“The shadow escapes from the body like an animal we had been sheltering”

AN EXPLORATION OF THE EXPERIENCES OF GAY MALE PSYCHOTHERAPISTS IN RELATION TO THEIR SEXUALITY IN AND OUT OF THE THERAPY ROOM

BY
SCOTT GLENNON (10224286)

SUPERVISED BY
DR. GRÁINNE DONOHUE

THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE BA COUNSELLING AND PSYCHOTHERAPY, DEPARTMENT OF PSYCHOTHERAPY, DUBLIN BUSINESS SCHOOL, SCHOOL OF ARTS

03 MAY 2019

TABLE OF CONTENTS

Declaration

I declare that this thesis is my own work, and it has not been submitted as an exercise for a degree in any other University. I agree that the library at Dublin Business School may lend or copy this thesis on request.

Signed: _____ Date: _____

Scott Glennon

Acknowledgments

Sincere and deepest gratitude is extended to my academic supervisor, Dr. Gráinne Donohue for her support, patience, intellectual insight and encouragement throughout this endeavour.

I would like to thank my mother and father for their continuous support, understanding, wisdom and love that they have bestowed upon me.

I would like to thank Liam Nicholson for his support and insight throughout this journey.

Lastly, to the participants in this study, thank you for your time, honesty, openness and insight.

Abstract

Homophobia and heterosexism can often hinder a gay male's development and developing internalised homophobia can challenge their ability to connect with others. This study attempted to explore the views and experiences of gay male psychotherapists with regards to their sexuality, inside and outside the therapy room. Three gay male psychotherapists were recruited to participate in semi-structured interviews. The transcriptions were subsequently analysed using interpretive phenomenological analysis (IPA). Three themes emerged: impact of training; otherness; therapist self-disclosure/ unintentional or otherwise. Overall, the study highlighted the impact participants' sexuality had on their journey through the training process. Light was also cast on how the participants' otherness played a role within the therapeutic dynamic. Lastly, these findings indicate intricacies relating to unintentional therapist-self disclosure. It is hoped that these findings will bring about discussion and reflection, and in some way help make gay issues more discernible within psychotherapy and counselling training.

Keywords: gay, LGBTQI, therapist self-disclosure, homosexual, sexuality, otherness, internalised homophobia, IPA, therapist, therapist training,

Introduction

The last two decades has seen Ireland slowly but significantly make advancements in the civil and legal rights of its Lesbian, Gay, Bi-sexual, Transgender, Queer, and Intersex (LGBTQI) citizens. As a direct consequence of these developments, Ireland has progressed from a society noted for being LGBTQI oppressive to being considered internationally as a forerunner in ensuring the equal civil rights of LGBTQI people (Higgins et al., 2016; Murphy, 2016). However, legislative developments do not necessarily mean improved daily experiences for all LGBTQI people in all aspects of their lives. For the purposes of this thesis, the term LGBTQI will be used throughout, with the exception of articles reviewed that consider a different abbreviation. In those instances, the terms used by the author will be referred to.

Discrimination and oppression may be directed at a gay man specifically or at the LGBTQI population in general (Kronner, 2013). The internalisation of the rejection and devaluation he has experienced in the heterosexual culture is a key dynamic that brings a gay man to psychotherapy (Cornett, 1993). The lack of connectedness gay men feel leads them to seek therapy with a gay therapist. Research has shown that this is due to the gay male client's belief that he will be more accepted by a gay therapist than by a heterosexual therapist (Liddle, 1997). While there are many ways of conveying acceptance, therapist self-disclosure (TSD) may be an especially important means of conveying these messages (Kronner, 2013). Therapist self-disclosure can refer to any action that could reveal the sexuality of a therapist (Zur, 2011). Research exploring frequently used therapist interventions revealed that an average of 3.5% of interventions involved therapist self-disclosure (Hill & Knox, 2002). This indicates TSD as an infrequent intervention, however, over 90% of therapists now report having self-disclosed in therapy at some point (Henretty et al., 2014).

High levels of anxiety have been reported with regards to therapist self-disclosure of orientation (TSDO) (Satterly, 2006; Thomas, 2008; Moore & Jenkins, 2012). It is viewed that the lack of LGBTQI relevant teaching coupled with a rigid view of self-disclosure creates anxiety about disclosure of sexuality (Lea et al., 2010). Research has shown that such unintentional disclosures were common, with studies suggesting that LGBT therapists regularly encountered their clients socially in LGBT communities (Morrow, 2000). Further studies indicated that unintentional disclosures seemed to cause anxiety and concerns regarding therapeutic boundaries for therapists (Kessler & Waehler, 2005; Lea et al., 2010; Satterly, 2004).

Outness, concealment and authenticity are all deemed as important to LGBTQI wellbeing and psychological outcomes (Riggle et al., 2017). Otherness is the result of a discursive process by which a dominant in-group constructs one or many dominated out-groups by stigmatizing a difference –real or imagined – presented as a denial of identity and thus a motive for potential discrimination (Dibyendu, 2013). Irrespective of the acceptance of one's culture and environment, the sense of being "other" must be integrated into a sense of a valued self. Moreover, part of the process of consolidating a positive self-image as a LGBTQI person may include embracing one's otherness and instilling value to this role (Burton and Gilmore, 2010). The phenomenon of transferring external hate of homosexuals into self-hate is defined as internalised homophobia (Cabaj, 1996; Morrow, 2004). Research shows that the term 'internalised homophobia' evidently arises as a central explanatory concept and point of reference within the research literature produced by gay and lesbian researchers on therapist self-disclosure. However, it is a concept which is noticeably absent within the dominant discourse on therapeutic technique (Moore and Jenkins, 2012).

The aim of this study was to explore what, if any, are the challenges of being a gay male therapist. It sought to discover any possible advantages their sexuality has in the

therapeutic room. It also intended to investigate any felt changes the therapist has experienced over time, due to societal shifts and how this is felt in the therapy room. Lastly, the aim of this study was to acquire an insight into the experience of participants' sexuality, how it impacts their wider world and how this in turn impacts upon their relation to the work of psychotherapy.

