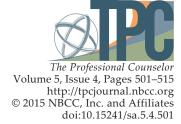# Considering the Cycle of Coming Out: Sexual Minority Identity Development

Shainna Ali, Sejal Barden

Coming out is a decision-making process regarding disclosure of identity for sexual minorities. Existing literature on the coming-out process highlights a singular, linear emphasis, failing to highlight the recurring task of disclosure that sexual minorities endure. The purpose of this manuscript is to highlight the cyclical nature of the coming-out process and the importance of recognizing this cycle when counseling sexual minority clients. A case application is provided to illustrate the proposed cycle of coming out. Implications for counselors and suggestions for future research are discussed.

Keywords: **sexual minority, coming-out process, identity development, decision-making, disclosure**

Coming out is a pivotal process in the lives of sexual minority (e.g., lesbian, gay and bisexual) individuals. The term *sexual minority* is utilized in this paper to be both succinct and inclusive. Beyond the internal process of development, coming out is an interpersonal, diverse process of disclosure. During the lifetime, individuals may face various opportunities to disclose identity; each scenario may have unique implications that are essential to consider in regard to client safety. When counseling clients through the coming-out process (COP), it is essential to recognize the social context encompassing each unique occurrence in the lifelong cycle of coming out. The purpose of this manuscript is to highlight the recurring process of disclosure as we (a) address the stressors and benefits of coming out, (b) outline the social layers of coming out, (c) examine strengths and limitations of current models pertaining to coming out, (d) emphasize the importance of addressing coming out in counseling, and (e) introduce the application of a cyclical framework of the coming-out process through a case illustration.

Stressors and Benefits of Coming Out

Sexual minorities face considerable personal dilemmas regarding coming out. Coming out may be a threatening process as stigmatization and marginalization are by-products of sexual prejudice (Dermer, Smith, & Barto, 2010). Stressors include, but are not limited to, fears pertaining to acceptance, bullying, harassment, safety and oppression (Coker, Austin, & Schuster, 2010; Gay, Lesbian, and Straight Education Network [GLSEN], 2010). It is widely acknowledged that during the coming-out process, individuals may experience negative emotions (Bernal & Coolhart, 2005; Chutter, 2007; McDermott, Roen, & Scourfield, 2008). Internal discord may prompt feelings of loneliness, disconnection, confusion, grief, shame, anger, fear, vulnerability and depression that lead to potential suicidal ideations (Human Rights Campaign [HRC], 2013; Lewis, Derlega, Berndt, Morris, & Rose, 2001). Individuals facing this internal conflict may suffer from low self-esteem as low confidence and incongruence in identity prompts individuals to expend energy on suppressing identity. This stifling often prompts impulsive, negative coping mechanisms such as substance use,

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self-harm and engaging in risky sexual behaviors (Degges-White, Rice, & Myers, 2000; McDermott et al., 2008; Parks & Hughes, 2007).

Sexual minorities are faced with the risk that not everyone will understand or accept their identity. Individuals may react in a multitude of ways that include shock, hostility, confusion and disappointment. Reactions may reach levels of harassment and abuse. In choosing to disclose, sexual minorities must accept the risk that relationships, regardless of closeness, may permanently change. Regardless of a sexual minority's internal awareness, acceptance and congruence, it is important to acknowledge the risk involved every time one chooses to disclose their identity, thus highlighting the cyclical, recurring decision-making process every time one reveals their identity. Therefore, it is essential for counselors to be aware of the stressors involved in the coming-out process in order to effectively aid clients.

Although stressors exist, the decision to disclose one's sexual minority identity may be enticing and empowering. From enduring the process, individuals may experience coming-out growth (Vaughan & Waehler, 2010). Researchers often have discussed that coming out may improve the quality of one's life (Floyd & Stein, 2002; Mohr & Fassinger, 2003; Morris, Waldo, & Rothblum, 2001; Oswald, 2000; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001). Moreover, studies have shown relationships between disclosing identity and reduced levels of distress. Rosario and colleagues (2001) learned that positive attitudes towards identity were related to lower anxiety and depression among sexual minority youth. Similarly, in a study of 2,401 lesbian and bisexual women, Morris and colleagues (2001) found that coming out reduces psychological distress. Furthermore, identity disclosure also has been associated with positive and strengthened identity, which often improves resilience and overall mental health (Floyd & Stein, 2002; Mohr & Fassinger, 2003; Oswald, 2000)

The interpersonal process of sharing a piece of one's self may prompt an individual to feel more honest, open and authentic with others; thus, coming out may enhance social skills and functioning (Savin-Williams, 2001; Stevens, 2004). Disclosing identity may help to form new relationships or to deepen existing relationships (Oswald, 2000; Savin-Williams, 2001). Coming out may be related to closeness for individuals who disclose in a relationship (Berger, 1990). The presence or absence of support following identity disclosure may help individuals to determine how to create healthier boundaries (LaSala, 2000; Oswald, 2000). Beyond personal relationships, outness may be linked to interest and involvement in advocacy. Individuals who have disclosed report an increased interest in changing judgmental, biased attitudes of individuals who may display prejudice (Oswald, 2000). Coming out has the potential to provide an array of benefits from individual to societal levels. Counselors who are informed and prepared have the potential to support clients who are coming out and assist in facilitating such benefits.

