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Coming Out of the Dark: Content Analysis of Articles Pertaining to Gay, Lesbian, and Bisexual
Issues in Couple and Family Therapy Journals

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Abstract

The present study seeks to extend previous research regarding literature related to gay, lesbian, and bisexual (GLB) issues published in couple and family therapy (CFT) related journals (Clark & Serovich, 1997) by presenting the results from a content analysis of GLB studies in CFT related journals from 1996-2010. Results of the analysis revealed a 238.8% increase in total GLB content published since the original review. Articles pertaining to therapy with GLB clients continue to represent the largest area of publication. With one exception, all surveyed journals showed an increase in the percentage of GLB content since the first study. Emerging areas of research include studies related to supervision and training, GLB mental health and substance use, and sexual minority adolescents. Furthermore, a movement away from deficit-based perspectives could open a new lens on family life.

Keywords: Content Analysis; Sexual Minority, Couple and Family Therapy

Introduction

In 1997 the *Journal of Marital and Family Therapy* published a content analysis on articles pertaining to gay, lesbian, and bisexual (GLB) issues published in couple and family therapy (CFT) related journals from 1975 through 1995 (Clark & Serovich, 1997). The authors found that out of 13,217 articles published in 17 carefully selected journals, less than 1% ($n = 77$) focused on GLB issues. Of those articles published, most focused on dynamics of GLB relationships (29%) or the “treatment” or attempts to “change” or “cure” homosexuality (17%). Most of the literature was theoretical or clinical in nature with very few being empirical (qualitative or quantitative). The authors concluded that GLB populations were not being adequately studied by couple and family therapists and provided three compelling reasons for this outcome. First, authors seeking to publish work on GLB issues may be seeking outlets other than those typically consumed by CFT’s. Second, heterosexist bias or fear may discourage researchers from developing research agendas that include this diverse population. Finally, researchers may be misled into thinking there is more academic knowledge available than exists.

Inadequate understanding of the lives of GLB persons may have dangerous effects on both clinicians and the clients that they seek to serve (Long, 1996). Long and Serovich (2003) argue that despite the call for integration of sexual orientation into the CFT curriculum, the subject is largely marginalized and poorly addressed in most programs. Many authors agree that family therapists are ill-prepared to work with sexual minority clients (Clark & Serovich, 1997; Laird & Green, 1995; Long, 1996, 2000). Recently, Henke, Carlson, and McGeorge (2009) published a study surveying CFT’s reported homophobia and clinical competency in working with GLB populations. They make the argument that without an understanding of heterosexism and internalized homophobia, CFT’s are not equipped to work with GLB clients. Their study

found that on average, participants reported being fairly confident in their abilities to work with GLB clients but reported being only somewhat aware of the mental health needs and experiences of those clients. These contradictory findings echoed the finding of Doherty and Simmons (1996), who found that about half of all CFT's did not feel competent in treating GLB clients. CFT's lack of competence seems troubling in light of one study that found that nearly three-quarters of American Association for Marriage and Family Therapy (AAMFT) members report one-tenth of their practice consists of GLB clients (Green & Bobele, 1994).

Since the Clark and Serovich paper (hereafter referred to as the "original study") was published, American culture has seen significant changes in relation to sexual minority individuals and these changes impact the field of CFT. For example, the Supreme Court has struck down the anti-sodomy law in Texas, affirming the rights of consenting adult partners (both heterosexual and homosexual) across the country to privacy regarding their sexual lives (Lawrence v. Texas, 2003). In the past decade, six states, including the District of Columbia, have legalized same-sex marriage, five states have introduced same-sex partnerships with benefits equivalent to marriage, and four other states have introduced various forms of non-equivalent partnerships for same-sex couples (Human Rights Campaign, 2010). In addition, currently, the United States Congress is taking steps toward ending the ban on openly lesbian and gay military service members. These changes impact the relationships and emotional well-being of GLB persons and could subsequently alter reasons for presenting in therapy.

