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Latin American Lesbian, Gay, and Bisexual Clients: Implications for Counseling

The demand for clinical services for both Latin Americans and the lesbian, gay, and bisexual (LGB) population is increasing rapidly. Consequently, LGB Latin Americans are more likely to seek clinical services. This article highlights critical characteristics of Latin American and LGB culture. Identity development, counseling, and ethical implications are provided.

In recent years, mental health professionals have been asked by the professional psychological field to be more culturally sensitive and competent (Arredondo et al., 1996; Chiu, 1996; Dworkin & Gutierrez, 1989; Sue, Arredondo, & McDavis, 1992). To prepare *counselors* to ethically provide services for diverse populations, multicultural counseling competencies have been proposed (Sue et al., 1992) and operationalized (Arredondo et al., 1996; Chiu, 1996). Such training is necessary because the number of ethnic minority individuals seeking mental health services is increasing in the United States because of their need to deal with racism, discrimination, acculturation stress, unemployment, and inadequate education and health care (Gunnings, 1997). Furthermore, lesbians, gay men, and bisexual (LGB) women and men may use mental health services to help them address issues of discrimination, identity stress, vocational issues, and adjustment to a heterosexist society (Browning, Reynolds, & Dworkin, 1991). In addition, there is evidence that *counselors* are providing services to LGB individuals despite inadequate training for this population (Buhrke, 1989). Given these demands and challenges, it is not surprising that adequate *counselor* training for the specific issues of the LGB Latin American client is uncommon.

Arredondo et al. (1996) proposed three domains of multicultural counseling competencies: *counselor* awareness of own cultural values and biases, *counselor* awareness and knowledge of client's worldview, and culturally appropriate intervention strategies. To assist *counselors* in meeting this challenge, this article highlights critical characteristics of both the Latin American and the lesbian, gay, and bisexual cultures. In addition, a synthesis of LGB Latin identity development and counseling implications is provided to assist *counselors* in treating this dual-minority population. This article is not designed to train mental health professionals, but rather to inform them about a topic that has been largely ignored in the literature. Further readings, training, and supervision are needed to adhere to ethical clinical standards.

COUNSELING IMPLICATIONS SPECIFIC TO LATIN AMERICAN CULTURE

Latin Americans are a diverse group of people with heritages from Mexico, Puerto Rico, Cuba, Spain, Central America, and South America (U.S. Bureau of the Census, 1993). This is also the fastest growing ethnic minority in the United States, constituting 11% of the population (del Pinal, 1999). *Counselors* will be challenged to meet the needs of this growing population in various ways: bilingual counseling, awareness of Latin culture, and knowledge of the history of and differences among the various Latin ethnicities.

Latin Americans are a culturally diverse population of indigenous, African, Asian, and European descent (Fukuyama & Ferguson, 1999). This diversity makes it inappropriate to speak of Latin Americans as a monolithic group (Echeverry, 1997); however, it is beyond the scope of this article to discuss all of the within-group difference that exists in this culture. Therefore, this article considers the Latin American population in general, noting in-group differences when possible. The masculine and feminine forms of Latin (Latino and Latina) are used when appropriate. The following section briefly explores the impact that Latin American issues such as acculturation, family, gender roles, religion, AIDS/HIV status, and language have on counseling LGB Latin American people.

Impact of Latin American Culture on Therapy

The process of developing a Latin American identity is defined by one's own culture and the dominant culture and is continuously affected by the acculturation process (Casas & Pytluk, 1995). Acculturation is the product of "culture learning that occurs as a result of contact between the members of two or more culturally distinct groups" (Casas & Pytluk, 1995, p. 158). Acculturation can be thought of as a continuum from low to high. For example, a Latina woman who has been raised in the U.S., speaks fluent English, and has little difficulty communicating with the American dominant culture would be considered highly acculturated. Her grandfather, who emigrated from Cuba, speaks some English, and is still immersed in Cuban culture would be considered less acculturated. *Counselors* should be aware that clients' adherence to cultural constructs will differ depending on their level of acculturation.

