Utilizing Five Adlerian Life Tasks as an Integrative Perspective for Counseling Gay Men

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Abstract

This paper is a literature review examining early Adlerian theory and attitudes towards gay men. It examines the discriminatory, historical Adlerian theory regarding gay men and their ability to achieve success in the Adlerian life tasks of love, work and community. It also reviews two life tasks proposed in 1967, the life tasks of self-identity and spirituality, because of their potential influence on gay men. Furthermore, recent clinical research is utilized to illustrate the challenges gay men face in achieving their life tasks due to the effects of societal oppression, homophobia and heterosexism. Analysis shows how society presents gay males with the double bind of choosing between living authentic lives or achievement in life tasks. Despite societal pressure, gay men do achieve success in self-identity formation; establishing loving and intimate relationships; finding meaningful careers; contributing to the well being of their community; and developing a spiritual connection. Finally, this paper examines the impact group therapy has as a therapeutic tool for working with gay men and discuss key Adlerian therapeutic tools that can be adapted to help overcome oppressive societal messages, producing encouragement towards growth and change.
Utilizing Five Adlerian Life Tasks as an Integrative Perspective for Counseling Gay Men

Alfred Adler had much to say on the human condition. He spent most of his life writing and speaking about how humans view the world and how we frequently misperceive it; about how humankind is a social creature and how we need each other to correct our misunderstandings of the world. He believed that his work supported all those seeking equality in their relationships and social justice (Bitter, Robertson, Healy, & Jones-Cole, 2009).

Adler’s Individual Psychology has provided an excellent theoretical framework and intervention techniques for individuals, couples and families since its inception. In 1987, Sherman and Dinkmeyer authored a landmark study in which they offered empirical evidence that components of Adlerian Therapy were an integrative approach spanning 66 psychotherapeutic models (Dinkmeyer & Sperry, 2000). How is it that a perspective so beneficial and encompassing in its approach, one grounded in equality and social justice, has either pathologized or ignored the community of gay men and lesbian women for so long?

Individual Psychology has generally viewed same-gender sexual orientation as pathology. In the past, Individual Psychology has viewed gay men and lesbians as having less social interest, varying degrees of co-dependency, a hostile perception of the world, an impaired sense of gender identity and neurotic life styles (A. Adler, 1932, 1938; Ansbacher & Ansbacher, 1964; Fairfield & Kopp, 1993; S. K. Fischer, 1993).

In the case of men, Adler believed that a same-gender sexual orientation was “caused” by a sense of failure or incapability to succeed as compared to other men (Ansbacher & Ansbacher, 1964). He believed that such a male would develop passive coping techniques to get people to love and worship him. Furthermore, a gay male was viewed as failing in his responsibility to help preserve the human race. Adler argued that all deviations from love based in procreation
were stimulated by fear of the other sex and a refusal to make the sacrifices and compromises that intimacy and love often necessitate (A. Adler, 1932, 1938).

Not only were gay men seen as failing in love and sex but they were also viewed as failing in friendship. Adler believed that ties to same-gender playmates were easier to establish and maintain than social ties to a member of the opposite gender. If a child had not been taught or nurtured in a manner where he did not learn to cooperate, he would take the path of least resistance yielding to any situation providing him flattery, protection or support. The child would never strive to grow or develop his friendships (A. Adler, 1938).

Finally, Adler argued that gay men and lesbians were not even stable in their jobs or occupations. Both gay men and lesbians were hindered in the work place by their inability to cooperate, inordinate ambition and exceeding cowardice. These traits resulted in gay men and lesbians changing jobs more frequently and working schedules that varied from their heterosexual counterparts (Ansbacher & Ansbacher, 1964).

Since Adler first set forth his views on same-gender sexual orientation, the field of psychology has grown and changed. The American Psychiatric Association first voted in 1973 to remove “homosexuality” from the Diagnostic and Statistical Manual of Mental Disorders. In 1975 the American Psychological Association took an even stronger stand stating that same-gender sexual orientation in and of itself did not impair judgment, stability, reliability or general social or vocational capabilities. Furthermore they called on mental health professional to lead the effort in removing the stigma of mental illness that had been previously associated with a same-gender sexual orientation (Sue & Sue, 2003).

How did Individual Psychology react to this change in the status of same-gender sexual orientation? It is interesting to note that in 1975, Friedberg was examining the early recollection
of gay men and lesbians as indicators of their lifestyles. Friedberg concluded that gay males and lesbians had a weaker sense of identity, less social interest, greater co-dependency, more hostile perception of society and an impaired sense of gender identity (Friedberg, 1975). It must be noted that Friedberg did not provide any specific details or examples of the early recollections upon which these conclusions were based. Also, the two evaluators examining the early recollections did not come to the same conclusion or use the same methodology when assessing for self-identity. Furthermore, the gay men and lesbian women who participated in the study were all members of a “homosexual activist group”, a fact which was never taken into account when determining their levels of social interest.

In 1983 Kivel challenged the theory that gay men and lesbians failed many of the responsibilities and tasks of life. Kivel proposed that Adlerians, in view of societal changes, needed to re-visit many of their views regarding same-gender sexual orientation (Kivel, 1983). Mosak responded to Kivel by noting that some gay men and lesbians can change their orientation during therapy. If there are no constitutional bases for their sexual orientation, Mosak claimed that many other gay men and lesbians could alter their orientation as well (Mosak, 1983). Mosak’s response seems to suggest therapy as a way for gay men and lesbians to adopt a heterosexual orientation. Because of this, Adlerians may have declined to provide gay male and lesbian couples with therapeutic interventions to improve relational satisfaction (S. K. Fischer, 1993).

Social Interest and Life Tasks

According to Alfred Adler, human behavior is goal oriented and socially embedded. None of us exist outside of society. In order to explore the human condition one must examine the individual as part of his or her social situation. In Individual Psychology, a person’s well-
being can be measured in terms of social interest (Carlson, Watts, & Maniacci, 2006). Social interest encompasses the characteristics of being caring, concerned and compassionate for others. It also embodies meeting the tasks of life and community while contributing to the welfare of other human beings (Oberst & Stewart, 2003). In 1927, Adler first introduced three key responsibilities that all humans had to find a way to approach and negotiate in order to successfully live in society: the task of work, the task of communal life and the task of love (Ansbacher & Ansbacher, 1964). A healthy person moves through life meeting these tasks with courage and common sense while embedded in communal life. Suffering occurs when a person has difficulties with some or all of these tasks and experiences a decreased level of social interest (Dinkmeyer & Sperry, 2000).

Adler tends towards inconsistency when discussing the order of importance of each of these life tasks throughout his early conceptualization. Generally, Individual Psychology has adopted the viewpoint of his earliest discussion on these three responsibilities of humankind; the life tasks cannot be solved separately but must be approached as interdependent. No one of the life tasks ranks higher than the other in importance and each of the tasks relies on the successful approach of the other two (A. Adler, 1932; Dreikurs & Mosak, 1966).

Later Adlerians have proposed several other additions to the tasks of life, including but not limited to: getting along with oneself; finding a place in the cosmos; parenting and family tasks; finding meaning in life; leisure and recreation; and the soul task (Mansager & Gold, 2000). Despite the controversy and lack of consensus in the Adlerian community concerning increasing the number of life tasks (Mansager & Gold, 2000), this paper utilizes the five-life-task model as proposed by Mosak and Dreikurs (Mosak & Dreikurs, 1967a, 1967b). The additional life tasks of self-acceptance and of spirituality are held to be important by contemporary counseling
(Mansager & Gold, 2000) and are of potential influence on gay and lesbian individuals (Suprina & Lingle, 2008).

The Task of Self

The Task of Self is the task of achieving acceptance of one’s self-identity. It is the ability to get along with oneself and to resolve the dualistic conflict between opposing ideas and self-concepts such as: are we good or bad; strong or weak; rational or irrational? It is learning to accept ourselves for whom and what we are. If we succeed at the Task of Self, we no longer need validation from external sources to establish our identity or our sense of self-worth. Only by respecting ourselves and developing an integrated and holistic sense of identity can we constructively utilize our inner resources. Then we can overcome feelings of inferiority and inadequacy while realizing that we are good enough; that we have our own unique and special place within society by the very fact of our existence. We can then martial our intra-psychic energy for the outward focus of social interest (Mansager & Gold, 2000; Mosak & Dreikurs, 1967b).

The Task of Self seems to hold special importance to gay men, as it influences their approach to the other Adlerian tasks of life (Suprina & Lingle, 2008). The degree of acceptance of one’s self-identity also seems to influence a gay man’s sense of belonging and social interest (Fairfield & Kopp, 1993; Kivel, 1983).

Having a positive identity requires additional developmental effort that is unique to gay men and lesbian women. This developmental challenge is the result of society’s homophobic and heterosexist attitudes. The prevalence of societal homophobia and heterosexism makes it challenging for gay men and lesbians to recognize, accept and integrate their minority sexual identity. Gay men and lesbians may experience a feeling of being different from an early age,
contributing to a perceived lack of belonging, low self-esteem and shame. The subsequent internalization of these negative societal messages result in the corresponding formation of internalized homophobia, feelings of inferiority and self-hatred (Reynolds, Hanjorgiris, Perez, DeBord, & Bieschke, 2000).

*Sexual identity development.* Gay sexual identity development can be defined as the process of changing one’s current dominant heterosexual cultural beliefs, values, attitudes, behaviors and identification to those of a minority gay culture or identity. This process culminates in a positive sense of self when internalized and externalized homophobia and heterosexism are overcome (Prince, 1995). Gay male identity development is a continuously emerging life process (Garnets, Kimmel, & Goodchilds, 1991). This is not necessarily a new concept. Eriksonian theory, for over four decades, has proposed that identity development is an ongoing and interactive process, influenced by societal norms, over the course of a person’s life. The process by which gay men and lesbians first recognize their sexual orientation and start establishing their identity as a sexual minority is often referred to as the “coming out process.” The coming out process for gay men often consists of large shifts in cognitive, affective and emotional behaviors or patterns. A simplified continuum of the coming out process may involve the awareness of sexual desire for other men, initial male-to-male sexual encounters, discovery and exploration of the gay male subculture, labeling oneself as a gay man and finally disclosing that gay identity to the public (Reynolds, et al., 2000).

This process is often daunting and challenging for a gay man. The gay male is adopting a non-traditional identity, restructuring his self-concept, altering his relationship with other people in his life and altering his relationship with a society that is redolent with homophobia and heterosexism. This process can occur very quickly or extend over many years. It often occurs
within oneself and then it occurs with others (V. C. Cass, 1979; Vivienne C. Cass, 1984; Degges-White, Rice, & Myers, 2000). A wide range of studies examining gay male development have occurred over the years. Even though research has explored such theories as biological models, traditional psychodynamic models, cognitive mediated models and feminist models, focus has seemed to occur on developmental stage models because of their importance in assisting members of the counseling profession in helping gay male and lesbian clients to understand and accept who they are (McCarn & Fassinger, 1996).

