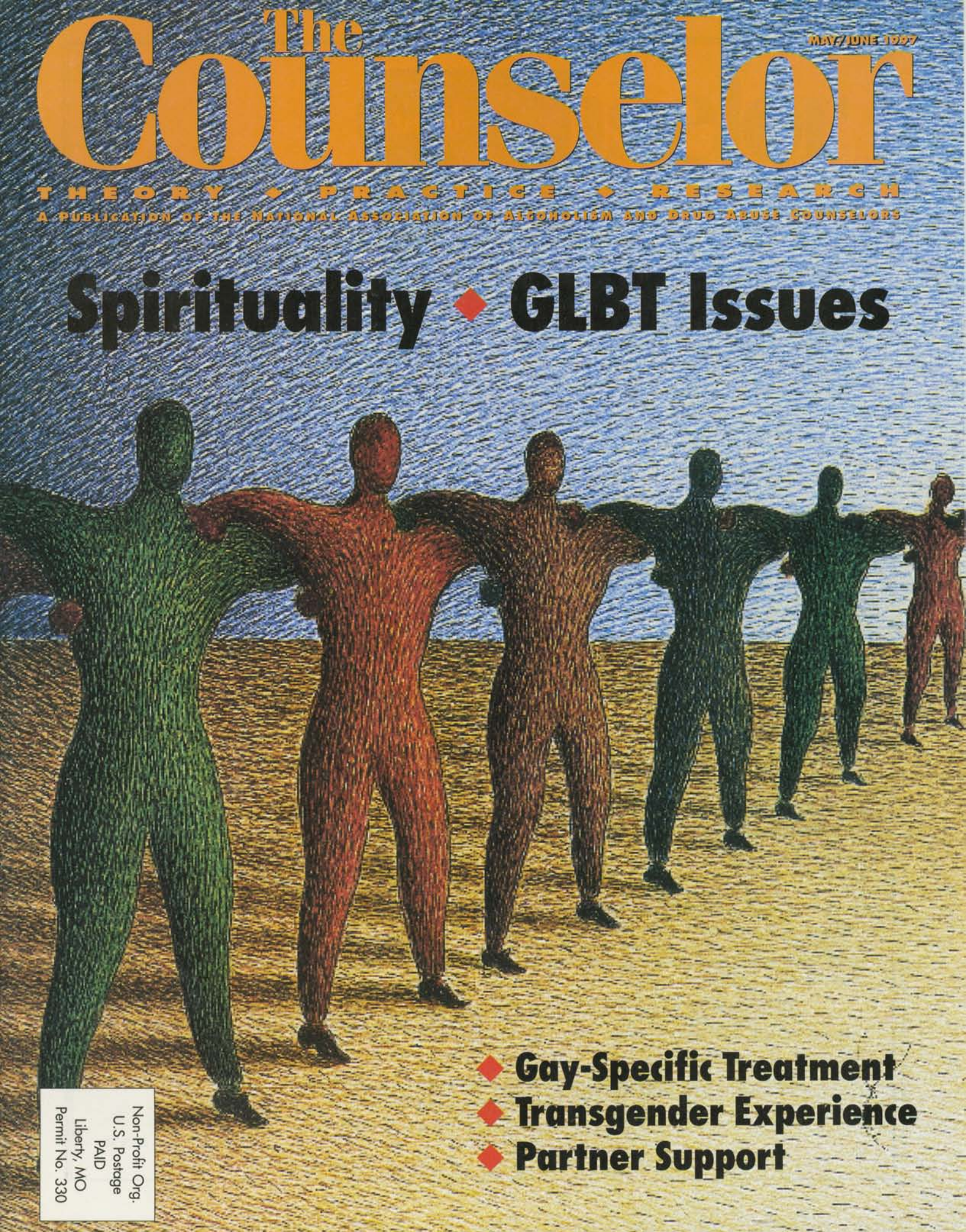
MAY/JUNE 1997

The Counselor

THEORY ◆ PRACTICE ◆ RESEARCH

A PUBLICATION OF THE NATIONAL ASSOCIATION OF ALCOHOLISM AND DRUG ABUSE COUNSELORS

Spirituality ◆ GLBT Issues



- Gay-Specific Treatment
- Transgender Experience
- Partner Support

SHARING THE SECRET: THE NEED FOR GAY-SPECIFIC TREATMENT

◆ ◆ ◆

Joseph M. Amico, MDiv, CAS, and Joseph Neisen, PhD

Studies in the literature report that between 20% and 33% of gay/lesbian/bisexual/transgender (GLBT) people are estimated to have alcohol and other drug problems. However, only 1% of clients in mainstream programs identify themselves as being GLBT (Hellman et al., 1989). What is the reason for this discrepancy? There are several possibilities. For one, many GLBT clients are not comfortable sharing their sexual orientation with anyone else. Others do not feel safe or supported enough in mainstream treatment programs to talk openly about their sexual orientation.