AAMFT as an organization has also taken extraordinary measures in depathologizing homosexuality. In 2005, the AAMFT issued two statements of non-discrimination based on sexual orientation. In these statements the AAMFT endorsed same-sex couples' rights to "equal benefits, protection, and responsibility" (AAMFT, 2005a); reaffirmed its position of non-

discrimination based on sexual orientation (AAMFT, 2005a); and encouraged same-sex couples to “engage with marriage and family therapists for relational development and problem solving within their cultural context” (AAMFT, 2005b). In addition, the AAMFT Board of Directors issued a statement on March 25, 2009 affirming that AAMFT as an organization does not consider homosexuality a disorder that requires treatment; therefore there is no basis for the use of reorientation therapies.

Unfortunately, while some strides have been made within the organization in recent years to promote ethical service for GLBT clients, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) has recently established vague standards (AAMFT, 2005c) for incorporating issues related to sexual orientation into accredited training programs for couple and family therapists. COAMFTE now *recommends*, but does not *require*, that programs follow educational guidelines which suggest providing comprehensive views of sexuality and specific training for working with clients of various sexual orientations. These changes suggest that there is still room for the organization and field as a whole to become more accepting and competent regarding the needs and issues faced by GLB clients and their families.

The purpose of this paper is to investigate if changes have occurred in regards to attention paid to GLB issues in the research literature. This study reports the results of a content analysis of GLB-related articles beginning where the original study left off (beginning of 1996) and continuing through 2009. The following research questions guided this investigation:

1. To what degree have the articles published in CFT journals since 1996 addressed gay, lesbian, bisexual issues? Has this changed since the previously reviewed period of 1975-1995?

2. What is the nature of the literature being published in CFT related journals? Are there any emergent themes?
3. What types of articles are being published? What designs are used (i.e. quantitative, qualitative, clinical, etc)?

Method

The methodology employed in the original study was replicated in this investigation. That is, all articles published in journals deemed influential in the field of couple and family therapy published from 1996 through 2009 (see Table 1) were searched and reviewed to determine the presence of GLB content. Articles included in this study were full-length articles, brief reports and reflections. Introductions, comments, reviews, editorials, presidential addresses, interviews, and replies were excluded. Articles that contained GLB content but whose main focus seemed to be on larger diversity or multicultural issues were also excluded. Articles focused on transgender issues were not included in the original study and thus are not included in this analysis. Including them now could inflate results and hinder accurate assessment of change in publication trends over time. The discussion of this paper highlights issues related to the inclusion of articles related to transgender issues. Articles on HIV/AIDS that included sexual orientation as a major component were included.

The same journals were reviewed as in the original study with three exceptions. First, the *Journal of Family Psychotherapy* incorporated the *Journal of Psychotherapy and the Family* in 1990 so that all articles in this analysis are from the *Journal of Family Psychotherapy*. Second, two journals changed their name. *Family Systems Medicine* changed their name to *Families, Systems, and Health* and the *Journal of Couples Therapy* became the *Journal of Couple and Relationship Therapy*. The new journal titles are reported here. Finally, the *Journal of Sex and*

Marital Therapy is an influential publication that was not included in the first study and so is included in this one. Thus, 17 journals (see Table 1) were included in the analysis.

Each article was reviewed and coded by at least two of the authors. The first coder recorded all relevant information about the article and the second coder verified it. If there were differences of opinion that could not be rectified, a third coder was consulted. Three separate sorts of the articles were conducted based on the original study. The categories for the first sort were based on Morin's (1977) original taxonomy and the second was based on his areas for future research. The third sort was conducted using relationally oriented categories previously established in the original study.

Results

To investigate to what degree current articles published in CFT journals address gay, lesbian, and bisexual issues, the proportions of GLB articles from 1996-2009 were calculated by journal (see Table 1). During the 14 years since the original study was conducted, there were 8,781 articles published in the 17 surveyed journals. Of those, 173 (2%) focused on gay, lesbian, or bisexual issues (see Appendix for a complete list of articles). To determine whether the proportion of GLB content in CFT journals has changed, the current percentage (2%) was compared to that found in the original study (.6%). This change represents a 238.8% increase in total GLB content.

