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Coming out : implications for counselors working with gay, lesbian, and bisexual clients

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Coming out : implications for counselors working with gay, lesbian, and bisexual clients

Abstract

A considerable amount of research has stated that gays and lesbians utilize mental health counseling services at a high rate. Therefore it is very likely that counselors encounter lesbian, gay, and bisexual (LGB) clients. This research focuses on how the sexual orientation of the counselor affects the counseling process when working with LGB clients. In particular, this paper will discuss how the sexual orientation of the counselor facilitates or inhibits client identity development and the coming out process.

COMING OUT: IMPLICATIONS FOR COUNSELORS WORKING WITH
GAY, LESBIAN, AND BISEXUAL CLIENTS

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Eric L. Rhodes

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Coming Out: Implications for Counselors Working with Gay, Lesbian, and Bisexual Clients

Sexual orientation is an important component in mental health (Cohler & Galatzer-Levy, 2000). In particular, a minority sexual orientation such as gay, lesbian or bisexual can have a significant impact on emotional, behavioral and cognitive functioning. A considerable amount of research stated that gays and lesbians utilize mental health counseling services at a high rate (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000). In fact some research suggested that gay and lesbian clients are involved in counseling at a greater rate than heterosexual clients (Reynolds & Hanjorgiris, 2000). Therefore it is very likely that counselors encounter lesbian, gay, and bisexual (LGB) clients.

LGB clients often appear for therapy because of their difficulty coping with identity development and the coming out process (Dworkin, 2000). It seems important then to focus on those issues and how specific counselor characteristics affect counseling clients struggling with identity development and coming out issues.

This research focuses on how the sexual orientation of the counselor affects the counseling process when working with LGB clients. In particular, this paper will discuss how the sexual orientation of the counselor facilitates or inhibits client identity development and the coming out process.

Minority Sexual Orientation Identity Development

Before discussing the implications for counselors working with LGB clients, it is important to have knowledge in the stages of sexual orientation identity development. Many clients seek counseling because of the distress they are experiencing with identity development (Dworkin, 2000). Therefore, in order for counselors to help LGB clients with the self-identification process they need a clear understanding of stages of sexual orientation identity development. This will help counselors facilitate functional mental health in LGB clients. Several models have attempted to provide an explanation for sexual orientation identity formation (Meyer & Schwitzer, 1999; Cass, 1996).

Stages of Identity Development

Meyer and Schwitzer (1999) and Cass (1996) identified six stages of identity development. Cass (1996) described a “Prestage 1” where individuals have assumed a heterosexual orientation. By first considering themselves as part of the majority group, they understand that heterosexuality is desirable and acceptable.

After the prestage assumption of a heterosexual orientation, individuals start recognizing a difference concerning sexual orientation between oneself and others. This first stage usually occurs during early puberty and can last from three to five years. Once individuals notice differences, they can then question the nature of these perceived differences (Meyer & Schwitzer, 1999). Cass (1996)

called this stage “Identity Confusion” (“Who am I?”) because individuals find themselves unsure of their previous belief that they are heterosexual and start to examine the possibility that they might be of a different sexual orientation (Reynolds & Hanjorgiris, 2000).

Once individuals start noticing differences in themselves, they begin noticing differences in other people. Therefore, this stage involves reflective observing. This means that once individuals recognize that they are different, they can then start to notice the existence of people who have similarities to themselves. This involves a process by which individuals observe characteristics in others that may be similar to their own. In addition to noticing characteristics, individuals observe beliefs and attitudes of family and peers concerning minority sexual orientations. This stage often lasts from two to four years (Meyer & Schwitzer, 1999). Cass (1996) described this stage as “Identity Comparison” (“I am different.”) and stated that individuals may feel isolated and marginalized as they come to realize that they may be part of a negatively viewed minority group (Reynolds & Hanjorgiris, 2000).

Following the process of recognizing that they have different orientation tendencies and observing these characteristics in others, individuals start to make sense of this information. This third stage is called internalizing reflective observations. It involves making intrapersonal observations with the goal of fitting their observations about others into their own experience. Individuals can

clearly define the specific differences and similarities they see between themselves and others. Through this process, individuals can select behaviors and attitudes in others that “fit” them. This occurs during middle adolescence (approx. 15 years-old) and can last two years (Meyer & Schwitzer, 1999). Cass (1996) discussed this stage, “Identity Tolerance” (“I am probably gay.”), as becoming tolerant of their newly realized minority identity. Individuals may start to explore their needs arising out of this minority identity. These needs include social, sexual, and emotional aspects (Reynolds & Hanjorgiris, 2000).