Layers of the Coming-Out Process

Sexual minorities may experience multiple layers when coming out, which may include factors of disclosing to family members, friends, various communities and professional colleagues throughout the lifespan (Datti, 2009; Espelage, Aragon, Birkett, & Koenig, 2008; Joos & Broad, 2007; Rickards & Wuest, 2006; Treyger, Ehlers, Zajicek, & Trepper, 2007; Waitt & Gorman-Murray, 2011). Therefore, the COP is better conceptualized as a cycle of coming out that includes several processes throughout an individual's lifetime. Familial disclosure is typically a salient layer, as reactions from family to identity disclosure exist on a spectrum of happiness and acceptance to anger and abandonment (Lewis, 2011; Pearson, 2003). The stressors of coming out have the potential to divide a family as some

members may ascribe to heterosexist beliefs and not be accepting of the individual (Gorman-Murray, 2008). Sexual minority youth must consider the potential ramifications of disclosing their sexual identity, particularly in conservative households. Due to differences in beliefs and consequential conflicts, sexual minority youth are often beaten, disowned and kicked out of their homes (Bernal & Coolhart, 2005). According to Hilton and Szymanski (2011), the entire familial unit is affected by the disclosure. Siblings may feel concerned for the sexual minority sibling, angry or disappointed with parental reactions, consider the changes that would need to occur for themselves, and prepare to deal with the challenge of heterosexism. Children of sexual minorities also are affected by disclosure. According to Joos and Broad (2007), adult children reported experiencing feelings of fear, terror and secrecy. It is suggested that the family as a whole endures a process of coming out that includes elements of embracing identity, integrating as a family, building social networks and experiencing social awakening (Baptist & Allen, 2008).

Another layer of the cycle of coming out (CCO) that is important to consider is peer disclosure. When sexual minorities choose to acknowledge their identity publicly and reveal to their peers, they often are met with threats, assaults, harassment and hostility (Alderson, 2003; Chutter, 2007; Degges-White & Myers, 2005). A 2010 report by the GLSEN revealed that almost 90% of sexual minority students heard the term "gay" used negatively, 61% felt unsafe at school due to identity, almost 85% experienced verbal harassment, and 40% experienced physical harassment. Given that peer groups are constantly evolving, sexual minorities must face disclosure to multiple peer groups over the course of their lifetime and hence the coinciding reactions, effects and consequence are important to consider and validate.

In addition to family and peer groups, societal messages highlight the marginalized status given to individuals who identify outside of the heterosexist binary established in Western society. This marginalization provides the foundation for the unique, complex process of identity development and disclosure for sexual minorities (Cooper, 2008; Dermer et al., 2010; Israel & Selvidge, 2003). For example, sexual minorities must consider disclosure toward those within their inner social circles (e.g., family, friends) as well as to individuals who are outside of this intimate realm (e.g., colleagues, employers, neighbors, strangers). With each decision, sexual minorities may experience persistent emotions, thoughts and behaviors associated with previous instances of coming out, highlighting the importance of acknowledging the recurring experience of sexual minority status that reaches beyond the scope of a pivotal one-time occurrence.

Need for Counselor Preparation
Counselors' competence in working with sexual minority clients requires counselors to be affirmative, open, supportive and utilize holistic approaches in assisting clients through the COP (Bidell, 2005; Cooper, 2008; Israel, Ketz, Detrie, Burke, & Shulman, 2003; Rutter, Estrada, Ferguson, & Diggs, 2008). Within this spectrum, a variety of topics have been considered as aspects to contribute to counselor preparedness such as ethical issues, terminology, awareness of current issues and willingness to advocate. Israel and colleagues (2003) conducted a modified Delphi study in an effort to better understand sexual minority counseling competencies. They surveyed professional experts who had published at least one book, book chapter, or article on lesbian, gay, and/or bisexual (LGB) clients as well as sexual minority clients who had experiences in counseling. Results indicated that out of 31 highlighted skills, the ability to assist clients through coming out was ranked as the third most important skill for working with sexual minority clients by professional experts and fourth most important skill by sexual minority experts. Although coming out is ranked highly as an important skill in assisting LGB individuals, clients are consistently dissatisfied with counselors' abilities to

assist in counseling. Nadal and colleagues (2011) conducted a qualitative study of 26 LGB clients. Participants noted several concerns with their counselors such as discomfort or disapproval, use of heterosexist language, assumption of pathology or abnormality, assumption of a universal LGB experience, exoticization and threatening. Similarly, Shelton and Delgado-Romero's (2013) study noted similar issues such as avoidance or minimization of identity, making stereotypical assumptions about identity, assumption that sexual orientation is the cause of presenting issues, and expressions of heterosexist bias.

In addition to client dissatisfaction, counselors have noted their own lack of confidence in helping sexual minority clients (Bidell, 2005; Israel & Selvidge, 2003). Oftentimes counselors have high awareness pertaining to sexual minority concerns; however, there is a lack of knowledge and subsequent skill (Bidell 2005; Farmer, Welfare, & Burge, 2013 Grove, 2009; Rutter et al., 2008). Experts have suggested methods to increase counselor competence such as assessing for social desirability in students, increasing positive attitudes and utilizing roleplay (Dillon & Worthington, 2003; Israel & Selvidge, 2003; Kocarek & Pelling, 2003). It is essential for counselors to be competent in order to be ethical and effective with sexual and gender minority clients (American Counseling Association [ACA], 2014; American Mental Health Counselors Association [AMHCA], 2010; Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALGBTIC], 2013). In an effort to increase counselor awareness, knowledge, skills and overall effectiveness in assisting sexual minority clients, we propose that particular attention should be given to understanding the factors of coming out. The proposed cycle of coming out may assist in better preparing counselors to assist sexual minority clients and may thus contribute to an increase in sexual minority competence overall.

Conceptualization: Past and Present

Since the 1970s, several researchers have acknowledged the importance of the COP and have created models to describe it (Alderson, 2003; Cass, 1979, 1984; Cooper, 2008; Degges-White & Myers, 2005; McCarn & Fassinger, 1996; Troiden, 1989). Although considerable research has been targeted toward understanding the COP, models vary considerably and encompass factors such as awareness, disclosure, community membership and intimate experiences. Researchers often place coming out within the overarching process of sexual minority identity development (e.g., Cass, 1979; Coleman, 1982). Additionally, coming out is commonly noted as a singular event that occurs as a stage within sexual minority identity development (Cass, 1979; Chapman & Brannock, 1987; Coleman, 1982; Minton & McDonald, 1983; Troiden, 1989). Common stage approaches assert a stepwise method to coming out (Cass, 1979; Fassinger & Miller, 1996; Minton & McDonald, 1983; Troiden, 1989), failing to demonstrate the complexity of coming out.

