Clinical Issues with Same-Sex Couples: A Review of the Literature

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SUMMARY. While universal issues exist for all couples, same-sex couples present distinct clinical concerns that impact relational health. After reviewing the current literature in the field, two major issues emerged as significant: societal oppression and relational issues distinctive to same-sex gay, lesbian, and bisexual couples. Societal oppression includes homophobia, heterosexism, and the internalization of these dynamics. Additionally, the “coming out” process and gender role socialization uniquely impact the same-sex couple. Other areas that therapists need to consider when working with this population include multiple cultural variables, dyadic stage-related issues, and the couple’s negotiation and maintenance of “family.”

SOCIETAL OPPRESSION

A pivotal clinical issue with same-sex couples is cultural oppression, with heterosexism and homophobia—and the internalization of both—intruding into

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an individual’s functioning and permeating the same-sex couple dynamic (Brown, 1995). Indeed, Brown (2000) suggests that all couples “function in the context of these two interlocking forms of oppression” (p. 275).

Homophobia

Societal homophobia takes many forms and can range from violence (Granvold & Martin, 1999; Ossana, 2000) and victimization (Dworkin, 2000) to everyday slights and slurs occurring in casual conversation (Davison, 2001). Homophobia is institutionalized (Simons, 1991) and legitimized by discriminating and denying the GLB population their intrinsic human and civil rights (Bigner, 2000).

This homophobia extends to a lack of legal recognition and protection for same-sex partners and their families (Ossana, 2000; Young & Long, 1998). Legislated homophobia, reflected in the absence of legal protection, can result in a couple’s marginalization or loss in a variety of areas: child custody rights (Ossana, 2000; Shernoff, 1995; Slater, 1995), important medical decision-making power for the partner (Ossana, 2000), employment (Granvold & Martin, 1999; Slater, 1995), shelter (Slater, 1995; Slater & Mencher, 1991), health care, and in social services (Granvold & Martin, 1999).

Societal homophobia (Ossana, 2000; Reynolds & Hanjorgiris, 2000) is inherently discriminatory (Granvold & Martin, 1999; Ossana, 2000) hostile, and prejudicial (Ossana, 2000). The label “homophobe” versus homophobia—appears to be a more precise representation (Logan, 1996); however, this term has not yet taken hold in the literature.

Heterosexism

Heterosexism, or the belief that an opposite-sex-based relationship is superior and preferable to a same-sex relationship, is oppressive (Bigner, 2000). Unfortunately, these ideas still linger in clinical practice theory models (Basham, 1999). However, they can take on a more subtle and insidious form (Bigner, 2000; Ossana, 2000). For example, couples do not see the media highlighting happy, satisfied, and successful same-sex couples. In addition, when the media does portray gay men and lesbian women, they appear as single individuals (Ossana, 2000). All people are influenced as these beliefs are “acquired, communicated, and reinforced throughout society over the entire life span of individuals” (Bigner, 2000, p. 279).

Internalized Homophobia

The entrapment of homophobia and heterosexism dramatically affects the GLB individual and couple. The internalized homophobia and biphobia (Dworkin, 2000) result in feelings of somehow being “defective” (Schiemann &
heightens the risk of rejection and marginalization, whereas to not disclose may result in isolation and the “duress of leading a ‘double life’” (p. 283) that lends itself to behaviors that invalidate the relationship (Ossana, 2000).

**Gender Role Socialization**

An additional area of distinction with same-sex GLB couples is the impact of gender role socialization (Brown, 1995; Cabaj & Klinger, 1996; Goldenberg & Goldenberg, 1998; Granvold & Martin, 1999; Johnson & Colucci, 1999; Ossana, 2000; Scribner & Eldridge, 1995; Young & Long, 1998). All members of society are enculturated with gender norms. According to Brown (1995), both members of a same-sex couple “possess variations on the theme of the same benefits and deficits of essentially similar patterns of gender role development” (p. 274).

Scribner and Eldridge (1995) identified three dyadic themes affected by gender role socialization: emotional intimacy, sexuality, and power. When approaching emotional intimacy, women are socialized to care and nurture. Men are more socially valued when expressing their autonomous and separate selves. From a sexual expression framework, Scribner and Eldridge contend that men generally are socialized to express the sexual before the emotional, whereas women prefer an affectual relationship before initiating the sexual aspect. Power, with the issue of equality versus power differential in couples (Scribner & Eldridge, 1995), and power as demonstrated by financial resources and sharing (Johnson & Colucci, 1999) is impacted by our socialization as gendered males and females.

There are, of course, variations and exceptions to these concepts, but clearly society exerts social pressure through prejudice and gender socialization (Young & Long, 1998).

**RELATIONAL ISSUES**

Societal oppression may also affect the couples from a relational standpoint. These include cultural variables, stage-related issues, and the couple’s maintenance and negotiation of family.

**Cultural Variables**

Same-sex partners frequently juggle multiple and diverse identity positions. Couples are often more dissimilar than opposite-sex couples in race (Young & Long, 1998; Patterson, Ciabattari, & Schwartz, 1999), ethnicity, socioeconomic position (Young & Long, 1998), age, and education (Patterson, Ciabattari, & Schwartz, 1999). Moreover, GLB identity “has very different meanings in different racial or ethnic groups, accepted or tolerated in some and considered an abomination or even an impossibility in others” (Basham, 1999, p. 148). The GLB population is an incredibly diverse group drawn together by limitations in places to gather and meet (Patterson & Schwartz, 1994). The GLB identity is not always seen as primary (Johnson & Colucci, 1999), and couple conflict may ensue as a result of divided loyalties (Granvold & Martin, 1999) among orientation, culture, and family identity.

