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How do you see me? Coming Out in Counselling

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Abstract

Recent large-scale survey research has raised serious concerns in both the counselling community and the mass media about the ways in which counsellors work with lesbian, gay and bisexual (LGB) clients (Bartlett *et al.*, 2009; Meads *et al.*, 2009; Metro, 2009). The current questionnaire-based research focused on client experiences of their own, and counsellor's, self-disclosures of sexuality. Most clients did not require counsellor disclosure, however failure of the counsellor to disclose could result in problems and assumptions being made by the client. We conclude that LGB awareness is improving, but there is still much need for training in this area to challenge limiting assumptions by some counsellors and to avoid the need for clients to educate them.

Key Words

Bisexual, Coming Out, Counselling, Counsellor Training, Gay, Lesbian.

Introduction

Research over the past decade has consistently confirmed that the majority of therapists are ill-equipped to work with LGB clients, having had little training on the topic of sexuality, and often expressing lack of knowledge about such clients (Coyle *et al.*, 1999; Galgut, 1999; Phillips *et al.*, 2001; Evans, 2003; Mair, 2003; Grove, 2009). In 2003, King and McKeown found that a third of gay men, a quarter of bi men and over 40% of lesbian women had negative or mixed reactions from mental health professionals when being open about their sexuality (DOH, 2006). More recently, research found that 17% of therapists had, in the past, attempted to assist their clients to reduce their 'homosexual feelings' with 4% reporting that they would still attempt to change their client's sexual orientation (Bartlett *et al.*, 2009). This study was taken up by the mass media in

an unprecedented way, suggesting that concerns with LGB counselling have reached the point of public interest. Our current research attempts to add to the burgeoning literature in this area by focusing on the experiences of LGB clients in therapy. Here we concentrate on client feelings regarding disclosures of sexual identity, from both themselves and their counsellor, and the perceived importance of such 'coming out' experiences.

Much research in the area of LGB psychology has highlighted the importance of coming out in the development of LGB identity (Clarke, 2007; Davies, 1996; Franke & Leary, 1991). Indeed Plummer (1995) deemed it 'the critical life experience' during the 1970s and 1980s, but less so in the 1990s (Plummer, 1995). He charts how the 'coming out story' emerged in the 1980s with the increasing acceptance of lesbian and gay (and to some extent bisexual) identities, and how it became the key narrative for many LGB people, and those around them, to understand themselves.

Coming out is not a single event, but an ongoing process, as new people enter ones life. It can be a relatively straightforward part of sexual self-discovery, or a very painful and difficult experience, with some enlisting the help of counsellors to sort through the emotional turmoil (Clarke, 2007; Franke & Leary, 1991). For these reasons it is vital to explore how the process of coming out in therapy unfolds, and any blocks to, or means of facilitating, this. Coming out is not just an issue for LGB people themselves, but also for the people in their lives (Plummer, 1995). Therefore, parents of LGB people were included in the current research as well as LGB people themselves. This was felt to be particularly personally relevant as one of the researchers is a parent of LGB children (Margaret) and had used therapy to come to terms with this, whilst the other is LGB herself (Meg).

Several stage models of the coming out process have been proposed. Plummer (1995) suggests four critical stages in coming out: coming out to oneself in a self

conversation, coming out privately to a carefully selected few friends and family, coming out publicly to more people (and where indeed others may take control of the 'outing' process) and finally coming out politically in order to further LGB rights and citizenship. Willingness to come out depends largely on the degree to which a person is concerned about other people's reactions, with fear of rejection being uppermost. Feelings of self-hatred and doubt may accompany this, as well as relief at being authentic and the opening up of possibilities not previously realised (O'Connor & Ryan, 1993).

Cass's model of six stages of identity development (Cass, 1979) is perhaps the most frequently cited, and was developed following clinical work with lesbians and gay men. Coleman's (1981, 1982) model describes five developmental stages of coming out. This model is a popular one for counsellors working with LG clients, referred to in key counselling introductory textbooks (McLeod, 2003).

