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## Embracing LGBT adolescent clients: From a person centered philosophical perspective

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## Embracing LGBT adolescent clients: From a person centered philosophical perspective

### Abstract

What are some of the potential benefits and limitations of applying a person-centered therapeutic approach to counseling lesbian, gay, bisexual, and transgendered (LGBT) adolescent clients? This author will examine how a person-centered therapeutic philosophical approaches strengths and weaknesses facilitate counselor understanding of effectively counseling LGBT adolescents thorough examination of a variety of counseling issues presented by LGBT adolescents. Through review of literature, the reader will gain a greater understanding of how to apply client centered approach through examination of sexual identity development, strengths of person-centered counseling, legal and ethical obligations of professional counselors, and counselor self-awareness of LGBT bias.

EMBRACING LGBT ADOLESCENT CLIENTS:  
FROM A PERSON CENTERED PHILISOPHICAL PERSPECTIVE

A Research Paper

Submitted

in Partial Fulfillment

of the Requirements for the Degree

Masters of Arts

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Abstract

What are some of the potential benefits and limitations of applying a person-centered therapeutic approach to counseling lesbian, gay, bisexual, and transgendered (LGBT) adolescent clients? This author will examine how a person-centered therapeutic philosophical approaches strengths and weaknesses facilitate counselor understanding of effectively counseling LGBT adolescents thorough examination of a variety of counseling issues presented by LGBT adolescents. Through review of literature, the reader will gain a greater understanding of how to apply client centered approach through examination of sexual identity development, strengths of person-centered counseling, legal and ethical obligations of professional counselors, and counselor self-awareness of LGBT bias.

Embracing LGBT Adolescent Clients: From a person-centered philosophical perspective.

The development of sexual identity is paramount in adolescents. According to Erik Erickson, as stated by Horowitz and Newcomb (1999), a major crisis of adolescent development is the forming of a sense of identity versus self-questioning and role confusion. Along with the crisis of the development of adolescent sense of identity is the crisis of achieving intimacy and connection with others as young adults (Horowitz and Newcomb, 1999). The need for early and effective therapeutic intervention can be essential in the development of identity, a sense of connection, and achieving intimacy is to this author an obvious deduction. How is this achieved, is another crisis in the field of counseling which is not so obvious.

Person-centered counseling approach has the potential to facilitate the necessary conditions which counteract social stigma and allow adolescents, as well as adults, which are associated with LGBT groups as a means of more constructive coping with the development of sexual identity (Lemoire and Chen, 2005). Recent researchers indicated affirmative talking therapies help normalize day-to-day experiences, cope with and counteract the nature of sexual identity development in a homoprejudice society, as well as issues presented by LGBT clients who are not centered on sexual identity (King, Semlyen, Killaspy, Nazareth, & Osborn, 2007). However, King et al, 2007, also indicate the initial counseling session would most likely relate to issues associated with sexual orientation, with additional everyday issues more likely to be addressed later throughout the counseling process. This is more likely among adults (King et al., 2007), due to children presenting other symptoms (Lemoire and Chen, 2005) which will be more

clearly defined in the additional risks section of this review. More research is needed in the area of counseling education and therapeutic techniques associated with LGBT adolescents as counseling clients due to the complexity of social dynamics (Lemoire and Chen, 2005).

The purpose of this review is to allow the reader to develop a sense of the magnitude of issues presented by the dynamics of effective counseling of LGBT adolescents through a person-centered approach as well as the need for additional research in regards to this topic. The author will utilize research journals as a means of increasing awareness in the areas of LGBT issues related to therapeutic qualities of person-centered counseling, sexual identity development, legal and ethical obligations of professional counselors, and counselor self-awareness of personal bias related to societal references and stereotypes of LGBT clients.