*Developmental stage models.* One of the earliest and most recognized models is Cass’s six-stage model (V. C. Cass, 1979; Vivienne C. Cass, 1984). According to Cass, formation of a gay or lesbian identity starts with *Identity Confusion.* *Identity Confusion,* or the first stage, is where an individual questions his or her sexual orientation in response to experiencing same-sex attraction. If the individual accepts the potentiality of a gay or lesbian identity the person progresses to stage two, *Identity Comparison.* In this stage the individual is faced with feelings of alienation as the differences between the concepts of self and heterosexual become more clearly recognized and defined. If exploration of the new forming identity does not stop here, the individual may seek contact with others who exhibit the same or similar sexual identity as a means of fulfilling social, sexual and emotional needs. In stage three, *Identity Tolerance,* the individual selectively seeks out contacts with other individuals who have the same sexual orientation. These contacts are often viewed as necessary rather than desirable. At this stage there is tolerance of the forming gay or lesbian identity instead of acceptance. Differing forms of behavior may occur depending on whether the contact with other gay men or lesbian women is deemed positive or negative. Often the person is maintaining two separate images: a public heterosexual image and a private gay or lesbian identity.
If the contact with the gay or lesbian subculture or community is viewed as positive, the person will gradually increase contact and develop a network of friends and social peers. This is stage four, *Identity Acceptance*. The individual attempts to fit into mainstream culture while retaining their gay or lesbian lifestyle. This results in the person attempting to pass as a heterosexual at pertinent times while selectively disclosing, often to friend and relatives, their sexual orientation. If the gay male or lesbian person does not avoid confrontation with antagonistic others or internalize negative societal views of same-gender sexual orientation, they will progress to stage five, *Identity Pride*. This stage is characterized by developing feelings of pride toward ones new identity and a fierce loyalty to the gay or lesbian community. Often anger about society’s stigmatization leads the individual to discredit or devalue heterosexuality and purposefully confront heterosexuals in order to promote equality.

Like many forms of black and white thinking, dissonance may occur as the individual has positive and re-affirming contacts with heterosexuals. Anger and pride from the previous stage may be retained but often to a lesser degree and in less emotional terms. Stage six, *Identity Synthesis* begins when a gay male or lesbian identity is no longer the overwhelming identity. Individuals start to see themselves as multi-faceted and holistic in nature. A lifestyle is developed where sexual identity is no longer hidden; the many facets of the individual are merged with sexual identity; and the private and public aspects of self are integrated.

Later research suggested that even though a linear progression is suggested by stage related models, data indicated the process to be a repeating spiral. Troiden offered a four stage model that allowed for cyclical patterns of identity development (Troiden, 1989). In Troiden’s model the first stage is referred to as *Sensitization*. *Sensitization* begins prior to puberty and is characterized by perceptions of being different than same sexed peers, possibly resulting in
feelings of marginalization. In stage two, *Identity Confusion*, the person experiences feelings of confusion and alienation due to same-sex sexual attraction and social stigma. In the third stage, *Identity Assumption*, people start to view their experience through either a gay or lesbian identity. The final stage, *Commitment*, refers to self-acceptance and comfort with the gay or lesbian identity and role. However, Troiden then implied that his model could be applied to all life experiences where one’s sexual identity comes into focus. The primary example was in regards to developing a same-sex relationship.

Fassinger and Miller (1996) introduced another model that emerged from the earlier stage related theories which separated the identity development process into two parallel yet interacting paths. One path is an internal individual sexual identity development process while the other path is a contextual group-membership identity development process (Driscoll, Kelley, & Fassinger, 1996; Fassinger & Miller, 1996; McCarn & Fassinger, 1996). This model examines the effects of societal homophobia and heterosexism on the development of an individual gay male or lesbian identity. It addresses such diverse variables as race, class, age, geography, occupation and community support. It also considers public disclosure, a factor determining progress in previous models, in light of existing environmental and external oppression.

In addition to disclosure it is important to examine how a gay male’s sexual identity development involves same-sex attraction and how the identity process incorporates coping with intimacy and relationships. Coleman described a five stage model that is based on the coming out process (Coleman, 1981). The first three stages progress through pre-conscious awareness to exploration of a new sexual identity, similar to other stage developmental models. However, stage four is called the *First Relationship*, and involves the individual recognizing they are capable of loving and being loved, and are open to a same-sex relationship. The primary goal of
stage four is to achieve emotional intimacy. The fifth and final stage, *Integration*, involves overcoming possessiveness and jealousy, often characteristics of first relationships, and maintaining a long term commitment.

*Implications for counselors.* Gay men seek therapy in greater numbers than heterosexual men (Bell & Weinberg, 1978). It is therefore imperative that therapy be delivered in a skillful and affirming manner. However, even though gains have been made by the psychological community, bias, discrimination, reductionist attitudes and inadequate therapy with gay male clients still exist (Chernin & Johnson, 2003; Fassinger, Richie, Pope-Davis, & Coleman, 1997; Garnets, et al., 1991; Kimmel & Garnets, 2003; Reynolds, et al., 2000).

Because gay men are outside of the normative heterosexual culture, they must create themselves without the benefit of a societal definition from which to work. The daunting task that lays before the therapist is to assist them in this process; providing affirmative therapy with gay men and related issues as being central and self-defining as opposed to marginalized and defined by a heterosexual worldview.

The prime directive for all therapy is “do no harm”. It is imperative that psychologists receive formal training and supervision in order to ensure their competency to work with gay men. Because these clients may not come out in the early stages of therapy or have just started the coming out process, referral due to the counselor’s lack of competency or homophobia is often contraindicated. A referral at this stage may damage the growing trust in therapy as a profession and re-affirm feelings of abandonment, rejection and oppression (Morrow, Perez, DeBord, & Bieschke, 2000).

Besides the lack of training, therapists must also deal with their own negative attitudes towards same-gender sexual orientation, heterosexism and inaccurate, preconceived concepts.
Therapists cannot avoid receiving societal, religious and professional beliefs and biases concerning same-gender sexual orientation. Because of a lack of knowledge and exposure to gay men, therapists may not be aware of unique issues confronting a gay male client; avoid certain topics essential to client growth and healing; not address issues the therapist is uncomfortable discussing; or attribute all problems a client is experiencing to sexual orientation. Furthermore, a psychologist may mistakenly discourage the development of a gay identity; bring a client out to others; encourage a faster pace in the coming out process then the client is ready for; or make abrupt or inappropriate referrals (Dworkin, Perez, DeBord, & Bieschke, 2000).

If a therapist is specifically going to counsel a client during early identity development as a gay man, the therapist needs an adequate knowledge and understanding of the coming out process from multiple theoretical perspectives. It requires the counselor being capable of helping a client work through identity models appropriate to the client’s individualized needs and to illustrate what is involved in the coming out process. It also requires exploration of the ongoing and ever changing effect of internalized homophobia, societal homophobia and heterosexism. This requires the therapist to constantly examine their own biases, internal barriers and self-identity (Morrow, et al., 2000) as well as continuously update their formal and informal skills and knowledge.

Depending on the magnitude of internalized homophobia, societal homophobia, heterosexism, oppression or discrimination experienced by the client, the therapist may need to bolster the client’s ego strength and sense of self-worth. The client may need to focus on self-care in order to recover enough personal energy to continue through the identity development process. Due to social factors denigrating a gay identity, it is contended that gay men expend
more energy to maintain their identity then heterosexual men do (Fassinger, et al., 1997; Trujillo & Greene, 1997).

Therapists must also assist clients in the life long and dynamic process of identity formation and management. They must be able to help a client decipher how their identity as a gay male impacts all aspects of their life and how that identity is in turn affected by those life aspects. The counselor must also discuss the long term impact that early negative feelings concerning sexual identity can have on the entire process. This may call for the therapist to truly understand how pervasive and subtle these effects can be on the individual’s identity, self-esteem, relationships and interactions with the world at large. The therapist will have to go beyond creating an environment in which a gay male identity is neutral. Instead, to challenge the strength and depth of homophobia and heterosexism, therapists must be able to create a positive and nurturing environment encouraging the client to explore and embrace their feelings, emotions, and new identity (Morrow, et al., 2000).

Any theoretical orientation a therapist is working from can be beneficial to a gay client, as long as it is utilized to affirm the client’s identity development and innate sense of self-worth. Fassinger et al. (1997) stated that cognitive therapy can be used to work on mistaken beliefs and irrational self-talk due to internalized homophobia. Client-centered therapy can help the client express affect and experience non-judgmental acceptance. Gestalt therapy can help the client integrate aspects of conflict and role play various confrontations around sexual identity. Finally, feminist therapy can help the client explore oppression, power dynamics and gender role socialization (Fassinger, Perez, DeBord, & Bieschke, 2000).

However, any technique or theoretical approach can also have its pitfalls, no matter how well meaning or how well suited it may appear in regards to working with gay clients (Fassinger,
et al., 2000). Cognitive therapy, with its focus on goals, task and action may overlook the value of simply being in a deeply caring relationship with the client over a given period of time. Client-centered therapies may not offer enough challenge and confrontation in addressing dysfunctional dynamics and behaviors arising from long years of maintaining a secret identity and shame surrounding their sexual orientation. Also the long term nature of some of these approaches renders them unrealistic or inaccessible to a large majority of the population. In Gestalt therapy, caution must be used concerning examining and articulating polarities. The therapist must avoid inadvertently reinforcing societal messages that sexual orientation is a dualistic identity and that healthy functioning requires choosing a singular category to which one must exclusively belong. Finally, when implementing feminist theory and other systems-cultural approaches the therapist needs to be aware that a client may not be ready to address societal sexism, racism, heterosexism and homophobia. Excess or inappropriate political analysis may appear as the therapist pontificating their own agenda, or ignoring a gay client’s more pressing or immediate needs.

It is also important to recognize that there are gay men who suffer from psychiatric illnesses (Dworkin, et al., 2000). These mental illnesses may or may not be related to the pressures of coming out and dealing with a non-heterosexual identity; at other times the illness may be characterological in nature; and sometimes the pressures of coming out interact with characterological deficits to exacerbate one another. The critical issue is to assess whether the symptoms are pre-morbid or arising from the current situation. Depending on the severity of the psychiatric disorder, the therapist must wait until the client is stabilized before pursuing identity issues. Also, because of the painful process many gay men go through coming to terms with their same-gender sexual orientation, there is a greater potential for the development of compulsive coping responses and mental health issues such as alcohol and substance abuse, sexual addiction,
eating disorders, depression, anxiety, suicide, somatic concerns, affect disorders and chronic stress.

*The Task of Love*

According to Adler’s early writings the other name for the Task of Love was the Task of Sex. Adler stated that we live in a world with two sexes and the continuance of mankind depends on our love life (A. Adler, 1932). Later Adlerians, in trying to edit the copious amounts of written material that Adler produced, summarized the Task of Love as: “Love, with its fulfillment, marriage, is the most intimate devotion towards a partner of the other sex, expressed in physical attraction, comradeship, and the decision to have children” (Ansbacher & Ansbacher, 1964). Gay men and lesbians were excluded from this task by its very definition and by legal prohibition against same-sex marriage and adoption in many countries.

This paper utilizes an alternative definition for the love task, one that seems more inclusive for our current culture: the Task of Love is to experience deep intimacy, both physically and emotionally, with another human being that is capable of reciprocating. If navigated successfully it is an opportunity for intimate mutual enrichment, camaraderie and long term commitment. When this task is not navigated successfully, it can result in selfish exploitation or an immature infatuation.

Couples seek intimacy, companionship and love whether they are heterosexual or same-gendered in their sexual orientation. Gay male and lesbian couples can be extremely similar to their heterosexual counterparts in many ways, yet they can be extremely different in others. In our culture all couples struggle with similar issues: intimacy, autonomy, sex, money decisions, balancing work with relational needs, in-laws, friends, etc. Few, if any differences have been
reported in relationship satisfaction and quality between heterosexual couples and same-gender couples (Kurdek, 2005, 2008; Peplau, Cochran, McWhirter, Sanders, & Reinisch, 1990).

However, gay male and lesbian couples face distinct concerns that can impact the psychological well being of the individual and the couple. Two major areas of concern distinctive to same-gender couples are societal oppression and relational issues.

Our culture is not supportive of gay male relationships. Societal overt and covert oppression can include but is not limited to: homophobia, heterosexism and the internalization of those factors. Societal homophobia can take many forms ranging from violence to slights or slurs occurring in casual, everyday settings (Davison, 2001). Homophobia is legitimized and institutionalized by discriminating and denying gay and lesbian people their intrinsic and human rights. This extends to a lack of recognition and protection for same-gender couples and the families they create. This marginalization and loss impacts a gay or lesbian couple in the following areas: employment; health care; inheritance; tax issues; marriage; housing and shelter; social services; and even who gets legal custody of the body if death occurs (Davison, 2001; Ossana, Perez, DeBord, & Bieschke, 2000; Reynolds, et al., 2000; Slater, 1995).

