

## Ethnic-Minority Lesbians and Gay Men: Mental Health and Treatment Issues

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Clinical psychological research has been a part of a significant growth of scholarly literature in mental health that appropriately explores relevant cultural variables and their effects on both the mental health and treatment of ethnic minority group members. A similar expansion of material seeking to develop affirmative perspectives in the treatment of gay men and lesbians has also found its way into the psychological literature. Scarcely any research seeks to explore the particular psychological strengths and vulnerabilities of men and women who are members of both groups. This article reviews literature pertinent to the cultural proscriptions of several ethnic minority groups and their relevance to mental health issues and treatment of gay and lesbian members, as well as a review of potential countertransference dilemmas for therapists.

In the past decade, there has been a significant growth in the psychological literature that appropriately explores gay and lesbian sexual orientations from affirmative perspectives. Similarly, there has been a significant increase in the study of the role of culture and ethnicity on psychological development and of the process of psychological assessment and treatment. In both areas, there have been relevant discussions on the effect of membership in institutionally oppressed and disparaged groups on the development of psychological resilience and vulnerability. Although a rapidly expanding body of literature reflects exploration of both areas from a wide range of perspectives, scant attention is given to lesbians and gay men who are members of ethnic minority groups.

A preponderance of the empirical research on or with lesbians and gay men is conducted with overwhelmingly White, middle-class respondents (Chan, 1989, 1992; Garnets & Kimmel, 1991; Gock, 1985; Greene, in press-a, in press-b; Mays & Cochran, 1988; Morales, 1992). Similarly, research on members of ethnic minority groups rarely acknowledges differences in sexual orientation of group members. Hence, there is no exploration of the complex interaction between sexual orientation and ethnic identity development, nor are the realistic social tasks and stressors that are a component of gay and lesbian identity formation in conjunction with ethnic identity formation taken into account. A discussion of the vicissitudes of racism and ethnic identity in intra- and interracial couples of the same gender and its effect on their relationships is also neglected in the narrow focus on heterosexual relationships found in the literature on ethnic-minority clients. There is an equally narrow focus on predominantly White couples in the gay and lesbian literature.

These biases are rarely stated in titles of articles or in statements explaining the limited generalizability of their findings,

despite a clear injunction in psychological research to do so. Such narrow research perspectives leave us with a limited understanding of the diversity within these groups and leaves practitioners ill equipped to address their clinical needs in culturally sensitive ways.

A range of factors should be considered in determining the impact of ethnic identity and its dynamic interaction with sexual orientation in any client's life. The arrogance of heterocentric thinking leads to a range of inaccurate and unexamined but commonly held assumptions about gay men and lesbians. These assumptions are maintained in various degrees by members of ethnic minority groups as well as in the dominant culture. One of the most commonly accepted and fallacious notions is that to be gay or lesbian is to want to be a member of the other gender, which is socially constructed as the opposite gender. For example, in this distorted framework men are expected to be sexually attracted to women only, and women to men only. Sexual attraction to the other gender is embedded in the definition of what it means to be a normal man or woman for cultural groups reviewed in this discussion. Support for this premise from traditional psychological perspectives facilitates a range of interconnected but inaccurate assumptions. One is the presumption of the psychological normalcy of heterosexual or reproductive sexuality. This can lead to another equally inaccurate assumption that women who are sexually attracted to other women wish to be men or are defective women or that men who are sexually attracted to other men are similarly defective men. Another insidious assumption connected to these is that conformity to traditional gender stereotypes of roles and physical appearance, and its corollary, is a direct reflection of sexual orientation. The mistaken conclusion in this scheme is that men and women who do not conform to traditional gender role stereotypes must be gay or lesbian and those who do conform to such stereotypes must be heterosexual. Hence, an understanding of the meaning of being an ethnic-minority gay man or lesbian requires a careful exploration of the importance of cultural gender roles and of both the nature and relative fluidity or rigidity of the culture's traditional gender stereotypes. For members of some oppressed groups, specifically African Americans and Na-

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tive Americans, reproductive sexuality is viewed as the means of continuing the group's presence in the world. Hence, birth control or sexuality that is not reproductive may be viewed by group members as instruments of genocide.

The extent to which the parents or family of origin may control or influence adult family members and the importance of the family as a tangible and emotional source of support warrant understanding. Other factors to consider include the importance of procreation and the continuation of the family line; the nature, degree, and intensity of religious values; the importance of ties to the ethnic community; the degree of acculturation or assimilation of the individual or family into the dominant culture; and the history of discrimination or oppression that the particular group has experienced from members of the dominant culture. Examinations of the history of discrimination of the ethnic group should include group members' understanding of their oppression and their strategies for coping.