In terms of number of articles containing GLB content, the *Journal of Consulting and Clinical Psychology* published the most (21), followed by the *Journal of Couple and Relationship Therapy* (19) and the *Journal of Marital and Family Therapy* (17). However, in terms of percentages, the *Journal of Couple and Relationship Therapy* had the highest with 7.2% of its total articles related to GLB content. The *Journal of Feminist Family Therapy* followed

closely behind with 6.4%. With one exception, all surveyed journals showed an increase in the percentage of GLB content since the first study. *Behavior Therapy* published no articles on GLB issues from 1996 through 2009.

Table 2 displays the distribution trends of the articles by year. These data suggest that there has been a rather stable rate of publication of 12.36 articles ($sd = 3.65$) per year. There were spikes in 2003, 2004 and 2008 when between 16 and 20 articles appeared each year. In 2004 this could be attributed to a special issue in the *Journal of Couple and Relationship Therapy*.

To investigate the nature of the literature being published in CFT journals, the authors conducted three different sorts of the articles. The first sort used Morin's (1977) original typology. Table 3 displays the results of this sort from the current study, the original study, Morin's study, and two other studies that examined the psychological literature. None of the articles in the current investigation were related to assessment, two addressed causes of homosexuality (1%), 18 pertained to adjustment to homosexuality (10%), 20 were concerned with attitudes about homosexuality (12%), and 133 were categorized as special topics (77%). The most notable change from the original study is a considerable increase in the number of articles labeled as special topics and the decrease of articles in all other categories.

The second sort was conducted using Morin's (1977) categories for future research (see Table 4). Similar to the 1997 article, 30% of the articles were classified as pertaining to the dynamics of gay and lesbian relationships ($n = 52$). This highlights the continued relational focus of the CFT field. The nine categories established by Morin were found to be insufficient in classifying current research as no appropriate label for 51 articles (29.6%) was found.

In the original study, the authors created a new set of categories that better represented the relational focus of the CFT field. According to this classification, the most common category was therapy with GLB clients, with 40 articles (23.1%). Twenty-eight (16.2%) articles were labeled as “other”. Among those deemed “other,” 11 were categorized as mental health issues/substance use, six as training/supervision of therapists, and five as pertaining to adolescents. Similar to the 1997 study, a considerable proportion of articles ($n = 27$, 15.6%) were concerned with HIV/AIDS.

Regarding the type or design of the included studies, 76 articles (43.9%) were identified as clinical or theoretical (Table 6). This category also included case studies, literature reviews, reflections, and historical pieces. Sixty-eight (39.3%) were quantitative; 23 (13.3%) were qualitative methods; and five (2.9%) employed mixed methods. The representation of methodologies in this review were strikingly similar to that of the original study, suggesting that the type of research being conducted with or regarding GLB populations has not changed, although the specific phenomena being studied has evolved.

Only 32.4% ($n = 56$) of the articles reviewed presented a theory as the foundation of the study. The most predominant theory cited was feminist theory ($n = 10$) and this included feminist family therapy theory as well as feminist theory applied with grounded or social constructionist theories. Other theories cited often included family systems theory ($n = 6$), narrative therapy theory ($n = 5$), social constructivist theory ($n = 5$), Bowen family systems theory ($n = 4$), cognitive-behavioral theory ($n = 4$), and ecological systems theory ($n = 4$).

Discussion

The results of this study are promising for the representation of diversity in the field of CFT, yet also suggest that this representation is severely lacking in scope and depth. Overall, the

238% increase in total GLB content published in scholarly journals related to the field of couple and family therapy since the original study is impressive. Obviously, research regarding GLB issues is increasing along with the concurrent ethical and policy related changes the field has made in the past decade. While the increase in number of publications is substantial and encouraging, perspective on the magnitude of this increase should be assessed.

