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Lesbians, Gay Men, and Their Parents: Family Therapy for the Coming-Out Crisis*

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It is considered psychologically healthy for lesbians and gay men to come out and live outside of the closet. However, parents tend to react with shock, disappointment, and shame when they learn of a son's or daughter's gay sexual orientation. Disclosure often precipitates a painful family crisis, which can lead to cutoffs between members. This article describes family therapy theories and interventions that can aid therapists in shepherding families through the initial stages of the coming-out crisis. Family therapists are advised to acknowledge and address the distinct emotional needs of coming-out individuals and their parents. Parents must grieve and obtain accurate information about gay lifestyles. Lesbians and gay men need support as they struggle to cope with their parents' negative reactions. Family members should be coached to maintain non-combative communication following the disclosure, even if contacts are initially brief and superficial. Case examples, drawn from the author's clinical work, will demonstrate how to address the separate needs of lesbians, gay men, and their parents while maintaining (or rebuilding) family relationships and ultimately

guiding families toward successful resolution of this crisis.

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WHILE it is generally agreed that coming out to others is good for lesbians, gay men, and their relationships (Cain, 1991a,b; Caron & Ulin, 1997; LaSala, 1997), disclosure to parents is often the most stressful experience a gay person faces (Mallon, 1998). Parents have been found to react with shock, guilt, anger, embarrassment, and rejection when they learn that their children are homosexual (Ben-Ari, 1995; LaSala, 1998; Rothberg & Weinstein, 1996). More extreme reactions can include estrangement (Muller, 1987; Thompson, 1992), violence (Mallon, 1992), even threats of murder (Healy, 1992). Family therapists can help families struggling with this crisis only if they understand the benefits and pitfalls of the coming-out process as well as the powerful feelings that precede and are elicited by the statement: "Mom, Dad, I'm gay."

Lesbians and gay men as well as their parents have distinct but related needs during the crisis of coming out, and clinicians may want to tailor treatment carefully to both subsystems, even when only one is accessible. Concepts that address the needs of these families can be found in several schools of family therapy. For example, Boszormenyi-Nagy and Spark's

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(1973) ideas about the importance of prioritizing relationships with mates over those with parents may be relevant to coming-out lesbians and gay men who are in couples. Satir's (1988) description of the relationship between family communication and the search for love and self-esteem can also explain some of the issues these families face. However, Bowenian theories, particularly regarding differentiation (Bowen, 1978; Kerr & Bowen, 1988), can be especially useful in guiding family therapists as they help lesbians, gay men, and their parents weather this crisis and avoid estrangement.

PARENTS' REACTIONS

Fear and Self-Blame

Ruth and Bob, a middle-aged, self-employed couple, had previously completed a successful course of marital therapy to improve their communication. They re-contacted their therapist because they worried that their oldest daughter, Cindy (21), a college student living away from home, was spending a great deal of time with a woman who appeared to be a lesbian. Neither parent felt able to cope with the likelihood that Cindy was gay. Ruth and Bob were devout Christians who perceived the lesbian lifestyle to be dangerous, depressing, and sinful. If they discovered that Cindy was a lesbian, perhaps they could get her professional help to become heterosexual. They struggled with self-recrimination as well as mutual blame. Was Ruth a bad mother? Did Bob do something to turn his daughter off to men?

Considering societal hostility toward lesbian and gay people, it is not surprising that families respond poorly to the news of a child's homosexual orientation. The mental health field must bear its share of responsibility for adverse parental reactions to the news that a son or daughter is gay. Until the 1970s, the psychiatric profes-

sion considered homosexuality a mental illness, and flawed research biased by this premise implicated dysfunctional family relationships in its etiology (Bieber, Dain, Dince, et al., 1962; Loney, 1973; Thompson, Schwarz, McCandless, & Edwards, 1973; West, 1959). Despite subsequent findings that contradict the myth of families of gays and lesbians being more pathological (Shavelson, Biaggio, Cross, & Lehman, 1980; Siegelman, 1974, 1981a,b), it is possible that the history of blaming poor parenting for "the problem" of homosexuality may be a significant contributor to negative parental reactions.

Why Come Out?

Hoping for honesty and closeness:

Joe (35) described himself as a "homebody" who loved to plan dinner parties for friends and family. He lived for 10 years with his partner Tim, a hotel manager who occasionally hired Joe's father to do maintenance work. Tim, whose father was deceased, came out to his mother as a teenager, and unlike most parents, she accepted his homosexuality from the moment she learned of it. Joe was not officially out to his parents but believed they were aware of his sexual orientation since he had never dated women and had lived so long with Tim. Joe's parents were the couple's frequent guests and Tim attended holiday celebrations at Joe's parents' home. Both men felt lucky that they were able to maintain good relationships with their families. Joe thought that by formally coming out to his parents, he would be telling them something already known but never stated. Dropping this last bit of charade would hopefully deepen the warmth and closeness they felt when they were all together.