Such stage models of coming out have not gone without critique. Coleman's model was based on the experiences of gay men and therefore may not be applicable to women. Most of the models ignore bisexuals entirely, and frequently pay no attention to cultural differences (Liddle, 2006; Rust, 2003). Of course issues of class, culture, religion, geography, gender and age all intersect with sexuality meaning that coming out can be a highly individualised experience. (Clarke, Ellis, Peel & Riggs, forthcoming, 2010). Also such stage models suggest a fixed linear progression of development (Gruskin, 1999; Langdrige, 2008), which does not fit all LGB experience. Younger people particularly may be more likely to view and experience their sexual identity as fluid, and even during their development perhaps not the most salient aspect of themselves. Whilst young people still have to operate within a culture of homophobia ('gay' being a common insult in schools and LGB hate-crimes certainly not being a thing of the past), the importance of 'coming out' processes have shifted from a time when LGB sexualities were criminalised and pathologised. The representation of coming out as necessarily a difficult, consuming struggle, needs to be

challenged, as does the assumption that actual sexual practice and embracing of community is vital. In addition to this, authors such as Garnets, Hancock, Cochran, Goodchilds and Peplau (1991) have argued for broader understandings of sexual identity/orientation to encompass not only self-identity and sexual behaviour but also past and present attractions, fantasies, emotional and social preference and lifestyle.

It is worth remembering, however, that both clients and counsellors, will still be operating within a culture which embraces a dichotomous model of sexuality: people are seen either as heterosexual, or gay/lesbian (Barker, forthcoming 2010). In addition to this, the dominant view in society is 'heteronormative', as evidenced, for example, in the lack of anniversary cards for anyone who is not heterosexual (Clarke, et al., forthcoming 2010). Heterosexuality is still seen as the standard or default way of being. The dichotomous view generally means that anything outside of heterosexuality or LG sexuality may be dismissed as 'just a phase' on the way to a mature sexuality (Barker, 2007; Barker & Langdridge, 2008; Klein, 1993; Petford, 2003). Therefore, coming out as bisexual may have further problems, in terms of embracing an identity which is suspect in wider society to the extent that researchers have attempted to disprove its existence (Rieger *et al.*, 2005). There is non-acceptance, suspicion and stigma from both gay and straight communities towards bisexuality (Klein, 1993; Oxley & Lucius, 2000), which means that it can be difficult for bi-identified people to find community and support. Counsellors may struggle with, or fail to consider, the 'bisexual option' (Klein, 1993), due to the lack of training in this area (Fox, 2006). For these reasons we were particularly keen to include bi-identified people in the current research.

Studies suggest that counsellor disclosures of their own sexual identities can either aid or detract from the counselling experience of the client. It can improve the client/counsellor relationship (Galgut, 2005; Knox *et al.*, 1997) or make it more difficult for the client to explore their issues, due to discomfort and a felt

need to protect the counsellor (Audet & Everall, 2003; Wells, 1994). In one study of 24 lesbian clients 92% of respondents stated that they needed to know their counsellor's orientation in order to feel safe (Galgut, 2005) and Moon found 75% of her lesbian respondents were relieved to find lesbian counsellors (Lyndsey Moon, 1994). However Mair found that the majority of gay men in his sample of 14 did not consider the orientation of their therapist to be of importance (Mair, 2003) and Pixton (2003) argues that counsellors of any sexuality should aim to be 'a positive role model for their own sexuality group' (p.214). Hanson (2005) reports that it was therapist skill, or lack of it, that affected client disclosure or non-disclosure. Gay affirmative therapists have called upon counsellors to use the weight of their authority to counter client's experiences of heteronormativity (Langdridge, 2007), which may involve self-disclosure. It appears that there is no simple rule for therapists about whether to disclose their own LGB identity, as this process depends critically on the relevance of such disclosure and the position of the client in relation to it (King *et al.*, 2007). It seemed important, therefore, to examine client views on such self-disclosure as part of this research, to inform counsellors' decisions when considering the tensions around being open about their own sexual identity.