Eli Coleman's (1982) "Developmental Stages of the Coming Out Process" denotes potential age ranges in which coming out should occur; however, recent findings contradict this limited scope and critique the rigidity of such models (Degges-White & Myers, 2005; Dunlap, 2014; Floyd & Stein, 2002; Guittar, 2013). In a study examining milestone events of sexual minority individuals ages 16 to 27, Floyd and Stein (2002) found that some experienced coming out "early" (*n* = 29) while others experienced coming out beyond age 18 (*n* = 43). Contrary to the age implications suggested in early developmental models, coming out occurs well into adulthood as studies have explored the coming-out process for adults disclosing throughout the lifespan (Fruhauf, Orel, & Jenkins, 2009; Treyger et al., 2008).

Another concern with linear models is that research does not support the sequential transition from stage to stage. In 2000, Degges-White, Rice, and Myers conducted a qualitative study of 12 lesbian women. Results indicated that not all participants aligned with Vivienne Cass' *Homosexual*

Identity Formation Model (1979). Cass' six stages include (1) identity confusion, (2) identity comparison, (3) identity tolerance, (4) identity acceptance, (5) identity pride and (6) identity synthesis. Although all 12 participants experienced the initial stage of confusion and fourth stage of acceptance, the remaining four stages were not experienced by all participants. Further, the stage of identity pride, which is associated with visible demonstration of identity in the community, was only experienced by five women. The lack of alignment between participants' experiences and Cass' (1979) original model may be partially explained by the model being based on the experiences of adult white males. Some researchers acknowledge the rigidity of stages and propose phases instead; however, the stepwise approach is predominant in existing models on coming out (Fassinger & Miller, 1996; McCarn & Fassinger, 1996).

Models of coming out emphasize the internal process of identity awareness (e.g., Cass, 1979; Chapman & Brannock, 1987; Coleman, 1982). Although the internal process does require attention, the emphasis on this aspect causes the external process of disclosure to lose attention. Researchers utilize constructivist perspective to acknowledge the social factors at play in the coming-out process (Cox & Gallois, 1996; Fassinger & Miller, 1996); however, the process in which an individual evaluates disclosure for multiple interpersonal encounters and relationships is not thoroughly addressed in a manner that may assist counselors in helping sexual minority clients. In an effort to expand the conceptualization of the coming-out process, Fassinger and Miller (1996) proposed a phase model of coming out that acknowledged both a personal and social process; however, the social aspect addresses the individual joining the sexual minority community rather than the interpersonal task of disclosure to individuals at large. In 1983, Minton and McDonald noted the need to highlight the cyclical nature of disclosure that includes a cost-benefit analysis and changing life situations; however, no current model emphasizes the cyclical process of disclosure in which an individual, regardless of personal awareness, acceptance, and comfort, is continually confronted with the decision to disclose identity throughout the lifespan. Thus far, research has focused on confirming conceptual models rather than clarifying the pure reality of coming out for sexual minority individuals.

Therefore, we conceptualize the COP as a task that is related to the internal process of identity development; however, we highlight the interpersonal process of disclosure. Regardless of identity security, sexual minority individuals are faced with the task of disclosure throughout the lifespan (Chutter, 2007; McCarn & Fassinger, 1996; McDermott et al., 2008). Coming out is a decision-making process in which social situations activate an individual's awareness of the opportunity to disclose identity and the subsequent process of assessment and potential disclosure that ensues. Identity disclosure is an anxiety-provoking and potentially dangerous process in which counselors must acknowledge and be prepared to assist clients within counseling. We attempt to contribute to filling the gap in counselor preparedness by proposing a cyclical framework to assist clients through the COP.

The Cycle of Coming Out

The process of coming out is recurring and is influenced by a variety of factors (e.g., society, family, peers) that may overlap or interchange. Moreover, the cycle of coming out is a lifelong journey that influences the daily lives of sexual minorities (ALGBTIC, 2013; Chutter, 2007; Cooper, 2008; Cox, Dewaele, Van Houtte, & Vincke, 2011; Floyd & Stein, 2002; HRC, 2013; Hunter & Hickerson, 2003; Klein, Holtby, Cook, & Travers, 2015; McCarn & Fassinger, 1996). The cycle of coming out is a framework developed to assist counselors in understanding, recognizing, conceptualizing and

helping clients through the process of coming out. This framework supports the idea that individuals may experience instances of awareness, assessment and disclosure in phases rather than stages during the COP. Unlike stages that imply a sequential, linear trajectory of the process of coming out, phases embody the fluidity in which an individual may navigate through the process (i.e., variance in order, skipping a phase, simultaneous occurrence of phases, return to previously endured phases).

The coming-out cycle recognizes that a main factor contributing to the variability among sexual minorities is the external process of disclosure. Disclosure is the core concept in this cyclical process; therefore, this framework emphasizes the necessity of counselor awareness in order to validate and aid sexual minority clients through their COP. The following sections outline the three phases in the cycle of coming out: (a) awareness phase, (b) assessment phase, and (c) decision phase.

Awareness Phase
In the overarching process of sexual identity development, awareness entails an individual's recognition of sexual identity and external process in which an individual recognizes an opportunity for identity disclosure. Although triggers vary, common examples may include meeting a new person for the first time, being questioned about identity, or the desire to be open and honest in relationships with others. Awareness may be associated with confusion and contemplation (Alderson, 2003; Cass, 1984; McCarn & Fassinger, 1996; Riley, 2010).

An individual may be aware, congruent and grounded in sexual minority identity; however, societal contexts pose triggers that spark the social disclosure process. For example, an individual may identify as homosexual and his or her family and close friends may be aware of identity; however, being asked about family by a coworker may prompt him or her to consider whether or not he or she would or should disclose identity (Datti, 2009). Therefore, stressors may prompt individuals to re-experience their COP regardless of sexual minority identity development. New, unfamiliar situations raise the question of whether or not an individual should choose to disclose identity. When this prompt is posed, individuals may relive stressful risks related to coming out such as feelings of anxiety, depression, isolation, frustration and anger (Cass, 1984; McCarn & Fassinger, 1996; Pearson, 2003). In this process, individuals are at risk for negative coping mechanisms associated with coming out such as promiscuity, substance use and destructive behaviors at large (Chutter, 2007; Degges-White et al., 2000; McDermott et al., 2008; Parks & Hughes, 2007).