Chapter Two: Literature Review

2.1 Introduction

Therapist self-disclosure (TSD) primarily refers to any behaviour, verbal or non-verbal, that reveals something personal about the therapist (Hill & Knox, 2002). With regards to sexuality, this could include anything that reveals the therapist's own sexual orientation (TSDO). Zur (2011) defined four types of self-disclosures; Deliberate – referring to therapists' intentional, verbal or non-verbal disclosure of personal information; Unavoidable – self-disclosures from a wide range of possibilities including age and gender; Accidental – referring to unplanned encounters outside of the therapeutic setting; Clients' deliberate actions – referring to the potential sources that can reveal personal information about the therapist, including the client conducting a simple web search (Porter, Hulbert-Williams, & Chadwick, 2015). The remainder of this literature review will look firstly at the impact one's otherness has on the self. It will then look at the topic of therapist self-disclosure and its impact on both client and therapist. As research has shown that there is other ways of knowing one's sexuality, this topic must also be reviewed.

2.2 Otherness and its Impact on the Self

Outness, concealment and authenticity are all deemed as important to lesbian, gay and bisexual (LGB) wellbeing and psychological outcomes (Riggle et al., 2017). Riggle's study used a sample of 373 LGB participants and tested the unique contributions of each of these constructs to outcomes measuring psychological well-being, depressive symptoms and perceived stress. Hierarchical regressions revealed that increased outness was a significant predictor of increased depressive symptoms. This suggests that being out may increase risk of experiencing discrimination and minority stress, thus increasing the risk of depressive symptoms. Higher levels of LGB-specific concealment were significantly linked to lower

psychological well-being and more depressive symptoms. Lastly, higher levels of LGB-specific authenticity were significantly associated with higher psychological well-being, fewer depressive symptoms, and lower levels of perceived stress. The researchers suggest that future research should look beyond outness (and disclosure) and consider more fully the negative impact of actively concealing LGB identities and the contribution of positive identity factors such as authenticity.

Burton and Gilmore (2010) outline an element of being an individual with a homosexual orientation which echoes other studies (Satterly, 2006; Thomas, 2008; Moore & Jenkins, 2012). They maintain that irrespective of the acceptance of one's culture and environment, the sense of being "other" must be integrated into a sense of a valued self. Although much has been written about the detrimental effect of the closet, the attainment of positive self-regard in the coming-out process has been taken for granted. The authors argue that part of the process of consolidating a positive self-image as a gay person may include embracing one's otherness and instilling value to this role. This, they assert is a typical adolescent solution to the problem of autonomy vs. authority.

Dibyendu (2013) maintains that otherness is the result of a discursive process by which a dominant in-group ("Us," the Self) constructs one or many dominated out-groups ("Them," Other) by stigmatizing a difference –real or imagined – presented as a denial of identity and thus a motive for potential discrimination. Moreover, difference belongs to the realm of fact and otherness belongs to the realm of discourse. An example could be; biological sex is difference, whereas gender is otherness. The author assumes that the creation of otherness consists of applying a principle that permits the classification of individuals into two hierarchical groups: them and us. The out-group is only coherent as a group as a result of its opposition to the in-group and its lack of identity. This lack is based upon stereotypes that are

largely stigmatizing and obviously simplistic. Furthermore, otherness and identity are two inseparable sides of the same coin. The Other only exists relative to the Self, and vice versa.

The phenomenon of transferring external hate of homosexuals into self-hate is defined as internalised homophobia (Cabaj, 1996; Morrow, 2004). Moore and Jenkins (2012) contend that the term 'internalised homophobia' evidently arises as a central explanatory concept and point of reference within the research literature produced by gay and lesbian researchers on therapist self-disclosure. However, they argue that it is a concept which is noticeably absent within the dominant discourse on therapeutic technique.

Haldeman (2010) published his own reflections on working as a gay male therapist. He assumes that LGB clients seek out LGB therapists due to a perceived shared experience of oppression. A commonality is drawn via the experience of living in a culture that has made them feel bad for who they are. Both have experienced, and to some degree internalised, the stigmatizing effects of living in a hetero-centric culture. This unique common ground could be viewed as an encouraging reason for the LGB therapist to self-disclose their sexuality to an LGB client. The idea of internalising the stigmatizing effects of living in a hetero-centric culture parallels other studies (Cornett, 1993; Satterly, 2006; Coolhart, 2005; Lea et al. 2010; Kronner, 2013). However, Haldeman (2010) maintains that due to growing up in a hetero-centric society it is essential that the therapist is willing to confront and monitor, without shame, one's own homophobia or lack of understanding about LGBT issues in general. Moreover, the author discussed the gratification of working with heterosexual men; he assumes that this pleasure was a consequence of their differences and a shift in power to the gay male, a shift that was not a normal occurrence in everyday life.

2.3 Disclosure within LGBTQI Therapeutic Dyads

Research exploring frequently used therapist interventions revealed that an average of 3.5% of interventions involved therapist self-disclosure. This indicates that self-disclosure occurs infrequently in therapy (Hill & Knox, 2002). However, Faber (2006) asserts that self-disclosures occur at a higher rate than has been reported. Henretty et al. (2014) furthers this by claiming that over 90% of therapists now report having self-disclosed in therapy at some point. In terms of literature looking specifically at LGBTQ clients, there appears to be a partiality of LGBTQ clients towards working with LGBTQ therapists (Lea, Jones & Huws, 2010). It was discovered that LGBTQ clients often choose therapists from within LGBTQ communities to avoid working with a therapist who may be homophobic, heterosexist, or ignorant of issues specific to LGBTQ people (Kessler & Waehler, 2005). Research on the reasons gay men seek psychotherapy has shown that this is due to the internalisation of the rejection and devaluation he has experienced in the heterosexual culture (Cornett, 1993). Kronner (2013) maintains that the reason many gay men seek therapy with a gay therapist, is due to the belief that he will be more accepted by a gay therapist than by a heterosexual therapist. Although there are many ways to convey acceptance, therapist self-disclosure may be a particularly important way to express their acceptance to their client.

2.4 To Disclose or Not to Disclose?

Lea et al. (2010) conducted an Interpretative Phenomenological Analysis (IPA) study on gay male Clinical Psychologists who disclosed their sexuality to gay male clients. Six main themes emerged from the data: being gay in a straight world; disclosure and the therapeutic agenda; contexts of disclosure; other ways of knowing; disclosure of sexuality; a big deal? and the invisible curriculum. The resulting data supported the view that TSD can be beneficial to gay clients. However, caution was expressed when disclosure served the needs of the therapist

or affected the uniqueness of that therapeutic encounter. Further intricacies were reported, such as assumptions by client about the therapist's sexuality and also other ways of knowing, as well as the discourse of disclosure being no big deal. Finally, the respondents reported that a lack of focus and visibility of gay issues and specifically disclosure of sexuality, was apparent within clinical psychology training and the profession.

