



## Research Article

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# The Attitudes and Experiences of Marriage and Family Counselors for Same-Sex Couple and Family Clients: A Qualitative Study

Luis Miguel Dos Santos

Woosong University,  
27 Baengnyong-ro 57beon-gil,  
Jayang-dong, Dong-gu,  
Daejeon, South Korea

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## Abstract

*Same-sex marriage and family counselors usually do not have enough experience and training background to help same-sex couples with marriage and family issues. Some counselors may have a personal bias toward same-sex couples due to the absence of same-sex couples and families' background. Marriage and family counselors provide counseling services to their clients with marriage and family problems and conflicts, resulting in a positive recovery negotiation. The purpose of this study was to understand and investigate the attitudes of marriage and family counselors regarding same-sex couples and families, an area ignored in mainstream marriage and family counseling. Based on 300 surveys and 38 interviews from marriage and family counselors in the United States, the researcher categorized that more than half of the participants expressed negative attitudes against same-sex couples and families, due to cheating, unsafe sexual activities, and domestic violence. Some counselors refused to provide counseling services to same-sex couples and families due to misunderstanding and prejudice. The results suggested that additional in-service professional developments and curriculum reforms are essential to promoting multicultural family structure.*

**Keywords:** *counselor education; curriculum reform; LGBT; marriage and family counselor; same-sex couple and family; same-sex marriage; social work*

## 1. Introduction and Background

Providing effective same-sex marriage and family counseling and services is essential to attain social equality, meet the demands of same-sex couples, and upgrade counseling education training. After decades of discussions, in 2015, the United States Supreme Court announced that same-sex marriages must be legal in all 50 states in the United States. Same-sex couples and their families must enjoy the same rights as heterosexual couples and their families and same-sex marriage must be on a legal par with heterosexual marriage. Therefore, marriage and family counselors should recognize the needs of lesbian, gay, bisexual, and transgender (LGBT) individuals' marriage and family problems as these will become one of the significant groups (Mohr & Fassinger, 2006) they need to deal with. However, many current university curricula, textbooks, mentorships, and internship experiences focus on heterosexual marriage and family issues (Lyonga, 2019). Although problems encountered in marriages and within families should be similar regardless of gender and sexual orientation, same-sex marriages

and families might face unique situations that are not present in heterosexual marriages and families (Whitton & Buzzella, 2012).

The problems faced by LGBT couples have not been investigated as frequently as those faced by their heterosexual counterparts. In 2015, a report indicated that only less than 3% of total research studies focused on the issues of LGBT couples. It can be difficult to help same-sex couples because most do not want to seek counseling and social work involvement due to social stigma and stereotypes, particularly gay couples who society expects to be viewed as masculine (Edwards et al., 2015). However, one report indicated that nearly 33% of gay individuals experienced mental and physical violence, with nearly 50% for lesbian individuals. More importantly, more than 50% of gay individuals and over 70% of lesbian individuals previously experienced mental violence and abuse from their partners (Breiding et al., 2013). Counselors need to provide services to sexual minorities, as many clients expressed stress and burnout due to their sexual orientation. A report showed that more than 40% of lesbian individuals tended to seek counseling services, while only 10% of gay individuals did so (van Wormer et al., 2000). As sexual minorities are more likely to experience social stigma and discrimination from the social communities *at-risk groups*, they are more likely to identify as suffering from mental disorders (Craig et al., 2013). Another recent report (Adam et al., 2017) indicated that the general public usually associates HIV/AIDS with gay couples even though medical reports showed that HIV/AIDS is not directly connected to LGBT individuals. However, the social stigma and bias towards LGBT individuals and groups cause an increase in the medical and mental concerns of such sexual minorities (Cahill et al., 2017).

