Therapeutic Exploration Of The Coming Out Experience For Lesbian, Gay, Bi-Sexual And Queer Identified Clients

by

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Abstract

The purpose of this research was to examine the meaning as perceived by lesbian, gay, bi-sexual and queer (LGBQ) clients of sharing a coming out experience with a therapist. Using a descriptive phenomenological research design, 5 in-depth interviews were conducted with self-identified lesbian, gay, bi-sexual and queer clients asking “What is the meaning for LGBQ individuals of exploring the ‘coming out’ experience in therapy?” Qualitative data were analyzed to produce a general structure representative of the participant’s experiences. Structures revealed include: (a) Experiencing a safe space; (b) Experiencing a contrasting reaction and (c) The experience of connection in a counselling relationship. This study contributes to our understanding of how this particular sharing experience is perceived by LGBQ individuals. Implications to the field of counselling are discussed and recommendations for best practice made. Areas for future research are also suggested.
Preface

The University of British Columbia’s Behavioural Research Ethics Board approved this research. The certificate number of the ethics certificate is was H14-00871.
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I am very grateful for their support of this research.
Chapter One: Introduction

Research Problem

Coming out is described as a process of recognizing, exploring and disclosing an alternative sexual orientation (Cohen & Savin-Williams, 1996). It involves a number of complex cognitive, affective, behavioural and social changes that are relevant to the field of counselling psychology. The heterosexist assumption sees individuals as straight unless they disclose an alternative sexual orientation (Hill, 2009). ‘Coming out’ experiences can include gaining awareness of same-sex feelings, participation in a Lesbian, Gay or Bi-sexual (LGB) subculture, self-labeling, initial same-sex sexual encounters and disclosing a gay or lesbian identity to others (Reynolds & Hanjorgiris, 2000). This research focuses on the disclosure aspect of ‘coming out’ in counselling and its impact on counselling clients who experience it.

There are a range of models that tackle LGB identity development and coming out (Cass, 1979; Chapman & Brannock, 1987; Fassinger & Miller, 1996; McCarn & Fassinger, 1996). Although helpful, some of these models have been criticized for remaining theoretical, linear and predictive and for not accessing the wide variation in experience pertaining to coming out (Hill, 2009; Reynolds & Hanjorgiris, 2000). Minority sexual orientation has been most recently researched in terms of wellness, stress models, disclosure models, micro aggressions, internal homophobia and biases, stigma and heterosexism (e.g. Frost & Meyer, 2009; Herek, Gilles & Cogan, 2009a; Meyer, 2013; Moradi & Epting, 2009; Shelton & Delgado-Romero, 2011). These studies often only partly focus on the ‘coming out’ aspect of the LGB experience. Fewer again focus on the disclosure aspect of ‘coming out’. Findings on coming out describe an ongoing, multilayered internal and external process and identify variables influencing the experience. These studies, mostly quantitative, produce contradictory evidence on the psychological impact
of disclosure. Further, there is little focus on exploring the meaning of sharing with a therapist the experience of having ‘come out’ to another person(s). Coming out to others is a significant life event that results in many LGB individuals seeking counselling. LGB clients who attend counselling for other various presenting issues may also explore a past coming out experience. Uniquely, this study aims to examine the meaning as perceived by the client of sharing this experience with a therapist.

Historically, the empirical research has largely focused in the areas of therapist’s attitudes towards LGB clients, perceptions of helpfulness, and factors that influence therapist preference and therapy outcomes. When considered, the experience of the client has been viewed in terms of their attitude towards therapist factors that influence outcomes and perceptions of helpfulness (Bowers & Bieschke, 2005; Dorland & Fischer, 2001; Israel, Ketz, Detrie, Burke & Shulman, 2003; Israel & Hackett, 2004; Liddle, 1999; Mair & Izzard, 2001; Matthews, Selvidge, & Fisher, 2005). Little research exists on the inner experience of the client. A more recent review of the empirical research by King, Semlyen, Killapsy, Nazareth and Osborn (2007), looked at 22 articles (14 quantitative and 10 qualitative). Consistent with previous research, the quantitative studies focused on the benefits of psychotherapy. The qualitative studies were varied, focusing on attitude and knowledge of LGB culture and issues and hetero-normative assumptions of therapists. Relevant to this study, the importance of clients issues being understood as well as therapist competence emerged as themes. No study however focused specifically on how the LGB client in counselling experienced exploring their previous disclosure of coming out to others.

Johnson (2012) finds limited empirical research on looking at effective psychotherapy for LGB clients with psychological and mental health issues of LGB individuals mostly absent from
mainstream psychological literature. Johnson also reports less empirical data on validated interventions dealing with issues unique to this population such as coming out. Perez (2007) directs future research to examine process-outcome variables of the LGB experience in therapy. My research question addresses such a request by directing data collection to the LGB client’s experience of the therapy process and the resulting outcome.

**Rationale**

Research consistently shows that Lesbian, Gay and Bi-sexual (LGB) clients participate in therapy more frequently their heterosexual counterparts (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000; Cochran, Sullivan, & Mays, 2003; Jones & Gabriel, 1999). They are the most active clients yet they remain the least acknowledged in the literature (Cochran et al., 2003). Studies have also shown that although mostly accepting of varying sexual orientations, therapists lack knowledge about how to integrate sexual orientation into the ongoing therapeutic process (Mair et al., 2001). Shelton et al. (2011) found that even well intentioned therapists display subtle forms of discrimination due to underlying bias and prejudice. This finding highlights the need to understand the point of view of the LGBQ client as they explore their coming out experience.

LGB clients enter psychotherapy to address many of the same concerns as the general population. They also seek treatment due to the chronic stress and challenges that can accompany a minority status (Eubanks-Carter, Burckell & Goldfried, 2005). Coming out and disclosure experiences are possible presenting issues for which LGB clients seek counselling. Whether a coming out experience is what brings the LGB client to counselling or not, this stressful, challenging and/or liberating experience may be discussed at some point with the therapist. Studies to date often examine the LGB experience in terms of internalized
homophobia, stigma, social stress and self-labeling (e.g. Meyer, 2013; Herek, 2009). These helpful studies examine specific internal and external stressors on LGB individuals. This current study goes beyond previous studies by examining the overall holistic experience of LGBTQ clients in particular as they process a coming out experience in a therapeutic setting. According to Johnson (2007) most LGB clients have a coming out narrative to share. This unique phenomenon warrants an examination of the meaning of this experience as perceived by the LGBTQ client and the role therapeutic exploration plays in this process. This examination may include the thoughts, feelings and behaviours of the participants, the impact of the experience on their development and identity and their perception of therapy, including therapist’s reactions and helpfulness. The inclusion of queer-identified clients adds to the uniqueness of this study.

**Research Question**

The research question of this study asks: *What is the meaning for LGBTQ individuals of exploring the ‘coming out’ experience in therapy?* Considering that emerging themes in the literature highlight the importance of therapist competence and client’s issues being understood it would seem obvious for research to continue dissecting these themes. The purpose of the question is to understand the lived experiences of clients who have utilized therapy to examine having disclosed their self-identified sexual orientation status. All participants have come out to a significant person. The experience they share is having later attended therapy where this experience was discussed. A primary investigation into experience of their initial disclosure provides context to their therapy experience.

Understanding the various experiences of an LGBTQ clients can best benefit both client and practitioner. The significance of the study is threefold and includes a) understanding the impact of ‘coming out’ experiences on the wellbeing of LGBTQ clients, b) contribution to
knowledge and improved practice for therapists and c) contribution to a counselling psychology literature pertaining to key experiences of an LGBQ person’s coming out story and its meaning as it relates to therapeutic healing. Therapists better understanding of the significance of these experiences will be better equipped to work effectively with LGBQ clients, benefiting therapist and client alike.
Chapter Two: Review of the Literature

This chapter presents a review of current literature relevant to the topic of discussing a coming out experience in counselling and contributes to the rationale for my proposed research. For the purposes of this review, I have chosen studies that examine the LGBQ coming out experience both in and out of the therapeutic setting and also studies that address the broader psychological and social factors that inform this experience. The current research climate shows an increasing interest in researching people from sexual minorities along with a broadening of topics with this study group. Greater consideration is also being given to the powerful effect societal homophobia and heterosexist culture can have on a client’s behaviour and identity. This interest is apparent with The Journal of Counseling Psychology publishing a 2009 special issue titled Advances in Research with Sexual Minority People. However, Mallinckrodt (2009) found that up until this special issue the Journal of Counseling Psychology had only published 18 empirical studies where LGB individuals were the target population. Further, in the seven years between the publication of the first Handbook of Counseling and Psychotherapy with Lesbian, Gay and Bisexual Clients (Perez, DeBord, & Bieschke, 2000) and the newest version of the handbook, Handbook of Counseling and Psychotherapy with Lesbian, Gay, Bisexual and Transgender Clients (Bieschke, Perez, & DeBord, 2007) only eight studies have directly addressed the experiences of gay, lesbian and bisexual clients in psychotherapy.

This review will begin by considering the sticky issue of classification. This will provide rationale for my choice to gather data from self-identified gay, lesbian, bi-sexual and queer individuals.
Categorization

Moradi, Mohr, Worthington and Fassinger (2009) look at the challenge of definitions with regard to sexual minority orientations by examining the interlocking elements of sex, gender identity, gender expression, sexual identity and sexual orientation. The challenge they propose is for researchers to think beyond binary understandings. Worthington and Reynolds (2009) examination of within group diversity among self-identified sexual identity and sexual orientation groups also challenges traditional self-labeling processes. It is important to recognize the existence of this diversity challenge to support my choice to use self-identified LGBQ participants.

Worthington and Reynolds (2009) sought to explore subgroups within-groups of self-identified lesbians, gay men, bisexual women and men, and heterosexual men and women. The study of 2,372 participants found three types of bisexual men, three types of bisexual women, two types of heterosexual women, two types of gay men, a single type of lesbian and a single type of heterosexual man. Results were found on the basis of varying responses on three measures. These measures were of attitudes to LGB individuals, knowledge regarding LGB individuals and a final measure assessing the process of sexual identity development.

Exposure of such within-group differences has implications for theory and psychotherapy practice and supports a social constructionist view of sexual identity labels. The literature suggests the existence of more than the assumed sexual orientation categories. Brodio (2000) states a difference between sexual orientation which is seen as sexuality related predispositions e.g. attraction, arousal, fantasy, and sexual orientation identity which can be viewed as conscious recognition, identification and self-labeling. These differences arising in the above-described studies cannot be ignored. I highlight the distinction between these differences (sexual
orientation and sexual orientation identity) in order to draw attention to the focus of my study – that of sexual orientation identity.

Firestein (2007) suggests a societal pressure to self-label depending on the sex of one’s current partner. Pressure to self-label is certainly relevant to the experience of participants in this study. Social identity and self-categorization theories introduce important components such as discrimination and competition while categorization allows for distinction among social groups (Tajfel & Turner, 2004; Turner & Onorato, 2010). Categorization of LGBQ individuals has also been tainted by an unsavory history with early psychology research.

For the purposes of the phenomenon of interest in this research, I define my population of interest as anyone who self-identifies as Lesbian, Gay, Bisexual or Queer (LGBQ). I rationalize this choice, as it is a participant’s personal identity as it relates to conscious recognition of a minority sexual orientation and subsequent disclosure experience that is the phenomenon of interest in this study. Individuals who self-label as queer often choose to align with the rejection of categorization as seen in Queer Theory (Fassinger & Arseneau, 2007) and will be included in this study. This Queer label may include or exclude transsexual, asexual and questioning individuals depending on their individual stance on the issue.

With the inclusion of a queer self-label, I hope to provide an acceptable alternative to those who reject traditional labels. Throughout the literature review, however, I will refer to the categories as used by each researcher in their body of work. The next section of this review introduces a brief history of research on the LGBQ population followed by an extensive review and critique of the theoretical coming out models available.
History of LGB Research

Historically, homosexuality was considered a mental disorder by the medical professions until it was removed from the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973. This saw early studies on gay and lesbian sexual orientation preoccupied with correcting the assumption of the psychopathology of homosexuality (Hooker, 1957; Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). Meyer (2013) suggests that the heritage of DSM categorization led to initial research and debate focusing on equating classification of homosexuality with a higher prevalence of mental disorders. Retrospectively, the debate was astray, as we will see in the current literature. The removal of homosexuality from the DSM saw research on LGB individuals’ wane, possibly with the naive hope that the debate was over and the stigma removed. Meyer (2013) also states a fear of making unpopular inferences and/or being open to misinterpretation. Although we have seen a much-needed resurgence of research attention to this minority population, particularly in the last two decades, it is still a topic in its infancy with recent studies uncovering baseline data from which to build.

Coming Out

According to Reynolds and Hanjorgiris’s (2000) description in their chapter “Coming Out: Lesbian, Gay, and Bisexual Identity Development”, coming out is the process through which LGB individuals first recognize their sexual orientation. The experience involves complex cognitive, affective, and behavioural changes. As Riggle and Rotstosky (2011) note, for some coming out can be experienced as an easy transition that includes both affirmation and strengthening of relationships. More often than not however, the experience includes stress and significant conflicts (Beckstead & Israel 2007).
Reynolds and Hanjorgiris (2000) conceptualize coming out in two parts: to oneself and to others. It can happen quickly or over a period of time. However coming out is experienced, it marks the beginning of a life long journey of developing an LGB identity. Coming out includes awareness of same sex feelings, first same sex encounters, labeling, disclosure and participation in subculture. Challenges include adopting of a nontraditional identity, restructuring of self-concept and changes in relationships with others and society (de Monteflores & Schultz, 1978).

**Introduction to Coming Out Models**

There is a history of models addressing sexual minority identity development (also known as coming out models) in the literature (e.g. Cass, 1979; Chapman & Brannock, 1987; Fassinger, 1996; Savin-Williams, 1990). These models attempt to acknowledge the departure from traditional patterns of development and socialization often seen in the LGB population. They acknowledge the unique struggles with regard to identity development that are often faced by LGB individuals (Kimmel, Rose & David, 2006). Gonsiorek (1995) describes the LGB models as a movement away from the illness model and filling a theoretical and clinical vacuum. Attention shifted from trying to understand why some people are gay towards an understanding of positive identity development in a homophobic and heterosexist culture. The first coming out models aimed to organize this experience into developmental stages. These developmental models address the core issues, common concerns and identity development commonalities. I will review the most prominent of these models.