Several constructs regarding family and gender roles within the Latin community challenge an LGB identity (Carballo-Diequez & Dolezal, 1994; Comas-Diaz, 1990; Gonzalez & Espin, 1996; Ho, 1987; Morales, 1992). Familism, or the primary importance of the family, is highly valued. Familism encourages family support and mutual dependence among the extended family, which often includes cousins, godparents, and good friends (Comas-Diaz, 1990; Gonzalez & Espin, 1996). An individual's self-confidence, security, worth, and identity are largely garnered from family relationships. In addition, there is a deep sense of family obligation that overshadows individual needs (Ho, 1987), making it especially difficult for LGB Latin Americans to embrace their sexual orientation. Latin American LGB individuals may feel selfish for thinking of their own needs, such as coming out or having a same-sex intimate relationship.

The traditional Latin American culture is a male-dominated society, with gender roles relatively fixed (Carballo-Diequez, 1989). Masculinity is defined by machismo, which emphasizes "honor, respect, and dignity, as well as aggressiveness, invulnerability, and sexual prowess" (Gonzalez & Espin, 1996, p. 586). In contrast, marianismo, for Latina women, emphasizes putting the children first, respecting the authority of men, maintaining sexual pureness,

and sexual behavior only in the context of marriage for the purpose of procreation (Gonzalez & Espin, 1996; Hidalgo & Christensen, 1976-77). Because LGB individuals typically do not rigidly adhere to gender stereotypes (Bohan, 1996; Greene, 1994a), Latin American LGB individuals may feel conflict between their ethnic and sexual identity. Specific gender issues for Latinos and Latinas are explored in the final section of this article.

The Roman Catholic religion is prevalent in Latin American culture and has a dramatic impact on traditional families. Catholicism is based on conservative, traditional values and rejects homosexual behavior (Suro, 1988). The importance of religion should not be overlooked with LGB Latinos and Latinas because coming out to the family may also mean a loss of the community and the church (Davidson, 1999). They may become alienated from their religion and culture and experience feelings of guilt (Carballo-Diequez, 1989; Wall & Washington, 1991).

Counselors should be cognizant of HIV or AIDS status with their Latin American clients. Of those with AIDS in the U.S., 17% are Latino men, with an infection rate of 2 1/2 times that of European American men (Mason, Marks, Simoni, Ruiz, & Richardson, 1995). Those with a lower acculturation level were found to withhold their HIV infection and sexual identity from family members more often than highly acculturated Latinos (Mason et al., 1995). Implications of HIV/AIDS status in LGB Latino men are discussed later.

A critical aspect of counseling Latin American clients is language. Individuals who use English as their second language may experience higher rates of acculturative stress than others (Smart & Smart, 1995). It may also be necessary for the client to switch languages during therapy to allow for intense emotion in their native language (Santiago-Rivera, 1995). Indeed, counseling Latin American clients challenges therapists in several ways. These challenges are increased dramatically when the client's sexual orientation is lesbian, gay, or bisexual.

Counseling Implications Specific to Lesbian, Gay, and Bisexual Culture

It is difficult to know the size of the lesbian, gay, and bisexual population in today's society (Bohan, 1996) because of the invisibility of this minority. Specific percentages are difficult, if not impossible, to estimate because of differences in definitions of lesbian, gay, and bisexual. How does one classify a woman who is married to a man and has no romantic involvements with women, yet identifies herself as a lesbian? Or a man who has sexual relations with other men but insists that he is heterosexual because he never assumes the passive role? As mental health professionals, we may counsel LGB people who do not reflect the traditional definition of sexual behavior, emotional relationships, and personal sexual identification. In these cases, it is important to have an open discussion with clients and use labels and language that are empowering to them. The following section briefly explores the impact that LGB identity issues, such as family, coming out, gender affiliation, bisexual labeling, AIDS/HIV status, and religion have on counseling LGB Latin American people.