Once individuals have found definite similarities between themselves and others, they can use these internalized observations in identifying with a specific sexual orientation. This fourth stage is referred to as self-identifying and can last approximately one year during late adolescence. The main goal of this stage involves moving from the general self-statement of “I know I’m different in these ways” to the self-identifying statement of “I’m gay” (Meyer & Schwitzer, 1999; Reynolds & Hanjorgiris, 2000). Accepting minority identity is the focus of this stage and can be one of the most difficult tasks in this process. Individuals recognize that their sexual orientation is either gay, lesbian, or bisexual. However, developing an internal sense of acceptance with sexual orientation is a struggle that can lead to serenity, contentment and pride (Cass, 1996).

The fifth stage, “Identity Pride,” involves actively seeking out people of similar sexual orientation. This stage usually starts during late adolescence and

can last from four years to an indefinite amount of time. Individuals in this stage will intentionally form friendships with peers of similar sexual orientation (Meyer & Schwitzer, 1999). Cass (1996) discussed having pride in one's identity and rejecting the dominant heterosexual orientation ("Gay is good; heterosexuals are bad!"). This temporary position may empower individuals to become more expressive of their identity (Reynolds & Hanjorgiris, 2000).

Gaining more pride in identity increases the number of social connections in LGB individuals. Therefore, the last stage involves networking and connecting with people of similar sexual orientation. The tasks at this stage are ongoing and last throughout the lifespan of LGB people. They may develop friendships and establish an identity in a community of their peers. They may also become immersed in social or political groups promoting their lifestyle (Meyer & Schwitzer, 1999). Cass (1996) and Reynolds and Hanjorgiris (2000) called this stage "Identity Synthesis," or "My gayness is one part of me". Because of this higher degree of self-acceptance and objectivity, individuals become more connected to both homosexuals and heterosexuals. Individuals at this stage may ultimately reach a point of "wholeness," developing a strong sense of "personhood" (Cass, 1996, 247).

It should be noted that not every LGB individual follows these stages as it is outlined. Some LGB people gain more self-awareness later in life. For example, a gay man may only start to explore his minority sexual orientation

characteristics after he divorces his wife at the age of 45. That man would most likely follow the same stages, but would progress through them when he is older.

Having a clear understanding of minority sexual orientation identity development is important for counselors working with LGB clients. Counselors need to both assess and assist clients through the stages of identity development. It is also important to know that difficulties experienced during identity formation may complicate the coming out process (Denman & de Vries, 1998). This process is another critical issue that may cause emotional distress for LGB clients (Dworkin, 2000).

Coming Out

The term 'coming out' refers to the process of acknowledging a minority sexual orientation first to oneself and then to others (Boxer & Irvin, 2000). It is extremely important for counselors and clients to realize that coming out is an on going process that can be very crucial in mental health (Rhoads, 1994; Bieschke, Eberz, & Wilson, 2000). By coming out, individuals can gain social support that is vital for emotional well-being. High rates of depression occur in gays, lesbians, and bisexuals who have low levels of social support (Vincke & Bolton, 1994). Therefore, counselors need to help clients work through the coming out process in order to increase mental health.

A Model for Coming Out

In looking at the stages of identity development, coming out issues might start appearing in stages four and five (Identity Acceptance and Identity Pride). In these stages individuals are trying to increase their proximity to others with similar sexual orientations. Coleman (1982) and Niolon (2000) proposed a general model which describes the coming out process.

Coming out usually occurs on two levels: coming out to oneself (Identity Acceptance) and coming out to others (Identity Pride) (Reynolds & Hanjorgiris, 2000). The first step is self-recognition as being gay, lesbian, or bisexual. This can be very difficult and can take years of self-reflection and struggle. It can involve confusion, denial, repression of feelings, and anxiety. Some individuals may have “internalized homophobia” which can significantly impair progression to this step (Stabb, Harris, & Talley, 1995). Internalized homophobia refers to the acceptance and internalization by LGB individuals of negative stereotypes, beliefs of inferiority, and simultaneous beliefs of superiority of heterosexuals (Dworkin, 2000). By helping LGB clients work through stages one through three of the sexual orientation identity model (Identity Confusion, Reflective Observing, and Identity Tolerance), individuals may be ready for the first step in the coming out process, self-recognition. This is the most important step in coming out because it can eventually lead to self-acceptance (Coleman, 1982; Niolon, 2000).

