

Pre-Union Counseling: A Call to Action

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ABSTRACT. Premarital counseling with heterosexual couples has been discussed with frequency in the counseling literature; however, little has been written about strategies and practices to serve same-sex couples planning to enter life partnerships. This article provides an overview of pre-union counseling, a new specialization designed to provide preventive, relationship-enhancing counseling to same-sex couples who are planning to marry or partner. A review of the premarital counseling and same-sex couples counseling literature serves as a foundation for pre-union counseling recommendations (content areas, goals, and format) with gay male and lesbian couples. Future research and scholarship needs regarding pre-union counseling also are discussed.

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One of the hallmarks of the counseling profession is a focus on providing preventive services to clients (Murray, 2005; Remley & Herlihy, 2007). In the realm of couples counseling, premarital counseling has been one of the most utilized and researched forms of preventive intervention, with its practice dating back to the 1920s (Stahmann & Hiebert, 1997). The primary goal of premarital work is to help couples get to know one another on a deeper level while preparing them for the rigors of marriage. As a result, premarital counseling increases the likelihood of marital satisfaction/success, especially during the early years of marriage when divorce/separation is most likely (Larson, Newell, Topham, & Nichols, 2002; Silliman & Schumm, 2000). Unfortunately, virtually the entire body of premarital counseling literature has focused solely on heterosexual couples, who were historically the only individuals eligible to marry or enter civil unions in the United States, ignoring approximately 6,000,000 Americans involved in same-sex romantic relationships.

Over the last 10 years, same-sex couples have won the right to legally partner in several states, although only Massachusetts allows these couples to “marry.” As such, the term *premarital counseling* currently limits the scope of preventive practice to heterosexual couples. Although much has been written about conducting couples counseling with same-sex couples, there has been no exploration of how to provide premarital counseling for gay and lesbian couples. As a result, same-sex couples are rarely offered counseling in preparation for their life partnerships. This is problematic, as studies in Scandinavia, where same-sex partnerships have been legal since the late 1980s, show that divorce risks are higher in same-sex partnerships than opposite-sex marriages (e.g., Anderson, Noack, Seierstad, & Weedon-Fekjær, 2004). At present, counselors looking to work with gay and/or lesbian couples have no specific recommendations or models for this type of preventive work, which I have termed *pre-union counseling*.

The purpose of this article is to address these identified gaps in the premarital and same-sex couples counseling literature. An overview of same-sex marriage status in the United States as well as a general literature review of (a) premarital counseling and (b) same-sex couples counseling are provided. This review serves as a basis for pre-union counseling recommendations (content areas, goals, and format) with gay male and lesbian couples. Future research and scholarship needs regarding pre-union counseling also are discussed.

SAME-SEX MARRIAGE AND CIVIL UNIONS IN THE UNITED STATES

State-sanctioned recognition of same-sex couples is a relatively recent phenomenon within the overall history of marriage. The world's first legal civil union between members of the same sex occurred in Denmark in 1989 (Aldrich & Wotherspoon, 2001). Since that time, many countries have enacted laws permitting same-sex couples to enter into legal unions of various types (e.g., civil unions, domestic partnerships, marriages), with others creating laws to limit or prohibit gay and lesbian couples from legally coupling.

At present, the United States is one of only seven countries in the world that permits same-sex marriage (Belgium, Canada, Norway, South Africa, Spain, and The Netherlands are the others). However, the United States only appears on this list due to laws within the state of Massachusetts, the lone state that gives gay and lesbian couples the right to enter into marriages that are the legal equivalent to those of heterosexual couples. In contrast, 26 states have passed constitutional amendments explicitly barring the recognition of same-sex marriages, with 18 of these amendments specifically prohibiting the legal recognition of *any* same-sex union (not just marriage). Nineteen additional states have legal statutes that define *marriage* as a union of two persons of the opposite sex. Taken together, 45 states have some type of legal policy prohibiting gay and lesbian couples from entering into marriage.

Although only Massachusetts permits same-sex couples to marry as of this writing, additional states do (or are scheduled to) offer alternative legal recognition to same-sex couples in the form of civil unions or domestic partnerships. In Connecticut, New Hampshire (effective January 1, 2008), New Jersey, and Vermont, gay and lesbian couples can enter civil unions. California and Oregon (effective January 1, 2008) have domestic partnership laws granting all of the legal rights and responsibilities of marriage. In addition, Maine, Washington, and the District of Columbia grant certain limited benefits through domestic partnerships, and Hawaii has reciprocal beneficiary laws.

As same-sex couples continue to win the legal right to partner and/or marry in the United States, the need for pre-union counseling services is increasing. Like heterosexual couples, gay and lesbian couples can benefit from prevention-based, affirmative couples counseling designed to address issues common to premarital/pre-union couples (e.g., communication issues, conflict resolution, financial management, in-laws). However, same-sex couples also face an additional set of relationship stressors due to

society's view of their sexual orientation (e.g., dealing with heterosexism, coming out as a couple to friends and family). As such, it is imperative that same-sex pre-union counselors consider the specific needs of same-sex couples when adapting current premarital counseling practices, which have focused solely on heterosexual couples.

LITERATURE REVIEW

In conducting the literature review for this manuscript, there were no citations/articles found addressing premarital counseling among same-sex couples. As such, this overview of premarital counseling is limited to writings involving heterosexual couples and will be applied, as appropriate, to same-sex couples following the literature review.