Indeed previous research suggests that clients have often had unsatisfactory experiences in counselling. Golding (1997) researched 55 LGB mental health service users and found that many of them did not feel safe enough to come out. A more recent Stonewall survey of over 6000 lesbian and bisexual women's experiences in the health service found professionals, including counsellors, made heterosexist assumptions, and had poor understanding of minority women's sexual and other health needs (Hunt & Fish, 2008). Galgut (2005) found that 58% of her sample of lesbian clients had been pathologised by their heterosexual therapists for their sexuality.

The current research aimed to explore the perceptions and experiences of sexual coming out in counselling of LGB people and parents of LGB children. It

incorporated considerations of the coming out of both the client and the counsellor, whether or not they actually disclosed. It also aimed to investigate whether clients felt that self-disclosure (or not) had impacted on the counselling relationship and process. It was part of a wider project examining counsellor understandings of LGB people and relationships.

Method

Design

After ethical consideration, data was collected via open-ended questionnaires, (McLeod, 1994). Participants were encouraged to use the questions to structure their comments, but six elected to write more freely about their experiences around the themes addressed. Questionnaires were preferred over interviews or group discussions for this phase of the research because they enabled participants to be anonymous and for a large number of experiences to be collected from people all over the country attending various forms of counselling. It allowed people to give a considered response with less chance of researcher influence. All respondents were assured of confidentiality and anonymity; questionnaires were numbered and their personal details kept separately from their responses.

The aim was to obtain written detailed data about client experiences of self-disclosure in counselling and how they felt they were received as LGB people by their counsellors. The questionnaires were designed to elicit clients' perceptions of their counsellors' perspectives on sexual orientation.

The data from the questionnaires was analysed using a form of thematic analysis (Braun & Clarke, 2006) informed by more phenomenological analytic traditions such as grounded theory (Glazer & Strauss, 1967).

The themes which emerged were checked by four other researchers who were sent copies of the transcribed data and asked for comments on what they

considered to be the main themes. There was general agreement on the key themes which are presented in the analysis.

Participants

Participants were recruited by advertising widely for LGB people, or for people with an LGB family member, who had counselling of any sort in the last five years. In total 62 questionnaires were returned out of about 75 that were sent out by post or email to those who had expressed an interest.

The greatest number of responses was from the magazine *Diva* and its related website. This magazine is aimed largely at lesbian women but contains occasional bisexual coverage also. Consequently most (47) participants were female. This could be seen as appropriate because women access counselling more readily/frequently than men (Garde, 2003; Wheeler, 2003, 2006). However, because of their lesser take-up of counselling services it was also deemed important to scrutinise the smaller number (18) of male responses.

In terms of sexual identity, participants described themselves in a variety of ways. One male and one female participant identified as homosexual; 14 others (both male and female) described themselves as gay, one as dyke, 35 as lesbian, three as queer and the four bisexual-identified people were all female. The three heterosexual participants were women with LGB children who had opted for counselling to help them adjust when their children came out. As expected, some participants resisted labelling their sexual identity. One person responded that:

I'm conscious of being resistant to defining myself in answer to this question. (Your sexual orientation?) Others no doubt perceive me as lesbian ... But I'm conscious that I don't particularly think of myself in terms of these labels. The history of therapy in relation to homosexuality is of defining people's sexuality that then reifies into an

identity – i.e. the homosexual, the lesbian etc. Queer theory is now questioning such identity categories (P30, female).

35 participants had been to private-practice therapists and 13 others had counselling at agencies including Mind, Relate and Rape crisis centres. Eight had used the NHS which included counselling in primary care and Community Psychiatric nurses. Eight of the participants had more than one counsellor in the last five years. Two people had had four counsellors each, so there were a total of 70 counsellors seen altogether. Some of the participants described several experiences of counselling going back for many years - a lifetime's journey - but they were only asked for experiences in the previous five years, because we wanted to focus on the state of counselling in the new millennium in relation to LGB issues, so the three such responses were not included. One parent described her experiences on a diploma in counselling course where it quickly became apparent to her that talking about her lesbian daughter was not welcomed by the other trainee counsellors.