After recognizing that they have a minority sexual orientation, LGB individuals can proceed to the second step of coming out. This involves the first disclosure of sexual identity to other people. This is a very slow process and should be well thought out. If LGB individuals disclose and then are rejected by a person they had carefully selected, they may return to the previous stage. Because of the rejection, they might start questioning their attitude toward their sexual orientation. However, if LGB individuals are accepted after disclosing, then they may gain more confidence, leading to further disclosure (Coleman, 1982; Niolon, 2000).

Once LGB individuals start disclosing (“coming out of the closet”) to other people they can be more active by socializing with other gays, lesbians, and/or bisexuals. This helps normalize the experience for someone who is coming out and also reduces isolation. Socializing also allows LGB people to become in contact with role models, whom they often lack while in the “closet” (DeBord & Perez, 2000). By having positive role models, individuals can gain courage, strength, and pride in ones’ sense of identity. This relates to Cass’ (1996) fifth stage of Identity Formation, Identity Pride.

By socializing with other people of similar orientation, individuals can start to form intimate relationships. This fourth step is very important because for the first time, formally “closeted” individuals can actually have fulfilling, rewarding relationships with those of similar orientation. This leads to positive

self-identification and feelings of satisfaction, reinforcing the decision to come out. If LGB individuals have negative experiences at this stage, they may return to a previous, more comfortable stage.

Finally, the last stage involves integration and acceptance. This concerns finding a balance between private and public openness as LGB individuals. After gaining self-acceptance, individuals can decide how open they want to be. There is self-disclosing throughout all the stages, but in this stage individuals can reach a level of comfortableness with their level of openness.

It is helpful for counselors to have a clear understanding of the issues related to both identity development and the coming out process. Through this knowledge, they can more effectively help LGB clients. In addition, it is also important to know how both of those issues interact when working with LGB counselors.

Counselor Sexual Orientation Issues

LGB individuals utilize counseling services at a high rate (Bieschke, et al., 2000). Identity development and the coming out process are important issues for counselors to consider when working with LGB clients. Given these conclusions, it is important to know whether it is helpful for counselors working with LGB clients to have a similar sexual orientation as their clients. This is similar to the perception that substance abuse counselors need to have been addicts in order to counsel clients with substance abuse problems (Cabaj, 1996). The basis for this

assumption is that counselors need to have similar experiences to their clients. Therefore, the counselors' sexual orientation becomes a factor when working with LGB clients. The question then becomes: "do counselors need to have a minority sexual orientation themselves in order to work with clients dealing with sexual orientation issues such as identity development and coming out?" This issue has two aspects: client preference and therapeutic benefits.

Client Preferences

Several studies have been conducted to examine the relationship between counselor sexual orientation and client preferences. McCermott, Tyndall, and Lichtenberg (1989) found that gay men and lesbians preferred gay or lesbian counselors. However, Moran (1992) reported that gay and lesbian clients did not rate counselors of similar orientation as more favorable. Moran (1992) also noted that the sexual orientation of the counselor may be less important when the presenting issues do not involve sexual behavior.

Liddle (1996) studied the perception of helpfulness by LGB clients of counselors of minority sexual orientation and gender. Liddle (1996) found that LGB counselors of both genders and heterosexual female counselors were rated more helpful than heterosexual male counselors. He further concluded that there is support for therapist-client matching on sexual orientation and that LGB clients may benefit from a therapist-client match.

In another study examining counselor selection among LGB clients, Kaufman and Carlozzi (1997) found that there is a relationship between sexual orientation and preference for a LGB counselor. They reported that LGB clients had a tendency to prefer counselors with the same sexual orientation. Similar to Moran's (1992) findings, the sexual orientation of the therapist was rated as most important when the issues were sex-related (Kaufman & Carlozzi, 1997).