Despite the strong likelihood of disapproval, surveys suggest that 60-77% of gay men and lesbians decide to come out to their parents (Berger, 1990a, Bryant & Demian, 1994; "Results of Poll," 1989).

Many coming-out gay men and lesbians hope to increase the closeness and honesty in their relationships with their parents (Ben-Ari, 1995; Berzon, 1992; Tanner, 1978). In general, living outside of the closet is considered psychologically healthy and good for self-esteem (Cain, 1991a,b; Gonsiorek & Rudolph, 1991; Moses, 1978). Relationship satisfaction seems to be associated with being out to parents for both gay men (Berger, 1990b; LaSala, 2000) and lesbians (Caron & Ulin, 1997). Analysis of the responses to open-ended questions in two studies revealed that, despite the strain on relationships, coming out to hostile parents was perceived by gay men and lesbians to be a way of communicating commitment to their partners and protecting their unions (LaSala, 2000; Murphy, 1989).

Conversely, parental unawareness or disapproval has been found to have an adverse impact on lesbians, gay men, and their relationships. Some gays and lesbians avoid long-term relationships, fearing that such involvement would make it more difficult to conceal their sexual orientation from their families (Reece, 1988). Others may distance themselves from their parents in an effort to hide their orientation (Harry, 1988). Gay men and lesbians may need to find ways to shield their relationships from parental disapproval (LaSala, 1998) that might otherwise strain their unions (Berger, 1990b; Friedman, 1991; Murphy, 1989).

When Joe disclosed his sexual orientation to his parents, he thought he was stating something that was already understood. However, immediately after he had come out, his father threatened to commit suicide and his mother contacted an attorney to remove Joe from their will. His parents' responses left Joe feeling stunned and depressed. His attempts to reason with them, telling them they should have realized he was gay all along, seemed to

make their reactions worse. Joe worried that his relationship with his parents was over. He began to have trouble sleeping and concentrating at work, and his partner complained that Joe seemed tired and irritable. Joe sought therapy to cope with his anguish over his parents' reactions.

UNDERSTANDING THE FAMILY CRISIS

A son or daughter who comes out sends shock waves through the family system at both the individual and interpersonal levels. The concept of *differentiation* (Bowen, 1978; Kerr & Bowen, 1988) offers a way to understand how the individual's ability to remain thoughtful and objective is related in circular fashion to the family's ability to provide intimacy and support autonomy. Differentiation explains the degree to which an individual is able to distinguish between thinking and feeling (Bowen, 1978; Kerr & Bowen, 1988). A well-differentiated person's behavior is guided by rationality rather than emotionality. Disagreements are seen objectively and family members can negotiate and compromise without allowing emotions to take over. In a reciprocal fashion, each person's independence is valued and supported while family connections are maintained. An appropriate level of differentiation is thought necessary to establish intimate relationships (Bowen, 1978).

Conversely, *fusion* describes the inability to separate thinking from feeling. The fused person is immersed in emotionality, as are her or his relationships. Efforts to attain autonomy and intimacy are frequently ineffective because such an individual attempts to differentiate in a self-defeating manner. Destructive arguments, distancing or sublimating one's desires for the sake of harmony are ways family members undermine independence and maintain a fused homeostasis. Conceptually, it is important not to confuse fusion

with the high levels of intimacy found in many lesbian relationships (Green, Bettinger, & Zacks, 1996). Fusion is actually antithetical to intimacy. People struggling with fusion are so overwhelmed with their own anxiety and dependency needs that they are unable to recognize and attend to the needs of their partners.

Individuals who assert their individuality or seek honest emotional sharing within fused families experience a "powerful emotional counterforce" (Bowen, 1978, p. 437) by members who accuse them of selfishness and threaten rejection in an effort to get them to "change back" so that family balance can be restored. In response, the separating family member may sever all family ties, mistaking distance for autonomy. However, instead of achieving real independence, parents and children who are cut-off remain psychologically stuck at the point of last contact (Bowen, 1978). Individuals who are estranged from their families may harbor a high level of unmet emotional needs, which they project onto their partners. This puts intense pressure on these relationships, increasing the likelihood of dysfunction (Bowen, 1978).