Another important dimension is that of sexuality. Sexuality and its meaning is contextual. Therefore, what it means to be a gay man or lesbian will be related to the meaning assigned to sexuality in the culture. It will be important to explore the range of sexuality that is sanctioned, in what forms it may be expressed and by whom, and the consequences for compliance or failure to comply. An exploration of the role of ethnic stereotypes in the creation of sexual mythologies about ethnic group members is another important part of this inquiry.

The reader is warned that gross descriptions of cultural practices may never be applied with uniformity to all members of an ethnic group. Although there is much diversity between ethnic groups and the dominant culture, there is great diversity within them. Practitioners will need to explore every client's cultural heritage from that person's own unique experience of their upbringing. This article serves as a framework or outline from which to begin looking at ethnic-minority gay men and lesbians from a more diverse perspective.

### Latin Americans

Latin-American cultures embrace a wide range of people with different languages and cultural norms coming from many different places in the world. These comments apply broadly to features observed across many different groups of people who would consider themselves Hispanic or Latin Americans. The reader is warned that each of these groups may differ from one another as much as they may differ from the dominant Anglo-American culture. They include, among others, Puerto Ricans, Mexican Americans, Latin Americans and people of many Spanish-origin Caribbean islands.

Family is regarded as the primary social unit and source of support with well-established gender roles (Amaro, 1978; Espin, 1984, 1987; Hidalgo, 1984; Morales, 1992; Vasquez, 1979). Women are expected to be overtly submissive, virtuous, respectful of elders, willing to defer to men and may be expected to reside with their parents until they are married. Men are expected to provide for, protect, and defend the family with great loyalty (Morales, 1992). Language may carry deep affective meaning, is imbued with cultural values, and may express emotions that do not freely translate from Spanish to English (Espin, 1984). In this context, one may find few or no words within

the language for lesbian or gay man that are not negative. There is a strong sense of interdependence and among family members that the naive Anglo therapist may incorrectly view as undifferentiated. As Latinos are often overrepresented among lower socioeconomic groups, economic realities and concerns must also be taken into account (Morales, 1992). Espin (1987) also noted that the time of and reasons for immigration, issues related to separation from one's homeland, and the grieving process required to mourn such losses is another important factor to consider in treatment for many Latino gay men and Latina lesbians.

Women are encouraged to maintain emotional and physical closeness with other women, and such behavior is not presumed to be lesbian (Amaro, 1978; Espin, 1984, 1987; Hidalgo, 1984). Closeness with female friends during adolescence may provide the means of protecting the virginity of young women by diminishing their contact with men. The open discussion of sex and sexuality between women is not culturally sanctioned. Women are expected to be naive and ignorant about sexual matters, whereas men are expected to be experienced and knowledgeable (Espin, 1984). It is not uncommon for men to engage in same-gender sexual behavior without acquiring a gay identity. The more active, masculine role referred to as the "buggarron" holds higher status than the role of the passive recipient, presumed to be more female-identified (Carballo-Die-guez, 1989; Comas-Diaz, personal communication, September, 1992; Espin, 1984; Vasquez, 1979).

Rather than behavior, it is the overt acknowledgement and disclosure of a gay or lesbian identity that is likely to meet with intense disapproval in Latino communities (Espin, 1984, 1987; Hidalgo, 1984; Morales, 1992). This phenomenon was consistent to various degrees across ethnic groups reviewed in this discussion. This disapproval may have many origins. Espin (1987) contended that in labeling themselves lesbian, Latina women force a culture that denies the sexuality of women to confront it. Comas-Diaz (personal communication, September, 1992) explained this as a function of the cultural importance of saving face as a key component of maintaining dignity and commanding respect. Hence, being indirect is the culturally proscribed way of managing conflict, as participants do not lose face. To label oneself gay or lesbian implies not only consciously participating in behavior that is condemned but actively confronting others with your choice to do so, thus violating the injunction to be indirect. This phenomenon was observed in Asian cultures as well.

According to Trujillo (1991), the majority of Chicano heterosexuals view Chicana lesbians as a threat to the established order of male dominance in Chicano communities as their existence has the potential of raising the consciousness of Chicana women, causing them to question or see possibilities for their independence. Another variable in the origins of such attitudes is that of the influence of Catholicism in many Latino communities.