Materials

Participants were issued with a questionnaire which explored their experience of counselling and invited comment on their counsellor. The questionnaire began by asking for factual information and then moved on to more open questions. Participants were asked if their sexual orientation or that of their family member was part of the counselling agenda. They were asked for their experience of coming out to the counsellor and how this was received. They were questioned as to whether they were aware of the sexual orientation of their counsellor and how they felt about this. Two of the 16 questions were derived, with permission, from Milton's questionnaire to British psychologists, exploring attitudes to lesbian and gay clients. (Milton, 1998): participants were asked to describe any incident where they felt that their counsellor provided special sensitivity to the fact that they or their family member(s) were LGB, and if they felt that their counsellor was knowledgeable about same-sex/bisexual issues, or if there were some aspects

about which they had to educate him/her. Furthermore if they felt that the focus they may have wanted in the counselling was diverted in any way by the issue of sexuality. Participants were encouraged to write freely and to add anything else that they felt they wanted to.

The questions chosen reflect the lead researcher's own personal involvement in the subject as a counsellor and as a parent of two gay children (Evans, 2004). It has been the case that some heterosexual researchers have had difficulty in being accepted, as their motives in being involved with LGB research have been regarded with suspicion (Izzard, 2004). The assumption may be made however that a researcher in this field identifies with the minority culture (Braun, 2004) and, as Margaret has been involved in many LGB organisations she may be thus identified and accepted.

Procedure

Questionnaires were distributed and returned via email and by post. Participants were sent a letter of consent separately from the questionnaire and informed of the name of the research supervisor to whom they could turn with any concerns. Once questionnaires were returned, each were allocated a participant number (P1-P62) which were kept separate to any identifying information and are used throughout the analysis.

Analysis was then conducted by the lead researcher (Margaret) according to the stages suggested by Braun and Clarke (2006). The first of these is to identify and make the researcher's assumptions explicit (Braun & Clarke, 2006). Through its theoretical freedom, thematic analysis sustains a flexible approach (Braun and Clarke, 2006) which is always shaped by the researcher identifying themes.

Four other people were recruited to look for themes, in order to strengthen the analysis through inter-rater reliability (Bannister, Burman, Parker, Taylor & Tindall, 1995). These were the other researcher (Meg, who is a bi-identified

psychologist and counsellor), a gay-male counsellor who has also completed research in this area, a straight female counsellor, and a straight male psychologist. They were sent copies of the responses and asked to identify themes. This process helped to obtain diverse perspectives on the data and to increase confidence in the common themes which were picked out.

Analysis

First we will present an overview of participants' general perceptions regarding their coming out, or not, in therapy. Following this we will go on to explore, in depth, the perceived importance of counsellor disclosure, and the experiences of coming out with counsellors who were known, or assumed, to be LGB and heterosexual. Finally we will reflect briefly on the ways in which bisexual participants, in particular, experienced coming out since so much past research in this area has examined only LG clients.

Questions dealing with coming out in the counselling relationship were answered in the most evocative language and this was evidently a difficult or stressful time for a third of participants. Most of the responses focused on the strength of feelings associated with coming out both before and after disclosure. Some key words describing the experience were: 'ashamed on edge, panicky', 'a scary experience' and 'more a crawling out', but for others there were 'no qualms', they felt 'confident', 'comfortable and safe'. The negative reactions of the counsellors, as perceived by their clients included 'surprised and made it an issue', 'made her a bit uncomfortable', 'looked shocked', 'hostile'; whereas other more positive reactions were 'absolutely fine, 'not an issue', 'a hallelujah moment' and 'very sympathetic and understanding'.

It is not surprising given some of these reactions, that a quarter of clients had researched their counsellor before booking their appointments (Ryden & Loewenthal, 2001). Often they went to an agency known to be gay friendly, or to someone recommended to them, or to a counsellor they already knew in a

different role, such as in one case the local librarian. Another strategy employed was to come out on the phone to the appointments secretary, so that their orientation was known to the counsellor before the first appointment. This would of course give the counsellor time to adjust to the information (if necessary) and consider their reaction, and for the client to avoid seeing any potentially negative response. Over two thirds of participants felt confident that it was safe to come out to their counsellor initially, and safety was a common theme in considering whether to disclose or not.