Jeffery and Tweed's (2015) Interpretative Phenomenological Analysis (IPA) study pointed to some of the additional difficulties that LGB mental health practitioners may face when considering sharing personal information in therapeutic relationships. Although there has been considerable research carried out regarding therapist self-disclosure in the past, it has stemmed from the perspective of the client in the context of the psychotherapeutic outcome. The researchers argue that this previous research has not accounted for the complex contextual factors that can influence the decision-making process and the perceived disclosure outcome. Their study revealed the harmful effects of concealment on the clinician and the therapeutic relationship, which proved to be an unexpected finding and a new contribution to the evidence.

Some participants experienced a damaging psychological effect of keeping their sexuality hidden, including shame, guilt and dishonest and traitorous feelings. Furthermore, such negative feelings towards oneself were experienced even if the participants recognized that the concealment was in the best interests of both themselves and their clients. According to the authors, this can be understood in relation to psychological models of LGB identity formation. Central to these is the role and function of 'coming out' (i.e. sharing one's sexual orientation with others). This process is recognised as an imperative aspect of achieving a healthy perception of oneself as an LGB person. The authors conclude by emphasising that although the psychological well-being of the client is of paramount importance, the well-being of the clinician should not be overlooked and the powerful impact revealed by their research warrants further investigation. These findings add to the previous research (Hill & Knox, 2003;

Coolhart, 2005; Hanson, 2005). Kronner and Northcut (2015) maintain that research thus far suggests that it is considered valuable for the therapist to be able to talk about his or her own experiences of being marginalised and even perhaps victimised by hate crimes. This allows the therapist to empathise with the client, and to provide hope about being able to overcome these experiences, as an essential part of the therapeutic process.

Lea et al.'s (2010) IPA study provided insightful analysis on the negative effects of exclusion and homophobia, which create a unique context for disclosing sexuality. The participants felt an increased sense of empathy and sensitivity towards clients and the potential discomfort they experienced relating to a presumed heterosexual psychologist, and a heterosexist health care setting. Therefore, disclosure enabled clients to engage meaningfully, while feeling like an insider rather than an outsider. However, also noted was the prevalence of hierarchies of outness and that disclosure of sexuality needed to have boundaries. Moreover, disclosure of sexuality was not identical to the disclosure of the intricacies of life as a gay man.

In her research with 12 professionally experienced lesbian social workers, Thomas (2008) suggests that the concept of internalised homophobia may have contributed to the willingness of her respondents to reveal their sexual orientation to heterosexual clients. The findings suggest that higher levels of self-acceptance and decreased internalised homophobia contributed to the overall comfort and willingness of lesbian therapists to 'come out' to heterosexual (and queer) clients and perhaps more objectively determine the usefulness or relevance of disclosures of ones' sexual identity. However, in spite of some participants feeling accepted and secure with their lesbian identities, some acknowledged that they had a certain amount of worry, anxiety or fear related to revealing their sexual identity to heterosexual clients. A few participants wondered if coming out to heterosexual clients might result in them losing esteem for the therapist and/or change the way they feel about the therapist.

Findings of high levels of anxiety and vulnerability attached to TSDO reflects other previous and subsequent research (Satterly, 2006; Moore & Jenkins, 2012). However, the author argues that the concern, shame, and internalised homophobia lesbians can feel due to having a minority sexual identity, may consciously or unconsciously impact therapists' decision-making process about coming out to heterosexual clients. Furthermore, Silverman (2001) maintains that whether or not a lesbian therapist ever intends to disclose her sexuality to her clients, the very fear of becoming known as a lesbian and the anxiety about withholding this information can have a significant impact on the therapist's work.

Satterly 's (2006) qualitative research collected data from focus groups consisting of 26 self-identified gay male professional therapists. Informants reported that they experienced oppression in three forms whilst working with heterosexual clients: heterosexism (client assumes therapist is straight), negative comments (disparaging remarks by clients about gay people), and the therapists' projection of their own homophobia onto the client. Through such experiences, these therapists came to expect negative client reactions to the therapists' self-disclosure of their own sexual orientation. Although their findings hold similarities to other research (Thomas, 2008; Moore & Jenkins, 2012), this research indicates that internalised homophobia and the projection of homophobia occur more often in their work with straight clients. Furthermore, Satterly 's (2006) research findings do not support the use of a static, linear model for decision making of TSD. This highlights a need for an adaptable model which accounts for the dynamic nature of this process in light of the ways the gay male therapists create and manage their identity both in practice and in educational training. Lea et al (2010) further this by arguing that it is the lack of LGBT relevant teaching coupled with a rigid view of self-disclosure that creates anxiety about disclosure of sexuality. They also speculate that training does a disservice to gay trainees, and simply compounds the anxiety when thinking about disclosing sexuality.

Satterly's (2006) proposed model of TSD could provide guidance for gay male therapists and students to learn specific skill sets for making decisions about the use of TSD within the therapeutic alliance. Suggested is a model which would contain a precontemplative training component and a clinical application component. The precontemplative aspect will help therapists (a) intentionally reflect on their internal sense of identity; (b) deliberately reflect on the possible impact of this identity in the professional world; (c) recognise ways to apply these reflections in their professional role or career direction; (d) identify theories that inform the management of identity in clinical practice; and (e) identify alternative ways of knowing that inform the management of their identities in clinical practice. Lastly, the clinical application aspect will aid therapists in making informed practice decisions based on their precontemplative analysis of identity management.

2.5 Other Ways of Knowing

Lea et al.'s (2010) study reported unintentional and non-verbal disclosures such as other ways of knowing. This indicated that the role of assumption was significant as it meant direct disclosure was not necessary. Gay clients seem to possess a sensitivity to the cues of sexuality in their therapist (Satterly, 2004). For example, cues such as manner and tone of voice could deem sexuality invisibly visible to gay men generally. Further complexities surrounding disclosure were reported by Lea et al. (2010), such as therapists sharing the gay scene with their clients, leading to unexpected encounters. Research has shown that such unintentional disclosures were common. Morrow (2000) reviewed studies and suggested that up to 95% of LGBT therapists encountered clients socially in LGBT communities. Other research has also shown that such unintentional disclosures seemed to cause anxiety and concerns regarding therapeutic boundaries for therapists (Kessler & Waehler, 2005; Lea et al., 2010; Satterly, 2004). However, Satterly (2006) maintains that this reveals identity management complexities. He suggests that should a therapist not self-disclose in therapy but sees a client in a culturally

identified gay social setting, the client may assume the therapist's sexuality resulting in decreased authenticity. Furthermore, the 'Google factor' (Zur, 2008) exposes another form of non-verbal disclosure, as the sexuality of the therapist could be possibly found out by engaging in a simple internet search.