Only 2% of the total articles in the journals surveyed contained GLB content. Given that nearly three-quarters of AAMFT members report one-tenth of their practice consists of GLB clients (Green & Bobele, 1994), the amount of literature devoted to this population remains insufficient. If CFTs aim to increase their feelings of competency and decrease the impact of homophobia on their practice, more resources upon which they can draw when working with GLB clients need to be readily available. Also, it is in the best interest of the field of CFT for researchers and practitioners to stay informed regarding the rationale behind and impact of recent political and ethical changes and how those policies may impact individual clients.

Since the original study, the topics related to GLB issues being published in CFT journals have changed. The majority of the articles found to contain GLB content could not be categorized according to Morin's (1977) original typologies outside of the broad "special topics" category. This result is encouraging as it suggests that the field has moved beyond an interest in the causes, assessment of, and adjustment to homosexuality. This also reflects the larger scientific and societal literature base that accepts same-sex attraction as a normal and healthy part of sexuality. Researchers should broaden their understanding of GLB individuals through researching new areas of investigation such as the nature of bisexuality or the concept of sexual fluidity.

Morin (1977) suggested nine areas for future research regarding GLB content. While the category of dynamics of gay and lesbian relationships remained salient, the other categories have lost their relevance when examined in the context of more recent GLB literature and do not accurately reflect the nature of the literature that is published in the field of couple and family therapy. However, the categories created by Clark and Serovich (1996) to reflect the relational nature of the CFT field were more salient in this investigation. One noticeable distinction between the present study and that of the original study was the smaller proportion of articles related to the treatment of homosexuality/attempts to change or cure. The dwindling number of articles could be attributed to the fact that *Behavior Therapy*, which published the majority of articles related to the treatment and attempts to change or cure homosexuality in the original study, did not publish any GLB-related articles in the current study. Moreover, the lack of articles may illustrate the declining popularity and acceptance of reparative treatments. Nevertheless, many behaviorally-based treatments that could benefit GLB clients, such as treatments for depression, eating disorders, and body image disorder, exist and should be investigated by behavioral researchers.

At the same time, the “other” category in the Clark and Serovich (1996) categorization highlights trends in the literature that are closely related to changes in the societal focus. Topics most frequently sorted into this grouping addressed mental health/substance use issues, supervision or training of therapists, and issues related to adolescence. The increase in literature being published in such areas informs clinicians of the presence of mental health issues and substance use issues in persons that identify as GLB and adolescents first encountering and exploring their same-sex attractions. Furthermore, literature published on the topics of

supervision and training of therapists can assist supervisors and training programs in educating therapists to be culturally competent with GLB clients.

Previous literature has collected a number of important areas for which CFTs should be knowledgeable; however, societal changes have created the need to examine relatively newer areas of research that focus on factors that facilitate or deter GLB individuals' and couples' conceptualizations of family (i.e., adoption bans). For example, there is an emerging literature base on lesbian parenting reflecting the increased visibility of this family form. Other family forms; however, are not receiving similar attention. Future researchers should investigate the impact of formal relationship commitments on GLB couples and their families (i.e., marriage, civil commitments, gay fathering). As society becomes more tolerant of civil unions and same sex marriages, there may be additional future opportunities to explore not only the unique attributes that differentiate same sex partnerships from heterosexual partnerships, but also the partnerships between two men and two women. Furthermore, a movement away from deficit-based perspectives could open a new lens on family life. Rather than applying research formulated from samples of heterosexual couples towards same sex couples, CFT therapists may soon have the opportunity to utilize findings related to GLB couples to enhance their understanding or treatment of heterosexual couples (i.e. concepts of flexible gender roles, families-of-choice not based on traditional ties such as birth or marriage). In addition, issues and content specific to transsexuals and persons that identify as transgender have been missing from the literature. Future researchers should conduct an analysis on transsexual and transgender content in order for the field of couple and family therapy to have an accurate assessment of the amount and quality of work that exists in this area.