**Cass model.** Cass’s model (1979) looks at the gay and lesbian experience. It is based on clinical and empirical data and grounded in interpersonal congruency theory. Cass’s model assumes that identity is process-formed and that stability of and change in behaviour comes from interactions between individuals and their environments (Cass, 1979, p. 219).
Walters and Simoni (1993) provides a concise summary of Cass’s model which includes:

1. Identity confusion (Who am I?)
2. Identity comparison (I am different)
3. Identity tolerance (I am probably gay)
4. Identity acceptance (I am gay)
5. Identity pride (Gay is good, heterosexuals are bad)
6. Identity synthesis (My gayness is one part of me)

Cass’s model remains prominent in the LGB literature. However there is little robust research to test validity of this model on both gay men and lesbians.

**Challenging the linear models: dual identity process.** Rust (1992) examined the self-identification process of lesbian and bi-sexual women. Steering away from providing a developmental model, Rust’s important model challenged the linear view of identity development and examined the fluidity of sexual orientation and the influence of social context on one’s identity.

D’Augelli’s (1994) similar inclusion of social context and timing provided potential to represent a wider range of experiences demonstrating progression to a life-span approach. Multiple paths are considered and the model includes a person’s relationship with family, peer groups and community as well as their own development of self-concept. The model’s six non-ordered identity process include a) exiting heterosexuality; b) developing a personal LGB identity; c) developing an LGB social identity; d) becoming an LGB offspring; e) developing an LGB intimacy status; f) entering an LGB community.
Similarly, McCarn and Fassinger’s (1996) alternative stage model gained influence from racial-ethnic and gender identity models. They were particularly influenced by the work of Cross (1987) who gave attention to the dual identity process of personal identity and the group identity of being attached to a reference group. These two separate trajectories begin with an awareness of difference from heterosexual norms as well as a difference to others in society.

McCarn and Fassinger’s (1996) greatest contribution to the theory of sexual minority identity development is the recognition and validation of these two separate journeys. Regardless of individual identity development the model importantly recognizes the anxiety that may be present on a group level by publicly presenting a socially stigmatized self. With this, an exploration of ones personal position in relation to the LGB community can occur.

This key departure from previous linear models can help explain the variability of accuracy especially in later stages of the models. McCarn and Fassinger (1996) propose an emergence of attention to group identity in the later stages. Further, important to identity theory models and central to the research question in this work, McCarn and Fassinger challenged the idea that integrated lesbian/gay identity include steps of political activism and universal disclosure (Reynolds and Hanjorgiris, 2000).

In past models, disclosure in particular was seen as an essential developmental step. This was challenged however with later models paying attention to socio-political factors in particular in the later coming out stages. This allowed individuals to incorporate their own environment in their group identity process. This included individual realities, such as geographic location, work environment, racial and ethnic groups, as factors that would influence disclosure decisions. The separation of these individual and group identity processes allowed social realities to be
considered without necessarily stunting individual identity development. (Reynolds and Hanjorgiris, 2000)

The four stages by McCarn and Fassinger are:

1. Awareness
2. Exploration
3. Deepening/Commitment
4. Internalization/Synthesis

This model proves helpful in understanding diverse experiences. Studies throughout this literature review examine variables that influence the coming out experience. Research by Herek (2009b), for example, aptly highlights the fork in the road in the identity process and the complex potential psychological impact of influencing internal and external variables. A high degree of felt sexual stigma (awareness and vigilance), for example contributes to concealment of sexual identity. While concealment to avoid the danger of enacted stigma is seen as adaptive, Herek has associated chronic concealment with higher levels of self-stigma.

Focusing on creating a model of Homosexual Identity Formation (HIF), Fassinger and Miller (1996) introduce the two parallel and “mutually catalytic branches of development” (p. 41). These are (a) internal and individual sexual identity development process and (b) contextual group-membership identity development process. Extending on McCarn and Fassinger (1996), their model recognizes and includes effects of societal homophobia and heterosexism and includes difference and diversity within the gay male community including age, race, class, geographic location, occupation and community support.
McCarn and Fassinger’s theory of sexual minority development is empirically validated with samples of lesbians (McCarn & Fassinger, 1996) and gay men (Fassinger & Miller, 1996). This empirical support adds weight to their utility. Central to the research question of this work, both McCarn and Fassinger (1996) and Fassinger and Miller (1996) raise important questions around public disclosure, methods of coping and issues of self-concept in relation to coming out. Whereas public disclosure was seen as conducive to identity progression and achievement in previous models, Fassinger and Miller (1996) dismissed disclosure as a positive identity developmental marker stating:

> Disclosure is so profoundly influenced by environment and external oppression that to use it as an index of identity development…ignores the harsh realities that race, religion, socioeconomic status, geographic location, and other sources of demographic diversity often impose on the identity development process. (p. 6).

**Criticism of LGB Identity Models**

Criticisms of the models as stated by Reynolds and Hanjorgiris (2000) include the simplistic and reductionist view of the stage model approach than often intertwine the individual and group identity process. There is a lack of inclusion of a bi-sexual identity, which is often referred to as a passing phase (e.g. Rust, 1992). Race and culture are rarely incorporated which questions their use with LGB people of colour. Many assumptions about the coming out experience are made from middle class white lesbians, gay men and bi-sexuals whose culturally specific values include identity and separation from family as part of the natural development process.

Issues of the social construction of difference and its influence on identity development are also relevant to the helpfulness of these identity models. A final criticism is that over the past
twenty years surprisingly few models have been researched. This limited research raises questions of validity and therapeutic value.

**Coming Out Models and Therapy**

Reynolds and Hanjorgiris (2002) identify four significant coming out themes to consider in a therapeutic context. These include:

- coming out and early awareness of LGB feelings and identity;
- identity management;
- internalized homophobia and its effect on the identity formation process; and
- societal homophobia and heterosexism;

These themes feature in many of the studies reviewed throughout this literature review.

According to McCarn and Fassinger (1996), the developmental stage models are important to the counselling profession as they can help LGB clients to understand and accept who they are. Overall, these models serve as a helpful guide when it comes to sexual minority identity development and coming out experiences.

**Stress, Stigma and Homophobia**

The impact of stigma, homophobia and subsequent stress has great relevance to my research question. Of particular interest is the influence of these variables on how LGBQ individuals experience and process coming out. The quantitative studies published in the *Journal of Counselling Psychology*’s special issue (2009) paid particular attention to stress, stigma and homophobia as it pertains to the LGB population. Building on his previous research, Herek, Gillis and Cogan (2009a) present individual stigma in three categories. These are a) enacted sexual stigma; b) felt sexual stigma; c) internalized sexual stigma.
Herek et al. (2009a) describes enacted sexual stigma as explicit negative actions against sexual minorities. Felt sexual stigma includes expectations about events or circumstances and can require constant vigilance. This can lead to modification of behaviour and self-presentation strategies that in turn can encourage concealment or denial of identity, social isolation and negative psychological consequences (Pachnakis, 2007). Internalized sexual stigma is seen as a personal acceptance of sexual stigma as part of one’s self-concept and value system.

Enacted, felt and internalized sexual stigmas influence both the internal processes and external behaviours with regard to disclosing a non-heterosexual orientation. Internalized sexual stigma that includes acceptance of sexual stigma as part of one’s value system involves an adaptation of self-concept to be aligned with the apparent societal stigmatizing responses. This adapted self-concept however can lead to the confusion, pain and concealment turning the self on the self. While enacted sexual stigma remains a lived reality, studies such as Herek’s (2009a) highlight the more subtle felt and internalized stigmas. There is little research, however, on the psychological impact of these stigmas on an individuals coming out experience. My qualitative research aims to explore participant’s internal and external experiences as they examine such stigmas in counselling. Also of interest will be participant’s experiences of possible enacted and felt stigmas that originate with the counsellor.

In a survey of 1,321 LGB individuals, Herek, Cogan, Gillis and Glunt (1998) examined the relationship between internal homophobia and outness, or being openly LGB. The study identified five types of non-family members including current heterosexual friends, heterosexual casual acquaintances, coworkers, work supervisors and school peers and these groups were rated in terms of outness using a 10-point scale. Herek et al. found that concealment of ones identified sexual orientation was linked to higher self-stigma. Self-stigma scores on the Revised
Internalized Homophobia Scale (IHP-R; Herek, Cogan, Gillis & Glunt, 1998) were significantly lower among those respondents whose mother knew of their sexual orientation. Scores were significantly lower again if they had discussed their sexual orientation with a parent specifically rather than the parent having not been told directly by the respondent. IHP-R scores were also significantly associated with outness to non-family members. The survey conducted by Herek et al. shows a negative relationship between self-stigma and degree of outness. The original IHP scale was revised before this study so as to be better suited to lesbian and bi-sexual individuals.

Relevant to my research, Herek et al. (1999) found that face-to-face discussion of one's sexual identity is highly correlated with lower internalized homophobia. This finding could infer that the helpfulness of therapy for LGB clients may lie in part in the face-to-face discussion and exploration of sexuality, which in turn correlates with lower internalized homophobia.

Expanding on this, Szymanski and Gupta’s (2009) work on internalized oppressions highlights the complexity of multiple internalized oppressions in African American LGB and questioning individuals. Results found both internalized racism and internalized heterosexism (i.e. homophobia) as negatively effecting self-esteem. However, only internalized heterosexism was seen to positively predict psychological distress. The similarities and differences between internalized racism and internalized heterosexism are important to this study, as participants will be selected from a diverse racial and cultural group. Herek (2008) stresses the cultural context of sexual self-stigma with negative attitudes towards oneself being reinforced by cultural ideology and institutional barriers. Herek also highlights self-stigma as an attitude and draws parallels between this attitudinal development in both heterosexuals and homosexuals. This parallel dates back to Weinberg (1972) who stated:
The person who from early life has loathed himself for homosexual urges arrives at this attitude by a process exactly like ones occurring in heterosexuals who hold this prejudice against homosexuals (p. 74).

Conceptualizing internal homophobia as an attitude allows for the examination of external forces such as culture, location and economics. In fact, Hereks IHP-R scores were also significantly correlated with education level and race (1998). African-American participants scored higher than others on the internalized homophobia scale. It was also found that less formal education was associated with higher scores.

Research by Moradi, Van den Berg, and Epting (2009) on the psychological dynamics of internalized anti-lesbian and gay prejudice and Frost and Meyer’s (2009) research on internalized homophobia as a variable influencing relationship quality add to the literature that shows the profound negative psychological effect of internalizing societies prejudices. Relevant to this study, it will be of interest to examine the relationship quality between participants and their counsellors. This research shows it is not only external homophobia and stigma that can affect the psychological processes of an LGB individual. Internalized homophobia and stigma can be a psychological force causing distress from within. This can influence ones self-concept and the stress effect of ones coming out experience. Few studies look at this experience from an in-depth qualitative experience. This research aims to do just that by considering all influencing factors and attitudes on an individual, as they perceive and experience coming out. Unique to this study will be the further examination of how this is experienced in a counselling environment. The next section of this chapter will address minority stress.

**Minority stress.** Stress has been defined in various ways. It has been described as “any condition that has the potential to arouse the adaptive machinery of the individual” (Pearlin,
The minority stress hypothesis proposes that it is stigma, stress and discrimination that create a stressful environment and therefore added pressure for minority individuals (Meyer, 1995). It can be further defined as stress faced by a minority individual due to incongruence with a dominant culture who’s societies norms and social structures differ from ones own experience. Minority stress therefore is a social stress that manifests as personal stress.

Pertinent to my research, contemplating and concealing or disclosing ones minority sexual status can be seen as a source of minority stress. Moss (1973) proposes that health is compromised when information gained by interactions with society is at odds with the experience of a person from a minority group. Meyer (1995) previously suggested three processes of minority stress including (a) external, objective stressful events and conditions both long lasting and intense; (b) expectations of these events and the attention required; (c) internalization of negative social attitudes. There are helpful similarities between Meyer’s conceptualization of minority stress and that gained from Herek et al., (2009a) work on internalized sexual stigma that was presented in the previous section.

Meyer (1995) reviews the available LGB minority stress literature and conducts an important meta-analyses of this research. The within group research provides insight into the individual processing of minority stress while between- group differences highlight differences in prevalence of mental health issues.

minority stress processes to be linked to mental health problems such as depression, suicidal ideation and substance use. Numerous studies have shown that the higher the level of stress on the individual, the greater the impact on the individuals mental health. Problems with self-acceptance, integration and alienation have also been reported (Frable, Wortman & Joseph, 1997; Stokes & Peterson, 1998).

A more recent analysis conducted by Meyer (2013) of 10 between-group studies found that when differences in mental health issues were reported the higher prevalence of disorders was found in the LGB group. For example, Cochrans’s findings (2001) show gay men and lesbians to suffer more from affective disorders, substance use disorders, other mental health issues and suicide. Analysis of five studies on lifetime prevalence show gay men and lesbians as 2.5 times more likely to have had a mental disorder over their lifetime. The between group meta-analysis concludes that LGB individuals do have a higher prevalence of mental disorders than heterosexuals. This lends support for the minority stress hypothesis.

Meyer (2013) however does note methodological limitations in the studies available. These limitations include many issues of non-probability sampling providing a biased sample. Meyer suggests that there may be a possible overrepresentation or underrepresentation of those more troubled by their sexual orientation. Other limitations include non-sophistication in the measurement of sexual orientation (e.g. focusing on sexual behaviour only without consideration of sexual identity and attraction). Meyer also states that small sample sizes reduce the power to detect differences in the between group studies.

Grounded in sociological and social psychological theories, Meyer puts forward a framework to explain the higher representation of LGB individuals with mental health diagnosis
in terms of minority stress. The minority stress hypothesis supports a growing trend in the literature that attributes the prevalence found in the literature to discriminatory social conditions.

Meyer (2013) looks at the specific stressors on LGB individuals and the consequences on mental health and coping processes. This important framework explains that stigma, prejudice and discrimination come together to create a stressful social environment. The model includes stresses such as expectations of rejection, hiding, concealing, internalized homophobia and ameliorative coping processes. The model claims that a stressful and often hostile environment that creates such stress processes is what impacts on LGB mental health.

**Disclosure**

Sharing personal information is an important component of social integration with disclosure providing opportunity to develop one’s sense of self, self-express and build intimacy with others (Chaudoir & Fisher, 2010). Disclosure is also pertinent to the therapeutic relationship and the therapeutic process (Derlega, Metts, Petronio & Margulis, 1993). Those with an identity that is potentially concealable, such as a sexual minority orientation, however, run the risk that disclosure will be disadvantageous with negative outcomes. Disclosure therefore has the potential for both benefit and harm. Important to the LGB experience, the risk of disclosure may be more apparent to one who holds a concealable stigma due to a unique exposure to stereotypes and prejudice from those unaware of their stigma.