Many marriage and family counselors' programs focus on providing multicultural courses focused on addictions, mental health, and human development training (Fietzer et al., 2018). However, most of these programs tend to focus on heterosexual marriage and families. But why would counselors neglect or even ignore same-sex marriage and families? Social structure may impact the ways that we behave in our society (Gates, 2015), such as the expectation of love, family, education, and living style. For example, a recent study (Cross, 2020) indicated that although people live in the same communities, the expectation of family and numbers of family members could be different based on their own living styles and expectations. During the mid-20<sup>th</sup> century, family structures were mostly father and mother with two or three children. However, the living styles have been changed due to the development of society. For example, single-parent families (Dos Santos, 2020a), families with no children (Plumm et al., 2016), same-sex families (Gates, 2015), and even internet-based families (Hertlein & Twist, 2019) are not uncommon. For centuries, LGBT individuals were discriminated against as minorities, which may negatively influence their health and well-being (Stults et al., 2020). A recent study (Doherty, 2020) indicated that counseling for divorced couples and their children's well-being often focuses on the relationship between a man and a woman. Counselors usually consider children's best interest as the priority in divorce counseling. However, traditional divorce counseling education and training do not cover same-sex couples' issues, as same-sex marriage was not recognized until the 2010s (Stults et al., 2020). Therefore, most counselors are not trained to deal with same-sex marriage and family issues. This persistent ignorance about same-sex marriage and family, and domestic partnerships, raises concerns in the field (Doherty, 2020).

Recently, many counselors and centers advocated that they should establish plans and services for same-sex marriages and families as homosexual individuals and groups have equal rights as their heterosexual counterparts. Heterosexual counseling strategies may not be appropriate for same-sex couples and families (Doherty, 2020; Gegenfurtner & Gebhardt, 2017; McCarty-Caplan, 2018). A recent study (Jamal et al., 2019) collected data from a group of marriage and family counselors who have experience in same-sex couples counseling services. The results findings from the researchers indicated that lack of love factor, family upbringing, sexual abuse, and environmental factors are key themes that counselors and same-sex couples face in society. The study discovered that although government departments and counseling education and training programs advocated social equality, government leaders and policymakers' policies did not benefit same-sex clients. Another study (Dziengel, 2015) also indicated that sexual orientation can make it difficult to provide marriage and

family counseling services to same-sex couples. The results showed that self-perception, social relationships, and society structures may limit same-sex couples and families in assessing the help available to them, as they are part of a largely ignored group. If counselors do not know how to handle counseling services for same-sex couples and families, the results of their counseling services could be harmful (Coyle, 2017).

### 1.1 Purpose of the Study

Currently, only a few studies have investigated the problems related to marriage and family counselors' attitudes and their understanding for same-sex couples and patients. Based on the previous studies and statistics (Douglas, 2014), same-sex marriage and family counselors usually do not have enough experience and training background to help same-sex couples with marriage and family issues. More importantly, some counselors may have a personal bias toward same-sex couples because they did not receive training and have the holistic understanding of same-sex couples and families' background and family structure. Marriage and family counselors provide counseling services to their clients with marriage and family problems and conflicts, resulting in a positive recovery negotiation (Marszalek & Cannon, 2014). Therefore, marriage and family counselors need to understand how to deal with family and relationship conflicts and acknowledge that each family has its unique cases and situations, particularly same-sex couples.

In short, the purpose of this study was to understand and investigate the attitudes of marriage and family counselors regarding same-sex couples and families, an area ignored in mainstream marriage and family counseling.

## 2. Methodology

The methodology employed in this study was the qualitative general inductive approach (Thomas, 2006). The study collected qualitative materials from a large group of licensed marriage and family counselors in the New England region of the United States, which includes the states of Maine, Vermont, New Hampshire, Massachusetts, Connecticut, and Rhode Island. The site, location, population, duration, and background of the participants do not limit a particular situation, such as a case study (Yin, 2012). Therefore, the general inductive approach was appropriate to the requirements and expectations of this study.

### 2.1 Participants and Data Collection

The participants were licensed marriage and family counselors whose names and registrations were listed in the appropriate department in their state and government authority. In order to take part in this study, participants had to be registered as marriage and family counselors, and although each state has its own registration regulations, most of the states follow some standardized guidelines. For example, at the William James College in the United States, in order to be registered as marriage and family counselors, candidates must:

1. have earned a 60-credit master's or doctoral degree in the field of marriage and family therapy or a related area; within the academic program, candidates must have completed five graduate-level courses in marital and family studies, marital and family therapy, human development, professional studies, and research studies, and have completed a clinical internship or practicum;
2. have completed a post-master's supervision in the clinical environment (i.e., two years or 3,360 hours);
3. and have passed the related state-level exams.

