Lessons Learned as a Lesbian Clinical Social Worker: Implications for Social Work Students, Practitioners, and the Profession

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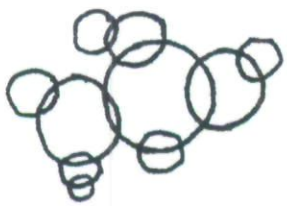
Despite social work's consistent efforts to dismantle unjust systems that oppress individuals, we have not yet been able to eradicate all discriminatory practices within our own social work institutions. In this narrative, the author reflects on practices that present obstacles for those that are gay, lesbian, bisexual, transgendered, and questioning (GLBTQ) as they specifically relate to social work students, practitioners, and clients. Through her own narrative, the author illustrates situations in which she experienced and witnessed overt discrimination of GLBTQ individuals as well as subtle barriers within social work settings. The implications for social work students and practitioners as well as the profession as a whole are discussed, and recommendations for changing these conditions are made. If we are to speak truly for those whose voices are silenced, degraded, or ignored, we must remain open to criticism from within our own profession so that all voices continue to be heard.



Introduction

As a new social work doctoral student, I am constantly engaged in conversations about how our profession is responding to the needs of the oppressed, particularly during these difficult political times. Conversations also focus on remaining open and accepting of diverse clients. During these dialogues, I often find myself reflecting upon my experiences as a mental health therapist. Contrary to what my experience has been in graduate school, both at the master's level and now at the doctoral level, I was surprised by how similar conversations with other mental health therapists and administrators often left out the needs of the gay, lesbian, bisexual, and transgender community (GLBT). As a feminist lesbian practitioner, I find this very disconcerting. Even more disturbing are the more overt obstacles that I faced as a practitioner trying to advocate both for the GLBT community and for me.

In this narrative, I will illustrate the difficulties that I faced as a lesbian practitioner as well as my struggles in trying to advocate for GLBT clients in social work settings. While I am critical of how the profession is attempting to meet the needs of the GLBT community, I am also optimistic that this article will foster insight and dialogue on this issue. If we make experiences such as mine visible, we can take action to stay in line with our profession's mission. Moreover, I hope that this article will reach social workers who are currently facing similar difficulties and remind them that they are not alone. Finally, I wish to illustrate how our profession continues to struggle to meet the needs not only of diverse clients but also of diverse professionals.

Leaving the Safe Zone and Entering the Field

During my days as an MSW student, I was very impressed with the amount of support available for GLBT students as well as various educational and social action opportunities for straight allies. The GLBT student group was particularly active and supportive of individual and collective concerns. Walking through the hallways, I could see pink triangles in some of the faculty members' offices. GLBT students would talk in our courses about their struggles of deciding whether to be "out" at their practicums, with their clients, and with their colleagues. It was during this time that I began questioning whether I might be bisexual or gay. In hindsight, I believe the high visibility of the GLBT community within the school prompted deep introspection and provided a sense of safety for exploring this new identity.

Shortly after I graduated with my MSW, I came out to my friends and family as queer.

As an aside, I refer to myself as any of the following: queer, bisexual, lesbian, and gay. I often use the word "queer" because of the fluidity it allows, since, while I consider my overall orientation to be bisexual, I have chosen to be in only lesbian relationships since coming out. It was during this same period that I accepted my first clinical position in the northeast. Looking back, I think I was so excited about this new personal and professional journey, as well as being still somewhat naïve and idealistic, that I did not even consider that being queer would be an issue in my new job. Unfortunately, this was not the case.

A few months into my position, I realized that my assumptions about the organization were seriously misguided. I was providing counseling to youth in a residential facility, some of whom disclosed that they had been "caught" experimenting with other youth of the same sex. I did not self-disclose that I was gay because I did not feel it would be beneficial to them at that juncture; however I did explore their feelings about their experiences as well as ask about how their staff had responded to them. I was startled to find that the non-clinical staff in charge had given them consequences because they had engaged in "immoral" behavior. Notably, those youth who engaged in heterosexual experimentation also received consequences; however, the label given to those youth was that of "defiant" rather than that of immorality. I was even more confused when both my clinical and administrative supervisor dismissed my concerns, asserting that the behaviors of the youth were clearly inappropriate for that particular time and place while minimizing the remarks made by the staff regarding the morality issue. Both negated that the youth might actually be lesbian or bisexual and rather indicated that the youth were sexually acting out because of their past trauma experiences. Other social work colleagues concurred and encouraged me to let it go, stating that while they acknowledged that some of the non-clinical staff had particular feelings about homosexuality, it really was the behavioral issue of the youth that needed to be addressed. Consequently, I dropped the matter.