Literature suggests that the reaction of the listener is an influential factor on disclosure outcomes (Major, Cozzarelli, Sciacchitano, Cooper, Testa & Mueller, 1990). Further studies indicate that negative or even neutral reactions can reduce any benefits to a disclosure (Rodriquez & Kelly, 2006). This finding translates to the affirmative therapy approach and the
role of the therapist discussed further in this literature review. This finding is also relevant to my research question that will address how participants experienced reactions from family, friends and counsellors to their coming out.

Chaudoir & Fisher (2010) propose a disclosure process model (DPM) to understand disclosure and post disclosure outcomes among people living with a “concealable stigmatized identity” (p. 236). This model aims to look at timing of disclosure and why disclosure is beneficial. The DPM considers the role of approach-focused goals (pursuing positive outcomes, positive affect, attention to positive cues and approach coping) and avoidance-focused goals (prevent negative outcomes, negative affect, attention to negative cues and avoidance coping). The disclosure event itself is considered in terms of content and the reaction of the confidant (supportive vs. unsupportive). The process is then mediated by individual and social factors.

Chaudoir & Fisher developed the DPM to suggest that individuals who have approach-focused disclosure goals may be more likely to benefit from disclosing their non-heterosexual identity. The benefit is linked to being better able to self-regulate in the disclosure process. This model adds weight to the intention of the person disclosing. The practical implications include discussing disclosure in a therapeutic setting where self-regulation can be attended to as well as counsellor and client’s consideration of whether approach-focused or avoidance-focused goals are driving the disclosure.

Beals and Peplau (2006) examined disclosure patterns of 89 gay men and 55 lesbians by introducing a measure known as the Disclosure Grid for use with LGB individuals across their whole social network. The Grid also examines the perceived relationship quality both before and after the disclosure. Ratings of relationship quality with those who know the participant’s sexual
orientation was significantly higher ($M = 6.19$) than with those who did not know ($M = 5.56$) ($B = .63$, $SE = .10$; $p < .001$).

Legate, Ryan and Weinstein (2012) examine within-person variation of disclosure of a minority sexual orientation, particularly in relation to social contexts. Of interest was autonomy supportive versus controlling contexts. The study looked at contexts of family, school, religious community, friends and co-workers. The extent of disclosure (that is how out the person was), depression, anger and self-esteem were also examined. One hundred and sixty-one participants (age $M = 29.9$, range = 18-65) completed an anonymous online survey. Thirty-eight percent identified as lesbian, 32.2% as gay and 31.7% as bisexual.

Legate et al. (2012) found significant variability in disclosure between contexts. For example, 13% of respondents received low outness scores on the Outness Index (OI) with friends and 36% with family compared to 50% reporting low outness in schools and 69% in religious communities. Across contexts, being more out related to less anger. Individuals who disclosed their identity more often reported lower depression and higher self-esteem. Most importantly, however, they found more disclosure (i.e. outness) in autonomy supportive contexts. Autonomy support was found to be a moderator in the relationship between disclosure and reports of self-esteem, depression and anger. Disclosure in a high autonomy support context was related to less depression and anger and with higher self-esteem. Pertinent to coming out, this leads to a possibility that if one perceives a social context as prohibitive, they may be more inclined to conceal their sexual orientation. This finding is relevant to this study as it explores coming out in a therapeutic environment that should prove supportive. This finding also supports the newer coming out models of McCarn and Fassinger (1996) and D’Augelli (1994) from the previous section.
The study did not find any link between disclosure variation and wellness yet possible limitations of the study such as under sampling (n = 161) and the cross-sectional, multilevel design could account for this. Legate et al. (2012) present this finding to conditionally support the potential value in coming out. However, disclosing in controlling social contexts was not found to accompany positive emotional outcomes and increased wellbeing. The implications of this study for practitioners, therefore is that although it supports gains in wellness following coming out, serious consideration must be given to the context of the disclosure.

A review of the disclosure literature so far paints a complex picture of the factors that relate to an LGBQ individuals decisions to come out. The literature above shows support for McCarn and Fassinger’s (1996) developmental coming out model. Where previous models (e.g. Cass, 1979 and Coleman, 1982) viewed self-concealment as a block to completing all the stages of sexual identity development, more recent studies on stress and disclosure consider context, social support and a host of other variables in the disclosure decision-making process.

Potoczniak, Aldea and DeBlaere’s (2007) study examined self-concealment in relation to social anxiety, ego identity and social support in 347 individuals (female, n = 149; male, n = 198). In particular, ego identity included the dimensions of commitment and exploration. Social support was found to have a mediating role between social anxiety and self-concealment. This finding meant that greater social anxiety correlated with less social support. This reduced social support in turn related to greater self-concealment. Relevant to this study, social support is found play a crucial role in self-concealment. This finding highlights the important role of social support and acceptance in community and counselling settings.

A final influencing factor to consider in relation to this study includes the role of the therapeutic environment. A review of the research so far has shown a coming out experience to
hold great potential for both positive and negative feelings, thoughts and behaviours. A discussion of this coming out experience in counselling has the potential to provide insight and therapeutic healing. My research proposes to examine this phenomenon.

**Therapeutic Environment**

In 2000 the American Psychological Association published 16 positive and affirming guidelines for psychotherapy with Lesbian, Gay and Bisexual clients (American Psychological Association, 2000). These included recognizing one’s own attitudes, understanding social stigmatization and life challenges, understanding family and legal issues, generational issues, training, continuing education and resource knowledge.

There is certainly a push in the literature towards gay affirmative therapy yet this does not yet have an actual solid theoretical framework. Johnson (2012) found that understanding gay issues remained central to what is described as gay affirmative therapy. Harrison (2000) conducted a thematic analysis on 33 relevant journal articles. From this review he found appropriate knowledge for working with LGB clients and a non-pathological view of homosexuality to be essential to gay affirmative therapy. Langdridge (2007a) highlights how gay affirmative therapy must go further suggesting that gay affirmative therapy provide “positive affirmation to directly ameliorate the effects of heterosexism” (p. 30).

Both Harrison and Langdridge also point out the lack of a theoretical framework and definition that identifies unique attributes of gay affirmative therapy. Bieschke et al. (2007) present a broad definition of gay affirmative therapy describing it as:

The integration of knowledge and awareness by the therapist of the unique development and cultural aspect of LGBT individuals, the therapist’s own self-knowledge, and the translation of this knowledge and awareness into effective and helpful therapy skills at all stages of the therapeutic process.” (p. 408).
According to Johnson (2012) this leaves us with a gay affirmative approach rather than a specific therapy.

Mair and Izzard (2001) conducted a qualitative study (N=14) that found therapists accepting of sexual orientation. There was however a lacking on how to integrate sexual orientation into the ongoing therapeutic process. Similarly, Burckell and Goldfried (2006) conducted interviews with 42 non-heterosexuals aged between 18-29 regarding preferred therapists qualities. Regardless of whether the topic of therapy was gay related or not, the therapeutic alliance emerged as essential. The interviews also identified LGB-specific knowledge and LGB affirming behaviours as preferred therapist qualities. Lebolt (1999) conducted a qualitative study (n = 9) that showed a positive reaction from LGB clients to affirming experiences with heterosexual psychotherapists. One positive element of the therapy was the possibility of a corrective experience to counteract a homophobic view of society.

An interesting dilemma that arises when considering the gay affirmative approach in therapy is the possibility of a clash with humanistic and existential approaches. This addresses the question of solely exploring a clients identified issues or whether to address the issues of societal oppression and homophobia as per the affirmative agenda. With regard to my research, the client self-identified issue will contain their coming out experience, which should disregard the therapist’s theoretical orientation dilemma.

Other significant outcomes of research on the therapeutic environment find that although LGB clients tend to favour counsellors of the same sex, the competence of the therapist outweighs preference for gender or sexual orientation. Client’s sensitivity to heterosexual bias and heterosexist language is also reported (Bowers & Bieschke, 2005; Dorland & Fisher, 2001;
Israel & Hackett, 2004; Liddle, 1999; Mair & Izzard, 2001; Matthews, Selvidge, & Fisher, 2005).

Shelton and Delgado-Romero’s qualitative study (2011) examined subtle forms of micro aggressions and their effects on LGBQ clients and the therapeutic relationship. The literature describes micro aggressions as communications of discrimination or prejudice that is expressed though seemingly meaningless and unharmful tactics. Using a descriptive phenomenological approach, Shelton and Delgado-Romero gathered data from 16 self-identified LGBQ psychotherapy clients. Identified themes included: an assumption that sexual orientation is the cause of all presenting issues; avoidance and minimizing of sexual orientation; attempts to over identify with LGBQ clients; making stereotypical assumptions about LGBQ clients; expressions of heteronormative bias; assumption that LGBQ individuals need psychotherapeutic treatment and; warnings about the dangers of identifying as LGBQ (Shelton and Delgado-Romero, 2011, p.215)

Reactions to coming out stories and experiences were given as examples of micro aggressions under a number of the identified themes. For example, under the theme of ‘Avoidance and minimizing of sexual orientation’, Shelton and Delgado-Romero identifies therapist’s particular lack of empathy around issues of coming out (2011, p.214). Freeing and accepting aspects of the experience were heavily focused on while little recognition was given to the rejection, internalized heterosexism and pain of the experience. One participant is quoted:

He said, ‘Well good!’ You know, obviously I had been crying before I went in his office. I don’t think heterosexual people know what an impact coming out can have. It can be freeing in one way and at the same time be very frightening (Shelton and Delgado-Romero, 2011, p. 214).
Parallels between Shelton and Delgado-Romero’s study and my proposed research can be
drawn on a number of aspects. Firstly, Shelton and Delgado-Romero’s study incorporated queer
participants in data collection as I have done. Secondly, Shelton and Delgado-Romero’s use of a
qualitative and descriptive approach captured the experience of the participants in therapy. My
research also proposes the use of these methods. The focus of my study, however, will be
narrowed down even further, specifically attending to the coming out aspect of the LGBQ
experience.

Literature on the therapeutic environment calls for empirical validation of a gay
affirmative approach and for further research to explore what exactly this entails (e.g. Johnson,
2012). This includes exploring how client’s coming out narrative contributes to the therapeutic
alliance and inquiring as to what factors LGB clients find most helpful in therapy sessions. The
scope of my research question covers these areas.

**Summary**

The trajectory of psychological research on LGB individuals has changed dramatically
over the decades. Prominent and current areas of research with the LGB population include
utilization of gay affirmative therapy, studies based on the minority stress model and the role of
group affiliation and social support on LGB identity development. This literature review shows
a shift in research that now seeks to understand the effects of such experiences as concealment,
rejection, discrimination and internalized stigma. Although some research has shown mental
health benefits to coming out the majority of the literature highlights a risk to the experience.

While informative, the studies presented in this literature review are largely independent of each
other. This has proven difficult for comparative review. Bieschke et al., (2007) and others have
brought up methodological concerns. These include sample sizes of mostly white, well-educated participants. It is also noted that quantitative studies tend to use instruments created for a particular study, which yields little psychometric support.

Other methodological issues noted throughout the literature review include selection bias, majority use of internet based data collection, participants often culled from a larger sample size, small sample sizes and sexual orientation specified via forced choice.

Important to my research question, these quantitative studies have been successful in highlighting many variables that can influence the coming out experience. However, only a handful of studies explicitly address the LGB clients experience in therapy (Bieschke et al, 2007). Only one qualitative study (Shelton and Delgado-Romero, 2011) included Queer identified participants experience in therapy. Most studies look at the broader LGB experience with few focusing directly on the coming out.

With constant changes happening in legal and social policy, any research with LGB individuals is temporally sensitive. The psychological impact of these changes adds to the currency of this research topic. This study, therefore, will be unique in examining the experience of coming out and how this experience was explored in therapy. The study aims to capture a particular experience of a varied yet specific group of individuals whose experience will be bracketed over a number of decades and locations. Considering the research gaps identified in the current literature review, I have formulated my research question “What is the meaning for LGBQ individuals of exploring the ‘coming out’ experience in therapy?”
I have chosen to use a descriptive phenomenological research method to pose my research question: “What is the meaning for LGBQ individuals of exploring the ‘coming out’ experience in therapy”. This chapter outlines my rationale for this choice beginning with a brief introduction to the philosophy of phenomenology and its application as a research method. I will outline the steps I employed in this research and provide a breakdown of the research procedure. This chapter concludes with considerations given to my subjective stance as a researcher along with ethical and cultural considerations for the study.

**Phenomenology**

Phenomenology began as a philosophical movement fronted by Edmund Husserl (1859-1938) and was further developed by Martin Heidegger (1889-1976) (Langdridge, 2007b). A phenomenological approach viewed through a social constructivist lens sets out to capture the essence of the phenomenon from an individual’s perspective.

Phenomenology as a qualitative research method was originally developed and broadened by Husserl. This allowed for the study of individual consciousness so as to assist in the investigation of human behaviour (Wertz, 2005). Husserl’s broad phenomenological approach calls for a fresh and unbiased description of the subject matter. A phenomenological attitude sought to look at all objects from the perspective of how they are experienced whether or not they are the way they are being experienced. Husserl refers to this focus on the experience as the “phenomenological psychological reduction” (Wertz, 2005, p.168). This allows for examination of the phenomenon separate from the issues that affect the experience. Importantly, reductionism does not claim that the phenomenon exists exactly as experienced but asks for it to be understood as it is presented to the consciousness of the experiencer. Perception of the
experience becomes all-important. The contributions of experiencer’s consciousness become available to the researcher by having the universal structure of the experience surface. This allows for clarification of experiencers meaning and a return to the things themselves (Giorgi, 2009).

Creswell (2013) considers the commonalities across phenomenological methods. These commonalities include an emphasis on a phenomenon to be explored (a concept or idea), the examination of a group of individuals who have experienced the phenomenon, the inclusion of a philosophical discussion, bracketing of the researcher, data collection and data analysis. Research ends with descriptive passage capturing the essence or universal structure of the phenomenon.

**Descriptive Phenomenology**

Within Phenomenology, I have chosen Descriptive Phenomenology as an apt method to address this research. This study utilized the steps as put forward by Amedeo Giorgi (2009). Giorgi’s descriptive phenomenological method is a modified Husserlian approach that is fitting to the field of psychology. Giorgi’s method seeks an objective qualitative analysis of the psychological meaning of experiences. Terms from Husserl’s philosophical approach, such as the *natural attitude, free imaginative variation, psychological reduction* and *bracketing*, are still used. Giorgi also presents justified modifications of the method and a variation of some of the terms so as to operate at a scientific and psychologically sensitive level of analysis (Giorgi, 2009). I will refer to Giorgi’s steps in the relevant sections throughout this chapter.

