told, should be planned so that they
don't learn about it from anyone other than a parent. It's least upsetting if the disclosure is
delivered in an informational rather than confessional framework, along with reassurance that the
current parental relationships will not alter. In simple terms, children need to know how the news
from Mom or Dad will impact their lives. The most common immediate reactions from children
in general are silence, questions, anger, tears and fear (Buxton, 2006b). Infants and toddlers want
to sense their parents' continued love. School age children are most vulnerable to negative social
attitudes and may encounter anti-gay comments and behaviors such as jokes, teasing that cause
fear, embarrassment and shame (Ahmann, 1999). Adolescents have "… the most difficult time" (Buxton, 2006b, p. 57), and tend to keep their LGB parents’ disclosure to themselves at first because they’re often dealing with changes in their own sexuality, identity, and life plans.

In class, kids sometimes said “fag” and “lezzy.” It bothered me, but I kept my mouth shut. If I objected somebody would say, “What are you talking about” or think, “Lynn must be one.” (Buxton, 1994, p. 219)

Hernandez and Wilson (2007) note that youth can experience spiritual and emotional crisis of their own, especially if the family faith has a conservative viewpoint on LGB issues.

How do I feel about my dad now? I hate him. I have pretty much nothing to say about him and nothing to say to him. If had no choice being gay, he shouldn’t have started a family. He started something he couldn’t finish. Now he should stay out of our lives. He’s trying to relate, but it just doesn’t work anymore. (Buxton, 1994, p. 222)

They also may also go through periods of acting out with their straight parents or exhibit disruptive behaviors at school.

Impact for the Marriage

As stated earlier in this document, the marriage between a straight spouse and a LGB individual is termed a mixed-orientation marriage (MOM). Statistics reveal that following the disclosure of same-sex attraction by the LGB spouse, one third of these MOMs break up, and typically divorce within the first year of the disclosure. Another third stay together for about two years before choosing separation or divorce as the best option. The final third commit to the marriage, with half of this group staying together for three years or longer.

Two literature reviews on the subject of MOMs, and additional articles reviewed for this
study agree that these MOM couples are a unique population that is only now beginning to be studied, and at best, minimally understood (Hays, 1989; Hernandez, Schwenke & Wilson, 2011; Kays & Yarhouse, 2010; Kort, 2005; Yarhouse & Kays, 2010). In the most simplistic terms, these marriages face layers of religious sanctions, as well as negative cultural, socioeconomic, and political beliefs about homosexual behaviors. Though many couples keep their mixed-orientation status private to avoid rejection or criticism from their network of friends, co-workers, and community members, these negative views, or even the decision to keep their MOM status private, can reflect back on them, their children, and their mates (Buxton, 2006c). They need help identifying resources for social support (Buxton, 2006c; Yarhouse & Kays, 2010). Statistically, the marriages that last the longest are characterized by open communication, honesty, love and commitment to each other and the relationship. However, these couples need help developing these all-important communication skills, which can enable them to rebuild trust and strengthen their ability to successfully come to agreement about major topics like sexual fidelity, how the gay spouse will express his or her gay identity, as well as what, when, and who will future disclosure be made (Buxton, 2006c; Kort, 2005; Yarhouse & Kays, 2010).

Buxton (2006b), Hernandez and Wilson (2007), and Yarhouse and Kays (2010) discuss the significant relationship changes most MOMs endure following same sex attraction discovery or disclosure from their mate. The first occurs at the time of disclosure of discovery and can take in a broad range of possible scenarios and potential opportunities for creating emotional closeness or, a stunning disconnect and feelings of betrayal between the straight spouse and his or her partner. Of major significance, and typically “about” much more than the shock, sadness or anger following the revelations of same-sex attraction are the circumstances surrounding how
the straight spouse gains knowledge of his or her spouse’s same sex attractions (Gochros, 1989). Disclosures may come voluntarily, following a spouse’s questions, or after the straight spouse finds incriminating evidence such as gay pornography or notes from a lover. The straight spouse may be informed by another person, perhaps the spouse’s lover, a co-worker, or more dramatically, following an arrest, job dismissal or diagnosis of a sexually transmitted disease. For some couples, the disclosure is an event where the gay or bisexual spouse informs or confesses to the straight spouse about same sex attraction or activities. In other scenarios, there may be a growing awareness on the part of the straight spouse of strange or unusual behavior from their mate; too many late nights at the office, or excuses that don’t add up. The straight spouse may ask his or her mate directly, and receive an honest but affirmative answer. In alternate, even less favorable possibilities, the straight spouse may inadvertently “find out” or “catch” the spouse in lies, learn of unsavory hotel liaisons or learn of their own HIV positive status during a routine medical check-up.

A second phase following disclosure is how the straight spouse takes in the information and responds on an emotional level. Gochros describes both “positive” and “negative” reactions with criteria for both. A positive disclosure is one that is voluntarily given within the context of a relatively good marriage. Also important are specific details about the disclosure. Did the spouse share his or her fantasies about members of the same sex or confess to being in love and actively involved with another. Is the news disclosed with genuine empathy and concern for the welfare of the other? On the alternative side, is the “negative” disclosure; one that reveals a major betrayal of trust that also occurs in the context of a poor or troubled marriage where the spouse indicates his or her desire to withdraw commitment to the marriage and the relationship. If there is insufficient attention that focuses on the straight spouse and his or her future well being, the
consequences bode less well not only for the marriage, but also for a congenial future relationship.