Premarital Counseling

Premarital counseling has been defined as “a process designed to enhance and enrich premarital relationships leading to more satisfactory and stable marriages with the intended consequence being to prevent divorce” (Stahmann, 2000, p. 105). This type of preventive counseling sometimes is referred to as *premarital education* (e.g., McGeorge & Carlson, 2006; Stanley, 2001), because there are numerous structured formats/programs that are available to providers who either want a standardized approach or lack formal clinical training (i.e., non-clinicians such as clergy). Couples entering premarital counseling typically are well-functioning and psychologically healthy individuals; more severe pathology/issues usually are referred out for longer-term individual and/or couples therapy (Stahmann & Hiebert, 1997).

Goals for Premarital Counseling

Stahmann and Salts (1993) provided the following general goals for premarital counseling: (a) easing the transition from single to married life, (b) increasing couple stability and satisfaction for the short and long term, (c) enhancing the communication skills of the couple, (d) increasing friendship and commitment to the relationship, (e) increasing couple intimacy, and (f) enhancing problem-solving and decision-making skills in such areas as marital roles and finances. Further, most premarital counseling covers common topics such as communication, conflict resolution, financial man-

agement, sexuality, parenting expectations, and partners' families of origin (Bruhn & Hill, 2004).

Format of Premarital Counseling

The format of premarital counseling can vary widely. For example, there are examples of both individual couple (e.g., Bruhn & Hill, 2004; Murray & Murray, 2004) and group (e.g., Rowden, Harris, & Stahmann, 2006) formats in the counseling literature, each with its own strengths. With individual couples, counselors are able to tailor their approach to the couple's specific needs based on formal and/or informal assessment. This type of individualized treatment plan allows the couple to learn and build upon their specific strengths as individuals and as a dyad. In addition, it may be easier to establish rapport with the couple in this individual format as opposed to a group. However, the group format does provide unique opportunities lacking in individual couple premarital counseling. Most notably, groups allow couples to normalize their anxieties about marriage and model the strengths they see in others. This modeling can be further enhanced by inviting "successful" married couples into the group to share their experiences and suggestions for the engaged couples.

Presently, members of the clergy provide the majority of premarital counseling in the United States (Bruhn & Hill, 2004; Stahmann & Hiebert, 1997). Clergy usually perform premarital counseling as part of an optional or mandatory marriage preparation program before a religious wedding ceremony or service (Stahmann, 2000). Given the opposition many religions have to same-sex marriage/life partnerships (as well as homosexuality in general; LeVay & Nonas, 1995), many same-sex couples might not be comfortable engaging in couples counseling of any type with clergy. Even if a couple should seek out clergy, however, there are very few guidelines for practice. The one notable exception found in the literature was a case study and discussion of a lesbian couple by Rabbi Ellen Jay Lewis (2005). Lewis provided several suggestions for rabbis and cantors working with same-sex couples who are planning to partner, either in a civil, church, or informal ceremony. These include exploration of familial support (or lack thereof), discussion of legal documents (e.g., wills, proxies, power of attorney), and processing of emotional and spiritual issues.

In addition to clergy, mental health workers and physicians also provide premarital counseling services, although the latter typically only provide contraceptive and sexual information. Mental health practitioners offer

services in a variety of settings, including colleges/universities (often as part of a training program), community mental health centers, governmental family service agencies, and in private practice (Stahmann & Hiebert, 1997). These practitioners might be more inclined to provide unconditional positive regard and acceptance toward same-sex couples in comparison to some fundamentalist clergy who define homosexuality as sinful; however, no literature providing suggestions for same-sex pre-union counseling currently exist.

Assessment With Premarital Couples

There are numerous instruments designed specifically for use with heterosexual premarital couples. Multiple studies have shown the use of premarital assessment questionnaires (PAQs) in conjunction with counseling can increase couples' relationship satisfaction (e.g., Holman, Larson, & Harmer, 1994; Larson, Vatter, Galbraith, Holman, & Stahmann, 2007; McGeorge & Carlson, 2006) and, to some extent, predict the probability of future marital satisfaction (e.g., Fowers, Montel, & Olson, 1996). For a more detailed analysis and discussion of the most commonly utilized PAQs (PREPARE, PREP-M, RELATE, and FOCCUS), see the reviews of Larson et al. (1995, 2002).

As with all counseling, less formalized assessment should also be a part of the premarital counseling process. For example, counselors may ask a couple to describe their relationship history (e.g., how/when they met, courtship/dating, how they became engaged, etc.). Stahmann and Hiebert (1997) provide a semistructured Dynamic Relationship History questionnaire that can be used to guide the couple's narrative (pp. 60–70). Patterns and tendencies within the relationship often begin to present themselves during this type of open-ended discussion (e.g., who speaks more; does the couple tend to agree or argue; nonverbal reactions to partner). The information gathered through formal and informal assessment typically is used by the counselor to design a specific plan of action to build on the couple's strengths while also addressing potential areas of growth.

It is clear that the premarital counseling literature outlined above focuses entirely on practice with heterosexual couples. This is problematic when trying to design appropriate pre-union/premarital counseling for a same-sex couple. Although there are some issues and potential counseling topics that are relatively universal for couples (e.g., conflict resolution, communication skills, financial management), same-sex couples as a general population face a variety of issues that heterosexual couples do not. Therefore, before providing recommendation for pre-union counseling for

gay and lesbian couples, it is first necessary to discuss issues specific to same-sex couples.