The descriptive phenomenological method concludes with a description of the participants experience presented as the underlying general structure. Findings describe both the
universal structure of the experience (the scientific modification of Husserl’s essence) and individual’s idiosyncratic meanings as attached to the experience.

In phenomenology “the exhibition of the given is the basis of its accountability” (Giorgi, 2009 p. 89) with findings aiming to provide psychological access to the lived experience without interpretation. A discussion section will follow placing findings within the existing literature.

**Rationale for Using Phenomenology**

The Descriptive phenomenological research method and the philosophy from where it originated seemed fitting both to my research question and the minority population to whom it is asked. The development of phenomenology as a philosophy and as a research method has had a great impact on the advancement of psychology especially in the area mental health.

Original advancements in phenomenology were a “protest against dehumanization in psychology” offering a research theory and method that reflects a first-person experience of human behaviour (Wertz, 2005, p. 167). LGBQ populations have certainly been affected by this dehumanization in psychology with homosexuality considered a mental disorder until its removal from the second edition of the DSM in 1973. The research question, “What is the meaning for LGBQ individuals of exploring the ‘coming out’ experience in therapy?” is best addressed using the descriptive phenomenological method as it accesses the experience within LGBQ participants. This would best serve to capture the personal meaning of sharing ones coming out experience. The phenomenological method provides a framework from which to empathically enter and reflect on the lived world of participants and to understand their meaning of their world. Descriptive phenomenology also seeks to find a commonality of experience across variability and avoids construction, interpretation and explanation. This method seems
very suitable to a minority population. To return to Husserl’s statement of returning to “the things in their appearing” (Langdridge, 2009b, p. 11), a descriptive phenomenological method would give voice to those individuals who experience the phenomenon. It has the capacity to un-biasedly inform research as to how it is.

The majority of studies carried out on LGBQ participants have involved quantitative methods. Few studies have used a qualitative descriptive phenomenological approach.

Appropriate to the Counselling Psychology field, phenomenology comes from a humanistic standpoint. Further, as the phenomenon in this research takes place in a therapeutic setting, the appropriateness of using a phenomenological method seems twofold. Giorgi (2009) suggests any action to increase the manifestation of consciousness is of help to its exploration. Exploring an experience that occurred in therapy could be viewed as one such action as it heightens consciousness around the phenomenon thus allowing access to personal meaning.

Both the phenomenological concepts of natural attitude and reductionism are appropriate for a research question so embedded in social, political and cultural debate. Husserl’s concepts of natural attitude and reductionism are suited to capturing the meaning of the experience in question as they allow for the perception of the participants and their experience of consciousness to be described as is. As presented in the literature review section, experiences such as internalized homophobia and societal heterosexism provide strong influence on minority participants throughout their identity development. It therefore seems appropriate to conversely heighten and describe the phenomenon as perceived through the consciousness of the experiencer without academic interference, explanation or interpretation.

While addressing and acknowledging the context of this research question in the literature section, a phenomenological reduction approach also attempts to bracket the
researchers experience to allow for the information to come as unfiltered as possible directly from those who experience the phenomenon. A participant’s personal perception of internal and/or external influences on their experience will be their own.

Maximum variation in participant collection allows for a varied collection of experiences with the hope of capturing the psychological commonalities of this experience. It is with this I rationalize the use of descriptive phenomenological method to capture the essence of the phenomenon in question. I am confident that both the philosophical and psychological aspects of phenomenology will best serve my aim to capture the meaning of sharing one’s coming out experience for LGBQ individuals.

**Researchers Subjective Stance**

Present experiences are often coloured by our past experiences. According to Giorgi (2009), this past can mistakenly be seen as identical rather than similar to the present experience. The task of *bracketing* past experience is introduced so that “critical attention could be brought to bear on the present experience” (p. 91).

An awareness of ones assumptions and past experiences can allow for the *bracketing* of these, not to forget the past but so as to avoid its active engagement with the present experience and therefore allowing for an unbiased view of the phenomenon (Giorgi. 2009). Giorgi presents bracketing as a “holding in suspension” of past experiences and assumptions (p. 93). To achieve this, it is important to acknowledge my own identity as an LGBQ individual as well as my own experience of working through having come out to my family in therapy. I have little conscious memory of the content of these brief sessions but do remember a mix of heightened emotions from fear to relief. I also remember the counsellor provided me with a book to read. This was
something I appreciated immensely. Over the years I have been involved with LGBQ issues on
many fronts. Most relevant to this research, I developed and lead an 8-week coming out-group
in the Vancouver area. My own experience informed my research assumptions. I expected
participants to describe a mix experiences and foresaw mention of influencing factors already
discussed in the literature. I expected the view of therapy and therapist helpfulness to be varied
yet leaving room for some overall positive experiences.

Managing Researcher’s Subjective Stance

In an attempt to manage my subjective stance on the phenomenon in question I followed
the guidelines set out by Morrow (2005) for writing qualitative research. This included owning
my perspective, situating my sample, grounding in examples, carrying out credibility checks,
creating coherence of the data by identifying categories and their relationship to each other and
overall presenting results in a way that resonates with readers. Morrow’s appendix with further
guidelines on presenting qualitative research proved helpful in managing subjectivity and staying
close to the data (Morrow, 2005, p. 259).

To increase self-awareness, a personal reflexive diary (audit trail) was used throughout
this research with brief notes written following each interview. These entries were revisited
following each analysis so as the check for bias or possible subjectivity. I also used the diary to
answer the questions in Langdridge’s Method box (Langdridge, 2007b, p. 59). These questions
encouraged a reflective approach and heightened my awareness on my subjective stance of the
issue. Participants were invited to provide feedback on data analysis though email or taking part
in a phone call. Participants were given the opportunity to affirm or contradict findings as it
related to their experience.
According to Giorgi (2009) imaginative variation involves creatively changing aspects of the description and comparing this to the original participants description. This was implemented and checked by peers to see how appropriate psychologically transformed statements became. Collaborative debriefing with my supervisor as well as sharing with my peers attempted to provide data triangulation. One peer in particular took on the task of crosschecking data analysis at each transformative stage. These tasks combined with Giorgi’s (2009) step-by-step data analysis method aimed to control researcher interpretation on participant’s accounts of their experiences. One example of appropriate management of the researchers stance includes checks put in place to consistently bring the analysis back to the research question of looking at participants experience in therapy, as opposed to presenting various coming out experiences that occurred outside of therapy. Actions undertaken to manage the researchers subjective stance add to the trustworthiness of the research findings.

Participants

In order to examine the phenomenon of sharing ones coming out story in a therapeutic setting we must begin with those who have lived through this experience. I interviewed five participants with three of those five sharing more than one experience of the phenomenon in question.

Criteria for participation. Identification and labeling has been addressed at the beginning of the previous literature review chapter and the rationale for choosing certain labeling identifiers has been discussed. For the purposes of this study, participants were to self-identify as Lesbian, Gay, Bisexual or Queer (LGBQ). Participants were to be able to communicate in English and range in age from 19-60 years. They will have come out to another person(s) (previously been defined as a disclosure of a sexual minority orientation) on at least one occasion
and have shared this experience with a therapist after the fact. No time lapse between the event of coming out to a person(s) and the subsequent telling of this event to a therapist was considered too great. In the interest of collecting the most accurate data however, a maximum of five years was allowed to have passed between the therapy session in question and the research interview.

Any situation that involves the participant telling another person or persons about their non-heterosexual orientation was deemed suitable. Examples included but were not limited to disclosing in person a non-heterosexual orientation to a family member, friend, teacher or social worker. A screening tool determined eligibility. Participants for this research were to be everyday persons who are “phenomenologically naïve” (Giorgi, 2009, p. 99). This allowed the raw data to be complex and “thick with its ambiguities” (Giorgi, 2009, p. 99).

**Participant recruitment.** The method of maximum variation sampling was utilized with participants sharing a common experience while also varying in demographic characteristics (Langdridge, 2007b). Variance in participants adds to discriminating aspects of the experience that do not vary across perception (the essential structure) and those that do vary across perception (the idiosyncratic differences). The use of maximum variation proves fruitful in the analysis stage, as we will see in the results chapter. Maximum variation in recruitment saw the inclusion of Lesbian, Gay, Bisexual and Queer self-identified participants with no limits on other variants of gender, socio-economic status, cultural and ethnic background etc.

Participants were initially recruited through use of a recruitment poster (Appendix: A), posted with permission at sites such as the University of British Columbia (UBC), Simon Fraser University (SFU), Douglas Collage Campus, Vancouver Community College sites, the YMCA recreation centres and at Qmunity, a Vancouver queer resource centre. Attempts were made to contact specific queer societies and resources in particular at the education sites. Posters were
given to those contacts to post and hand out in their society meeting area. Contacts made at
UBC included the poster in a list serv email and SFU printed the poster in a monthly newsletter

*Out on Campus* that went out to both students and staff who had signed up. Potential
participants were also asked to share information about the study with potential interested
participants.

The poster included all relevant information on the research project including inclusion
criteria, time investment needed, method of data collection and contact information. Interested
persons contacted me directly by phone or email. A brief telephone interview followed to assess
suitability. At this time participants were told of a $20 honorarium offered to those who took
part in the study. Not all of those who contacted me were eligible to take part in the study. For
those who were eligible and wished to continue their involvement with the study, a time and
place was secured for the interview to occur. All participants found the Qmunity location
accessible for their interview so no alternative venues had to be offered.

**Participant demographics.** Use of maximum variation sampling is reflected in the
following participant demographics and lends its support to the validity of the general structure
as presented in the following chapter.

Participants consisted of four females and one male and ranged in age from 24 – 43 years
old. Three participants were 23, one was 25 and one was 43 years old. Two participants
identified as Christian, two stated no religion and one stated being “open minded”. All
participants had completed high school with completion of a graduate program being the highest
level of education reported. Four participants were born in Canada and one was born in Brazil.
Participants described varying ethnic backgrounds. Four participants reported hearing about the
study by seeing, receiving or being handed the poster. One participant received the information
through word of mouth. All reported wanting to share their experiences in counselling and wished to contribute to academia and/or to better future experiences for LGBQ individuals in counselling.

**Participant feedback.** A member check gave participant’s access to the initial data analysis and feedback was encouraged. Three participants accepted an offer to read the general structure presented in the results chapter. Participants were invited to provide any feedback via phone or email. Further results and recommendations as found in this study were discussed if participants requested. Participant feedback was positive, expressing that their experiences were accurately represented in the general structure. Participants will also have access to the final document.

**Data Collection**

According to Giorgi’s (2009) descriptive phenomenological method, the raw data is the description of the experience as told by each participant. Data collection consisted of a semi-structured interview containing questions that aimed to collect concrete and detailed descriptions of experiences. Although guided by questions, the semi-structured format allowed for a certain amount of spontaneity. The phenomenological approach distinguishes between *leading the participant* and *directing the participant* with the latter allowing for the use of common sense so as to keep to the phenomenon of interest (Giorgi, 2009). Every attempt was made to keep the participant on topic. Initially one pilot interview took place so as to practice questioning and pacing. All interviews were audiotaped and lasted between 60-90 minutes. A simple demographics form collected information for maximum variation purposes.
Giorgi (2009) also emphasizes the importance of establishing rapport with the participant and implementing a degree of psychological sensitivity and use of clinical skills. I am confident my training in Counselling Psychology equipped me to conduct the interviews in such a way and I attempted to build rapport and create a relaxed and safe environment. Before the interview began, the consent form was read with the participant and they were invited to ask any questions they had regarding consent and/or the study. Each participant had already received the consent from by email so as to give appropriate time for review. Once the consent form was signed and all participant questions were answered, the interview commenced with participant’s permission given to start the recording device. A semi-structured interview protocol (Appendix: E) served as a guide for questioning. Open-ended questions and prompts were used if needed.

To ease into the interview, participants were asked to talk a little bit about themselves, in particular where they saw themselves now in terms of being *out*. Participant then delved into the interview with a description of the disclosure experience they then went on to discuss in counselling followed by an in-depth description of the experience of the counselling sessions themselves. The aim of the interview was to understand various aspects of this sharing experience including the thoughts, feelings and behaviours of the participants, their perception of the therapist’s reactions and helpfulness and their overall meaning of the experience.

**Data Management**

All participant electronic data was stored on my personal computer in password locked files. The paperwork, such as consent forms and demographic forms were locked in filing cabinet. All interviews were personally transcribed and care was taken to remove any identifiable information such as names and specific locations. All participants’ names were replaced with numbers so as to maintain confidentiality.
Data Analysis

Giorgi’s method of analysis calls for the data to be analyzed from within the phenomenological reduction, with a psychological attitude and with special sensitivity to the phenomenon being researched (2009). A phenomenological perspective demands that all data collected be analyzed. Following Giorgi’s method of analysis (2009), the first step was to transcribe the interviews. The transcriptions were then read to get a sense of the whole. The transcriptions were then broken down into meaning units. Finally and most importantly, each participant’s natural attitude expressions were transformed into phenomenologically and psychologically sensitive expressions. A second-order description was produced that reflects a careful and precise description of the experienced phenomenon with no speculative factors influencing the results (Giorgi, 2009). This claim of non-influence is supported by a critical peer check. Each meaning unit was then interrogated to highlight the psychological dimensions of the experience. To achieve invariance of meaning, phenomenology applies the method of *free imaginative variation* to the object of study. The object of study in this research is the experience of exploring a coming out experience in therapy. By imagining all variations of each meaning unit I attempted to shake out the essence of the experience as it transcends the variables.

A descriptive analysis does not attempt to go beyond the given (Giorgi, 2009). The analysis therefore attempts to understand the meaning of the description solely based on what appears in the data. There was no attempt to introduce assumptions, interpret meaning or resolve ambiguity. The results of this analysis are presented as a second-order description of individual structural descriptions as categorized into themes and a final general psychological structural description. A discussion section follows.
Ethical and Diversity Issues

Before participant recruitment and data collection began, the Behavioural Ethics Board (BREB) approved this study. Ethical considerations included transparency of the aim and method of the study, issues of consent, confidentiality, privacy and respect for diversity. Maximum variation invited diversity of participants and any limitations of participation justified for research purposes. Participants were taken through a consent form that included the relevant information on the study. Questions were encouraged and it was made clear that participants had the right to stop and/or withdraw from the study at any time. Participants were also encouraged to assess their comfort levels with regard to personal disclosure and were offered follow up counselling sessions at Qmunity if they so wished. As a queer resource centre, Qmunity was specifically chosen so as to offer participants a safe space to partake in the interview.
Chapter Four: Results

This chapter begins with a general structural description of the phenomenon of exploring the ‘coming out’ experience in therapy. Following this more holistic and general presentation of the phenomenon under investigation, the chapter continues providing a more in-depth look at five participant experiences, considering more specific commonalities and idiosyncrasies of the experience. This is presented using direct participant language allowing for rich descriptions of the experience. The aim of the results is to provide descriptive lived experiences in response to the studies question: “What is the meaning for LGBQ individuals of exploring the ‘coming out’ experience in therapy?”