A third stage, described by Gochros is the recognition of reality where the straight spouse understands, believes, and comes to terms with the behaviors of his or her mate. Both spouses may, at this point agree that they have some serious decisions to make. Or, in other cases, they might fall into their respective roles of co-dependent behaviors such as denial, secrets, and closeted behaviors.

But as the days passed, when he told me the naked truth about his past and present life, it hurt me to the core. Worst of all, I had to keep everything secret. It put me into the closet with Tom, in a lonely isolation beyond imagination. (Grever, 2001, p. 30)

A fourth phase might involve negotiating a future, and deciding independently and together about their commitment to the marriage, defining the love and companionship with each other, and coming to terms with issues related to sexuality and sexual expression. Therapeutic intervention from an unbiased and experienced therapist can prove beneficial.

**Impact Summary Statement**

The response and impact on the straight spouse, the children and the marriage, was best described by Amity Buxton who wrote, "...there are as many ways of coping with and resolving issues as there are individuals because of layers of cultural, familial, and societal factors, as well as differences of individual personalities and couple relationship styles" (Buxton, 2009, p. 319). The impact on the straight spouse is significant and brings a host of complex emotional reactions, and what for many is a complicated series of events and emotional upheaval. The reactions by children depends on their age, their level of confidence that their lives will be
reasonably unchanged, their worlds continuing to be safe and secure, and their relationships with both parents intact and unchanged. For the marriage, open and honest communication is key, and the prominent indicator of how long the marriage will last, and the way couples are able to come to agreement on their respective futures, either choosing to remain together as married partners or apart.

**Coping and Healing**

The third component of this research sought to understand what can help as well as hinder a coping and healing process for the straight spouse, the children, and the mixed-orientation couple. For the straight spouse faced with the sudden revelation that his or her mate is gay or bisexual, there's a complex mesh of personal, familial, cultural, religious and societal issues to contend with.

**Hindrances to Coping and Healing**

Most straight spouses lack personal understanding about the complexities of homosexual and bisexual relationships and attraction, and express familial, cultural, ethnic or religious shame or aversion to homosexuality or bisexuality practice (Buxton, 2006c; Buxton, 2009; Hernandez, Schwenke & Wilson, 2007; Kays & Yarhouse, 2010). In fact, many straight spouses participate in co-dependent behaviors, opting to keep their gay or bisexual spouse's disclosure of same sex attractions secret in hopes of protecting them from family or community judgments or family shame (Corley & Kort, 2006).

Worse, I felt utterly inauthentic; pretending to the outer world that our marriage was ideal, knowing it wasn’t even a marriage. Lies and half-truths were a daily necessity. I couldn’t even talk honestly with my own mother. (Grever, 2001, p. 31)

Others don't know about how or where to get help. Ph.D. Jean Schaar Gochros (1989) believes
therapy for the straight spouse is most effective sooner rather than later, in part, she believes, because the individual’s emotional resources are often “more intact” in the beginning. Although the person may be worse off emotionally as they head into acute crisis, she believes they also may be more inclined to accept help. Later, with what she describes as, “…depleted emotional, economic and social resources…” the straight spouse may lock into “dysfunctional solutions” just as they’re facing more complicated decisions and creating strategies for how best to move forward with their lives (Gochros, 1989, p. 80). Still others believe they're coping well enough on their own without seeking assistance from a therapist (Buxton, 2006c).

When straight spouses ultimately do seek counseling help, they may find an uneducated, biased, and even antagonistic helping profession that has been sluggish in responding to and including gay, lesbian and bisexual issues (Ahmann, 1999). A practicing RN who works with a variety of families, Ahmann believes that in spite of a shift in societal norms, and an increased cultural acceptance of sexual diversity in families, professionals typically have little or no training about LGBT issues. A recently-released 2011 study from the Institute of Medicine charged with identifying the state of the science of LGBT health, as well as with uncovering gaps in research, confirms this gap, citing in its findings that as a group with minority status, LGBT individuals and families are subjected to prejudice and discrimination in health care. (Olson, 2011b). Ahmann notes as well that families or individuals who seek help can be subjected to inappropriate assessments and diagnoses, negative stereotyping and anti-gay attitudes, stigmatization, along with unresponsive and antagonistic behaviors from the very sources with whom they seek help. She encourages health care providers to examine their own attitudes, and strive to demonstrate respect for all families, regardless of their structure, sexual orientation or values (Ahmann, 1999).
The Clark and Serovith (2007) content analysis of 13,217 articles in 17 marriage and family journals from 1975-1995 findings revealed that only .006 % (77 articles) focused on gay, lesbian and/or bisexual issues or used sexual orientation as a research variable. They suggest therapist education via workshops, lectures and professional meetings, academic coursework to address gay, lesbian and bisexual issues, and increased research literature related to assessment, causes of, adjustment to, and attitudes toward homosexuality. To this point, Duffey (2006) relayed a story from a straight spouse regarding her experience attending a conference promoted as one that would address issues related to family members of homosexuals. When no information was included during the conference to acknowledge the spousal experience related to a mate's coming out process, her feelings of isolation were reinforced, and her inclination to stay in the closet felt justified and reasonable. In another instance, a male straight spouse discussed his frustration following his lesbian wife’s disclosure:

Right after my wife came out, I went “shopping” for a therapist to help me sort things out. Boy, oh boy, were they ever in the dark and completely uninformed about what I was going through! It was less hassle I guess to just skip the therapy and sort it out on my own. (J. Moore, personal communication, September 9, 2011)