Same Sex Couples

Historically, articles examining same-sex couples have not been prevalent in the professional counseling literature (Spitalnick & McNair, 2005), with only 2.11% of articles published in counseling journals between 1990 and 1999 containing a significant focus on LGB issues/clients (Phillips, Ingram, Smith, & Mindes, 2003). One potential reason for this low representation was the belief that “couples are couples,” with the most prevalent issues for same-sex couples matching those of heterosexual couples. Although this is true for some issues, there are additional challenges that are unique to gay and lesbian couples.

Green (2004) categorized four problem areas same-sex couples face in addition to the issues common to couples in general. The challenges include (a) coping with heterosexism common in the larger society; (b) defining and maintaining a sense of couplehood despite the lack of a normative and/or legal template for same-sex relationships; (c) creating social networks that provide emotional support and family-like inter-connections/cohesion; and (d) maintaining flexible gender roles (androgyny) to avoid potential issues that may accompany traditional gender role conformity by both partners. Each of these areas presents the same-sex couple with additional hurdles to relationship satisfaction and success.

Coping With Heterosexism

A large body of research has documented the difficulties same-sex couples face within a dominant culture that is heterosexist (Bepko & Johnson, 2000; Crawford, 1987; Roth, 1989). Societal heterosexism is widespread and systemic in nature (Green & Mitchell, 2002), with gay and lesbian couples facing potential challenges almost constantly. For example, although heterosexual couples long have had the freedom to show affection in public (e.g., holding hands, hugging, light kissing), same-sex couples must be more cognizant of potential negative reactions from onlookers prior to engaging even in modest forms of public intimacy. This can range from dirty looks and slurs (Davison, 2001) to physical and potentially life-threatening violence (Granvold & Martin, 1999; Ossana, 2000). The pressure to keep one's couplehood hidden in public weighs heavily on many same-sex couples and can lead to both intrapersonal and interpersonal problems (Green & Mitchell, 2002).

The enculturation of heterosexism can have a strong negative impact on gay and lesbian individuals and couples (Connolly, 2004). This cultural bias can be so traumatic for some individuals that it prevents them from forming any couple relationships (Bepko & Johnson, 2000). Heterosexism, defined as “the ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community” (Herek, 1995, p. 321), also permeates U.S. culture in a variety of overt and covert ways. Many overt examples of heterosexism such as banning gays and lesbians from the military and the passage of laws to prevent same-sex couples from forming partnerships and/or marriages are systemic in nature and often minimize opportunities for LGB individuals. However, more covert forms of heterosexism also send negative messages to gays and lesbians about their sexual orientation. For example, individuals typically are assumed to be heterosexual unless they disclose otherwise. This biased but frequent belief places pressure on members of same-sex couples to either correct people who assume they are heterosexual (e.g., by trying to set them up on dates) or offer information about their sexual orientation early in a conversation or relationship, perhaps before they would typically feel comfortable doing so. Either way, gay men and lesbians recognize that they are taking a risk any time they disclose their sexual orientation due to the heterosexist nature of the United States (Burn, Kadlec, & Rexer, 2005).

Lack of Normative/Legal Templates for Same-Sex Relationships

As noted above, there is significant variability across the United States regarding same-sex couples’ rights to marry, partner, or enter into a civil union. The result is a lack of a clear, consistent, socially sanctioned path for gay men and lesbians to couplehood. Likewise, one of the most notable differences between same-sex and heterosexual couples is the presence and impact of role models. Whereas heterosexual couples potentially have a plethora of successful couple role models in their families, the media, and society in general, the same cannot be said for same-sex couples (Ossana, 2000). This can make it more difficult for lesbian and gay couples to gauge what a “successful” same-sex marriage/life partnership looks like, with couples having to negotiate their own normative relationship dynamics (MacDonald, 1998). It also causes many lesbians and gay men to harbor non-conscious negative expectations about their own potential for engaging in long-term romantic relationships (e.g., marriage/life partnership) that goes beyond the sexual or superficial realm (Brown, 1995).

The LGBT community itself also participates in the marginalization of same-sex couples (Tunnell & Greenan, 2004). Unlike heterosexual marriage ceremonies, there are very few rituals in the LGB subculture that acknowledge the milestone of entering into a life partnership. The fluid nature of same-sex relationships can add to a couple's ambiguous feelings and identity, as the sanctity of the relationship sometimes is not respected by other gay men or lesbians (i.e., assuming an open sexual relationship). As such, same-sex couples are challenged to create their own boundaries and structure for who they are as a couple within society.

Need for Social/Family-Like Network

The coming out process is extremely challenging for gay men and lesbians, who may fear repercussions due to societal and familial homophobia and heterosexism (Connolly, 2004; Green & Mitchell, 2002). Revealing one's identity is a continual process, with the decision to disclose carrying the risk of rejection and marginalization and the choice to not disclose possibly resulting in isolation and stress from a "double life" (Ossana, 2000). Same-sex couples often maintain multiple identities and work very hard to keep their relationship secret in some social/family circles, thereby compartmentalizing aspects of who they are depending on the environment (Johnson & Colucci, 1999). It can be difficult, if not impossible for couples to negotiate when, how, and to whom they share their relationship, and even when they do, the reaction of friends and family often is negative or unsupportive.