It was enormously helpful because my counsellor was the first person I told about my sexuality and, as I wrote afterwards, 'the sky didn't fall in.' I was accepted as a person first of all. (P62, female)

Issues of sexual orientation were part of the agenda for which clients had gone to counselling for the majority of participants, so avoidance of the subject by the counsellor was clearly problematic where that occurred. However four participants said that sexual orientation was made part of the agenda by the counsellor rather than themselves and seven felt the counsellor over-focused on this. In relation to Bartlett *et al.*, (2009) research, two participants reported that they were offered 'conversion therapy' by their counsellors. Burke (1989) states that it is important for counsellors to know when sexual orientation is the focus of counselling and when it is not, and it appears that a minority of counsellors, from the client's perspective, still showed lack of sensitivity in this area.

Counsellor disclosure

Galgut (2005) found that it was important that the counsellor disclosed their own sexuality for almost all of the 24 lesbian clients she interviewed. Hanson (2005) found that disclosures from counsellors were likely to be experienced as helpful by her LG participants, also mainly women, with the greatest effect being on the therapeutic alliance and helping the client to move forwards.

In contrast to Galgut (2005) and Hanson (2005), the majority of the current participants felt that their counsellor's sexual orientation was either irrelevant, as they were not there to talk about the counsellor, or they felt that the qualities of the counsellor were more important than their orientation. For these participants, disclosure was not considered to be particularly important. For example, one said:

I felt all right about this because I was changing therefore the process was working and although I did wonder at times about her sexual orientation, it did not stand in the way of our working together and moving forward to where I wanted to be (P59, female)

And another that:

It was no big deal. I felt confident in my counsellor's ability, her knowledge about gay issues and the non-judgmental nature of the sessions, and that was what was important for me. In such an atmosphere it would not matter whether my counsellor was gay or straight (P7, female)

Another participant said that when her counsellor had disclosed it had:

Made no difference to the process and in no way interfered with her empathy and understanding (P55, female)

It was clear, however, that assumptions were often made by clients about the counsellor's sexual orientation where it was not disclosed. For example, one participant said, 'I 'felt' she was straight, but very comfortable with my sexuality' (P3, female). Others commented that they picked up on cues about their counsellor's sexuality.

I suppose it was presumed she'd be heterosexual and she had a wedding ring on. Sounds silly things to base someone's sexuality on but I think her lack of knowledge on lesbian issues kind of gave the game away! It was therefore more of an awareness than anything actually being said. (P46, female)

A minority of participants, however, expressed feeling that counsellor disclosure was very important to them. For example:

I wanted to know about sexuality, after my first experience with a straight counsellor, so that I could express the depths of my grief (P40, female)

and

I was comfortable as I felt reassured that she would understand what I was saying about myself (P41, female)

For some clients, counsellor disclosure (generally of heterosexuality) seemed an indication that the counsellor was uncomfortable with them.

The way she said she was heterosexual felt like a defence to me and left me feeling inferior and not understood. I used to feel frustrated that she lacked understanding and empathy of sexuality issues. She came across as almost smug that she was heterosexual (P16, female)

When heterosexual counsellors disclosed later in therapy it could be experienced as problematic by the client. For example, one said 'a part of me wished she had told me at the beginning, but I can see why she didn't' (P58, female).

In summary, whilst the majority of participants felt the counsellor's sexuality to be unimportant to counselling, some did feel it to be vital and therefore found lack of self-disclosure difficult. Amongst those who didn't perceive it as relevant there was still a tendency to assume counsellor's sexuality, so in some ways this is 'in the room' whether or not the counsellor discloses.

Working with an LGB counsellor

Hanson (2005) found that it was not always seen as an advantage by LG clients to have a LG counsellor and this could also be a cause of tension. Some clients in Hanson's (2005) and Galgut's (2005) research strongly preferred a counsellor from the LG community, or wished with hindsight that they had had one, whereas others felt as strongly that they didn't and that any counsellor should be accepting of them.