Non-Therapeutic Options for Coping and Healing

However, along with these personal, societal, and professional barriers are increasing options for help and support. The best source of non-therapeutic information and support is available through the Straight Spouse Support Network (SSN); a non-profit organization founded by Amity Buxton whose husband revealed same-sex attraction after more than 25 years of marriage. Now, after more than 19 years of study, and 14 years of observation as the Executive
Director of SSN, Buxton has a core belief that individuals have the ability for self-healing if provided with sufficient support, knowledge, and encouragement (Buxton 2006b). SSN is comprised of more than 54 support groups in the US, and eight online support networks, with principles for facilitator training and engagement drawn from the client-centered approaches of Harry Stack Sullivan and Carl Rogers, narrative therapy, cognitive behavioral therapy, the human potential concepts of Maslow, leaner-centered educational philosophy, Erickson’s developmental stages, and family systems therapy. (Buxton, 2006b) The organization offers peer-to-peer confidential connection based on member experience and knowledge of topics related to spouse and family issues relevant to mixed-orientation marriages. Its goal is to help participants recognize that they're not alone, as well as to encourage and practice skills of self care. It also provides answers to questions related to legal, ethical, and values-based issues relevant to the broader contextual factors such as race, ethnicity, culture of origin and socio-economic status (Buxton, 2004; Buxton, 2006a; Buxton, 2006b; Buxton 2006c).

SSN's ultimate aim, during what Buxton sees as increasing societal acceptance of same-gender relationships, is to reach out and help straight spouses by building bridges of understanding. Buxton believes that these educational, helping and bridge-building activities will ultimately increase awareness of mixed-orientation marriages and straight spouses within the therapeutic and helping professions, as well as in the broader societal context (Buxton, 2009).

**Therapeutic Options for Coping and Healing**

As part of ongoing efforts to educate and increase collaboration with practicing therapists, Buxton utilizes empirical data from the more than 10,000 entries posted over the past 15 years on the confidential SSN online discussion groups and chat rooms to suggest that heterosexual spouse or the mixed orientation couple faces unique issues when a lesbian, gay, or
bisexual spouse discloses their sexual orientation. For therapists working with these clients, she acknowledges that there's very little literature on the topic, no "best practice" models to follow, and a general lack of knowledge about gay, lesbian and bisexual issues and MOMs (Buxton, 2006a; Buxton, 2006b; Buxton, 2006c). She advocates for counselors to become familiar with core issues facing the heterosexual as well as the gay or bisexual spouse, and to understand the stages each go through to resolve these individual and marital issues, and the common paths they tread for healing.

Other researchers (Kort, 2005; Hernandez, Schwenke & Wilson, 2011; Kays & Yarhouse, 2010) emphasized the complexity of these issues facing the straight spouse along with the difficulties of navigating a mixed-orientation relationship. The straight spouse most often has feelings of anger, fear, pain, low self-esteem, a lack of self-worth, and major questions regarding their own sexuality. They also question the viability and future of their marriages and express universal concern for the future well-being and welfare of their children. Critical as well are questions of their own integrity and belief systems (Buxton, 2004; Corley & Kort, 2006; Duffey, 2006; Hernandez, Schwenke & Wilson, 2011; Hernandez & Wilson, 2010). Higgins (2006) advocates co-joint therapy with both spouses, and shares concerns that the gay spouse is often not honest about his or her feelings for fear of causing further hurt to the straight spouse. Likewise, Higgins cites examples his counseling experiences where the straight spouse feared expressing their own anger, especially in situations where the gay spouse was emotionally vulnerable or suicidal. He believes it's mandatory for both spouses to overcome denial, and acknowledge their feelings and expectations for the future.

When co-dependency issues are involved, a therapist can also identify and help the straight spouse recognize their own co-dependency issues, and in so doing, help them combat
continued feelings of inadequacy, helplessness, and sexual incompetence (Corley & Kort, 2006). For example, straight spouses may "ignore" problems related to their spouse coming out by presenting a happy face and living a life indicative of a perfect household. They may lie to friends and family, and make excuses for their gay or bisexual spouse. A similar situation might occur with a spouse who suffers from sexual addiction or alcohol addiction, and the straight spouse may essentially become a co-addict telling no one the secret, and thus enabling their partners to continue to pursue their addiction (Buxton, 2006c; Corley & Kort, 2006).

As mentioned earlier in this document, an estimated two-thirds of all mixed orientation couples opt to stay in the marriage immediately following the disclosure by the gay or bisexual spouse. Duffey (2006) believes both spouses need time to establish their new identities before making major decisions. Though only one third of these couples remain married longer than five years, all would greatly benefit from a therapist who is able to align with both spouses. As Kort (2005) writes, "... both spouses [must] leave our offices feeling that we're on their side" (p. 131). However, many therapists openly disapprove of a gay husband and a straight wife staying together under any circumstances, assume the couple must divorce, or project their own values and biases to the gay or bisexual husband advising him (or her) to remain a sexually faithful partner (Kort, 2005).