Espin (1984), Hidalgo (1984), and Morales (1992) suggest that this disapproval is more intense than the homophobia in the dominant Anglo community. They further suggest that a powerful form of heterosexist oppression takes place within Hispanic cultures, leaving many gay and lesbian members feeling a pressure to remain "closeted" in those communities to avoid the ridicule and outcast status that would result from

openly acknowledging their identity. The pressure to remain closeted within one's ethnic community and the experience of that community as more homophobic than the dominant culture were consistent across ethnic groups.

Declaring a gay or lesbian sexual orientation may be experienced as an act of treason against the culture and family. Espin (1984, 1987) and Hidalgo (1984) noted that a gay or lesbian family member may maintain a place in the family and be quietly tolerated, but that this does not constitute acceptance of a gay or lesbian sexual orientation; rather this constitutes the denial of it. This observation was consistent with the behavior of families in other ethnic minority groups, with responses being as diverse as the families themselves.

Despite the anti-gay-and-lesbian sentiment of their ethnic communities and families, Espin (1987) and Hidalgo (1984) found that there was a deep attachment among Hispanic lesbians and gay men to the Latino community and a frame of reference that most frequently claimed ethnic identity and community as a primary concern. The fear of being an outcast in communities of such importance and the energy and behaviors required to delicately balance the two can make life more difficult. This reality for Latino gay men and Latina lesbians is shared by their counterparts in other ethnic groups and has important mental health implications. Specific issues relevant to treatment will be discussed.

#### Asian Americans

The term *Asian* refers to many different groups of people with different cultural values coming from many different geographical regions. For the purposes of this discussion, *Asian American* is presumed here to refer to Americans of Japanese or Chinese ancestry, because it is with these groups that most research has been done. The most salient feature of Asian-American families is the expectation of unquestioning obedience to one's parents and their demand for conformity, consistent with the respect accorded elders and the sharp delineation of gender roles (Bradshaw, 1990; Chan, 1987, 1992; Garnets & Kimmel, 1991; Gock, 1985; Pamela H., 1989). Men are expected to continue the family lineage and name (Chan, 1989; Tremble, Schneider, & Appathurai, 1989) by marrying and having children. Women are expected to recognize their importance and derive satisfaction in the role of dutiful daughter and, ultimately, wife and mother (Chan, 1992; Pamela H., 1989). The development of a sexual identity may be difficult, because sex is deemed a taboo topic, to be avoided, and shameful if discussed openly (Chan, 1992; Pamela H., 1989). Chan (personal communication, August 1992) noted that sex is presumed to be unimportant to women, who are deemed to be of lesser importance than men. Hence, sexual relationships between women may occur but are not taken seriously unless an acknowledgement of gay or lesbian sexual orientation accompanies them. Chan also noted that, although many men have sexual relations with other men, those relationships are not necessarily seen as gay (Chan, 1987, personal communication, August 1992).

Open disclosure that one is gay or lesbian would be seen as threatening the continuation of the family line and a rejection of one's appropriate roles within the culture as well (Chan, 1992; Garnets & Kimmel, 1991; Wooden, Kawasaki, & Mayeda,

1983). The maintenance of outward roles and conformity is an important and distinctive cultural expectation. Gay or lesbian offspring may be experienced as a source of shame, particularly to mothers who are considered responsible for preventing such an occurrence (Chan, 1992; Pamela H., 1989).

Gay men and lesbians who are members of ethnic minority groups frequently report feeling a pressure to choose between these two communities and subsequently determine which aspect of their identity is primary. In her 1989 study of Asian-American gay men and lesbians, Chan found that most respondents saw their primary identification as a gay man or lesbian rather than as an Asian American. This study noted, however, that the primacy of sexual orientation and ethnicity shifts during development, depending on which stages of ethnic identity development and sexual orientation identity formation the individual fits at that time. Identification may also vary depending on the need at the time. Unlike gay and lesbian members of other ethnic groups, who reported experiencing more discrimination because of race than sexual orientation, the Asian gay male sample reported experiencing more discrimination because they were gay than because they were Asian (Chan, 1987, 1989). This finding underscores the importance of exploring subtle cultural differences in experiences that are common across broad parameters.

Pamela H. (1989) wrote that the persistent invisibility of Asian gay men and lesbians within Asian communities is slowly changing with the development of Asian lesbian and gay support and social groups within those communities. Such groups have developed in part in reaction to experiences of invisibility and racial discrimination in the broader gay and lesbian communities, which are predominantly White and often offer little contact with other gay and lesbian Asian Americans.