Impact of Lesbian, Gay, and Bisexual Characteristics on Therapy

Counselors must be aware that LGB individuals live in a culture to which their parents typically do not belong. LGB adolescents must turn to a new "family of choice" to learn about the social culture of being gay. In addition, LGB individuals will face a social oppression, which their family does not experience: heterosexism. Heterosexism is the belief that everyone should be heterosexual and that being gay or lesbian is a deviation of heterosexuality. Latin American LGB individuals may be hesitant to leave the safety of their family, who once buffered the stigmatized

actions and racist beliefs of the dominant society. Isolation and lack of coping skills will make the process of accepting an LGB identity more difficult (Browning et al., 1991). Connection with a lesbian, gay, or bisexual support group can assist individuals in developing their sexual identity.

Counselors informed of typical coming out patterns can help facilitate positive sexual identity development. Lesbian women tend to commit to their sexual identity within the context of an intense emotional relationship, whereas gay men tend to develop their sexual identity within their sexual experiences. In counseling sessions, lesbian women may use feelings to avoid the label "lesbian," making a statement such as "I'm in love with this one woman, that doesn't make me a lesbian," whereas a man may use the absence of feelings to avoid labeling himself as gay, expressing a thought such as "I don't care about this person, I'm not in love with him, so I'm not gay" (Levine & Evans, 1991).

Lesbian women have felt safer coming out within the context of the women's movement rather than the male-dominated gay movement (Browning et al., 1991). Thus, when making referrals, **counselors** should not assume that a lesbian woman would feel more comfortable in a gay male support group rather than a heterosexual women's support group.

Bisexual individuals are likely to present with identity or systems issues, or both (Matteson, 1996). Identity issues involve embracing an identity that is stigmatized in both the heterosexual and the homosexual communities (Weinberg, Williams, & Pryor, 1994). Systems issues concern how one negotiates a bisexual lifestyle, both interpersonally and socially. Bisexual individuals may pretend to be exclusive (gay or straight) depending on their social situation or current relationship. Bisexual individuals of color often hide or minimize one aspect of their identity so that they will be accepted in a given setting (Matteson, 1996). They may identify as heterosexual in the heterosexual community and as lesbian or gay in the lesbian and gay communities. It is interesting that although bisexuality is often stigmatized in the lesbian and gay communities, it is more accepted than a gay or lesbian identity in some Latin cultures. It is most important in counseling bisexual individuals that **counselors** focus on the presenting issue rather than on the uniqueness of the client's sexual orientation (Matteson, 1996).

HIV/AIDS has further complicated identity development for LGB individuals (Bohan, 1996): "The direct impact of AIDS on identity is seen in longitudinal research with bisexual-identified men and women, which was begun before the epidemic was recognized. Many of these individuals changed their identification as a direct result of AIDS" (p. 109). **Counselors** should be aware that the fear of possible HIV infection affects clients at a fundamental level: how individuals self-identify their sexual orientations.

Many LGB individuals struggle with early messages that being gay or lesbian is a sin (Dworkin, 1999). In addition to feeling isolated from their religion and the family, they may have a deep belief that they are not worthy of divine love. These beliefs may surface even if they have rejected religious beliefs and accepted their sexual identity (Dworkin, 1999). If possible, **counselors** should assist Latin American LGB clients in finding an LGB-affirmative church to help with the healing process.

