

Using Relational-Cultural Theory in LGBTQQ Counseling: Addressing Heterosexism and Enhancing Relational Competencies

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The authors describe the use of a relational-cultural theory (RCT) lens (Miller, 1976) in counseling practice with lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) clients. A review of LGBTQQ counseling and RCT literature is discussed. A case vignette of a counselor applying RCT tenets to work with a LGBTQQ client is described. Implications for using RCT as a counseling theoretical framework with LGBTQQ clients are reviewed.

Keywords: relational-cultural theory, LGBTQQ, counseling, affirmative, heterosexism

There is a burgeoning field of research on the influence of heterosexism on the mental health of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) people (Grant et al., 2011; Grossman & D'Augelli, 2007). However, there has been less scholarship on the counseling theoretical frameworks counselors may use to address heterosexism in their work with LGBTQQ clients (Patton & Reicherzer, 2010; Singh, 2013; Singh, Hays, & Watson, 2011; Singh, Meng, & Hansen, 2014). Heterosexism is the system of oppression that privileges heterosexual or cisgender identities, whereas LGBTQQ people experience oppression based on their sexual orientation and/or gender identity and gender expression (American Counseling Association [ACA], 2010). LGBTQQ clients often experience heterosexist oppression on a societal level and within interpersonal relationships; LGBTQQ clients may internalize this oppression in the form of negative attitudes and beliefs about themselves as LGBTQQ people (Szymanski & Heinrichs-Beck, 2014). Because these experiences of heterosexism influence negative mental health outcomes for LGBTQQ clients, it is vital to increase conceptual work demonstrating the use of multicultural and social justice theories that counselors may use to explore and counter oppression and enhance resilience.

Relational-cultural theory (RCT) scholars in counseling have written about the important implications this theory has for counseling practice with historically marginalized groups as a result of the emphasis on relational competencies, wellness,

and strengths-based tenets (Duffey, 2006/2007; Trepal, 2010). RCT is a theoretical framework that integrates multiculturalism, intersectionality, resilience, and strengths-based foci into counseling practice (Jordan, 2010) and therefore can be used as a powerful intervention approach to working with LGBTQQ clients. Specific RCT tenets highlight the importance of individual development toward, and as a result of, relational growth, which people acquire through experiences of mutuality (Comstock et al., 2008). Furthermore, RCT tenets assert that richly diverse and multifaceted relational networks are important to mental health and well-being. RCT also underscores the significance of mutual empathy and empowerment through authentic engagement as a means of facilitating growth-fostering relationships (Comstock et al., 2008). RCT surmises that by fostering and engaging in growth-fostering relationships, people increasingly experience personal relational growth and competence, which stands as a primary relational and developmental goal (Comstock et al., 2008). At its foundation, RCT was developed to address how societal oppression increases disconnections for people from historically marginalized backgrounds (e.g., people of color, women, LGBTQQ) through internalized oppression and by creating obstacles to individual and community resilience and thriving (Miller, 1976). Multiculturalism and social justice principles are central principles undergirding RCT (Frey, 2013).

RCT, therefore, provides counselors working with LGBTQQ clients with a theoretical framework to explore how

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experiences of oppression and resilience may hinder or expand relational competencies (Duffey, Haberstroh, & Trepal, 2009) and development across the life span (Comstock et al., 2008) as related to heteronormative society. RCT builds on a feminist counseling approach and expands humanistic principles to allow practitioners an increased focus on the relational connections that are vital to individuals' psychological development and emotional well-being (Miller, 1976). Therefore, scholars have increasingly looked to RCT as a means to draw attention to cultural and contextual factors when building relationships with culturally diverse clients (Frey, 2013; Hall, Barden, & Conley, 2014). The purpose of the current article is to apply RCT tenets to counseling with LGBTQQ clients. In doing so, a review of the LGBTQQ counseling literature and RCT scholarship is discussed. A case study of a counselor working with an LGBTQQ client through an RCT lens is described. The article concludes with implications for RCT counseling practice with LGBTQQ clients.