2.6 Conclusion

This review of literature indicates favourable outcomes from appropriate use of TSD (Hill & Knox, 2002). However, it also illuminated an inherent anxiety and concern about the effects of TSDO (Satterly, 2004; Kessler & Waehler, 2005; Satterly, 2006; Thomas, 2008; Lea et al., 2010; Moore & Jenkins, 2012). The impact of the internalised stigma has on the therapists' psyche and its effect on the therapeutic relationship appears to be lacking within the research. One related area that has yet to be fully explored within the literature is the sense one's otherness brings to the therapeutic dynamic. Another area in need of exploration is the source of the anxieties held around unintentional TSDO. With the researcher only able to obtain one personal reflection of the experience of a gay male therapist across extensive literature searching, this IPA study aims to fill that void with a hope of casting much needed light on the personal felt experiences of the gay male psychotherapist.

Chapter Three: Methodology

Title of research: "The shadow escapes from the body like an animal we had been sheltering" - An exploration of the experiences of gay male psychotherapists in relation to their sexuality in and out of the therapy room.

Aim: To explore the experiences of being a gay male therapist in the contemporary clinic.

Objectives:

- To acquire an insight into the experience of participants' sexuality, how it impacts their wider world and how this in turn impacts upon their relation to the work of psychotherapy
- To explore what, if anything, are the challenges to being a gay male therapist
- To explore any possible advantages their sexuality has in the therapeutic room
- To investigate any felt changes the therapist has experienced over time, due to societal shifts and how this is felt in the therapy room.

3.1 Research Design

This research was undertaken with a view to exploring the subjective experience of the gay male therapist in the contemporary clinic. A qualitative approach was used to enable the researcher to describe, explore and analyse the ways in which participants create meaning in their lives (McLeod, 2014). Correspondingly, the phenomenological approach aspires to capture the participants' feelings, thoughts and perceptions which constitute their existence (Willig, 2013). Furthermore, this type of inquiry provides rich descriptive accounts of the phenomenon under investigation (Smith, 2015).

3.2 Semi-Structured Qualitative Interview

Semi-structured interviews allowed the researcher and participant to engage in a real-time dialogue, resulting in a detailed description of the participant's experience. The interview schedule (See Appendix A) served its purpose by enabling exploration around such themes as: The participants experience of their training; How they experience their sexuality in relation to the work they do; Views on therapist self-disclosure (TSD); Felt changes due to societal shifts; Challenges they may have experienced when working with LGBTQI clients. Moreover, the use of semi-structured interviewing facilitated rapport/empathy, allowed for greater flexibility of coverage, while also allowing the interviews to delve into novel areas (Smith, 2015). This in-turn provided for a rich source of data when exploring the sense-making of the complexities of the participant's sexuality in relation to their work as a psychotherapist.

3.3 Recruitment

In line with IPA guidelines, a sample size of three was recruited for this study. Smith, Flowers, and Larkin (2009) maintain that a sample size of three participants should provide adequate cases for the development of meaningful points of similarity and difference between participants. The sample consisted of three gay male psychotherapists. The use of all male

participants ensured a homogeneous sample in which the researcher could examine, in detail, "psychological variability within the group, by analysing the pattern of convergence and divergence that arises" (p. 50). This enabled the researcher to develop three separate case studies, while also allowing for the development of a subsequent micro-analysis of similarities and differences across each case (Smith et al., 2009). A minimum requirement of five years since accreditation provided for richer experience. Access to these participants was provided through the use of snow-ball sampling.

3.4 Data Collection

Each interview was conducted at a venue and time of the participant's choice. This ensured a level of comfort necessary to facilitate a sufficient in-depth engagement between researcher and participant. A prior consultation with the researcher's academic supervisor ensured that the interview questions were suitable for this study. The interviews lasted between 45 minutes and 1hr 25 minutes. Observing *how* the participant told their story validated the qualitative process. The interviews were conducted using both a 'smartphone' and a Dictaphone to ensure no loss of important data due to technical difficulties. Each interview was guided by ten questions (Appendix A). However, the use of semi-structured interviewing allowed for a dialogue whereby initial questions could be modified in light of the participants' responses (Smith, 2015).

3.5 Data Analysis

As this research aims to explore the felt experience of a gay male psychotherapist, interpretative phenomenological analysis (IPA) was deemed the most suitable research method. IPA's approach is committed to the examination of how the participants' make sense of their major life experiences. IPA analysis involved immersing one's self in the transcripts. A line-by-line analysis of the experiential claims, concerns, and understandings of each

participants was undertaken (See Appendix B). This was followed by the identification of emergent patterns within the experiential material, convergence and divergence, commonality and nuance across all cases. The development of a 'dialogue' between researcher, the coded data and psychological knowledge, led to the emergence of a more interpretative account. This facilitated the development of a structure, which illustrated the relationships between themes. The organisation of this material developed into a final structure of themes. Finally, consultations with the academic supervisor helped to develop coherence and plausibility of the interpretations (Smith et al, 2009).

3.6 Interpretative Phenomenological Analysis

Interpretative phenomenological analysis (IPA) has its origins in psychology, however it has gained popularity as an approach to qualitative inquiry. IPA is phenomenological, in that it is concerned with exploring experience in its own terms (Smith et al, 2009). It emphasises that the research exercise is a dynamic process in which the researcher plays an active role. The researcher attempts to get close to the participant's personal world and to take an insider's perspective. IPA involves a two-stage interpretation process or a 'double hermeneutic'. "The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world" (Smith, 2015, p. 26). Thus, this captures the dual role of the researcher.

IPA is committed to the detailed examination of the particular case. It examines what the experience for *this* person is like, what sense *this* particular person is making of what is happening them. It is this that makes IPA idiographic (Smith et al, 2009). Such interpretive engagement is facilitated by a series of steps that allows the researcher to detect themes and integrate them into meaningful clusters, first within and then across cases (Willig, 2013).