After candidates have satisfied the abovementioned criteria, they may apply for registration as a Licensed Marriage and Family Therapist (LMFT) through the related department: in Massachusetts,

for example, this is the Massachusetts Allied Mental Health and Human Services Professional Board.

The convenient and random sampling strategies (Creswell, 2012) were employed in order to give all qualified counselors a chance to answer the survey. Based on the researcher's personal network in the field, a qualitative inductive survey with both open-ended and semi-structured qualitative survey questions was sent out to a group of marriage and family counselors (with or without experience counseling same-sex couples and families). Participants could afterwards refer the qualitative inductive survey to other marriage and family counselors who were willing to complete it. For the qualitative survey questions, the researcher collected information on how the participants describe their understanding and attitudes about same-sex couples and families. Depending on answer length, the qualitative inductive survey took an estimated 60 min to complete.

On the qualitative inductive survey (Merriam, 2009), each participant was asked if they wanted to complete a further online interview session with the researcher about their understanding of and attitude toward same-sex couples and families. The participants had the option to write down their email address so the researcher could contact them for further discussion. During the online interview session, the researcher used an audio-recorder to record both parties' voice messages, but visual recording was not used. All participants consented to this arrangement. Each of the online interview sessions lasted from 61 to 86 min.

It is worth noting that the qualitative inductive survey was sent to related counseling centers' official websites individually. The related centers' websites are listed on the American Association for Marriage and Family Therapy (AAMFT) website. In 2015, more than 50,000 professionals were registered as marriage and family therapists and counselors. Although there are not individual statistics about the registration numbers and populations for each state, the current research study may represent reasonable comments and opinions of this group of professionals in the field.

In order to verify data materials, after the researcher transcribed voice messages to a written transcript, the researcher sent each transcript to the appropriate participant for confirmation. Each participant approved the written transcript and agreed to share it. Participation in this study was totally voluntary: participants were neither rewarded for involvement nor penalized for withdrawal.

## 2.2 *Data Analysis*

In total, 300 qualitative inductive surveys were collected and 38 participants from the same group participated in online interview sessions. Both data collection tools were qualitative tools, and no quantitative methodology was involved.

To analyze the data, the researcher first collected the qualitative inductive survey information and materials from the computer system. Materials were marked based on the order of the surveys. Also, the researcher drew the interview written materials from the system. The researcher then read the data (i.e., survey answers and written transcripts) multiple times in order to categorize different groups, meaning, and themes, and employed the open-coding technique based on the grounded theory approach (Strauss & Corbin, 1990) to narrow down the massive amounts of data materials into meaningful themes and subthemes. After the multiple rounds of open-coding techniques, the researcher could narrow down some themes and subthemes as first-level categories; for these categories, the researcher merged 18 themes and 10 subthemes.

However, many qualitative researchers (Creswell, 2012; Merriam, 2009; Tang & Dos Santos, 2017) have argued that further data analysis is necessary. Therefore, the researcher employed the axial-coding technique (Strauss & Corbin, 1990) to narrow down the first-level category into the second-level categories. As a result, two themes and three subthemes were merged.

## 2.3 *Human Subject Protection*

The protection of personal data and privacy is the most important element for this study. Therefore, the researcher conducted all possibilities to protect the information from all participants. The signed

consent forms answered the qualitative inductive survey, personal contacts, voice messages, written transcripts, computers, and related materials were locked in a password-protected cabinet. Only the researcher has the key to access the cabinet. After completing this study, the researcher deleted and destroyed the related materials immediately to protect the participants.

To protect the participants' background, all participants (i.e., who joined the online-based interview sessions) were assigned a pseudonym. As the site and counseling center's information did not take any roles in this study, no information was taken. Some scholars may argue that the personal background, age, gender, religious background, site, language, health insurance issue, years of experiences, and geographic region may impact the study's outcomes. However, as the current study contained sensitive information (i.e., participants may share some sensitive information about their background and office), the researcher did not collect the abovementioned factors. Under the current arrangement (i.e., privacy), participants were willing to share some sensitive and in-depth understanding and ideas.