RCT and LGBTQQ Counseling Competency

LGBTQQ counseling scholars have long called attention to the need for LGBTQQ counseling competence in counselor preparation programs, with special emphasis on the need for counseling theoretical frameworks that assist in conceptualizing how heterosexism is experienced and internalized (Dillon, Worthington, Soth-McNett, & Schwartz, 2008; Israel, Ketz, Detrie, Burke, & Shulman, 2003; Stone, 2003). The minority stress model (Meyer, 2003) was developed to assist with this conceptualization; however, this model does not provide specific theoretically grounded guidance in techniques that counselors may use with LGBTQQ clients to explore how they have experienced minority stress. LGBTQQ counseling scholars have asserted the need for affirmative counseling practice with LGBTQQ clients (ACA, 2010; Harper et al., 2013; Stone, 2003). *LGBTQQ-affirmative counseling* is defined as developing a counselor–client relationship in which the counselor engages in empowerment interventions with clients to explore the influence of internalized heterosexism on their mental health, coping, and overall well-being (ACA, 2010; Harper et al., 2013; Singh, 2010). ACA endorsed counseling competencies for transgender clients in 2010, and the Association of LGBT Issues in Counseling approved counseling competencies with lesbian, gay, bisexual, queer, questioning, intersex, and ally (LGBQQIA) clients in 2013 (Harper et al., 2013; Singh, 2010) and asserted the importance of using theoretical frameworks that attend to multicultural and social justice issues influencing the mental health of LGBTQQ clients.

In doing so, these documents assert the salience of using counseling theories that account for the intersectionality of identities as a key component of LGBTQQ-affirmative counseling (Gold & Stewart, 2011; Singh, 2013). In addition,

recent research on the resilience strategies (Singh, 2013; Singh et al., 2011, 2014) that LGBTQQ people develop in response to discrimination suggests the need to explore and enhance these ways of coping as an important component of LGBTQQ-affirmative counseling. For instance, research well documents the obstacles that LGBTQQ people face in their lives (e.g., employment discrimination, suicidal ideation, homelessness); however, researchers have begun to investigate how experiences such as family acceptance (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010), educational support systems (Toomey & Russell, 2013), and social support, among others, contribute to positive mental health outcomes for LGBTQQ people. RCT tenets support counselor efforts to identify mechanisms of oppression and resilience within the counseling relationship, which increases the ability to build strong, meaningful therapeutic alliances (Owen, Tao, Leach, & Rodolfa, 2011). RCT also asserts the importance of multiple cultural identities and counselor–client exploration of societal oppression (Miller, 1976). Specifically, scholars have suggested that successful counseling must include culturally responsive and empathic communicative exchanges that engage techniques grounded in RCT ideals (Duffey & Somody, 2011).

RCT, therefore, provides counselors with guiding principles for multicultural and social justice-informed practice with LGBTQQ clients (Comstock et al., 2008). Although outcome research on RCT has been nascent (Frey, 2013; Oakley, Addison, & Piran, 2004; Tantillo & Sanftner, 2003), empirical work examining the effectiveness of RCT practice with diverse clients has been conducted. For instance, RCT has been studied with urban and suburban youth of color (Spencer, Jordan, & Sazama, 2004) and mothers considered at-risk (Paris & Dubus, 2005). RCT tenets include the significance of interdependence and the central influence of growth-fostering relationships on mental health, and RCT counselors are called upon to develop deep self-reflection on personal experiences of privilege and oppression in addition to acquiring the knowledge and skills to work with various cultural groups (Jordan, 2010). Therefore, counselors may use RCT tenets to develop a sound multicultural and social justice conceptualization of the heterosexism experiences that LGBTQQ people have and the oppression they may have internalized (Frey, 2013). Using RCT, the counseling relationship has the potential to extend beyond a place of support and empathy for LGBTQQ clients to a space of empowerment, healing, and transformation, as a result of the mutually empathic and growth-fostering nature of the client–counselor relationship (Russell, 2009).