The researcher wished to explore the meaning the participants put on their experience of their sexuality and how this informed their therapeutic practice, thus IPA was believed to be the best fit for this research. Furthermore, IPA assists the use of a psychodynamic-psychoanalytic lens through which the data can be interpreted (Cartwright, 2004). As such an active role in the analysis involved an immersion in the data, McLeod (2013) maintains that, key to the integrity and creativity of the analytical process, the researcher must "temporarily internalise and own as much as the data as possible" (p. 120).

3.7 Ethical Considerations

Before beginning the interviews, participants signed a consent form (see Appendix C) which assured that their anonymity would be preserved. Informed consent was gained not only for participation in data collection, but also for the likely outcomes of data analysis (Smith et al, 2009). The researcher followed the Belmont Principles (1978) of respect, beneficence and justice when conducting the semi-structured interviews. Transcripts were stored in a secure location and pseudonyms were randomly selected for each participant. Each participant was informed that they had the right to withdraw at any stage of the research without prejudice. The end results will also be made available to the participant if they so wish. Finally, only the researcher had access to the audio recordings and they were kept secure on a hard-drive protected by a password.

Chapter Four: Findings

4.1 Introduction

Participants were requested to talk extensively about their sexuality in relation to their work as a psychotherapist. The process of interpretative phenomenological analysis from the transcribed interviews elicited three superordinate themes: Impact of training; Otherness; Therapist self-disclosure. Throughout this section, pseudonyms are used to protect the identity of the participants.

4.2 Theme 1: Baptism of Fire - Impact of training

Persistent in all participants' extracts, was the theme of 'impact of training'. Two participants conveyed how their sexuality held an imperative bearing throughout their engagement with training. For them, the training provided a safe environment in which they could engage with the various discourses they held around their own sexuality. This was evidenced through the *'safety net'* (Leon) provided in group practices such as process group. Alex conveyed a sense of empowerment as he described an open and non-judgmental platform in which he could discuss his sexuality. Furthermore, it was through such engagements, that this participant felt empowered to work with the most vulnerable parts of his self, once it entered the therapy room.

Leon describes *'coming out'* in that process and became a *'very strong advocate'* for LGBTQI services due to his own transformative learning. Dylan's experience of training differed and he used the metaphor *'baptism of fire'* to encapsulate the cauldron of processes that the training psychotherapist endures. The participant subsequently voiced *'unethical judgements'* regarding assumptions made (by staff) about his sexual orientation and how this informed his client work. These assumptions were experienced by the researcher as influential on the participant's neutral stance within the therapeutic relationship.

Alex captures the open and safe setting he experienced in his group process during his training:

> I felt that it was important but then also part of me wanted to do it because I had never had a forum to talk openly and confidently about who I was in that sense with people who aren't like me.

This excerpt portrays Alex's felt sense of agency, which enabled him to step out of the shadows and rise above his own internalised homophobia. A sense of minority duty was superseded by a desire to talk openly about his otherness around those of variance. This enriched the interview with a sense of empowerment to which he expressed with morale:

> In fact, I think the module benefitted greatly from me being there in that sense. I think if there wasn't a gay person there it would have been touched on like, eh, we have gays, we have lesbians with gays, we have trans people. A kind of a box-ticked exercise.

This extract seemed far removed from the participant's description of himself preceding his undertaking of his training.

Leon resolutely believes that his self-acceptance flourished due to experiential learning; the process of learning through his own experience and the experiences of others within the setting of group process:

> Process group particularly for the first two years, the way that was facilitated, the ownership you were given of that, the exampling that you would have heard from other people, the impact that had on me when I was listening to other people and the safety net that you felt you had – that I felt I had – when I was in that group.

Leon voiced how this process endowed him to *'come out'* and also accept his sexuality on a level he never envisioned possible:

> So I didn't know at the end of this I would be quite happy to say to people in this context even that I'm a gay man because for years I was totally homophobic because I didn't like who I was, in fact I hated myself at one point. So it was a very important process for me to go through but again, from an experiential point of view rather than any academic experience.

Dylan's contrasting experience of how his sexuality was received whilst training conjured up feelings of anger and dismay:

> It did pop up; not in a very good way. So, there would have been a lot of assumptions made. So I would have felt quite judged. It has come up quite a lot in therapy. But, essentially, in terms of client work sometimes you are asked to provide a case presentation. I do remember on one particular occasion the staff member would have been…making a lot of assumptions around my own sexuality. And in terms of how that fed into the process of working with the client. (Dylan)

The participant conveyed a sense of this playing into a critical part of his own psyche:

> My area would kind of fall into a lot of people who are quite critical they will assume that they are in a minority or they are less than…I will put that in contrast to myself so it can interrupt the therapy at times. And then I feel at times, we all go through therapy and supervision, sometimes a little bit on that edge where I kind of say do I let them know.

Dylan captures his anxieties around engaging with any parallel processes he may be experiencing with clients in his supervision or individual therapy. This could be fuelled by his own internalised stigma. This reluctance aligns with the unjust assumptions he voiced as having had received during his training. Furthermore, the researcher noted how this further aligned with the neutral stance he holds when engaging with clients of similar sexual orientation. *'I would lean towards being neutral rather than dealing with more direct therapies that would say you talk about it, yeah, bring it in'* (Dylan). Moreover, the participant's Bi-sexuality seemed to underpin this presumption of judgment. Throughout the interview, he voiced many of the stereotypical judgments he has incurred as a Bi-sexual male potentially resulting from not conforming to one or another sexuality and the public challenges to this that he has encountered.

4.3 Theme 2: "The shadow escapes from the body like an animal we had been sheltering"/ Otherness

Persistent in all participants' extracts, was the felt sense of how their 'otherness' had both influenced and impacted upon the work they have chosen to do. With men as a minority amongst the therapeutic community (Carey, 2011), gay men (who are therapists) then become a further minority once again. It was beheld, as their own discourse around their sexuality, their 'coming out' and their internalised homophobia reflecting their own internal frame of reference in which they navigate their world through their otherness. This inescapability of one's otherness brings to mind the Gilles Deleuze quote in reference to Francis Bacon's *Figure with Monkey* "The shadow escapes from the body like an animal we have been sheltering" (Deleuze & Bacon, 2004). This quote encapsulates how the participants' otherness was portrayed, like a shadow, throughout the interviews as something that they closely hold onto. However, due to their own processes and their kindness, they welcomed this shadow into the interviews as something that could provide rich (to refer to it as data seems to the researcher to devalue it) life to this study.