_Heterosexism_. Heterosexism, in regards to relationships, is the belief that an opposite-sex-based relationship or family is superior and preferable to a same-gender relationship or family (Bigner & Wetchler, 2004). Heterosexism can be overt in its oppression or be more insidious, such as the media portraying only happy, satisfied and successful heterosexual couples and never showing a successful gay or lesbian couple. Married heterosexual couples do not have to worry about their identity as a couple being recognized socially since the culture routinely validates their status through various rituals. Heterosexism eliminates external and societal validation for a gay or lesbian relationship, limiting resources and support (Bigner & Wetchler,
2004; Ossana, et al., 2000). Even if a gay couple’s relationship is accepted by a community, it is often granted an inferior status to that of a heterosexual relationship (Greenan & Tunnell, 2003). Heterosexism has been described as instilling a sense of “us against the world” in the gay and lesbian community (Bieschke, Perez, & DeBord, 2007).

Internalized homophobia. Internalization of homophobia, as well as internalization of heterosexism, results in the feeling of somehow being defective (Reynolds, et al., 2000). It often results in self-hatred, pernicious fear, guilt and shame. First same sex experiences may be hidden, connecting sexual expression with fear, shame or guilt, or become something that must always be hidden. Conversely sexual expression may be linked with thrill seeking or risk taking. Both of these tendencies, unless examined and worked through will contribute dysfunction to early relational patterns for gay men.

If one or both members of a gay couple have unexamined internalized homophobia it can result in a couple not presenting themselves as a bonded couple to the outside world, placing the heavy strain of invisibility on the relationship. Internalized homophobia generates feelings of hopelessness, pessimism and presumptions that the relationship is temporary or platonic. Behaviors are exhibited that can actively undermine the success of the relationship (Kurdek, Greene, & Herek, 1994; Ossana, et al., 2000).

Due to the internalization of homophobia and heterosexism the gay community itself participates in the marginalization of gay relationships. There exist few rituals in the gay community acknowledging the developmental milestones of making long term commitments, especially between gay men. The sanctity of a male couple’s relationship is often not recognized by other gay men (Bigner & Wetchler, 2004).
Most gay men report having had at least one experience of harassment, threat of violence, or actual violence in their lives. This often fosters heterophobia, or a generalized fear of heterosexual men, particularly in groups (Haldeman, 2007). This affects the way gay men interact with heterosexual men, the dominant culture and may even have a negative impact in their relationships to other gay men.

*The coming out process as a couple.* The decision to come out can be more than an individual decision. It can also be a matter of a same-gender couple’s identity, paired movement towards shared goals, and recognition/sharing of resources (Ossana, et al., 2000; Reynolds, et al., 2000). Gay male and lesbian couples who have not achieved equal states of being out may maintain multiple identities, compartmentalizing different relationships in different settings, all of which require extra energy and lead to feelings of powerlessness and being out of control. The degree of being out to significant others in a same-gender couples life is related to their relationship satisfaction (Kurdek, 2005).

Gay male and lesbian couples are denied the support, comfort and resources heterosexual couples experience during times of crisis. Also there is the stress of negotiating a private and public identity. Furthermore the decision to come out brings with it a risk of rejection, of safety and of marginalization (Johnson & Keren, 1996; Kurdek, 2005; Slater, 1995). The pressure of leading a double life results in isolation and often behaviors that invalidate the relationship (Ossana, et al., 2000).

*Gender role socialization.* The scope of this paper is too limited to explore gender role socialization even in a brief or limited definition. A generalized statement follows: All members of society are acculturated with gender norms. Both members of a same-sex couple possess variation on a symmetrical theme. Both share the same benefits, deficits and patterns. This
symmetrical pattern can elicit competition within the relationship as each strives to fulfill similar roles and tasks within the relationship (L. S. Brown, Jacobson, & Gurman, 1995; Johnson & Keren, 1996).

Men are enculturated to feel they have more social value when they are autonomous. They are socialized to value independence, assertiveness, emotional stoicism, leadership, achievement and to express the sexual before the emotional (Levant, 1992). Due to the theory of enculturation of gender norms, gay male relationships are often described as possessing a doubling of these qualities associated with the male gender role. It would appear that western culture would restrict male-to-male intimacy both sexually and emotionally. Men would not exhibit emotional vulnerability in front of other men.

It must be noted that research has shown that gay men are considerably less conforming to their gender roles in childhood (Green, Bettinger, Zacks, & Laird, 1996). Society, parents and peers may ridicule boys who express non-gender appropriate traits, resulting in denial or repression of those traits. One manifestation of this process might be an attraction to very masculine men and the rejection of feminine characteristics in the self and others. Another alternative may be that these youths found emotional sustenance and acceptance in the company of girls. As adults, these men may express the more feminine and emotional aspects of themselves in relationships with women, whereas sexual feelings and behaviors will be reserved for men (Ossana, et al., 2000).

Either one of these scenarios would theoretically support gay male couples being more generally disengaged. However, while some male couples are disengaged, others are enmeshed and still others may follow a pursuer/distance dichotomy, just as in many heterosexual couples (Green, et al., 1996). However, the dynamics can be much more complex, as the gay male
seeking closeness and intimacy may re-experience shame over his desire for emotional closeness with another man. A gay man may have developed well-honed skills on being emotionally self-reliant and getting those emotional needs met through other sources so he is not emotionally dependent on other males. This may lead to a perpetual double bind: the desire to be with another man may make him feel un-masculine or worthless but may render him lonely and depressed. Gay males may also experience the re-awakened fears and stigmatization that is associated with being emotionally vulnerable and gentle as they attempt to work out their differences (Green, 1987).

Gender enculturation also greatly impacts how gay males resolve conflict within their relationships. Since many men feel the need to exhibit behavior that is not associated with feminine characteristics; to be superior to others; to be autonomous, successful or powerful; they have not developed the skills to negotiate, compromise or collaborate. Conflict becomes about winning and losing. There can be no middle ground. Indeed, many gay male couples start therapy at the place of “it’s over and we need to break up” (Bigner, Nichols, Pace-Nichols, Becvar, & Napier, 2000). Exacerbating this tendency is the lack of role models portraying successful gay male couples in our society. Even in large urban populations, male couples may be isolated from other male couples.

However, gay men also seem to incorporate more tenderness, compassion, warmth and expressiveness into their relationships than do their heterosexual counterparts, while maintaining similar levels of assertiveness and leadership (Kurdek, 1987). Gay male couples are also more likely to distribute household labor based on different skills, interests and work schedules than heterosexual couples. Often, gay male couples will specialize in particular household tasks allowing them to complete their household tasks more efficiently (Kurdek, 2005).
Counseling Gay Men 25

Cultural variables. Gay and lesbian couples often juggle multiple and diverse identities. Same gender couples are often more dissimilar than heterosexual couples in race, ethnicity, socioeconomic position, age and education (Young & Long, 1998). The impact of multicultural issues on lesbian and gay couples is complex and poorly understood. Also, sexual orientation has very different meanings in different racial, ethnic and religious settings. The conflation between these factors often creates an internal struggle that translates into relational conflict. Depending on the configuration of multiple issues, the gay identity or the identity as a male-male couple may not be primary to one or both of the partners. This creates questions and conflicts about the importance each partner places on his relationship versus the importance of ties to family, religious, and ethnic community (D. G. Patterson, Schwartz, & Cahn, 1994).

Stage-related issues. There are three stage related issues faced by same-gender couples. The first, differences between partners in the coming out process, has already been discussed in the coming out as a couple section of this paper. The second stage related issue is differences in generational factors. Does the couple have points of congruency that they share or does the difference in age present barriers in the form of differing historical and sociopolitical contexts? Also, if one partner has been out much longer than the other partner, the more experienced partner may worry that the relationship is transient and that the less experienced partner may feel the need to explore his new sexual identity with other men. The more experienced partner’s degree of disclosure and involvement in the gay community may also be threatening to the less experienced partner (McWhirter, Mattison, Cabaj, & Stein, 1996).

The third stage related issue relates directly to stages of relationship development. McWhirter, et al. (1996) identified six developmental stages of relationship as related to male couples: blending, nesting, maintaining, building, releasing, and renewing. The authors of the
study suggest that “stage discrepancies” occur with frequency. One partner may be comfortably in the maintenance phase of the relationship, while the other is still feeling the need to blend and nest their mutual lives.

Negotiating and maintaining the definition of family and of relationship. Same-gender couples may receive less support than heterosexual couples, particularly if they are not out. The relationship may be directly invaded when one partner is excluded by the other’s family from family functions, holidays, rituals or giving separate rooms when visiting. It is even further compromised if the family does not recognize the other partner. However, many same-gender couples create supportive families of choice, alternatives to families of origin and inherited community. The process of negotiating, structuring and maintaining such a family of choice requires decisions, both overt and covert in nature, to be made by a couple. Some couples will need therapeutic facilitation during this process (C. J. Patterson, 2006).

Gay men may also create relationship structures outside of societal norms that challenge the concept of couplehood. Many gay male couples do not use sexual exclusivity as a way of creating boundaries or defining a relationship (Johnson & Keren, 1996). Many gay men may view sexual activity outside the primary relationship as recreational (Bettinger, 2005; Eli Coleman, Rosser, Cabaj, & Stein, 1996; McWhirter, et al., 1996; Ossana, et al., 2000). However, gay men have been found to have high expectations in terms of fidelity, defined as emotional commitment. Gay men place a high value on role flexibility and equality in their relationships as well.

Various researchers have found comparable relationship quality for sexually monogamous and non-monogamous gay male couples (Blumstein & Schwartz, 1983; Coleman, et al., 1996; Kurdek, 2008). Some gay men practice polyamory, the practice, desire, or
acceptance of having more than one loving, intimate relationship at a time with the full knowledge and free consent of everyone involved. A polyamorous man may have more than one ongoing sexual relationship that is stable, committed and endures over time. These relationships may involve one or both partners of a couple (Bettinger, 2005).

Additionally, gay male couples may not pool income or jointly hold assets until many years into a relationship, if ever. Some long term couples may never live together (Bigner & Wetchler, 2004). Gay men acknowledge that a culture’s traditional roles do not quite fit them and they construct their own systems of relationships.

Implications for counselors. The therapist needs to be cognizant that there is little empirical work on counseling same-gender relationships. One literature review examined 13,217 articles from 17 marriage and family therapy journals published between 1975 and 1995. The authors found 77 (.006%) focused on sexual orientation as a variable and concluded that gay and lesbian relationships are ignored by marriage and family therapy researchers and scholars (Clark & Serovich, 1997). Information concerning multicultural issues in same-gender relationships is even more scarce (Soto, 1997). Finally, the research has been conducted predominately on white middle class participants (Ossana, et al., 2000).

One of the first issues for therapist to face in working with gay male clients is their own comfort with love, sexuality and the various forms of expression these may take between two men. Therapists may feel discomfort when gay male couples discuss non-monogamous relationship models or their sexual practices. Gay men are highly intuitive when it comes to sensing a professionals discomfort or disapproval of their relational and sexual choices. This is a healthy and adaptive survival mechanism for gay men (Bettinger, 2002). If the gay male couple wishes to discuss oral or anal sex, kink, non-monogamy, safe-sex practices, intentionally chosen
un-safe sex practices, recreational drug use during sex, etc; what feelings will this elicit in the therapist? The therapist needs to contemplate the areas of gay male relationships that may trigger countertransference and ask themselves if it can be eliminated or contained before working with this population.

The opposite is also true. Even though a gay male couple needs to feel that their therapist is supportive, a positive countertransference may indicate over identification with a couple or a particular situation. A therapist needs to be careful that he or she is not personally identifying with the choices a couple is making. An erotic transference can be especially impeding to clinical judgment (Bigner & Wetchler, 2004).