It is important to note that the results presented go beyond the descriptive phenomenological method. Participants experiences presented many unique and shared experiences that if removed would not do justice to the overall holistic experience of the participants. Care has been taken to remove any evaluative language unless coming directly from the participants.

General Structure

Participants expressed that counselling played an important role in their coming out process. All participants described coming out as a personal journey that spans many years, with the experience of counselling acting as one event in this process.

In counselling, participants experienced sharing a significant coming out disclosure that had lasting consequences including changes within themselves as well as changes in their relationship with those they disclosed to. The coming out experiences that were shared in counselling involved having experienced rejection, disconnection and isolation. Participants
describe the emotionality of sharing these experiences as both difficult yet also relieving. Personal feelings that were shared include self-hatred, disgust, guilt, shame, hurt, anger, helplessness and disconnection.

Participants described experiencing counselling as a safe space where they could share the experience of disclosing a non-heterosexual orientation, the negative reactions they received and their own internal feelings towards the experience. Participants described being vulnerable, confused, and in need of help, having nowhere else to turn to at that time. Counselling facilitated a feeling of safety by providing an environment where they could express what was happening for them at that time. The presence of the counsellor allowed the experience of sharing a space with another person who provided witness to the telling of their story. This experience of being heard was new and very different to previous experiences where participants either could not find the space or the person to facilitate their desire to talk through their internal and external experience. Participants experienced a connection with their counsellors through sharing their inner most thoughts and feelings. The experience is described as emotional and uncomfortable at times. Participants share a heightened awareness and sensitivity to the counsellors’ internal process and their reactions to what they were sharing. Participant’s experiences were affected by how they interpreted the counsellors’ response to their story.

An overall appreciation was shared for the opportunity the counselling space gave them to tell their story, express their thoughts and emotions while feeling a connection to another person who was there to listen.

**Further Exploration of Findings**

This chapter continues its analysis of the phenomenon by expanding further on the findings presented in the general structural description above. Although every attempt is made
to align with the descriptive phenomenological method, it is in this section where results go beyond the limits of the descriptive phenomenology. With this, this section also incorporates and presents participants accounts of elements of counselling they experienced as helpful or unhelpful. The overarching finding of this study highlights the role counselling plays in the longer term coming out process. Broader elements of counselling and specific techniques used by counsellors are described. Participant’s rich and varied experiences also present incidences where counselling fell short in providing the support they were looking for. Specific commonalities and idiosyncrasies of the experience are expanded on using examples from participant’s experiences and backed up with direct participant quotes. Efforts have been made to protect the anonymity of the participants.

**The Role of Counselling**

All participants described coming out as a process that spanned many years with their experience in counselling being one significant step in this process. The important role that counselling played in this journey included providing a space where they could not only tell their coming out stories but also share their experiences of coming out with another person. This important act of telling and sharing was evident in the interview process as this experience was somewhat relived as participants recalled and re-told their coming out experiences as they had shared with their counsellors.

In addition to counselling providing a safe space to tell their stories, counselling also provided (or had the potential to provide) a contrasting experience to their coming out experience outside of counselling. This contrasting experience provided an experience of acceptance in comparison to other reactions received. This role of counselling in providing a safe environment to share and an accepting contrasting experience from that received prior to
counselling is further explored below as described by the participants of the study. Following an introduction to these first two themes, the elements of counselling and techniques used that added to or negatively affected these experiences of counselling are further elaborated on. The third theme, which will be explored further in this chapter, includes the connection participants experienced with their counsellor in the therapeutic relationship.

The Experience of a Safe Space

All participants spoke of their counselling experiences as providing a place that was unique to them at that time. Counselling provided the only place where one could talk in-depth about their experiences and tell the whole story with some degree of acceptance and normality. One participant described, “I’ve ticked this box at least, I’ve spoken to somebody and I have told them how I feel and I have told them how it was and maybe that’s what I needed”.

Similarly, another participant appreciated just being allowed to talk, not being talked over or having someone try fix the problem. This allowed her to tackle the first step of acknowledging same-sex feelings. The participant described the sessions with her first counsellor as helpful and hopeful as they “set me on my path to accepting my sexuality. Just being able to say it in those sessions, and acknowledge that I liked women”.

One participant described spending a session talking about and reliving the experience of telling her parents. They remembered feeling like they were reliving it and experiencing the “not nice” feelings from that time. Having a safe space to talk is contrasted with the inability of her parents to sit and listen to her. The counsellor provided that space where she was finally heard, stating:

My parents obviously did not give me the chance to tell them the story and I didn’t know anyone for long enough that I felt comfortable sitting down and telling them the story
and the only person was her. I think I had spend three/four weeks trying to convince my parents to sit down and talk to me…and openly listen to what I had to say, so to finally find someone that was willing to, it felt nice.

The counsellor’s willingness to listen and provide this space validated the experience. Similarly, one participant was hopeful that change was possible but knew that he needed help to do it. Counselling provided this space for him. Another participant described the importance of “just having that person around…especially at that time, I didn’t really have people like that in my life.”

Another participant recalled a welcoming and cozy environment with an atmosphere that felt good for talking. This participant could allow herself to cry in front of the counsellor, something she could not do at home. She stated, “I would never cry in front of my mum, and show weakness in front of her, but I could perhaps in this situation to someone else.” She acknowledged a general desire to talk about what is going on and to be listened to, acknowledging that it can help to have the space and opportunity to express yourself. She stated, “Sometimes it just helps to say things out loud and have someone who sits and listens and affirms you a little.”

The above descriptions from participants support the overall finding of this study of the importance of counselling as it provides an environment where one can feel safe to tell their story as they experienced it. One positive effect of this experience on participants was with feeling their experience was validated in a way it had not been before.

**Validation.** All participants spoke about whether they found their experience validated or trivialized in the counselling process. Four participants experienced some validation of their experience. Having their experience validated was presented as a positive aspect of counselling.
Conversely however, participants also commented on feeling at times that their experience was trivialized and not taken seriously. Minimizing and trivializing of their experience was interpreted as negative. One participant for example, described not getting an empathic response that recognized the personal severity of her experience. Similarly, another did not feel validated and felt dismissed when the counsellor would trivialize and change the topic. The participant would have liked to spend more time on the issue:

I brought up my mum and [the counsellor] would say, ‘she’ll come around’ and ‘those sort of people that’s what they think’. There wasn’t any sort of in depth, how does that make you feel? That your mother thinks you’re damned and going to hell.

The participant’s feelings on the matter were not explored thoroughly and the severity of the effect her mother’s reaction had on her was not acknowledged. Although mostly positive regarding her experience, one participant shared feeling her experience of coming out was trivialized somewhat. She describes:

It was weird because on the one hand I felt that I had made a big deal out of something that didn’t mean to be a big deal just because of the way she reacted, it wasn’t like she [emphasis added] had made a big deal about that, that coming out story.

In addition to counselling providing a safe space to talk for participants and the possibility of providing a validating experience, counselling was also an opportunity to receive a contrasting experience from that received prior to counselling. This contrasting experience contained a level of acceptance not received previously. Participants discussed these prior disclosure experiences with a counsellor. This included the continuing impact the experience had on their relationships with the person(s) they had disclosed to and the impact on their sense of self.
The Experience of a Contrasting Reaction

In contrast to the experiences of disclosing to family and struggles of self-acceptance, all participants had at least one counsellor where rejection did not occur. This had the effect of providing some level of acceptance and validation to their experience of discovering they were gay and disclosing their sexual orientation. Participants experienced these contrasting and accepting experiences with counsellors to various degrees, some having better experiences than others.

Participants highlighted the importance of having an alternative and positive experience in counselling as they compared it to the reactions they received to coming out prior to counselling. All participants described their coming out experience to family and friends in various amounts of detail to their counsellors (and again in the interview for this study). All descriptions of the experience were negative and included words such as horrible, terrible, terrifying, traumatic and distressing. One participant described crying throughout, another of “shaking from head to toe.”

Two participants described feeling some relief afterwards, although this was short-lived. One participant states, “The build up to it was terrifying. I don’t think I slept that night after I even told them, and after I definitely did feel huge relief.”

All participants described to their counsellors some degree of immediate and continuing rejection experience from their disclosure. The degree of this rejection described varied from lack of acknowledgement to dismissal, trivialization, disappointment and outright rejection. One participant acknowledged her parent’s disappointment saying, “Just knowing that they didn’t really want me to be with women, they wanted me to be with men, they want children and
marriage.” After initially receiving a lack of acknowledgement and dismissal to coming out, another participant later found out more about his father’s reaction: “Apparently he cried a lot about it and he thought it was his fault. He did all the stuff in the movies that knuckleheaded straight fathers do.” Another recalled her parent’s reaction:

She just kept on saying so are you gay, are you gay? And I… was so shocked that I couldn’t lie about it so I just said yes and then she hung up the phone…it was horrible…when [Dad] started talking and started voicing his opinion it was very scary for me.

Participants also described a minimizing and trivialization of their revelation. One participant described, “initially my mom thought it was just a phase”. Similarly, another recalled, “Mom, she was just like really really shocked and couldn’t really form words and was trying to figure out if it was a phase”. Another participants mother had a similar reaction stating, “She told me that it was a phase. That’s the first thing she said”. Three of the participants experienced outright rejection of their being gay. One participant described it as an instant fall from grace, being seen differently so immediately: “Cos until then I was like the perfect daughter….there was nothing that could ever be wrong with me, and from one moment to the other, everything is wrong.”

These descriptions of rejection, lack of acknowledgement and trivialization were shared in counselling and again in these research interviews. When asked to talk about what it was like for the participants to share such experiences in counselling, participants often described being met with a very different reaction and different environment than that experienced when coming out to their parents.

The following sections of this chapter explore elements of counselling that provided a safe and contrasting environment and look and specific techniques used (or not) that can add to or detract from participants overall experiences in counselling. Participant’s rich and varied
experiences provide examples of when the qualities and techniques were provided as well as times when they were not. Results will be presented under the following sub-themes: (a) participants being met with neutral reactions and normalizing responses; (b) participant’s control of the situation; and (c) non-judgmental listener.

Neutral and normalizing. All the participants interpreted neutral responses as mostly positive and accepting. Negative experiences included counsellors whose reactions were not as neutral as they would have liked.

One participant describes her counsellor’s non-reactionary response to her coming out story as initially helpful and relieving. She described her counsellor continuing on the conversation as normal stating, “she didn’t drop a beat, it wasn’t like she was silent or shocked or horrified or anything, I don’t know she just continued talking to me like it was absolutely normal or as if she had known all along”. Another participant described no variance in her counsellor’s reaction to telling her she had come out to her parents than to reacting to anything else she would say:

I don’t know how to explain it, it was like I was saying a 1,2,3 and when I get to 5, it is when I think there is going to be a reaction, but when I get to 5, it’s the same thing as 6,7,8. I guess I just expected that because I was building up to it, that in her response there was also going to be a build up to it.

One participant reported not getting the counsellor’s opinion either way to what she was describing. It was stated that the counsellor was more interested in the how the participant saw things and the effect it had on her. The participant was happy with the normalizing, neutral response.
Similarly, another participant described his counsellor as neutral and not reading anything from her, stating, “I couldn’t read her and I couldn’t read how she was reacting to my story…and I remember she was really neutral. I remember I liked that about her, I felt safe with her.”

Although he found the counsellor’s use of silence and neutrality as sometimes disconcerting, this participant did ultimately recognize it as a benefit. The counsellor’s neutral reaction taught a lesson in being truly authentic. The participant described that feeling different, “alien” and not understood was commonplace before counselling. The work in counselling involved normalizing being gay, moving from a place of shame to pride and full disclosure.

Another participant was also met with a normalizing and neutral experience, where she finally felt comfortable to talk about what was going on for her. The counsellor’s neutral reaction had a powerful effect on her. The counsellor’s responses would appropriately acknowledge what she was saying “but she wouldn’t be over the top”. A neutral reaction didn’t make a big deal of what she was revealing and allowed her to feel like her experience was normal. She recalled:

> She just had a very neutral expression and even that in itself was very powerful, it just had a huge impact on me, it was like ‘woah, this is ok’, its just a neutral kind of expression its kinda like ‘yeah, continue’.

This allowed the participant to feel more relaxed stating, “when I left I felt a lot better. Having someone, you know, just a neutral presence that you can you can talk to.”

Another participant described experiencing a contrasting reaction in counselling than that received from her parent. She recalled the counsellor “was willing to listen and didn’t brush it off and took me seriously. Generally I felt like I was being warmly received.” Another participant experienced a neutral and non-reactive reaction to her anger towards her situation and her
parents’ rejection to her being gay. The counsellor’s response was to stay very calm, relaxed and quiet. The participant described some normalization of her experience.

Conversely, participants also experienced reactionary and non-normalizing responses from counsellors. This was expressed as not helpful for participants. One participant described her counsellor’s reactions to her story as sometimes over the top, “her eyes lighting up” when she saw her hold hands with her girlfriend in the waiting room.

The participant stated:

> I’ve dated guys before, and no one bats an eye with a guy and a girl together, but two guys and two girls makes people stop. And she was just sort of grinning ear to ear the whole session [laughs]. And I thought that was a little bit odd.

The participant described the situation as “good enough”. On reflection, she states she would have liked a more neutral reaction.

Similarly, another participant saw a second counsellor where she hoped to discuss her concerns and fears around coming out to the rest of her family. She did not feel like she received empathy regarding her presenting issue. She described the counsellor’s reaction as unknowing and clueless: “I explained a little bit about why I was there and she sort of looked at me like I had three heads and it made me think that she had never encountered that problem before.”

**Control and autonomy.** All participants described whether they felt they had control and autonomy over the pace of the sessions or whether they felt directed or even pushed out of their comfort zone. This directly affected the experience of counselling for participants.