Rolando: Feelings of anxiety and depression, along with problems in his relationship with his partner, led Rolando (29), a native of South America, to seek psychotherapy. Rolando's parents separated soon after his birth. He grew up in the care of his single mother but saw his father frequently. As a child, Rolando was unaware of his sexual orientation. However, Rolando's father suspected his son was gay and would beat him with his fists in an effort to make him "more of a man." Following his mother's death when he was 17, Rolando barely spoke to his father. After moving to the United States at age 21, Rolando ceased all contact with him.

Rolando had been in a relationship for one year with a man who had a young

child of his own. Rolando complained that his partner seemed passive and emotionally distant, but he felt powerless to improve their stale relationship. In addition, as he adapted to his role as stepparent, Rolando began to experience depressive symptoms and angry thoughts over the lost opportunities for closeness with his own father.

Research findings suggest that frequent, genial, intergenerational contact benefits couples (Burger & Milardo, 1995; Lewis, 1989) while emotional cutoff from parents is associated with marital dysfunction (Dillard & Protinsky, 1985; Roberts, 1980). These results could at least partially explain why Rolando and many gay people who are estranged from their parents, find themselves struggling in their relationships with their partners.

Efforts to differentiate are crucial to the successful accomplishment of the developmental tasks of certain family life stages. During what is identified by Carter and McGoldrick (1988) as the "Leaving Home" stage (or, for parents, the "Launching Children" stage), young adults must take emotional responsibility for themselves, establishing an independent identity, hopefully within a supportive family environment. Toward the end of this stage, family relations must realign to begin to include the adult-child's significant other as an in-law. Bowen (1978) cautions that there is high risk for a breakdown of relationships if there is excessive conflict at this stage, particularly around a daughter or son's choice of a mate.

Risk of Family Estrangement

The benefits of coming out seem related to those inherent in the differentiation process. Differentiated individuals are thought to be well-adjusted people, able to maintain functional intergenerational relationships and establish healthy marriages (Bowen, 1978; Bowen & Kerr, 1988). As stated previously, lesbians and

gay men come out to their parents because doing so is psychologically healthy (Cain, 1991 a,b; Gonsiorek & Rudolph, 1991; Moses, 1978), they are seeking more closeness and honesty with their parents (Ben-Ari, 1995; Berzon, 1992), and because coming out is beneficial to their relationships with their partners (Caron & Ulin, 1997, LaSala, 2000; Murphy, 1989). Coming out to parents, like differentiation itself, may be a critical developmental task for gay men and lesbians (Gonsiorek & Rudolph, 1991).

However, gay men and lesbians recognize their sexual orientation and then come out in a harsh, rejecting world. Parents are asked to embrace this fundamental component of their son or daughter's identity that is still stigmatized by society and historically has been attributed to family dysfunction. Even in families where members maintain relatively high degrees of differentiation, stressful events can still exceed coping abilities (Kerr & Bowen, 1988). The disclosure of homosexuality from a daughter or son may be enough of a shock to disrupt the functioning of even the healthiest families.

The risks and pitfalls of the differentiation process are similar to the difficulties of coming out. Parents who are significantly disapproving may cut off from their gay children in an effort to pressure them to renounce their gay lifestyles. If one comes out to parents during the "Leaving Home" family developmental stage (Carter & McGoldrick, 1988) and a cutoff results, the completion of developmental tasks will be compromised. Relationships with partners could also be impacted by this estrangement. Yet, if a lesbian or gay man remains in the closet, psychological maturity may never be fully achieved.

Thinking systemically, it would be a mistake to attribute poor parental reaction entirely to parents or society. As is the case in self-defeating attempts to differen-

tiate, when a son or daughter comes out in an angry or reactive manner, provoked family conflict can escalate into estrangement. Coming out in the midst of an argument or trying to force parents immediately to accept and approve of a gay lifestyle could be seen not as attempts at differentiation, but as manifestations of a "pseudo-self" (Kerr & Bowen, 1988, p. 108) resulting from ongoing family fusion. Conversely, hiding one's sexual orientation prevents the family from having the opportunity to become truly intimate and supportive of each other. The idea that a lesbian daughter's or gay son's attitudes and behavior can have an impact on parental adjustment is supported by findings that suggest that a mother is more likely to accept her lesbian daughter's lifestyle if her daughter appears happy and well-adjusted (Warsner, 1991). Thus, the practitioner assisting families with a coming-out gay man or lesbian would be well advised to maintain a systemic view of family dynamics while supporting inter-generational relations as much as possible.