### Rationale

#### *Therapeutic Qualities of Person Centered Approach*

*Strengths.* Six identified strengths are relevant in regards to person-centered approach to counseling LGBT adolescents. The strengths, as outlined by Lemoire and Chen (2005) are (a) the counselor displays unconditional positive regard, empathy, and congruence; (b) counselor believes in the client's potential for personal growth; (c) The counselor adopts the perspective of the client; (d) counselor encourages evaluation of clients locus of control; (e) counselor places an emphasis on the client's notion of self-concept and worth; and (f) the counselor ensures the therapeutic process is client directed. The inclusion of the six strengths could have a major impact on the counseling process

due to many factors. Essential to understanding this approach is recognizing the significance of unconditional positive regard, congruence, and empathy, which are also labeled the “big three” (Lemoire and Chen, 2005, p. 148).

*The big three.* Unconditional positive regard, empathy, and congruence are, according to Lemoire and Chen (2005), the three basic elements of person-centered therapeutic approach. Unconditional positive regard allows the client to disclose information while the counselor refrains from judgment in response to the client disclosure (2005). Empathy is defined as the process by which the counselor attempts to understand the inner meaning of the client disclosure while maintaining a profound interest in the client’s feelings (2005). Congruence is in reference to the process by which the counselor remains genuine in regards to his or her thoughts and actions in response to correspondence with the client (2005). The big three can affect the counselor’s understanding of the philosophical foundation for the necessary conditions which counteract the stigma specific to LGBT populations (2005). The safety and security this approach provides is essential in counteracting many of the risks associated with LGBT adolescents and directly related to the client perception of the effectiveness of counseling in general (King et. al., 2007).

*Associated risks.* To display the severity and need of a safe, empathetic, and congruent counseling environment, a counselor must be aware of common associated risks which LGBT adolescents are at a disproportionate rate of facing compared to heterosexual adolescents. Some of these risks associated are a higher rate suicide and clinical depression (Lemoire and Chen, 2005). LGBT adolescents are at a higher risk of harassment, violence, and hate crimes (Lemoire and Chen, 2005). There is an increased



risk of substance abuse on two levels. First, substance use as a form of social lubricant used to interact with other LGBT adolescents, and more so as adults specifically in regards to gay males (Ruiz, Lile, and Anu, 2002); second, substance use as a means of coping with social stigma and rejection (Lemoire and Chen, 2005). Additionally, LGBT adolescents are at an increased risk of becoming homeless as a result of family and peer rejection (Lemoire and Chen, 2005). These are only a few of the risk factors associated with the development of an LGBT adolescent's development of identity. In the next section, the literature will focus on the sexual identity development of LGBT adolescents, specific to one of the foremost recognized academic works in the field of sexual orientation identity formation created by V. Cass (Lemoire and Chen, 2005).

### *Sexual Identity Development*

*Barriers to support and intervention.* According to Fontaine and Hammond (1996), there are additional risks, which create barriers in the form of mental health factors associated with the coming out process and development of sexual identity development. Risk factors associated are related to the hostility and contempt for LGBT individuals as a whole, but more significantly for adolescents (Fontaine and Hammond, 1996). Fontaine and Hammond (1996), indicated through research of the 6,661 articles published in major psychological journals dated from 1978 to 1989 only 43 addressed gay and lesbian issues. In the same article, Fontaine and Hammond found from the years of 1977 to 1993, only three articles related to gay and lesbian issues related to adolescents were published in *The School Counselor*, which is the primary professional journal for counseling groups with access to the entire population of adolescents (1996). This is a demonstration of the societal abhorrence and avoidance of the issues of homosexuality,

specifically in adolescence and the need for interventions based on the focus of sexual identity development. Some central thematic concepts develop from this, which can be identified from the stages of sexual orientation identity (Lemoire and Chen, 2005).