Four participants described having experiences that moved at their own pace. One participant described an experience of needing direction and not receiving it. Two participants described experiences of being pushed by the counsellor’s agenda.
One participant described her counsellor as leaving space for her to figure her way around the issue herself, providing minimal responses and encouragers and helping her out if she was stuck. She did not recall getting any specific advice from the counsellor on what to do or say with her parents. Instead the counsellor provided the space to allow her to figure out what she could do and say in her own time. The participant appreciated being left to be independent and take whatever path she needed with no rush put on her. She also felt like she had the power to end the session if things got too real for her. Similarly, another participant recalled an aspect of safety and control over the situation stating “Because she is a counsellor, I could just stop going if she did freak out”.

One participant also liked that he never felt lead or directed by his counsellor. He got the message that it was he who had the answers and that she was a co-investigator to uncovering them in session. This participant described just the right amount of challenge and tension in the sessions that was needed at the time, just the right amount of push that was sometimes difficult and unpleasant but at the same time helpful and enjoyable. Another participant also described her counsellor as challenging her when needed.

One participant appreciated not being probed to define or explain herself. She felt accepted where she was at with no push to be one thing or another. She stated, “In general I never felt like any of the counsellors probed me for defining myself or explaining myself.”

Conversely, one participant recalls seeking practical advice and feedback on whether or not to come out to her Dad’s family and how she might go about this. The participant described the experience as “like talking to a politician” as the counsellor avoided the issue and didn’t provide the direction that she wanted: “We were talking around the issue in vague and flowery
terms, but never actually having a conversation about how to approach this subject and how to talk about it frankly with my family.”

Two participants further described relationships where the counsellor was very much controlling the direction of the session. Pre-coming out, one participant saw a psychologist who pushed an anti-gay agenda on her. She described the counsellor as judgmental and forcefully pushing his own opinion, creating fear and guilt for her. At the time, the participant saw the psychologist in a position of authority and therefore hid the fact that she thought the behaviour was inappropriate. She described the situation saying, “I have no words to describe how awful he was.”

Another participant described an experience when a counsellor began to probe into questions of gender identity and what gender roles her and her girlfriend identified with. The participant did not present any of this as a presenting issue but the counsellor returned to the topic so much that the participant started to question herself and her gender identity. She described herself as impressionable at the time and that the counsellor’s well-meaning suggestions “sort of messed with my head”. The participant did feel that the counsellor was pushing her own agenda and had a personal interest in transgender issues. She very much followed the counsellor’s lead on the topic stating, “at the time I was very intellectually, ‘you know so much and I know so little.’” Looking back, she stated that she wished she hadn’t gone to this counsellor due to the emotional issues and confusion it caused her stating, “I remember it being extremely confusing emotionally, like ‘am I this? Am I that? Do I need to come out to my parents again?’”.

Non-judgmental listener. Due to having an established relationship with her counsellor, one participant feared she would break the image the counsellor had of her by telling her what
she had truly been struggling with. The participant feared being judged for having deceived the counsellor. Instead, she describes her counsellor’s impartiality, giving no hint of being shocked or horrified. This gave the participant the message that what she was doing “wasn’t so bad”. This relieved some of her negative self-judgment.

Similarly, another participant felt no judgment on him as a person, which he appreciated.

In fact, he described not reading anything from the counsellor:

I didn’t get any judgment from her at all, and judgment that’s a negative thing, so it’s positive that I didn’t get any judgment from her but I also didn’t get any affirmation or reinforcement from her so I didn’t get anything at all from her.

One participant appreciated having a near stranger accept her where she was at, regardless of how she was identifying at the time. This made her feel that it was ok to still be working through her sexual orientation and that is was ok to not have it all figured out. The participant described this as particularly important to her as she was very sensitive to how the counsellor might respond to her:

I think it was just nice to have this person who just listened cos you spend so long trying to reach out to people and your friends and they just kind of try and fix your problem or talk over you and this was one person who would just listen, a very calming presence.

One participant felt the counsellor took her seriously, was willing to listen and didn’t dismiss what she had to say. This provided an alternative reaction and environment than the one created with her parent. She felt she was being warmly received and that the counsellor’s investment in her was genuine.

Another participant stated that the counsellor was not judgmental and very open. She described herself in a place of desperation when she went to see her counsellor and although she
was made to feel awkward at times discussing issues of her sexuality, she decided that the counsellor’s reaction was “good enough” for her to feel comfortable talking about the things she wanted to address.

The elements of counselling described in the previous three sub-headings of a neutral and normalizing response, the degree of control participants felt they had throughout counselling, and the experience of a non-judgmental listener, directly affected their experience of counselling and the role it played in their coming out process. Neutral and normalizing experiences were generally described as adding to their experience in counselling. Feeling a degree of control was also looked on favorably, unless seeking specific direction from the counsellor.

Our final exploration of participant’s experience of counselling as they processed coming out included the relationship with counsellor as described by the participants, specifically the experience of connection with another person. The relationship participants felt they had with their counsellors proved to be a very important aspect of their experience in counselling and had the opportunity to add positively to the role counselling played in their coming out process.

This theme of connecting with another person in a therapeutic relationship is introduced and further explored under sub-themes including: (a) feeling understood; (b) understanding and the sexual orientation of the counsellor; (c) knowledge, competence; and (d) language.

The Experience of Connection in a Counselling Relationship

All participants described ongoing relationships with at least one counsellor and rated the relationship quality from mixed to positive. One participant described a negative or lack of relationship and lasted only one session.
Positive descriptions of therapeutic relationships included counsellors being there from the beginning, feeling comfortable, calm and safe with them and describing a friendly, professional and comfortable relationship. One participant described the relationship as “a good match”. Another stressed the importance of the relationship, as she did not have anyone like that in her life. Others described a little hesitancy and awkwardness to the counselling relationship at first but that it improved with time. Conversely, one participant described a lacking and unequal teacher/student relationship: “Looking back on it, it probably wasn’t the best experience. But at the time I remember very vividly that I thought she was so knowledgeable.”

**Feeling understood.** Feeling understood was presented as an element of the counselling relationship that although important, was not often present and in fact not always necessary. One participant described feeling understood which allowed them the experience of being taken seriously and respected. He highlighted the importance of feeling understood through an experience that made him feel different and alien, isolated and vulnerable. Similarly, another participant described feeling understood in the relationship stating “she kinda understood me, but I had already felt this kind of connection…it felt like she was a rock when I was not”.

Others described feeling supported and heard yet not truly feeling the counsellor understood what they were going through. One participant stated, “I didn’t feel like I was left empty handed, I also didn’t feel like I was embraced…Like ‘yeah, I totally get what you are going through’”. Although she didn’t necessarily feel understood, it did not bother her too much as the understanding she was hoping was not from the counsellor but from her family.

Similarly, although another participant didn’t feel fully understood, she credited the first counsellor for making every effort to understand and didn’t feel like there were any
misunderstandings with what she was describing to her counsellor. These experiences question the importance of feeling truly understood as essential to forming a therapeutic relationship.

Conversely, one participant described a lack of understanding and validation of her experience with a counsellor stating:

She didn’t seem to clue into the fact that coming out is a very significant thing and it’s not something you just do on a whim and it needs to be thought through and approached in the right way.

One participant described a lack of relationship and understanding yet continued with the counsellor anyway. She explains:

I should go back to her, not that we had any personal connection but at least the most important thing for me at the time given my past experience was I need someone who understands that being gay is not a problem. That they are ok with that and they want to deal with the problems I want to deal with. So I felt like she had acknowledged that, and at that point that was sufficient.

Participants described experiences where understanding adds to the counselling relationship. Also described were favourable relationships that did not provide full understanding. Poor relationships and lack of understanding was either dismissed or tolerated due to lack of options.

An important element of participant’s experiences of the therapeutic relationship that arose when exploring if participants felt understood was the sexual orientation of the counsellor.

**Sexual orientation of the counsellor.** Participants who did not feel fully understood by their counsellors described the counsellors as either identifying as straight or not disclosing their sexual orientation to the participant. Some participants made a direct link between feeling understood and the sexual orientation of their counsellor.
One participant felt somewhat understood by her first counsellor yet believed that one has to go through the experience to truly understand the impact. On feeling understood, she states, “A little bit. Yes and no. I think you really have to go through something like that to understand how difficult it can be.”

Another participant stated that she was unclear how the counsellor identified and that she may have harboured a hope that she was gay. The participant thought that this would really add to the counsellor’s ability to understand her experience. She noted, “I don’t really know how she identified, even her sexuality. I think like in the back of my head I was hoping she was gay. Cos then like its ‘ok, yeah you really understand.”

In relation to the experience of being completely misunderstood, the participant believed that she most likely would have had a better experience if she had worked with an LGB counsellor stating that she was “not lucky enough” to have had that experience.

The one participant who stated he felt fully understood put this down to assuming an understanding of his situation due to the fact that his counsellor was gay. With this, he assumed a lack of understanding from a straight counsellor. The participant’s counsellor was recommended to him by a gay friend being introduced as “one of us”. He recalled knowing the counsellor was gay reduced his nerves and gave him comfort:

I wasn’t nervous at all and I think one of the reasons was because she was gay. If she was straight I don’t think I would have felt comfortable. Because I don’t think, I would have assumed that she didn’t get it or he didn’t get it.

Results of this study link participant’s perception of being understood as more likely if their counsellor shares their non-heterosexual orientation.
Knowledge and competence. All participants were sensitive to their counsellor’s knowledge or experience on their presenting issues. Whether lacking or not, all participants acknowledged their counsellor’s knowledge and experience on coming out issues as relevant to their counselling experience. One participant spoke of his counsellor, who was gay, as having authority to speak directly to the matter, stating, “I don’t think I could have believed that a straight counsellor would know what they were talking about, with my issues.”

Another described her counsellor as having the experience and skillset to match her specific situation. Participants were impressed with any specific knowledge of the gay community and found this normalizing and helpful.

Conversely, descriptions of incompetency were reported. One participant described being disappointed in comparison to her expectations of what a counsellor should be prepared for. She explained:

I mean I thought that as a counsellor they’d seen a lot, heard a lot, and would have some advice and feedback about ideas…she didn’t have the skills or tools to provide. Like I was hoping for ideas about how to actually approach this subject.

One participant remained ambivalent on the counsellor’s competency in this area stating, “I don’t know if she has had special training in how to help somebody as they are coming out” adding that she didn’t say anything in particular that made her feel understood.

One participant described a well meaning but unknowledgeable counsellor who was unprepared and ill equipped:

I don’t believe that she was homophobic or that she wasn’t ally, just that she was uncomfortable with the topic. Like she had maybe never really talked about this with anyone before…Probably due to lack of education.
Another participant did feel her counsellor was very knowledgeable, non-judgmental and open, yet she did not feel she was competent for the issue she presented. She states she may have been too open to new ideas that diverted the work from the presenting issue. The participant stated, “At the time I remember very vividly that I thought she was so knowledgeable and so smart and if she didn’t focus on something [her mothers reaction] there was a reason why.” The message received in relation to her issues with her mother she described as, “If someone wasn’t accepting of the whole gay aspect, then you just sort of distance yourself emotionally and that was supposed to be the healthy thing”.

Participants also acknowledged a limited capacity for counsellors to impact what was happening in their relationships outside of the counselling room. One participant stated, “I don’t know that there is anything you can do other than help someone weather the storm.” However, counsellor competency on coming out experiences was important to participants, in particular to those who had negative experiences. A participant described knowledge and education as a helpful tool in the process of coming out:

I have thought a lot about why my mum reacted the way she did, and what would have been helpful for people to know about how other people react and their reasons behind that… and how you can help them get through those, and answer those questions, and get past those fears or whatever it is that’s causing them to act that way.

The participant highlighted the role of education for everyone involved, stating: Definitely education. Cause as much as coming out is about you, it’s also about the people you are coming out to. You need to be equipped to answer their questions and anticipate their questions as well.
**Language.** All participants spoke of the role of language and how it related to their experience in counselling. Participants spoke of their own evolving use of self-description and labels. One participant described being sensitive to the language she used before her disclosure to the counsellor. This included avoiding certain words, fearing she might “out” herself before she was ready. She stated, “I guess I remember circling back and avoiding certain words, like gay or words that I felt would give it all away”. She eventually told her counsellor “I think I like girls”. The participant distinguished this statement from the finality of saying that she was gay. Similarly, another participant stated to her counsellor, “I like women more than men”. She attached a possible negative association to the word gay, preferring now to use the word queer.

A counsellor’s use of language was also shown to be important, particularly if it was not found to be appropriate by the participant. One participant spoke of not feeling accepted by a counsellor who did not mirror the same language the participant used, explaining:

> I could see that she was trying to make an effort but she utterly failed at mirroring my language. She used words that I would not use to describe myself… I referred to my partner as my partner and she would refer to her as my girlfriend or my special other person like terms that I felt made it… trivialized or made her seem like she was uncomfortable with saying what was actually the case.

The results presented in this chapter highlight the key themes pertaining to the experience of the participants as they process coming out in counselling. These themes together are presented in a broad comprehensive description as represented in the general structure of the phenomenon. The themes, both general and specific, are key to gaining an understanding of the experience under investigation. The following chapter will discuss the implications of these findings.
Chapter Five: Discussion

The goal of the study is to examine the overall holistic experience of Lesbian, Gay, Bisexual and Queer (LGBQ) clients as they process a coming out experience in a therapeutic setting. In this chapter, I examine where the findings of this study fit within the current literature and highlight any unique contributions offered. I report on the utility of the findings and discuss the strengths and limitations of the research. This chapter concludes with some implications for counselling training and practice and suggests directions for future research.

Contributions to the Literature

The role of counselling. An overarching finding of this study is the important role that counselling can play in an LGBQ person’s coming out journey. The study results and following discussion continues to break down this role of counselling into specific elements as described by participants in the study. These elements include a safe space, contrasting reaction, a neutral and normalizing response, validation, a non-judgmental listener and knowledge, competence and language of the counsellor. Essentially, however, it is this significant and impactful role of counselling on participants overall coming out journey that is being described.

The relevance of the role counselling plays in the lives of the participants supports the literature that shows LGB clients participate more frequently in therapy than heterosexual clients (Cochran, Sullivan, & Mays, 2003) with this participation often due to specific stress and challenges with identifying as LGBQ (Eubanks-Carter, Burckell & Goldfriend, 2005).

Both the positive and negative impacts of the role counselling played in participants overall coming out experiences are discussed. All participants shared at least one experience where they found counselling to impact positively on their coming out journey. Some
participants shared overtly negative experiences with counsellors whose work goes against ethical codes and certainly lies outside of the APA guidelines for psychotherapy with Lesbian, Gay and Bisexual clients (APA, 2000). It is hoped that this research highlights that unethical practice with respect to APA Guidelines still continues today and needs to be addressed.

