


Helping Gay and Lesbian through the Coming out Process			Queer Studies
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Abstract			
<p>Coming out is described as a process of recognizing, exploring and disclosing an alternative sexual orientation. This process may entail several pathways until the gay or lesbian individual integrates its self identity. As the process unfolds, there is a multitude of feelings and thoughts that will be experienced. Gay and lesbian need to overcome the negative feelings of shame and guilt that are most often felt as a result of the stigma placed on homosexuality. Found without support, they are self isolated. At this point, individuals may be at increased risk for substance abuse, or other risky behavior as multiple partners, unprotective sexual intercourse. Traditional models of explaining the coming out are very linear and omit a number of dynamic of the process. The new perspectives of the coming out display it as an ongoing and multilayered process. As such it involves a number of complex cognitive, affective, behavioral and social changes that are relevant to the field of counseling. For the best benefit of gay and lesbian individuals, affirmative counseling provided by competent and nonjudgmental counselors strives to build self-efficiency and leads them through the process of identity integration.</p>			

1. Introduction

"Coming out" is the term generally used to describe a process that can begin at any age and continues throughout a person's life. This process includes the self-realization of one's sexuality, and the process of disclosing to others. It is not an isolated or single event, although it may be marked by significant milestones such as self-awareness that one is gay or lesbian, telling family, friends, employers, etc. As people change, their circumstances change; their relationships, friends and jobs change; the process takes on new meaning at each step.

There are many pathways available for the individual in achieving his/her final self-label, moving from an assumed heterosexual identity to a gay or lesbian identity. As the process unfolds, there is a multitude of feelings and thoughts that will be experienced. A first step is overcoming the negative feelings of shame and guilt that are most often felt as a result of the stigma placed on homosexuality. At this point, individuals may be at increased risk for problem alcohol and other drug use, as other risky behavior as multiple partners, unprotective sexual intercourse.

Theoretical models of 'coming out' can be useful in framing the process involved in moving from first awareness of sexuality to full disclosure to self and others. In this article, the perspective of the stage models is presented, continued by an exploration of the main theoretical influences and criticisms related to the stage models. On these premises are the key insights on counseling explored, and finally concluding with the principles of affirmative counseling for gay and lesbian throughout their sexual identity development process.

2. Understanding the coming out process \

The majority of sexual orientation identity studies propose a linear stage model, where the person passes through a number of stages in the development of a homosexual identity.

The stage models have been based primarily on the developmental concepts of two early theorists. Erik Erikson (1956) suggests that certain tasks or challenges must be resolved before subsequent stages can be completed and that social forces largely influence socialization of the individual. The second significant

influence was from Henry Stack Sullivan (1953) who emphasized the role of interpersonal relationships in the development of the self.

Sophie (1985-1986) identifies four key stages of identity development that characterize most coming out models:

1. First Awareness: An initial cognitive and emotional realization that one is 'different' and a feeling of alienation from oneself and others; No disclosure to others; Some awareness that homosexuality may be the relevant issue.
2. Test and Exploration: Feelings of ambivalence that precede acceptance of homosexuality; Initial but limited contact with other gay and lesbians or communities; Alienation from heterosexuality.
3. Identity Acceptance: Preference for social interactions with other gays and lesbians; Evolution from negative to positive identity; Initial disclosure to heterosexuals.
4. Identity Integration: View of self as gay or lesbian with accompanying anger at society's prejudice; Publicly coming out to many others; Identity stability: unwillingness to change and pride in oneself and group.

Cass (1979) identified six stages of coming out:

1. Identity Confusion: This is a time of asking "Who am I". There is a continuous personalization of information regarding homosexuality or bisexuality. What is needed is time for self-exploration on one's own terms. The person may use a variety of strategies during this time of confusion: a. read every article about homosexuality he or she can find, look for television shows, use the internet, etc. in an attempt to gain as much information as possible; b. using alcohol and/or other drugs in order to have sex with a same sex partner.
2. Identity Comparison: A time of bargaining, where the person begins to accept the possibility that one may be gay, lesbian, or bisexual. There may still be some thoughts that this is just a phase. "Some of the things I do may look as if I am gay, but we never kiss or anything like that, so I am not really gay." Acceptance may lead to fears of the negative reactions from others, behavior may become inhibited. Being gay or lesbian is devalued and being heterosexual is given more positive weight. This may be the time that someone may get married to please family, friends, church, or society
3. Identity Tolerance: All of the evidence leads to the probability that the person is gay, lesbian, or bisexual. There is recognition of the social, emotional, and sexual needs that one has. During this time the greatest need is for social and cultural opportunities to meet others.
4. Identity Acceptance: Accept rather than tolerates sexuality, with an increased contact with others who are the same. Relationships and supports in the gay and lesbian community are very important for continued positive growth.
5. Identity Pride: Become immersed in the gay and lesbian culture, has less frequent contacts with heterosexuals, may be rejecting of them; involvement in political or public activities, even if it means increased visibility to others. Needed at this time are opportunities to make a difference in the gay and lesbian community and to make connections with the rest of society.
6. Identity Synthesis: The self is integrated. There is a joining back into the mainstream and continued positive connection with one's own.

Coleman (1982) discusses the coming out process as a series of five developmental stages and tasks:

- Pre-coming out: where there is a concealment of sexuality by the use of defenses such as denial, repression, reaction formation, sublimation, and rationalization.

- Coming out: which involves acknowledging homosexual feelings and telling others, the beginning of self-acceptance.
- Exploration: requiring the development of social skills, a sense of personal attractiveness and sexual competence.
- First relationships: learning how to function in same-sex relationships in a heterosexist society.
- Integration: an ongoing process that lasts for the person's lifetime.

Coming out is most often described as a gradual, continuous process with setbacks, changes, surprises, etc. The person may experience frequent changes in his or her perception of self, others, and the world around him. People, of course, experience the process of self-discovery and respond to it differently. The models are simply generalized ways of understanding are unique to each individual.

Each of the stage models typically begins the process of identity formation with an awareness of homosexual feelings or behaviors. During the initial stage, some may deny same-sex feelings and curtail the continuation of the process with a resultant decrease in self-esteem and negative psychological consequences (Gonsiorek and Rudolph, 1991). Those who accept their feelings typically move to a period of experimentation with homosexuality. This experimentation leads to increased contact with other gay or lesbian people and often a tentative commitment is made to establishing a homosexual identity. The commitment becomes more internalized over time. During this stage, a homosexual identity may still be viewed as negative, in accordance with prevailing social attitudes, but is tolerated in the self.

As a result of increasing contact with other gay/lesbian people, the person typically develops a more positive gay/lesbian identity and prefers interaction with other lesbian and gay people. At this point there may be some disclosure to others about one's sexuality and the personal world becomes dichotomized into heterosexual and homosexual aspects. The dichotomy produces a new found pride in being gay or lesbian, a celebration of one's difference from heterosexuals, and an awareness of oppression and the personal and social impact of heterosexism.

The self-identity as a gay or lesbian person becomes central to one's life (the primary identity) and usually involves increased disclosures to others. Eventually the dichotomization diminishes as the homosexual aspects of identity are integrated with the rest of the self and become just one of the many identities a person may have.

3. Limitations of the Stage Model

Eliason (1996) argues that with the exception of Cass (1979) and Troiden (1988) researchers developed models by reviewing original data without validation. Thus, people were put into stages, rather than stages developed to fit people's situations. As a result, the stages relied on mean ages to identify the life experiences of people dealing with their homosexuality. The cognitive, social, and interpersonal factors that were used to solidify a lesbian or gay identity were not accounted for in these studies.

Betz & Fitzgerald (1993) note that the content of identity appears to be similar across all of the stage models, however there appear to be some differences in the theories as to the degree to which identity development is viewed as a primarily individualistic or a more socially based process. Minton and McDonald (1984) report that personally significant milestones play an important role in the movement from stage to stage while Dank (1971) highlights the significance of circumstances that influence personal identification.

Weinberg (1985) argues that the linearity of stage models is too constricting and suggests that an approach, which considers multiple starting points with multiple paths, is more appropriate than the single starting point, single path model offered by existing explanations. In the existing approach, any deviation from the single path is seen as "immature, regressive or fixated" (p. 79) and there is a lack of discussion of life-span influences on identity development. Troiden (1979) argues that these are overly simplistic normative models and that different "steps may be merged or glossed over, bypassed, or realized simultaneously" (p. 32) with little attention to individual differences. Coleman (1982) acknowledges a concern that the stage models lack attention to difference but fails to identify what some of those differences in development may be.