**Stage-Related Issues**

Three stage-related issues were summarized in the literature: partner differences in the coming out process, differing generational factors, and discrepancies in couple stage development. “Stages” of the coming out process frequently affect partners differently, and more typically than not, one partner within the couple is usually at a different stage from the other partner (Mattison & McWhirter, 1987; McWhirter & Mattison, 1996). The more “experienced” partner may worry if the relationship is transient; the less experienced partner may feel threatened by partner’s degree of disclosure and involvement in the GLB community (Ossana, 2000).

An additional stage-related issue is the generational factor in which identity formation is variable and based on historical and sociopolitical contexts (Baron & Cramer, 2000). Ossana (2000) reflected on some possibilities in this regard. What was the societal attitude at the time of coming out? Was it before or after the GLB liberation movement? Was the community conservative or liberal, rural or urban? What was the environment and peer reactions, including cultural and religious beliefs?

Additionally, the concept of relational stage discrepancy was identified as it related to male couples. Mattison and McWhirter (Mattison & McWhirter, 1987; McWhirter & Mattison, 1996) identified six developmental stages of relationship: blending, nesting, maintaining, building, releasing, and renewing. The authors suggest that a “stage discrepancy” occurs with frequency. For example, one partner may be in a comfortable position of maintaining the relationship while the other partner remains “dependent and clinging” (McWhirter & Mattison, 1996, p. 330).

While the stages may not be exact for female couples, stages do occur and discrepancies exist for these couples also. Without understanding the coming out stage, generational-stage differences, or relational-stage discrepancy, same-sex couples often consider their difficulties as a personal or relational flaw rather than recognizing that differences are typically correctable or manageable by relational growth and development (Mattison & McWhirter, 1987; McWhirter & Mattison, 1996).

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**Negotiating and Maintaining “Family”**

When addressing issues of family, same-sex couples perceive less support than married couples do (Patterson, Ciabattari, & Schwartz, 1999) and commonly lack extended family support, particularly if they are not out (Granvold & Martin, 1999).

Frequently family of origin has the assumption of heterosexuality, with expectations of an opposite-sex partner and children with that partner (Matthews & Lance, 2000). The dynamics of secrecy among “unchosen” families (Patterson, Ciabattari, & Schwartz, 1999, p. 341), such as those families that one is born, adopted, or fostered into, are frequent in full play.

Same-sex dyads also experience loss around the “heterosexual privilege” in their family of origin (Young & Long, 1998) and in the wider culture. It is not uncommon for a full-cycle grief process to exist for the entire family (Matthews & Lance, 2000).

Roth (1985), in identifying issues affecting female couples, suggests that family members and the heterosexual environment regularly invalidate the same-sex couple. This invalidation repeatedly leads couples to seek therapy early in the development of their relationship.

Some couples experience bond-invalidating activities, such as rendering the relationship invisible or acting as if the relationship exists but then disqualifying it as “not genuine” or “a stage” (Roth, 1985, p. 276). At other times, the couple’s relationship is directly invalid, such as excluding the partner in holidays and family rituals, or giving separate rooms when visiting (Roth, 1985).

Often an unwillingness exists in accepting the same-sex couple as a legitimate union (Granvold & Martin, 1999), with families and others actually undermining the relationship (Brown, 1988). Families and the heterosexually-bound world over and over again treat a partnered member either as single (Brown, 1995; Granvold & Martin, 1999) or as a perpetual adolescent (McGoldrick, 1989), who is expected to return home without their partner (Brown, 1988).

However, the recognition among the therapeutic community that “family” for the GLB population can either be chosen (Granvold & Martin, 1999; Patterson, Ciabattari, & Schwartz, 1999) or created (Granvold & Martin, 1999) has come to the forefront. Therefore, there can be structured alternatives in “chosen” families and communities (Patterson, Ciabattari, & Schwartz, 1999). The process of negotiating and maintaining family requires overtly- or covertly-made decisions about who family might be, and some couples need therapeutic intervention to expand their circle of support.

**CONCLUSION**

Blurred lines remain in discerning whether an issue is relationally based or generated by external stressors associated with a GLB identity (Brown, 1995). Normal life stage dilemmas are complicated by oppressive cultural biases (Brown, 1985). Therapists must strike a careful balance in recognizing universal couple issues and those concerns that are unique to GLB couples (Basham, 1999) to address them most effectively.

It is important to explore the effects of gender role socialization and the current expectations of each partner (Scrivner & Eldridge, 1995). Continuing to assess the development of LGB identity and its intersection with ethnic/cultural, religious, or professional identity development (Scrivner & Eldridge, 1995) remains a critical clinical piece. Also, discovering who participates in the couple’s relationship and the degree of support or interference (Patterson, Ciabattari, & Schwartz, 1999) will help guide the therapeutic process.

Rather than recognizing how the undeniable stressors over the life span impact the same-sex relationship, therapists often see the couple’s repetition of struggles as ineffective or springing from personal deficits, failed development, or faulty coping skills (Slater, 1995). Couples can experience conflict in their attempt to shape their relationship and to demonstrate the seriousness of their commitment; they “invent some ‘marital’ rules, borrow others, and pick some to avoid as they bargain over issues that married people take for granted” (Patterson & Schwartz, 1994, p. 4).

Often it is not clear what the relationship “should” look like, even to the couple (Patterson & Schwartz, 1994). As therapists we must discern how much of the presenting problem stems from societal oppression and internalized homophobia versus normal and universal couple dynamics. Through the discovery of the contextual pieces of individual, couple, and generational stages, culture and ethnic variables, and the couple’s negotiation and mobilization of family, friend, and community support, we have an increased chance of recognizing and understanding the broader and deeper clinical issues affecting same-sex couples.

**REFERENCES**