#### African Americans

African Americans are a diverse group of people with cultural origins in the tribes of Western Africa, with some Indian and European racial admixture. Their ancestors were unwilling participants in their immigration as the primary objects of the United States slave trade (Greene, 1986; in press-a, in press-b). Their cultural derivatives include strong family ties that encompass nuclear and extended family members in complex networks of obligation and support (Greene, 1986, in press-a; in press-b; Icard, 1986). Gender roles in African-American families have been somewhat more flexible than their White and many of their ethnic-minority counterparts. This flexibility is explained in part as a derivative of the value of interdependence and somewhat more egalitarian nature of some precolonial African cultures. It is also a function of the need to adapt to racism in the United States, which made it difficult for African-American men to find work and fit the ideal of the Western male provider. Hence, rigid gender role stratification was somewhat impractical. This does not mean, however, that sexism is not a part of contemporary African-American communities. Nonetheless, the African-American family and community has functioned as a necessary protective barrier and survival tool against the racism of the dominant culture.

The sexual objectification of African Americans during slavery and the subsequent manipulation of popular images of them

have fueled stereotypes of sexual promiscuity and moral looseness (Clarke, 1983; Collins, 1990; Greene, 1986, 1990, in press-a, in press-b; Icard, 1986; Loiacano, 1989). Such images are relevant to the way that African-American men and women are viewed and certainly the way that many of them view themselves. The legacy of sexual racism plays a role in the response of many African Americans to a gay or lesbian family member or person in their community. The African-American community is viewed by gay and lesbian members as extremely homophobic and rejecting of gay and lesbian individuals, generating the pressure to remain closeted (Clarke, 1983; Gomez & Smith, 1990; Greene, in press-a, in press-b; Icard, 1986; Loiacano, 1989; Mays & Cochran, 1988; Poussaint, 1990; Smith, 1982). Just as for their ethnic-minority counterparts, the strength of family ties often mitigates against outright rejection of gay and lesbian family members, despite a clear rejection of gay and lesbian sexual orientations.

Homophobia among African Americans can be viewed as multiply determined. One is the presence of Christian religiosity, which is often a part of the strong religious and spiritual orientation of African-American culture. In this context, selective interpretations of Biblical scripture are used to reinforce homophobic attitudes (Claybourne, 1978; Greene, in press-b; Icard, 1986). Clarke (1983) and Smith (1982) cite heterosexual privilege as another determinant of homophobia, particularly among African-American women. Because of the rampant sexism in both dominant and African-American cultures, and the racism in the dominant culture, African-American women often find themselves on the bottom of the racial and gender hierarchical heap. Hence, being heterosexual gives them slightly higher status than being lesbian.

Sexuality represents an emotionally charged issue, intensified by the pejorative sexual myths and stereotypes about African-American men and women. Internalized racism may be seen as another determinant of homophobia among African Americans, particularly for those who have internalized racist stereotypes of sexuality. Such individuals may harbor an exaggerated need to demonstrate their "normalcy" (Clarke, 1983; deMonteflores, 1986; Gomez, 1983; Greene, 1986, in press-b; Poussaint, 1990). Hence, gay men or lesbians may be experienced as an embarrassment to the African Americans who perceive themselves as inferior (Poussaint, 1990). Dyne (1980) suggests that homophobia may also represent a reaction to the perceived shortage of marriageable men in African-American communities and the perceived importance of continued propagation of the race.

The studies of Bell and Weinberg (1978), Bass-Hass (1968), and Mays and Cochran (1988) are among the few that include all or significant numbers of African-American gay and lesbian respondents. Among their findings, African-American lesbians were seen as more likely to maintain strong involvements with their families, to have children, and to depend to a greater extent on family members or other African-American lesbians for support than White lesbians. They were also observed to have continued contact with men and with heterosexual peers to a greater extent than their White counterparts. African-American men were noted to derive less benefit from the White gay and lesbian communities than their White counterparts. Afri-

can-American gay men and lesbians were observed to have a greater likelihood of experiencing tension and loneliness but were deemed less likely to seek professional help. These findings suggest that group members may be more vulnerable to negative psychological outcomes.

Despite the acknowledged homophobia in the African-American community, African-American gay men and lesbians claim a strong attachment to their cultural heritage and to their communities and cite their identity as African Americans as primary (Acosta, 1979; Mays, Cochran, & Rhue, in press). They also cite a sense of conflicting loyalties between the African-American community and the gay and lesbian community, when confronted with homophobia in the African-American community. There may be realistic concern about rejection by the community if gay or lesbian sexual orientation is known (Dyne, 1980; Greene, in press-b; Icard, 1986; Mays & Cochran, 1988).