Assessment Phase
The assessment phase is characterized by the analysis of whether or not it is appropriate, necessary or warranted to disclose. Exploration of alternatives regarding action or inaction is often displayed. In the assessment phase, energy is expended on planning and considering potential outcomes. Regardless of how long an individual has openly identified as a sexual minority, assessment may be influenced by past experiences in the coming-out cycle. Worries prompted with the awareness phase increase as actions are planned; hence, risks during the awareness phase, such as anxiety and depression, have the potential to be exacerbated. If an individual has had a positive experience with disclosure, the assessment phase may not be a difficult process. However, if an individual has endured negative reactions to disclosure, the assessment phase may include more hesitance, anxiety and overall analysis (Joos & Broad, 2007). An individual needs to re-address the pros and cons related to coming out within the given context. Therefore, although an individual may have previously chosen disclosure, that does not necessitate the automatic disclosure in future circumstances.

In this phase, it is important to ensure that the client is internally prepared to handle the decision-making process. A counselor should aid the client in recognizing outside influences that may affect

the decision-making process such as health concerns or situations of grief. The assessment phase may elicit negative emotions related to stress, anxiety and depression that prompt the need to cope. Establishing a positive support system is an essential component in preparing the client during the assessment phase. Support systems may include individuals who have positively experienced the client's disclosure process, support groups, peer mentors or community agencies.

During the assessment phase the counselor needs to have the safety of the client in mind at all times (Cooper, 2008). Counselors should assist clients in determining a safety plan within the cost-benefit analysis related to disclosure (Floyd & Stein, 2002). Main aspects of safety planning in the assessment phase include fostering positive self-esteem, exploring appropriate methods for coping and establishing social supports (Bernal & Coolhart, 2005; Chutter, 2007; Degges-White et al., 2000; Grove, 2009). Safety planning should consider dangers at intrapersonal and interpersonal levels. Through assessment, the counselor may be able to recognize that a client may be in a situation in which disclosure may be unsafe, although that client may be unaware. For example, a sexual minority youth who is deciding to disclose identity to a conservative parent or legal guardian should consider the danger ahead in the event that the disclosed identity is not accepted positively. The counselor should assist in thoroughly processing the client's action plan and potential consequences (Lewis, 2011). For example, possible repercussions of disclosure may include physical abuse, homelessness, neglect and excommunication from family members. Contrastingly, a client is not free from consequences if the decision to not disclose is chosen; instead, the client may be at risk for internal discord such as feelings of sadness, isolation, confusion, anger, shame and depression. Subsequently, such sentiments could cause the client to turn to self-harm or suicide (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; McDermott et al., 2008). Counselors should collaborate with the client to create a safety plan that considers the potential consequences of the client's choice. This safety plan is essential in assuring safety as the client transitions into the decision phase.

Decision Phase

The decision phase encompasses an individual's commitment to disclosing or withholding identity (McCarn & Fassinger, 1996; McDermott et al., 2008; Troiden, 1989). Commitment to a decision may provide the client with feelings of self-acceptance, fulfillment, synthesis, pride, resilience, happiness, strength, courage and overall improved quality of life (Floyd & Stein, 2002; McCarn & Fassinger, 1996; McDermott et al., 2008; Troiden, 1989; Vaughan & Waehler, 2010). However, the decision phase may be influenced by feelings of fear, confusion, vulnerability and uncertainty (HRC, 2013). Due to these risks, it is beneficial for the client to follow the previously established safety plan. The previously developed plan from the assessment phase is followed through in the decision phase. Clients may battle with conflicting emotions and concerns with congruence; however, it is important to recognize risks and the various layers involved in the decision to disclose.

The power of choice is understood to be within the client; however, in assuring the client's safety, it is helpful for the counselor to be realistic, open, honest and genuine in aiding the client to address concerns prior to disclosure (Chutter, 2007; Degges-White et al., 2000). The essential responsibility of the counselor in the decision phase is to continue to support clients in executing their process. In addition, it is important to follow up on personal reactions, adjustments in relationships, and safety plans that may be components in the decision phase (HRC, 2013; Riggle, Gonzalez, Rostosky, & Black, 2014). Reflecting on the recurring process may assist in integrating the current process into the narrative of the client's overall coming-out experiences. The CCO is intended to be a flexible approach that allows counselors to utilize their theoretical orientation within the awareness, assessment and decision phases. Counselors may be creative in utilizing interventions of their choice

that align to phase goals. The following case provides an example of how to incorporate the cycle of coming out with a client.

Case Application

Jane is a 28-year-old middle school teacher who initiated counseling due to concerns with her increasing anxiety. Jane's anxiety has been increasing within recent months; she also is concerned about the necessity of medication management. In the intake interview, Jane identifies as lesbian and states she has been "out" for a decade. When asked about her experience with coming out, she shares that she first disclosed her identity to her parents and has been warmly accepted since that very day. She also states that she is embraced by her friends; however, acceptance was not always the case. In high school, Jane developed feelings for her best friend of five years, Sarah. Unfortunately, Sarah did not share Jane's feelings and took it upon herself to "out" Jane to the entire school.

In exploring the root of anxiety, social factors are considered in counseling. Jane informed the counselor that she experiences anxiety in uncertain situations, but it often subsides. She noticed her anxiety level when applying for her current job a few months ago. This is not her first job or her first time enduring anxiety with the interview process. Jane happily reports that she obtained the job and is now working as an eighth grade teacher in a new school. Although she enjoys her job, she is upset that her anxiety has not diminished since her employment.