### 3. Results and Discussions

The collection analysis procedure for 300 qualitative inductive surveys and 38 semi-structured interview sessions yielded two themes and three subthemes for this study, indicated in Table 1. Although many counselors completed their marriage and family counseling training at different universities, all are licensed counselors and completed their master-level education and training from the Council for Accreditation of Counseling and Related Educational Programs (CACREP) of the United States. The CACREP is an independent accrediting agency that assures graduate counseling programs in the United States and globally meets licensed and professional counselors' standards. However, most respondents indicated that they did not receive intensive and in-depth training for LGBT and same-sex couples due to their programs' curriculum design. Please note that the researcher combined the results and discussions chapters together for the comprehensive discussion. The discussions and comparisons were followed by the sharing and comments. (see Table 1).

**Table 1:** Themes and Subthemes

Themes and subthemes
Bias toward same-sex couples and families
Violating a relationship is more likely for same-sex couples and families
Unsafe sexual activities and illnesses
Domestic violence
Same-sex couples and families are hidden social problems

#### 3.1 Bias toward Same-Sex Couples and Families

Although all the participants were well-trained marriage and family counselors, most expressed different bias and discrimination toward sexual minorities. More than half of participants had provided counseling sessions to same-sex couples and families in the past. Many provided the standard services (i.e., heterosexual marriage and family counseling) to same-sex couples. More importantly, the attitudes toward same-sex couples and families were mostly negative due to the absence of same-sex couples and families' background.

Mostly, the feedback regarding same-sex couples and families fell into four categories: a small group answered "I do not provide services to them," about a quarter answered "They can come to the center, but I refer them to other counselors," some groups answered "They are welcome, but I am not sure about the unique counseling strategy needed," and nearly one-third of the participants answered "They are welcome, and I can provide service"; a small group declined to answer. Based on the abovementioned data, nearly half of participants had reservations about same-sex couples and

families as some did not recognize LGBT rights and behaviors, as exemplified in the sharing of a couple of participants:

*"...although I am a counselor, I still have my rights to not serve some clients as I am not appropriate for them...sometimes, the clients do not feel comfortable because of my service too...we are all human and we should have our rights...for me, I don't believe in same-sex marriage...I want to pass these clients to other co-workers..." (P#37, Interview)*

*"...as a religious practitioner, I don't want to accept them on my counseling list...my faith and my Lord do not allow me to conduct this practice...but I am willing to refer them to my co-workers who are willing to take their case..." (P#24, Interview)*

*"...our faith-based center does not welcome abortion and same-sex counseling as this is not allowed in our religion...I think these clients should understand these situations as this is a religious center...social workers may be able to help them..." (P#30, Interview).*

Some marriage and family counselors exercised their rights to reject some of the clients and families due to their personal decision, such as feel not qualified for same-sex couples and families, rejection of abortion, and religious practice. In a recent study (Coyle, 2017) many of the current schools and universities provided faith-based curriculum for all counselors to understand the differences between human and groups. Some counselors should believe some limitations and borders (i.e., traditional expectations, family structures, religious practices, and relationships) should be protected and established in order to protect and form the social norms. Although more than half of the participants shared negative attitudes and comments of their clients (i.e., same-sex couples and families), some shared positive comments. For example, some participants believed that sexual orientation should not be the factors for discrimination, as shared:

*"...I am here for the family counselling...gender and sexual orientation...are not my biggest concern...I want to help the couples and families...although the strategies and ideas could be different...as their needs and backgrounds are not the same...I am always available for their visits..."(P#1, Interview).*

### 3.1.1 Violating a Relationship is More Likely for Same-Sex Couples and Families

It is important to note that although more than half of the participant populations accepted same-sex couples and families and sexual minorities, most were still biased against them. Due to the century-old social stigma associated with homosexuality in the American community, many survey feedback and almost all interviewees expressed bias against sexual minorities. According to Frederick and Fales (2016), the results indicated that 32% of gay men and 34% of lesbians were concerned about cheating (Frederick & Fales, 2016). However, 54% of heterosexual men and 35% of heterosexual women were upset due to emotional cheating. Based on the statistics, the rates of adultery in heterosexual and same-sex couples and families were similar. In other words, there is no obvious evidence to show that same-sex couples are more likely to cheat (Denes et al., 2020). More importantly, the biases and discriminations toward against the same-sex couples have covered some of the professional practices and behaviors of a small group of participants. Some data from this study indicated that counselors were biased (i.e., same-sex couples committed a higher level of violation) due to social stigma, as can be seen from these examples:

*"more than 90% of my same-sex family cases involve cheating...both men and women..." (Survey)*

*"same-sex couples account for around 20% of clients who come to our center for counseling...out of this 20%, 85% are two-timers..." (Survey)*

*"most male clients come to us because of affairs...perhaps 20% are affairs and domestic violence together..."(Survey)*

*"...many men are two-timers...particularly two men who are together...as a counselor, I have seen a lot of these situations...but we cannot change the social phenomenon, we can help to solve the conflicts in the family..."(P#12, Interview)*

Based on the survey materials, most participants believed that same-sex couples tended to have affairs violation of their relationship due to their sexual orientation. For example, more than half of the surveys answered comments about their same-sex clients' negative sharing. However, during the interview sessions, the researcher questioned the participants about the percentage and likelihood of heterosexual couples who have affairs or violation of their relationship; most answered sexual orientation does not influence adultery (i.e. both cheating and consensual non-monogamy) . The following interview snippets indicate that both heterosexual and homosexual individuals commit adultery:

*"...both gay and straight men cheat...and do not respect to their marriage...there are no differences between these two groups of people...when people step into a relationship, orientation is not a factor..."(P#4, Interview)*

*"...both lesbian and heterosexual couples can suffer the same failures...both may have affairs, mental and verbal conflicts, and suffer domestic violence...from the survey, if you ask me about the problems of homosexual couples...most of the cases involve affairs..."(P#5, Interview)*

During the interview sessions, the researcher followed up on the stigma and bias concerns, capturing the following feedback from a participant:

*"...the stigma of same-sex couples and cheating were marked in my beliefs as a faith-based counselor...but I agree that sexual orientation does not influence how people cheat on their partner and children..."(P#9, Interview)*

Besides the stigma from society, almost all participants advocated that mass media and social media also influence their beliefs and perspectives (Cahill et al., 2017; Dos Santos, 2020a) about same-sex couples and families. Although all participants are professional and licensed counselors, the media's influence could impact their attitudes and understanding toward same-sex couples and families. Useful feedback was captured from survey and interview sessions:

*"I think TV and magazines always promote incorrect information about sexual minorities...this can be poison for children, teenagers, adults, everyone..."(Survey)*

*"During my teenage years, TV, magazines, and newspapers always told us that gay individuals always cheat on their partners...they are not loyal to their families and partners...although I completed my training...I believe this is just a myth...but I cannot say that I have completely forgotten this notion..."(P#11, Interview)*

In short, although adultery and violation of a relationship are not unique to same-sex couples and sexual minorities, marriage and family counselors showed a different level of negative attitudes toward sexual minorities. A previous study (Stults et al., 2020) indicated that heterosexual and homosexual couples have affairs and cheat regardless of their sexual orientation. A recent study (Compton & Bowman, 2017) showed that heterosexual individuals have a negative perception of and biases against same-sex couples and families and concluded that homosexual individuals are more likely to cheat on their partner (Dos Santos, 2020b, 2021). Therefore, this stigma and bias indirectly influence how these counselors describe their understanding and attitudes toward same-sex couples and families. The researcher discovered that social stigma and mass media served as the key factors influencing their bias and discrimination. A recent study (Nölke, 2018) indicated that media might influence how the general public understands and describes sexual minorities. More importantly, a recent report (Cookingham & Ryan, 2015) showed that contemporary media tends to connect sex and

social media. Many people may connect sexual minorities, especially LGBT individuals, and adultery due to media platforms' influence.