Synthesis of Lesbian, Gay, Bisexual and Latin American Counseling

In the U.S., lesbian, gay, and bisexual Latin American individuals live in three worlds: the Latin American community, the dominant European American community, and the LGB community (Morales, 1996). Individuals who are Latin

American or LGB may experience the racism or the heterosexism of individuals in the dominant European American community. People who are both Latin American and LGB may experience additional racism, or heterosexism, or both from those in the LGB and the Latin American communities, respectively. The Latin community largely rejects an LGB identity (Hidalgo & Christensen, 1976-77), and the LGB community does not offer the same support to ethnic minorities as it does to European American LGB individuals (Loiacano, 1989). Therefore, Latin Americans face the difficult choice of remaining closeted in the heterosexist Latin American community or dealing with racism in the LGB and European American communities. In addition, women may experience sexism in all three communities, and bisexual individuals may be further marginalized in the gay and lesbian community. If identity and relational issues are part of a client's presenting problem, the *counselor* should assess the LGB Latin American client regarding acculturation, ethnic identity, and sexual identity development and assist the client in integrating their evolving identities (Morales, 1992). *Counselors* should also assist clients in addressing how to live within these conflicting communities, taking care to explore the risks and implications of each decision (Morales, 1992).

The following sections assist *counselors* in reviewing identity development models for ethnic minorities; LGB individuals, generally; and LGB Latin Americans, specifically. Unique counseling implications for Latino men and Latino women based on gender roles are discussed, as well as the multiple layers of oppression felt by this group. We conclude this article with the presentation of counseling competencies for Latin American LGB individuals.

Singular Identity Development

People will vary in how and when they accept and embrace their minority status. Atkinson, Morten, and Sue (1993) developed a fluid model of identity development for ethnic minorities; Cass (1979) developed a similar model for the development of lesbian and gay identities. Both models involve a process that moves from a rejected self-image to embracing the image as positive. Early stages involve negative beliefs about one's own group and confusion, which leads to a middle stage of complete separation from and rejection of the dominant culture. Final stages are characterized by an acceptance of one's own identity, a desire to combat oppression, autonomy of thought, and positive communication with members of the dominant culture.

Unique to bisexual identity development is the idea of "continued uncertainty" (Rust, 1993). *Counselors* can help bisexual clients increase their tolerance for their sexual and relational ambiguity in a society that does not validate their identity. *Counselors* should also not misinterpret ambiguity to mean indecision. "The *counselor* must respect the uniqueness of the client's sexual orientation and balance encouraging group identity for the purpose of support with an understanding of the client's personal experience" (Horowitz & Newcomb, 1999, p. 154).

Dual Minority Identity Development and Counseling Implications

Morales (1992,1996) proposed a five-stage identity model of the psychosocial identity integration of lesbian and gay ethnic minorities. This model focuses on how Latin Americans can positively integrate their sexual identity with their ethnic minority identity and how they integrate or separate the Latin American community from the lesbian and gay community. As with the two previously mentioned identity models (i.e., Atkinson et al.'s, 1993, Ethnic Minority Identity Development model and Cass's, 1979, Lesbian/Gay Identity Development model), progression through each stage requires a reduction of anxiety and tension. The stages in this model are relatively fluid, indicating that

individuals may be dealing with issues characteristic of more than one stage, or may move back into an earlier stage as a result of a current issue. Although not empirically tested, it is our belief that Morales's (1992,1996) model is particularly useful to *counselors* when counseling LGB Latin individuals.

The individual who denies any discrimination related to being a lesbian or gay Latin American characterizes Stage 1, denial of conflicts. They may identify themselves as straight and live as if they were European American. They may engage in homosexual behavior, while identifying themselves as straight, thus not acknowledging this part of themselves. During Stage 1, the focus of therapy is to help the client have a more accurate view of their lives and to investigate the life implications of a lesbian or gay identity. As stated previously, *counselors* should not focus exclusively on the sexual practice of their clients, but rather view their clients more holistically.

The bisexual versus gay stage occurs when Latin American individuals identify themselves as bisexual rather than lesbian or gay, even though their sexual behavior and affections do not seem to be bisexual. Therapy looks at the difficulty these clients have in labeling themselves, paying attention to the cultural messages that are associated with identification as a bisexual or a lesbian or gay person.