Same-sex couples perceive less familial support than married couples (Patterson, Ciabattari, & Schwartz, 1999). This is true both of couples who are out to family (Young & Long, 1998) and those who are not out to family (Granvold & Martin, 1999). Families often experience and convey feelings of loss around the "heterosexual privilege" that the couple had prior to disclosure (Matthews & Lease, 2000). In many cases, families and friends also engage in activities that attempt to invalidate same-sex couples, such as minimizing the relationship, implying or stating that it is no more than "a stage," excluding the partner from family events or rituals, or giving separate rooms when visiting (Roth, 1985). In addition to these covert attempts to invalidate same-sex couples, family members may be unwilling to accept the union as legitimate (Granvold & Martin, 1999), treating a partnered member as single (Brown, 1995).

Because some biological family members often choose to undermine rather than embrace same-sex couples, it is important for same-sex couples

to recognize their ability to choose or create who they want to recognize as “family” (Granvold & Martin, 1999; Patterson et al., 1999). Finding, creating, and maintaining a circle of support is essential for the long-term success of a same-sex couple, particularly in situations where biological family members are unsupportive (Connolly, 2004).

Potential Gender-Role Issues (Androgyny vs. Traditional)

All members of society are enculturated with gender norms; therefore, gender-role issues are not necessarily unique to same-sex couples; however, the manifestation of these issues does differ between same-sex versus heterosexual couples. In heterosexual couples, the most common gender-role issue involves a female desiring a less “traditional” role within the relationship, expecting that her partner share in household responsibilities and be supportive of her career, etc. If this is met with resistance from the male partner, who might expect less egalitarian roles, problems typically develop. This is only one example of a potential gender-role issue for heterosexual couples, and other types are possible (e.g., male partner wanting to be a stay-at-home parent; female partner making more money).

Unlike heterosexual couples, however, gender-roles issues among same-sex couples usually stem from male-male or female-female composition of the relationship, which often results in partners with the same traditional gender roles, or as Brown (1995) stated, both members of a same-sex couple “possess variations on the theme of the same benefits and deficits of essentially similar patterns of gender role development” (p. 274). Green (2004) noted that gay male couples are prone to problems of emotional disengagement or competition should both partners have traditional male gender roles, whereas lesbian couples are more likely to have issues of emotional fusion and avoidance of conflict due to traditional female gender roles.

Additional Therapeutic Issues—Gay Male Couples

For almost all engaged or married heterosexual couples, monogamy is an expectation with regard to sexuality and is assumed to be a condition of the relationship. However, among gay male couples, the issue of monogamy versus non-monogamy (often termed an *open relationship*) is one that must be overtly addressed, as some couples engage in mutually agreed-upon open relationships (MacDonald, 1998). This can result in clinical issues should partners disagree about the type of sexual relationship they desire (monogamous vs. open; Cove & Boyle, 2002). In addition,

some specific problems have been identified among open relationship couples. Difficulties negotiating expectations of the relationship as well as if and how to disclose extra-relationship sex can arise (Simon, 1996). Further, some individuals in open relationships find that extra-relationship sex often results in decreased sexual activity within the primary relationship (MacDonald, 1998). Lastly, the open relationship couple also must deal with issues involving potential STDs due to exposure to outside partners.

Compared to heterosexual and lesbian couples, gay male couples also are more likely to be dealing with emotional and psychological issues related to one or both partners being HIV positive (Carballo-Dieguez & Remien, 2001). Multiple researchers have examined the impact of HIV and AIDS on gay male couples. With regard to sexual functioning, HIV-positive gay men tend to experience a decrease in sexual interest, satisfaction, and desire and increased erectile difficulties (Spitalnick & McNair, 2005). Additionally, serodiscordant couples often experience fear and anxiety around possible transmission (Bahr & Weeks, 1989).

Additional Therapeutic Issues—Lesbian Couples

Lesbian couples have been found to present with several unique issues when compared to heterosexual and/or gay male couples. The most discussed of these issues, challenges involving sexual activity and satisfaction, also has been the most controversial within the counseling and psychological literature. Numerous researchers (e.g., Blumenstein & Schwartz, 1983; Hall, 1996) have discussed a phenomenon termed *lesbian bed death*, which refers to the tendency for lesbians in long-term relationships to have significantly less sex than gay men or women in heterosexual relationships. However, evidence of this pattern of decreased sexuality has been challenged in recent years as flawed due to phallogentric and heterosexist definitions of sexual activity and satisfaction (Kaschak & Tiefer, 2001). For example, many studies only “counted” sexual encounters that included genital contact toward the goal of orgasm, ignoring other types of mutual, sensual physical contact focused on other aspects of a sexual encounter than those resulting in orgasm (Nichols, 2004; Rothblum & Brehony, 1993). Although counselors in clinical practice in the lesbian community have seen many lesbian couples who are not sexually active (Nichols, 2004), it is unclear what this really *means* for these couples; it is only problematic if one assumes that sexual frequency is a measure of quality.

Although the research involving lesbian couples’ sexual frequency is somewhat equivocal, the concept of “lesbian bed death” is familiar to

many lesbians, regardless of its accuracy. According to Iasenza (2000), the term “has become the subject of jokes and the topic of conversation in the lesbian community” (p. 111). As such, the natural decline in sexual excitement and passion that is present in most relationships (heterosexual, male-male, and female-female) might be met with more self-doubt among lesbian couples (Hall, 2001). These types of concerns around sexuality are a common presenting problem among lesbian couples entering counseling (Bepko & Johnson, 2000).