Writing of his own transference issues when working with mixed-orientation couples, Alessi (2007) discusses the need for the therapist to understand, as well as acknowledge, the ties both the straight and gay or bisexual spouse have to the spouse and the children. He cautions therapists to avoid attempts to, "… pull the gay man/woman out of the closet" (p. 198), and divorce promptly, perhaps under the mistaken belief that this is the "best" thing for them, when actually, the couple is not always ready to take on this significant and life changing position.
Yarhouse and Kays (2010) discuss the MOM couples from a conservative Christian perspective suggesting they may ultimately commit to alternative kinds of relationships if their goal is to remain in the marriage. For example, they may opt for a close, emotionally supportive, but platonic relationship, or an open marriage where one or both spouses see others outside of their marriage. Others may continue to practice sexual faithfulness, commitment and emotional closeness. Mark Yarhouse, who is the Hughes Chair of Christian thought in Mental Health Practice and professor of Psychology at Regent University, Virginia Beach believes that it is preferable for the therapist to work with the couple to enhance sexual intimacy within the marriage rather than to look for ways to explore sexual identity and behavior outside of the marriage.

His PARE model framework cites the experiences of Christians who either identify as gay, as well as those who dis-identify with a gay identity, and continue to focus on sustaining the marriage. His four-step therapeutic process includes sexual identity therapy where couples identify what he terms a “three-tiered distinction” (p. 80) between same sex attraction, homosexual orientation and gay identity. The sexual minority mate may describe themselves as “same sex attracted” rather than calling themselves gay or bisexual. The “weight” the sexual minority spouse ascribes to various personality and sexuality aspects of themselves are also discussed (p. 81). One part of their experience is the expressed same sex attraction along with other aspects such as biological sex, how masculine or feminine they feel, their behavior intentions, the behaviors they actually engage in, as well as personal beliefs and values held about sexual expression. Ultimately, the sexual minority spouse is encouraged to sort out the emotional aspects of how they think of themselves and reflect on their same sex attractions, considering them to other life and growing up experiences. For example, one minority spouse
may consider his or her same-sex attractions as a reasonably minor component of themselves. Another factor in this sexual identity therapy component is to discuss congruence, or how the individual’s identity behavior aligns with their own personal beliefs, values and what they want in terms of their marriage and future relationship with their spouse.

The second component of the PARE framework focuses most directly on the straight spouse and considers his or her interpersonal disclosure trauma. Discussions include those around perceived violations of trust, feelings of betrayal, and attempts to understand the “why” of their mate’s same-sex attractions. A third “fostering resilience” phase (p. 81) seeks opportunities for honest and open communication between mates, a strengthening of the emotional bond, tapping into their original love story, reviewing the original reasons for marrying one another, and important reasons for continuing on in the relationship. The fourth phase of this PARE model is to help the MOM couple enhance or recreate their sexual intimacy, which, (according to Kays & Yarhouse), is often “still important” and “often intact” (p. 82). Honest discussions about “ghosts” in the bedroom, unresolved thoughts or fantasies about former sexual partners, and addressing the straight spouse’s insecurities and trust issues are critical, along with frank discussions around topics related to experiences of desire and attraction, as well as future expectations, rules, and boundaries for a continued sexual agreement.

Therapists should also be mindful of the difference between revelations of same-sex attraction from one spouse and an extramarital affair situation between two heterosexual spouses. Not only do partners face the very real notion of a spouse’s infidelity, (as is often the most likely scenario of an extramarital affair in a heterosexual relationship), but husbands and wives of gay spouses address complex issues of damaged sexuality, role confusion, personal identity crisis, integrity concerns and what are often shattered belief systems (Buxton, 2006c; Corley & Kort
(2006); Duffey, 2006; Hays, 1989).

Buxton (2006c) writes that therapists need to listen without "misconceptions or bias" (p. 122), understand why people seek help, and identify the sort of issues critical to address in a therapeutic setting. She has learned through experience that individuals and couples want reassurance that they're not, "… abnormal, crazy, or doomed to a life of suffering" (p. 122), and seek information and tools to help them deal with confusion and pain. They also want learning strategies to help them cope proactively. Because they also have major concerns for the welfare of their children, they need guidance on how best to inform them, and protect them from fears, stigmatization, and teasing from peers. She says that the process of validating the feelings, attitudes and capabilities of the couples and, and encouraging them to take responsibility for their own lives "drives" her work (Buxton, 2009). Comparing herself to a doctor, Buxton strives to determine each of the spouse's overriding emotions, as well as to help them identify their own greatest sources of strength. She teaches the couple that the most essential tool is communication where all questions are asked, and answered with honesty and respect. Encouraging them to "… readjust their own moral compass" (Buxton, 2006c, p. 224), Buxton helps couples recognize that it takes time to heal, cope, and come to terms with their wants, needs and values, in order to reconfigure their lives, formulate realistic plans and a belief system based on the "new reality" (p. 224), and compatible with their own personal values and the cultural context where in which they're embedded (Buxton, 2006c).

Kort (2005) is critical of therapists who disapprove of circumstances where a gay husband and a straight wife stay together based on a personal belief that it's a clear sign of an intimacy disorder. He believes however that his therapeutic role with mixed orientation couples is not to change the orientation of the gay spouse, and accept that there are many instances where
responsible non-monogamy between partners is a viable option, and to recognize that his role is neither to help them stay married or get divorced. Rather, it is to help the couple understand the shared responsibility is theirs; one where they get back into integrity with themselves and each other, and, in the process, discover what's right for them. Kort is adamant on the notion that no marriage should stay together only "for the sake of the kids" (p. 130). What the couple needs is help preserving the family unit, maintaining the relationships with the children, and assistance with defining the parameters of their newly-emerging relationships, where each partner has equal investment, and gets what he or she wants (Kort, 2005).