TREATMENT ISSUES

The impact of a family crisis is related not only to stress but also to a person's coping ability (Bowen, 1978; Kerr & Bowen, 1988). Bowen believed that while levels of differentiation were transmitted across generations, they could increase or diminish during one's lifespan, particularly in reaction to life events. Therapy can help a family not only to overcome the coming-out crisis, but also to improve relationships and coping skills. It has been suggested that distressed systems can heal and ultimately flourish if family members can maintain emotional objectivity and stay connected to each other (Anonymous, 1972).

In approaching traumatized families, Guerin and Pendagast (1976) recommend that the therapist first help members to

express their feelings so that they can begin to "cool down" (p. 450). In accordance with these ideas, clinicians can effectively treat families coping with the coming-out crisis if they address the distinct emotional needs of *both* subsystems. Parents must grieve the heterosexual image of their child and learn about gay lifestyles, while coming-out sons and daughters need acceptance and validation. Additionally, it is essential to help family members maintain connection throughout the coming-out crisis.

Parental Grieving Process

Most mothers and fathers assume that their children will grow up to be heterosexual, and when they learn otherwise they experience feelings of profound loss (Muller, 1987). Dreams of weddings and grandchildren hinge on heterosexuality. It has been suggested that parents of lesbians and gay men experience Kübler-Ross's (1969) five grieving stages, beginning with shock, moving through denial, sadness, and anger to eventual acceptance of their children's sexual orientation (Robinson, Walters, & Skeen, 1989). Research indicates that parental attitudes toward a son's or daughter's homosexuality may improve with time (Cramer & Roach, 1988; Muller, 1987; Warshow, 1991). These studies provide further evidence of a progressive adjustment or grieving process for parents when they learn that their offspring are gay.

Child's Need for Acceptance

Coming-out lesbians and gay men hope for acceptance but are often bitterly disappointed by their parents' initial reactions and, as a result, may distance from them or attack them defensively. Cultural prejudice toward lesbians and gays can contribute not only to parental reactions but can also impede a gay person's own adjustment. Gay men and lesbians go

through a period of confusion and adaptation as they recognize the emergence of their sexual orientation in a world that stigmatizes homosexuality (Cass, 1979; Gonsiorek & Rudolph, 1991). Clinicians may want to remind their gay and lesbian clients of their own adjustment trajectories to help them empathize with their parents' responses. Reframing parental reactions as part of a normal and hopefully progressive adaptation process, similar to their own, can help lesbians and gay men not to personalize and react emotionally to their parents' distress. If lesbians and gay men perceive their parents' hurt and anger as part of a temporary grieving process, they may not feel as defensive and may avoid ongoing participation in reactive chains of responses between family members, which could lead to estrangement.

Preparing Cindy to come out: Cindy, a bright, attractive young woman, interested in philosophy and women's studies, accompanied Ruth and Bob to a family session during a holiday break from college. In her parents' presence, she denied that she was involved in a homosexual relationship. However, Cindy asked to meet alone with the therapist and at that time disclosed that, as her parents suspected, she was having an affair with a woman. Cindy wanted to tell her parents because she was tired of hiding and she wanted a more honest relationship with them. While she feared her parents' reactions, she hoped that with the help of family therapy, her parents could adjust to the news. Cindy decided she would tell her parents within the next few days, while home on a holiday break.

The therapist warned Cindy that her parents would be initially shocked and distraught and she needed to be ready for their reactions. He encouraged Cindy to reminisce about her own struggle with her lesbian identity. She recalled her adoles-

cence when she dated boys and tried to hide her sexual orientation from her peers. Cindy and the therapist discussed how societal disapproval made it difficult for her as she realized her attraction to women. She remembered that coming to terms with her own lesbianism was a process that took time. The clinician pointed out that her parents would need a similar period of adjustment. The therapist coached Cindy to frame her parents' anticipated responses cognitively as components of a progressive grieving process exacerbated by a lack of information about lesbian lifestyles. The clinician also helped Cindy identify sources of support, such as friends and her partner, whom she could rely upon during this difficult period. Through these interventions, the therapist hoped to prepare Cindy to respond to her parents' anticipated reactions more objectively and thus minimize destructive family arguments.

Cindy comes out: As expected, Ruth and Bob were devastated by their daughter's disclosure. While Cindy always knew that this would be difficult for her parents, she hoped for at least some reassurance and support. Instead, Ruth and Bob said that Cindy was throwing her life away and that she was at risk of damnation according to their church's teachings. Ruth and Bob saw Cindy's lesbianism as proof that she could not handle the freedom afforded her at school, and they insisted she see a psychiatrist in order to convert herself into a heterosexual. Despite previous coaching by the therapist, Cindy was surprised and offended by her parents' comments. She initially responded angrily and attacked her parents for being small-minded. The family quarreled bitterly for the duration of Cindy's holiday break, trying unsuccessfully to convince each other of their own points of view. Discussing their feelings and opinions as a family was not working. Certainly these

family members were at risk for estrangement.