One final issue affecting many lesbian couples is internalized heterosexism and homophobia (Spitalnick & McNair, 2005). These intra-psychic issues have been offered as possible explanations for the aforementioned, debated decrease in sexual activity and desire among lesbian couples. However, the issues of internalized heterosexism and homophobia can have other negative consequences beyond the sexual realm. Downey and Friedman (1995) argued that by internalizing society’s negative lesbian stereotypes, lesbians are more likely to experience guilt, self-doubt, self-hate, and negative relationship self-efficacy (lack of confidence in maintaining a long-term relationship).

RECOMMENDATIONS FOR PRE-UNION COUNSELING

As I have noted throughout this article, there have been no previous attempts in the counseling literature to provide guidelines or recommendations for pre-union counseling with same-sex couples. Although many aspects of heterosexual premarital counseling can be applied to pre-union counseling with same-sex couples, additional factors should be taken into consideration as well, given issues specific to the lesbian and gay male population. In this section, I will provide some preliminary recommendations for pre-union counseling, exploring ways to borrow from and appropriately adapt present premarital counseling models. In addition, recommendations for future research involving pre-union counseling will be presented.

Pre-Union Counseling Content and Goals Recommendations

Given the preventive nature of pre-union counseling, it is important for counselors to assess couples in many different areas of their relationship/functioning to discover areas of strength and potential growth areas. The following list of content areas has been derived from multiple premarital counseling sources (e.g., Bruhn & Hill, 2004; Larson & Holman, 1994;

Murray & Murray, 2004; Olson & Olson, 1999; Risch, Riley, & Lawler, 2003; Stahmann, 2000; Stahmann & Hiebert, 1997; Stanley, Blumberg, & Markman, 1994) as well as the same-sex couples counseling literature (e.g., Bigner & Wetchler, 2004; Connolly, 2004; Green, 2004; Green & Mitchell, 2002; Ossana, 2000); each of these areas is discussed briefly below:

1. Personality/Medical Issues: Assertiveness, self-esteem, denial/avoidance, control/power issues, health issues
2. Intrapersonal Issues: Incompatible values and/or beliefs (to include spiritual beliefs, views on drug/alcohol use, and political perspectives), leisure activities/interests, work, expectations of marriage/life partnership, internalized homophobia
3. Interpersonal Issues: Communication, conflict resolution, children and parenting, commitment, marital/life partnership roles, current sexual relationship, sexual expectations (including view of monogamy vs. non-monogamy), physical or sexual abuse, financial management
4. External Issues: Family of origin history (to include sexual, domestic, and substance abuse), family of origin issues/acceptance; family of choice, friends/social network

Personality/Medical Issues

Individual personality characteristics associated with positive functioning such as assertiveness and self-esteem are important to gauge within both partners. Often, it is best for a partner presenting with personal issues (e.g., depression, low self-esteem, impulsivity) to receive individual counseling either prior to or in addition to pre-union counseling. This is not to say that all personality/individual issues warrant a referral, only those that would be more amenable to change in a one-on-one rather than conjoint or group setting (both of which may be the norm in pre-union work). Some individualized issues are very appropriate and necessary topics for pre-union counseling. For example, issues involving dependency, conflict avoidant tendencies, and control/power each could be addressed with one's partner-to-be, and in many cases, the involvement of the partner would allow for increased intervention options (e.g., role-plays). Likewise, health issues should be explored from both partners' perspectives and processed. Coping with an HIV/AIDS diagnosis would be one such medical issue that often must be addressed among gay male couples. Discussing the prognosis, impact on the couple's sex life, and personal feelings of each partner

can be a way to provide some level of empowerment for the pre-union couple facing HIV/AIDS. Similarly, other significant health issues among gay men and lesbians would warrant discussion (e.g., breast cancer, obesity, substance abuse, smoking).

Intrapersonal Issues

Intrapersonal issues refer to each partner's personal beliefs and expectations (as opposed to personality traits). As with heterosexual premarital couples, same-sex pre-union couples may not share values around issues such as spirituality/religion, drug and alcohol use, politics, and leisure activities (to name a few). Couples should be encouraged to explore any discrepancies they have in these areas in the safety of the pre-union counseling space. For example, will they be attending religious services together if only one partner is a "believer?" What level of drinking and what type of drugging will be permitted in their home/at parties? How will they co-exist if they passionately disagree on a political issue? Should free time be spent in activities together or apart? All of these questions must be approached gently by the counselor, as working with one's core beliefs can be challenging and spark resistance or defensiveness.

There are additional potential intrapersonal issues that are unique to same-sex couples and therefore must be considered by pre-union counselors. One such issue is the expectation of what the life partnership will look like and entail, as many same-sex couples may not have models of "successful" partnerships/marriages in their families, social groups, or the media. Rather than looking at this lack of models as a challenge, pre-union counselors should help couples reframe the situation as an opportunity to co-construct their shared vision of their lives together. The couple may or may not start with a shared vision, but this reframe allows the partners to explore what they want and need from each other in a positive, shared manner.

Lastly, the issue of internalized homophobia, which is individual in nature, can have a dramatic impact on a pre-union couple. When one or both partners are uncomfortable with their own homosexuality, it can have a variety of negative impacts on the couple. For example, the couple might not agree on who they are able to come out to within their family of origin, coworkers, and friends. It is important for the couple to openly discuss their feelings, possible reservations, and plans about coming out as a couple. In some cases, an individual referral might be required for one partner to explore his shame and doubt about coming out without the presence of

his partner; however, such a referral only should be given in cases where the couple is unable to move forward in conjoint work, as it may send a covert message that the partner expressing hesitancy about coming out is the “problem.”