As mentioned earlier in this paper, coming out issues directly impact relationship satisfaction. Therapists can help to promote communication and understanding about this important issue between partners by asking for the meanings the partners give to their own and the other’s decisions regarding how much they are out. Therapists can also discuss risk versus benefits about being out to significant people in each others’ lives and in particular settings. Discussion may have to occur to encourage respect around each others’ timetables and to deal with any losses associated with each others’ choices. The couple can also role play to develop coping strategies for dealing with other people’s reactions. Bibliotherapy and education about resources on the coming out process and help available in the local gay community is beneficial as well (Ossana, et al., 2000).

Ethnicity can also be a factor effecting coming out issues. Therapists should help couples explore the impact the multicultural issues may be having on the coming out process, especially coming out as a couple. The effect of ethnicity must be disentangled from the meaning and value
each partner attaches to the relationship in order to better understands differences between the two partners (Fukuyama, Ferguson, Perez, DeBord, & Bieschke, 2000).

Furthermore, ethnicity can influence gender role socialization and expectation as well. The therapist should explore cultural expectations for gender role behavior, the degree to which these messages have been internalized and the meaning and importance each partner gives to departing from their cultural norms. The therapist should also be aware of any particular attitudes toward various configurations of mixed race couples that the partners may face in the local gay community. The couple may require help identifying their strengths in order to increase resiliency and explore other venues for establishing a supportive network of friends and role models.

In regards to the issue of gender role socialization in counseling: Johnson and Keren (1996) observed that gay male couples in therapy had difficulty focusing on relational process and emotional responsivity; expressed anger more easily then sadness, vulnerability, or dependence; and urgency about problem resolution and getting to termination of the therapy. This indicates that gay male couples may benefit from the therapist working with them on expressing a greater range of emotions, emphasizing cooperation in contrast to competition, exploring interdependence, and encouraging ways of expressing emotional connection during daily life and sexual relations.

Therapy can also help explore conflicts surrounding unavoidable inequalities such as differences in education or levels of income. Therapists can help a gay male couple examine different forms of contributions each partner gives to the relationship, highlight unique strengths each person has, explore meanings associated with perceived inequalities and assist in
developing realistic and mutually satisfying expectations about relationship roles and what equality means (Ossana, et al., 2000).

Therapy can also provide gay male couples with the opportunity to discuss and create intentional rituals to mark or resolve major life events. Intentional rituals can be created to help the couple to connect with each other and to strengthen ties, especially if building a family of choice and to garner support and validation from a larger community. It is possible that the act of therapy may be the first validation that a gay male couple receives. Therapists may find themselves in the role of witness and historian to a gay relationship (Kurdek, 2005; Slater, 1995).

The Task of Work

Alfred Adler defined the task of work as finding an occupation that will enable a human being to survive under the limitations set by the nature of the earth (A. Adler, 1932). Currently, the Task of Work can be defined in a variety of ways. It is not just a paying job, which seems to be the popular definition in modern society. It is also helping around the home, going to school, volunteering time for your favorite charity. It can be envisioned as an opportunity for enriching the lives of others or yourself. Work can be experienced as a creative fulfillment or a dreaded burden. You can strive to achieve your goals in work through vertical competitive efforts, striving to be above others or through horizontal efforts, striving to see that people are fundamentally different but equal, each giving something unique to the group or effort (Carlson, et al., 2006).

No one is suggesting that gay men cannot work. However, one’s sexual orientation is considered to have an effect on the Task of Work (S. D. Brown & Lent, 2005). Adler suggested that gay men would be inordinately ambitious in order to compensate for inferiority feelings (Ansbacher & Ansbacher, 1964). It would follow that such a striving for superiority might drive
gay men to seek positions of high status or authority. However, the achievement of gay men in work is actually quite varied (S. D. Brown & Lent, 2005; Sue & Sue, 2003). This variability may be experienced in part due to five general factors: sexual identity development; discrimination in the work place; managing sexual identity at work; societal messages and occupational interests, choices and perceptions; and career practitioners and their interventions.

Gay male sexual identity development can impact the work task in three general ways. First, a gay man can be at any stage of the identity process when they are dealing with vocational issues occurring at any stage in their career path. Secondly, work can be stalled, delayed or misdirected as a result of the intra-psychic energy required to integrate a gay sexual identity into the holistic concept of the self. A gay man may feel that he is behind his heterosexual counterpart in career development at some point during identity formation. Thirdly, a defined and integrated sexual identity can help a gay man realize he does not have to be stereotyped in career choice or development and he is not isolated in his situation.

**Discrimination and climate in the work place.** Lesbian and gay male workers encounter discrimination throughout their work experience. Researchers have found that workplace discrimination and hostility are pervasive for lesbian and gay male workers. Multiple authors researching discrimination against lesbian, gay and bi-sexual [LGB] workers noted that 25%-66% of their respondents reported experiencing discrimination based on their sexual orientation (Croteau, 1996; Croteau & Bieschke, 1996). Compounding this issue is the anticipation of discrimination reported by 44%-60% percent of the respondents surveyed in two other studies (Croteau & Lark, 1995; Levine & Leonard, 1984).

**Managing sexual identity at work.** In one literature review, the decisions and actions of LGB people concerning the hiding or disclosure of their sexual orientation at work were viewed
as central tasks in four theory or practice articles and in eleven empirical studies (Perez, DeBord, & Bieschke, 2000). Sexual identity management is assessed through self-reports of how many people at work are aware of a person’s minority sexual orientation.

There is a great degree in variability of disclosure by LGB workers within and across all studies. Griffin proposed four categories of identity management strategies based on a person’s level of disclosure (Griffin, 1991). These categories range along a continuum from totally closeted to completely out. Passing strategies are closest to the totally closeted end of the spectrum and involve leading others to believe that you are heterosexual. Next are covering strategies, where a person does not pretend they are heterosexual but still actively tries to prevent co-workers from finding out their LGB identity. The third strategy is being implicitly out. In this strategy a person is honest about their actions but avoids labeling themselves as LGB. Finally, being explicitly out is where a person directly discloses their minority sexual identity at work.

According to Griffin, the tension between fear of discovery and the need for self-integrity, often determines the stratagem that a person utilizes in their work environment. Workers are often motivated by the fear of negative job consequences to try and pass or cover in an attempt to protect themselves. Less discrimination has been reported by those who are less out, whereas higher levels of disclosure at work have been linked to higher frequencies of discrimination (Croteau & Bieschke, 1996; Croteau & Lark, 1995; Levine & Leonard, 1984). It has been hypothesized that self-integrity is a primary motivator for being implicitly or explicitly out. This may be especially true for more extroverted individuals who may benefit from increased feelings of integrity as they interact with peers or from positive feelings associated with being a role model to others. These benefits may lessen the negative effects of greater degrees of discrimination for the more open worker.
Several authors have suggested other factors besides fear and integrity as contributing to the variation in sexual identity management strategies. General sociability of the work environment, past experience of disclosure resulting in negative consequences, whether the client is partnered, the influence of each partner’s sexual identity management strategies on the other, a long term and stable, romantic relationship: all may influence sexual identity management (Driscoll, et al., 1996; Schneider, 1986).

**Societal messages and occupational interests, choices and perceptions.** Research has focused on two major hypotheses about societal messages and work issues. First, it is hypothesized that gender role socialization influences the development of vocational interests in gay men and lesbians in a manner different from that of heterosexual people. Existing gender related research suggests that familial and societal messages discouraging gender non-traditional behavior and interests are communicated early in life and that gay men and lesbians are more likely to be gender nontraditional than are heterosexual people (Chung, 2003; Fassinger, et al., 1997; Morrow, Gore, & Campbell, 1996). The authors hypothesized that gay men and lesbians frequently had gender nontraditional occupational interests but lacked support and encouragement to explore or develop them. Because of this societal messaging gay men and lesbians may experience more restricted occupational choice, increased career indecision and decreased work satisfaction. The one study that focused exclusively on gay men and their career aspirations (Chung & Harmon, 1994) utilized Holland’s theory of person-environment interaction and discovered gay men's interests were less Realistic and Investigative but were more Artistic and Social. Gay and heterosexual men had significant differences in their Masculinity scores but not in Femininity scores. As expected, gay men's career aspirations were less traditional than their heterosexual counterparts (Chung & Harmon, 1994).
The second general hypothesis is that gay men and lesbians internalize vocational stereotypes found in society about gay and lesbian people and then develop preconceived ideas about which occupations are accessible or appropriate to them (Chung, 2003; Chung & Harmon, 1994; Fassinger, et al., 1997; Perez, et al., 2000). These preconceived ideas may hasten or slow the development of a minority sexual identity and subsequent identity disclosure at work. Even though this author did not find studies directly examining the effect of preconceived occupational ideas based on societal stereotypes, there was evidence to support that prejudicial stereotyping restricts or discourages careers involving work with children (Griffin, 1991; Schneider, 1986).

**Implications for counselors.** Counselors are encouraged to work with gay men to help them recognize that career development is part of developing their sexual identity and does not occur independently. Counselors will need to avoid unwanted assumptions about how the client’s sexual identity interacts with career concerns, especially assumptions that may not be accurate for a particular individual. Counselors may also need to recognize that sexual identity development is a continuous process and that a client may not be aware of or ready to explore all the myriad ways work and sexual identity may impact one another (Croteau, et al., 2000).

Counselors can utilize Griffin’s model as a framework to explore the full range of sexual identity management strategies from passing to being explicitly out. Counselors can help the client define the dynamic tension in their work environment by exploring their fears, concepts of integrity and actual, as well as perceived personal consequences. Furthermore, it is essential for the client to examine other factors in the client’s life, such as cultural influences and relationships, as they pertain to sexual identity management in their work (Chung, 2003).
One area that is least examined by career counselors is the effect that societal messages about gender and sexual orientation have on the career interests and choices of gay men (Croteau, et al., 2000). Images of appropriate and acceptable occupations gay men may undertake create issues related to perceived opportunity and constrain exploration of career options. It is essential that the counselor help the client assess and increase their client’s awareness of how these societal messages have influenced, driven, restrained or otherwise affected the Task of Work.

Therapists may also be called on to serve as a support system for the client, especially during the coming out process. Because of this, therapists need to be familiar with the developmental theories concerning coming out and be able to evaluate whether or not a specific theoretical approach is an appropriate fit for a given client. The counselor also needs to be sensitive to the vulnerability of the client during this time, especially if the other sources of support are unavailable. Therapists may also be called on to act as a bridge between clients and services that allow the client to access the LGB community.

Finally, the therapist may be called on or required to leave the comfort of their office and actually work within the surrounding community in an effort to effect societal change, to help eliminate bias and discrimination (Reynolds, et al., 2000). This task may require the therapist to move beyond interpersonal or cognitive behavioral techniques and require that they embrace advocacy activities that more directly address external oppression. Some suggestions for community based psychoeducational programs are: skills to assess and build affirmation in the workplace; establishing career related networking structures with the LGB community; organize small group activities to empower clients in the face of career related oppression; establishing
referral sources for legal support; and working with employers to increase awareness of
discrimination and oppression; etc.

The Task of Community

This task arose out of Alder’s view that all humans live in association with one another
and that we strive to find a position among our fellow human beings where we may cooperate
(A. Adler, 1932). One definition developed later by Individual Psychology stated that the Task of
Community included caring for and contributing to the welfare of one’s family members, local
community and the wider society as a whole (Oberst & Stewart, 2003). In the Task of
Community other people may be seen as potentially friendly and approached with warmth and
enthusiasm; foolish and easy to exploit; or they may be viewed as hostile or indifferent, and
avoided as much as possible.