Many of the participants used the word 'safe' to describe their relationship with their counsellor when that counsellor was LGB and also felt that they were more understood by LGB therapists.

I was comfortable as I felt reassured that she would understand what I was saying about myself (P41, male)

One participant felt that her lesbian counsellor had a deeper understanding of homophobia.

She also seems much more willing to acknowledge and explore the 'shadow' side of internalised homophobia and shame than other straight therapists who take the 'we're all open and OK about this' sort of attitude. (P60, female)

There were disadvantages however, as voiced by this participant.

Well it felt I was at an advantage as she understands but on the other hand I get only her point of view and not a straight person's point of view (P18, female)

As mentioned above, validation by heterosexual as well as LGB people was deemed important by some participants. Another participant said that she didn't want to be 'ghettoised' by seeing a gay or lesbian therapist, so was happy to work with someone who was not LG. A further participant felt that she may compare herself unfavourably with a lesbian counsellor, making comparisons that would not be there with a heterosexual one, but also commented that:

I see that as part of the transference process and therefore a useful part of the therapy (P60, female)

Clearly the counselling approach preferred by both client and counsellor is relevant here, transference being a central process in psychodynamic therapy, but of less relevance in other approaches.

So it seems that clients experienced LGB therapists in different ways and that we cannot assume that it is always better for LGB clients to have an LGB therapist. As Barker (forthcoming, 2009) points out, assumed similarity between client and counsellor can be risky. Just because both counsellor and client share an experience of being LGB, does not mean that they will necessarily understand each other in all ways, and significant intersections with other aspects (such as age, class, culture, etc.) may mean that identities that appear similar at first may turn out to be experienced very differently.

Working with a heterosexual counsellor

As previously mentioned, most participants did not experience a discrepancy between their sexuality and that of their counsellor as problematic:

No problem as she was fine about gay people and obviously had empathy for the difficulties that come with being gay in our society.
(P14 male)

A minority of participants, however, expressed feeling that their (assumed or known to be) heterosexual counsellor was uncomfortable with them, or that there was an experience/knowledge gap relating to LGB lifestyles.

In retrospect, it would have been preferable to have a lesbian counsellor, who was more familiar with what coming out and the whole cultural experience entails. I felt this was something that my counsellor couldn't be educated in and requires actual experience (P27, female)

Some of them were very angry after their experience.

I never felt comfortable with this straight counsellor and I did feel her sexuality and general air of superiority had something to do with it.
(P36, female)

Counsellor defensiveness was noted by several participants.

Reference was made (I think deliberately) to his wife and inexperience of homosexuality (P22, male)

The issue of potentially having to educate counsellors who were inexperienced in this way was raised by some participants.

I didn't really care about her sexual orientation per se, it was more important that she was open and aware of sexuality issues, and did not expect me to educate her (P58, female)

The problems with counsellors expecting to be educated by clients about their identities and lifestyles have been confirmed by other researchers (Butler, 2004; Wheeler & Izzard, 1997) and is emphasised in the literature (Davies, 2007; McCann, 2001). Lack of education or understanding also informed how counsellors related to issues around coming out.

Straight counsellors do perhaps over compensate for not being gay by being extra specially concerned to hear your coming out story – which may not be the issue you want to talk about any more! So I think there was a bit of that (P25, female)

An interesting point, however, was made by another woman who was early in her explorations of her own sexual identity.

I think that this was probably the best in a counselling situation (straight counsellor with lesbian client) - I think we were novices travelling the same road together. (P52, female)

So even a lack of education on the part of the counsellor was not always experienced as problematic by the client.

One particularly negative experience with a heterosexual counsellor was narrated by the participant below:

Sometimes her responses made me feel frustrated and unheard. When I sobbed out my grief and said how much I'd loved my 'best friend', she responded 'and now you can love your husband'. This simply made me feel she hadn't heard a word I was saying. I had spent the entirety of 16 years married life working on the basis that love was not a feeling, but an act of will and only at 38 discovered it was this amazing feeling. And having discovered the missing half of

the picture I wasn't prepared to have it rubbished. Of course any long term relationship will be hard work at times but I know now it doesn't have to be sterile and empty emotionally' (P24, female)

Another woman who had experienced loss, deliberately sought out an LG counsellor after experiencing similar problems.

