

Relating to LGB Research –A Reflexive Journal

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It is not easy to admit to having been heterosexual, ignorant and unaware for many years of one's counselling career – indeed of one's life! But that is how it was for me, until twelve years ago I was catapulted into a strange, unsafe, parallel world by my son's disclosure that he was gay. I was surprised by the strength of my emotional reaction – akin to a bereavement process. Davison (2001) tells us about a parent's altered expectations, together with feelings of loss, grief and personal responsibility. I came to terms with this unexpected turn in life, in therapy with a counselling psychologist, who was fortunately gay-affirmative. My personal reflexive journal, some of which I share here, has been important and charts the progress I made in my journey of acceptance. I needed to educate myself to make sense of what had happened. Some of my discomfort was that, by virtue of my son being gay, by association I felt ejected at once from the 'charmed circle' (Rubin, 1992, p.281) of heterosexual, married, monogamous, 'good, normal, natural, blessed sexuality' and cast to the 'outer limits'. I now understand the 'coming out' process from my own perspective in telling family and friends and appreciate that for parents too, this is an ongoing process where every occasion is carefully weighed up, but without the extra element of danger that is experienced by LGB people.

I recognise furthermore, that my son's coming out provided me with a huge learning opportunity for personal growth, an opportunity that was beneficial to myself and to my clients. Looking back I see that I was undoubtedly prejudiced, but I did not recognise the fact until confronted on my own doorstep. I considered that, if my reaction was so strong, there may possibly have been others in the counselling agency where I worked, who had not been trained adequately in these issues, nor dealt with their own feelings. The variety of helpful and unhelpful comments from friends and colleagues raised my awareness of this and also sowed the seed of interest in me to become involved in counselling research and training on this issue.

From 1982, I worked as a couple counsellor for the Marriage Guidance Council, which later became Relate, initially as a volunteer counsellor, later as a contract counsellor and then as a trainer. Over ten years, I never considered that counselling lesbian and gay people, of whom in any case I saw very few, was in any way different to working with heterosexuals, and I was totally ignorant about the existence of bisexual people. During my training in the early 1980s, I received no input at all on same-sex behaviours, other than passing references to it in books, such as *Families and How to Survive Them* (Skynner & Cleese, 1984), where 'homosexuality' is portrayed as an arrested state of development. This lack of training was not peculiar in those different times to the Marriage Guidance Council, as the issues around 'homosexuality' were generally not explicitly recognised by the therapeutic training world, nor by society except as problematic, possibly criminal, and a mental illness. I had never knowingly met anybody lesbian, gay or bisexual in any other area of my life. I had considered myself to be accepting, non-judgmental and not prejudiced, but did not recognise my own heterosexism. It would not have occurred to me then, that society itself caused problems for gay people because of its assumptions and heterosexist attitudes. In common with many people at that time, I knew nothing about the "coming out" process and its importance as a developmental stage for LGB people.

I decided to investigate the equal opportunities training of my colleagues in 1996, as part of an assignment on 'Developing anti-oppressive practice,' for the 'Power and Culture' module on my graduate diploma in counselling at Keele University. It was this preliminary study which kindled my interest in the topic for my future research. I undertook an informal survey of counsellors by postal questionnaire in two Relate centres local to me. I also included questions on racial awareness, as at that time (in *my closet*) I did not want to be labelled or questioned by people curious as to my interest in homosexuality. Thirty-three questionnaires were returned out of forty-four. One question was flawed as it was open to misinterpretation, but enough others were valid to show me that most counsellors at that time and in those particular regional centres had very little, or no training on same-sex issues. In my view, the most interesting observation to emerge from this survey, however, was that the one respondent who identified as 'homosexual' had gone to great lengths to disguise who s/he was. The completed form was typed, whereas others had used ink, the letter which identified which centre the respondent came from was obliterated, and it was posted in a nearby large city. This counsellor maybe had no confidence that it was safe to 'come out' and this may have been a reflection of the dangers of 'coming out' in wider society, of which counsellors are a cross-section. It was only four years since homosexuality had been removed from the WHO International Classification of Diseases (Edition 10). All the other counsellors who took part, were married and identified as heterosexual.

I was disappointed that there was no local interest at that time in the survey results, nor in my offer to the local centre managers to run a training group on this issue. I did not have the confidence after this to approach the National Training body. I was angry and left Relate shortly after this, and before its current approach to diversity training was in place. I felt it necessary to get involved in this issue at the 'macro level' in society (Harrison, 1998).

Reading a letter in *The Times*, I discovered the official attitude of the Anglican Church to Lesbian and Gay people (House of Bishops, 1991) which shocked and dismayed me, as it felt like my son was being ostracised from the church. However, I was fortunate to be introduced to a gay priest and became aware that there were others in the church community who did not agree with the official line. I joined the Lesbian and Gay Christian Movement (LGCM) where I became the supervisor for the Telephone Counselling Helpline. I felt distressed by homophobic views and by the labelling of groups of people that I read about in the *Church Times*. I joined the Modern Churchpeople's Union (a liberal forum for open and informed theological comment within Anglicanism), the Centre for the Study of Christianity and Sexuality, Stonewall, and more recently Changing Attitude (which campaigns for change in the Church of England.) It was hurt and anger that fuelled my research into Christian counsellors' views on working with gay and lesbian clients as part of my MA research at Keele in 1998. It took me four years and another stage of my 'coming out' to submit the research for peer review and publication (Evans, 2003).