### Native Americans

Like other ethnic groups united under one name, Native Americans represent hundreds of different tribal groups, cultures, and languages. Common to many tribes is the importance of spirituality, family support, and continuing the existence of the tribe (Sears, personal communication, May, 1992). Motherhood is an important role for Indian women, because children are seen as the future of the tribe. Despite this, there is not a great pressure to marry, and many lesbians have children (Sears, personal communication, May, 1992). Any understanding of sexuality among Native Americans must take their colonization and the influence of Western religion into account, as it often had the result of suppressing and altering traditional cultures and obstructing their transmission (Weinrich & Williams, 1991). Still, in this context, sex was not discussed openly but was accepted as a natural part of the world and a gynocentric culture (Allen, 1984; Sears, personal communication, May, 1992).

Allen (1984) and Williams (1986) wrote that, in precolonial Native American tribes, physical anatomy was not inextricably linked to gender roles and that mixed-gender or alternative-gender roles were accepted within Native American tribes. Individuals whom we may consider androgynous by today's standards were highly valued and viewed as people who combined aspects of masculine and feminine styles in one person spiritually as well as in personality traits and behaviors (Weinrich & Williams, 1991). Similarly, women who preferred engaging in activities that were usually performed by men were accepted.

Contemporary Native Americans, particularly on reservations, are less accepting than their ancestors in part as a function of internalized oppression and a loss of contact with traditional values (Sears, personal communication, May, 1992; Williams, 1986). Hence, Native American gay men and lesbians may experience more pressure to be closeted if they live on reservations than not, prompting many to move to larger, urban areas (Sears, personal communication, May, 1992; Williams, 1986). The degree of acceptance of a gay or lesbian sexual orientation may be a function of the religious group that was involved in colonizing a particular tribe (Sears, personal communication, May, 1992). The move away from the reservation, however, may result in the

experience of a loss of culture and support from family and other Native Americans and may precipitate feelings of isolation (Sears, personal communication, May, 1992).

Gay men and lesbians may be found among many other ethnic groups, but they remain even more invisible than those discussed here. Gay men and lesbians who identify with the cultures of India and Pakistan find themselves confronted with many psychological tasks that are similar to other visibly ethnic gay men and lesbians. However, members of this group are markedly heterogeneous and do not necessarily identify with members of other ethnic minority groups in the United States, nor do they all view themselves as people of color. Vaid (Meera, 1993) observed that many Indians see Britain as their mother country and see themselves as White. The therapist who treats members of this group must consider the psychological demands made of people who are viewed as people of color, literally because of the color of their skin, but who do not experience themselves as members of ethnic minority groups who are socialized in the United States.

Bearing some similarity to Asian cultures, gender roles are clearly delineated among Indian families, and obedience to parents is expected. Sexuality is not discussed openly, and anything that departs from heterosexuality may not be discussed at all (Chasin, 1991; Jayakar, in press). Marriages are frequently arranged by parents on the basis of their assumptions about what is good for the families, rather than what is good for the individuals involved. According to Jayakar (in press), women are expected to conform to their surroundings as a fluid conforms to the shape of the vessel that contains it, and, for the most part, they are expected to derive their power in the family as the mother of a son. Indian lesbians and gay men, however, are virtually absent from the psychological literature and much of what is available is in the form of independent film and popular literature (Namjoshi, 1992; Ratti, 1993; Singh, 1991).

### Treatment Implications

#### *Countertransference Dilemmas*

Gay and lesbian sexual orientations, racial differences, and the social conflicts that surround these matters are issues that most people have intense feelings about. Psychotherapists are no exception. The sensitive treatment of the ethnic-minority gay or lesbian client brings those provocative issues together in a profound way and raises a range of challenges to psychotherapists.

Initially, the therapist must be culturally literate in their familiarity with the broader characteristics of the client's culture as well as the special needs and vulnerabilities of gay and lesbian clients. Most graduate training programs do not routinely offer training in either area; therefore, therapists must be willing to seek such training elsewhere. This may be accomplished by combining attendance in special workshops or classes with individual or group supervision by clinicians who have training in both respective areas. Failure to do so can result in less than adequate treatment for clients.