Need for Separate Sessions

In family therapy, clinicians need to assist individuals to clarify what they think and feel, help members communicate their points of view, and negotiate solutions to their difficulties. However, stressed families may be unsuccessfully attempting to do all three simultaneously; an impossible task when the anxiety level is high. Because these families tend to be unstable and reactive, therapy should focus first on calming the members so that they can begin to recognize their own roles in family patterns. Meeting separately with family members is one way for the clinician to slow the action, individually addressing each task until the crisis begins to abate and conjoint sessions can be potentially productive. In working with families coping with the coming-out crisis, it may be best at first to meet separately with parents and children, allowing each to freely express the intense affect that accompanies the coming-out process. Once their feelings are adequately expressed and acknowledged, family members will be more receptive to the education and intervention they will need if they are to resolve and move beyond the crisis.

Clearly, Cindy and her parents had incompatible objectives that, when expressed, led to a reciprocal process of escalating arguments. Bob and Ruth needed to discuss their feelings about their daughter's homosexuality away from Cindy's presence since her reactions could interfere with their ability to work through these strong emotions. Cindy needed support and coaching about how to maintain nonreactive contact with her family during this difficult period. She also needed hope that in time her mother and father would accept her sexual orientation. Seeing the parents and Cindy separately, and allowing all parties to vent their feelings

without interference, was an important first step in resolving this crisis.

Ruth and Bob feared that Cindy was choosing a lifestyle that would result in ostracism and loneliness. They worried that living openly as a lesbian meant immersing oneself in the gay community to the exclusion of family. They also had trouble reconciling Cindy's lesbianism with their church's teachings. Like most people, they lacked contact with well-adjusted, openly gay people who could correct their mistaken impressions.

While meeting with Bob and Ruth separately, the therapist encouraged them to discuss their feelings. The therapist acknowledged their concerns, which were fairly typical. Some of their worries revealed a lack of knowledge regarding lesbian and gay lifestyles, and it was clear that Ruth and Bob needed more information.

Parent Education

In light of the pervasive influence of outdated and biased information, parents may need to be re-educated about gay lifestyles. There is research to suggest that the more a parent knows about lesbians, gay men, and their relationships, the easier it is to adjust to the disclosure that a son or daughter is gay (Ben-Ari, 1995). For instance, parents may need to be informed that mental health practitioners no longer classify homosexuality as an illness (American Psychiatric Association, 1994). Parents may also benefit from knowing that lesbians and gay men, their parents, and even some clergy are challenging religious teachings that condemn homosexuality (Borhek, 1993). Informative books written for parents of lesbians and gays can also be recommended. Borhek (1979) and Bernstein (1998), both parents of gay children, have written sensitive and informative accounts of their own and others' difficult struggles to accept gay offspring. This

reading can be particularly helpful because such parents often feel isolated and alone. Several chapters in another of Borhek's other books, *Coming Out to Parents* (1993), provide helpful advice for parents and include material on religious issues. Accurate information may enable parents to take a less rejecting view of their son's or daughter's homosexuality.

Once Ruth and Bob had an opportunity to voice their distress and have their feelings acknowledged, the therapist began to offer information that challenged their biased ideas of lesbian lifestyles. Ruth and Bob had many questions about homosexuality that they needed to ask in a neutral environment. The therapist assured them that, while its causes were unknown, homosexuality was no longer considered a mental illness nor was it caused by poor parenting. He warned that, like most lesbians and gay men, it was unlikely that their daughter would agree to try to change her sexual orientation. However, Cindy's lesbianism would not prevent her from becoming a happy, well-adjusted adult. The parents requested books on lesbians, gay men, and coming out, written from a heterosexual parent's point of view and several were recommended.

While they began to understand that their daughter could live a happy and fulfilling life as a lesbian, this was not the path they would have chosen for her. With the therapist's help, Ruth and Bob began to mourn the image of their daughter as a heterosexual who would someday marry a man and live in a traditional family. Bob and Ruth also needed to grieve for the little girl who looked up to her parents unquestionably, making room in their lives for the courageous young woman capable of making independent choices that conflicted with her parents' (and society's) values.