**Coping and Healing Summary Statement**

Mixed-orientation couples are just beginning to be studied and understood. However, most of the research examines the MOM from the perspective of the marriage and not the straight spouse, especially those who commit to remaining in their marriage. An implied suggestion from the Hernandez study of Seventh-day Adventist women, as well as the Yarhouse & Kays PARE model for working with mixed orientation couples is for therapists to fully understand the religious beliefs and worldview of their clients and recognize that this set of core beliefs affects ideas that govern sexual expression and the marriage itself (Hernandez & Wilson, 2007). There are no easy answers or simple solutions if a therapist hopes to help in an unbiased manner with these individuals, couples and families.

**An Adlerian Perspective**

As has been discussed, there may be all too few opportunities for the straight spouse whose mate has revealed same sex attractions to be heard, listened to with respect, and genuinely understood. By the time an individual turns to a therapist for help, they may be afraid, intimidated, and unsure about what to think, what to do, and how to live with this new revelation.
There has been a shattering of long-held dreams and life plans, coupled with questions about their world and values, and concerns about sharing their troubles and most intimate secrets with a stranger. In a 1989 interview for *Individual Psychology*, family therapist Miriam Pew affirms:

> I have seen some lesbian couples, or couples who after some years of marriage find that one partner decides they are bisexual. The couples I have seen where one partner is bisexual have had very painful struggles. (Nystul, 1993, p. 478)

Adlerian therapy, regardless of the conflicts or clientele involved, has four aspects: establishing a proper working relationship, assessment, interpretation, reorientation and reeducation (Carlson, Watts & Maniaci, 2006), where the therapist is primarily an active leader and teacher who both advises and models democratic and encouraging behaviors. Pew says:

> Bringing my own humanity and compassion is important because I have also known loss, grief, disappointment, as well as great joy and satisfaction. (Nystul, 1993, p. 478)

To provide an example of each of these four steps, a sample case study was created utilizing a compilation from personal narratives of straight spouse examples found in *The Other Side of the Closet* (Buxton, 1991); *When Your Spouse Comes Out—A Straight Mate’s Recovery* (Grever, 2008); *When Husbands Come Out of the Closet* (Gochros, 1989); and *My Husband is Gay* (Grever, 2008). Gochros writes that after conducting interviews with more than 250 straight spouses, each told from unique perspectives, she found common themes with many of the stories sounding very much alike. Within these common themes are opportunities for therapists to provide help and encouragement.

**One Straight Spouse’s Story**

As the daughter of a World War II veteran, and a white baby boomer raised in the suburbs of a Midwestern metropolitan area, Sara’s family had clearly defined expectations for
their first born child. She would attend college, get a good job, marry a nice boy, give birth to at least two children, purchase a home in the suburbs, and live the American Dream.

And so it was in her 23rd year, upon successful completion of this college degree (the first in her extended family), that she married a smart and handsome young man, found a home, pursued a professional career, and gave birth, over the course of the next five years, to three children. When her husband Aaron casually admitted to "feelings of affection and attraction" for other men during their twelfth year of marriage, she was stunned and ashamed. As she saw it, there was clearly something terribly wrong with her. She kept silent, and told no one but her sister and best friend, both of whom she swore to secrecy.

Over the next few months following Aaron’s revelation, the couple tentatively discussed separation and, worst case scenario, divorce. Both Aaron and Sara feared family rejection, job loss, financial disaster as well as family, church and community judgment should Aaron’s same-sex activities come to light. Aaron pledged his continuing love and faithfulness, citing his own desire to “be true” to their marriage vows. They also agreed that because their mutual goal was to provide a safe nuclear family and home for their children with silence the best option.

However, after a brief hiatus, Aaron began to secretly visit online chat rooms, and set up liaisons with men through his developing online gay community. Sara ignored numerous late nights when Aaron worked late, or seemed emotionally absent, and immersed herself in work, home and children. She knew things weren’t right, but ignorance was a lot less hassle and seemed easier than confrontation.

A few years later, when Aaron revealed his HIV positive diagnosis, Sara again opted to stay in the marriage keeping the family intact, fearing the breakup of her family and the disruption of her children’s lives. Ultimately, after more than ten years of cyclical bouts of
sleeplessness and unrelenting depression Sara sought the assistance of an Adlerian therapist. She knew something needed to change; though she wasn’t sure what she could change, or how to go about it.

**Help for Sara**

From the very first interaction between client and therapist, there are many opportunities to lay the groundwork for trust, and, in the process, to create a working and respectful relationship where client and therapist operate collaboratively as equals (Carlson, Watts & Maniacci, 2006). The assessment process, which actually never ends in the course of a therapeutic relationship with any client, offers a continuing opportunity for connection, empathy, and alignment. Getting to know enough about each person-who they are, what they believe, and how they operate in the world to help make treatment suggestions, is the ultimate goal of this process.

For Adlerians, alignment during the assessment process, as well as for the duration of the therapeutic engagement, is intentional. It provides the opportunity for everyday conversation, a comparing of notes on seemingly simple topics like how the children are doing in school, family rituals and celebrations. Not only does it help clients feel they’re genuinely heard, but it also provides an opportunity for the therapist to teach the client about themselves as well as to make connections between their family of origin and current issues within their own lives in the present moment.