As I became more knowledgeable about various discourses in psychoanalytic and

psychodynamic counselling circles, I also felt stigmatized (as a mother) by my own profession and at that time I knew no other parents who had a gay child. I felt that I was somehow 'to blame.' In the transference at this time, I felt that my therapist was also blaming me (Ryan 1998, and Izzard, 2000).

McLeod (2001) tells us that good qualitative research requires an immersion in the research topic to attempt to capture the wholeness of that experience, followed by the attempt to explain this to others. When my daughter also 'came out' before the millennium, I discovered a support group for Families and Friends of Lesbians and Gays (FFLAG), where I found many other parents in a similar situation, who were campaigning for improved attitudes and conditions in society in order to improve life for their gay sons and lesbian daughters. McLeod (2001) observes that '*Qualitative inquiry generates uncertainty, ambiguity, a sense of the unknowability of things, a loss of boundary between self and other*'. (p.10) I have certainly felt this loss of boundary between the lesbian, gay and bisexual communities and myself.

It is good that the climate has changed within Relate and that they are now sponsoring my PhD research on the topic of Relate counsellors' perspectives on lesbian, gay and bisexual people and their families, with its implications for counsellor training. I feel encouraged that my initial investigations are demonstrating that thinking and training has changed enormously within the organisation: same-sex issues are dealt with in a much more open and accepting way as part of their Diversity awareness. Relate is anxious to develop further in this sphere, hence their interest in sponsoring my research. There are lesbian, gay and bisexual counsellors and supervisors. The Relate public website states that, "*The service is available to married, co-habiting, same-sex relationships, separated, divorced or single. Partners can attend counselling as a couple or individually.*" Relate has fully supported the main principle behind the Civil Partnership Bill, which is to recognise committed same-sex relationships, regardless of sexual orientation, as they believe that expressing clear commitment is a healthy contribution to a healthy and secure couple relationship.

Other recent relevant research has been completed by senior Relate supervisors (for example, Jan Grove, 2003; Belinda Priestley, 2001).

For my research I facilitated focus groups of Relate counsellors in exploring the discourses around lesbian, gay and bisexual clients and their families, and from which the counsellors draw their understandings of these client groups.

I was undecided at first as to whether I should share my personal position with the research participants in case that should prejudice their contributions and encourage only 'politically correct' responses. I understand the apprehension and anticipation of awkward questions experienced by Nancy Asher (Asher & Asher, 1999), who investigated lesbians and their body image although she is not lesbian herself. In the event, she decided to disclose her heterosexuality and found that the disclosure assuaged suspicions about her motivations and helped establish rapport. Despite my initial reservations, I found that participants in my focus groups did not seem

to edit what they told me and that rapport was not a problem. Michelle Mahler (1999) tells us that *“all researchers undoubtedly bring their own perspectives, politics, consciousness and passion to the research process... The mutuality and negotiation of the relationship between subjects and researchers affect the data”*(p.187). She found that *“the research relationship seemed to affect the stories I received.”* (p.192)

I have been encouraged that the Relate counsellors in my focus groups have been very open to sharing their views and have displayed sensitivity around this topic. They were at ease working in focus groups and sharing thoughts and feelings, as Relate counsellors are normally trained in groups for self awareness and have much of their supervision in groups. Many of the participants remarked that they found my focus groups a very useful forum for addressing their anxieties and assumptions and it may be that such an approach for this topic can be developed further as part of the diversity training by the National Training body. Cowie, et al. (2000) and others (Davies, 1996) tell us that counselling practitioners should have worked through their own feelings with regard to homosexuality and bisexuality, using personal reflection and self-evaluation to develop new insights.

Researcher and researched cannot meaningfully be separated, as the world acts on the researcher and the researcher acts on the world in a cyclical loop (Wetherell *et al.*, 2001). The researcher is required to be self-aware and not try to be detached, which is in any case impossible.. *‘The researcher attempts to understand how her or his own presence and actions affect the situation. This includes considering the relevance of the researcher’s identity to the research, an important area for discourse analytic research, particularly for studies which involve interviewing.’* (op cit. Taylor, p.17). I operated within the Relate culture for 15 years, so I have some understanding of how the organisation operates, but I am now an independent outsider and do not know how I am regarded by the people in the organisation, some of whom remember me as a colleague. They have worked hard over the years to develop the new Diversity training, which I will also investigate as part of my research.

I educated myself about lesbian and gay lifestyles but feel, as a parent, that I have experienced some of the prejudice and judgmentalism which lesbian, gay and bisexual people face from society and that this makes me a more open, sensitive and empathic counsellor. I understand some of the difficulties around the ‘coming out’ process and its importance as a developmental stage. In counselling minority, ‘queer’ populations, I take the affirmative stance that it is society which has the problem. I am ambivalent about the neutral approach as I am not sure that anyone can be fully neutral. This is discussed comprehensively in Izzard, 2000, pp.113 ff.