About a month later, my partner and I ran into a group of my clients who were on an outing in a nearby community. I immediately dropped my partner's hand and tried not to engage with them as a way to protect their own identities as clients as well as my own identity as a lesbian. I remember feeling confused and anxious, wondering why I was scared to let them know I was gay. I was also preoccupied with thoughts about whether they suspected and how this might come into our therapy sessions. As I expected, about a week later, one of my clients began asking me pointed questions about my wall posters, suggesting that they all had "rainbow" coloring, and finally asking me about my "friend" who had been with me that night. Because this client was notorious for trying to find ways to deflect attention away from herself in therapy sessions, I did not feel compelled to disclose or even address her questions, other than to ask the motivation behind the questions. However, this interaction did let me know that the youth did know or at least suspect that I was gay.

Consequently, I took this problem to my clinical supervisor, a social worker, and asked what she thought I should do in this situation. She minimized the situation, suggesting that the youth would move on to something else soon enough. I did not find this response particularly helpful. Therefore, I asked her what she thought would happen if I either self-disclosed to those clients where I thought it might be beneficial or addressed the issue in a less direct way, such as bringing my partner with me to a facility function, one in which residents, staff, and their spouses or significant others would also be attending. My clinical supervisor told me in no uncertain terms that she did not think either choice would be wise because there would be some in the organization who would not support it and that I would be taking a risk professionally by coming out. She advised that I give it some serious consideration, but that she would support me in any way she could, which I found reassuring.

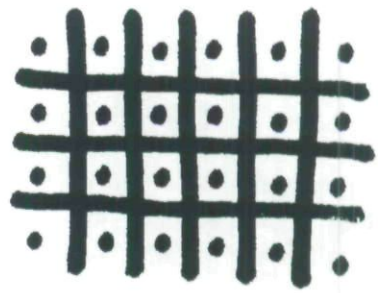
About two weeks later, I received a message from my clinical supervisor saying that she and my administrative supervisor, who

was a psychologist, wanted to meet with me during my usual clinical supervision time. Although she had not stated the reason for this change, I was immediately apprehensive. At the scheduled time, I went to my clinical supervisor's office where we often held our meetings. She informed me that instead we would be meeting in my administrative supervisor's office. I have to admit that within a matter of minutes I became very emotional and began to cry. My administrative supervisor told me that I was walking a very scary and difficult path, and that if I chose to disclose my sexual orientation, either by self-disclosing or showing up with my "friend" at a function, I would be "let go" from the agency. The part that still enrages me is that she justified this decision with a clinical rationale. She stated that if I were "out" at work, my clients, all of whom came from abuse and neglect situations, and most of whom had experienced some form of trauma, would become even more traumatized and therefore more likely to engage in risky behaviors. She claimed that the youth were not "ready for this kind of diversity." Thinking back on it, I believe I said nothing during the whole meeting. My clinical supervisor had sat there and offered no support of any kind. I remember leaving feeling very humiliated and very alone.

The next day, I handed in my two-week resignation. I knew that despite working in my chosen area of interest with other social workers, I did not belong in an organization that could allow such oppressive policy structures and administrators to exist. I felt very guilty, as if I were abandoning my clients and letting the organization "win" so to speak. I felt frustrated and let down that while my social work colleagues privately affirmed that they disagreed with what was happening, none of them would speak out against the administration. My partner told me that she was not surprised by this level of passivity. She gently reminded me that after all, in this state, as it is in many states, it was not illegal to discriminate on the basis of sexual orientation in the workplace. I had no viable recourse.

Through all struggles come growth, and through this particular ordeal I became very aware of where my line was in terms of what I was willing to do and who I was willing to "be" in the workplace. I came to realize that I could no longer ignore how central my personal identity as a feminist and as a lesbian was to my professional identity as a social worker. At first, I was concerned that I did not know how to *be* a feminist, lesbian clinical social worker. After some reflection, I understood that it meant that I could be present and authentic with my colleagues, my clients, and myself.