The methodology used in the GLB literature remained very similar to that in the original study. The largest proportion of literature was clinically or theoretically based. Clinical literature is vital to the field in order for clinicians to gain new skills and knowledge as well as for educators to have models to present to student therapists. That being said, the authors recommend that researchers conduct more empirical studies on GLB issues and specific approaches to treatment to strengthen the scientific merit of the literature. Given that very little exists in the literature about the experience of being a sexual minority and the structure and dynamics of GLB families and relationships, it is also appropriate to utilize qualitative and mixed methods to create a knowledge base of these fundamental issues.

It is beyond the scope of the current study to rigorously evaluate the quality of the GLB articles published. Because a number of articles were excluded from analysis due to being non-empirical (e.g. case studies, therapeutic treatment guidelines, supervision issues), it would be beneficial for scholars to develop appropriate evaluation tools for such articles in order to establish rigorous methods in evaluation that will comprehensively assess the quality of research available to practitioners and therapists.

This analysis also investigated the use of theory in the GLB literature. Overall, the use of theory is lacking with only one-third of reviewed articles citing a particular theory. To strengthen the research on GLB issues as well as the general research base of CFT, it is recommended that the use of theory is increased. Regardless, the theories used were largely family systems theories, including narrative, Bowen, and feminist family therapy, as well as ecological and family systems theories. Researchers should continue to expand such theories to include GLB families and relationships.

Conclusion

The current study findings suggest that there has been a substantial increase in attention paid to GLB population since 1997. Such an increase should be encouraging to therapists working with GLB clients and educators that supervise and train CFTs. However, the scope of GLB-related CFT research base is narrow and very shallow. Therefore, family scholars should strengthen the rigor of GLB-related research through using strong research designs, broadening the methods used (e.g. quantitative, qualitative and mixed-methods), and explicitly using and expanding family theory so that the field can continue to develop a rich picture of the lives of GLB persons. Although the field of CFT is coming out of the dark regarding the study of GLB issues, we must continue to move towards the light at the end of the heterocentric tunnel.

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Table 1

Number of Gay, Lesbian, and Bisexual (GLB) Articles Published by Journal

| Journal title | 1975-1995 | | | 1996-2009 | | |
|---------------------------------------|-------------------|----------------------------------|------|-------------------|----------------------------------|------|
| | Total articles | Number with GLB content | % | Total articles | Number with GLB content | % |
| American Journal of Family Therapy | 588 | 2 | 0.3% | 401 | 12 | 3.0% |
| Behavior Therapy | 1199 | 9 | 0.8% | 541 | 0 | 0.0% |
| Cognitive Therapy | 884 | 0 | 0.0% | 680 | 4 | 0.6% |
| Contemporary Family Therapy | 477 | 2 | 0.4% | 410 | 5 | 1.2% |
| Families, Systems, & Health | 422 | 0 | 0.0% | 366 | 2 | 0.5% |
| Family Process | 796 | 2 | 0.3% | 439 | 9 | 2.1% |
| Family Relations | 1383 | 11 | 0.8% | 651 | 13 | 2.0% |
| Family Therapy | 518 | 1 | 0.2% | 180 | 7 | 3.9% |
| Journal of Consulting and | 3286 | 17 | 0.5% | 1582 | 21 | 1.3% |

Clinical Psychology

| | | | | | | |
|-----------------------|-----|---|------|-----|----|------|
| Journal of Couple and | 116 | 0 | 0.0% | 263 | 19 | 7.2% |
|-----------------------|-----|---|------|-----|----|------|

Relationship Therapy

| | | | | | | |
|------------------------------|-----|---|------|-----|----|------|
| Journal of Family Psychology | 289 | 4 | 1.4% | 791 | 16 | 2.0% |
|------------------------------|-----|---|------|-----|----|------|

| | | | | | | |
|-------------------|-----|---|------|-----|---|------|
| Journal of Family | 123 | 0 | 0.0% | 344 | 4 | 1.2% |
|-------------------|-----|---|------|-----|---|------|

