

LGBT COUNSELING

On The Assumption of Heterosexual Identity Sid Binks, PhD, ABPP-CN

Still, in the majority of households today, there is an assumption of heterosexual identity when a child is born to heterosexual parents. Imagine for a moment this impact on a gay/lesbian child. If you are heterosexual, it might be more poignant to imagine yourself born of same sex parents into a nearly entirely gay/lesbian community and society – where there are few, if any, trusted straight role models for you to identify with and where the presumption by everyone around you is that you are, indeed, gay/lesbian. In either scenario, you have is a child who, from the earliest moments of life is, at best, being raised in a morally neutral environment with no clear role models and, at worst, being raised without role models compounded by prejudice against his/her very own basic nature.

The foundations of self-structure and self-esteem lie in the reflections infants and children see of themselves in the eyes of their early caregivers – an unconscious process called “mirroring.” As caregivers “ooh” and “ah” over each small developmental accomplishment, children learn they are doing something good...that they are at their very core, in fact, good. Not too far into this process, early assumptions of sexual orientation begin to be felt by the child. For a gay/lesbian child born to straight parents, a “heterosexual false-self” develops in an unconscious attempt to keep those “oohs” and “ahs” coming...the cornerstones of the gay/lesbian identity closet walls are, thusly, laid.

What happens next depends mostly on individual experience in each family system. Today, there is at least a minority of straight caregivers who purposely expose their children to all walks of life, demonstrating wide acceptance of the variation found in the human condition. These families make it clear that love and acceptance transcend human differentness. These caregivers mirror back love in the face of their child’s differentness and individuality – not imposing their own wants on their child. In this way, those early closet building blocks tumble down – going almost unnoticed. But without this extra attempt to allow/mirror autonomy and give early role models to gay/lesbian children, even well-meaning straight families come up short in giving their children healthy self-esteem. The lack of exposure in a morally neutral or even supportive home environment sends a child into the world ill-prepared to face the prejudice from the

greater community – be it bullying from peers, teachers, conservative religiosity or be it codified in the local or federal law. In this scenario, closet walls are often built more consciously. Gay/lesbian identity is known to the individual but there remains, at least initially, a lack of comfort with the idea of exposing him/herself to perceived heterosexism.

Most egregious to the development of healthy self-structure is the third possibility – a family that is, itself, actively prejudiced against their own gay/lesbian child. This last type of caregiver-child relationship is devastating. Not only is there a dearth of role models, but there is an active attempt to stamp out a core aspect of identity. Such a damaged self-structure emerges with a myriad of symptoms (anxiety, depression, addiction) – all as a result of, or an attempt to cope with, feeling alienated from family, peers and society. At its worst, an individual in this situation considers suicide. This child grows up hearing something preposterous from parents, teachers and church leaders – that gay/lesbian individuals have made a conscious choice to be “wrong,” “evil,” or “sick.” Often, the individual in this situation has, unconsciously, built the strongest of closet walls – walls so thick that, even he himself, or she herself, actually has little to no awareness of his/her own sexual orientation! These folks can be stuck in their psychological prison for years or even decades. This lack of awareness is CRITICAL to the conscious survival of the early, damaged, self-structure formation. This individual has the longest road to recovery because he/she must first give in to what is, personally, the painful reality of a gay/lesbian identity. Then, as they encounter positive role models and begin to see positive reflections of themselves in the world around them, what was a very painful reality becomes more tolerated and, eventually, even accepted. Only then can these individuals be completely whole, loving of self and free of their internalized homophobia.