We've Come a Long Way, But...

Until 1986, when the Pride Institute was founded, there were no treatment centers that catered exclusively to the needs of GLBT clients. Since that time, GLBT programs have gained in popularity. Today, most major metropolitan communities have GLBT outpatient centers that provide chemical dependency services. Other centers have added special "track" programs for these clients. And, recently, some treatment providers have expressed an interest in exploring the possibility of adding a "gay touch" to traditional treatment programs. Still, gay-specific inpatient treatment centers are scarce considering the number of GLBT individuals with alcohol and drug abuse problems.

Of course, during the last 15 years, sociocultural influences are more widely recognized as contributing factors to alcohol and drug abuse in the GLBT community. And perspectives have changed regarding both alcoholism and homosexuality. Until 1973, homosexuality was defined as an illness by the American Psychiatric Association. During that same time, alcoholism was treated as a legal problem. In this decade, most informed people define homosexuality as one variant in a wide range of human sexual preferences and define alcoholism as an illness characterized by dependency on an addicted chemical (Neisen and Sandall, 1990). Previously, a psychoanalytic theory prevailed that linked both homosexuality and alcoholism to incomplete psychosexual development. However, Nardi (1982) has dispelled the myths regarding the causal relationships between homosexuality and alcoholism and points instead to the need for further investigations using a sociological approach. Further, Israelstam (1983) and Lambert (1986) refute the notion that a latent homosexual drive causes compulsive drinking and drug abuse. Instead, they explain these behaviors by lesbians and gay men, in part, as a response to their stigmatization by the dominant culture.

Cultural Victimization

Discrimination against GLBTs traditionally has been referred to as homophobia. This generally is defined as the irrational fear or dread of homosexuals. However, in recent years homosexuality has begun to be associated more negatively, sometimes sparking violent feelings and behaviors on the part of heterosexuals; the growing instances of "gay bashings" across the country have been alarming.

Today, heterosexism is a better term to describe the broader context of the cultural victimization and oppression of GLBTs. Heterosexism continues to promote heterosexual lifestyles, while ignoring or dismissing other possibilities (Neisen, 1990).

The negative effects of heterosexism include:

- Self-blame for one's sexuality or the victimization suffered
- A negative self-concept developed as a result of years of growing up hearing derogatory messages about homosexuality
- Anger directed at oneself resulting in destructive patterns that may include drinking, drug abuse and/or suicide attempts
- Development of a victim mentality toward life, in which the GLBT individual struggles with feelings of inadequacy, hopelessness and despair that interfere with his or her ability to lead a productive, happy and fulfilling life.

Heterosexism has caused many GLBT clients to live a duality. On the outside, they follow the heterosexual model so that they can fit in and get along with others. On the inside, they want desperately to be themselves and let everyone know who they are. This duality leads to secret-keeping. And counselors know that it is "the secrets that keep us sick."

So take this person, put him or her in the treatment setting and now he or she is keeping secrets about their secret-keeping. This type of vicious cycle offers bleak prospects for recovery from alcohol or drug addiction. And even when this client seems to do well in treatment, he or she is very likely to relapse on discharge.

When Counselors Perpetuate Secret-Keeping

Of course, treatment professionals always do a good job of helping GLBT clients be honest about who they are, right? Well, not always. In fact, some clients have reported that their counselors actually told them not to disclose their sexual orientation in groups.

Some of the reasons the counselors gave for this advice included: "You are here for your addiction, not your sexual orientation." Or, "You can tell me, but other staff/clients would not be as accepting." Unfortunately, there are horror stories from the other side of the spectrum—clients whose counselors forced them to disclose their sexual orientation in group, only to be tormented and abused by peers outside of the group.

It is no wonder that many GLBT clients in treatment report feelings of isolation, fear, depression, anxiety, anger and difficulty trusting others. The pervasive effects of cultural victimization becomes clearer once the victimization is identified as abuse.