RCT Tenets Useful for Counseling LGBTQQ Clients

Significant elements of RCT provide worthwhile principles for counselors working with clients who possess unique and

diverse needs (Miller, 1976). Specifically, Comstock et al. (2008) highlighted major components of RCT that drew attention to processes of psychological growth and relational development, including the following: (a) Throughout the life span, individuals grow within and toward relationships; (b) developed functioning is qualified by demonstration of mutuality; (c) psychological growth is punctuated by participation in complex and diversified relational networks; (d) growth-fostering relationships are reliant upon mutual empathy and empowerment; (e) genuine engagement is necessary for facilitating growth-fostering relationships; (f) individuals experience growth as a result of fostering and participating in the development of growth-fostering relationships; and (g) increased relational competence exists as the primary developmental goal. Using RCT tenets when working with LGBTQQ individuals allows counselors to create a space of mutual growth and client empowerment, which functions counteractively to that of traditionally heteronormative cultures (Russell, 2009). The major tenets that may be used in LGBTQQ counseling are described below.

Cultural Complexity

RCT maintains that systemic, societal, and cultural contexts affect each person's ability to engage in authentic relational connection with others. In a society where heterosexuality and the gender binary is dominant and therefore privileged, RCT offers counselors a theoretical framework which functions as a structure for targeting obstacles to mutuality encountered in diverse relational contexts and networks (Jordan, 2010). Furthermore, tenets of RCT empower LGBTQQ clients and counselors to analyze the clients' experiences to deconstruct heterosexism barriers beyond the counseling sessions (Comstock et al., 2008; Duffey, 2006/2007).

Because decreased emotional health and membership of a historically marginalized group are empirically linked, the psychological health of LGBTQQ persons is precarious in heteronormative cultures (Russell, 2009). Given the relational dilemmas heteronormative cultures create, RCT provides an appropriate theoretical lens through which counselors can conceptualize their work with individuals who identify as LGBTQQ and experience devaluation, resulting in atrophied relational connection. However, counselors operating from an RCT paradigm acknowledge and seek to understand the complex manner in which elements of relational disconnection have developed and continue to exist within a complex cultural context.

Condemned Isolation

As a result of functioning in a heteronormative society, LGBTQQ clients may experience feelings of isolation (Katz, Joiner, & Kwon, 2002). For instance, the lack of family support, physical violence, emotional aggression, and images of inferiority create exclusion from the broader, heteronormative culture (Russell, 2009). This experience of isolation and aloneness,

which RCT scholars refer to as *condemned isolation*, may lead LGBTQQ people to feel like outsiders, immobilized for reconnection, and at fault for this state of disconnection (Miller, 1976). Thus, the heteronormative and gender binary societal cultural contexts send messages of rejection and disapproval to LGBTQQ individuals (Russell, 2009), including forms of physical or psychological separation. LGBTQQ people may then develop LGBTQQ subcultures, or "families of choice," as a way to survive and function within this larger society. Accordingly, counselors may use the RCT tenets of relational competence and wellness to help guide them in exploring how LGBTQQ clients may enhance meaningful connections with others in their families of choice (Duffey, 2006/2007; Trepal, 2010). Additionally, RCT provides structure and insight regarding how both counselor and client can mature through relational phases of relational connection and disconnection—a process that results in what RCT scholars term *growth-fostering relationships* (Miller, 1976).

Shame

Brown (2004) indicated that individuals who are part of the LGBTQQ community may experience shame as an LGBTQQ person, which may lead to low self-esteem, a diminished sense of self-worth, and a lack of relational connection. "There are multiple sources of relational disconnection that LGBTQQ clients may experience in society, including anti-LGBTQQ bullying and violence and discrimination in family, school, and work settings (Russell, 2009). Each has a unique, yet destructive, way of impacting how LGBTQQ individuals develop and engage in growth-fostering relationships. Specifically, persons who identify as LGBTQQ may attempt to conceal their identity by passing to meet the expectations of a heteronormative and gender binary society by concealing observable nonnormative traits to avoid potential oppression and discrimination (Goffman, 1963; Russell, 2009). O'Hanlan, Dibble, Hagan, & Davis (2004) indicated that heterosexuals are largely socialized to reject individuals who identify as LGBTQQ and the LGBTQQ culture in general. Furthermore, LGBTQQ people experience societal disconnections as a result of anti-LGBTQQ legislation and policies. For instance, lack of employment protections for transgender people and laws that narrow the scope of family building for LGBTQQ people not only deny LGBTQQ people their civil rights but also can lead to internalized oppression (disconnection with self) and relational disconnections with institutions that should be protecting them (Marzullo & Libman, 2009). RCT asserts that these multiple layers of oppression may serve as controlling images furthering internalized heterosexism and influencing relationship development at the micro and macro levels for LGBTQQ clients.