I wanted to know about sexuality, after my first experience with a straight counsellor, so that I could express the depths of my grief to someone who would understand my love of another woman (P40, female).

As previously mentioned, safety was a key issue informing decisions about therapy for many of the participants. Whilst some reported feeling unsafe with heterosexual counsellors, some said that this increased their sense of safety.

I think I was glad, as at that stage the straight world seemed much safer to me than the world I was exploring and I needed to feel safe (P62, female)

I felt very safe and not at all judged. She promoted a very positive view of lesbians, she was aware of LGB issues and in fact made me feel more positively about my sexuality. I think she was probably more political than I was at first (P58, female)

So a heterosexual therapist can be an important model of a positive affirming stance and a commitment to the political struggle for LGB affirmation, as recommended in the gay affirmative therapy literature (Langdridge, 2007). Indeed perhaps such affirmation could potentially be seen as even *more* powerful coming from a heterosexual person:

It did not concern me at all. In fact it was quite reassuring that not all heterosexuals are homophobic (P56, male).

In summary it seems that the majority of clients did not experience a problem with having a heterosexual counsellor, but there are several points of which such counsellors need to be mindful when counselling LGB clients. Significantly these include the need to create a safe space in therapy, to affirm their identities, and to be educated enough that the client does not need to provide such education or to correct stereotypical assumptions.

Bisexual Client Experiences

Two of the four bisexual participants had concerns about coming out and reported some degree of misunderstanding or identity-questioning from counsellors. One reported that the issue of sexual identity was difficult for her to raise, that coming out 'was not easy' as the counsellor 'was pretty hopeless at getting me started.'

I felt that this issue was quite important to an understanding of my problems and that it was quite difficult to raise with a couple of counsellors (P15, female)

This particular participant had used three different counsellors in a couple-counselling agency and in primary care. The couple-counsellor from one of the agencies

claimed she could not understand me. She said that I was attractive, had everything going for me, and didn't really understand what my problem was (P15, female).

This participant felt that her counsellor's lack of knowledge impacted negatively on the process, together with the counsellors' disbelief that she was really

attracted to women. On saying she had very strong feelings for a female friend her counsellor responded

that this was quite normal given the emotional traumas I'd been through with a particular man. The implication was that I should not be at all worried by these feelings – that I wasn't really a lesbian. A second counsellor was much more accepting i.e. there was no longer the assumption that there might be something wrong here (P15, female)

Another participant felt confident that she could come out, but was worried that the counsellor's view of her might change. But the counsellor 'was very sympathetic and understanding and didn't make a big fuss but just seemed to take it in her stride.' She said the sexual orientation of her counsellor was irrelevant, but when 'I had to explain things to do with my sexuality I felt awkward, which really didn't help.' Furthermore 'there were some things which were not understood immediately' (P35, female). So again the counsellor's apparent lack of knowledge impacted negatively on the counselling.

Another bi participant felt discounted by her counsellor who on hearing she had a relationship with a woman

changed her attitude towards me and acted like she was no longer interested in helping me... she spoke about helping me realise I was straight!

The client presumed this counsellor was straight 'as she could not seem to accept that I was not' (P19, female)

Not all experiences were negative. One said she just 'dropped it in' and 'the counsellor's reaction was totally professional – she didn't question it at all'. This

participant had been to a lot of counsellors and didn't remember how she came out to each one,

but as I feel very strongly that I shouldn't be treated badly or even differently because of my sexuality, I'm sure none of their reactions have been in the least bit bad, because that would stick out clearly in my mind (P21, female)

This client had more difficulty with her counsellor being uncomfortable and ignorant about specific SM sexual practices and polyamorous relationships which are more prevalent within bisexual communities (see Barker, forthcoming 2010), but the counsellor was open about this lack of knowledge and suggested she was not the best person to talk to. This would seem to be a positive ethical reaction in accordance with the principle of beneficence in the BACP ethical guidance (BACP, 2009).

