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Considerations for counseling gays and lesbians in "coming out"

Abstract

A growing body of counselors and therapists are publishing books and articles to assist the helping profession in working with gay and lesbian clients. These professionals are part of a more open climate in dealing with gays and lesbians. An outcome of these more accepting attitudes is that the question of "curing homosexuality" is being replaced by concern for dealing with the presenting problems of the clients. This increased openness of counselors can be attributed to the removal of homosexuality from the list of psychiatric disorders over ten years ago, and to the concerns of the gay and lesbian community for receiving quality care (Silverberg, 1984).

CONSIDERATIONS FOR COUNSELING GAYS AND LESBIANS
IN "COMING OUT"

A Research Paper
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and Counseling
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Master of Arts

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Robert Gene Galloway

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INTRODUCTION

Purpose of the Paper

A growing body of counselors and therapists are publishing books and articles to assist the helping profession in working with gay and lesbian clients. These professionals are part of a more open climate in dealing with gays and lesbians. An outcome of these more accepting attitudes is that the question of "curing homosexuality" is being replaced by concern for dealing with the presenting problems of the clients. This increased openness of counselors can be attributed to the removal of homosexuality from the list of psychiatric disorders over ten years ago, and to the concerns of the gay and lesbian community for receiving quality care (Silverberg, 1984).

One area of concern to gay and lesbian persons is the need for assistance in the process of "coming out". Yet, even before helpers can assist clients in dealing with the stages of "coming out", helpers must first examine their own attitudes towards homosexuality, and the accuracy of information they have concerning homosexuality.

The "coming out" process for the clients includes awareness and labeling of feelings, self-acceptance

and affirmation, participation in the gay and lesbian culture, disclosing to friends, strangers, and family, and establishing a positive gay lifestyle (Berzon, 1979).

This paper will serve as an introduction to the current literature concerned with counseling gays and lesbians in the process of "coming out". It will present one model for looking at the process of "coming out". This model moves from self-discovery and labeling, to disclosure to other gays and lesbians, followed by disclosure to non-gays including friends and finally relatives. Each part of the process will include suggestions for major areas of exploration for helpers and some basic understanding of what clients may be feeling and experiencing. It is important that this be seen as only a model, the reminder must be made that the "coming out" process is not necessarily a linear path of development, but includes "significant individual differences" (MacDonald, 1982, p.49). Before exploring the stages of "coming out" it is important to deal with defining some terms and examining the role of counselors' attitudes in being able to assist persons through the process.

Definition of Terms

The term gay will be used for predominately same gender oriented males, while the term lesbian will be used for predominately same gender oriented females. These terms tend to be used by gays and lesbians in describing themselves in opposition to using the term homosexual which is seen as too clinical and too concerned with sexual activity. The terms gay and lesbian are considered to connote "self-acceptance, self-affirmation, and self-worth" (Schrag, 1984, p.283).

The term "coming out" is another term used in gay and lesbian culture. This is the process of coming to terms with one's sexual identity and being able to appropriately disclose this fact. This self-disclosure is seen as essential to personal growth and the integrity of that person's relationships. For some persons it is important for political reasons, helping themselves and other gays and lesbians to live more openly without being the target of discrimination (Berzon, 1979). One form of discrimination that the person seeking assistance for "coming out" is faced with is that of the bias against homosexuality by many within the helping profession.

COUNSELOR BIAS

In the gay and lesbian culture one hears the stories of mistreatment and misunderstanding from the very persons who were turned to for help (Clark, 1977). Sociologists called homosexuality deviance, while the psychological community termed it a psychological disorder, and the popular literature referred to homosexuality as a sickness. It was not until 1968 that the American Psychiatric Association removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders as a category of mental illness. This change continues a struggle within the psychiatric profession.

These battles have left many unresolved issues in the helping professions. Helpers are not "value-free". They can carry strong or unexamined biases against gays and lesbians into the relationship which interferes with their ability to deal with the presenting problem and can impose additional hardship on the client (DeCrescenzo, 1984). It is normal for persons raised in a heterosexual culture to develop a favorable bias towards heterosexuality and a bias against gays and lesbians. Helpers need to be aware of the operation of this bias in both clients and themselves. Gays and lesbians often

have internalized these same biases in favor of heterosexuality, helpers must be aware that the clients will often show strong feelings of opposition to homosexuality (Woodman and Lenna, 1980).

Weinberg (1972) coined the word homophobia to describe the "irrational condemnation of homosexuals" (p.vii) and devoted a whole chapter of the book, Society and the Healthy Homosexual, to the homophobia of psychoanalysis. Helping professionals are not immune from the cultural transmission of homophobia.

In a recent study of homophobia in a group of helping professionals, DeCrescenzo (1984) found that helpers who were homosexual perceived gays in the least stereotypical ways and "those who were aware that they knew homosexuals gave fewer homophobic responses" (p. 130). Although some persons were less homophobic than others, all were somewhat homophobic. Moses and Hawkins (1982) reflects very similar understandings. They state "the professional who is going to work with gay clients must be aware that fear of gays and gayness is pervasive in this culture and that it is unfounded" (p. 16). They go on to state that not just professionals, but also their gay clients will be doing constant battle

with the "homophobia in themselves and in society" (p. 16).