Cass (1979) and Troiden (1988) offer some explanation for a variety of developmental paths within the linear model, with Cass (1979) providing various alternatives within each stage that are based on the person's self-concept and evaluative perceptions.

Empirical evidence has provided further information that is inconsistent with the linear concept of development. For example, McDonald (1982) found discrepancies within the time frame of developmental models while Faderman (1985) found evidence of significant variations from normative models. In studies of lesbian-feminists, she found that some sexual experiences occurred last (and sometimes never). Sophie (1986) found in a study of 14 women that there was no specific sequence of identity landmarks that occurred for all of the women and that there was more apparent validity in the linear models during earlier stages of development than in the latter stages. She also found evidence to support Cass's (1979) theory that an environment supportive of a lesbian identity prior to self-identification significantly altered the stage model process. Included in her findings was evidence that some women incorporated bisexual behaviors in later stages of development, a finding inconsistent with linear models. Sophie (1986) suggests that homosexual identities are fluid and do not require a fixed end point.

Linear models are therefore criticized as being too simplistic an account of the complex process of sexual identity and failing to attend to the evidence that various aspects of identity may change over the life span. The impact of individual life transitions and the role of social attitudes on the construction of the self are not adequately addressed in this model.

Based on the work of Secord and Backman (1961, 1964), Cass (1979) frames the process of identity development as being motivated by a desire for congruency between self-perception and the perception of others. The individual resolves internal incongruency by changing the perception of self; changing the perceptions of others; or changing either the behavior itself or the perception of the behavior that causes the incongruency. Thus Cass (1979) conceptualizes identity development in stigmatized groups as both a process of individual and group identity formation that requires an integration of gay identity within a heterosexual structure. Cass (1984) states "being homosexual is not the most important part (of one's identity, and there are) . . . some things about a heterosexual way of life that seem worthwhile" (p. 56) as a desired perception in the final stage of identity development.

This perspective fails to take into account the injustice of oppression and suggests that the gay and lesbian person accept the heterosexual status quo. It is therefore, as Kitzinger (1987) notes, apolitical and does not address power issues as a social phenomenon. Again, the criticism of this theory is that it focuses on individual processes with little concern for the development of a group identity.

Sophie (1986) concludes that differing social conditions play a significant role in the examination of homosexual identity formation and that existing developmental models may not have maintained relevance as prevailing social attitudes changed over time. Rich (1980) points out that while the politics of the women's

movement on lesbian identity development is well established, an acknowledgement of its and its influence in stage models is absent. Kitzinger (1987) suggests that the models are nothing more than a form of "liberal humanism . . . (which) merely substitutes one depoliticized construction of the lesbian (the pathologizing model) with another (the gay affirmative model) while continuing to undermine radical feminist theories of lesbianism". She suggests that gay and lesbian identities that also include 'political lesbianism', gender and racial differences are not addressed in these models because of their lack of political and social orientation. The influence of political involvement in the identity development of gay men is not addressed in the literature.

A major criticism of the stage models, and one that is of major significance in cross cultural research, is the lack of consideration for co-occurring processes of identity and the ways in which culture, race, ethnicity, gender, class, and age intersect with sexuality.

Eliason (1996) points out that studies have indicated gender differences between gay men (development primarily associated with sexual activity) and lesbians (development more frequently associated with political and emotional components). Rust (1993), defines identity as "a reflection of sociopolitical organization rather than a reflection of essential organization, and coming out is the process of discovering one's essence" (p. 63). She is the only theorist who addresses bisexual identity formation and suggests that sexual identities are social rather than essential processes, presenting further challenges to the notions of linear, stable stages of identity formation. She maintains that self-identity is not a real thing, but a description of social location.

In light of the inadequacy of existing models to address the complexity of the process of sexual orientation identity development within Western culture, further theoretical exploration is necessary to address this process from an international perspective. A theory that would address the cross-cultural issues involved in sexual orientation identity development would need to place less emphasis on the individual experience and be more attentive to larger social and societal processes as well as the larger social structures within which the individual operates. Cox and Gallois (1996) suggest that social identity theory may provide a more adequate framework for such an exploration.