*Stages of sexual identity.* According to Lemoire and Chen (2005), the stages as defined by Cass are first, identity confusion, which is directly related to the individual being confused about his or her desire, behavior, and context based on cultural norms and expectations by which his or her desire is seen as non-normative. Second is identity comparison, by which the individual attempts to cope with the feelings of alienation and cultural differences resulting from the identity confusion. Third, is the stage of identity tolerance, which is characterized by the individual seeking to meet the needs which support sexual identity, such as emotional, sexual, and social needs. The fourth stage is identity acceptance, where the individual has gained a more clear perception of his or her LGBT self. The fifth stage is a reflection of identity pride, where there is a period of devaluing heterosexuality and taking pride in accepting LGBT life. The sixth stage is identity synthesis, which is a process by which the individual resolves the feelings of anger and alienation associated with sexual identity specific to homosexuality. The stages are by no means a roadmap for all LGBT individuals, but do display a perspective of identity development of an individual's self-actualizations in regards to developing a respect of the LGBT inner self within a heterosexist society.

Heterosexism is defined as the belief and practice of heterosexuality as the cultural and societal norm, meaning deviations such as homosexuality are not normal and thus not acceptable (Smith, Dermer, Mun Ng, and Barto, 2007). This author believes the understanding of these stages allow a counselor to be more effective in regards to the

development of unconditional positive regard, congruence, and empathy associated with person-centered counseling. Essential to implementing a person-centered therapeutic philosophy and approach is gaining a more clear knowledge of the legal, moral, and ethical obligations of professional counselors. Without this understanding, how can we help adolescents understand and cope with the pressures placed on him or her in regards to his or her sexual identity development and address the severe risk factors associated with discrimination and negative inner feelings as a result of being a sexual minority?

### *Professional Responsibility*

*Ethics.* According to Hermann and Herlihy (2006) the legal and ethical consequences of refusing to counsel LGBT clients can result in loss of licensure, loss of employment, malpractice, and malfeasance. According to the American Counseling (ACA) Code of Ethics, a professional counselor cannot condone or engage in discrimination based on age, culture, disability, race, religion, gender, gender preference, sexual orientation, marital status/partnership, language preference, or socioeconomic status (ACA, 2005, C.5). The ACA stated the “primary responsibility of counselors is to respect the dignity and to promote the welfare of clients” (ACA, 2005, A.1.a.). Hermann and Herlihy (2006) supported this by reviewing literature which supported the acceptance of clients despite value, belief system, or cultural differences; in addition they stated the belief by which a counselor who has such extreme value differences would not allow him or her to counsel clients who hold differing beliefs then he or she should be questioned as a professional. In other words, should a counselor who cannot look past personal beliefs and values as a professional be allowed to practice as a professional counselor.

This is counselors legal and ethical obligation to serve LGBT clients without regard to personal bias, cultural norms, or any other scenario which would create a therapeutic environment where unconditional positive regard, congruence, or empathy are not a central feature of a counselor's work with LGBT clients. The most effective means by which a professional counselor develops an understanding and acceptance of LGBT adolescents and clients is through the ethical obligation to actively seek knowledge which will enhance his or her understanding of clients, who are culturally, ethnically, and diversely different (Hermann and Herlihy, 2006). In addition to seeking out knowledge, one must develop a self-awareness of his or her values, beliefs, and cultural differences as a professional in order to be an effective counselor no matter which therapeutic approach he or she identifies with, especially a person-centered approach. According to Hermann and Herlihy (2006), counselors need to be aware of his or her own attitudes and behaviors in order to avoid imposing his or her values which are inconsistent with the counseling goals identified by the client, as it is a breach of professional duty based on numerous ethical mandates which forbid discrimination against LGBT clients.

*Self-awareness and reflection.* How can personal bias create a therapeutic environment by which LGBT? The principle of nonmaleficence should be a priority due to the intimate details shared by LGBT adolescence and clients in general (Hermann and Herlihy 2006.) Personal bias, whether intentionally or unintentionally imposed by the counselor onto the adolescent can create a multitude of negative effects in regards to the principle of nonmaleficence (Bradshaw, Carscaddon, Wright, and Fleming, 2007).