Alex captures his anxiety around working with straight male clients when he began practicing, *'When I started I would have gone back into my closet a little bit and I would have been nervous about working with straight male clients'*. Leon conveys similar internalised homophobia *'if there was any inquiry, curiosity or otherwise, towards my sexuality I would freeze because I wouldn't be happy that they would judge me based on my sexuality'.* With both individual and group therapy providing an almost 'nowhere to run' situation, there was a shared sense of anxiety when recounting earlier experiences of practicing. Alex recalls his first male client with harrowing affect:

> I felt like a little girl, I felt weak, I felt… the shame of actually being who I am and not feeling that I need to put myself into an inferior position as he's bigger and stronger and more masculine – He tore me to shreds and (laughs) headed off. But it was an

> important thing, an important part of the learning thing for me, you know, to come in contact with that really vulnerable part of myself in that space. (Alex)

As Alex voiced this emasculating encounter, its vexing affect was mutual, possibly due to a shared sense of otherness between researcher and participant. His almost collapse towards the passive role in this power dynamic signifies that something in his own process was getting played out. As his submission to the bigger and more masculine figure portrays his most vulnerable part of his self, the use of the expression '*tore me to shreds'* suggests that this part of himself needed to be torn to shreds. Moreover, also communicated in this descriptive example was a sense of empowerment of the participant's feminine side. The researcher experienced the 'little girl' as holding the stronger role within the transaction. Through the holding of this, its ownership, the participant gained a valuable inner strength, thus enabling him to become a better therapist.

Leon's encounter, whilst still in training, with a testing client that he referred to as his *'twin',* due to many demographic similarities, expands on this:

> Whatever had happened to him, he wanted to use this to fuck my, with my head, and I was in my last year of training… Because I saw – Is this who I could have been? Is this who I've not become… so I learned a lot from him. He gave me a gift. I often say gifts come in the most ridiculous packaging sometimes. So he was a gift in ridiculous packaging.

This face-to-face encounter with *'who I could have been'* springs to mind the image of a mirror. However, one that only reflects the dark and sordid elements of oneself, that would rather be banished to the darkest parts of the unconscious. Although, the need to face this mirror is reflected in the lesson that it taught something significant to the participant. In the participant coming into contact with this client, he was able to engage with that part of his self and use this as part of his process.

Leon then used an anecdote of a scar to represent his journey of self-acceptance and how it is there to remind him, and possibly enable him in working with similar clients:

> So that how I put it is, I used to have an open wound that was full of pus, now I have a scar, so that scar will always remind me but it's not in danger of killing me. (Leon)

The researcher experienced a reluctance to admit the prospect of the 'scar' being present in the room when working with clients. This deemed the analogy a contradiction of sorts and an air of guardedness was conveyed throughout the interview. There was a sense that the 'scar' was still tightly under a bandage. Moreover, it was intuited that the bandage was more present in this interview than was the scar.

Alex recounted a group therapy session in which he ran with a colleague:

> 'I couldn't get over the shapes, the sizes, the variations of man in the room with me, and how they all just accepted me'.

The use of 'all shapes and sizes' conveys a sense of mass acceptance while also having an underline phallic connotation. As he recounted further he repeated a sentiment that he expressed earlier about his own feelings of acceptance during his training:

> There was something really powerful about that and it was so, they were so grateful to have a forum to talk about their experiences. (Alex)

This communicated an alignment between him with these men of 'all shapes and sizes'. Moreover, it brought into light the issues these men presented with rather than sexual inferiority. Alex described how it was through such an experience that his fear of working with straight men waned:

> Whether or not they sussed out I was gay… it didn't matter whether or not they figured it out… Now, I know I'm not huge with gestures and stuff like that that might give it away or whatever but it was from then on I started to feel more confident working with straight men'. (Alex)

Moreover, this extract portrays a power shift between the homosexual therapist and the heterosexual client's. This was communicated by the participant as being enjoyable while also challenging his own internalised homophobia.

4.4 Theme 3 – Therapist Self-Disclosure (TSD)- Unintentional or Otherwise

Persistent in all participants' extracts, was an apprehension around chance happenings with LGBTQI clients' in places associated to their shared minority. Their own discourse around their sexuality appeared to underpin the participants' uncertainty around the impact of such encounters. As all participants' live and work in or around Dublin City Centre, there was a communal unease around the inevitability of unintentional therapist self-disclosure of orientation (TSDO). All three participants were in committed relationships which enabled them to avoid such establishments or dating apps. However, even due to their relationship status, their sexual minority identity did pose certain issues for the participants due to its essence of variance and what this brought to the therapeutic relationship.

Dylan conveys his unease around accidental TSDO:

> Bumping into someone, let's say, in a gay club or something like that. That would bring anxiety for me'… I think it's, if anything, more of the hassle. Like if I saw any client on the street as well… but it's a whole new domain when there's a specific culture around it'.

Leon develops on this:

> But I would wonder if I ever did go, supposing I had friends that wanted to go there, I wouldn't resist that. I wouldn't say "no, I'm not going" in case I'm seen. But I wonder how I would be in that context of seeing a client. Because I've a sense that I would have in the early years almost felt like I was when I was in the closet, don't be seen, and I was saying "no way are you going back there again; you have not done anything wrong."

These accounts reflect the unease felt around chance encounters with clients within LGBTQI establishments. Dylan's description of the 'whole new domain' taps into something deeper within the participants- their own internalised homophobia and minority stress explains this phenomenon.

Alex questions how he would manage chance happenings:

> If I was on Grindr, if I wanted to go to a sauna…if I wanted to go to a sex party I could walk in and there'd be a client there. So I think, in a way, I'm in the lucky position that my life is the way it is as it is, that I don't have to work through those things… and also that I'm a bit older in the sense that if I was working through those things when I was younger I wonder how I would have handled that?... So I can say part of it is managed now because of where I am in my life…

While all these inquiries are 'ifs' they do capture the voice of the many other therapists in different situations to the participants who took part in this research. According to the participant it exposes dilemmas for therapists who may be in other stages in their life.

