

## Article 74

### **Deciding to Disclose: The LGBTQ Counselor's Unique Challenge**

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#### **Abstract**

Counselors identifying as members of the Lesbian, Gay, Bisexual, Transgender, and Queer community are consistently faced with the decision of disclosing this identity to their clients. Literature shows that both disclosing and withholding an LGBTQ identity to clients may have a significant impact on the therapeutic relationship. While significant, variables leading to successful and ethical disclosure have yet to be investigated. The authors provide a review of the literature, as well as one author's own practicum experience regarding LGBTQ identity disclosure and its effects. An ethical decision-making model is referenced and variables that may affect ethical disclosure are hypothesized. Both the literature and the authors suggest considering disclosure on a case-by-case basis and call for researchers, educators, and supervisors to pay more attention to LGBTQ students and clinicians as they consider disclosure.

Counselors who identify as members of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community are consistently faced with the difficult decision of whether or not to disclose this invisible, yet significant, identity to their clients. Disclosure of their non-heterosexual identity may be beneficial in some instances and has been found to have a profound impact on the course of therapy, both empirically (Kronner, 2013; Moore & Jenkins, 2012) and anecdotally (Guthrie, 2006). In addition to impacting their clients, withholding disclosure may instill anxiety and fear of client judgment in the counselor (Moore & Jenkins, 2012). Though a multicultural issue, courses in multiculturalism often limit the dimensions of culture to class, racial, ethnic, and religious identification, while the topic of non-heterosexual identity has largely been minimized (Gorski, Davis, & Reiter, 2013). The purpose of this article is to provide

insight into the difficulties experienced by LGBTQ counselors, particularly counselor trainees, as well as to spur conversation and further research. It includes a brief review of the literature, an autoethnographic case illustration, considerations of variables in sexual identity disclosure, and implications for counselor educators, supervisors, researchers, and clinicians.

## **Literature Review**

### **Counselor Self-Disclosure**

Self-disclosure is a technique that is used to some extent by most counselors, often to increase perceived similarity between the counselor and client (Edwards & Murdock, 1994). Congruent self-disclosure has also been found to increase counselor effectiveness (Nyman & Daughtry, 2011). Though the idea of counselor congruency is one which the counseling profession encourages for its practitioners, it may prove difficult to achieve for counselors that identify as LGBTQ. According to Cass's (1979) model of homosexual identity development, the final stage of development includes a synthesis of homosexual identity into all other aspects of self, with homosexuality becoming one of many identities, rather than the focus of identity. Therefore, in order for LGBTQ counselors to achieve optimum development according to Cass's model, an acceptable integration of LGTBQ and professional identities must be reached.

### **LGBTQ Counselor Self-Disclosure**

Effects of having unresolved areas of development are evidenced in a study by Moore and Jenkins (2012) in which eight clinicians were interviewed who identified as gay or lesbian and had experience in working with heterosexual clients. Although some were confident in their disclosure, the majority of clinicians expressed strong themes of counselor anxiety and vulnerability leading up to and upon disclosure. They cited fear of client judgment, need for self-protection, potential impact of their own fears and prejudices on the therapeutic relationship, and internalized homophobia as factors that deterred clinicians from disclosure. Though these counselors had generally negative experiences regarding disclosure to heterosexual clients, clients who identify as LGBTQ may elicit different effects. Kronner (2013) performed a study using eight client-counselor pairs (both the counselor and client were gay males) to explore the effect of counselor self-disclosure on the client's perceived connectedness to the counselor. His findings suggested a positive correlation between more self-disclosures and greater connectedness. Meanwhile, Guthrie (2006) provided case studies in which a gay male client explicitly asked for the counselor's sexual orientation not to be disclosed and another where the author believed his premature self-disclosure may have led the client to discontinue. Because of these possible effects, Guthrie goes on to say that "When working with patients who are gay, lesbian, or bisexual, the sexual orientation, or perceived sexual orientation, of the therapist can never be a neutral issue to the patient and may have a profound impact on the treatment" (p. 63). He recommended that counselors evaluate whether or not to disclose on a case-by-case basis.