Growth-Fostering Relationships

Jordan (2010) asserted that the major focus of RCT was to increase relational competence and connectedness through

the development of growth-fostering relationships. Relational competence, wellness, and strengths-based RCT tenets offer counselors a means to move toward growth through connection (Miller, 1976). RCT suggests that increased and varied connection with others through growth-fostering relationships manifests in what Miller (1976) termed the *five good things*. These five good things are a sense of vitality and zest, increased clarity about self and others, augmented creativity and ability to take action, an experience of worth and empowerment, and a desire for increased connectedness with others. Because LGBTQQ clients have experienced historical marginalization, counselors may explore the five good things as a platform to increase client experiences of meaningful connection and create systemic change toward more LGBTQQ individual empowerment and a more LGBTQQ-inclusive society.

RCT is a comprehensive theory, asserting that individuals innately seek connectedness throughout their lives and grow as a result of involvement in growth-fostering relationships (Duffey & Somody, 2011; Trepal, 2010). Furthermore, RCT indicates that advancement toward shared realities (rather than individualism) represents mature functioning (Jordan, 2010). This process requires engagement in complex, fluid, growth-fostering relational systems punctuated by authenticity and mutuality (Frey, 2013). These relationships affect LGBTQQ clients in that, through them, they more clearly understand and accept themselves, while concurrently deepening the clarity others, including their counselors and allies, have about their experience and how they are situated in society (Jordan, 2010).

Mutual Empathy and Authenticity

RCT asserts the counselor must not only “move” the clients with whom they work but also remain open to being moved by their clients (Miller, 1976). From this perspective, the counselor and client strive for authenticity and genuineness in their interactions (Jordan, 2010). The benefits of this client–counselor connection extend beyond relational connection and growth for the individuals involved, by expanding to opportunities for growth at the sociocultural level (Jordan & Hartling, 2002). For instance, as LGBTQQ people engage in productive, relationally focused interactions, they simultaneously experience healing, liberation, and empowerment (Jordan, 2010). Their voices, traditionally marginalized in society, become the center of discussion (Jordan & Hartling, 2002). Concurrently, RCT promotes competencies related to reflective practice and advocacy, which undergird the work of counselors to challenge systems of social, political, economic, and cultural oppression (Frey, 2013) of heterosexism.

When considering the multitude of ways in which relational disconnection may occur for LGBTQQ clients, counselors must consider practices that will support their aim to help clients develop or recover relational competence. In particular, Duffey et al. (2009) indicated that relationally competent individuals demonstrate regard and awareness

of others, consider the needs of others, and actively seek to help people grow in their relationships without sacrificing their own dignity and personal boundaries. Additionally, counselor cognizance when attending to power dynamics in the counselor–client relationship is essential for growth to occur (Duffey et al., 2009; Patton & Reicherzer, 2010). Adopting primary RCT tenets in counseling practice with individuals who identify as LGBTQQ provides space for relational development on behalf of the counselor and the client, therefore fundamentally increasing mutual empathy and reducing power differentials that exist between them (Duffey, 2006/2007; Walker, 2008).

Power-Over Relationships

RCT offers a relationally focused theoretical orientation to address the social implications and historical, systemic devaluation that LGBTQQ clients experience as a result of heterosexism (Jordan, 2010). Additionally, RCT provides scaffolding to counselors and clients alike to take steps toward healing, growth, and change (Jordan, 2010). From an RCT perspective, counselors working with LGBTQQ clients should also understand that heterosexism purports a power-over paradigm with societal advantages assigned to the dominant culture (Walker, 2008). From this perspective, power has an extremely important influence on the world—one that determines social interactions, networks, and ranking (Duffey et al., 2009; Walker, 2008). Therefore, counselors who practice from RCT theoretical orientations are uniquely situated to challenge power-over relational interactions as a result of heterosexism and other oppressions (e.g., racism, sexism, classism) and model equitable, mutually beneficial relationships between themselves and their clients. Through this relationship and connection, LGBTQQ clients can experience genuine support and alliance with their counselor by which they can independently and collectively work to challenge heteronormative and gender binary cultural norms (Russell, 2009).