When a cyclical perspective of coming out is shared with Jane, she is able to reflect on her experiences. Jane notes that throughout her life, regardless of her own comfort level, she has experienced at least some level of anxiety when disclosing to others. Jane clarifies that the anxiety with disclosing has been severe in some cases, such as when she disclosed to her college roommate and grandparents. Jane shares a recent incident in which a colleague made inappropriate remarks pertaining to a student who identifies as gay. Since then, Jane has noted the teacher's homophobic jokes and believes that the instructor treats the student unfairly. Recognizing the injustice, Jane has been concerned about the student as she noticed an increase in bullying and lack of the support from the teacher. As Jane is disclosing these recent events, the counselor notices she becomes tearful, is speaking rapidly, and is having difficulty breathing. In the moment, the counselor's first priority is to de-escalate Jane's increased anxiety. It is important to note that her natural demonstration displays a link between the predicaments at work and her anxiety, and also shows that the situation is influential and meaningful to Jane.

Case Discussion

The case of Jane illustrates how a cyclical model of coming out can be helpful in counseling. Applying the cyclical model may begin prior to counseling itself, as with any intake process, it is essential to gather thorough, pertinent information for case conceptualization. One common mistake at this pivotal point would be to minimize Jane's coming-out process. From the intake paperwork, we know that Jane has been open with her sexual identity for 10 years; however, we do not know what this means for Jane's overall identity. Individuals define "out" differently; out can mean that identity is shared with individuals who are deemed important or can mean that the individual specifically discloses to individuals beyond the personal realm. Due to fear, in some cases individuals are more comfortable sharing identity with acquaintances rather than close individuals. Probing about coming out should be handled delicately, with care and respect, as the therapeutic alliance may be threatened if the client presumes that the inquiry is trivial, insensitive or thoughtless.

Awareness Phase. When Jane clarifies her experiences with coming out, it is essential to understand the importance of what Jane discloses pertaining to her previous experiences as they may have influenced her development. For one, Jane was fortunate to have a positive experience with her nuclear family; it is possible that this experience caused her to have an optimistic perspective regarding identity disclosure. The genuine respect and care from her parents is helpful for Jane overall; however, it may have caused her to presume she would certainly receive similar approval when disclosing to others. Secondly, the societal perspective of coming out as a one-time process may have caused Jane to only assess the positives and negatives of disclosure in reference to her parents and may have prompted her to undermine future disclosure. Finally, it is important to consider that disapproval from her friends and subsequent marginalization may have contributed to her previously disclosed experiences with anxiety.

Jane shares helpful information to better understand her reported anxiety. As recognized by Jane, stress in new situations, such as interviews or jobs, may prompt anxiety; however, it is important to note that this steady maintenance of anxiety is uncharacteristic. Although Jane explicitly states that she enjoys her job, it is possible that she may be reminded of her previous experience being "outed" in high school. Additionally, her new environment may have triggered her to consider identity disclosure, and, unbeknownst to Jane, she may be in the cycle of coming out. Specifically, the recent occurrence at work may have triggered Jane to re-experience the turmoil associated with her past experiences. Therefore, it may be helpful to discuss this view with Jane in order to collaborate in understanding her anxiety and planning for counseling.

Assessment Phase. It is possible that the scenario at work may have prompted Jane to the phase of assessment in which a cost-benefit analysis of disclosure is warranted. The assessment process should be gentle and collaborative; Jane should explore potential avenues as the counselor serves as the helpful facilitator. Pros and cons to the assessment phase vary per individual; however, useful variables to consider include (a) motivation, (b) importance and (c) safety. The bullied student may be at the epicenter of Jane's motivation. On one hand, Jane has the ability to model appropriate disclosure and provide support, respect and acceptance for the student in a time of need. On the other hand, intrinsic motivation is needed in addition to advocacy as the decision should be congruent with personal values and beliefs regarding identity. For example, disclosure to colleagues may not be an important value; however, advocacy may be a strongly held value and thus eliciting such meaning may influence the decision-making process. It is important to consider perceptions of importance held by the counselor and client. For example, the counselor may believe that coming out displays congruency and assists individuals in leading fulfilling lives. However, simplifying the coming-out process to a personal decision uninfluenced by societal factors is unrealistic. A counselor may regard disclosure as a necessary decision, causing the client to ignore the assessment phase and be in a place of danger. Regardless of motivation and meaning, assessment of safety is paramount. Certain environments may be toxic for sexual minorities and disclosure may cause danger. It is important to caution minimizing lack of disclosure as "passing." An individual can be secure in identity; however, disclosure could prompt harassment or violence. A person has the right to choose when to disclose or to withhold personal information, and this choice does not bear influence on identity synthesis. When navigating the assessment phase with Jane, it is important to assist in covering the subtopics of motivation, importance and safety while validating and supporting the process.

Decision Phase. Following a thorough evaluation of the risks and benefits of coming out and the importance of coming out for Jane's values, Jane proceeds into the decision phase. Similar to the assessment phase, safety is a primary concern in this phase. If Jane chooses to not disclose,

it is important to clarify that her identity is not influenced by her choice. When clients choose to not disclose, there are often ramifications for self-worth; however, it is helpful to delineate that disclosure is a difficult task that is not always the answer. Since coming out is cyclical, a decision to disclose does not deem future decisions, as each scenario is comprised of unique variables. Therefore, if an individual chooses to disclose in one context, that does not immediately prompt all future disclosures. Due to context, an individual can select to waiver and choose between instances of disclosing and withholding personal identity information. If Jane chooses to disclose, it would be helpful to develop a disclosure plan in which she considers her method of disclosure, potential outcomes and plans for safety. The role of the counselor in this process is to assist in developing a disclosure plan that is consistent with Jane's wishes and values, addresses the range of outcomes, and consistently supports Jane throughout the process. Beyond counseling, Jane should be provided resources for support that may include supportive family and friends, books, Web sites, movies and LGB-affirmative centers. Counseling should provide Jane with a safe space to process her plan and overall process. Processing should validate the experience, discuss the process in relation to values, and consider plans for future COP. Since the cyclical nature of coming out is undermined in our society, counseling provides an important space to recognize the strength and resilience warranted in the process.