In Adler’s early work, a same-gender sexual orientation is viewed as a revolt against the
demands of leading a social life. Furthermore, same-gender sexual orientation is inversely
proportional to the level of social interest and social connectedness an individual attains
(Ansbacher & Ansbacher, 1964). To be a gay man is to fail at the Task of Community and to
lack social interest. This ideology was further re-enforced by some Adlerians through the 1980’s

It was not until 1995 that a study was designed within the Adlerian community to
empirically assess levels of social interest in lesbians and gay men as compared to social interest
in heterosexuals (Hedberg & Huber, 1995). Hedberg and Huber’s study did not support the
theory that same-gender sexual orientation is the result of a deficient social interest. They found
no intersection at all between sexual orientation and social interest. They further purposed that
gay men and lesbians may even exhibit increasing levels of social interest and community
involvement if societal neglect were to decrease. This theory is supported at the family level by the work of Oswald (Oswald, 2002) which clearly showed that the onus for creating inclusion and belonging appeared to be largely on parents, siblings and relatives who acted as gatekeepers into the family for gay and lesbian individuals.

However, there are two factors involving community that Individual Psychology seems blind to in regards to same-gender sexual orientation: that same-gender sexual orientation, along with gender nonconformity, has been documented in human communities across all continents and eras (Blackwood & Wieringa, 1999; Herdt, 1994); and that lesbians and gay men form their own communities.

There are many indigenous cultures where individuals with a same-gender sexual orientation and the gender variant played an integral part in the society. Same-gender sexual orientation and gender variant people often held central roles in many shamanistic, pantheistic, and matrifocal spiritual traditions (Conner, 1993; Mircea Eliade & Trask, 1964; Roscoe, 1991, 1998). Their roles often blended feminine and masculine dress to created sacred, ritualized garments; engaging in tasks and ritual roles traditionally assigned to members of a different gender but occurring in sacred spaced where that gender was not allowed; special linguistic traits and gestures; creating or producing art (literature, music, dance, drama etc.); the practice of divination, healing and magic; and utilizing a variety of shamanic techniques to reach an altered state of consciousness in which a deity manifests. Currently, the Acault of Myanmar, the Muxes of the Juchitan, the Maa Khii of Thailand and the Mahu and Rae Rae of French Polynesia, all hold respected social or spiritual roles within their given cultures while exhibiting same same-gender attraction and gender non-conformity (Coleman, Colgan, & Gooren, 1992).
If cultural change led to the marginalization of people with a same-gender sexual orientation, those people would then form bonds with men and women of various ages, ethnicities, economic backgrounds and professions. These alliances resulted in a resilient, but often silent sub-culture, existing outside of the dominant cultural paradigm (Conner, 1993).

*The gay community.* The modern day lesbian and gay community has its roots in the post-World War II migration of gay male and lesbian service personnel to urban centers. However, it was the Stonewall Uprisings of 1969 that is seen as the formative spark of the modern day gay and lesbian rights movements, as well as gay and lesbian communities (Rothblum, Perez, DeBord, & Bieschke, 2000).

Three identifying characteristics are often associated with a defined community: territory, distinctive institutions, and solidarity and collective actions (Murray, 1996). Many large urban centers have developed a visible gay and lesbian presence in both the residential and business sectors. However, not all who identify as a gay man or a lesbian reside in these neighborhoods or work in these business areas.

Geography is a challenge for the rural gay man, in that the socially developed gay male community is mostly located in urban areas. The gay man living in a rural area is more likely to have occasional access to a gay bar than to variety of gay social and interest groups. Even though the internet has created opportunities for various forms of connections that have redefined the way we socialize and exchange information, rural gay men may feel an increased sense of social isolation when compared to their urban counterparts. Heightened anxiety may accompany the feelings of isolation given the greater potential for anti-gay violence in rural areas (Kimmel & Garnets, 2003).
The first and still most prominent gay community institution is the gay bar. Besides being a social venue, it has been regarded as a safe place to exchange information, for development of informal support networks, and to engage in community organizing. In this regard the gay bar has historically resembled the religious groups and institutions of oppressed ethnic minorities.

However, the gay bar may be an uncomfortable social environment for those whose appearance and age does not conform to the high standards of gay male beauty (Haldeman, 2007). Bars can also challenge the introvert and many who are socially comfortable in other settings.

The third criterion identified by Murray is solidarity and collective actions. The gay male community, especially in urban areas, provides a base from which gay men are able to: socialize; perform service work, participate in cultural, religious, and athletic events; engage in political activity; organize caregiving and fundraising for people with AIDS and other health issues; and discover and patronize business owned by others with a same gender sexual orientation. Participation in the gay community’s groups and traditions offer gay men a chance to grow socially and emotionally while also offering a place to both express and experience social interest. Cultural values and traditions formed within the gay community also help to enhance solidarity and identity with the larger group.

Unfortunately, the gay male community has been characterized as youth-and-looks-focused. This is becoming less true with the general aging of the gay male population. However, many gay men over 40 still report feeling socially excluded or invisible. This issue is compounded for differently-abled gay men (APA, 2000). Even though many gay communities’ now offer a variety of resources for gay men over 40, issues of loneliness and isolation are shown to be significant concerns for the aging gay male population (APA, 2000).
Gay identity development and the gay community. As discussed earlier in this paper most models of gay male identity development involve establishing connections between the individual and the gay community. In general the gay community and social support network act as an attachment object in and of themselves. They aid in healing the emotional wounds created in the gay male from living in a heterocentric society. The attachment to the gay community helps the individual to replace ideologies from his old identity that no longer serve him with a variety of internalized positive factors and self-confidence as a newly out gay man (Haldeman, 2007).

The gay community may offer the only opportunity to celebrate and acknowledge traditions that have become part of the gay life since Stonewall. The most visible of these are the local Pride Festivals that now take place from late spring into the early autumn. Given the diversity of the gay population this event may be the only time during the year that the entire LGB community assembles in one place, letting the individual ground their individual identity into the much greater whole of the LGB community.

Multicultural effects on the task of community. As mentioned previously, Adler believed that all humans live in association with one another and that we strive to find a position among our fellow human beings where we may belong (A. Adler, 1932). In the United States the dominant cultural paradigm favors white, heterosexual males. Euro-centric values frequently marginalizes people who differ from that paradigm (Sue & Sue, 2003). Also, self-identity is often influenced by group memberships or frequently based on a collective identity developed from the interaction of an ethnic community and family system. Gay men of color may experience oppression, homophobia and heterosexism from any or all of these sources. In some ethnic communities, heterosexual privilege may be the only privilege a person of color can
experience. Coming out as a gay man may mean the loss of their connection to that privilege as well as the loss of a refuge against racism. Furthermore, gay men of color may face discrimination or feelings of invisibility and disconnection in a predominately white, euro-centric gay community, (Fukuyama, et al., 2000).

Due to oppression and discrimination, gay men of color may experience repressed anger against the dominant culture. This anger may be heightened if they encounter discrimination in the gay community they are seeking to join; marginalization by a group of people with the same sexual identity. This anger may affect the developing self-identity, the level of suspicion the client has towards a therapist from either the dominant culture or the gay community, and intensify internalized homophobia (Haldeman, 2007).

Implications for counselors. The function of the gay community is under-researched. The few studies that have been conducted are based on white, economically advantaged gay men, and almost all studies are outside the area of psychology (Haldeman, 2007). Soto (1997) reported that out of the few studies focused on the gay community, less than 5% focused on issues of race or ethnicity. A better understanding of how our ethnic communities impact gay identity development, how to maximize the gay community’s organizational effectiveness, and what it means in terms of gay life-span development should be a research priority.

Therapists need to be aware of cultural specific perspectives concerning family, community, cultural norms and expectation when working with gay men of color, especially during the early stages of the coming out process (Sue & Sue, 2003). Many of the gay identity development models are based on the development of the identity of the individual as an out gay male. Their emphasis on being out as a sign of health may not apply to a gay male of color whose culture emphasizes the importance of familial connections or roles, such as is seen in
many traditional Asian American cultures. The therapist must help the client assess and understand their various identities in the context of personal and collective roles within their social environment as well as what constitutes personal and collective mental health (Fukuyama, et al., 2000). The therapist, through the use and understanding of identity development from multiple aspects, can also help the individual to explore the impact of oppression in their lives related to their multiple identities. Factors that need to be actively assessed include but are not limited to: the end goal of treatment; the importance of family and community ties; the level of acculturation and assimilation; the history of discrimination and oppression; the acceptable and unacceptable sexual behaviors within the racial-ethnic or religious community; the view about non-heterosexuality held by those same communities; and how racism is held by the local gay community (Dworkin, et al., 2000; Sue & Sue, 2003).

A thorough family assessment to explore the expression of familial affection, gender roles, and modes of conflict resolution should be conducted. The therapist should also inquire if the family noticed anything different about the client, when this may have occurred and how it was handled by both the family and the client (Chernin & Johnson, 2003).

The counselor also needs to know that the decision to disclose sexual orientation may mean that a person loses their place of refuge (Fukuyama, et al., 2000). This decision to come out may bring up of feelings of grief, loss and a sense of disconnection as an ethnic person. The added weight of these emotions and experiences may contribute to anxiety, depression and isolation. The loss of a refuge against racial oppression may also trigger constant self-monitoring and vigilance on safety which may consume already taxed intra-psychic resources. If a person of color does join a gay liberation movement, it may be perceived as a willingness to join with the White Oppressor and denying ones family or ethnic ties.
It is also recommended that a psychologist be familiar enough with the development of gay history that they can provide a client with a shared sense of historical and cultural connections. This psycho-educational discussion can lead into the development of modern gay institutions and current communities. The counselor also needs to be familiar with the local gay community in order to assist gay clients in finding appropriate support systems. This includes separatist groups, multi-cultural groups; heterosexual allies, internet list servers, bulletin boards, special interest groups, spiritual communities, political groups, etc. Community resources and bibliotherapy may help to mitigate the damaged caused by societal oppression and internalized homophobia by providing accurate information, positive connections, and role models.

However, one growing concern for the gay community is that the reliance on internet communication, which permeates most of our lives, does not subvert what the gay community has worked so long and hard to achieve: the ability to meet and develop personal relationships with one another (Haldeman, 2007). Also, counselors working with recently out gay men need to be aware of how their clients are relating both socially and sexually to their new community. Are these patterns fostering growth and change for the client or are they superficial interactions giving momentary pleasure but not offering a true network of peers and social connections. Also, because of the painful process many gay men go through coming to terms with their sexual identity there is a greater potential for the client to encounter compulsive coping responses such as alcohol and substance abuse, sexual addiction and eating disorders within the community (Chernin & Johnson, 2003).

**The Task of Spirituality**

Currently the world does not appear to have achieved consensus on a definition for spirituality, and this is true for Adlerian psychology as well. Adler in *Understanding Human*
Counseling Gay Men

*Nature,* mentions humanity’s place in the cosmos (A. Adler, 1927). In *Social Interest,* he refers to humanity’s relationship to the cosmic factors, and later he discusses the interconnectedness of humanity (Ansbacher & Ansbacher, 1964). Mosak and Driekurs, who attempt to formally label spirituality as the fifth task of life, refer to it by many names: the spiritual, the existential, the search for meaning, the metaphysical, the meta-psychological, and the ontological (Mosak & Driekurs, 1967a). Mosak and Driekurs further sub-divided this task into five sub-categories: what is your relationship to your god; what part does religion play in spirituality; what is humanity’s place in the universe; what is the nature of the soul and does it persist in an afterlife; and finally what is the meaning of life? Modern day Adlerians, along with many others, are still debating what constitutes spirituality, how it differs from religion, and what role it plays in the psychotherapeutic process.

In discussing the task of spirituality, we need to propose a working framework from which to examine the relationship between spirituality, religion and gay men. For the purposes of this paper, spirituality is experiential. It is a person’s ability to connect with the potential inherent in humankind, higher entities and in some aspects, all of life. It often produces feelings of compassion, belonging and acceptance; and assists in a person’s growth and development (Davidson, Perez, DeBord, & Bieschke, 2000; Helminiak, 2008; Suprina & Lingle, 2008). In contrast religion is an institutionalized belief system for a particular society. It often explains how life is to be lived, what the relationships to divine beings are supposed to be and gives a structural framework to interpret spiritual experiences (Davidson, et al., 2000; Helminiak, 2008; Suprina & Lingle, 2008).