However, preference for LGB counselors does not necessarily mean that LGB clients should be matched with LGB counselors. Liddle (1996) concluded that LGB clients may benefit from having LGB counselors based on the high rating of helpfulness by LGB clients. However, ratings of helpfulness by clients may not be the best determinant in deciding whether LGB clients should be matched with counselors of the same sexual orientation. Therefore, this question of counselor-client match should be further examined in terms of therapeutic benefits.

Therapeutic Benefits

There are many positive and negative aspects to matching LGB counselors with LGB clients. Cabaj (1996) and Morrow (2000) highlighted these aspects. One positive benefit is the establishment of better rapport (Cabaj, 1996). LGB counselors may be able to connect with their LGB clients more quickly and develop a deeper level of trust because of commonalities. This does not mean that

heterosexual counselors can not develop trust and rapport with their LGB clients. However, it may take them longer than LGB counselors to foster this relationship.

Another benefit could be a reduction in the amount of time spent in counseling (Cabaj, 1996). LGB clients would not need to spend as much time imparting basic information about their lifestyle to LGB counselors. However, they may need to spend a lot of time educating heterosexual counselors about their lifestyle. Morrow (2000) described the negative aspect to this benefit. She stated that while LGB counselors are “insiders” to their clients’ population, they may inaccurately assume similarities between themselves and their clients (p. 142). For example, a gay counselor may take for granted that his experiences in coming out were similar to his client’s.

One of the most important problems with LGB counselors is over identification with their LGB clients (Morrow, 2000; Cabaj, 1996). This may lead to a tendency to avoid specific issues on the part of the LGB counselors if they are having the same difficulty as their clients. Additionally, counselors need to make sure that boundaries are not blurred which is more likely to happen when they over identify with their clients (Cabaj, 1996).

Because of the potential for these negative aspects to occur, proper supervision is essential for LGB counselors (Pett, 2000; Cabaj, 1996). With effective supervision, LGB counselors can better monitor possible transference and counter transference issues (Dworkin, 2000; Haslam, 2000). In addition, it

is vital for counselors of any orientation to have a high level of self-awareness (Dworkin, 2000). Counselors need to work through their own personal concerns in counseling before they can begin to help their clients. If certain counselors do not process beliefs, values, and biases which may interfere in working with LGB clients, then those counselors should not counsel LGB clients. Therefore there are some counselors who should not work with LGB individuals. Effective supervision can also supplement personal counseling by raising awareness of any additional problems not previously encountered in the counselors' individual sessions (Haslam, 2000). Specifically, counselors need to explore their own sexual identity and be knowledgeable in the identity stage that they are in (Dworkin, 2000).

In summary, Perlman (2000) notes that the counselors' sexual orientation may not be as important as the counselors' awareness of their own prejudices. This awareness and their ability to keep biases and inaccurate assumptions out of the counseling session may be the most crucial aspect in working with LGB clients.

The question of therapeutic benefits and client preferences is important in working with LGB clients. However, each of these aspects is dependent on the level the LGB counselors' openness about their sexual orientation. Additionally Cabaj (2000) stated that openly gay counselors can serve as important role models. Perlman (2000) reported that the "closeted" counselor should not work

with LGB clients because of the potential message that it could send if the client ever found out.

Conclusion

Sexual orientation is a very important component in mental health, and minority sexual orientation can be particularly influential in emotional functioning (Cohler & Galatzer-Levy, 2000). Lesbians, gays, and bisexuals utilize mental health counseling services at a high rate (Bieschke, et al., 2000). Therefore counselors may encounter many lesbian, gay, and bisexual (LGB) clients.

LGB clients often experience difficulty coping with identity development and the coming out process (Dworkin, 2000). This research focused on how specific counselor characteristics affect counseling LGB clients struggling with these two processes. Specifically, this paper discussed how the sexual orientation of the counselor facilitates or inhibits client identity development and the coming out process.

In summary, it appears that many LGB clients prefer working with LGB counselors, particularly when the presenting issues are sexually related in content. Also there are many positive benefits and negative aspects when LGB counselors work with clients of similar sexual orientation. These benefits and drawbacks are moderated by counselors' level of openness.

Clients who are lesbian, gay, or bisexual experience distinct challenges which are frequently the focus of counseling. To facilitate therapeutic experiences, counselors need to understand identity development and the coming out process. It is most important that counselors have a clear understanding of their beliefs, prejudices, and issues and how these might affect the counseling process.

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