They also may feel this is the first opportunity they’ve had to tell their stories, and present their point of view. Because there is no “all seeing-all-knowing” expert in the room, but rather a collaborative team of equals, it’s an authentic dialogue between client and therapist where the client is an active participant in the search for solutions and insight (Carlson, Watts &
When Sara meets her therapist for the first session, she is nervous, ashamed, and intimidated, the wife of an unfaithful husband who has informed her of his preference for sexual relationships with men over her. She may wonder if she’ll be made to feel like “this whole gay issue” is her fault or caused by something she has done wrong. She may silently pray for the opportunity for an easy conversation before they get down to the more serious aspect of her visit.

The therapist begins with a focused and intentional effort to align, empathize and hear Sara’s story. He (or she) asks questions that encourage Sara to share her story such as how she met Aaron, their dreams for their life together, and what they hoped for as a couple and a family. The therapist wants to obtain clear facts on Sara understand specifically what has brought her to counseling. An important aspect of helping straight spouse clients is to understand the contextual framework of the client’s life such as their religion, ethnicity, economic and educational background, and help them recognize that there are significant circumstances; people and events in their lives to bring them to their current place and the belief systems they have about marriage families and homosexuality.

In Sara’s case, she grew up in a conservative Midwestern suburban home, financed by the GI benefits her father Dad received after his military service during World War II. In this time of hope, prosperity, and freeways, her Dad supported the family. Her Mom stayed home to care for the home and raise Sara and her siblings. As a child, she attended a sparkling new elementary school built to accommodate the masses of baby boomer school age children, and enjoyed every privilege granted to other white, middle class children, all of whom looked and acted just like her.

She entered adolescence with a stunning absence of sexual knowledge, experience, or
understanding of herself as a sexual being. Homosexuality? What was that exactly? Her parents had dodged questions regarding sex or what they thought of as “deviant” behaviors related to sexuality, and changed the subject as quickly as possible.

Sara’s lifestyle interview revealed that her family of origin and family constellation issues were more complicated than a simple first impression might indicate. As the first-born child in her family of origin, her three-year old brother had wandered out into the street, and had been run over by an approaching vehicle, a seemingly preventable neighborhood accident. Sara grew up “knowing” her brother had disobeyed her Dad by playing near the busy road in front of their house. When he died, the "obey all rules” was clear, and Sara rarely strayed from this early impression.

For the whole of Sara’s life, when people met her she wanted them to believe she was a nice, cheerful and positive person; perfect in all ways with a handsome husband, a beautiful home, children, and a wide circle of friends. Like Sara, each person operates from a personal, and most often, very private set of beliefs, a private logic about their world and themselves (Ansbacher & Ansbacher, 1956). In Sara’s case, one of her core beliefs had always been that she wasn't "good enough" or "smart enough", and that she was, "less smart", "less capable", and somehow "beneath" others, and therefore imperfect. She also worried that if she tried anything too difficult, she’d fail. And when she did fail, people would, (of course), find out that she wasn't smart or capable or competent, and far from perfect. She did not want her marriage to fail. She did not want to relinquish her seemingly perfect life. Nor did she want to disappoint her parents.

Sara’s willingness to keep her husband’s same-sex attractions and activities secret is a lifestyle issue that originates from her own set of mistaken beliefs that her needs are less important, or perhaps not important at all, and that her role is to take care of everyone. Her fears
of change or leaving her marriage point to another mistaken belief that she is less competent than others, and may not be perfect. When Sara was asked “the miracle question” (Mosak & Maniacci, 1999, p. 136) by her therapist who said, “If you woke up tomorrow morning and all the stressors with your husband surrounding this revelation from your husband had disappeared, and your life was happy again, what would you do? What would it feel like?” Sara responded quickly saying that she would find herself a new home and a new life and start out fresh and new. She would lose weight, practice better self-care, and spend time with her friends, attend arts events, dine out at new restaurants, and take long walks. Her habit of depressing, of not sleeping, and berating herself is exhausting, and has kept her tired, unmotivated and reinforces her own feelings of “less than” status. Her own discussion of what she’d do if everything were magically different highlights the goal of therapy.

By helping a straight spouse recognize his or her core beliefs and what may be mistaken goals of behavior, and encouraging them to behave “as if” they can do the things they secretly know they “can’t” do, the client may be better equipped to come up with logical solutions to make life better, and determine how to make small, courageous and significant shifts in her life (Ansbacher & Ansbacher, 1956).

Sara also operates from a very strict and rigid values code. In her eyes, no parent may neglect a child's needs, because children are, and must be, the priority in a family. Also dominant in Sara's lifestyle values are the notions that children must be raised by two parents, with the only "true" definition of family being one with a female mom and a male dad. Both Aaron and Sara view homosexuality as “wrong;” they're both hiding the obvious and keeping it secret. Sara believes that a wife must stay with her husband, no matter what. She also believes that her community will reject her and her children if they do not live according to their own definition of
"normal" behavior, which also includes continuing on with the marriage, no matter what. Sara “knows” that because homosexuality is wrong, she must keep her husband's (and her own) secret to herself, and avoid the shame and disgrace of “choosing” a homosexual (Grever, 2001).

Sara also has very real concerns about what will happen to her financial status if she and Aaron divorce. She wonders if she and her children will be forced to relocate to a small apartment, and consequently, move the children from their comfortable suburban school district, and if she’ll need to take on a second job to support them.