Psychotherapy

| | | | | | | |
|---------------------------|-----|---|------|-----|---|------|
| Journal of Family Therapy | 453 | 1 | 0.2% | 327 | 6 | 1.8% |
|---------------------------|-----|---|------|-----|---|------|

| | | | | | | |
|----------------------------|-----|---|------|-----|----|------|
| Journal of Feminist Family | 148 | 9 | 6.1% | 234 | 15 | 6.4% |
|----------------------------|-----|---|------|-----|----|------|

Therapy

| | | | | | | |
|-------------------------------|-----|---|------|-----|----|------|
| Journal of Marital and Family | 823 | 4 | 0.5% | 493 | 17 | 3.4% |
|-------------------------------|-----|---|------|-----|----|------|

Therapy

| | | | | | | |
|------------------------------|-----|---|------|-----|-----|-----|
| Journal of Psychotherapy and | 181 | 1 | 0.6% | n/a | n/a | n/a |
|------------------------------|-----|---|------|-----|-----|-----|

the Family

| | | | | | | |
|----------------------------|-----|-----|-----|-----|----|------|
| Journal of Sex and Marital | n/a | n/a | n/a | 475 | 10 | 2.1% |
|----------------------------|-----|-----|-----|-----|----|------|

Therapy

| | | | | | | |
|---------------|------|----|------|-----|----|------|
| Psychotherapy | 1531 | 14 | 0.9% | 604 | 13 | 2.2% |
|---------------|------|----|------|-----|----|------|

| | | | | | | |
|--------|-------|----|------|------|-----|------|
| Totals | 13217 | 77 | 0.6% | 8781 | 173 | 2.0% |
|--------|-------|----|------|------|-----|------|

Table 2

Distribution of Gay, Lesbian, and Bisexual Literature by Journal and Year

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | Totals |
|------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------|
| Am J of Family Therapy | 3 | | 1 | 1 | | 1 | | 2 | | | 1 | | 2 | 1 | 12 |
| Behavior Therapy | | | | | | | | | | | | | | | 0 |
| Cognitive Therapy | | 1 | | | | 1 | 2 | | | | | | | | 4 |
| Contemp FamTherapy | | | | | 1 | | | | 1 | | | 1 | 1 | 1 | 5 |
| Fams, Sys, & Health | | 1 | | | | | | | 1 | | | | | | 2 |
| Family Process | 1 | | | | 2 | 2 | | | 1 | | 1 | 1 | 1 | | 9 |
| Family Relations | 1 | | 1 | | 1 | 1 | | 1 | 1 | 2 | | 1 | 3 | 1 | 13 |
| Family Therapy | | 2 | 2 | | 2 | | | | 1 | | | | | | 7 |

| | | | | | | | | | | | | | | | |
|--------------------------|---|---|---|---|---|---|---|---|----|---|---|---|---|---|----|
| J of Cons and Clin Psych | | 2 | 1 | 2 | 3 | 3 | 1 | 1 | | 1 | | 2 | 2 | 3 | 21 |
| J of Couple & Rel Ther | | | | | | | | 2 | 11 | 2 | 1 | 2 | | 1 | 19 |
| J of Family Psychology | 1 | 2 | 1 | | | | 2 | 3 | 1 | | 1 | | 3 | 2 | 16 |
| J of Fam Psychotherapy | 1 | | | 1 | 1 | | | 1 | | | | | | | 4 |
| J of Family Therapy | | 1 | | 2 | | | | | 1 | | 1 | | | 1 | 6 |
| J of Feminist Fam Ther | 1 | | 1 | | | 1 | | 2 | 1 | | 7 | | 2 | | 15 |
| JMFT | | 1 | 1 | 1 | 5 | 1 | 1 | 3 | | 1 | 1 | | 2 | | 17 |
| J of Sex & Marital | 1 | 1 | 2 | 1 | | 1 | | | | 4 | | | | | 10 |

| | | | | | | | | | | | | | | | |
|---------------|----|----|----|---|----|----|---|----|----|----|----|---|----|----|-----|
| Ther | | | | | | | | | | | | | | | |
| Psychotherapy | 1 | 1 | 2 | | | 1 | 1 | 1 | 1 | 3 | 1 | 1 | | | 13 |
| Totals | 10 | 12 | 12 | 8 | 15 | 12 | 7 | 16 | 20 | 13 | 14 | 8 | 16 | 10 | 173 |