Finally, Cindy's parents needed hope

that they would not lose their daughter. The therapist framed their fear as evidence that they loved their daughter and praised them for wanting to stay connected to her even if she lived a lifestyle they did not understand. They were reminded by the clinician that Cindy came out to them in the hopes her honesty would ultimately strengthen their relationship. The therapist commended Ruth and Bob for raising a brave and loving daughter who was willing to risk their censure for the chance of a more open and genuine relationship. Bob and Ruth's disapproval began to give way to the beginnings of acceptance.

Many parents need to discuss their initial reactions before they are amenable to re-education. However, these aspects of treatment do not follow a fixed pattern of sequential stages. The therapist may need to alternate between validating parents' feelings and providing them with information throughout therapy.

Along with educating the parents and validating their feelings, the therapist needed to support Cindy. During individual sessions, the therapist validated Cindy's hurt over her parents' reactions as well as her opinion that they were ill-informed about lesbian and gay lifestyles. The clinician reminded Cindy of their previous sessions during which they discussed her parents' anticipated grieving process. This reminder appeared to allay some of Cindy's anger and hurt. The therapist pointed out how her demand for immediate approval only provoked attempts to persuade her to seek help. He convinced her not to push for acceptance at this time, but instead to distance from her parents temporarily so that they could work through their feelings away from her influence. The therapist also coached Cindy to discuss her intense feelings with her partner in order to get some relief from her distress regarding her parents' reactions.

Planned Distance, Brief Contacts

Coaching the family members to avoid cutting off is crucial. In Cindy's case, having access to both the parents and the coming-out lesbian daughter was beneficial as each member could be guided to have short, nonreactive contacts. It is easy to think of family interactions in dichotomized terms: closeness during harmonious periods and reactive distance when members are in conflict. However, there are occasions when planned, temporary emotional distancing through brief, superficial interactions can keep family members connected while at the same time allowing them the emotional space to work through their feelings.

In order to facilitate brief, distant contact between Cindy and her parents, the clinician encouraged Ruth and Bob to make and receive telephone calls from their daughter. He coached them not to tell Cindy how they were feeling about her sexuality, nor to recommend that she see someone to help her change because this kind of communication only made Cindy angry and defensive. He urged them to avoid the topic of Cindy's lesbianism for now, maintaining ongoing but superficial communication in order to keep open the channels of communication. He also encouraged Cindy to make regular but short telephone calls to her parents. The therapist urged her to postpone discussing her lesbianism and to set limits politely when her parents asked inappropriately personal questions or made offensive comments.

After several weeks of expressing and exploring their feelings as well as educating themselves about gay lifestyles, Bob and Ruth began to adjust to the news of their daughter's sexuality. They read the books recommended by the therapist and found a few more on their own. They started to question their church's position on homosexuality and spoke to a liberal

minister who encouraged them to accept their daughter. They began to feel less guilty about Cindy's homosexuality and less worried that she was destroying her life. After several individual sessions, Cindy's anger at her parents diminished and she began to appear able to react to them less defensively. They were ready to resume conjoint sessions during Cindy's next break from school.

Bob and Ruth had many questions for their daughter and the therapist helped them to express their concerns in ways that minimized their daughter's reactivity. He coached Cindy to listen and respond to her parents' worries without becoming defensive. With the therapist's help, Cindy learned to use "I-statements" when she felt insulted or intruded upon by their questions or comments. New parent-child interactions were established, based on the family's desire for honest connection and fostered by Ruth and Bob's growing acceptance of Cindy's new status as a self-assured, young adult.

A turning point came when Ruth and Bob invited Cindy's partner to a family holiday celebration. Lesbians and gay men consider inclusion of partners in family events as a primary indicator that their parents accept their lifestyle (LaSala, 1997; Mendola, 1980). While parents who invite their children's same-sex partners to family functions may still harbor significant disapproval of their lifestyles and relationships (LaSala, 1997), it is reasonable to interpret such action as progress for these families.

Family Therapy with One Person

Family therapy principals can also be applied when only the gay son or lesbian daughter is available for treatment. Experts have demonstrated that it is possible to treat families successfully by meeting with only one of its members (Anonymous, 1972; Bowen, 1978; Carter & Orfanidis, 1976). This type of treatment

is illustrated in the cases of Joe, whose family lived 100 miles away, and Rolando, whose father resided in South America. Therapy consisted of teaching Joe and Rolando about the grieving/adjustment process and coaching them to establish and maintain at least some contact with their disapproving parents.