Following this experience, I disclosed in interviews with potential employers that I was a lesbian and informed them that I needed to be at an organization that would support me as a lesbian practitioner. Fortunately, every agency I interviewed with was very open and affirming. They all reassured me that they encouraged professional diversity in their organizations. I was happy to land at a community mental health center with an incredibly supportive administrative and clinical staff. It was a completely different experience from my first position. My identity as a lesbian was embraced and celebrated, as were the gay and lesbian identities of the agency's clients. I also allowed myself to let go of some of my guilt from leaving the last agency. I did this by retelling my story to others and to myself in a way that removed self-blame and placed the responsibility on the administration and how they conducted themselves.



Advocating for GBLT Clients

I became more cognizant after my initial negative experience of how social work organizations were responding to the needs of GLBT clients. When I relocated to a different social work setting in the Midwest, I became aware of a particular gap in the service

provision of my organization. When I specifically asked team members about GLBT clients, they admitted that there was a gap in service provision for this population. Yet my impression from various clinicians and supervisors was that there was no one ready to initiate the necessary changes within the agency. After considering the social and political milieu of the agency, I decided to be the one to take the first step.

I spoke with my colleagues and my supervisor about starting a processing group for youth that were gay, lesbian, bisexual, transgender, or questioning (GLBTQ). I received positive feedback and was encouraged to submit a proposal for the group to the clinical director. My understanding was that the process for starting a new group was very informal, in that the administration usually reviewed the proposal quickly and on most occasions gave full support to proceed. In this case, the process turned out to be more challenging than I expected.

The clinical director responded to my proposal, indicating that in order to proceed with the group, I would need to present my proposal, along with current research supporting the benefits of a GLBTQ youth support group, to all of the upper management staff as part of their regular committee meeting. Their request was surprising; I had assumed that the administration was familiar with the multiple risk factors (i.e., increased risk of suicide attempts, substance abuse, homelessness, physical and emotional abuse, and harassment) as well as the protective factors (i.e., reducing isolation via group processes within school and community settings) associated with GLBTQ youth. (For a thorough review of this subject, please refer to the Suggested Readings list.) I vented my frustration to my clinical supervisor, who told me that this was about politics and not about research or efficacy. He encouraged me to stay committed to my goal of getting the service approved.

Heartened by my supervisor's support, I went to that meeting nervous but determined to secure the service for GLBTQ youth. I answered their questions, most of which centered on how I would take the necessary precautions to draw as little attention to the group as possible. They also wanted to know how I would involve parents with the group to minimize the likelihood of any parent becoming angry at the agency for providing a service that the parent did not approve of for his/her teen. I reminded them that for all of our services, individuals aged fourteen or above could consent to their own treatment. I also reassured them that I would take referrals only from clinicians who talked about the group with the client first and then if appropriate, discussed the group with the parent or guardian to ensure that all parties agreed. The staff asked me what I would do if people came and picketed the organization. I responded that I would ignore the picketers but that I was highly doubtful that our group would bring about so much attention. I tried to be as low key as possible, often replying that I would address any difficult situation in a similar fashion to how we would handle other groups. I also emphasized that I had the support of my supervisor and that I would utilize him throughout the process. Finally, after what seemed like a very long hour, they were satisfied with my presentation and gave me permission to proceed with the group.

Although I felt elated after the meeting, I also felt indignation at the whole process. From talking with other clinicians, such a rigorous and lengthy process was unheard of to them. Still, I went ahead, assuming that the path in front of me was clear. Considering that our agency served some 3,000 youth, I was discouraged that after a month of trying to get referrals, I had fewer than ten names given to me. It appeared that many clinicians either were uncomfortable broaching the subject with their clients or were not tuned into issues around sexual orientation. I saw this as an opportunity to reach out to clinicians and encouraged colleagues to engage in dialogue with their clients and speak with me if they had any questions or concerns. On the positive side, I received a few encouraging emails from both the clinical and non-clinical staff who said that they were happy to see someone taking the initiative and that GLBTQ youth were in desperate need of attention and services.

I finally decided that I would proceed with the referrals I was given, knowing that it was the beginning of a bigger process. I had never facilitated a group with this particular population, so I chose to work with a co-facilitator who had conducted several groups within this agency. The co-facilitator was a young, bisexual female of color who brought enthusiasm and knowledge on this topic. Together we had an incredibly challenging and rewarding experience. All of the youth brought their own stories of frustration and confusion as well as excitement and joy. Our group went through the typical stages of group development (for more information see Garvin, Gutierrez & Galinsky, 2004). We had power struggles and periods of silence and awkwardness in the beginning, with a shift towards the middle and end of the process of speaking honestly and openly about issues related to coming out, sexual discovery, risky behaviors, and dealing with oppression in their families, schools, and communities. When I asked them what they liked best about the group, they all said that they were glad to have a place to come where they were not labeled as "freaks," but just kids hanging out with other kids who were like them. Building a sense of community for a few hours a week at least gave them some breathing room to explore their growing identities.