Interpersonal Issues

Many of the most common reasons couples, regardless of their sexual orientation, enter into counseling fall under the category of interpersonal issues (G. R. Weeks, Hof, & Howard, 1995). Counselors working with same-sex pre-union couples can borrow premarital counseling resources that provide recommendations on improving couples' communication and conflict resolution skills (e.g., Life Innovations, 2002). It would be helpful to have couples role-play situations they may face (or are facing) that often lead to conflict. Depending upon the couple's issues, the counselor can determine if it is best to focus on innocuous situations (e.g., arguing over toothpaste flavor) in order to focus on communication/conflict resolution skills instead of content or if it would be better to use a more emotionally charged issue the couple is working on (e.g., whether to share their relationship with coworkers). Both of the interventions are appropriate in a pre-union counseling session, and it is up to the counselor to decide what direction would most benefit the couple.

Although communication and conflict resolution are the two areas where almost all couples eventually encounter difficulties, there are additional potential interpersonal issues that same-sex couples might want/need to address as part of pre-union counseling. Counselors may want to have the couple explore their thoughts about having or adopting children. This is an issue that is a bit more complicated for gay male or lesbian couples in comparison to most heterosexual couples who are able to conceive without outside assistance. However, the similarly with regard to pre-union/premarital counseling is the need for the couple to begin considering what each partner's expectations are around starting a family.

Pre-union counselors also are encouraged to have couples speak openly about their sex life as well as their sexual expectations. This might look slightly different with a gay male couple in comparison to a lesbian couple, given the distinctive sexual issues they might encounter. For example, when working with a gay male couple, it would be important to have the partners address their expectations around monogamy, given the variety of norms within the gay community. In contrast, when conducting pre-union counseling with a lesbian couple, the counselor might wish to discuss

the notion of “lesbian bed death,” helping the couple express their sexual expectations during their lives together and exploring how they hope to keep their sex life fresh and active.

Lastly, as with any couple, counselors always should be assessing for potential physical and/or sexual abuse. Some PAQs assess for abuse within partners’ families of origin; but the lack of an instrument for use with same-sex couples means that counselors must be more direct should they desire that background information. Discussion of the couple’s values and expectations around violence and verbal abuse also should be incorporated into activities and interventions around conflict resolution (e.g., exploring how partners felt physically during a role-played argument; asking if they ever felt like shaking, hitting, etc., the other person; discussing how to handle feelings and urges appropriately).

External Issues

The coming together of two systems can be a large challenge for many engaged couples, regardless of sexual orientation. For example, while still working on establishing their identity as a married/partnered couple, many clients must simultaneously negotiate how to divvy up their availability with family. What will be the plan on major holidays? Who do we visit/invite to visit and how often? How can we feel involved with our loved ones but also carve out space and time for ourselves? These issues are not unique to same-sex couples; however, there are additional potential challenges that gay male and lesbian couples should consider specifically as a part of pre-union counseling.

One such area is the idea of family of origin vs. family of choice. In recent years, the notion of what constitutes a “family” has shifted, with more individual/subjective interpretation being part of the construct. This shifting concept was eloquently captured by J. Weeks (2004), who stated, “that family is something you *do* rather than something you belong to; and you can do family in a variety of ways” (p. 159). Rather than being constrained within the family system of one’s birth, many lesbians and gay men identify more closely with their “family of choice,” which is a system of their own design, built around friendship and emotional support (Weeks et al., 2001; Weston, 1991).

Developing this type of network is important for same-sex individuals and couples, particularly in cases where family/families of origin are not supportive. Pre-union couples might need to discuss how their individual families of choice will change, blend, or stay separate as they move

forward as a couple. This will be easier in cases where the couple shares much of their family of choice; however, in situations where one partner is not out (or is only out to a small portion of their network of friends, family, and coworkers), there could be large differences in the individuals' notion of family. Similarly, in couples where both partners have their own distinctive families of choice, there could be issues in whether/how to blend those systems. Whereas a heterosexual premarital couple has a socially defined understanding that their families become relatives following marriage, same-sex preunion couples must negotiate a more nebulous coming together of families of choice and/or families of origin when they partner/marry.

One other set of external issues that warrants assessment and possible intervention in pre-union counseling is that involving family history (e.g., sexual, domestic, or substance abuse; divorce/infidelity). Even if an individual chooses not to identify with their family of origin, a large body of research suggests that individuals are strongly impacted by the family system in which they are raised (e.g., Braaten & Rosén, 1998; Jennings, Salts, & Smith, 1991; Kinnaird & Gerrard, 1986). For example, incidences of sexual abuse (Leifer, Kilbane, Jacobsen, & Grossman, 2004), domestic violence (Kwong, Bartholomew, Henderson, & Trinke, 2003), alcoholism (Van Gundy, 2002), and divorce (Kunz, 2000) have been shown to be greater among individuals who experience/witness those challenges in their family of origin. As such, it is important for counselors to inquire about pre-union couples' families of origin history to assess for potential problems. These issues can be addressed as part of the "preventive maintenance" portion of pre-union counseling, reframing the dialogue as preparing the couple for the rigors of a lifetime together, rather than problems they will definitely face.