The interaction between culture and sexual orientation is dynamic and encompasses two major dimensions around which people organize their assumptions about who they are in the

world. In therapy, separating issues of culture, sexual orientation, the interactive results of both, and mechanisms developed to adapt to both stressors is a complex task. The therapist who has not taken the time to fully explore the manifestations of these dilemmas will find it difficult, if not impossible, to unravel them successfully. This includes a personal examination of the therapist's personal feelings and responses to ethnic-minority clients, gay men and lesbians, and, of course, their own sexual orientation and ethnicity. The therapist must also be aware of the stereotypes and beliefs about ethnic minorities and about gay men and lesbians that they have internalized without question. These variables may, if unexamined, predispose the therapist to make a range of inaccurate assumptions about clients and their experiences.

Heterosexual therapists who are insecure in their own feelings about sexual orientation or who expect gay and lesbian clients to be preoccupied with sexual matters may be predisposed to have greater expectations of eroticized transferences from clients of the same gender as the therapist. If the therapist has a personal need to see such transference, they may tend to overlook or minimize issues that are of greater importance to the client. For the insecure heterosexual therapist, such transference reactions may be frightening and may be perceived as a threat to the therapist's own sexual orientation. If therapists fear that such transference reactions will occur, they may tend to overlook them or avoid appropriate explorations of material that may expose such feelings in the client as well as the client's direct expressions of such material. Heterosexual therapists who lack a sense of security about their sexual orientation may also find themselves "leaking" personal information to the client, particularly in the midst of eroticized transference reactions, presumably to let the client know that they are not gay or lesbian, when they are generally neutral about such matters.

Most therapists struggle with the delicate balance involved in urging an ethnic-minority gay or lesbian client to assume greater personal responsibility, when appropriate, without seeming insensitive to the realistic barriers of heterosexism and ethnic discrimination. The therapist errs, however, if feeling sorry for the client or admiring the client leads to a tendency to avoid setting appropriate limits in treatment or calling the client's attention to their own role in their dilemma. Such a therapist may feel uncomfortable when more than support and validation for the client's struggle with discrimination is warranted.

Therapists who are White and heterosexual may inadvertently find themselves bending over backward to accommodate the ethnic-minority gay or lesbian client, failing to set appropriate limits or behaving in ways that they would not for other clients. Such behavior may be evoked in therapists if the client makes them feel guilty, angry, uncomfortable, or incompetent. There may be a need to compensate the client in some way for the therapist's feelings of inadequacy. The therapist may also feel guilty about their membership in two dominant and oppressive groups and seek to compensate the client by being indulgent. Of course, this is never helpful to the client and is motivated by the therapist's guilt rather than by a genuine concern for the client's welfare.

White (personal communication, February, 1993) observes that sexual behavior, like any other behavior, may be seen as a vehicle for communicating feelings and as such warrants explo-

ration in therapy. It is not unusual for the gay or lesbian client to express reluctance or refusal to explore this area with a heterosexual therapist. Such reluctance is understandable, as many gay and lesbian clients have accurately experienced such inquiries as voyeuristic on the part of homophobic therapists. It is important to be sensitive to the client's feelings about making such disclosures; however, that does not mean that the material should go unexplored. It is the therapist's responsibility to earn the client's trust and assist clients in understanding the importance of such inquiries. It may be helpful to assist the client in understanding who they find sexually exciting and why. The heterosexual therapist, however, may respond to the client's reluctance by avoiding any further exploration of the material. Although they may view this as respecting the client's feelings, the therapist must ask if this is really in the client's interest or if it serves another purpose. It may serve the therapist's need to avoid what the material may elicit in them or the need to avoid challenging any of the client's assumptions or perceptions. This may arise out of some irrational fear of what the client may do in response or the therapist's guilt about not gratifying the client. For example, the therapist may fear that, if the client is confronted and leaves therapy, it would reflect badly on the therapist. Hence, the therapist's insecurity about treating this type of client and the anxiety that he or she may terminate treatment can cripple the therapist in the ability to appropriately challenge and explore the client's feelings.

White heterosexual therapists may have difficulty understanding and accepting the realistic barriers imposed by racism and homophobia in the client's life. They may respond to this difficulty by attempting to move too quickly past such communications by avoiding, dismissing, or minimizing their importance. Although clients can use problems associated with race and sexual orientation to avoid an exploration of more painful material, the realistic magnitude of life stressors associated with these dimensions cannot be underestimated; these stressors warrant the same respectful attention in the therapy as intrapsychic explorations.