Case Vignette of RCT Counseling With LGBTQQ Clients

In this (fictional) case vignette, RCT tenets are applied to LGBTQQ counseling during the intake session. The RCT counselor places particular emphasis on relational competencies and wellness using a strengths-based approach (Duffey, 2006/2007; Trepal, 2010) by exploring the constructs of cultural complexity, condemned isolation, shame, growth-fostering relationships, mutual empathy and authenticity, and power-over relationships. The counselor’s name is Lisa and the LGBTQQ client is named Alma. Lisa is a 46-year old, White, straight, cisgender woman who graduated from her counseling master’s program 10 years ago. Since her graduation, Lisa has attended web-based and in-person workshops on RCT-

informed counseling practice. Lisa did not receive specific training on LGBTQQ-affirmative counseling; however, she has maintained professional membership in ACA and attends continuing education programming on LGBTQQ concerns in counseling. Alma is a 32-year old, Chicana, cisgender woman who presented for counseling; she has recently come out as a lesbian and just ended her first relationship with a woman after 6 months of dating.

Although Lisa did not receive adequate LGBTQQ-affirmative training from her counseling program, she has read the ACA transgender competencies (ACA, 2010) and the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) competencies for working with LGBTQQIA clients (Harper et al., 2013). After reading these documents, she knows that providing LGBTQQ-affirmative counseling begins before an LGBTQQ client contacts a counselor. This approach is undergirded by the RCT focus on relational competence. From an RCT perspective, Lisa is also aware that LGBTQQ clients may have controlling images stemming from internalized heterosexism shame (Russell, 2009) that may contribute to a client feeling hesitant to discuss personal gender and/or sexual orientation identities openly. Therefore, Lisa's paperwork and web counseling marketing includes specific information about her provision of LGBTQQ-affirmative counseling services. When Alma contacts Lisa by phone, the counselor is mindful to not assume which pronouns the client uses and does not assume how any clients may identify their gender and/or sexual orientation. Lisa is aware that these assumptions would contribute to stimulating condemned isolation, shame, and a heterosexist cultural context.

During the intake session, Lisa seeks to develop an authentic therapeutic relationship by exploring the words Alma would like her to use in referring to her sexuality and gender. In addition, Lisa asks Alma about other salient identities (e.g., race/ethnicity, religion/spirituality) and their connection to her overall coping and well-being as a lesbian woman, which offers a strengths-based approach to their work together. Alma shares that she grew up outside of Oaxaca, Mexico, until the age of 9 years old, when her family immigrated with her to the United States. She describes being raised in the Catholic Church and describes her current religion as Christian. Lisa explores how her religious and racial/ethnic identities have intersected with her sexual orientation and gender identities. Alma shares that in the Oaxaca region of Mexico, the *muxe* (transgender people) were present in the area in which she lived and were openly accepted by her community. Lisa specifically explores and values Alma's multiple identities in terms of various oppressions she experienced as a person of color, immigrant, and lesbian woman.

Although her family did not express heterosexist views growing up, Alma does report that she did hear anti-*muxe* and heterosexist beliefs when she attended church. Lisa explores the degree to which these experiences have resulted in

controlling images of internalized heterosexism and/or resilience to LGBTQQ oppression, in addition to potential relational connections and disconnections, condemned isolation, and shame that Alma experienced related to her intersecting identities. Alma shares that she often felt inauthentic with her previous partner who had been out as a lesbian since her teenage years. She also shares that she distanced herself from her mother and father, who had moved back to Mexico, because she was scared they would be disappointed in her. Lisa uses the counseling relationship to invite authenticity by exploring how Alma feels discussing these relationship disconnections with her as her counselor.