In Stage 3, conflicts in allegiances, the individual experiences anxiety about the decision to either integrate the Latin American community with the LGB community, or keep them separate. Individuals want to be loyal to each community and are concerned with losing relationships within either community. Therapy focuses on how the individual will prioritize allegiances and manage relationships. Individuals need to adopt beliefs from each community that foster a healthy identity and reject beliefs that do not. In this stage, the primary goal of therapy is to help clients manage the feelings of disconnection that arise from participating in heterosexual Latin cultural situations rather than gay social situations and to reduce the guilt they may experience about betraying significant others or moral values in one or both cultural contexts. Drawing from both communities, individuals must blend their own set of values and relationships that support a sense of personal worth.

During Stage 4, claiming a Latino gay identity, the individual has adopted a Latin American LGB identity. She or he experiences discrimination from the heterosexual Latin American community and from the European American LGB community. Exploring feelings of anger and frustration is central to this stage of therapy. Encouraging the client to find contact and support with other LGB Latin Americans is important.

Stage 5, integrating the various communities, posits the concern of how clients integrate the different parts of their lives and develop a "multicultural perspective" (Morales, 1996, p. 280). Therapy focuses on validating the difficulties experienced by the client. Clients need validation of their continued conflict between the Latin American and LGB communities. During this last stage, many will choose to come out to their families, friends, and coworkers.

Characteristics of LGB Latin American Individuals and Counseling Implications

Expression of sexual identity may occur differently in the Latin American LGB community than in the European American LGB culture because of differing gender roles. Socioeconomic status and sexual position preference may also affect sexual identity. *Counselors* must be aware of these factors to gain a greater understanding of an LGB Latin American client.

The sexual identity of a Latino male is often defined differently in Latin culture than in European American culture. Latin American gender roles relate sexual identity to sexual position preference rather than choice of sexual partner (Gonzalez & Espin, 1996). Men may engage in sex with other men and not be considered gay as long as they assume the "male," or active role during sexual activity (Zamora-Hernandez & Patterson, 1996). The gay label and stigma is reserved for those men who assume the passive role. In Mexico, heterosexuality is considered superior to a gay identity (Carrier, 1985) and thus, an active-role male will often not experience stigma, whereas the passive-role male will. Passive-role Mexican males may identify themselves as bisexual rather than gay due to the decreased stigma associated with a bisexual identity (Carrier, 1985). Carballo-Dieguez and Dolezal (1994) found that gender roles and socioeconomic status (SES) influenced how Puerto Rican men who have sex with men (MSM) label their sexual identity. As SES decreased, adherence to gender roles increased. A "straight" identity emerged for low SES masculine males. A "drag queen" identity (i.e., wearing women's clothing) emerged for low SES feminine males. As SES increased, adherence to gender roles decreased, with gay and bisexual identity being associated with more freedom in sex roles (active and passive) and gender identity (masculine and feminine) expression. It is unknown if this relationship is causal, and further research needs to be done in this area.

The phenomenon of MSM has additional counseling implications. Low acculturated Latino men may view AIDS as a "gay" disease and because they do not identify with a "gay" label, they do not believe they need to be tested. **Counselors** may need to ask specific questions to determine clients' HIV risk and educate clients that it is risk behaviors, not sexual identity, that determine HIV risk.

Because of the variation in identity labels present in the LGB Latin American population, Fukuyama and Ferguson (1999) recommended that clients be allowed to "self-select their identity labels and not be pressured to conform to customary LGB labels" (p. 99). Although much of the research on Latino gay men has involved categorization of sexual behavior, **counselors** should not focus primarily on the sexual behavior or identity of their LGB Latin American clients.

Women's gender roles also influence the expression and acceptance of a lesbian identity. Women in Latin American culture are expected to be submissive, virginal, respectful, and inferior to men. Women are expected to perform sexual acts solely to please a man, not to fulfill a woman's "taboo" desires (Greene, 1994b). A lesbian identity in and of itself challenges several aspects of Latin culture. Therefore, Latina women who are erotically attracted to other women may avoid adopting a lesbian identity to maintain dignity and to save face within their culture. They may engage in close contact with other women, because emotional and physical closeness to other women is valued (Hidalgo & Christensen, 1976-77), but not openly identify as lesbian (Greene, 1994b). Latina lesbians may also choose to be closeted, because their lesbianism may endanger their family relations and contact with the Latin American community (Espin, 1987). However, not coming out and living in the Latin American community will rob the Latina lesbian of her sexual identity and romantic relationships (Espin, 1987). Indeed, identity development for ethnic minority lesbians may involve hiding or avoiding aspects of one's sexual or ethnic identity (Espin, 1987).

