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ABSTRACT

Gay and lesbian students in high schools and colleges face special problems and may be the very people who receive the least help. It is estimated that one-third of all suicides among teenagers are committed by gay and lesbian students, and it is further estimated that gay people seek counseling at a rate two to four times greater than the non-gay population. Yet, many counselors bring ambivalent attitudes toward homosexual clients. Although each person is unique, commonalities exist among homosexual students. These are discussed as well as the process of coming out. Five implications for counseling are: (1) the counseling center environment should appear welcoming to homosexual students; (2) since gay and lesbian students have lived with fear, self-loathing, and often harassment, it is important for the counselor to witness this pain through slow, careful empathic feedback; (3) the client who is ready should be helped to find sources of friendship and association with other gay people; (4) conflicts and questions about coming out to others need to be addressed; and (5) gay and lesbian students may need help with grieving. Contains seven references. (JBJ)

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Critical Issues in the Lives of Gay and Lesbian Students
 Implications for Counseling
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Critical Issues in the Lives of Gay and Lesbian Students

Gay and lesbian students in high schools and colleges face special problems and may be the very people who receive the least help. It is estimated that one-third of all suicides among teenagers are committed by gay and lesbian students and it is further estimated that gay people seek counseling at a rate two to four times greater than the non-gay population. Yet, many counselors bring ambivalent attitudes toward homosexual clients. While half of these clients prefer a gay counselor, most counselors seem unwilling to seek training on gay and lesbian issues (Isay, 1989; Hunt, 1993; "Making School Safe," 1993).

Growing Up Gay

Any therapist who is to be helpful to gay and lesbian clients must attempt to understand the life experience of such people. This can only be attained by asking for this experience directly since for each person, of course, the experience is different and unique; yet there are commonalities. Many gay people may be perceived in early childhood as different by their parents and may experience an aloofness or withdrawal which affects self-esteem (Isay, 1989). Many, of course, may appear quite normal to parents. College students thus begin the self-esteem enhancement process provided by the college experience considerably behind others (Wall and Evans, 1991). Sometime in adolescence the young gay person comes to an awareness that his or her longing is toward someone of the same gender and may feel, consequently, that "something is wrong with me. Surely I cannot be one of those everyone speaks of with such disgust." Thus, self-loathing begins early and denial follows. The young person learns to lie and to hide his or her nature. This self-loathing and denial may permeate all aspects of life and last in some form well into adulthood. Internalizing homophobia is quite prevalent among gays as homophobia is among heterosexual people. For example, many gay personal ads placed in newspapers describe the person placing the ad as "straight acting." Such internalized homophobia is reinforced daily, indeed hourly, as culture presents itself in every representation as heterosexual. Few companies will dare advertise with any depiction of gay relationship. Parents press for signs of heterosexual romance. Friends invite others to "bring a date." And, people feel free to express their

disapproval of gay people in letters to newspapers and from public rostrums in ways they would never dare to express regarding other minorities. Gay people are targeted for beatings and murder just because they are gay. Being true to yourself is risky!

Coming Out

At some point in the lives of gay people, denial becomes too frustrating and the need for self-expression, friendship, sex and romance become predominant. Coming out to oneself may for some be a long and frightening process taken one step at a time. For others it may be a single experience that begins with expected friendship or romance and suddenly affirms the person toward a fully gratifying and liberating renewal.

For those making the first steps toward self-acceptance, the experience of love seems especially therapeutic. "For some gay adolescents . . . falling in love is the only experience that can overcome the resistance and denial produced by previous years of alienation and self-disgust" (Isay, 1989, p. 49). To find another who actually desires you as a gay person and allows you to love his or her gay person is a balm to the tattered self, infected by a lifetime of loathing. The world of lovers is often a private universe, a refuge from the world (Fromm, 1955). Gays are sometimes called the invisible minority, but it is love that makes us visible (Brandon, 1980).

In addition to problems of identity, self-esteem, loneliness and coupling, the gay client will frequently have concerns about her or his future. Will my occupation permit a freedom to be myself or will I have to hide and lie and remain aloof? Will I be able to live in a home with my mate comfortably and free from harassment? Will we be obvious to the neighborhood children? Will I be welcomed at home with her or him? Will the hospital know who I am when my lover is admitted with a critical illness, a time when we really need each other?

Implications for Counseling

There are five important implications for counseling one can draw from these remarks.

1. Since gay and lesbian people are often leary of finding support, the counseling center environment should appear welcoming. Posters, brochures, and promotional material

should reflect the positive recognition of gay and lesbian students as it should for all minorities.

2. Since gay and lesbian students have lived with fear, self-loathing, and often harassment, it is important for the counselor to witness this pain through slow, careful empathic feedback. Encouraging the client to describe the emotional landscape of her or his life may enable the client to trust the counselor and to go on to other issues.
3. The effective counselor can help the client who is ready to find sources of friendship and association with other gay people. While it is best to move slowly to this point, a counselor should be familiar with available support groups, campus organizations, friendly churches, and other places gay students might congregate.
4. The student may have conflicts and questions about coming out to others. Who should be told? Should she tell her roommate? Can he tell his parents? Brothers? Sisters? Friends? Here the counselor can help by encouraging the client to realize that friends and even family cannot always be expected to keep confidences. Furthermore, the counselor can help the client rehearse effective "coming out communication" with parents. Too often parents are told of a child's sexual orientation in the heat of an argument, charging the issue with resentment from the beginning. A good disclosure includes telling the parent that the client needs their support. "I know this is hard for you and that it's not what you expected, but I need you to support me right now." Even better, the counselor will have copies of materials from Parents and Friends of Lesbians and Gays (PFLAG) to give the client for his or her parents.
5. At some point, gay and lesbian students may need help with grieving. For many of these clients, recognition of being gay or lesbian means losing the dream of normalcy, participation in all the benchmarks of heterosexual life. This may be treated as genuine remorse, yet eventually clients should be encouraged to realize what joy they may find and what new options open to them. They may also be encouraged to recognize the myth of normalcy and the fact that many, if not most heterosexual people, do not enjoy all of the

"advantages" of normalcy. In *Equus*, Peter Shaffer's play about therapy and passion, the therapist muses on the notion of normalcy: "The Normal is the good smile in a child's eyes - all right. It is also the dead stare in a million adults. It both sustains and kills - like a God. It is the ordinary made beautiful. It is also the average made lethal" (Shaffer, 1974).

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