Lisa also uses her relational competence by introducing the idea of growth-fostering relationships and mutual empathy, assessing the degree to which Alma has experienced these connections in her previous relationship, as well as in her social support group and professional life. Alma shares that she feels disconnected from a larger LGBTQQ community, especially from a Chicana LGBTQQ support system. She also shares being afraid to be out at her job, because there are no protections in her state for LGBTQQ people. Lisa validates this concern and uses a strengths-based approach by providing Alma with LGBTQQ-affirming career resources in her city and state. She also explores how heterosexism has served as an obstacle for developing mutual empathy and authenticity in her personal and professional relationships.

Toward the end of the intake session, Lisa asks Alma what she would need from her, as a counselor, to develop an authentic and trusting counseling relationship. Lisa engages the RCT tenet of wellness by using the five good things to explore how Alma would like her life to be as a Chicana, lesbian woman if counseling is to be a successful endeavor for her. Alma shares that she would feel an increased sense of energy and understanding about herself as a lesbian woman. She also states she would like to engage in a Chicana lesbian support group, as well as feel empowered in integrating her Christian beliefs with her sexual orientation and racial/ethnic identity and increasing her connection to her family and friends. Finally, Alma shares she would like to develop a sense of pride as a Chicana lesbian.

Implications for LGBTQQ-Affirmative Counselors

The case vignette applying RCT-informed LGBTQQ counseling to work with Alma has numerous implications for counselors. First, counselors using RCT approaches with LGBTQQ clients must refrain from making heteronormative and gender binary assumptions about the personal and professional lives of clients. For instance, if Lisa, as the counselor, had assumed that, because Alma was Chicana, she had only negative beliefs about LGBTQQ people modeled to her by her community and family, she might have missed a potential source of resilience

and LGBTQQ validation that growing up with the muxe in her community may have for Alma. The ACA transgender competencies (2010) and ALGBTIC LGBQQIA competencies (Harper et al., 2013) emphasize the importance of not only withholding these assumptions but also exploring the intersection of identities for LGBTQQ people as a source of resilience and oppression. RCT provides counselors with the guiding principles, such as the five good things, in which to frame the exploration of intersectionality in the lives of LGBTQQ clients.

A second implication includes the attention both RCT and the ACA and ALGBTIC competencies bring to removing obstacles to mental health and overall well-being for LGBTQQ clients. As the counselor, Lisa viewed her role as one of empowering Alma to increase her relational competency in her personal relationships and of providing Alma with empowering resources that support her personally and professionally as a Chicana lesbian. It is important that RCT counselors be prepared to provide these types of interventions, but also to be aware that not all LGBTQQ clients will want or need to explore these resources (Russell, 2009). Regardless, the emphasis on relational competencies across the personal and professional domains of Alma's life would be an important ongoing focus of counseling from an RCT and LGBTQQ-affirmative perspective (Patton & Reicherzer, 2010). Finally, a third implication is the role of counselor advocacy in working with LGBTQQ clients. Although this vignette focuses on the counseling intake session, LGBTQQ clients may experience societal heterosexism in the form of career discrimination, lack of family acceptance, harassment, and/or hate crimes, and they may deal with substance abuse or experience intimate partner violence, among other struggles (Perosa & Perosa, 2008). From an RCT perspective, these issues may stem from, or be complicated by, the existence of internalized controlling images of relationships or the absence of growth-fostering relationships (Jordan, 2010; Miller, 1976). Counselor advocacy at the micro, meso, and macro levels can provide LGBTQQ clients with not only a sense of safety and support but also self-advocacy skills to make positive change embracing their identities as LGBTQQ at each of the three levels (Lewis, Arnold, House, & Toporek, 2003; Russell, 2009). Finally, there is a need for empirical work to study the influence of RCT on the counseling relationship and counseling outcomes with LGBTQQ clients.

Conclusion

This article reviewed the use of RCT tenets by counselors as a way to increase the development of LGBTQQ-affirmative counseling competence and deepen the potential for healing from societal heterosexism. The recommendations in this article should be tempered by the most recent research and policy influencing LGBTQQ mental health outcomes, as well as the ever-evolving terms and experiences that LGBTQQ clients use and have.

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