Implications for Social Work Students and Practitioners

Illustrating my experiences creates an opportunity for self-empowerment, for validating other similar experiences, and for reflecting upon and understanding implications for the social work profession. There are important lessons to learn from my experiences regarding the implications for GLBT social work students and practitioners and for the social work profession.

GLBT Social Work Students and Practitioners

For those of us in social work that are GLBT, there are certain issues that we must face whether we do them as students or as practitioners. As students, we may face these issues together or we may face them alone. There may be supportive structures and individuals to promote the formation of a GLBTQ and allies group, or the environment might be too stifling for this to occur. We may have opportunities to choose a practicum with a GLBT emphasis, or there might not be any practicum options available with that focus. Faculty members who are GLBT and "out" serve as valuable support systems to GLBT students. While I support GLBT faculty members' rights not to be out, they should be aware that by doing so, they close off valuable support systems to students.

Despite best efforts, social work educational institutions are still at risk for maintaining heterosexist structures and cultures. We must recognize the subtle yet oppressive nature of assumed heterosexuality in what we presume about our classmates, our professors, and our clients. We need to examine closely whether what we read, discuss, and agree on is free from heterosexism. As GLBT students, we must prepare ourselves for the possibility of interacting with students who have few opinions about gay issues because of having little to no exposure to GLBT individuals. There may be students who are uncomfortable with GLBT populations but are trying to grow more tolerant. And there will certainly be straight allies who will walk with us in our journey. Connecting with staff, faculty, and students who are supportive and who take part in social action opportunities and dialogue groups can be reaffirming.

Making the transition from a student to a professional is a large step. As a doctoral student, I talk freely with my professors, colleagues, and fellow students about my partner and about being queer. The ideal situation would be that moving into a professional position would be little different. However, as my experience illustrates, this is not always the case. In hindsight, I wish I had considered two main issues. First, how do I address my needs as a lesbian when deciding where to work? Second, how do I deal with self-disclosure with my colleagues and clients? The first seems clear to me now that I have been through several interviews for various social work positions, consistent with the

perspective that during an interview not only being are we being interviewed but we are interviewing the organization as well. It is imperative that we ask questions relating to the organization's policies and culture pertaining to GLBT staff and clients. Before accepting a position, I would recommend inquiring about their non-discrimination policy in hiring and firing; asking about partner benefits; posing how they support GLBT staff around issues of harassment; soliciting information on how they foster a queer-friendly culture within the agency; and finding out how they provide targeted services for GLBT clients and their specific needs.

The second issue around self-disclosure with colleagues and clients is more subjective and situation based. Regarding self-disclosure to colleagues, again I think we must consider that not all of our social work colleagues will be aware of GLBT issues or will feel comfortable working with GLBT individuals. To some extent, we have an obligation to educate these individuals on what it means to have a GLBT identity as well as salient GLBT issues. Some may ask, "Why must you share or impose your beliefs onto others?" My response is that social workers make a commitment to improve the lives of minority individuals who are oppressed and with that comes an implicit acknowledgement that there is a willingness to learn from others on how to better understand and work with people who are different from themselves. However, we must also consider protecting our own needs. If it appears that self-disclosing and entering into dialogue might cause conflict, it is important to take into account our current position. For example, new employees might rely on colleagues for referrals, for connections, and for support. I would recommend waiting on these discussions until getting settled in with support systems. In other situations, we may have to work closely with colleagues on clinical cases that involve GLBT clients or issues. In such instances, it is imperative that there is a common agreement on what the goals are and how to reach them; it might be helpful to self-disclose at that point if the colleague is missing key insights. Notably, it is not helpful to engage in ongoing heated personal and/or moral discussions to the extent that they take a priority to the client's needs. If this situation arises, it is essential to bring supervisors into the discussion.

In self-disclosing to clients, I believe the decision is best made on a case-by-case basis. As practitioners, we need to be cognizant of how self-disclosure may affect our clients. I rarely disclose that I am a lesbian to clients. As a practitioner, I worked mostly with children and youth along with their families. Clients frequently asked if I was married or if I had a boyfriend, to which I could answer "no" quite easily. In addition, I have had clients, particularly children and adolescents, ask, "Who is that?" when they see my partner's picture on my desk. I feel most comfortable replying that she is "my best friend." Most children and teens can relate to this open affection towards best friends and willingly accept that answer. I have had a few occasions where a parent will be present and give me a questioning look; however, I tend not to respond to such nonverbal cues at that time to avoid disrupting the therapeutic process that is ongoing with the child or youth. In one instance, I did have a client whose parent expressed a very uncomfortable look at this remark; unfortunately, she did not bring her son back to see me or return my calls.