**Counselor training.** Over the past three decades, the counseling profession has widely accepted the need for multicultural competence (awareness, knowledge, and skill) within a variety of settings and applied to diverse client populations (Arredondo,

Toporek, Brown, Jones, Locke, Sanchez et al., 1996; West-Olatunji, 2008). Moreover, multicultural competence has been integrated into the ethical codes (American Counseling Association [ACA], 2014) and accreditation standards (Council for the Accreditation of Counseling and Related Educational Program [CACREP], 2009). However, several scholars have highlighted the insufficient attention paid to LGBTQ issues in instruction, even within multicultural courses. For example, Gorski et al. (2013) examined the syllabi of 41 multicultural teacher education courses and found that only 3.76% of the course (1.7/45 hours) was devoted to sexual orientation topics. Further, 41.46% of the syllabi contained no mention of specific identity or oppression-related concerns in any form. Given this inadequate attention to LGBTQ concerns in counselor training, it is not surprising that novice counselors often feel unprepared by their training to work with LGBTQ clients (Owen-Pugh & Baines, 2014).

Given the need for increased training to meet the needs of LGBTQ clients, it is imperative that counselor educators pay closer attention to the unique issues that LGBTQ counselor-trainees may experience. While the relationship between self-disclosure and identity has been explored with both LGBTQ and non-LGBTQ counselors, this topic has not been investigated in relation to the counselor-trainee population.

### **Autoethnographic Case Illustration**

The phenomenon of someone changing the way they interact with me after learning I am gay is something I frequently experience in my personal life. I tend to believe that more often than not, I am perceived as or ‘pass’ for being straight without effort or intent on my part. People are often surprised when I ‘come out,’ occasionally to the extent of my having to make reference to my boyfriend or partner multiple times before being taken seriously. I experienced this most recently at university, where a peer who had developed an interest in me was taken aback and disappointed after learning I was gay. After learning this, however, we quickly became friends, and I found myself privy to information which she said she would not have shared with me if I were straight.

In general, I try to ‘come out’ as casually as possible with people who I feel comfortable with, and I knew that it would be best for me to be out with my supervisor and site coworkers as I entered practicum. I found myself at a private practice with a supportive and engaging supervisor who was interested in my perspective and experiences. When a women’s anxiety group was being formed at our site, I expressed that I would enjoy helping to facilitate, but understood that it may not be appropriate. Still, the group leader and my supervisor asked if the group would be comfortable with a person identifying as a man co-leading. It was a small group, comprised of six individuals, one of whom identifies as a lesbian. As we expected, some of the women said they would not, but one added that they would be comfortable if the man in attendance identified as gay. This condition was passed along to the other members, and they agreed; they would be comfortable with a gay man, but not one who was straight. At the time of this statement, they knew nothing about me, nor that I do, in fact, identify as gay. When they were informed that I identify as gay they agreed to allow me to help facilitate.

Given the group’s reactions, it seems more than plausible that clients’ perceptions (correct or not) of their counselor’s sexual identity significantly impact the ways in which

they relate and work together. Given the difference in interaction with people in their personal lives before and after coming out, LGBTQ therapists may find themselves with a myriad of questions regarding disclosure. Examples of such questions might include “How does my perceived sexual orientation affect my client’s presentation?”; “Would my clients open up more if I disclosed my sexual orientation or would they react negatively?”; and “Would clients find me more or less credible if they knew I was LGBTQ?”

As I tend to believe that I am being perceived as straight, these are all questions I asked myself, and I soon began attempting to synthesize my LGBTQ identity into my larger professional identity. After all, our profession encourages self-awareness, authenticity, and congruency of its practitioners, and my sexual identity is an integral and influential part of me; one which I have found to alter the way people interact with me. So, I sought input from supervisors, peers, and faculty, some of whom identified as LGBTQ. Each of them validated my experience as difficult and surprising, but few had tractable input, and most advised me to reflect, walk through an ethical decision-making model, and consult the current literature.