Dylan captures the tug-of-war between the question of 'to disclose or not to disclose':

> There has been in the past some individuals who may have made perhaps slight comments or slurs and for me it's about being really careful about that because this is their world; it's their reality. My gut kind of turns a little bit when I'm kind of, do I jump on that and go yeah. Do I challenge it… because so much can be given away by not challenging it'. (Dylan)

Dylan's account illuminates the struggle with disclosure and the idiom 'dammed if you do, dammed if you don't' comes to mind. The idea of 'so much can be given away' demonstrates a need to remain neutral at the sake of the therapist rather than for the benefit for the client. The participant expands on this:

> So, if I am remaining neutral and someone is feeling lonely within their experience and I haven't, let's say, validated or mentioned about the sexuality to them, and then they

> see me around town (with my partner) I would wonder what the consequences of that are but this is the path I have chosen for therapy. (Dylan)

The use of the signifier ‘path’ illustrates a direct, rigid and firm layout while being well-boundaried. However, his wondering and a sense of wandering conveyed uncertainty around a path into the unknown, which many may argue is a premise of therapy. However, the participant previously discussed a neutral stance and how this may have been born out of judgments experienced in his training.

4.5 Summary

In summary, rich data exemplified the impact upon the trainee therapist with regards to their sexuality. Concomitantly, it illustrated how the therapist’s otherness comes into play within the therapeutic dynamic. Lastly, it exposed anxieties attached to unintentional therapist disclosure due to sharing a scene attached to their cultural minority. The next section will expand upon these themes.

Chapter Five: Discussion

5.1 Introduction

The primary research question in this study was to explore the experience of gay male psychotherapists. The qualitative methodological approach undertaken in this research entailed semi-structured interviews with three accredited male therapists. Interpretative Phenomenological Analysis (IPA) was used to analyse the data collected resulting in three main themes. The three themes discovered were 'impact of training', 'otherness' and 'therapist self-disclosure-unintentional or otherwise'. In this chapter, each of the themes will be discussed in relation to the psychotherapeutic literature presented in chapter two.

5.2 Theme One: Baptism of Fire/Impact of Training

The impact of each participant's sexuality on their training was apparent throughout the data. Group experiential learning from the dynamics within 'process group' were communicated as having the greatest influence on their own acceptance around their sexuality. Two participants expressed how the group process allowed them to engage with their sexuality in a way they never felt they could before. Yalom's (1995) therapeutic factor of universality assumes a sense of relief due to the removal of feelings of isolation while prompting powerful feelings of relating and acceptance by others in a group setting. Furthermore, cohesiveness within the group dynamic creates a sense of solidarity or 'we-ness' for individuals within the group. Cohesive groups promote feelings of acceptance, value, support, belonging resulting in the development of self-esteem. Yalom stipulates that through the acceptance of others, individuals will convey and explore parts of their inner world to the group, which leads to an integration of the undesirable parts of the self. For both Alex and Leon, the group dynamics enabled such an integration of the self as witnessed in this data.

This study also found a need for the trainee therapists to engage with one's own homophobia due to growing up in a hetero-centric society. This resulted in a new awareness of self and promoted a need to focus their studies and specialise in LGBTQI awareness once completing their training. This echoes Haldeman's (2010) personal reflections as being essential for the therapist to confront, without shame, one's own internalised homophobia. The participants expressed how experiential learning modules provided a platform for them to engage with this part of the self. Previous studies (Cornett, 1993; Satterly, 2006; Lea et al. 2010) also exposed the idea of internalising the stigmatizing effects of living in a hetero-centric culture. This is in agreement with Moore & Jenkins (2012) IPA study where they highlighted a need for self-awareness around the potential impact that the therapist's own fears and prejudices may have on the therapeutic relationship. This concept of projecting homophobia onto clients echoes previous research (Satterly, 2006; Thomas, 2008).

Although the data showed empowerment within participants regarding their sexuality, it also highlighted shortcomings; for example: decision making related to therapist self-disclosure (TSD). This echoes Satterly's (2006) findings which suggest a need for an adaptable model that accounts for the dynamic nature of this process in light of the ways that gay male therapists create and manage their identity both in practice and in educational training. One of the participants communicated how his addition/contribution to the training group resulted in LGBTQI topics moving past a 'ticked box' exercise, possibly highlighting how this is still not the case.

This admission is also in line with research by Lea et al (2010) in which they speculate that training does a disservice to gay trainees, and simply compounds the anxiety when thinking about disclosing sexuality. This claim concurred with the current research. A participant reported a reluctance to disclose a parallel process within group supervision during his training. He experienced anxiety resulting from assumptions around his sexuality and how it informed

the process of working with a client. The participant's inability to manage this is possibly due to the Kleinian (1946) concept of projective identification. This is also in line with Bion's (1961) assertion that projective identification plays a particularly significant role within groups. Furthermore, this was perceived to have instilled quite a rigid neutral stance when working with clients, with regards his own sexual minority. This goes against previous research which values the therapist vocalising his own experiences of being marginalised with the aim of providing hope about being able to overcome these experiences (Kronner & Northcut, 2015; Coolhart, 2005; Hanson, 2005; Hill & Knox, 2003).

5.3 Theme two: "The shadow escapes from the body like an animal we had been sheltering"/Otherness

All of the participants expressed a sense of otherness throughout the interviews. Otherness is the result of a discursive process, whereby a dominant in-group constructs one or more dominated out-groups by stigmatizing a difference – real or imagined – presented as a denial of identity and thus a reason for potential discrimination (Dibyendu, 2013). Burton and Gilmore (2010) maintain that part of the process of consolidating a positive self-image as a gay person may include embracing one's otherness and instilling value to this role. This research supported this claim and is also echoed in other studies (Satterly, 2006; Thomas, 2008; Moore & Jenkins, 2012). The majority of gay men have experienced discrimination or oppression at some point during their lives (Kronner, 2013). Moreover, queer people are sent consistent messages of devaluation which often become internalised (Coolhart, 2005). The phenomenon of transferring external hate of homosexuals into self-hate is defined as internalised homophobia (Cabaj, 1996; Morrow, 2004). This study reported a 'return into the closet' once participants began to see clients as well as other admissions of self-hate. This internalised homophobia shows consistency with Moore and Jenkins' (2012) study. They maintain such

pre-determined assumptions and prejudices are based on past 'coming out' experiences. Furthermore, the concept of projecting homophobia onto clients is also consistent with both the Satterly (2006) and Thomas (2008) studies.