If a Latina lesbian does come out to her family and community, she is typically not denied a place in the family. Her sexual identity is not likely to be openly acknowledged within the family, and family members may try to explain

away her reason for not marrying, such as being too intelligent or dedicated to a career (Espin, 1987). Latina lesbians are likely to seek support outside of the Latin American community to avoid the personal stigmatization of the Latin American culture. Unfortunately, this outside support is not without disadvantages. Once outside the Latin American community, the Latina lesbian may lose contact with her Latin American culture. As Espin stated, "To be out of the closet only in an Anglo context deprives them of essential supports from their communities and families, and, in turn, increases their invisibility in the Latin American culture, where only the openly 'butch' types are recognized as lesbian" (p. 41). As stated previously, Latina lesbians may experience discrimination from both the mainstream society and the European American lesbian community (Espin, 1987). However, Latina women must still cope with the dilemma of how to integrate who they are "culturally, racially, and religiously with their identity as lesbians and women" (Espin, 1987, p. 35).

CONCLUSION

It is our hope that this article has informed *counselors* about the unique issues regarding LGB Latin American individuals and has served as an impetus for *counselors* to gain more information and training to better serve this population. Using competencies set forth by Arredondo et al.(1996), and Garnets, Hancock, Cochran, Goodchilds, and Peplau (1998) as a basis, we offer several suggestions for *counselors* providing services to this population:

1. Personal Awareness: *Counselors* must be aware of their own possible multicultural and heterosexist bias when working with all clients. This will involve a deep interpersonal exploration of the self, which may require the assistance of colleagues, professional supervision, or psychotherapy.
2. Societal awareness: *Counselors* must be aware of the social prejudices in the dominant European American culture, Latin American culture, and the LGB community. *Counselors* should not foster these prejudices in the therapy room nor in their place of work. We must advocate for a multicultural and LGB-affirmative environment.
3. Accurate assessment: *Counselors* must be conscious of clients' issues, rather than assume that problems result from a Latin American LGB orientation. At the same time, *counselors* should not ignore the influence of Latin American culture and sexual identity on the presenting issues.
4. Empowering both identities: *Counselors* must assist clients in the development of an integrated self as changing ethnic

identity or sexual orientation is implausible. **Counselors** must validate both identities.

5. Education/Training: **Counselors** should be trained in other related issues, such as relationships, career issues, and be aware of how these issues relate to this population. To remain ethical, **counselors** must continue to seek out new information, training, and supervision in this area.

6. Advocacy: Last, it is our duty to educate our colleagues and supervisees on this population. We must counter misinformation and bias on all fronts. Anything less would contribute to a racist, heterosexist, or null environment.

These competencies encourage **counselors** to be conscious of ethical principles when working with this population. We encourage readers to engage in an analysis of personal cultural values and biases; be more informed about the worldview of this population; and by using information and resources presented in this article, critically evaluate intervention strategies to remain competent and ethical in providing services to LGB Latin American individuals.

Most important, counseling theory can be adapted to be respectful and empowering to LGB and Latin American clients. If we, as counselors, are racist and heterosexist and ignore special issues of LGB individuals and Latin Americans, we create an atmosphere as damaging as the situations that originally brought our clients into counseling. The greatest technique that we as therapists can use is awareness and examination of our own biases, while developing knowledge and skills to work with this population (McHenry & Johnson, 1993; Morrow, 1999).

Success is getting up just one more time than you fall down.

-- unknown

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