The therapist must also acknowledge that Aaron’s desire for sexual exploration is one with potential ethical considerations as well as serious health risks for Sara. In spite of Aaron’s promise to remain faithful, he participates in potentially dangerous sexual liaisons, which jeopardizes himself, his family and Sara. In this case, there’s a potential duty to warn (Woody & Woods, 2001) Sara of the potential health risks as well as to provide additional education about the possible dangers of cohabitation, (which typically implies sharing the same bed), with a man who is participating in random and dangerous sexual exploration. According to Sara, the relationship between her and Aaron is reasonably congenial; the therapist wonders if they continue to have an intimate physical relationship. If so, is Sara denying the potential danger both for herself and her children? Is Sara’s behavior irresponsible? Does she know about HIV? Regardless, Sara must be encouraged to get tested for STDs and the HIV virus.

It is also the therapist’s responsibility to provide information that may help Sara make more informed decisions; ones where personal risk is considered, the emotional impact of carrying a family secret, and to encourage Sara to investigate possible alternatives for herself and her children. As psycho education and bibliotherapy “options”, the therapist might also suggest a number of published resources for Sara, such as books by others who have experienced a
spouse coming out, as well encouraging Sara to check membership in a local support group of the Straight Spouse Support Network, or attend PFLAG meetings. She might also be encouraged to connect with a broad network of resources through the colleges and universities in her community.

Also helpful will be for Sara to complete a variety of narrative homework writing assignments such as keeping a journal or writing letters (which will not be mailed), to her husband Aaron, her parents, and her children. She can write about what she wants her future to look like, and express feelings, hopes, and her plans about what she would like to do, how she would like to live, and what she longs for. These can be shared with the therapist or kept private.

Adler believed that each of us could make change, not only in our own lives, but also in our personal convictions and beliefs about ourselves (Ansbacher & Ansbacher, 1956). By getting out of her car, and walking into the therapist’s office, Sara demonstrated a sort of courage, and, by consciously taking on the notion that by behaving "as if" she was important enough to seek the help of a therapist, she is taking personal responsibility to change her life. The combination of an authentic and caring relationship, encouragement, and recognition of personal convictions can help Sara make significant changes in her life.

After Sara’s counseling with the Adlerian therapist, Sara decided it was time to divorce her bisexual spouse. As her children near adulthood, the family home and so-called “perfect” nuclear family has been split. Sara opted out of this seemingly idyllic life, and in the process, continues to fear that she may have brought a certain amount of upheaval and pain to her family. She continues to struggle with finding what she believes is a reasonable balance between personal autonomy and responsibility for her children and her former mate. She continues to grow in self-awareness, practicing new skills of courage, a willingness to live with the
consequences of her actions and a shift in many of her previously held lifestyle convictions.

**Summary Statements and Concluding Thoughts**

This researcher began with little recognition of the depth and breadth of what was considered to be the relatively narrow scope of the original research question: “What are the best treatment options for helping a grieving straight spouse following the disclosure of same-sex attraction by his or her mate? “ The initial goal of this researcher's investigation was initially to shed light on how best to help the straight spouse. Bisexuality was not originally considered, nor the notion of longer-term MOM relationships. Another completely unknown facet of this question was lack of previous knowledge of the MSM population, men who have sex with men. Loren Olson, whose recent book, *Finally Out* believes that many men don’t see coming out as a possibility because the losses seem larger than the gains, and they don’t want to “sacrifice the privileges” and the implied normalcy of a heterosexual identification in our society. Olson cites figures in recent studies suggesting this additional group of men who say they engage in sex with men are virtually invisible (Olson, 2011c, n.p.). The implications of these numbers of “invisible” married men for straight spouses are significant; not only from a public health perspective, but as a family health issue for the individuals involved as well, and should not be taken lightly.

Also acknowledged is the all-too-brief consideration of the children and other extended family members. However, in a relatively short span of time, this researcher made significant leaps in acknowledgement, knowledge and understanding concerning the multitude of issues surrounding sexual identity, sexual orientation, and same-sex attraction. With this increased understanding however, came new questions about the viability and durability of a mixed-orientation marriage, the longer-term emotional and mental health consequences for the gay or bisexual spouse, the straight spouse, and the children of mixed-orientation marriages. Both peer
support and professional therapeutic guidance can be helpful for family members to enable growth and learning following the aftermath of disclosure by a gay or bisexual spouse of same-sex attraction. Skilled counseling may prove invaluable for helping couples determine how to move forward; whether it be to remain in the marriage, separate, or divorce. It can also help identify personal issues that keep both the straight spouse and the gay spouse from moving forward, managing their emotions, and understanding co-dependency issues and possible problems with sexual addiction. But perhaps most important, a skilled therapist may help all members of the family heal and maintain a lifelong relationship beneficial for all, regardless of the outcome of the marriage.

This research acknowledged that there’s a scarcity of information on or from the family members, spouses, and friends who absorb these same-sex revelations from their sons, spouses, or parents. Likewise, though there has been an increase in coverage and qualitative studies in the professional journals attempting to understand the coming out process for both lesbians and gay men, there are still few empirical studies to address these same life transitions for the married, or previously heterosexually married, males and females and other family members impacted by what is all too often a sudden, and dramatic change in their world when a spouse or parent comes out (Buxton, 2006b; Hays, 1989; Hernandez & Wilson, 2007; Thompson, 2009). As was also earlier acknowledged by this researcher, no empirical studies have examined the success of healing processes for the straight spouses whose previously-believed-to-be heterosexual spouse reveals same-sex attraction.