The gay or lesbian therapist who is also a member of an ethnic minority may be predisposed to certain countertransference dilemmas. The most obvious is observed in the therapist who is overidentified with the client and, as a result, tends to overlook or minimize psychopathology. The therapist may attribute all of the client's problems to the barriers that result from ethnicity and sexual orientation, rather than explore other significant aspects of the client's personal life.

The ethnic-minority gay or lesbian therapist may face additional issues related to the maintenance of therapeutic boundaries. The therapist is faced with the challenge of maintaining appropriate distance without seeming aloof and disinterested. This is complicated by the tendency for some ethnic-minority gay and lesbian clients to harbor idealized expectations of the therapist and of therapy. There may be a tendency to presume that the therapist knows exactly how they feel because they are the same and will not need to ask questions or explore issues related to ethnicity or sexual orientation. Such assumptions may be flattering, but the therapist must be careful not to reinforce such beliefs. Blind acceptance of these assumptions can cut off exploration rather than facilitate it and may reflect the

therapist's need to substitute "social" discussions for therapeutic inquiries.

Gay and lesbian clients who are members of ethnic minority groups may be vulnerable to isolation and estrangement. Therapists who are members of these groups are no exception. Ethnic-minority gay and lesbian therapists must be sure that they have developed support networks of peers and colleagues and adequate social and emotional supports in their own lives lest they inadvertently seek to gratify these needs from their client counterparts. In this scenario, it can become tempting to view clients as potential social acquaintances, friends, or lovers. This is particularly true when therapist and client share important attributes or life experiences and when they are members of minority groups in the midst of hostile environments. To do so, however, the therapist engages in the unethical practice of abdicating their primary role and responsibility to the client in favor of gratifying their own personal needs. Furthermore, client requests for such contacts or relationships do not relieve therapists of the responsibility for the negative effects of such behavior on clients. The failure to appropriately maintain boundaries in this area can effectively undermine the client's treatment.

### *Mental Health Issues*

Ethnic-minority gay men and lesbians exist as minorities within minorities with the multiple levels of oppression and discrimination that accompanies such status. They bear the additional task of integrating two major aspects of their identity when both are conspicuously devalued; their sexual orientation may be devalued by those closest to them. Most are socialized in their respective ethnic communities with strong ties to families of origin as well as extended family, before becoming aware of a gay or lesbian sexual orientation, in complex networks of interdependence and support. Members of ethnic minority groups receive a positive cultural mirroring during development, usually but not exclusively through their families. This helps to buffer the demeaning messages of the dominant culture. Ethnic-minority gay men and lesbians also learn a range of negative stereotypes about gay and lesbian sexual orientations long before they know that they are gay or lesbian themselves. The subsequent internalization of these negative attitudes, gleaned from loved and trusted figures, complicates the process of gay or lesbian identity development and self-acceptance.

Regardless of the specific ethnic group to which they belong, they must manage the dominant culture's racism, sexism, and its heterosexism. They must also manage the sexism, heterosexism, and internalized racism of their own ethnic group. For most gay and lesbian members of ethnic minority groups, their ties to their ethnic communities are of great practical and emotional significance. They may be important havens against racism, as well as important sources of support. The homophobia in these communities makes gay and lesbian members more vulnerable and perhaps more inclined to remain closeted and, hence, invisible within their ethnic communities (Chan, 1992; Espin, 1984; Greene, in press-a, in press-b; Mays & Cochran, 1988; Morales, 1992). How important these ties may be to an individual client may vary depending on the degree of attach-

ment to cultural roots and degree of acculturation (Falco, 1991). The appropriate, intense ties to ethnic community may complicate the "coming out" process for ethnic-minority gay men and lesbians in ways that they may not for White gay men and lesbians. Decisions about coming out to family members is already fraught with anxiety for most gay men and lesbians; however, for ethnic-minority gay men and lesbians, there is an additional risk. They may not presume acceptance by the broader gay and lesbian community.