Some LGB respondents to my questionnaires, assume that I am lesbian and I have moved on from my earlier fear of being identified with the minority community. As a heterosexual, however, I have been specifically sought out by lesbian, gay and bisexual clients through the Pink Therapy website. One respondent to my research questionnaire stated that she felt more comfortable seeing a straight counsellor because having only just come out *“at that stage the*

straight world seemed much safer to me than the world I was exploring and I needed to feel safe.” (Q12, R62)

Braun (2004) writes about assumptions that have been made about her sexual orientation as a teacher and researcher into LGBT issues, and states that although she enjoys being ambiguous, that perhaps to position herself explicitly as heterosexual *“would work more effectively to counter stereotypes and assumptions around what people choose to do what sort of teaching and research.”* (P.57) She describes her annoyance with the partitioning off of people which acts as an ongoing form of discrimination. Izzard (2004) has encountered hostility to the fact that as a heterosexual she is involved with research into LGB issues. *“All my work in this area has always had the quality for me of feeling that I am a trespasser, that I should not really be here, that I am excluded and that I do not have a voice....it is after all how straight people and heterosexual culture have made lesbian, gay and bisexual people feel for centuries.”* (P.65)

I believe that my work is viewed positively by lesbian, gay and bisexual communities. However, Sometimes I have felt uncomfortable when asked about my research topic in general conversation. I have felt embarrassed because in some circles it does not feel like an acceptable topic for polite conversation! It has been suggested to me sadly, that my research on lesbian, gay and bisexual issues would carry more credibility because I was straight, which reminds me of Trinh Minh-ha (1989, p.67 quoted by Mahler, 1999,) who said:

“ ‘Them’ always stands on the other side of the hill, naked and speechless... ‘Them’ is only admitted among ‘us’, the discussing subjects, when accompanied or introduced by an ‘us’ ”! (chapter 15 p.189)

It has been important and helpful to me that my research supervisor is non-straight and is also involved in queer research. Many of the issues of discrimination and prejudice are also understood by her at a deep level and I would recommend other heterosexual counsellors undertaking research in this field ensure that they have a non-straight research supervisor.

My reflexive journal continues to be important. I noted that when I was interviewed by Relate at the university for my research sponsorship, I withheld the fact that I had a lesbian daughter, although I was open about my gay son. At that time (only eighteen months ago!) I felt unable to face what I expected would be looks of surprise, sympathy, distaste, or even criticism of our parenting. In fact this has not happened at all in my research interviews with Relate Trainers, nor with the Relate counsellors in the focus groups. It is my projection. I notice that I am gaining confidence in talking about my work and feel more comfortable that people will not react adversely.

I regret that I have not been able to include the Transgendered population in my research. As I question clients who identify with lesbian, gay or bisexual populations on how they felt they

were perceived by their counsellor, I am realising that it is not easy to compartmentalise people according to perceived gender or sexual orientation.

Gamson (2003, P.541) suggests that

“over the past decade the research subject has become problematic and elusive in striking new ways. With the growth of ‘queer theory,’ ... the lesbian and gay subject has become, in a different way, increasingly hard to recognise, let alone research.”

He suggests there is a tension over what it means to do qualitative research *“that is at most skeptical about the stability and literal reality of the social categories gay, bisexual, transgender and lesbian: over the place of “lived experience” in such research and representation; and over what it means to research the discursive and the institutional simultaneously, especially in a field where research and politics are so closely tied.”* (op cit.)

My respondents categorised themselves as homosexual, dyke, queer, gay (male and female), bisexual, lesbian or straight. One of them was reluctant to categorise herself at all and educated me:

“I’m conscious of being resistant to defining myself in answer to this question. Others no doubt perceive me as lesbian, and I’m like about that. But I’m conscious that I don’t particularly think of myself in terms of these labels. The history of therapy in relation to homosexuality is of defining people’s sexuality that then reifies into an identity – i.e. the homosexual, the lesbian etc. Queer theory is now questioning such identity categories” (Q2.R30)

Many years earlier, Jeffrey Weeks (1986), drawing on the insights of Foucault and others, had stated that:

“what we define as ‘sexuality’ is an historical construction, which brings together a host of different biological and mental possibilities - gender identity, bodily differences, reproductive capacities, needs, desires and fantasies – which need not be linked together, and in other cultures have not been.” (p. 15 - my emphasis)

Through this journey I am learning never to assume anything. I believe that my life is enriched and my counselling improved because I straddle heterosexual and lesbian, gay and bisexual cultures.

(Acknowledgements: Some parts of this article have appeared in an earlier form in “A Straight Perspective” in the PsyPag Quarterly, June 2004, 51:25-33 and some extracts also appeared in Lesbian and Gay Psychology Review, July 2004, Vol.5(2): 67-70. BPS. They are reproduced here with permission.)

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[Word count: 3646]

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