The response to counselor bias seems to be a willingness to fight the homophobia within. DeCrescenzo's (1984) recommendations for the lowering of homophobia in the helping professions include education to dispel myths and stereotypes, the requirement of specific programs on homosexuality that would include consideration of sexuality, lifestyle, and homophobia, and an outreach to the gay and lesbian community so that helpers might get to know gays and lesbians as people rather than just a "troubled population" (pp. 131-134). Moses and Hawkins (1982) recommend that helpers who are uncomfortable, disgusted, or "feel compelled to get their clients to change their behavior" (p.19) are first urged to examine their attitudes and consider referring the client to another helper. They also recommend referral when the helpers have a fear of being sexually approached or distress at not being approached.

The emphasis in helping clients "come out" is the growth of self-understanding and acceptance. Counselor bias against homosexuality may lead to the clients' goals being supplanted by the counselors' goals. When biases are confronted and examined it frees counselors to accept the sexual orientation of clients and deal

with persons more wholistically (Silverberg, 1984). Counselors are then able to journey with clients as they attempt to expand and embrace the self-understanding of the clients.

COMING OUT TO ONESELF

Lesbians and gays are raised in a homophobic culture, and consequently fear being different than others. The fear of being different often leads to denial of their sexual orientation, or at least a dissonance with admitting their orientation. For some the experience of admitting their orientation to themselves is a liberating experience, while for others this admission is very frightening. The counselors' role is to assist in the exploration of sexuality and self-identity in an accepting and affirming manner (Moses and Hawkins, 1982).

Persons start to deal with sexual identity at different ages. McDonald (1982) examines age as a factor in the process of "coming out". He cites research which indicates that awareness of same sex attraction occurs, on the average, at about age thirteen, while self-identification as a homosexual does not occur till

an average age of about twenty. Many persons may be aware of these same-sex attractions, but never go beyond awareness to self-identification causing what Martin (1982) calls a "dissociation phase" (p.62). This phase can end with tragic results as persons refuse to admit to their homosexual behavior and act it out in inappropriate ways.

Woodman and Lenna (1980) suggest that denial is just the first of several stages through which a person might progress before being willing to self-label. Not all persons go through all the phases, and the phases are not necessarily sequential. The phases described by the authors are "The Denial Phase" where "the client may desire or even engage in homosexual behavior, but is unlikely to acknowledge that a homosexual orientation is or could be the core problem for which help is sought" (p.27). The second phase is the "identity confusion phase" (p.32) in which clients feel they might be gay but are not sure. "The Bargaining Phase" (p.36) is when persons feel they are gay, but wish to be heterosexual in order to avoid dealing with perceived problems or negative self-evaluation of gays. The "depression stage" (p.39) where persons admit their gayness but feel helpless or hopeless in that

self-identification. The lack of hope and powerlessness come from an acceptance of their gayness, but a "lack of meaningful internal and external supports" (p.40). The interventions for each of these phases call for the helper to build trust, listen, provide accurate information, point out discrepancies, support, and be pro-active in continuing the counseling as long as needed.

The intensity of the internalized homophobia will directly influence how easily one moves into self-acceptance. Many gays and lesbians will have no trouble labeling themselves and accepting a positive definition of who they are as sexual persons. When such persons come to counselors to discuss their sexual orientation, they are usually checking out the safety of self-disclosing and attempting to build an outside support system. These persons need an accepting counselor and information about sexuality, as well as specific information about lesbian or gay sexuality, organizations and meeting places.

Helpers should be aware that persons asking for assistance need to explore feelings, resolve contradictions, be accepted as persons, and be provided

with information about sexuality and sexual orientation (Silverberg, 1984). Helpers should assist clients in developing positive values towards heterosexuality and homosexuality before coming to a label for oneself. This reduces the risk of open rebellion or lowered self-esteem when persons do self-identify. Persons need the opportunity to move through denial before they can label themselves. (Sophie, 1982).

While pre-mature labeling can be unhealthy, it can be more unhealthy to avoid the issue of labeling. At some stage in coming out to oneself it is important that persons self-identify. As Berzon (1979) points out "Attaching a label to yourself tends to bring that which you are labeling into your consciousness. It becomes a part of your sense of self at a given time" (p.9). Persons who are able to self-label with a positive self-evaluation are better able to share who they are with others.

COMING OUT TO OTHERS

The process of coming out to oneself involves exploring what it means to be gay or lesbian. Methods to accomplish this goal include bibliotherapy and speaking to a counselor. However, the most effective

method is getting to know others who are gay or lesbian. It is in dealing with others of the gay community that persons are able to test their negative evaluations or lack of knowledge against the reality of other gays and lesbians. It is within this context that persons also tend to disclose their orientation to others in the gay community (Silverberg, 1984). As Moses and Hawkins (1982) point out this may not be a verbal self-disclosure, but is more often a self-disclosure of association and of action in a way that says the person accepts the label. The self-disclosure of ones orientation in a group that has the same orientation provides a safe place for testing the label one has chosen, since the chances of being accepted in this group will be high.