Finally, I have self-disclosed with clients who have confided in me that they are gay, lesbian, bisexual, or questioning. It appears that self-disclosing has enhanced the therapeutic relationship by increasing the clients' sense that I accept them and it allows for openness regarding specific instances of discrimination that they face. I can then present similar experiences of my own, which serve to externalize their experiences. A caveat to remember is that we may encounter GLBTQ clients who have difficulties with emotional and physical boundaries. Self-disclosing may make it more difficult with such clients who are struggling with boundaries. It is essential that we maintain empathy yet stay firm on our boundaries with clients, particularly with youth who may be confused and seeking nurturing and support.

The Social Work Profession

Undoubtedly, the experiences of GLBT students and practitioners vary greatly and while I cannot speak for others, I do see salient implications for the profession. Within the structure and culture of the social work profession, there still exists oppressive barriers that prevent GLBT students, practitioners, and clients from getting their needs met. One of the challenges our profession faces is living up to its high standards of being inclusive and respectful of human diversity in all situations. Through our social work education, we have prioritized the need for students and faculty to build cultural competency skills as well as to maintain a commitment to social justice issues. However, the unfortunate reality is that within the hundreds of accredited social work schools and programs, not every student, staff, or faculty member will be at the same level in regards to his/her skills and ethical position around working with GLBT individuals. Moreover, it may be that some individuals choose not to acknowledge or address their heterosexist and/or homophobic attitudes and behaviors, in which case it is likely that GLBT students, practitioners, and clients will encounter such individuals while either receiving services or working within a social work setting.

The solution is not a simple one; however, I do offer three recommendations for addressing this problem. First, we must continue to place emphasis on developing cultural competence in all areas of social work practice, education, and research. In particular, it is important that social workers who are committed to cultural competence seek out administrative positions, as they will be in a position to support GLBT youth and staff within organizations. We can also do this in minor ways, such as being conscientious about addressing clients who use the word "queer" to describe someone as "stupid"; this has been particularly common with adolescent boys. Just as I would with clients who make sexist or racist remarks, I question the basis for their comment and ask them to consider whether it is helpful to engage in such language and discuss the implications of their remarks on others.

Second, within our social work education programs, we must continue to integrate material into mandatory coursework that includes scholarly writings about and by GLBT social workers and helping professionals. Having an isolated GLBT or diversity course is not sufficient. Third, and most important, we must speak out against subtle or overt homophobic or heterosexist practices, both in and outside the social work arena. It may indeed be a risky endeavor, particularly for students or new professionals who fear that there will be repercussions. Yet what is the alternative? Can we be satisfied to let it go, or leave it for GLBT individuals to fight, while simultaneously embracing the ethical mandates established so clearly in our Code of Ethics? If so, I believe that we will begin to mimic the doublespeak of our current political administration who asks the nation to rally for "family values" and put on bumper stickers that say "united we stand," yet makes considerable efforts to quell any signs of dissonance and instigate fear within those who would attempt peaceful acts of civil disobedience. As a profession, we have worked to combat ongoing issues around racism, classism, sexism, abled-bodism, ageism, eurocentrism, and most recently heterosexism. We must carry that momentum forward even when it is not always comfortable or popular.

Conclusion

To conclude, I would like to offer the words of Bertha Capen Reynolds, one of the radical pioneers of social work, whose words have influenced me during difficult times. Though she wrote these words more than forty years ago as a literal reflection on the previous fifty years of social work, I believe they serve a meaningful reminder of where we have been, where we are now, and where we are headed as a profession. From her words, we draw strength and resolution to stay true to the values and ethics we have held onto for so long. She writes:

> "My beloved profession has been learning much about co-operation. We have come to see that we must

work *with* people to 'achieve their own goals, not the goals of others for them.' Our profession has worked where it could and, in a world often hostile to its ideals, has sometimes suffered loss of its relatedness to the progressive movements of the life of its time. It has not willingly, however, accepted a role exploitive of its clients, or a police function to keep people quiet while they starve slowly." (1963, p. 323)

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