*Gay men and world religions.* This paper cannot address all aspects of world religions without resorting to gross generalities. It must also be recognized that in many pre-modern
societies it is almost impossible to separate religion from culture. Furthermore, such terms as gay, lesbian, bisexual and transgender are contemporary inventions and are used as a way to convey a group of characteristics in today’s literature.

*Pre-modern or indigenous practices.* Same-gender sexual orientation, along with gender nonconformity, has been documented in human culture across all continents and eras ((Blackwood & Wieringa, 1999; Herdt, 1994). There are many indigenous cultures where people with a same-gender sexual orientation or who were gender-variant, played an integral part in many shamanistic, pantheistic, and matrifocal spiritual traditions (Conner, 1993; Mircea Eliade & Trask, 1964; Roscoe, 1991, 1998). Their roles often involved the blending of traditional feminine and masculine characteristics and duties, requiring special linguistic traits and gestures; for the sacred creation art (literature, music, dance, drama etc.). Depending on the culture, the same-gender sexually oriented individual or the gender variant person would also perform divination, healing and magic; and, utilizing a variety of shamanic techniques, reach an altered state of consciousness in which a deity would manifest and speak to the people.

These cultures included same-gender sexual orientation and gender nonconformity in their sacred myths and stories. An inclination toward a same-gender sexual orientation or gender nonconformity was often confirmed through toy selection, clothing choice, or choice of societal tasks at a very early age, confirmed later with visions and dreams, and then formally recognized through specific rituals as a sacred calling, often at the age of maturation for that culture. This process often led to specialized training with the person fulfilling a shamanistic or leadership role within the community. In some societies, same-gender sexual experience was a standard part of a child’s upbringing or was a formalized part of a rite of passage marking the transition into adulthood and full societal responsibility (Conner, 1993; Roscoe, 1991, 1998; Williams, 1986).
Hinduism. Hinduism was aware of same-gender sexual orientation but was not supportive. However, this attitude could vary depending on region, caste, gender, specific religious texts consulted, local civil law, the impact of foreign cultural influences (ex. Greek, Islamic and British cultural mores), and whether same-gender sexual orientation was regarded as a real vice, religious impurity or a ritual taboo (Helminiak, 2008; Sharma, 1993). In contrast the Kama Sutra recognized all forms of sexual pleasure and Tantrism recognized that all sexual energy could be used in seeking liberation through heightened states of ecstasy (Conner, 1993).

Buddhism. Buddhism viewed same-gender sexual orientation in neutral terms. Buddhist monks were celibate. Lay people faced no prohibitions against same-gender sexual orientation. Buddha and one of his principle disciples, Ananda were said to share an intense relationship fueled by their past lives together, in which they shared same-gender sexual experiences. The neutrality towards same-gender sexual orientation did vary depending on the society in which the Buddhist tradition was developing in. It is recognized that tolerance for a same-gender sexual orientation in India was less than in China, Japan and Tibet (Cabezon, 1992; Helminiak, 2008).

Confucianism and Taoism in China. The Chinese culture featured same-gender sexual orientation in its art, literature, poetry and history. Gay men were Emperors, warriors, sages and priests. Even Confucianism, with its focuses on a complex system of moral, social, political, philosophical, procreative and quasi-religious thoughts, nonetheless accepted a same-gender sexual orientation as long as one fulfilled familial and societal duties (Helminiak, 2008; Wawrytko, 1993). Taoism also accepted same-gender sexual orientation and fostered an endorsement for it in Chinese culture through its emphasis on a natural and spontaneous way of living, but more directly though such stories as the Seven Sages of the Bamboo Grove and esoteric practice often referred to as Taoist alchemy (Conner, 1993). In contrast, contemporary
China can inflict the death penalty on a person with a same-gender sexual orientation, especially gay men.

_Country_. In Japan, male-male sexual orientation was openly embraced in many different aspects of their culture. At one point in their history, a whole genre of literature was based on the practice of older male monks taking younger male monks as lovers (Helminiak, 2008; Wawrytko, 1993). Gay male relationships existed among the samurai class contributing to a tradition of male-male erotic poetry. Shintoism’s purification rites and all-male rituals also created an environment contributing to male bonding and male-male eroticism. Based on a history of commitment, concern and sincerity towards others, Japan is still liberal in its sexual mores concerning same-gender sexual orientation (Conner, 1993; Helminiak, 2008).

_Abrahamic tradition._ Attitudes towards same-gender sexual orientation in Judaism, Christianity and Islam have been ambiguous and changing with time. Generally, they have denied acceptance to openly gay men, lesbians and same-gender couples (Eron, 1993). In Judaism, a contemporary review of historical biblical texts, revealed a prohibition against male-male anal sex as an impurity and ritual taboo, not as an immoral act in violation against the nature of sex. Rabbinical teachings throughout the centuries have altered the message to forbid all same-gender sexual acts as a moral affront against the nature of sex (Olyan, 1994). Heterosexual marriage became the singular method for personal and religious fulfillment. However, in 1988 the Knesset of Israel legalized same-gender sexual orientations. Orthodox Judaism still forbids same-gender sexual orientations but other branches of Judaism are becoming more accepting (Helminiak, 2008).

Christianity’s attitude towards a same-gender sexual orientation parallels that of Judaism. Contemporary historical scholarship suggests that early scripture was not condemning of same-
gender sexual orientations and that Christianity was indifferent up to the late Twelfth century (Countryman, 1988). During the high middle ages there was even a gay male sub-culture producing gay positive literature. However, appeal turned towards theological arguments concerning natural sexual law. Sex became only moral and good within the context of a heterosexual, monogamous marriage with the potential for procreation and a same-gender sexual orientation was therefore condemned up to the present day. Currently, contemporary Christianity represents a wide array of opinion from acceptance to condemnation (Helminiak, 1998).

Finally, current Islamic culture publicly condemns a same-gender sexual orientation. Even though the Qur’an encourages sexual pleasure, as it is understood to be a gift from Allah, the role of the individual is still primarily to God, the society and to the family. There is also prohibition to avoid excess, which sexual acts outside of marriage are viewed as. However, Persian poetry often includes same-gender sexual allusions and a same-gender sexual orientation has been recognized as a private, sexual outlet in gender segregated Islamic society. This is in contrast to gay male rape which is still used as a means of demeaning, degrading and punishing men within their culture (Helminiak, 2008).

_A more esoteric path._ In response to hostility and rejection, some gay men have turned from traditional and conventional religious traditions as well as from a belief in God. Many gay men have found alternatives to monotheistic religions and discovered a sense of wonder and connection through more esoteric and earth-based paths such as: paganism, heathenism, various world mythologies, witchcraft, the practicing of various magical systems, and traditional Native American beliefs. The new age movement has helped to provide many alternative spiritual communities as well.
Spirituality, according to some of these polytheistic traditions provides unique and positive roles for gay men and lesbians. Lesbians, gay men, bisexuals, and transgendered people [LGBT] are reclaiming the roles of shaman, psychopomp, mediator and restorer of balance. They are encountering different theologies of gender and are embracing multiversal world views (Conner, 1993; Roscoe, 1998; Thompson, 1987). They are discovering stories and myths where the body and sexuality are viewed as sacred gifts and divinity is represented in a variety of gendered forms and sexual orientations. Historical mythologies also confirm the presence of LGBT people in history and culture. These examples have been embraced by many writers and scholars, to help encourage gay men to develop their gifts of creativity, meditation and transcendent ability. These myths also offer archetypical and corrective view points for the many societal messages denigrating the LGBT population. Myths, by tapping into the unconscious part of the mind, offer the LGBT population the possibility of holistic transformation. Roscoe (1991, 1998) and Conner (1993) encourage gay men to use these myths and traditions to facilitate a deeper self-understanding that promotes thoughtful options and actions, leading to ethical choices that encourage a deeper connection to the world.

The role of religion and spirituality for gay men. For gay men, religion and spirituality provide new ways of viewing and relating to a world that has often rejected them. Spiritual and religious experiences for gay men can affirm the basic goodness inherent within themselves (O'Neill & Ritter, 1992). This affirmation leads to the recognition of the unique contributions of LGBT people and their positive roles in community. These roles can serve as corrective contribution to society, especially as they give voice to the need for liberation of all who are oppressed or marginalized, and call for the realization that our sexuality and our bodies are sacred gifts.
After affirmation of the spirit, the second basic function of spirituality, is to unite people with similar beliefs and experiences into a supportive community (O’Neill & Ritter, 1992). Through ritualized expression of life events, communities join together to recognize and support the important times in the lives of its participants. This provides gay men with a way to share their lives with others and a sense of belonging that is so vitally important to a community to people who are too often rejected by family; by the environment they work in and by society in general.

The third role of spirituality, according to O’Neill and Ritter (1992) is to provide a connection to something truly outside of and larger than ourselves; to the divine and the transcendent. This connection provided hope and guidance, particularly in a time when gay men have united to care for those dying from AIDS; fulfilling the role of psychopomp for friends and loved ones when no one else would.

For gay men the goal of these functions is to develop a healthy self-identity and to reject the potentially unhealthy identity developed from negative societal messaging. The transformative process is aided by acquiring authenticity, openness and growing compassion for other marginalized people (O’Neill & Ritter, 1992).

*Implications for counselors.* The therapist’s role is to assist the client in fully exploring the conflict between the love for their religion and any hurtful, damaging messages or experiences they might have had in their religious community. Through questioning and exploration the client may increase their awareness of this conflict and the negative influence it has on them. When the client is ready the therapist can help them distinguish between nurturing spirituality and the oppressive aspects found within traditional religion, or help them to become aware of alternative religious and spiritual paths (Davidson, et al., 2000).
The first implication for counselors is to resolve the potential conflict created by trying to respect both spiritual/religious diversity and sexual diversity within ourselves. What, as a profession, do we do when students, colleagues or mental health organizations state they cannot work with gay male clients because their religion tells them a same-gender sexual orientation is wrong? Even if a therapist says they are willing to work with gay male clients, how will their therapeutic practices be affected by their homophobia and heterosexism nested in religious doctrine?

The APA code of conduct requires therapists to minimize bias and prejudice, and to be aware of and respect a list of diverse human characteristics including religious belief and sexual orientation (APA, 2002). However, it gives no advice on how to address these two beliefs when they contradict each other.

Currently, one issue has been in training programs, where trainees state that because of their religious beliefs they would not be able to work with gay male clients. The problem arises when this attitude is allowed to go unchallenged. There are many layers to this issue (Fischer, DeBord, Bieschke, & Perez, 2007). One layer is that of allowing students to remain incompetent in any area of their skill set simply because they choose to for whatever reason seems counter-intuitive to our training as therapists. However, another layer that makes addressing this issue difficult is when a program does not wish to trigger a student’s past history of trauma. Are these two issues different?

This paper proposes that there is a difference. The first instance is a student choosing not to develop a skill set based on personal choice and belief. The other is not addressing an experience that happened to and was out of an individual’s control. As therapists, we work with
clients daily to overcome their traumatic pasts and move towards a life of intentional and aware choice. When we ask this of our clients, we must ask it of ourselves as well.

To allow a therapist to intentionally avoid working with a gay male client based on bias and prejudice is to withhold mental health services to a person based solely on group membership (Fischer, et al., 2007). Therapists who intentionally avoid working with gay men may run the risk of having a client withhold information or not join them in a therapeutic relationship, in response to subtle prejudices that emerge in the course of counseling. Even if a client’s presenting concern does not involve sexual orientation, it may come up in the course of therapy as LGB people are constantly faced with choices about coming out in new situations.