These four areas, personality/medical issues, intrapersonal issues, interpersonal issues, and external issues, should not be conceptualized as mutually exclusive, nor must they be assessed or addressed in isolation. The categories are provided only to encourage practitioners to examine the broad range of a pre-union couple's relationship rather than focusing only one or two areas (e.g., interpersonal relationship counseling only). Counselors are encouraged to review the premarital counseling and same-sex couples counseling literature to design specific treatment plans and interventions for the above issues, as providing suggestions for all of the areas is not within the scope of this manuscript. In addition, I should note that it may not be feasible to assess all of these areas thoroughly within what might be a limited number of pre-union counseling sessions due to

the absence at present of any pre-union counseling assessment tool. Counselors are encouraged to gauge the most important needs of couples on a case-by-case basis, providing referrals to or extending work with clients who warrant additional counseling.

Preunion Counseling Format Recommendations

There are a number of “prepackaged” programs available for individuals who conduct premarital counseling (e.g., Life Innovations, 2002) with heterosexual couples. Many of the strategies and suggestions in such manualized approaches can be applied appropriately and effectively with same-sex preunion couples (e.g., communication skills training, budgeting exercises). However, unlike many of the clergy who provide premarital counseling, counselors are trained in the practice of assessment, treatment planning, and therapeutic counseling, which allows for a more nuanced and individualized approach to pre-union (and premarital) counseling. As such, I will provide some general suggestions for individual and group components of pre-union counseling, rather than a specific “program.” This is because I believe counselors should individually tailor their pre-union counseling to meet a couple’s specific needs.

Ideally, pre-union counseling would involve both an individual couple and group component. Such a format has multiple benefits: it allows couples time to explore their relationship strengths and growth areas as a pair; and it also gives couples the opportunity to gain the benefits of interacting with other pre-union couples (noted earlier in this article). Although it may not be possible for a counselor to provide both formats for a number of possible reasons, suggestions for both group and individual components are provided below.

Group Component

The group component of pre-union counseling would be a good forum for counselors to provide psychoeducational training that would be beneficial to all same-sex couples in attendance. For example, discussing common issues like financial management/budgeting, general conflict resolution strategies, and communication skills would work well in groups with opportunities for smaller group/couple breakouts for practicing or role-playing.

The group component of the preunion counseling also would be a good forum to encourage same-sex couples to dialogue about the structure of their relationship, focusing at first on strengths and shifting into potential

growth areas and struggles as the group becomes more cohesive and builds trust. This type of sharing can help normalize the issues facing same-sex partners and provide a forum for support and discussion. In addition, counselors could invite mentor couples to visit and share with the group. These mentors would be couples who have been partnered/married for several years who would share their stories as well as strategies for staying together in a heterosexist world. They also could discuss potential pitfalls and challenges couples are likely to face and how they overcame (or are overcoming) them. Because same-sex role-model couples are not prevalent in the media, pre-union couples would benefit from interacting with lesbians or gay men who are happily partnered/married.

Individual Component

In theory and practice, pre-union counseling differs from other forms of same-sex couples counseling. In the absence of a concrete problem, it is important that the couple and counselor discuss their expectations of pre-union counseling (e.g., duration, content covered) prior to co-constructing goals for the process. The term *co-construct* is used intentionally to convey the active role both couple and counselor should play in the formation of goals. Couples should be encouraged to present any specific areas they wish to address (e.g., improving communication skills, coming out as a couple to family), and the counselor should share some general, strengths-based goals for the process (e.g., helping the couple learn more about each other, discussing and preparing for some issues common in life partnerships/marriages, improving the overall quality of the couple's relationship). By framing goals as enhancing the couple's relationship, the counselor promotes buy-in and trust, a vital component when working with a pre-union couple.

Pre-union counseling in many cases will not be open-ended in nature; rather a counselor will provide a set number of sessions for couples, usually ranging from 3 to 10 conjoint sessions plus 2–3 group sessions, depending on scheduling/logistics (setting a predetermined number is not required but may make it easier to market pre-union counseling services). Since the duration of counseling usually is fixed, it is important that counselors gather the preliminary information required to prepare an appropriate treatment plan. Unfortunately, using current premarital standardized assessments with same-sex couples is inappropriate, as these instruments (e.g., PREPARE, FOCCUS, PREP-M) are written for norms based on only heterosexual couples. However, a more general couples instrument that

has been researched with gay and lesbian couples is Marital Satisfaction Inventory—Revised (MSI-R; Snyder, 1997). Although this instrument typically is used with distressed couples (Snyder & Aikman, 1999), the data it gathers also could be utilized in pre-union counseling. The MSI-R includes two validity scales, one global distress scale, and 10 additional scales assessing specific dimensions of the relationship (e.g., problem-solving communication, disagreement about finances, sexual dissatisfaction). Although there are some issues with the instrument when applied with same-sex couples (e.g., interpreting the Role Orientation scale), the data provided give the counselor a snapshot of the couples' self-assessment of the relationship, which is the most important aspect of a pre-union assessment tool (for more information about the MSI-R, see Means-Christensen, Snyder, & Negy, 2003; Snyder, 1997).

The MSI-R is only one example of a formal assessment tool that can be used to get a snapshot of pre-union couples. Others might include personality inventories such as the Myers Briggs Type Indicator (MBTI; Briggs & Myers, 1998) or standardized couples' intake forms. No matter what formal tool(s) are used, the goal is to assess the couple's strengths and growth areas prior to the first session to begin planning a course of action. Any formal assessment, however, should be supplemented by the counselor's own informal assessment of the couple's needs. For example, by using a semistructured questionnaire such as Stahmann and Hiebert's (1997) Dynamic Relationship History, the counselor not only can gather information about the couple's past but also can observe *how* the couple answers, assessing their communication and interaction style. This more subtle exploration with the couple helps build trust and simultaneously provides important data for the counselor.