Despite the mixed views I discovered in the literature, one common thread appeared; when and if sexual identity disclosure is performed, it should be mindful, timely, and for the benefit of the client, like all self-disclosures. Following my professor’s suggestion, I followed the “Elements of Ethical Decision Making” (Herlihy & Corey, 2015), and became aware of my own drive for congruency and authenticity and recognized the need to prevent it from influencing my decision. I have not yet found it appropriate to disclose to any of my clients, save the group previously mentioned. For most of my clients, relationships and sexual identity has not been a topic, but for one in particular, I could see disclosure to be damaging to the progress we have made.

This client, Sarah (pseudonym used), was a high school freshman whose father has been verbally and physically abusive as well as extremely controlling. Her parents were currently going through a divorce and custody battle. Sarah feels that she has not had a father and lacks a positive male role model. We have had around a dozen sessions together and during one session six or seven weeks in, she talked about this, stating that she was very glad that I had changed some of her perceptions about men. I served as a man with whom she could build trust and was reliable, empathic, and caring. These were qualities she had never seen in men and she expressed that such qualities are what she might look for in a healthy relationship for future romantic prospects.

Upon hearing this, I recognized the danger that disclosing my sexual orientation might have for the new concepts she had created. Since she perceives me as heterosexual, these qualities are able to be lifted from me and projected onto other men whom she might like to date in the future. However, were I to disclose that I am gay, this might undermine her new concept of what a healthy male/female relationship looks like, potentially reducing the qualities of trust, caring, and empathy to a product of my sexual orientation. Indeed, disclosing my sexual orientation now might even be seen as another breach of trust by a male and further discourage her from healthy male/female relationships.

## **Considerations for Ethical Disclosure**

Counselors who identify as LGBTQ should, in most instances, assess if and when disclosure is appropriate on a case-by-case basis, perhaps using the “Elements of Ethical Decision Making” set forth by Herlihy and Corey (2015). Assessing whether disclosure is self-serving or for the benefit of the client is imperative, requiring the counselor to be keenly aware of his/her own motivations and drive for congruency. Once it has been established that disclosure is not for the counselor’s needs, pivotal questions may be “Am I more useful to the client when perceived as heterosexual, or non-heterosexual?” and “What risks are entailed in disclosing and do they outweigh the potential benefits?”

Though unresearched, numerous variables may influence making an ethical decision such as institutional setting, how the counselor’s sexual orientation is typically perceived by others, as well as the length, content, and format of counseling. Regarding clinical setting, clinicians in private practices are able to find more ‘niche’ clients. This, combined with the fact that clients who utilize private practices are more able to ‘shop’ for a counselor whose personality and background fits their needs, might lead to an ethical disclosure through means such as an online bio. This would give potential clients the ability to have the information upfront, increasing the likelihood of a ‘best fit’ while preventing any surprises. Disclosure in such a manner may also alleviate counselor anxiety around the topic, allowing them to feel more authentic and congruent by having provided the information for clients to discover on their own. Conversely, in an agency setting, clients may have little to no choice as to who their counselor is, and a ‘fit’ between counselor and client may not be present at the start. In such instances, the client’s need for effective therapy precedes the benefits of a good fit, perhaps encouraging counselor utility over authenticity.

We must also recognize both that the society is heteronormative and that our clients will often use sexual orientation stereotypes to navigate it. With this in mind, we may see how one’s perceived sexual orientation could be an influential factor. A counselor whose perceived sexual orientation does not align with what is true of them may be seen as breaking the client’s trust upon disclosure of the correct sexual orientation.

A third consideration for ethical disclosure may be the duration and content of therapy. As therapy progresses, a client’s perception of the counselor as heterosexual may be ingrained. In such instances, it is important to additionally reflect on how disclosure may be seen as a breach of trust, as the counselor may be viewed as having been ‘lying’ to the client, or keeping a secret. Content must also be appropriate; a counselor working with substance abuse clients may not ever find the topic of their sexual orientation to be relevant, while a therapist running an LGBT support group might. Finally, format is also likely to be an influencing factor, as groups and individual counseling work differently, they are also likely to react differently to disclosure. Disclosure in a group, which has many relationships, may lead to processing and discussion between members which does not directly involve the counselor. However, the dyadic relationship in individual counseling is likely to progress much differently after disclosure than that of the group.