The Experience of a Safe Space

The important act of telling and sharing ones experience was evident in the interview process. Participants somewhat relived this experience as they recalled and re-told their coming out experiences just as they had shared with their counsellors. This supports Johnson’s (2007) findings that most LGB clients have a narrative to share. Counselling has the opportunity to provide a safe space for LGBQ clients to tell these stories. The importance of the role of counselling is further supported in this study by demonstrating that counselling is too often the only place where one can go to tell their story and be listened to. Albeit that some LGBQ individuals may be able to source a supportive environment outside of counselling as some of the literature shows, this is not the case for many and not the case for the participants of this study.

Validation. Participants of this study highlight the importance of receiving validation of their experiences in counselling. Participants also noted the negative impact when feeling their experiences were trivialized or not taken seriously.

Building on the research of Shelton and Delgado-Romero (2011) on micro-aggressions, and in particular the identified theme of avoidance and minimizing of sexual orientation, this study further expands on LGBQ coming out experiences being avoided, minimized or trivialized in counselling. This study finds the experience of trivialization as damaging when received as a
result of their disclosure outside of counselling and when received from the counsellors themselves. One participant experience describes the impact:

> I brought up my mum and [the counsellor] would say, ‘she’ll come around’ and ‘those sort of people that’s what they think’. There wasn’t any sort of in depth, how does that make you feel? That your mother thinks you’re damned and going to hell.

Conversely, the participants looked favourably on validation of experiences. When combined with the existing literature on minority stress (e.g. Meyer, 2013) awareness of the importance of validation can increase counsellor’s knowledge and understanding of LGBQ people’s coming out experience and further help them to validate the severity of the experience rather than trivialize or dismiss the event.

**The Experience of a Contrasting Reaction**

Findings of this study show participants report counselling experiences to be helpful in their overall coming out journey if they are in direct contrast to previous negative disclosure experiences. This involves receiving a neutral response to disclosing their non-heterosexual orientation in counselling in contrast to a rejecting response received outside of counselling; counselling providing a safe space to talk in contrast to an unsafe outside environment; receiving a normalizing, validating and accepting response in contrast to being made to feel different or trivialized or judged; and feeling a sense of autonomy and control in contrast to feelings of helplessness experienced outside of counselling. The elements will be discussed individually further in this chapter.

This study’s findings of the benefits of this overall contrasting experience supports current literature (e.g. Lebolts, 1999) that shows counselling to have the potential to provide a corrective experience to counteract experiences of a homophobic society. Literature shows
minority individuals experience stress due to conflict with a dominant culture who’s societal norms and structures differ from ones own experience (Meyer, 1995).

The participants of this study describe experiencing minority stress and describe at one time having adapted their self-concept to be congruent with societies stigmatizing views on LGBQ people. This provides support for a contrasting and possibly corrective experience in counselling serving as a helpful intervention for participants. Building on these findings further recommendations, in line with what Johnson (2012) names a gay affirmative approach in therapy, are presented at the end of this chapter.

**Neutral reactions and normalizing responses.** This study found that neutral reactions and normalizing responses generally add positively to participants counselling experiences. Again, this is contrasted with negative and/or trivializing reactions received outside of counselling. This finding supports previous research (e.g. Major et al., 1990).

This finding however also contrasts with some literature that goes so far as to say that neutral reactions can diminish any benefits to a disclosure (Rodriquez & Kelly, 2006). Similarly, Burckell and Goldfried (2006) found clients to prefer more LGB affirming qualities to more neutral reactions from therapists.

Conversely, this study found neutral reactions to be well received by participants. This difference may be due to a neutral response providing *such* contrasting experience to an extreme negative reaction being received by their initial disclosure to family that participants rate it as adequate. Further, although the study shows overall support to receiving a neutral reaction, it should be noted that some participants did have some questions regarding the possibility of their experience being trivialized and they later questioned themselves for having made a “big deal” out of the disclosure. One participant’s description of her counsellors reaction being “good
enough” supports this hypothesis that the neutral reaction experience in counselling is rated positively only as it is better in comparison to the negative response from family. It is possible that a neutral reaction could be seen as the minimal requirement for a positive experience. It is also possible that, due to what we have seen of internal and social stigmas in the literature, participants are primed for rejection and do not hold great expectations for what their counsellors can offer. One participant stated, “I don’t know that there is anything you can do other than help someone weather the storm.”

Findings may suggest room for the possibility of improving this experience for clients with the use of affirmative therapy, knowledge and education that recommends a neutral response be replaced with a more affirming response. The following quote lends support for a more affirmative approach: “It’s positive that I didn’t get any judgment from her but I also didn’t get any affirmation or reinforcement from her so I didn’t get anything at all from her.”

This recommendation will be addressed further in the recommendations section towards the end of this chapter.

**Sense of control in counselling.** The role of counselling to provide experiences of control and autonomy is supported by these findings. This study found that participants looked favourably on feeling in control, unless they were specifically seeking direction from the counsellor. Consistent with the literature that finds autonomy linked to higher self-esteem (e.g. Legate et al, 2012) participants of this study appreciated being met with an autonomous, supportive environment and did not appreciate controlling contexts.
The Experience of Connection in the Counselling Relationship

Findings of this study support the significant role connection in the therapeutic relationship plays in counselling for LGBQ clients. The quality of the relationship participants reported to have with their counsellors was presented as important as it had the opportunity to add positively to the role counselling played in their coming out process. These findings also support previous literature (e.g. Chaudoir, 2010) that shows the act of disclosure to strengthen the therapeutic relationship and the reaction of the listener to be influential on the outcome of disclosure. Findings also support research by Herek et al. (2009a) showing face-to-face discussions of one’s sexual identity to correlate with lower internalized homophobia.

This study, combined with the current literature, provides support for the ability of a therapeutic alliance to add positively to the overall impact of counselling on LGBQ clients and in turn decrease client self-stigma. Participants report feeling better about themselves for having someone to talk to. The counselling relationship also has the ability to contribute to the experience of having a safe space to tell one’s story and receive a contrasting experience to that received outside of counselling. In fact, the participants of this study found the existence of a connection in their relationship with the counsellor as essential to having a positive experience in counselling.

One unique aspect of this study that varied from previous findings was in the participant’s relationship quality as reported in counselling with the persons outside of counselling whom they disclosed to. While previous quantitative literature (Beals & Peplau, 2006) found significant improvements in relationship quality after disclosure, participants of this study did not report a significant improvement in their relationships over time, naming it as a shift from rejection to tolerance. This variation in findings may be due to the intimate nature of
the relationships with parents and the qualitative nature of discussion in counselling. This contrasting finding warrants further study. Findings of little improvement in relationships outside of counselling however, lends further support for the significance of a therapeutic relationship to provide support for LGBQ clients at during this time.

**Feeling understood.** A unique contribution of this study was in finding that the experience of feeling understood was presented as an element of the counselling relationship that, although important, was not often present and in fact not always deemed necessary. Participants describe experiences where understanding adds to their counselling relationship. Also noted, however, were favourable relationships where the counsellor did not communicate full understanding. Participants also describe not *expecting* full understanding. Poor relationships combined with a lack of understanding were either rejected by participants by not returning to that particular counsellor or tolerated as “good enough” due to lack of options.

Findings on perceived understanding is one of the bigger surprises in terms on research expectations. Previous literature (e.g. Johnson, 2012) shows understanding to be an important aspect of the counselling relationship. It is possible, however, that this tolerance of a lack of counsellor’s understanding comes from previous minority experiences of heterosexism, societal and internal homophobia. Such low expectation of understanding further highlights the isolation of the experience.

One advantage of this study was the inclusion of a diverse ethnic and cultural group. Participants described further group exclusion when coming from a minority culture and revealing a non-heterosexual orientation. One participant described her own experience of feeling misunderstood and further disconnected, stating, “at least with the mixed-race thing I have my sister, and I have my parents. I think with the sexuality layer, it kind of ostracized me
from the family unit that I considered my base and foundation.” This experience supports Szymanski and Gupta's (2009) finding that although internalized racism and internalized homophobia can negatively affect self-esteem, only internalized homophobia positively predicts psychological stress. Relevant to clients needs in counselling, the isolation from group membership is implicated here, supporting a heightened need for belonging and integration and communicating understanding.

Participants of this study highlight the need to incorporate individual variability, such as societal homophobia, heterosexism and diversity within the gay community, into any attempts of understanding their experience. Further research is warranted on LGBQ client’s expectations of being understood in counselling.

**Understanding and the sexual orientation of the counsellor.** To further elaborate on the above discussion on understanding, participants who did not feel fully understood by their counsellors described those counsellors as either identifying as heterosexual or not disclosing their sexual orientation to the participant. Participants expressed little expectation for understanding from a counsellor who themselves had not experienced coming out. Results of this study therefore link participant’s perception of being understood as more likely if their counsellor shares their non-heterosexual orientation.

In contrast, previous literature (e.g. Israel & Hackett, 2004, Bowers & Bieschke, 2005) finds the competence of the therapist to far outweigh any preference for sexual orientation. It is possible, however that the participants counsellors did not communicate enough specific competence and knowledge on LGBQ issues for participants to feel understood enough to allow sexual orientation to be irrelevant. Although further study is needed in this area, this hypothesis also falls in line with the gay affirmative approach.
Knowledge and competence. Findings show a client sensitivity to counsellor’s knowledge on, and experience with, their presenting issues. Whether lacking or not, all participants acknowledged their counsellor’s knowledge and experience on coming out issues as relevant to their counselling experience.

Results of this study show a wide variation in knowledge and competence of counsellors on LGBQ issues. These range from harmful: “I have no words to describe how awful he was”, to unknowingly incompetent: “I don’t believe that she was homophobic or that she wasn’t ally, just that she was uncomfortable with the topic.” The latter finding echoes previous research that shows therapists who are accepting of varying sexual orientations, often lack the knowledge about how to integrate sexual orientation into the ongoing therapeutic process (Mair & Izzard, 2001).

For those who had better experiences, the only incidences where participants claimed their counsellors to show knowledge and competence specific to the experience of disclosing a non-heterosexual orientation was when this knowledge and competence was directly communicated through sharing this knowledge or implied due to the counsellors expressed LGBQ orientation.

Language. The role of language as used in counselling was found to impact participants experience in counselling. Participants also spoke of their own evolving use of self-description and labels in counselling. Findings in this study support current literature that suggests client sensitivity to heterosexist language (Israel & Hackett, 2004). At the time of interview, participants of the study self-identified as LGBQ. With this study being retrospective, however, insight was gained into the process of coming to this current place of self-identification and the role of counselling in that process. Participants of this study described an evolving process of
self-description with periods of stabilization on certain identifiers. Participants shared how at first labels were avoided and often shunned, choosing instead to describe their experiences in terms of how they were feeling. Participants used such statements as “I think I like girls” or “I like women more than men” differentiating this from the concreteness of saying “I am gay”. One participant describes moving from using the word gay, a word evoking negative connotations for her, to now preferring to use the word queer. This finding supports the literature on queer theory describing the choice of this descriptor as a rejection of categorization (Fassinger & Arseneau, 2007).

This study’s findings show counsellors recognition, respect and sensitivity to this evolving process of self-identification and language use as incredibly important to a positive experience in counselling. All positive aspects of counselling, as experienced by the participants, speak to having a counselling experience where they were not pushed to take on a label or fit into a category unless self-evoked. Firestein (2007) suggests a societal pressure to self-label and this supports the ability of counselling to provide a contrasting experience to occurrences outside of counselling. Findings further support the importance of suitable language use by describing the negative impact of inappropriate language and terminology. This occurred when language use did not mirror the clients or if unwanted labels were assigned.

Conclusion

This study’s findings support the potential for LGBQ to have a positive experience in counselling. This is achieved through the use of a safe space, contrasting reaction, a neutral and normalizing response, validation, a non-judgmental listener and knowledge and competence of the counsellor. The interaction of these elements show them as additive to a positive counselling experience and supports their use in the counselling process in particular with LGBQ clients.
Connection in the counselling relationship is overarching to the facilitation of these elements. These finding lend support for the benefits of a therapeutic relationship to provide a corrective experience that allows for re-telling of a disclosure experience without a negative or judgmental response.

Expanding on the findings of Sheldon and Delgado-Romero (2011), this study highlights the more subtle failures of counsellors to support their clients as best they can, in particular with regard to the experience of disclosing a non-heterosexual orientation. This current study highlights failures and successes in the hope to increase counsellor awareness and knowledge. Highlighted also is the lack of expectation from clients for a service that can speak to their experiences and/or a failure to communicate feedback when expectations are not met. This study hopes to deliver this message to practitioners on behalf of clients.

This study provides a deeper understanding of the experience of LGBTQ clients who participate in counselling having made a significant and impactful disclosure of a non-heterosexual orientation by exploring: How do LGBTQ clients understand their experience of disclosing a non-heterosexual orientation? What is it like to share this in counselling? What is it that they perceive from their counsellor on this subject? This study has contributed to answering these questions and provides an increased understanding of the experience of LGBTQ individuals as they process coming out in counselling. This increased understanding has the potential to improve counselling practice with LGBTQ clients.

**Strengths and Limitations**

As presented in the literature review, the majority of the research on LGBTQ experiences is undertaken using quantitative methodology. Of the studies that employed a qualitative method
of research, many examine a more general experience of LGBQ persons. Of the studies that narrow their focus to look at LGBQ coming out and disclosure issues none, to the best of my knowledge, focus specifically on the experience of coming out as it discussed in counselling. This study has addressed this gap in the literature.

A further strength of the study includes the use of in-depth semi-structured interviews as they allowed for exploration of participants experiences in counselling that would not be heard otherwise. The use of a descriptive phenomenological method ensured the results of the study stay true to participant’s descriptions of their experiences.

This study also represents a diverse group of people who experienced the same phenomenon. Participants varied in gender, age, culture, ethnicity, education and socio-economic status. Further, the inclusion of queer participants allowed for incorporation of participants who may reject traditional labeling. This allows for further inclusiveness to an LGBQ community in flux.

One possible bias to consider in this study is the possible overrepresentation of those more troubled by their sexual orientation. Another possible limitation of this study includes only receiving client self-report information with regard to the counsellor’s status in their profession. To the best of the participant’s knowledge all the counsellors were qualified and registered. Further confirmation on this however would be helpful to this study.