One solution has been that a therapist seeking to avoid gay male clients could always refer a client to another therapist. However, depending on how the referral is handled the client may perceive a powerful negative message, disapproving their sexual orientation and possibly burgeoning identity. If handled delicately, it returns us benignly to the question of competencies and skill. In almost every other aspect of our profession we strive to separate our personal opinion and belief from our roles as perceived experts and therapists.

Alternatively, do we then run the risk of infringing on a therapist’s autonomy if we force them to work affirmatively with gay men of whom they disapprove? One possible approach lies in feminist ethics and its subsequent rejection of ethical relativism; rejecting the idea that every value must be equally appreciated or condoned (Vasquez, de las Fuentes, & Brabeck, 2000). It is with this in mind that we recall that multicultural counseling is superordinate to counseling practices or the desires and beliefs of any one individual therapist (Sue & Sue, 2003).

Multicultural counseling also acknowledges that our existence and identity are composed of unique individual characteristics, group affiliations, and universal dimensions. Any form of
helping relationship that fails to recognize the totality of these dimensions negates important aspects of an individual’s identity (Sue & Sue, 2003).

Multicultural counseling also calls therapists to examine the current, as well as historical differentials in power and other contextual factors concerning non-affirming attitudes and behaviors towards gay men, a group officially pathologized in the recent past and one that continues to be legally discriminated against. Privileging religious values, which have had social and institutional power behind them historically (Haldeman, 2007), over affirmative counseling and attitudes towards gay men would continue the pattern established by historical marginalization of people with same-gender sexual orientations (Fischer, et al., 2007). Multiculturalism calls us to redress societal power imbalances, not to support them (Fischer, et al., 2007).

Considerations of power. Religion carries more social and institutional power than does the movement for LGB rights. It is commonly incorporated into peoples’ daily lives and is protected by the government in the United States. LGB affirmative organizations and political movements do not have the same level of power or recognition. Psychologists who refuse to adopt LGB affirmative attitudes based on religious beliefs carry two roles identified as having power; their role as a mental health expert and as a member of an authoritative religious organization (Fischer, et al., 2007). These dual authoritarian roles may negatively impact the therapist’s gay male client to a greater degree than a professional espousing only one of these roles.

Psychologists’ and other mental health professionals choose their professions. Our professional organizations all have codes of ethics calling on us to safeguard the welfare of the public whom we elected to serve. We intentionally choose to bear that burden. Calling for an
adoption of an affirming LGB attitude within all members of the profession may feel like personal infringement on liberties of an anti-LGB therapist but the ethical codes we take are about the safeguarding of the public from harm, especially harm that is done by using the power of the role we have taken in society (Fischer, et al., 2007).

Group Therapy

Quantitative research in the area of LGB groups is scant and limited in focus (DeBord, Perez, & Bieschke, 2000). However, group counseling appears to be uniquely suited to counseling gay men and can offer them many benefits.

Group therapy can provide gay men the opportunity to identify and express feelings related to being an invisible and repressed minority (Fassinger & Miller, 1996). It can also provide a safe venue to help deal with family and societal rejection, a sense of belonging, and empower individual members illustrating coping strategies utilized by other gay men (Holahan & Gibson, 1994). It is also an excellent place for gay men to discuss alternative forms of intimacy and relational models that are not prevalent in heterosexual society.

Yalom described eleven therapeutic factors that are interdependent, critical to the group therapeutic process, and are relevant to a client’s change, growth, insight and learning (Yalom, 2005). The following review of these factors is from the perspective of working with gay men predominately in process oriented group environments. Furthermore, attention is given to specific and unique factors facilitators must consider when developing a therapy group for gay men.

Instillation of hope. Hope is essential to group commitment and positive outcomes. It bolsters a member’s belief in his or her own ability to change as well as the therapeutic success of other group members (Yalom, 2005). The mere existence of a gay male group can create a
sense of hope and belonging for potential members even before the group begins. Advertising in media and building relationships with local business owners who will agree to post group flyers sends a powerful message of advocacy and acceptance to all who encounter the information. Such messaging can reach the most closeted of gay men (DeBord, et al., 2000).

It is advisable for group facilitators to conduct at least one face-to-face interview with anyone interested in participating to help preserve and foster group safety (Holahan & Gibson, 1994). Also, therapists should consider whether or not a potential participant shows an exaggerated proneness to guilt or shame regarding their sexual orientation, which may be triggered by the slightest rejection by other group members. Also, clients who are likely to attack other group members due to their own internalized homophobia are contraindicated as well. Clients exhibiting either or both of these behaviors would probably benefit from individual therapy before being placed in a group environment.

After members have been selected, an orientation meeting where the facilitator reviews success stories from previous or current members, the goals of a group or a group-derived mission statement, and the facilitator’s belief in the effectiveness of the group may help to instill or restore feelings of hope for new members. It is also recommended that at least one group session be set aside to either bring or review heterosexual allies who have played significant, affirming roles in the members’ lives (DeBord, et al., 2000). Such experiences may help to counter feelings of fear and social isolation due to discrimination and heterosexism.

**Universality.** Generally, universality within a group helps to reduce emotional isolation and the fear of being unlike anyone else. The positive effects of this form of emotional validation should not be underestimated (Yalom, 2005). Gay men participating in group therapy discover they are not alone in their reactions to social messages stating they are not healthy contributing
members of their culture or are incapable of possessing healthy masculine traits. They share the common, non-heterosexual experience of having been marginalized by society for their sexual orientation (DeBord, et al., 2000). Recruiting for diversity within a group of gay men can magnify this effect by illuminating the varied forms that internalized homophobia, relationships and lifestyles can take (Holahan & Gibson, 1994). Discussing group differences can also bring into light the commonalities that members share and induce powerful feelings associated with existential issues of isolation and aloneness.

However, universality is also paradoxical in nature; in that it also serves as a warning to therapists not to prioritize sameness over diversity. Group counselors need to be able to address issues related to racial, cultural, gender, age, and socioeconomic diversity within the group, especially in its early development. Ignoring or negating these variables may send a negative message to participants about the value of in-group differences (DeBord, et al., 2000).

Imparting information. Since the 1940’s, formal group work has imparted psychoeducational information as an agent of change (Yalom, 2005). Groups for gay men often serve as a first step for men who have recently identified themselves as gay. These groups introduce gay men to information about the history of gay culture, conduct and habits, health resources, social networks, legal and financial resources and a whole host of other community services. Occasionally the information is simply direct advice from other members who have already been through the various stages of identity a newly self-identified gay male is going through (DeBord, et al., 2000).

Development of socialization techniques. Group therapy can help gay men develop socialization techniques and behavior that are unique to the gay community. Once healthy group interaction is established the group can assist members in the act of coming out for the first time
to friends, family and co-workers; an act society does not prepare gay men to do. Group work can also help gay men role play life events that they may not have previous experience with, such as: asking a member of the same sex out on a date or bringing up the subject of safe-sex. Group leaders who consider how to address member socialization before the group starts will better prepare the group to counter the effects of social isolation.

*Altruism.* Altruism overlaps with many other therapeutic factors in group work (Yalom, 2005). In regards to gay men, the altruistic nature of the group experience can help to contribute a sense of self-worth, value and purpose to its members (DeBord, et al., 2000; Frost & Andronico, 1996). Within the context of group work gay men have the opportunity to intentionally help others to be prouder of their identities as gay men. They subsequently take ownership of the pride they are attempting to share (Frost & Andronico, 1996).

*Imitative behavior.* Imitative behavior benefits group members in that it allows the observation of other’s coping strategies and problem solving skills and incites subsequent experimentation with the newly discovered strategies. Group members who have developed a more synthesized or integrative gay identity can model and communicate a sense of pride to others in the group who may be in the initial stages of coming out. Group leaders can maximize this beneficial impact by spotlighting the behaviors of group members that are consistent with the developmental stage relating to gay pride. Group members and the facilitator can all serve to model alternative attitudinal and emotional states. One of the unique benefits offered by a gay counselor facilitating the group is that they can serve as a strong and positive role model to group members. Because of this, it is recommended that gay therapists be in the latter stages of their own coming out process, having worked through disclosure to friends, family and colleagues to the extent that this is possible (DeBord, et al., 2000).
Corrective recapitulation of the primary family group. Transference relationships that allow for the corrective recapitulation of the primary family group are much more pronounced in process groups than in psychoeducational groups because of the interpersonal processing that occurs. Group members unconsciously and automatically relate to other group members as if they were family members, romantic partners, or other people significant in the person’s life (Frost & Andronico, 1996; Holahan & Gibson, 1994). Furthermore, a common transference pattern is a facilitator being placed into the role of parent, because issues of parental love and acceptance are often dramatic for gay men. Exploring how these transference patterns and perceptions have affected group interactions can provide for personal learning and corrective recapitulation of negative patterns. For many gay men, a group can offer their first experiences with building a family of choice that provides them with support, encouragement, empathy, understanding and education that was desired from their family of origin. This opportunity is unique in group work for gay men and is not attained through individual therapy or other relationships (DeBord, et al., 2000).

Interpersonal learning. Interpersonal learning derives much of its therapeutic benefit from demonstrated trust and it overlaps with recapitulation of the primary family, group cohesion and catharsis. Trust assists the individual to recognize and modify interpersonal distortions through corrective emotional experiences that include: strong emotional expression; group feedback; and critique and client recognition of the negative consequences of certain feelings and behaviors (Yalom, 2005). The more the facilitator can plan to highlight how group learning and coping strategies can be generalized to experience outside of the group, the more consistently this factor will contribute to positive therapeutic outcomes (DeBord, et al., 2000).
**Group cohesion.** Group cohesion reflects a feeling of support, encouragement and acceptance of group members. It, like the therapeutic relationship in individual therapy, is one of the more powerful therapeutic factors in group work.

The facilitator’s ability to guide or communicate the development of the group purpose, attendance agreements and confidentiality contract is critical to group cohesion, especially in the early stages of the group (Yalom, 2005). A facilitator must encourage an atmosphere affirming to gay male identity development; one which will relieve fears and encourage participation. The facilitator must also lead discussions that arrive at the common understanding that the group is not to be used as a social or dating outlet. It is also important to discuss how out of group socializing should be managed; given that gay male communities can be quite small and interconnected, even in larger cities and universities (DeBord, et al., 2000).

Confidentiality must also be defined by the group in order to foster safety and trust. Gay men frequently grow up lacking trust in themselves and others. Trust and cohesion can be encouraged by supporting disclosure; risk taking and change; and confrontation of homophobia and non-adaptive defenses. Finally, developing goals that allow for fun activities such as art therapy, trust walks and guided fantasy can also contribute to a sense of group cohesion (Frost & Andronico, 1996; Holahan & Gibson, 1994).

**Catharsis.** Catharsis must be accompanied by the integration of two specific factors in order to be deemed therapeutic in nature. The two factors are: the ability to express one’s own feelings; and the ability for a person to clearly state what is bothering them. Without these two factors cathartic experiences are just as likely to produce negative outcomes as positive ones. Guided group catharsis may act as a major agent for change in helping to process grief and for relieving sadness (DeBord, et al., 2000).
Existential factors. Existential issues, especially dealing with choosing to lead an authentic life, are related to the oppression that gay men often experience. However, there is very little guidance in current literature on how to direct the focus of group work to existential issues unique to gay men. Group facilitators can explore with participants ideas regarding life’s meaning and purpose, the role and purpose of same-gender sexual orientation in the diverse panorama of life, the experiences of aging as a gay man, the possible death of a member, or caregiving for friends and loved ones experiencing HIV/AIDS (DeBord, et al., 2000).

Adlerian Theory and Techniques

The Journal of Individual Psychology printed an apology to the LGBT community in its summer of 2008 edition and focused that entire journal on issues unique to the LGBT community. However, there are still very few articles that explore how issues facing the LGBT population fit into an Adlerian framework. There are even fewer articles that offer specific intervention techniques for an Adlerian therapist working with LGBT clients. The only article discovered thus far was focused on working with gay male and lesbian couples (S. K. Fischer, 1993).