Coming Out Stages and Relapse

GLBT individuals go through a developmental process known as "coming out," which is a lifelong process that can begin at any age. Coming out refers to the process of becoming aware of one's sexual orientation, accepting it and "coming out of the closet," i.e., telling others that one is gay, lesbian, bisexual or transgender. When discussing an individual's coming out, it is essential for the counselor to place any difficulties the client has in the context of cultural victimization (Neisen, 1994). Coming out requires that the client overcome the shame and other negative feelings about his or her sexual orientation that have been imposed on him or her by others.

Counselors need to understand that, because of cultural victimization, GLBT individuals are at an increased risk of turning to alcohol and drugs at some stage of their coming out. Several authors have defined these stages, but this article will follow the model developed by Cass (1979), who identified six stages of coming out: confusion, comparison, tolerance, acceptance, pride and synthesis.

Stages of Coming Out

Confusion. Identity confusion occurs when there is continuing personalization of information regarding homosexuality (or bisexuality or transsexuality). Individuals may react to confusion by using an inhibition strategy (e.g., "I have to get high or drunk to have sex with someone of the same sex"), a personal innocence strategy (e.g., "I just woke up with him [or her]; I don't know how it happened"), or an information-seeking strategy (e.g., the person who reads every article he or she can find about homosexuality and watches every talk show, television show or movie that addresses it).

Comparison. Identity comparison occurs when the person accepts the possibility that he or she might be homosexual, bisexual or transsexual. These individuals usually employ one of the following approaches:

- The person reacts positively to being different and devalues the importance of heterosexuals in his or her life. He or she might say something like, "You can't help me if you're not gay."
- The person accepts the homosexual definition of his or her own behavior but rejects a definition of his or her own behavior as homosexual. This client might say, "Some of the things I do may look as if I'm gay, but we never kiss or anything like that; so I'm not really gay."
- The person accepts himself or herself as homosexual. But he or she so fears negative reactions from others that overt homosexual behavior is inhibited, homosexuality is devalued and heterosexuality is given much positive weight. These individuals are the same ones who get married just to please family, employers, society, etc. This type of attitude supports addictive behavior as it leads to sneaking around, hiding homosexual behavior, feeling ashamed and guilty and drinking and/or using drugs to dull the pain and mask negative feelings.

Tolerance. Identity tolerance occurs when the person has come to accept the probability that he or she is homosexual, bisexual or transsexual and recognizes the sexual/social/emotional needs that go with coming out. A person no longer denies when asked or voluntarily comes out even at the risk of losing family, friends or career.

Acceptance. Identity acceptance occurs when the person accepts rather than tolerates a homosexual self-image and there is continuing and increased contact with the lesbian/gay culture. The person begins seeking gay social functions, religious groups, AA meetings and other activities.

Pride. Identity pride occurs when, accepting the philosophy of full legitimization, the person becomes immersed in the lesbian/gay subculture and has less and less to do with heterosexual individuals. These people may get involved in activist groups such as Act Up!, march in gay pride parades and participate in other high-visibility activities.

Synthesis. Identity synthesis occurs when the person develops an awareness that all heterosexuals cannot exclusively be viewed negatively or homosexuals always positively. This individual appears to blend back into the mainstream and attends mixed social functions, religious groups, AA meetings and other activities.

The GLBT individual goes through something like a second adolescence during the process of coming out. Just as alcohol and drugs can inhibit a person's emotional development, mood alerting substances can arrest the coming out process as well. A study done at Pride Institute demonstrated that two-thirds of the clients at the inpatient facility were in the first stages of identity formation. Therefore, there is a high risk of relapse for chemically dependent GLBT clients who are in the early stages of coming out. It is in the counselor's best interest to know these stages and be prepared to make appropriate referrals for support services and continuing care.

Implications for Treatment Programs

Culturally sensitive and specific treatment programs are increasing in number as treatment providers attempt to meet the clinical needs of a diverse client

population. For minorities that our culture continues to stigmatize and marginalize, it is imperative for alcoholism and drug abuse treatment providers to offer programming that can address the impact of cultural victimization. Counselors and other treatment providers need to:

- Address how cultural victimization contributes to substance abuse
- Address how cultural victimization creates shame that interferes with individuals' ability to find hope for and to maintain sobriety
- Provide the opportunity for individuals to begin to release their shame and to reclaim their pride as a means to maximize their ability to maintain sobriety and lead fulfilling and productive lives.