It is noteworthy that half of the bisexual participants were in the group of nine people overall in the research who had very negative experiences of counselling. Despite the small numbers this was a disappointing proportion of total participants and ties in with Fox's (2006) concerns about additional issues facing bi people accessing therapy. We are mindful of the limitations of this small sample however and the need for further research on this.

Conclusions

This study suggests that, whilst sexual identity issues were pertinent in the counselling process for most of the participants who responded to the questionnaire, the sexual identity of the counsellor is not generally perceived as all important. Following from this, the majority of participants did not view counsellor disclosure as vital. However, most clients did assume the sexuality of the therapist if this was not disclosed, and non-disclosure could lead to distress

in some cases, particularly for those who had a preference for either an LGB or heterosexual therapist.

Different feelings were also voiced regarding whether client and counsellor were matched, or not, in their sexuality. Whilst many found it useful to see an LGB therapist (in terms of their knowledge and understanding), some found it particularly powerful to engage with a heterosexual counsellor who affirmed their identity. However, a minority of clients with heterosexual counsellors had very negative experiences when their LGB experiences were downplayed, assumptions were made or they were required to provide education to the counsellor.

For many participants in this research there was an assertive expectation that LGB sexualities would not be a problem for their counsellor, they expected them to be non-judgmental, and this was often how they were received. It appears that the majority of clients were more confident than in the past of a welcoming reception into counselling. Furthermore agencies are more geared up to expecting LGB clients. Two thirds of the participants felt that they had a satisfactory or good experience in the counselling, which is an improvement on the 50% with an average rate of dissatisfaction of 40% as reported by Rudolf in 1988 (cited in (Oxley & Lucius, 2000)).

It was found that clients often researched their counsellor before entering counselling and several chose counsellors who were already known to them in the community, or known to be LGB-affirmative or LGB themselves. Clients showed they were very sensitive to nuances of speech and the attitudes of the counsellor once their disclosure was made and they quickly sensed a counsellor's discomfort and defensiveness with the topic. Safety was a pervading issue throughout all the themes analysed and a key driving force in the decisions clients made about accessing counselling, what kind of counsellor they chose, and what they self-disclosed and when.

For LGB people and their families to have 'a fair deal' in counselling (Galgut, 1999), it is clearly important that counsellors challenge assumptions and educate themselves about LGB experiences. Specifically, they need to be aware of the effects of growing up LGB in a heteronormative society and of the diversity of LGB experiences. Bisexuality, in particular, is often neglected in training, and this appears to impact on the way bisexual clients are treated in therapy, although further research is required to confirm this due to the small number of bi participants here. There are clear implications here for counsellor training. The analysis suggests that the counselling world is taking this challenge seriously and has already moved some way in this direction. LGB clients are more confident in coming out and expect good counselling, although sadly it is still not always the case that they receive it.

Clearly there are limitations to the conclusions that can be drawn from such a small sample. Future research would do well to focus more on particular groups (such as bisexual clients, or family of LGB people mentioned here) and to assess client experience of particularly counsellors (by approach or type of counsellor). Trainee counsellors could be interviewed regarding the best ways of learning about LGB issues (Grove, 2009). The current research has gone on to focus on relationship counsellors' understandings of LGB issues, and this will be addressed in subsequent publications.

In conclusion it is necessary to draw attention to guidelines for counsellors working with LGB people. The ground-breaking Pink Therapy series (Davies & Neal, 2000; Davies & Neal, 1996; Neal & Davies, 2000) is an obvious starting point to educate counsellors. Also the British Psychological Society has produced more fully comprehensive detailed guidelines for psychologists working therapeutically with sexual and gender minority clients (forthcoming, 2009) which will be essential guidance also for counsellors working with sexual minorities in the 21st century. It is important that counsellors are sensitive to the implications

and intricacies of coming out, both for their clients and for themselves, and have considered how they will negotiate both similarities and differences in sexual identity between themselves and their clients.

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