There was also a notable absence of the straight male spouse voice in the literature and case study material utilized for this literature review. Hernandez and Wilson (2007) studied long-time married Seventh-day Adventist women, and Hays (1989) likewise surveyed seven women
in mixed-orientation marriages. Additional research on a number of topics related to the mixed-orientation marriage and extended family might include: comparisons between mixed orientation marriages of different socio-economic groups, faiths, ethnic and cultural groups; comparative studies of mixed orientation marriage from the straight male perspective; a study on the longer term emotional lives and life-decisions of now-adult children from mixed-orientation marriages; fathers whose sons have revealed same-sex attraction and divorced from their heterosexual wives; mothers whose daughters revealed same-sex attraction and divorced from their heterosexual husband; mixed-orientation marriage families 10 and 20 years following disclosure; and gay and bisexual males and females who have been estranged from their families since revealing their same-sex attraction.

A number of the studies and articles discussed topically what the straight spouse might require from a therapeutic standpoint, though none addressed it with any treatment model or case study examples to address specific issues for therapeutic intervention. These issues might include: co-dependency, neglect for their own needs, a shattered belief system, living with inaccurate and crippling personal convictions, and mistaken beliefs about personal inadequacy, incompetence, and sexuality.

There is significant emotional dialogue in the U.S. when it comes to issues related to sexual identity and gender preference including arguments on the evening news about same-sex marriage; revelations from public figures caught in the act of soliciting sex a public restroom from members of the same sex, and confessions from politicians, celebrities and other public figures regarding closeted gay affairs. For example, Dr. Loren Olson, a long-married and highly regarded psychiatrist who writes regularly for Psychology Today (Olson, 2011c), and The Huffington Post (Olson, 2011b), has recently written Finally Out: Letting Go of Living Straight A
Psychiatrist’s Own Story, a well-publicized account of his late-in-life coming out process. During a recent interview, Olson was asked if his book considered the emotional perspectives of his straight spouse and two adult children. Olson was quick to acknowledge that no; this particular book did not delve into this arena, but rather focused exclusively on his own internal shift where he went from life as a heterosexual spouse, father, and highly-regarded professional to one with a same-sex spouse and an entirely new life. His concern and ultimate purpose in writing the book, he says, is the ongoing societal need for secrecy in the lives of MSM individuals (Van Nuys, 2011). As citizens and onlookers, perhaps we’re titillated, shocked, disgusted, or perplexed by conflicting societal messages and our own personal values and belief systems. But this researcher continues to seek out the voices of the straight spouse and those impacted by these revelations.

Also of concern is a societal “politically correct” environment, where there is the danger of being perceived by one’s professional community and peers as “anti-gay” or inflammatory to raise issues (either pro or con) related to topics such as the viability of same-sex marriage, gays in the military, or suggesting possibilities for relationships that don’t follow traditional rules and boundaries of a traditional Christian heterosexual marriage. Conversations from a recent SSN gathering in Minneapolis, Minnesota revealed ongoing feelings of isolation and judgment about straight spouse decisions to leave a family, coupled with broader societal neglect and disinterest of their own painful journeys (J. Moore, personal communication, October 1, 2011).

The needs of a straight spouse, the mixed-orientation couple and other extended family members impacted by the sudden revelation of a friend, co-worker, or family member’s coming out could benefit from an Adlerian perspective on issues related to their lifestyle, core beliefs, and mistaken convictions, which could help them move forward with courage, an optimistic
spirit, and a willingness to make changes to live socially useful and productive lives.

In a special guest editorial written for a 1995 edition of the *Journal of Individual Psychology*, Cynthia Chandler chided Adlerians, saying that recent peer-reviewed literature did not reflect current views. She explained that surveying the publication over the (then) past 20 years revealed only six instances where homosexuality had been addressed. In a later, 2008 edition of the *Journal of Individual Psychology*, Erik Masanger discussed his own similar search, now 13 years later. He noted an improvement, but challenged the Adlerian society to, “… be more responsive to the needs of the homosexual and bisexual populations and their family…to maintain its applicability and respectability…” (p. 127). He went on to acknowledge that a lack of understanding coupled with a refusal to support homosexuality within the family had the potential to create the potential for homosexual family members to risk, “… becoming an outcast or living a hidden life…” (p. 128). He suggested that counselors unprepared or unwilling to counsel homosexuals or bisexuals should “at least” familiarize themselves with helpful resources or referral sources,” while encouraging Adlerians to take “full advantage” of Adler’s teachings and “… design systems that support the enhancement of health and well-being of all” (p.128).

In this spirit, a component of this researcher’s current investigations involved a search for the Adlerian perspective on issues related to sexuality, mixed-orientation marriages, and help for the straight spouse in light of a spouse’s revelations regarding same-sex attractions. The Adlerians were noticeably absent on topics related to the mixed-orientation marriage between a straight spouse and a gay or bisexual mate. There were a limited number of articles (20 total) including, “An Adlerian Theoretical Framework and Intervention Techniques for Gay and Lesbian Couples”; “The Male Homosexual Style of Life”; “Male Homosexuals in a Changing Society”, and “The Invisibility of Lesbian and Gay Parents Within Adlerian Parenting
Materials.” Volume 64 #2 of the Journal of Individual Psychology published in the summer of 2008 focused exclusively on LGBT issues, which is a start. However, Adlerians will not remain relevant and will fail to demonstrate a philosophy of “socially useful” professional behavior for today’s multi-cultural society if they continue to ignore this under-served population.
References


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