Just as sexual orientation oppression creates greater stressors for lesbians when compared with heterosexual women, the combined effects of racism, heterosexism, and for lesbians, sexism, create intense stressors for ethnic-minority gay men and lesbians (Morgan & Eliason, 1992). Gonsiorek (1982) discussed the anxiety-provoking nature of the coming-out process and the tendency for such anxiety levels to result in the expression of behaviors or feelings that may resemble symptoms of severe psychopathology. He cautioned against misinterpreting these symptoms and suggested that they may be indicators of the acute stress of coming out rather than signs of underlying psychiatric disorder. The same advice would hold true for ethnic-minority clients. The stress of coming out may be particularly intense for members of minority groups, because they must manage multiple oppressions, but these individuals often bring unique resources and vulnerabilities to this task. Ethnic-minority group members, unlike their White counterparts have often been forced to learn useful coping mechanisms against racism and discrimination. When confronted with managing other devalued aspects of their identities, they may call on the mechanisms used against racism to assist them. The problem occurs when previously learned coping mechanisms are maladaptive or self-destructive; hence, clients in this category are perhaps more vulnerable to the development of serious pathology. Other variables include not only the mere presence of other stressors but their intensity and the amount of daily, routine attention as opposed to intermittent attention they warrant. There is no empirical data with significant numbers of ethnic-minority gay men and lesbians included to justify more than clinical speculations in this area; however it may be safe to say that it is somewhat easier for White gay men and lesbians to be "out" than for their ethnic-minority counterparts. Further research is needed.

The quiet toleration observed in many ethnic-minority families is nonetheless marked by denial and the need to view gay and lesbian sexual orientations as something that exists in and belongs to the dominant culture, outside of their own culture. The concept of gay and lesbian sexual orientations as diseases acquired from Whites or postures that are culturally dystonic is a common belief among ethnic-minority group members. Tremble et al. (1989) suggested that attributing gay or lesbian sexual orientation to some outside source may enable some families to accept a family member while removing themselves or that family member from any perceived sense of responsibility. Members of ethnic-minority communities often view identity as if it were a singular entity. Identification with one's ethnic group is often perceived as if it were dichotomous or as if it mutually excluded other aspects of identity. Hence, being gay or lesbian is often viewed as a volitional repudiation of one's ethnicity.

Ethnic-minority gay men and lesbians find themselves con-

fronted with racial stereotypes and discrimination in the broader gay and lesbian community. With the exception of large cities, most minority communities are not large enough to maintain a distinct gay and lesbian subculture of their own (Tremble et al., 1989). Hence, interactions with members of the dominant gay and lesbian community become important outlets for social support and for meeting others. However, ethnic-minority members commonly report discriminatory treatment in gay and lesbian bars, clubs, and other social gatherings within the gay and lesbian communities (Chan, 1992; Dyne, 1980; Garnets & Kimmel, 1991; Greene, in press-a, in press-b; Gutierrez & Dworkin, 1992; Mays & Cochran, 1988; Morales, 1992). Many people report feeling an intense sense of conflicting loyalties to two communities where they are marginalized in each community and are required to conceal important aspects of their identities to survive in each.

Ethnic-minority gay men and lesbians frequently experience a sense of never being part of any group completely leaving them at greater risk for isolation, feelings of estrangement, and increased psychological vulnerability. When in the midst of groups of people like themselves, there may be an idealization of group members. What follows is the expectation of a level of similarity, acceptance, being liked, and being understood in ways that never quite live up to the fantasy. Hence, a client may experience an awful sense of aloneness or disappointment or a heightened sense of not fitting in anywhere when these environments fail to meet all of their unrealistic expectations. Although the variance within these groups may be as wide as the variance outside of them, it may be concealed by similarities on the surface that are of great import.

Some clients, with more serious preexisting psychopathology may tend to idealize people who are like them and devalue people who are not like them, rather than make judgments on a person-to-person basis. In some clients, this may reflect a particular stage of gay or lesbian ethnic-minority identity development. However, it may also represent the client's own deeply rooted sense of self-hate. In any case, such a stance increases the client's difficulty getting support from the outside world by restricting the range of people from whom it may be obtained and often fuels a self-fulfilling fear of being unable to get support. In more seriously disturbed clients, this phenomenon of idealization and devaluation may rapidly alternate. The client will idealize then rapidly devalue the same part of themselves, and if known, that same part of the therapist. Ethnicity and sexual orientation are overdetermined characteristics for idealizing and devaluing stances, and such behavior may be most acute during the coming-out period or at other times of crisis.

### Summary

There is the potential for negative effects on the health and psychological well-being of gay men and lesbians who are members of ethnic minority groups. However, research on predominantly White middle-class gay men and lesbians will obscure many of the issues relevant to ethnic minority group members. It is important for mental health practitioners to be aware of the unique combinations of stressors and psychological demands impinging on members of these and other ethnic groups, particularly the potential for isolation, anger, and frustration. Aside

from being culturally literate, the practitioner must develop a sense of the unique experience of the client with respect to the importance of their ethnic identity and sexual orientation and the need to establish priorities in an often confusing conflict of loyalties.

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