Implications for Counseling

It is essential for counselors to collaborate in order to utilize the client's definition of coming out, educate their clients on the cycle of coming out, and recognize their own biases. Coming out is often conceptualized as linear not only in the field of counseling, but in the lives of clients as well. Clients may or may not recognize the implications of coming out and the cyclical nature at large; therefore, it is important for counselors to assist in exploring beyond a one-time culminating event. However, it is equally as important to not force a cyclical perspective on a client. The counselor facilitates exploration, but it is unethical to attempt to change clients' opinions and values or impose decisions (ACA, 2014; AMHCA, 2010).

Counselors should utilize their knowledge of the recurring cycle by educating their clients of this occurrence and affirming the overall experience. Conjointly, counselors and clients can process the potential to be in the awareness phase. Table 1 displays areas to consider when counseling a client who is coming out. A counselor should be knowledgeable of the recurring process of coming out and the potential risks and associations that may surface. A client who is triggered into the awareness phase may have anxiety, confusion and stress regarding the question of disclosure. These stressors may be misdiagnosed or underrepresented clinically if there is a lack of focus on the actuality of the potential cause (Pearson, 2003). Counselors should consider the client's current status of identity in separate forms; the counselor may collaborate with the client to understand the client's individual definition of sexual minority identity and how the client chooses to define being "out." Counselors should assist in acknowledging risks, recognizing experiences and validating emotions when a sexual minority client has been triggered and is in the awareness phase (Bernal & Coolhart, 2005; Chutter, 2007). This overall analysis and subsequent clinical action may aid in alleviating risks and stressors as it prompts counselors and clients to address the concern directly.

We aimed to specify the coming-out process for sexual minority clients; however, we do not wish to undermine this experience for gender minorities as well. When considering gender identity and the potential interaction with relationship orientation, the coming-out process may become more complex. Further, the primary internal process may have different implications in considering

instances of disclosure. We do not wish to exclude the potential utilization of this model for gender minorities; however, we also do not wish to disrespect unique identities by suggesting a one-size-fits-all approach. It is possible that this model may be applied to gender and other minorities as well; nevertheless, we do not wish to minimize the unique experience of other minority identities. Furthermore, research is needed on the coming-out process as a cyclical occurrence for various minorities.

Table 1.

Phases of Coming Out and Areas to Explore

Phase	Areas to Explore
Awareness Phase	Does the client identify as a sexual minority? Is the client questioning sexual minority identity? Does the client identify as "out"? Has the client disclosed sexual minority identity previously? Is there a present trigger prompting the client to consider disclosure? Is the client experiencing mental health concerns as an effect of this phase?
Assessment Phase	Is the client actively considering disclosure? Is disclosure important to the client? What are the client's motivations for disclosure? What are the client's perceived benefits for disclosing? What are the client's perceived consequences for disclosure? Is the client experiencing mental health concerns as an effect of this phase? Is the client's safety at risk?
Decision Phase	Has the client assessed the benefits and consequences of disclosure? Is the client adhering to the safety plan? Who does the client have as a support system? Is the client experiencing mental health concerns as an effect of this phase?

Conclusion

The American Counseling Association (2014) encourages counselors to support the "worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (p. 3). It is essential for counselors to be aware of and acknowledge experiences of sexual minorities' coming-out processes throughout their lives. In addition to supporting the safe, nurturing environment required for counseling during these times, a counselor has the responsibly to identify heterosexism, homophobia and prejudice that underlie the need for the multiple processes endured. A client may be clouded by his or her experience and may be unable to accurately assess the situation at hand; hence, it is the counselor's duty to assist in understanding and shedding light on the surrounding scenario. Further, counselors need to understand the varying contextual layers applied to each unique process within the cycle in order to best assist sexual minority clients. Practitioners should be cognizant of the potential for variables to serve as catalysts or obstacles in the unique, complex cycle of coming out and to address these matters in counseling (ALGBTIC, 2013). Although the continual nature of

coming out is implied in existing frameworks, it is not emphasized. Counselors should acknowledge the recurring cycle in an effort to better assist sexual minority clients (ALGBTIC, 2013; HRC, 2013). Future research is needed in order to emphasize the cycle of coming out rather than a linear, simplistic and unrealistic process. Additionally, effective clinical methods that consider the cycle of coming out as influential should be included in mental health counselor training in order to better assist minority clients in counseling.

References

Alderson, K. G. (2003). The ecological model of gay male identity. *Canadian Journal of Human Sexuality*, *12*, 75–85.

Almeida, J., Johnson, R. M., Corliss, H. L., Molnar, B. E., & Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth and Adolescence*, *38*, 1001–1014. doi:10.1007/s10964-009-9397-9

American Counseling Association. (2014). *ACA code of ethics.* Alexandria, VA: Author.

American Mental Health Counselors Association. (2010). *AMHCA code of ethics.* Alexandria, VA: Author.

Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. (2013). *Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling competencies for counseling with lesbian, gay, bisexual, queer, questioning, intersex,and ally individuals*. Alexandria, VA: Author.

Baptist, J. A., & Allen, K. R. (2008). A family's coming out process: Systemic change and multiple realities. *Contemporary Family Therapy: An International Journal*, *30*, 92–110. doi:10.1007/s10591-008-9057-3

Berger, R. M. (1990). Passing: Impact on the quality of same-sex couple relationships. *Social Work*, *35*, 328–332. doi:10.1093/sw/35.4.328

Bernal, A. T., & Coolhart, D. (2005). Learning from sexual minorities: Adolescents and the coming out process. *Guidance &Counselling*, *20*, 128–138.

Bidell, M. P. (2005). The Sexual Orientation Counselor Competency Scale: Assessing attitudes, skills, and knowledge of counselors working with lesbian, gay, and bisexual clients. *Counselor Education & Supervision*, *44*, 267–279. doi:10.1002/j.1556-6978.2005.tb01755.x

Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, *4*, 219–235.