Table 3

Percentage Distribution of Morin's (1977) Original Categories

| Morin's categories | Morin (1977) 1967-1974 | Watters (1986) 1979-1983 | Buhrke (1992) 1978-1989 | Clark & Serovich (1996) 1975-1995 | Current study 1996-2009 |
|-----------------------|---------------------------|--------------------------------|-------------------------------|--|----------------------------|
| Assessment | 16% | 1% | 0% | 18% | 0% |
| Causes | 30% | 15% | 0% | 0% | 1% |
| Adjustment | 26% | 9% | 2.3% | 21% | 10% |
| Attitudes | 8% | 56% | 74.4% | 26% | 12% |
| Special Topics | 20% | 19% | 23.3% | 35% | 77% |

Table 4

Morin's (1977) Categories for Future Research

| Number of articles in couple and family therapy journals | | |
|--|------------|------------|
| Morin's (1977) areas for future research | 1975-1995 | 1996-2009 |
| Dynamics of gay/lesbian relationships | 22 (28.6%) | 52 (30%) |
| Development of positive identity | 12 (15.6%) | 18 (10.4%) |
| Variables associated with coming out | 7 (10%) | 13 (7.5%) |
| Degree of identity and commitment | 2 (2%) | 3 (1.7%) |
| Children/adolescent issues | 10 (13%) | 10 (5.8%) |
| Civil liberties | 0 | 5 (2.9%) |
| Aging | 1 (1%) | 1 (.6%) |
| Attitudinal change | 13 (16.8%) | 14 (8%) |
| Nature and meaning of homosexuality | 10 (13%) | 6 (3.5%) |

| | | |
|------|-----|------------|
| None | n/a | 51 (29.6%) |
|------|-----|------------|

Table 5

Couple and Family Therapy Categories

| | Number of articles in couple and family therapy journals | |
|--|--|------------|
| | 1975-1995 | 1996-2009 |
| Clark & Serovich (1996) categories | | |
| Therapy with GLB clients | 8 (10.4%) | 40 (23.1%) |
| Other | 8 (10.4%) | 28 (16.2%) |
| AIDS-related | 9 (11.6%) | 27 (15.6%) |
| Parenting issues | 8 (10.4%) | 15 (8.7%) |
| Relationship quality/satisfaction- empirically measured | 7 (9%) | 11 (6.4%) |
| Dynamics of GLB relationships- theoretical articles | 7 (9%) | 10 (5.8%) |
| Family of origin issues | 3 (3.9%) | 10 (5.8%) |
| Attitudes about homosexuality- therapists and family members | 5 (6.5%) | 8 (4.6%) |
| GLB identity | 4 (5.2%) | 6 (3.5%) |
| Treatment of homosexuality/Attempts to “change” or | 13 (16.8%) | 5 (2.9%) |

“cure”

| | | |
|---|----------|----------|
| Relationship issues (i.e. straight women/gay men) | 1 (1.2%) | 5 (2.9%) |
| +/- aspects of coming out | 3 (3.9%) | 4 (2.3%) |
| Sexual function/dysfunction | 1 (1.2%) | 4 (2.3%) |

Table 6

Percentage Distribution of Methodology

| Type of study | Number of articles in couple and family therapy journals | |
|----------------------|--|------------|
| | 1975-1995 | 1996-2009 |
| Clinical/theoretical | 35 (44%) | 76 (43.9%) |
| Quantitative | 26 (32%) | 68 (39.3%) |
| Qualitative | 9 (15%) | 23 (13.3%) |
| Mixed Methods | 7 (9%) | 5 (2.9%) |

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