These are just a few of the factors that may be at work in creating the opportunity for an ethical disclosure of the counselor’s sexual orientation and by no means is

exhaustive. Due to the complexity of these interactions and their uniqueness to any given situation, it is suggested counselors evaluate disclosure on a case-by-case basis.

### **Implications for Educators, Supervisors, Researchers, and Clinicians**

As the counseling profession continues to attract more diverse students and clinicians, it will be necessary for educators to be aware of and address the difficulties experienced by LGBTQ students. Though current literature reflects some of the experiences of practicing counselors, counselor trainees and students are faced with no less difficulty or confusion. Should educators become aware of LGBTQ identification among their students, they should work closely with these students to help them reach an understanding of how this personal identity may influence their educational experience. One example of how LGBTQ students may differ from their peers is greater anxiety when selecting practicum or internship sites. Classroom activities that ask students to develop, explore, and reflect on their professional identity development would be beneficial. Burkholder (2012) provides the Professional Identity Expression (PIE) model, which has four levels where the conceptualization, context, and expression of professional identity are examined through the lenses of application, discovery, teaching, and integration.

Supervisors should also become more aware and knowledgeable of the challenges faced by LGBTQ counselors, focusing on creating an environment where such supervisees can safely explore how their sexuality may be affecting their practice. In particular, supervisors may check into feelings of anxiety and fear that the supervisee may be experiencing as a result of their sexual identity not being known by clients. They should also inquire about variables that might influence the supervisee's disclosure to clients and possible outcomes of disclosure when appropriate.

The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) competencies (Harper et al., 2013) provide an excellent starting point for those supervising LGBTQ counselors, as supervisory and therapeutic relationships share many qualities. Of these competencies, those that address developmental difficulties experienced by LGBTQ persons may be directly relevant as the supervisee is cultivating a professional identity. As Russell and Greenhouse (1997) noted, LGBTQ identification should be considered and addressed explicitly within the course of supervision.

Specific attention should also be paid to the influence of sexual orientation when LGBTQ supervisees work with clients who are LGBTQ themselves, express prejudice against the LGBTQ community, or are working to understand someone who is close to them and is coming out such as a child, spouse, parent, or friend. Supervisors should also use or advocate for the use of non-discrimination policies within their agencies which include sexual orientation and gender expression, as LGBTQ individuals still lack legal protection for jobs and housing in many states.

As awareness is raised around these topics, researchers will need to begin to investigate two differing areas; the professional identity development of LGBTQ counselors, and the variables and effects surrounding therapist self-disclosure of LGBTQ identity. Both areas are likely to be best assessed through qualitative research with relevant populations. The former would speak with LGBTQ counselors to understand

how and why, if at all, they have integrated their LGBTQ identity into their practice. The latter area would ideally hold unstructured interviews with group members or individuals asking why or why not they would be willing or prefer to work specifically with a gay or lesbian counselor. Some variables that warrant research are clinical setting, the counselor's perceived sexual orientation, as well as length, content and format of therapy (mentioned above in considerations for ethical disclosure). Well executed pilot studies in these areas may allow LGBTQ counselors to more mindfully cultivate their professional identity, practice more skillfully with clients, and receive more supportive supervision.

### **Summary**

Counselors and students who identify as LGBTQ face professional challenges that are largely unknown by heterosexual counselors. Literature has shown that the process of choosing whether or not to disclose one's sexual identity often has a significant impact on the course of therapy both for the therapist and client. Numerous factors and variables may influence the process, such as clinical setting, the counselor's perceived sexual orientation, as well as length, content and format of therapy. Given that this list of variables is not exhaustive and their interactions are complex and unknown, disclosure of LGBTQ identity should be addressed on a case-by-case basis. Given the mixed attitudes regarding self-disclosure's appropriateness and potential effects on therapy, Guthrie's (2006) earlier statement might be extended, to say that the sexual orientation of a counselor is never a neutral issue, *regardless* of the client's sexual orientation.

Educators and supervisors should be aware of the challenges faced by LGBTQ students or supervisees in cultivating their professional identity and aware of the feelings they may encounter when deciding whether or not they should disclose their identity. Both should also be knowledgeable of and utilize the ALGBTIC competencies when working with LGBTQ students and supervisees.

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