Gay men can seek counseling for all the same reasons that heterosexual men do. However, gay men frequently have presenting problems that exist outside the scope of those presented by heterosexual men; these additional sources of conflict can have considerable impact on the gay male’s movement through life.

Fischer (1993) proposed that feelings of inferiority may arise stemming from a sexual orientation and life-style subjected to disapproval from the community or society in general. This disapproval can be internalized by the client, and may develop to compromise a large portion of the client’s lifestyle, resulting in self-hatred or internalized homophobia. Such a client is likely to
introduce toxic elements in all their tasks of life. These toxic elements are frequently compounded in same-gender romantic relationships, especially if both partners are exhibiting life-styles resulting from internalized homophobia and feelings of inferiority. Inferiority feelings projected onto a relationship may engender resentment and result in an inability to resolve conflict.

A second problem encountered by gay men is a lack of exposure to positive role models; other gay men engaged in satisfying, beneficial lives. This leads to the failure to identify attributes that contribute to a healthy gay male identity and often results in modeling based on family of origin. This may be an ineffective substitution and cause patterns of striving that do not work within the gay community or gay male relationships.

A third source of difficulty for gay men arises out of having led a closeted identity or actively leading a closeted identity. This hiding of the authentic self restricts connection to community resulting in a restriction of social interest and cooperation. A closeted identity often results in the intensifying of focus on personal issues and problems as one dwells on their own needs instead of focusing outward towards the needs of the community. A related source of conflict emerges for gay male couples when one member of the couple is more closeted than the other. This will result in a misalignment of goals and priorities within the relationship producing conflict and tension.

*Life style assessment.* When working with a gay male or a gay male couple, the Adlerian therapist can begin by asking the client or the couple to conceptualize the presenting problem. Early in the therapeutic process the therapist should conduct a life style assessment to identify life themes, subjective frames of reference derived from life experiences, goals, and possible
communication patterns. When working with a gay couple, mutual expectations should be included as well.

A traditional life style assessment is useful when working with gay men; focusing on the family constellation, early recollections and the client’s phenomenological view of early life experiences. However, additional questions should be included that focus on the development of the client’s identity as a gay man in order to provide a more comprehensive view. With many gay men the development of a sexual identity cannot be examined independently of other life style issues. This is fundamental to identifying significant issues in the client’s life style. For a list of potential questions to ask gay men during a life style assessment or therapeutic session please refer to the Appendix.

If a counselor is working with a gay male couple, the life style assessments should be conducted separately and early in the couple’s counseling. Inspection of the life style issues may provide a therapist with a better understanding of misaligned goals and the idiosyncratic needs of a particular couple, aiding in the development of useful intervention strategies.

_Early recollections_. The counselor working with gay men often discovers that they have become discouraged due to internalizing society’s persistent messages of homophobia, heterosexism and marginalization. Often gay men are subjected to many sources of discouragement, frequently within their family of origin, prior to coming out to members of their family and to the rest of society. The client is likely to have internalized these messages of discouragement from his family of origin, religious institutions, the media and the work place, by the time he comes out as a gay man. Even though many gay men consciously attempt to remove the effects of external sources of discouragement, they often struggle to remove those sources already internalized. This discouragement leads to pervasive feelings of inferiority impacting the
individual at both the unconscious and conscious levels. Feelings of inferiority and subsequent dissatisfaction with life introduce negative elements into all the tasks of life.

These feelings of inferiority can unconsciously influence a gay man to choose a partner who will fulfill his need to be inferior, validating and supporting his lifestyle. In contrast a gay man may seek a partner who will alleviate his feelings of inferiority, placing undue expectation on the partner and generating a misalignment of goals.

The analysis of multiple early recollections by the therapist will help to track the development of discouragement and feelings of inferiority that lead to internalized homophobia. By charting the course of the internalization of discouragement, the therapist can help to enlighten the client about lifestyle issues and the unhealthy affects the internalization is having on the client’s tasks of life.

Once the dysfunctional patterns are discovered, the client can begin to reframe the experience in a new context. Interventions should focus on the alteration of the perception of his lifestyle and exploration of what a healthy lifestyle might look like. Early recollections can also be used to recognize feelings of patterns associated with negative behaviors and thought process during this phase; as well as provide insight into the client’s strength which can be maximized to help foster change and growth; and can be used to transform old metaphors and memories to help change beliefs. Finally, asking the client at the end of the counseling relationship to retell an early recollection gathered from the beginning of therapy may help to highlight the growth and progress the client has made by examining the change in content and emotional context within the recollection.

Inspection of early recollections can also help to discover perceived patterns of behavior in the client’s family of origin that are being transposed to the client’s male-male relationships,
creating dysfunction. Most gay men have been raised in heterosexual families of origin with heterosexual role models. When gay men find themselves in a relationship, they often initially resort to a heterosexual model of interaction which can impair the development and growth of the relationship.

An Adlerian therapist can utilize early recollections to help identify the unhealthy patterns that are being carried over from the family of origin. Couples counseling can then become focused on the development and maintenance of productive communication patterns within the partnership to enhance their relationship. The therapist functions as both the interpreter and educator based on the early recollection to provide alternative relational and communication models for each client to implement within the partnership.

Social interest in gay men. The third problem often faced by gay men and gay male couples is the lack of a support network that can enhance growth and development by providing external support and positive role models to which to aspire. Many gay men remain closeted or avoid involving themselves in the gay community.

When a gay man or a gay couple step outside of the system devised by heterosexual society into a supportive gay social network, a spirit of cooperation and social interest is created. A gay client or gay couple that develops social activities with the goal of social interest tends to flourish because values become “other-directed”. Selfishness and the focus on the inner self are reduced by focusing active participation in activities that better the life of others. The individual or couple develops a greater sense of integration and cohesiveness through connection with the gay community. The contribution made by the gay man or gay male couple also serves the greater good of the gay community as a whole. The gay man or gay male couple also provide a useful role model for others in the gay community.
The Adlerian therapist can stimulate the growth of social interest and a sense of responsibility in gay men by educating and focusing on the significance of social interest and cooperation as fundamental human values that serve the greater good for all peoples. The therapist can illustrate how social interest can be personally satisfying, serve as a role model within the gay community and reduce the inner directedness of the individual or couple which frequently reduces both intrapersonal and interpersonal conflict.

The Adlerian counselor can also help to facilitate the healthy transition into development fueled by social interest by exhibiting respect for the client’s current stage of identity development and by encouraging any relative growth witnessed or discussed. By fostering an affirming and encouraging atmosphere, the Adlerian therapist can also mitigate the effects of discouragement that the client or couple has been experiencing. Adlerian therapists can counter the effects of discouragement through the installation of hope, reframing, and maintaining an encouraging, positive and supportive attitude.

Conclusion

Early Adlerian psychology viewed same-gender sexual orientation as pathology. A gay man was believed to exhibit a same-gender sexual orientation because he considered himself to be a failure, was incapable of competing with other men, and was afraid of the intimacy involved in a committed relationship with a woman. This psychological frame of reference was carried over to applying Adlerian life tasks to gay men as well. Adlerian life tasks historically had been presented in a homophobic and heterosexist manner that prohibited by their very definitions, successful completion by gay men. Although most apparent in the Task of Love, the detrimental impact was seen in the Task of Work and Community as well.
Unfortunately, this view was not altered when the American Psychiatric Association first voted in 1973 to remove “homosexuality” from the Diagnostic and Statistical Manual of Mental Disorders; nor in 1975 when the American Psychological Association took an even stronger stand. It has taken until the summer of 2008 for the Journal of Individual Psychology to apologize for the exclusion of LGBT people from its body of literature and research.

Adler may have been right in his perceptions that gay men were discouraged and often had a strong sense of inferiority. However, he was misguided in determining the source of those feelings. Gay men were not discouraged because they had a same-gender sexual orientation; they were discouraged because they were living in a heterosexist society, experiencing the impact of prejudice and discrimination. Gay males feel pressured to hide their sexuality in order to succeed in a homophobic and heterosexist world, thus preventing them from openly striving for success in meeting their life tasks. This incongruence between their self-identity, sexual identity and movement through life undermines self-acceptance and worth resulting in feelings of inferiority. Society presents gay men with the double bind of choosing between living authentic lives or achievement in life tasks, as they are currently defined.

Despite societal pressure, gay men do achieve success in self-identity formation; establishing loving and intimate relationships, find meaningful careers; contribute to the well being of their community; and achieve a sense of spiritual connection. A gay male’s movement through life may look different than his heterosexual counterpart, but that does not mean it is less worthy or fulfilling. With some encouragement and an understanding of the implications of the impact of societal discrimination and oppression, therapists can help promote the advancement of their gay male clients and gay male couples, assisting them in overcoming oppressive societal
messaging and barriers. Gay men can move from discouraged to encouraged and towards successfully addressing their life tasks.

However, that means therapists must be willing to offer affirmative therapy and to examine their own misconceptions, prejudices and ignorance. They must be willing to develop competencies in working with gay men and to continue developing therapeutic tools such as group therapy and life style assessment as discussed in this paper. Therapists need to recognize that in the face of today’s social requirements, ideas concerning life tasks and social interest may have to grow and change with the same expectations as we hold for our clients and ourselves. We must question oppressive social constructs, reinforcing homophobic and heterosexist world views, and to subsequently develop alternative concepts. This includes altering the definitions of Adlerian life tasks and incorporating non-heterosexist language, as well dissolving gender biased role models.

Contemporary Adlerian theory needs to continue building on the foundational work and writings of such therapists as Cynthia Chandler, Sylvia Fischer, Catherine Hedberg, Jack Huber and Carol Kivel. We must integrate recent clinical research and thinking into the framework of Individual Psychology. By helping gay men to diminish minority stress, develop a positive sense of belonging and to promote movement towards mental health, we help to encourage the advanced expression of social interest by gay men and by ourselves as well.
References


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Appendix

Sample questions for consideration when counseling gay men or gay male couples:

1) Who are your positive gay role models?

2) How many gay couples are you aware of where both partners are engaged in a mutually satisfying, beneficial relationship?

3) Have you ever known anyone who was a gay man or lesbian that you respected or loved? How did this person influence your own development both in general and as a gay man?

4) What is your father’s view of same-gender sexual orientation? And your Mother’s? And your siblings?

5) To whom, if anyone have you come out and why did you choose this particular individual(s)? Why did you not choose to come out to certain other people important to you?

6) What qualities do you seek in your partner?

7) Do you model your partner after anyone in your family?

8) Do you model yourself after anyone in your family?

9) Does your relationship with your partner remind you of any significant relationships between members of your own family?

10) How out is your partner?

11) How “out” are you?

12) How important is monogamy to your partner?

13) How important is monogamy to you?

14) What, if any, influence has your sexual orientation had on your career?

15) What, if any, influence has your sexual orientation had on you friendships?
16) What is the purpose of same-gender sexual orientation in society/culture?

17) Describe the ideal same gender relationship.

18) When do you first remember having same-gender sexual feelings? How old were you?
   Describe the feeling and how you felt about it? Did you know you were gay at that time?
   If not, when and how did you know you were gay?

19) Did you tell anyone when you first identified yourself as gay? Why or why not? If yes,
   how did this person react?

20) How did you feel about yourself when you became aware you were gay? Describe the
   experience.

21) How did you feel about LGB people in general at that time?

22) How do you feel about LGB at this time?

Rate on a scale from 1-10 the following questions:

23) The degree of support in your relationship by immediate friends and family.

24) The degree of support in our relationship by our society.

25) The level of open disapproval you face from others because of your relationship.

26) The level of disapproval I face because of our relationship.

27) Your significant others/partners/spouses level of internalized homophobia.

28) Your level of internalized homophobia.