Personal bias or other otherwise known as a priori cognitions can influence thoughts and could predetermine various aspects of counseling (Bradshaw et al., 2006).

Bradshaw et al. (2006) identified two types of a priori constructs, which could negatively affect perception of client issues based on the counselors' view of the client, which could negatively determine the therapeutic outcome. If a counselor is to be effective in implementing a non-directive, or person-centered approach, he or she needs to have an understanding of both passive and active dimensions, and constructs, in order to limit the primacy effect (Bradshaw et al., 2006). According to Bradshaw et al. (2006), passive dimensions are those, which are related to first impressions, and active dimensions are related to the presupposition on the front end of the counseling treatment in regards to the client. Primacy effect is the very strong personality formation using adjectives used to describe the client (Bradshaw et al, 2006).

The primary question posed by Bradshaw et al. (2006) is this, do counselor a priori cognitions related to client functioning when he or she initially encounters the client influence the perception of the client? Bradshaw et al. (2006) concluded this; counselors are not immune from influences meaning counselors actively bring attitudes, belief, and other cognitive structures, which could influence the way he or she perceives clients. Professionals shifting focus on strength based can relate this dynamic to the implementation of person-centered counseling positively, non-directive counseling approaches, such as person-centered (Bradshaw et al., 2006).

## Discussion

Can person-centered counseling be an effective therapeutic approach to working with LGBT adolescents? The strengths outlined by the researchers support the implementation of a person centered philosophy rather than a standalone person-centered approach (Lemoire and Chen, 2005). The justifications are the philosophy of person-centered counseling allows the counselor to provide a safe environment where adolescents can develop an understanding and awareness of his or her sexual identity development within a predominantly heterosexist society (Lemoire and Chen, 2005). According to Lemoire and Chen (2005), person-centered counseling philosophy is highly constructive in addressing distress of LGBT adolescents during the stages of sexual identity formation and orientation disclosures. The “big three” principles provide LGBT adolescent clients a therapeutic relationship which facilitates self-understanding and self-exploration which are critical in the development of a healthy sexual identity (Lemoire and Chen, 2005). There are limitations of this approach, which Lemoire and Chen (2005) identified as a justification for implementing the philosophy and principles of this approach.

Some limitations Lemoire and Chen (2005) identified were specific to the special needs of LGBT clients in general, such a more proactive role of the person-centered facilitator, which is not the norm for person-centered approach. In order to meet the specific needs of the LGBT adolescent, the facilitator must act as an information provider, supporter, and advocate, rather than simply actively listen to the client and allow the client to do the work alone (Lemoire and Chen, 2005). With the counselors non-traditional person-centered role as a more active participant in the counseling process

as an advocate, information source, and supporter there is an increased flexibility of this therapeutic approach. This counseling philosophy can be implemented with a variety of other therapeutic approaches in order to effectively meet the needs of the LGBT adolescent (Lemoire and Chen, 2005). By implementing this philosophy, a counselor will be better able to utilize this philosophical approach to set critical precedent for all forms of counseling in regards to working with sexual minorities in general (Lemoire and Chen, 2005).

Prior to this research, this author had a negative perception, or a prior construct of person-centered counseling as being a less than effective means of counseling LGBT adolescent clients. This was due to a perception of the therapeutic approach not being inclusive enough for all types of populations. The shift is in the implementation of the “big three” principles of unconditional positive regard, congruence, and empathy with other therapeutic approaches and counseling philosophy. This author previously held the belief of person-centered as a therapeutic approach suited best for clients who are more introspective and have knowledge of the counseling process prior to entering counseling. Meaning it would be most effective for those who have been in counseling previously. This is not the case following review of existing literature.

Following the review of the literature, this author is better able to understand this approach and its benefits in regards to this minority population. By understanding the dynamics of this philosophy and implementing the “big three” concerning adolescent LGBT clients, this author gained valuable professional insight which allowed for a personal and philosophical shift in his counseling approach in general, for all populations.

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