### 3.1.2 *Unsafe Sexual Activities and Illnesses*

Another factor was the unsafe sexual activities and illnesses of same-sex couples and families, and sexual minorities (Dos Santos, 2020b, 2021). Although most participants, when it came to illness caused by unsafe sexual behavior, did not discriminate against people based on their sexual orientation, it is worth noting that more than a quarter expressed their concerns about the relationship between sexual minorities and unsafe sexual activities, as can be seen from the following feedback:

*"...all my same-sex marriage cases are either adultery or sexually-transmitted illness or infection...gay men are most likely to have unsafe sex with other men..." (Survey)*

*"...gay men like to have sex with other men...not their partner...one-night stands from the bar or friendship groups..." (Survey)*

*"...online dating apps connect gay men...they search for sexual partners online...but they are married already..." (Survey)*

*"...so far...many of my cases and case studies concern gay men who have sex with other men...no condoms...HIV and sexually transmitted illness...sometimes, some may infect their partners...so the social workers and medical facilities transfer them to us..." (P#21, Interview)*

Several of the comments and opinions might have a balanced view about the unsafe sexual activities, as the following:

*"...if people do not protect themselves...during the sexual activities...individuals...regardless of their gender...may be infected..." (Survey)*

In conclusion, most participants advocated that sexual orientation does not impact the intention of unsafe sexual activities and infection with sexually transmitted illness. However, a small group of the participants advocated that same-sex couples and families, and sexual minorities are more likely to be infected. Previous studies (DiNenno et al., 2017; Nguyen et al., 2019; Race, 2018) have investigated the relationship between sexual minorities and sexually-transmitted illness, such as HIV and AIDS. However, no direct evidence was found that same-sex couples and families, and sexual minorities have a larger incidence of infection of any illnesses (DiNenno et al., 2017; Jamil et al., 2017). It is not surprising that negative and incorrect information influences the general public. However, nearly all participants expressed negative feedback and attitudes toward same-sex couples and families, and sexual minorities. Based on the survey data, more than a quarter of participants believed there was a connection between sexual minorities and unsafe sexual activities. In comparison, the three quarters of the participants expressed that sexual orientation does not impact the intention of unsafe sexual activities. The results have echoed a previous study about how social stigma and the stereotypes (Race, 2018) held by the general public may impact the image and perspective of same-sex couples and families and sexual minorities, which holds true for marriage family counselors in this study.

### 3.2 *Domestic Violence*

The feedback about domestic violence was also significant in this study. nearly three quarters of participants indicated that their same-sex marriage and family cases involve some degree of domestic violence. Among this group, more than a quarter believed domestic violence was more likely to be

committed in gay couples and families. However, a recent study (Russell & Sturgeon, 2019) showed that domestic violence was committed in heterosexual and homosexual couples and families. There was no direct evidence showing sexual minorities are more likely to commit domestic violence. It is important to make a special note about how marriage and family counselors expressed their negative attitudes toward sexual minorities. The researcher captured some sharing based on negative attitudes and concerns from the participants:

*"...when two men are living together...they are more likely to have conflicts as two individuals are so strong...if one cannot accept the argument, they may have a fight...not just a verbal argument...in a male-female relationship, the female may just accept the verbal and physical violence..."(Survey)*

*"...when two men have conflicts, they don't know how to find a solution...females are more emotional...they accept violence due to financial concerns and their children...but men have their own financial support and don't have concerns about children...if they do not get along...they could fight with each other..."(P#34, Interview)*

Although some biased comments were marked, some participants shared their views of domestic violence, a significant comment was marked:

*"...I have provided services and counselling to many couples and families...I don't think the sexual orientation is the problem here...both heterosexual families and LGBT families and members may...commit adultery...we should not discriminate them...they all need our help..."(P#36, Interview)*

### 3.2.1 Same-Sex Couples and Families are Hidden Social Problems

In the existing literature, sexual minorities experienced high stress levels and were at high risk of both mental and physical burnout and concerns (Dyar & London, 2018). In this subtheme, the researcher discovered that some participants believed same-sex couples and families are the hidden social problems that should be healed. About a quarter of survey participants believed that same-sex couples and families involved different physical and mental problems, which counselors should help. A substantial amount of key feedback from the survey was captured:

*"...same-sex partners probably have some problems...the problems can be more severe...than those of heterosexual partners...I want to help them because I want to heal the problems in all families..."(Survey)*