Helping Joe understand his parents' need to grieve: Joe wanted his parents to accept his homosexuality. However, he recognized that debating and reasoning with them only resulted in family arguments, which then escalated into defensiveness and anger. In therapy, the clinician encouraged Joe to express his feelings of shock, disappointment, and anger. Even though his parents' reactions seemed dramatic, the therapist helped Joe frame his father's depression and mother's rejection as part of a temporary process. Like Cindy and most gay people, Joe had to find a way to reconcile his own orientation with societal disapproval. The clinician encouraged Joe to use the knowledge he had gained from this process to assist him in seeing his parents' responses from a less reactive, more objective perspective. Adopting this point of view enabled Joe to be more patient and willing to give his parents the time and space to adjust to this new information. Joe ceased trying to convince his parents to accept his homosexuality and as a result, destructive family arguments abated.

The therapist advised Joe not to call home for 2 weeks, giving him and his parents a break from their arguments over the telephone. During this time, Joe continued to talk to the clinician about his feelings regarding his parents' reactions. At the third week, the therapist suggested that Joe make a brief contact with his parents. The clinician recommended that he not initiate a discussion about his sexual orientation, and if his parents raised the issue, he was to tell them he

understood that they needed time to get used to the news.

Helping Joe and his parents reconnect: After several brief, awkward contacts over a period of 4 weeks, Joe and his parents were able to maintain a polite but strained conversation over the telephone. His father had been referred for professional counseling by his parish priest and was no longer suicidal. His mother seemed less upset and angry. Joe told them he understood they needed time to adjust to the news. Sadly, he and his parents agreed that they would not spend that upcoming Christmas together. However, Joe's mother talked of seeing her son and his partner Tim at an upcoming 70th birthday party for his father.

Joe was puzzled by what appeared to be mixed messages from his parents but did not initially ask for clarification. In therapy, it became apparent that not discussing this confusing information could be the beginning of a growing rift between Joe and his parents. He was encouraged to recontact his mother to learn more about what she meant. When he did, his mother replied: "We love you and Tim. We may never approve of your relationship, but by then, we'll be more used to the idea."

Helping Rolando reconnect: During his second month of therapy, Rolando's sister called from South America to inform him that their father had suffered a serious heart attack. Rolando feared that he would never get the opportunity to reconcile with his father. This crisis, along with experiences in his new role as stepfather to his partner's daughter, led Rolando to wonder what had gone wrong between him and his father. He strongly wished to reestablish contact.

The therapist suspected that this might be a good time for the two to reconnect, and he advised Rolando to call his father in his hospital room. The clinician coached Rolando to limit his conversation to his

concern for his father's illness. Rolando followed this advice and found that even though they had been estranged for over 5 years, his father seemed moved to hear from him. Soon after this contact, Rolando planned a visit to South America to see his father. In anticipation of this trip, he felt anxious. He remembered his father as an angry brute whose abuse wounded him physically and emotionally. However, the man on the phone sounded sick and frail. The therapist empathized with Rolando's anxiety and confusion. Rolando feared that his father would denounce his lifestyle, and he needed assistance on how to react in a way that protected himself but also maintained a connection. The therapist coached Rolando to share his feelings with his father if he felt attacked or to end their conversation and try again later when his father seemed more calm.

Three weeks later Rolando returned to report on the success of his reunion. Rolando was surprised to see how the frightening ogre had become a frail old man who was now able to show tenderness. The topic of his homosexuality was not broached directly. However, his father asked about his happiness and whether he was protecting himself from AIDS. Rolando interpreted these concerns as indirect acknowledgments of his sexual orientation. Rolando and his father were products of a Latin American, Catholic culture that prized heterosexual masculinity and stigmatized homosexual behavior. Rolando knew it was unrealistic to hope that he and his father would ever be able to talk openly about his sexual orientation; yet he believed that a good relationship was still possible.

Rolando periodically returned to South America, and his relationship with his father continued to improve. The clinician coached Rolando to maintain contact with his father and openly to express his desire to have a relationship with him. The thera-

pist framed Rolando's father's statements as evidence that, despite societal and cultural disapproval, he still cared for him and wished to reestablish contact.

Like many clients, Rolando wondered whether confronting his father with his recollection of abuse would somehow improve his own mental health. After much discussion, Rolando and the therapist determined that while a cathartic confrontation might relieve his anger in the short term, such action might also make his father defensive and jeopardize the renewal of contact they both now wanted. A continuation of the estrangement would not advance Rolando's emotional development nor help him establish the father-son relationship they both sought. During individual sessions, the clinician helped Rolando mourn his unmet childhood need for nurturance from his father. Rolando realized that if he could establish a relationship with his father now, it might satisfy some of this need. As an adult, he could interact with his father but also set limits, withdrawing temporarily to protect himself if necessary.