4. Counseling Gay through the coming out process

Regardless of the actual process, stages, and sequence of events, the final result in self-labeling and coming out has important ramifications for all aspects of development. A critical component of counseling involves the counselor's ability to place any difficulties the client may have with self-acceptance within the context of cultural victimization (Niesen, 1994). Amico & Niesen (1997) note that a study done at Pride Institute (a gay and lesbian chemical dependency treatment program) demonstrated that two-thirds of the clients at the inpatient facility were in the first stages of identity formation. They conclude that there is a high risk of relapse for chemically dependent gay and lesbian clients who are struggling with coming out. They liken this process to a second adolescence and, just as drugs inhibit emotional development, they can arrest (and may be used for that purpose) the coming out process as well.

Isensee (1997) presents a model of working with gays and lesbians that is based on the techniques and skills helpful in working with Post Traumatic Stress. Issues of abuse in the family (often directly related to being gay or lesbian) as well as social victimization and multiple losses of loved ones, health and fears related to HIV are significant causative factors for PTSD. People suffering from PTSD are often at increased risk for problems with chemical dependency. What is often called internalized homophobia is exhibited by symptoms of PTSD: hyper vigilance, anxiety, mistrust, and withdrawal. All of these symptoms may be a response to heterosexist

remarks, discrimination, and actual physical assaults. The model goes on to address the issues of shame which may be a result of family abuse and self-blame, internalized homophobia, and religious shame.

Specifically concerning addiction treatment programs, some research on treatment outcomes suggest that these programs are not addressing the unique recovery needs of gays and lesbians (Matthews, Lorah, and Fenton. (2006). Clients identify most of the negative experiences or lack of efficacy as related to providers lack of awareness of the life process of gay. Certainly when working with those in trouble with addiction it is common to experience ambivalence, denial, and other defenses to protect one's continued use of substances. Parallel this with one's use of the same defenses to protect one's identity. Awareness of this parallel process is crucial in providing effective treatment. The old, over-used but appropriate saying is to 'begin where the client is'. This is important in assessing addiction problems for gay individuals. The therapeutic relationship is valuable in creating a climate that is safe to discuss these difficult issues. Treatment considerations should be dually focused.

Finnegan and McNally (1987) suggest that the counselors should begin by looking at his/her own values, attitudes and beliefs about sexuality, normal functioning, etc. and work to develop a non-judgmental attitude as well as possess the ability to discuss issues pertaining to identity acquisition in an intelligent manner. Along with this self examination, the clinician is required to have a working knowledge of the effects of internalized homophobia which include depression, anxiety, diminished self-esteem, denial of sexuality and denial of substance abuse, hostility and anger, and emotional isolation.

5. Conclusions

Gay may approach counselors or treatment/support programs at different stages of the coming out process, mostly related to other issues such as risky behavior consequences, mental health issues, etc. Counselors or programs may be targeting or not gay individuals; thus not necessary being aware of the unique coming out process of gay.

Based on the review of the coming out dynamics, the risk factors underpinning the life of gay individuals and the research on counseling in the field, the following insights may support the design the support programs or counseling sessions for gay.

Primarily, counselors need to examine their own attitudes about sex and sexuality and where does homosexuality fit into that and identify their own heterosexual/homophobic attitudes. Furthermore, increased knowledge, competency and training on gay (e.g. knowledge of gay literature, coming out models, minority identity stress, disclosure models, traumatizing effects of stigmatization and shame) can provide counselors 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 gay clients prepare and/or process their coming out experience.

Counselors have to be sensitive in gathering information, ask questions in a way that allows clients to disclose and explore. They should be especially aware of confidentiality concerns of clients.

Foremost the counselor needs to normalize the client's responses to their own homosexuality and assess the level of identity formation, history of and/or current sexual abuse, significant others, family and religious guild. Regardless of the main therapy issues, counselors need to build strategies to deal with issues of coming out.

Counselors need to understand the setting they are working in (i.e. general approach to homosexuality). This includes as well the gay support resources. It is important to look at family issues and complexity of relationships, to assist in building adequate support systems. Partners and families should be part of the treatment/counseling process/plan.

The realization of the abovementioned principles will result into a gay/lesbian positive/affirmative counseling. Such an approach will directly ameliorate the effects of heterosexism, and result into an effective and helpful therapeutic process.

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