Cass, V. C. (1984). Homosexuality identity formation: Testing a theoretical model. *The Journal of Sex Research*, *20*, 143–167. doi:10.1080/00224498409551214

Chapman, B. E., & Brannock, J. C. (1987). Proposed model of lesbian identity development: An empirical examination. *Journal of Homosexuality*, *14*, 69–80. doi:10.1300/J082v14n03_05

Chutter, K. (2007). Opening our awareness to heterosexist and homophobic attitudes in society. *Relational Child and Youth Care Practice*, *20*(3), 22–27.

Coker, T. R., Austin, S. B., & Schuster, M. A. (2010). The health and health care of lesbian, gay, and bisexual adolescents. *Annual Review of Public Health*, 457–477. doi:10.1146/annurev.publhealth.012809.103636

Coleman, E. (1982). Developmental stages of the coming out process. *Journal of Homosexuality*, *7*(2–3), 31–43. doi:10.1300/J082v07n02_06

Cooper, L. (2008). On the other side: Supporting sexual minority students. *British Journal of Guidance & Counselling*, *36*(4), 425–440.

Cox, N., Dewaele, A., Van Houtte, M., & Vincke, J. (2011). Stress-related growth, coming out, and internalized homonegativity in lesbian, gay, and bisexual youth. An examination of stress-related growth within the minority stress model. *Journal of Homosexuality*, *58*, 117–137. doi:10.1080/00918369.2011.533631

Cox, S., & Gallois, C. (1996). Gay and lesbian identity development: A social identity perspective. *Journal of Homosexuality*, *30*(4), 1–30. doi:10.1300/J082v30n04_01

Datti, P.A. (2009). Applying social learning theory of career decision making to gay, lesbian, bisexual, transgender, and questioning young adults. *The Career Development Quarterly*, *58*, 54–64. doi:10.1002/j.2161-0045.2009.tb00173.x

Degges-White, S. E., & Myers, J. E. (2005). The adolescent lesbian identity formation model: Implications for counseling. *The Journal of Humanistic Counseling, Education and Development*, *44*, 185–197. doi:10.1002/j.2164-490X.2005.tb00030.x

Degges-White, S., Rice, B., & Myers, J. E. (2000). Revisiting Cass' theory of sexual identity formation: A study of lesbian development. *Journal of Mental Health Counseling*, 22, 318–333.

Dermer, S. B., Smith, S. D., & Barto, K. K. (2010). Identifying and correctly labeling sexual prejudice, discrimination, and oppression. *Journal of Counseling & Development*, *88*, 325–331. doi:10.1002/j.1556-6678.2010.tb00029.x

Dillon, F. R., & Worthington, R. L. (2003). The Lesbian, gay and bisexual affirmative counseling self-efficacy inventory (LGB-CSI): Development, validation, and training implications. *Journal of Counseling Psychology*, *50*, 235–251. doi:10.1037/0022-0167.50.2.235

Dunlap, A. (2014). Coming-out narratives across generations. *Journal of Gay & Lesbian Social Services*, *26*, 318–335. doi:10.1080/10538720.2014.924460

Espelage, D. L., Aragon, S. R., Birkett, M., & Koenig, B. W. (2008). Homophobic teasing, psychological outcomes, and sexual orientation among high school students: What influence do parents and schools have? *School Psychology Review*, 37, 202–216.

Farmer, L. B., Welfare, L. E., & Burge, P. L. (2013). Counselor competence with lesbian, gay, and bisexual clients: Differences among practice settings. *Journal of Multicultural Counseling and Development*, *41*(4), 194–209. doi:10.1002/j.2161-1912.2013.00036.x

Fassinger, R. E., & Miller, B. A. (1996). Validation of an inclusive model of sexual minority identity formation on a sample of gay men. *Journal of Homosexuality*, *32*, 53–78.

Floyd, F. J., & Stein, T. S. (2002). Sexual orientation identity formation among gay, lesbian, and bisexual youths: Multiple patterns of milestone experiences. *Journal of Research on Adolescence*, *12*, 167–191. doi:10.1111/1532-7795.00030

Fruhauf, C. A., Orel, N. A., & Jenkins, D. A. (2009). The coming-out process of gay grandfathers: Perceptions of their adult children's influence. *Journal of GLBT Family Studies*, *5*, 99–118. doi:10.1080/15504280802595402

Gay, Lesbian, and Straight Education Network. (2010). *The 2009 national school climate survey*. Retrieved from https://www.glsen.org/download/file/NDIyMw==

Gorman-Murray, A. (2008). Reconciling self: Gay men and lesbians using domestic materiality for identity management. *Social & Cultural Geography*, *9*, 283–301. doi:10.1080/14649360801990504

Grove, J. (2009). How competent are trainee and newly qualified counsellors to work with lesbian, gay, and bisexual clients and what do they perceive as their most effective learning experiences? *Counselling & Psychotherapy Research*, *9*, 78–85. doi:10.1080/14733140802490622

Guittar, N. A. (2013). The queer apologetic: Explaining the use of bisexuality as a transitional identity. *Journal of Bisexuality*, *13*(2), 166–190. doi:10.1080/15299716.2013.781975

Hilton, A. N., & Szymanski, D. M. (2011). Family dynamics and changes in sibling of origin relationship after lesbian and gay sexual orientation disclosure. *Contemporary Family Therapy: An International Journal*, *33*, 291–309.

Human Rights Campaign. (2013). *Coming out as a straight supporter*. Retrieved from http://www.hrc.org/resources/entry/straight-guide-to-lgbt-americans

Hunter, S. & Hickerson, J. (2003). *Affirmative practice: Understanding and working with lesbian, gay, bisexual, and transgender persons*. Washington, D.C.: NASW Press.

Israel, T., Ketz, K., Detrie, P. M., Burke, M. C., & Shulman, J. L. (2003). Identifying counselor competencies for working with lesbian, gay, and bisexual clients. *Journal of Gay & Lesbian Psychotherapy*, *7*(4), 3–21. doi:10.1300/J236v07n04_02

Israel, T., & Selvidge, M. (2003). Contributions of multicultural counseling to counselor competence with lesbian, gay, and bisexual clients. *Journal of Multicultural Counseling and Development*, *31*(2), 84–98.