The need to self-disclose is essential to the establishment of intimate relationships and facilitates trust and open communication (Berzon, 1979). It is an affirmation of the self which is important for a healthy view of the self. Helpers should assist clients to affirm their identity and disclose that identity to others in a way that clients feel are self-enhancing and not likely to bring about unmanageable negative consequences.

While coming out to the counselor and others in the gay community are first steps for many persons these are not enough. In order to live openly and honestly with friends most gays and lesbians will choose to self-disclose to non-gay friends (Berzon, 1979). For most persons it is difficult to decide with whom and when there is a need to self-disclose. Although self-disclosure carries with it some very positive growth potential, it also means risking a great deal of oneself and possibly being rejected (Moses and Hawkins, 1982).

The counselors' role in helping clients come out to others is to assist clients to develop a plan of coming out. This includes deciding who clients feel a need to tell and why. As Woodman and Lenna (1980) point out, "Self-disclosure must be motivated by a positive, strong, and intergrated gay identity and not by a sense of guilt over past deceptions" (p.66). In the same vien coming out should not be viewed as a way of attacking or hurting others, since this would show that a person still views their sexuality in a negative way. Thus it is very important to explore the motivation behind the need to self-disclose, and how that need fits with a healthy acceptance of the clients' gayness.

Another consideration that should be part of the planned coming out to others is the exploration of how others are expected to respond. This involves looking at the potential costs to clients and their relationships with others. Counselors should help clients look realistically at the worst that could happen in the self-disclosure and whether they are willing to risk the consequences of that worst case scenario. At the same time counselors need to affirm what their clients see as the benefits in the positive scenario of being accepted by others. Clients should be prepared to deal with their responses should the worst happen. An important question to be discussed is, can relationships continue without self-disclosure, and continue in a way that clients can feel good about who they are? While rejection may occur if clients self-disclose, the damages to ones self-esteem if clients do not self-disclose must also be considered (Woodman and Lenna, 1980).

In addition to the questioning of risks and needs of self-disclosure counselors need to assist clients in practicing the process. Role plays are a very helpful way of practicing coming out, and helping clients get

in touch with their hopes and expectations (Sophie, 1982). Another helpful method in facilitating clients' self-disclosure is to help clients develop their assertion skills. This involves dealing with what clients want to assert about themselves and how that assertion can be made in a positive way. An introduction to assertiveness training is helpful to most clients considering coming out (Woodman and Lenna, 1980).

For most gays and lesbians the most difficult persons with whom to self-disclose are the family, and specifically the parents (Silverstein, 1977). The history, intensity, and complexity of family relationships are usually such that they hold great power in persons' lives. In a survey of parents of gay children, parents felt that children should tell their parents as soon as they are able, that they should expect the reaction to be one of shock, anger and hurt, that they should be patient with their parents and keep communication open. It was found that parents need time to adjust to seeing their children in a new way. Parents also need time to work out their own feelings of failure, their negative attitudes towards homosexuality, and their fears about what their children will suffer. (Moses and Hawkins, 1982).

Moses and Hawkins go on to offer the following opinions about coming out to parents. They suggest that a process of planning similiar to the procedure for coming out to friends advocated by Woodman and Lenna (1980) be used with the family. This process involves examining the consequences, and benefits, and motivation for coming out to parents, as well as practicing how it will be done. They further advise that it would be helpful to supply the parents with books to read that might enable them to develop a better understanding of their child. Suggested books would include those by Clark (1977), Silverstein (1977), and Fairchild (1979).

CONCLUSIONS

Coming out to self and others is a lifelong process, it is part of the larger journey to self-actualization. Although this paper stressed coming out as a process of moving from self to others, this is not always the case, often the label will be attached by others before persons are willing to self-label. It should be remembered that there is no one pattern of coming out, just as there is no one acceptable way

of expressing one's gayness. First and foremost counselors must respond towards clients as individuals worthy of trust, respect, and dignity.

Recommendations for dealing with the gay or lesbian clients in the process of coming out include:

1. Helpers should deal honestly with their own homophobia. This involves getting to know gay persons who have a positive identity, and who will confront the myths and stereotypes helpers often carry within themselves.

2. Helpers need to compile a resource file that would include books, articles, local and national gay and lesbian groups, and referrals that would be helpful to lesbian and gay clients.

3. Help clients explore their feelings without labeling them. Challenge clients' values regarding sexual orientation and sex roles. Help them to deal with the stereotypes about what it means to be gay or lesbian.

4. Assist clients in understanding that the turmoil of dealing with sexual-identity is part of the process of developing a positive self-identity. Be honest with clients about the pain involved in growth.

5. Explore advantages and disadvantages of coming out to different people, use a force field model to get at the risks and benefits. Use role plays and assertion training to prepare the persons for coming out to others.

6. Be an advocate for changing society. It is not enough to help individuals be more self-actualized when they are sent back into a society intent on tearing them apart. Work for change in attitudes and laws, so that the risk of coming out for gays and lesbians will be less costly.

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