A further limitation to this study is that it adds to the underrepresentation of bi-sexual experiences already reported in the literature. Bi-sexuality in this study is represented as a step in the coming out process. Although this is accurate representation of the experiences of participants in this study, it is not an attempt to undermine the validity of those who identify with a bi-sexual orientation.
Implications for Counselling Training and Practice

The first recommendation of this study is for counsellors in training and practice to incorporate the elements that have been shown in these findings into their work with an aim to contribute to positive counselling experiences for LGBQ clients. Building on the current literature, this study further recommends increased counsellor awareness and sensitivity to the significance of the LGBQ coming out experience.

Literature shows both a lack of knowledge and a lack of counsellor training with regard to LGBQ issues. It is recommended that Universities and other post secondary institutions start to address this issue by providing adequate and essential training in area. Increased counsellor knowledge, competency and training of LGBQ experiences (e.g. knowledge of LGBQ literature, coming out models, minority identity stress and disclosure models) can provide counsellors with the skills needed to provide validation and understanding to their client’s experience. Through the therapeutic relationship, this knowledge of common experiences can then be specifically tailored to an individual’s circumstance and could help LGBQ clients prepare and/or process their coming out experience.

Further to general knowledge of LGBQ experiences, training and competency in assessment of a client’s unique internal experience is recommended. This includes assessment of self-concept, felt stigma and internalized homophobia. Accurate assessment of each individual journey can reduce subtle bias or assumptions and allows clients to be met where they are at in their coming out journey.

To address the perceived lack of understanding of their experiences, a further recommendation is the use of group therapy to address the LGBQ coming out experience. Although it is suggested that increased counsellor knowledge and competence increases a clients
perceived understanding, the creation of an LGBQ group experience could also potentially provide the same essential and preferred elements (e.g. normalizing, validation, acceptance) pertinent to a positive counselling experience.

Finally, the findings of this study support the utility of an LGBQ affirmative approach described in the current literature as a *gay affirmative approach* (Johnson, 2012) and recommends further counselling education and training in LGBQ issues to promote this approach. Langdridge (2007a) describes this approach as addressing the need for “positive affirmation to directly ameliorate the effects of heterosexism” (p.30).

The current broad definition of this approach includes:

> The integration of knowledge and awareness by the therapist of the unique development and cultural aspect of LGBT individuals, the therapists own self-knowledge, and the translation of this knowledge and awareness into effective and helpful therapy skills at all stages of the therapeutic process. (Bieschke, Perez et al., 2007, p. 408).

Although participants describe positive counselling experiences consisting of essential elements such as a strong alliance and a non-judgmental, neutral and normalizing response, this cannot be equated with a gay affirmative approach. Essential to a gay affirmative approach is an understanding of gay issues and appropriate knowledge for working with LGB clients (Harrison, 2000; Johnson, 2012). Relevant to this study, this understanding was not experienced by the study participants. Further, this affirmation of client’s experiences needs to be communicated directly to the client.

**Directions for Future Research**

The conduct of this research and findings has provided some direction for future research with respect to LGBQ individuals and processing coming out in therapy. With the gay
affirmative approach still in its infancy, further research is recommended on the specifics and utility of the approach. Further to this, research into training and methods of delivery to clients is required.

Additional research is also needed into the possible utility of group therapy to provide clients who are processing disclosure experiences with a normalizing and accepting environment. Research is needed into elements that would be conducive to a positive LGBQ group environment.

Qualitative research on the experiences of counsellors when working with LGBQ clients is also needed. It may be productive to interview both the client and counsellor so as to compare experiences. Capturing counsellor’s experiences may unearth challenges that could in turn prove helpful in creating a more positive experience for both client and counsellor.


Appendix A: Recruitment Poster

Have you ‘come out’ as LGBQ?

Have you talked about this experience with a counsellor or psychologist?

- Do you self-identify as Lesbian, Gay, Bi-sexual and/or Queer?

- Have you ever revealed your LGBQ identity to a significant person in your life?

- Have you attended counselling and discussed this experience in at least one session?

- Would you like to share this experience in a confidential interview?

If you said YES to the questions above you may be eligible to participate in a study on the experiences LGBQ people who have shared their ‘coming out’ stories in counselling.

**What will I have to do?**

We would ask you to attend a confidential interview to share your experience. If interested or want to learn more contact Ann Marie, MA Candidate at the University of British Columbia.

778-828-9214 or email comingoutstudy@gmail.com
Appendix B: Screening Questions

Participant Screening Questions

If potential participants contact me I will begin by thanking them for taking the time and explaining that in order to participate in the study, it’s important I ask them a few questions to determine their eligibility. All callers will be reminded that all information shared on the phone, and throughout the study will remain anonymous. With their permission, I will ask the following questions:

1) How did you hear about the study?

2) How old are you?

3) Do you live in British Columbia? Is it possible to for you to travel downtown?

4) Do you self-identify as Lesbian, Gay, Bi-sexual and/or Queer? If yes, which do you use?

5) Did you go to at least one 50-min therapy session where you discussed a particular coming out experience?

6) When was this therapy session? Do you remember it well enough to recount?

7) Would you feel comfortable sharing your ideas and experiences of this experience?

8) Are you currently experiencing anything stressful that might make it tough to talk about this time in your life?

9) Interviews will last for about one hour. I will also be in contact for a short follow up discussion once I have finished analyzing our interview. Is this ok with you?

10) Will you be willing to attend Qmunity to take part in the interview? If yes what days and times suit you best?

11) Why do you want to participate in this study?

12) Do you have any questions for me?
Appendix C: Consent Form

Consent Form

Department of Educational and Counselling Psychology, and Special Education

The University of British Columbia

Title of the Study: Therapeutic Exploration Of The Coming Out Experience For Lesbian, Gay, Bi-Sexual And Queer Identified Clients

Thesis Supervisor: Dr. Colleen Haney. Department of Counselling Psychology of the Faculty of Education at the University of British Columbia (UBC). Contact information: 604-822-4639

Principal Investigator: Ann Marie Crotty, M.A. (Candidate), Department of Counselling Psychology of the Faculty of Education at UBC. This research is part of Ann Marie’s thesis requirement for completing a Master’s of Arts (M.A.) in the Counselling Psychology Program. Upon completion, the thesis will be a public document that can be viewed through the UBC library. Contact Information: 778 828 9214 or email: comingoutstudy@gmail.com

Why we are doing this research?

You are being invited to take part in this research study so as to help us learn more about how to help people who use counselling services to understand their coming out experiences. This study will help us learn more about how counsellors can improve their understanding and practice with LGBQ clients who experience coming out to others. We are inviting people like you to help us improve the practice of therapists working with LGBQ clients.

What happens if you say “Yes, I want to be in the study”?

We will ask you about your experience of a time went to counselling and spoke about a ‘coming out’ experience in your life. I (Ann Marie) will meet with you at an agreed upon time at Qmunity, 1170 Bute St, Vancouver. We will conduct an interview in a private room at Qmunity. Some prepared questions will be asked to help you explore the experience in counselling that you will be sharing. The interview should take 60-90 min.

A follow up meeting is offered should you wish to look over the transcript of your interview and comment on initial findings. The interview will be audiotaped so as to best help me conduct the research later. There will be a short demographics form to complete at the beginning of our meeting.
What will be done with the Study Results?

The information that you share during the interview will be analyzed and used for a final research project that is part of my program at UBC. I may also share this information at meetings and conferences, and it may be published in academic journals or magazines for other people to read. However, your name will not be mentioned in any of these essays, articles or presentations.

Potential Risks: We do not think that there is anything in this study that could harm you or be bad for you. There might be some questions or topics that you might feel uncomfortable talking about. However, you don’t have to talk about anything you don’t want to. Also, you are free to end the interview at anytime. If something comes up during our interview and you need more support, we will connect you to a licensed psychologist, and we will also give you a list of community resources that you can turn to for support.

Potential Benefits: By being part of this study, you will get the chance to talk about your experiences in a safe environment. You will get the chance to have your opinions heard, which will help counsellors better understand and help LGBQ clients. Research shows that being given the opportunity to talk about things can result in feelings of relief and increased self-awareness.

Confidentiality: All the information that we collect in this study that is related to your identity will be kept confidential and will not be shared with anyone without getting your permission first. All the audio recordings and written documents that relate to the interview will be kept in a locked filing cabinet at the UBC Department of Education and Counselling Psychology and Special Education. We will be writing out the interviews that take place, and these written documents will be saved on a computer that is protected by a password. Only the two researchers mentioned above will have access to this password. Your name will not be written on these documents. Instead we will replace your name with a number and/or a pseudonym. The information that we get during the interview will not be accessible to anyone else to read. It is UBC’s policy that after five years, all data will be destroyed.

There are three exceptional circumstances under which confidentiality cannot be maintained: 1) If there is reason to suspect physical, mental or sexual child abuse; 2) If there is serious risk of suicide and/or self harm and 3) If the participant presents a clear and imminent threat to someone else or society at large. If at any point we assess participant’s self-disclosure to indicate any one of these three situations, we will have to take steps to ensure the safety of participants. This might include, but is not exclusive to: contacting emergency services, the Ministry of Child and Family Development and counselling support services. Participants will always be informed of the precautions that are being taken and will be given the option of accessing these services themselves with the support of the investigator.

Compensation for Participating in the Study: Participants will receive a coffee card of minimal value ($20) as a show of appreciation for their time.

Contact for Information about the Study: If at any point before, during or after the study you have questions about the study, please feel free to contact the principal investigator or co-investigator. Their contact information is on the first page of this document.
Contact for Concerns about the Rights of Research Participants: If at any point you have questions or concerns about your rights as a research participant, please feel free to contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

Consent and the Right to Withdraw: Consent to be part of this research study is completely voluntary, which means that you have the choice to decide if you want to be part of it or not. People who agree to be part of this research can also choose to withdraw or end their involvement at any time with no explanation and with no consequences. Your have the right not to answer any questions that you do not want to answer. You can also choose to take a break at any time during the interview. Finally, the researcher (Ann Marie) also has the right to withdraw you from the study if circumstances warrant that it is necessary.

Signature of Participant:

I understand the information provided for the study Therapeutic Exploration Of The Coming Out Experience For Lesbian, Gay, Bi-Sexual And Queer Identified Clients as described in this consent form. Your signature below indicates that you have received a copy of this consent form for your own records.

“I consent to my participation in this study.”

___________________________________             _________________________
Participant Signature                  Date

Printed Name of Participant

Check box if you are interested in receiving a summary of the research findings.

Signature of Investigator: These are the terms under which I will conduct research

___________________________________           __________________________
Signature of Investigator                  Date
Appendix D: Demographics Form

Participant Demographics Form

Please answer the following questions by filling in the blank sections and circling answers where appropriate. If you need any help, please feel free to ask the researcher. If there are any questions that you feel uncomfortable answer, you have the right to leave them blank. All information provided will be kept strictly confidential. Thank you so much for participating!

1. Date of Birth: ___________________

2. Age: _________________


4. What other labels do you use and/or prefer, if any?
   __________________________________________

5. Years/months since first coming out experience _________________

6. Years/months since the coming out experience you will identify in this interview (if different from first experience)

7. Years/months since the therapy session that will be discussed in this interview

8. Gender: a) Male b) Female c) Trans d) Other ___________________

9. Religion/Spiritual Belief System _________

10. Country of Birth: ___________________

11. Ethnic Background: __________________________

12. How did you hear about this study?
   _______________________________________________________________

13. What do you hope to get from this study?
Appendix E: Interview Protocol

Interview Protocol
The following is a list of interview questions that have been derived off the main themes in the literature regarding the psychological impact of coming out and taking on a sexual minority identity. Questions will cover various aspects of the experience including the internal process of thoughts, beliefs, emotions and stressors. Questions too will address the broader social impact on family and relationships. All questions will address or lead to discussing what it was like to address these coming out issues in therapy.

If I find that participants are struggling to answer the question, or I need clarification on what they have said, I may use some of the prompts that have been included. However, I will allow participants to determine what is most pertinent to their experience and what they would most like to discuss as the interview unfolds.

Topic A: Open Ended Warm up Questions

*Intention:* Gain a sense of who they are and begin to establish rapport.

1) Can you tell me a bit about yourself? What would you like me to know before we begin?

Topic B: The significant Coming out experience

*Intention:* Introduction to the coming out experience itself. By having a change to tell this story first allows for greater context and clarity of details when discussing the following therapy experience. It also allows for greater focus on the therapy experience further in the interview.

1) So to begin, when you feel comfortable I would like you to talk a little bit about your coming out story as it happened.

   a) When and where did it take place?
   b) Do you remember what you were thinking at the time?
   c) Do you remember how you felt?
   d) How did the other person(s) react to your disclosure?
   e) Do you see the event differently or the same now?
   f) Overall, how would you describe this experience?

Topic C: Getting to therapy

*Intention:* To understand what was happening for the participant when they decided to go to therapy for this or related issues

1) I would like to know about your process of getting to therapy. Can you talk a little bit about what was going on for you and how you decided to go to counselling?
   a) What as happening for you around the time you booked your counselling appointment?
   b) Had you been to counselling before?
   c) What did you think counselling could offer you?

Topic D: In therapy
**Intention:** This is where the bulk of the interview time will be spent. The intention is to understand the experience and process of the participant and they broach, discuss and process their issue.

1) Ok so you have got to the therapy room. Take your time here and in as much detail as you can, please describe the experience you had in this session.

**First Impressions**

1) What were your first impressions?
   a) What were you thinking and feeling as you sat down in the room?
   b) What were your first impressions of the counsellor? How did they react to you?

**Talking out coming out**

2) What was talking about your coming out experience like?
   a) Did you plan to discuss the coming out experience? If not, how did it arise?
   b) What were you feeling?
   c) What were you thinking?
   d) What were you doing? Body posture etc.?
   e) Overall, what was talking about this like for you?

**The Counsellor**

1) How would you describe your relationship with your counsellor?
   a) How did you perceive their reactions to your experience?
   b) What did they say or do?
   c) What aspects of the counsellor did you like or dislike?

**The Counselling Process**

1) What aspects of the counselling process did you like or dislike?

**Final Impressions**

1) What were your final impressions?
   a) of the counsellor?
   b) of counselling?

**Topic E: After Therapy**

**Intention:** To discuss the experience of the participant of any effect the therapy session had on their psychological and social wellbeing.

1) What was going on for you immediately after the session?
2) What, if anything, did you see yourself getting out of this counselling session?

3) Do you see the experience differently now? If yes, how so?

4) Do you see yourself differently now? If yes, how so?

**Topic E: Additional Information**

*Intention:* To provide participants with the opportunity to add any additional information and give feedback regarding the experience of being interviewed.

1) Do you have anything to add to what we have discussed today?

2) What was this interview like for you?