Joos, K. E., & Broad, K. L. (2007). Coming out of the family closet: Stories of adult women with LGBTQ Parent(s). *Qualitative Sociology*, *30*, 275–295. doi:10.1007/s11133-007-9064-y

Klein, K., Holtby, A., Cook, K., & Travers, R. (2015). Complicating the coming out narrative: becoming oneself in a heterosexist and cissexist world. *Journal of Homosexuality*, *62*, 297–326. doi:10.1080/00918369.2014.970829

Kocarek, C. E., & Pelling, N. J. (2003). Beyond knowledge and awareness: Enhancing counselor skills for work with gay, lesbian, and bisexual clients. *Journal of Multicultural Counseling and Development*, *31*, 99–112. doi:10.1002/j.2161-1912.2003.tb00536.x

LaSala, M. C. (2000). Gay male couples: The importance of coming out and being out to parents. *Journal of Homosexuality*, *39*(2), 47–71. doi:10.1300/J082v39n02_03

Lewis, G. B. (2011). The friends and family plan: Contact with gays and support for gay rights. *Policy Studies Journal*, *39*, 217–238. doi:10.1111/j.1541-0072.2011.00405.x

Lewis, R. J., Derlega, V. J., Berndt, A., Morris, L. M., & Rose, S. (2001). An empirical analysis of stressors for gay men and lesbians. *Journal of Homosexuality*, *42*, 63–88.

McCarn, S. R., & Fassinger, R. E. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *The Counseling Psychologist*, *24*, 508–534. doi:10.1177/0011000096243011

McDermott, E., Roen, K., & Scourfield, J. (2008). Avoiding shame: Young LGBT people, homophobia and self-destructive behaviours. *Culture, Health & Sexuality*, *10*, 815–829. doi:10.1080/13691050802380974

Minton, H. L., & McDonald, G. J. (1983). Homosexual identity formation as a developmental process. *Journal of Homosexuality*, *9*, 91–104.

Mohr, J. J., & Fassinger, R. E. (2003). Outness Inventory. *Journal of Counseling Psychology*, *50*,482-495.

Morris, J. F., Waldo, C. R., & Rothblum, E. D. (2001). A model of predictors and outcomes of outness among lesbian and bisexual women. *American Journal of Orthopsychiatry*, *71*, 61–71. doi:10.1037/0002-9432.71.1.61

Nadal, K. L., Issa, M., Leon, J., Meterko, V., Wideman, M., & Wong, Y. (2011). Sexual orientation microaggressions: "Death by a thousand cuts" for lesbian, gay, and bisexual youth. *Journal of LGBT Youth*, *8*, 234–259. doi:10.1080/19361653.2011.584204

Oswald, R. E. (2000). Family and friendship relationships after young women come out as bisexual or lesbian. *Journal of Homosexuality*, *38*(3), 65–83.

Parks, C. A., & Hughes, T. L. (2007). Age differences in lesbian identity development and drinking. *Substance Use & Misuse*, *42*, 361–380.

Pearson, Q. M. (2003). Breaking the silence in the counselor education classroom: A training seminar on counseling sexual minority clients. *Journal of Counseling & Development*, *81*, 292–300.

Rickards, T., & Wuest, J. (2006). The process of losing and regaining credibility when coming-out at midlife. *Health Care for Women International*, *27*, 530–547. doi:10.1080/07399330600770254

Riggle, E. D. B., Gonzalez, K. A., Rostosky, S. S., & Black, W. W. (2014). Cultivating positive LGBTQA identities: An intervention study with college students. *Journal of LGBT Issues in Counseling*, *8*, 264–281. doi:10.1080/15538605.2014.933468

Riley, B. H. (2010). GLB adolescent's "coming out." *Journal of Child and Adolescent Psychiatric Nursing*, *23*, 3–10. doi:10.1111/j.1744-6171.2009.00210.x

Rosario, M., Hunter, J., Maguen, S., Gwadz, M., & Smith, R. (2001). The coming-out process and its adaptational and health-related associations among gay, lesbian, and bisexual youths: Stipulation and exploration of a model. *American Journal of Community Psychology*, *29*, 113–160. doi:10.1023/A:1005205630978

Rutter, P. A., Estrada, D., Ferguson, L. K., & Diggs, G. A. (2008). Sexual orientation and counselor competency: The impact of training on enhancing awareness, knowledge and skills. *Journal of LGBT Issues in Counseling*, *2*, 109–125. doi:10.1080/15538600802125472

Savin-Williams, R. (2001). Mom, Dad. I'm gay. How families negotiate coming out. Washington, DC: American Psychological Association.

Shelton, K., & Delgado-Romero, E. A. (2013). Sexual orientation microaggressions: The experience of lesbian, gay, bisexual, and queer clients in psychotherapy. *Psychology of Sexual Orientation and Gender Diversity*, *1*(S), 59–70. doi:10.1037/2329-0382.1.S.59

Stevens, R. A. (2004). Understanding gay identity development within the college environment. *Journal of College Student Development*, *45*, 185–206.

Treyger, S., Ehlers, N., Zajicek, L., & Trepper, T. (2008). Helping spouses cope with partners coming out: A solution-focused approach. *The American Journal of Family Therapy*, 36, 30–47. doi:10.1080/01926180601057549

Troiden, R. R. (1989). The formation of homosexual identities. *Journal of Homosexuality*, *17*, 43–74. doi:10.1300/J082v17n01_02

Vaughan, M. D., & Waehler, C. A. (2010). Coming out growth: Conceptualizing and measuring stress-related growth associated with coming out to others as a sexual minority. *Journal of Adult Development*, *17*, 94–109. doi:10.1007/s10804-009-9084-9

Waitt, G., & Gorman-Murray, A. (2011). "It's about time you came out": Sexualities, mobility and home. *Antipode*, *43*, 1380–1403. doi:10.1111/j.1467-8330.2011.00876.x

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