After determining an appropriate treatment plan given the couple's needs and the duration of counseling, it is strongly recommended that the counselor begin by highlighting and discussing the couple's strengths, whatever they may be. This is very important in pre-union counseling because many couples could present with some hesitancy about the counseling process. Pre-union couples are planning to partner/marry, and both partners may not fully buy into the idea that they can benefit from or need counseling, despite their choice to attend. To combat this tendency, the counselor should intentionally work on joining with the couple, expressing that pre-union counseling is designed to enhance their relationship. The best way to convey this is to start with the positive, build trust, and move to "growth areas" that can be presented by the couple and the counselor (both should be addressed as part of the counseling).

During the final session of pre-union counseling, it is recommended that counselors encourage couples to schedule a follow-up session one year after they have been partnered/married. To increase the likelihood of attendance, counselors might consider including the cost of the follow-up or “booster” session as part of a “pre-union counseling package” of sessions (or just offer it for free). The purpose of the follow-up is to check in, see how the couple is doing, remind them of tools/strengths they covered in pre-union counseling, and address any needs that may have arisen during their first year as an “official” couple.

Pre-Union Counseling Challenges

The biggest challenge facing counselors who want to conduct pre-union counseling is getting couples in the door. Premarital counseling with heterosexual couples often takes place because it is required, rather than because a couple wants to enhance their relationship. With more pre-union couples opting for formal religious ceremonies (when offered/available), it is possible that some pre-union counseling will start being required. However, such sessions will most likely be conducted by members of the clergy rather than counselors. In order to serve the pre-union population, it is necessary for counselors to actively seek out clients.

One strategy for getting pre-union couples to engage in counseling would be to market “packages” of pre-union counseling, consisting of a set number of individual and group sessions (if the counselor has the numbers for a group). This allows the counselor to market a specific service and stress the strengths-based, preventive nature of pre-union work. Advertising in LGBT newspapers, Web forums, and gathering places would be advised, as would writing articles for LGBT audiences explaining pre-union counseling benefits. In general, if a counselor wants to work with pre-union couples, she will need to help spread the message of what pre-union counseling is and why it is important, as this is a new area of specialization/service.

Future Pre-Union Counseling Research and Scholarship Needs

Pre-union counseling is a new concept in the counseling literature, one that I have tried to outline in this article. In order to offer same-sex couples more effective pre-union counseling services, a variety of research needs to be conducted. For example, it would be beneficial to explore what same-sex couples perceive their pre-union counseling needs to be. Are they

similar to those of premarital couples or gay male and/or lesbian couples in “traditional” couples counseling? Do the needs of gay men and lesbians differ with regard to pre-union counseling? What is the impact of having a pre-union counselor who is gay, lesbian, or heterosexual on the pre-union counseling process? Additional pre-union counseling needs could be gleaned by surveying and/or interviewing successful same-sex couples (partnered/married for a number of years) to determine what they would recommend addressing in pre-union counseling.

To aid counselors conducting pre-union counseling, it would be helpful to develop an assessment tool for use specifically with same-sex pre-union couples. The MSI-R is a good start, but an instrument that is designed for and normed with same-sex couples and that provides a profile of issues relevant to LGB couples would make treatment planning more accurate. In addition, such an instrument could be used to gather data about pre-union couples for comparison research (gay couples vs. lesbian couples) as well as to categorize couple types in an effort to predict specific strengths or potential issues. This also could lead to longitudinal research with pre-union couples to see how counseling impacts their relationships.

At present, there are no examples of pre-union counseling case studies in the counseling literature. Publication of such case studies utilizing conjoint and/or group formats would provide concrete examples for other practitioners. Additionally, counselors are encouraged to develop and share examples of structured pre-union counseling formats detailing a potential sequence for topic exploration and interventions. Discussion of such a format is beyond the scope of this manuscript and would provide a valuable jumping-off point for counselors wishing to conduct pre-union counseling.

Finally, there are many potential topic areas in pre-union counseling, all of which should be researched to determine the efficacy of preventive treatment. For example, research questions like, “Does pre-union counseling positively impact couples’ ability to resolve conflicts?” “Does preunion counseling increase couples’ sexual satisfaction?” and so forth should be explored in an effort to target areas that are most amenable to change in pre-union counseling. It also should be noted that all of the aforementioned research questions warrant study not only with gay men and lesbians (the focus on this manuscript) but also with bisexual and transgendered individuals. Likewise, issues affecting LGBT couples of color, ability variance, and/or class variance warrant attention in future studies. It will be necessary to research the applicability of pre-union counseling strategies to the entire LGBT population.

CONCLUSION

Given the changes that are occurring in the United States regarding same-sex marriage laws, the introduction of the term *pre-union counseling* into the counseling literature suggests that the time has come to start intentionally providing same-sex couples with prevention/strengths-based services designed to promote marital/life partnership success. This is much more than a semantic change; it suggests a paradigm shift where pre-union LGBT couples are seen with the same legitimacy as premarital heterosexual couples, with both groups needing and deserving counselors' support. By examining and developing programs and interventions specific to the needs of pre-union same-sex couples, counselors can both respond to and be an active part of this paradigm shift as it continues in the United States.

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