A continuum identifying varying levels of cultural sensitivity and specificity can be used as counselors clarify program goals and objectives (Neisen, 1996). Such a continuum has anti-gay treatment providers at one end and gay-affirming treatment providers at the other:

- Anti-gay treatment offers no sensitivity to gay individuals. In fact, such a program would be antagonistic toward gays. The program is designed exclusively for heterosexuals and deliberately excludes GLBT persons.
- Traditional treatment providers also offer no gay sensitivity, but this isn't due to outright antagonism. These programs don't realize that they have gay clients. There is no acknowledgment of or discussion of homosexuality, and everyone is assumed to be straight.
- Gay-naïve treatment providers realize that they have gay clients, but the organization has not yet begun to address the special issues GLBT individuals face.
- Gay-tolerant treatment providers provide minimal gay sensitivity. Some staff may verbalize to clients that it's okay to be gay; however, discussions about being gay usually happen in individual sessions. Concerns are voiced as to "how the group would handle a gay person," but no defined plan or policy about how staff would deal with homophobic and heterosexist comments and/or actions has been established.
- Gay-sensitive programs exhibit moderate levels of sensitivity. Several clients and/or staff may be open about their sexual orientation. They may have several workshops and/or groups focusing on GLBT issues. They even may have a specific group for gays and lesbians. Some programs may have a "track" that does some gay-specific groups; but, at the same time, a "track" typically mixes gay clients with the general facility in other groups.
- Gay-affirming programs have the highest level of sensitivity. All treatment workshops and groups are designed specifically for GLBT individuals. Therapy groups and workshops are never mixed with heterosexuals. All workshops move beyond gay sensitivity, but they affirm the GLBT individuals. Workshops on addiction issues incorporate special issues facing GLBT individuals in the scheme of the larger community. The program has GLBT magazines and newspapers available. Posters and other images of GLBT communities are displayed throughout the treatment center. All treatment components are gay-specific.

Conclusion

Every treatment program has gay clients. Whether or not a program chooses to provide sensitivity for those clients is another issue—one that needs to be addressed. Any counselor working in a facility or agency that is not gay-sensitive is encouraged to look at ways he or she and his or her colleagues can improve their services for GLBT clients. Counselors who feel that they cannot work with this population with an open mind or cannot serve these clients adequately should be prepared to refer clients to a more sensitive program. It is the responsibility of every counselor to ensure that all clients receive the sensitivity they need and deserve.

Joseph M. Amico, MDiv, CAS, is executive director of Pride Institute, a treatment center exclusively for chemically dependent and sexually addicted gay, lesbian, bisexual, and transgender clients headquartered in Eden Prairie, MN. He is a presenter at the NAADAC '97 Annual Conference. ***Joseph H. Neisen, PhD,*** is executive director of New Leaf: Services for Our Community, a non-profit mental health, substance abuse and HIV clinic serving the gay, lesbian, bisexual and transgender communities of San Francisco. Dr. Niesen also is a presenter at the NAADAC '97 Annual Conference.

References

Cass, V. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality.* 4: 219-235.

Coleman, E. (1981-1982). Developmental stages of the coming out process. *Journal of Homosexuality.* 7(2/3): 31-43.

Hellman, R.E., et al. (1989). Treatment of homosexual alcoholics in government-funded agencies: Provider training and attitudes. *Hospital and Community Psychiatry.* 40(11):1163-1168.

Israelstam, S., Lambert, S. (1983). Homosexuality as a cause of alcoholism: A historical review. *International Journal of Addictions.* 18(8).

Israelstam, S., Lambert, S. (1986). Homosexuality and alcohol: Observations and research after the psychoanalytic era. *International Journal of Addictions.* 21(4/5):509-537.

Nardi, P. (1982). Alcoholism and homosexuality: A theoretical perspective. *Journal of Homosexuality.* 7(1):9-25.

Neisen, J., Sandall, H. (1990). Alcohol and other drug abuse in a gay/lesbian population: Related to victimization? *Journal of Psychology and Human Sexuality.* 3(1):151-168.

Neisen, J.H. (1990). Heterosexism: Redefining homophobia for the 1990s. *Journal of Gay and Lesbian Psychotherapy.* 1(3):21-25.

Neisen, J.H. (1993). Healing from cultural victimization: Recovery from shame due to heterosexism. *Journal of Gay and Lesbian Psychotherapy.* 2(1):49-63.

Neisen, J.H. (1994). *Counseling Lesbian, Gay and Bisexual Persons with Alcohol and Drug Abuse Problems.* Arlington, VA: NAADAC Education and Research Foundation.

Neisen, J.H. (1996). An inpatient psychoeducational group model for gay men and lesbians with alcohol and drug abuse problems. *Journal of Chemical Dependency Treatment.* Vol. 7(3).