*"...two men and two women always have conflicts because people of the same gender usually cannot get along with each other...my faith-based counseling cannot accept this type of services...but I think our Lord will help us to overcome these problems..."(Survey)*

Although participants' provenance was not registered in the survey, most of the feedback under this subtheme came from faith-based counseling centers. According to a recent study (Szymanski & Carretta, 2020), although many faith-based organizations and centers welcome sexual minorities for ceremonies and worship, the social stigma leveled at sexual minorities continues to exist and influences the practices of counselors. In the interview sessions, the researcher further followed up on the concerns about same-sex couples and families being hidden social problems (although the researcher did not know the survey respondents' background). This is one example of significant feedback captured:

*"...It is important for both same-sex and ordinary couples to enjoy our faith-based counseling sessions because all families have problems...if we do not find out how to solve these problems...conflict will destroy families...especially same-sex families, who are not always on the right path...so if they can listen to our Lord, they will find out the right path and become good partners and families in our society...but if not, there could be problems..."(P#37, Interview)*

Some participants expressed their understanding and perspectives based on their experiences with sexual minorities. A recent study (Buunk & Fernandez, 2020) indicated that possessive jealousy and infidelity could cause arguments in same-sex relationships. However, other studies (Russell & Sturgeon, 2019; Stults et al., 2020) also advocated that sexual orientation does not influence domestic violence. Domestic violence, verbal harassment, and physical assault can occur in all types of family structures. Based on the recommendations (McEwing, 2020), effective and additional training is essential to upgrade counselors' perspective.

In conclusion, a small group of participants advocated that same-sex couples and families may be associated with certain physical and mental problems that required better development counseling. Some further advocated that the problems faced by same-sex couples and families will further destroy society's very structure if no appropriate counseling services were accepted (in this case, faith-based counseling). Although all licensed counselors received professional education and training during their degree programs, the social stigma linked to homosexuality (Jamal et al., 2019) influences their attitudes toward same-sex couples and families, and sexual minorities.

#### **4. Limitations and Future Research Developments**

There are four limitations to this study. First, due to personnel shortages among counseling professionals, there are currently only a few counseling centers exclusively for same-sex couples and families. Therefore, the researcher could only recruit and collect data and materials from ordinary marriage and family counselors, and as a result, some ideas expressed in the responses could be biased due to counselors' limited understanding. Future research studies using data and materials from centers and counseling services established exclusively for same-sex couples and families may be more focused and rigorous.

Second, same-sex marriage was only legalized throughout the United States in 2015, and training and university curricula were not immediately updated to reflect this change. As a result, most of the counselors surveyed did not receive comprehensive training for work with same-sex marriages and families. In the coming decade, researchers may be able to collect additional ideas and feedback from marriage and family counselors who have undergone training that reflects the new legal status of same-sex marriages and families.

Third, many marriage and family counselling centers are still operated by faith-based organizations. Due to their religious beliefs, these organizations may not accept same-sex couples and families. In other words, although law and policies have changed, the positions of some organizations and counselors have not. Future researchers should continue to advocate for reform with regard to this social inequality.

Fourth, study materials were collected only in the New England region of the United States. Further research studies should be conducted to reflect a holistic picture of American society, particularly for marriage and family counselors.

#### **5. Conclusion and Implications**

This study has at least two implications for future research. First, its findings may contribute to how marriage and family counselors describe their attitudes and understanding of same-sex couples and families in the New England region. Although same-sex marriage has been legal for half a decade, prejudice and bias against LGBT individuals and groups is still prevalent. More importantly, this study has shown that many marriage and family counselors do not affirm the behavior of LGBT individuals and groups. Therefore, it is essential for counselors at all levels to have professional development and in-service professional training about diverse family structures, in order to better understand and accept the different family and couple structures in contemporary society.

Second, the findings also indicate that the curricula of university and training programs should be reformed (i.e., by adding additional same-sex, LGBT rights, and social equality materials). LGBT

populations as well as same-sex marriage and couples are an established part of society. Many studies indicate that these minority groups are always at risk of social discrimination and prejudice. Without appropriate counseling services and help, these minority groups may continue to suffer discrimination.

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