Rolando's mood improved as did his relationship with his significant other. Mourning the lost opportunities for positive experiences with his father and learning ways to influence relationships through his own behavior freed him to try new ways of relating to his partner. He also began to take pride in providing his stepdaughter with the fathering he had never received.

Followup

Adjustment to the news that a son or daughter is gay can take 5 years or longer (Muller, 1987). Therapeutic interventions should be designed to assist families through the acute crisis that follows disclosure. In each of the cases described above, adaptation continued beyond termination. Joe's treatment lasted about 2 months. Rolando and Cindy's family re-

mained in treatment several months longer. Posttermination followup indicated that family relationships were maintained and had improved from the time of disclosure. Ruth and Bob noticed that there was more openness and honesty in their relationship with their daughter. Joe stated that while his parents were once again including him and his partner in family events, they were still adjusting. At followup, Joe reported that they had objected to his plan to inform his extended family of his sexual orientation, and as a result he decided to put off doing so until his parents had more time to adjust. What was particularly interesting is that, since coming out, Joe felt more mature and less anxious for his parents' approval. Joe reported that an additional, unexpected but related outcome was how his relationship with his partner improved:

Me and Tim have gotten closer. I don't take things between us for granted. He's been supportive. Communication has gotten so much better. We're in this together. There's a calming effect. I feel we're a team. It's comforting.

This growing closeness suggests that Joe's coming out may have increased his level of differentiation and, as a result, he was freer to be more intimate with his partner.

In a posttreatment interview, Rolando reported that his relationship with his father had been improving. While they rarely spoke directly of his homosexuality, which Rolando found acceptable, he and his father had been regularly communicating by telephone and spending time together during his frequent visits to South America. Rolando, now aware of the systemic nature of relationship interactions, had also been applying what he had learned to strengthen his relationship with his partner.

CONCLUSION

For a variety of reasons, some parents may never be able to have relationships

with their openly gay, adult children, and will sever all ties when their son or daughter comes out. However, therapeutic intervention can help many families avoid estrangement. In order to shepherd the family through this crisis, the clinician should address the distinct needs of the gay person and the parental subsystem. Meeting separately and helping parents and the gay son or lesbian daughter express and clarify feelings is a way to begin to diffuse the powerful emotions of this crisis. Once feelings are acknowledged, parents will be more receptive to the therapist's efforts to re-educate them about gay lifestyles, and lesbians and gay men will be better able to understand their parents' reactions. Both segments of the family should be coached to maintain some contact throughout the coming-out process, even if it is brief and superficial. Then gradually, parents and offspring can grow closer as parents begin to adjust to the news of their child's homosexuality.

These interventions are meant to help families through the initial stages of the coming-out crisis. In each of the case examples in this article, parents' adjustment to their offspring's homosexuality continued after treatment. A complete acceptance of a gay son or lesbian daughter's sexual orientation may be impossible for most parents. However, if parents and gay children continue to relate in nonreactive ways, which reflect an understanding of the reciprocity of family relationships and the emotional needs of each of its members, maximum adjustment as well as new levels of intimacy are possible.

Because shocked and disapproving parents can inflict great emotional pain on their offspring, therapists are urged to encourage their gay clients to rely on their partners during the coming-out period. The clinician advised Cindy to lean on her partner and friends for support while her parents struggled with the news that she

was a lesbian. At the therapist's suggestion, both Joe and Rolando occasionally brought their partners to sessions in order to discuss how the men could support each other as they coped with Joe's and Rolando's parents' reactions. Parental disapproval has been found to be a potentially galvanizing force for gay relationships (LaSala, 2000; Murphy, 1989). Joe believed that the family crisis improved his relationship with his partner. Rolando also saw growth in his relationship with his partner as he reconnected with his father. Perhaps this occurred because Joe and Rolando relied on their partners for emotional support as they worked to resolve issues with their parents. It is also likely that Joe's coming out and Rolando's reconciliation with his father resulted in higher levels of differentiation for both men, which then led to increased intimacy with their partners.

The interventions described in this article may be applied to other kinds of family crises. For example, intercultural or interracial couples are likely to be confronted with hostility from their families of origin. The announcement that a son or daughter is involved in a relationship or is going to marry a someone from a different race, class, or religion may precipitate a family crisis similar to that which follows the coming out of a son or daughter. Helping family members to calm down by meeting with them separately, empathically listening to their concerns, and encouraging brief, nonreactive contacts may be useful in guiding a variety of families through many kinds of difficult periods.

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