This study also supports Satterly (2006) findings regarding anxiety associated with working with heterosexual clients. In this research, each participant voiced experiences of oppression in three forms whilst working with heterosexual clients: heterosexism (client assumes therapist is straight), negative comments (disparaging remarks by clients about gay people), and the therapist's projection of their own homophobia onto the client. Each participant expressed a reluctant stance with regards TSD which could also harmonize with Satterly's findings.

Present in this study was a scenario that challenged one of the participant's internalised homophobia. Alex recounted running a group in which he was met with men of all 'shapes and sizes'. Due to the participant's own issues around 'more masculine' men, this was conveyed as an expectation of a room full of hate and judgement. However, the participant was shocked as he was wholly accepted by the group and his 'otherness' did not matter in this instance. Noted was a further sense of empowerment due to an almost power shift. This corresponds with Haldeman's (2010) personal reflection in which he suggests that a gay male therapist can "for once feel powerful in his being needed by the man who has heterosexual privilege" (p. 181). This 'power shift' was perceived as enjoyable to the participant due to its difference of the regular occurrence of day-to-day life.

This IPA study added to the discussion on homophobia and its impact on the therapeutic relationship as experienced by the therapist. Porter (2015) highlighted a deficit in existing literature in relation to homophobia within the therapeutic relationship. His findings also indicated that therapists did indeed experience homophobic attitudes in the therapy room and this had negative effects on both the therapist and the therapeutic relationship. This study

reported many instances of homophobia experienced by each participant while working with heterosexual clients. Each participant could recall an instance when they were challenged by a client and they had to either 'bite their tongue' or downplay it as 'it is their world' and be 'mindful of that'. Similar to Porter's (2015) findings, participants in this study communicated sadness, having to watch their defensiveness and a detachment on an interpersonal level. A probable explanation for such defence/coping mechanisms could be explained as a way to avoid internalizing such homophobic attitudes (Sophie, 1987).

5.4 Theme Three: Therapist Self-Disclosure/ Unintentional or Otherwise

All participants conveyed a communal sense of anxiety attached with 'other ways of knowing' (Lea et al. 2010). This is related to unintentional and non-verbal disclosures referred to in the literature (Farber, 2006; Knox et al. 2002). Each participant portrayed unease at the prospect of meeting a client in an establishment associated to their specific culture. Unexpected meetings due to sharing the gay scene with clients, created complexities to disclosure, as the 'disclosure' was unintentional (Lea et al. 2010). The anxieties expressed in this IPA study reflect similar studies which conveyed concerns regarding therapeutic boundaries for therapists (Lea et al. 2010; Kessler & Waehler, 2005; Satterly, 2004).

However, this study added to the literature by demonstrating that anxiety was present even though each participant's relationship status meant that they rarely if ever attended gay bars or clubs. The presence of latent anxieties indicate that they are a result of their internalised stigma rather than of experience. This may be due to lack of training around TSD as highlighted by Satterly (2006), in which he proposed a model of TSD that could provide guidance for gay male therapists and students in making decisions about the use of TSD within the therapeutic alliance. However, it could also indicate that it is a result of their own discourse around their

sexuality and their place in a hetero-centric culture. The idea of internalising the stigmatizing effects of living in a hetero-centric culture parallels other studies (Cornett, 1993; Satterly, 2006; Coolhart, 2005; Lea et al. 2010; Kronner, 2013). Either way, this research shows that unintentional TSD anxiety is present in gay male therapists, whether they attend gay bars or not.

This research added to Barker's (2006) reflection of disclosure in relation to sexuality in which he deemed it 'dammed if we do and dammed if we don't' (p. 294). Research shows that TSD can nullify the purpose and uniqueness of therapeutic boundaries and relationships (Farber, 2006; Knox et al., 2002; Knox et al., 2003; Satterly, 2004). Dylan's admission of remaining neutral while someone is feeling lonely within their experience, to be later seen out with his partner posed questions around the consequences of such. Coolhart's (2005) findings indicate that therapist self-disclosure can decrease a client's sense of isolation. Other research indicates benefits to the client which include: strengthening of therapeutic relationship and normalising client's experiences (Farber, 2006; Knox et al, 2003). The participant was able to account for another situation where the idiom 'dammed if you do and dammed if you do not' may ring true. He communicated a situation where he had to 'bite his lip' in relation to a client's 'homophobic slurs,' while simultaneously feeling that not challenging would also give so much away.

5.5 Limitations

A key limitation and strength to this study resulted from using a small homogenous sample. A limitation was found as each participant was in a committed relationship which was expressed as sheltering them from unintentional therapist self-disclosures. It would also be helpful to explore the views and experiences of lesbian and bisexual therapists, as this would expose similarities and variances within this intriguing and complex area. Limitations due to

word count meant that there was no room for discussion of some of the data that came up. These include topics such as: felt changes due to societal shifts and TSD serving as a counter-transference defence.

5.6 Conclusions and Recommendations for Further Research

This IPA study set out to investigate the experiences of the gay male therapist in the contemporary clinic. Key themes emerged; impact of training; otherness; and therapist self-disclosure/unintentional or otherwise. The present study illuminates the impact of training on the discourses held on one's sexuality. This seemed novel due to the deficit of literature relating to this topic. The topic of otherness and the impact it has on the perceived 'self' is a well-researched area. However, this study added to the literature regarding the impact of the therapist's internalised stigma, its projection and the place it holds within the therapeutic dynamic. This study highlighted the anxieties held by therapists of a cultural minority, in relation to unintentional TSD. Whether this is down to their own discourses or not, it also highlights the lack of LGBTQI relevant training. This lack of teaching and a rigid view of TSD created anxiety about the disclosure of sexuality. It could be hypothesized that this lack of training could be doing a disservice to gay trainees which compounds the anxiety associated with TSD. Analysis of the discoveries of this and similar research suggests that there is a considerable gap in the literature regarding the experiences of gay and lesbian therapists working with heterosexual clients. Further research is essential in order to shed much needed light into the largely obscured notion of internalised homophobia, and its effects on the psyche of gay and lesbian therapists.

References

Barker, M. (2006). Critical sexology: Sexual self- disclosure and outness in academia and the clinic, *Lesbian and Gay Psychology Review, 7, 292-296.*

Bion, W. R. (1961). *Experiences in Groups: and Other Papers*. Routledge.

Burton, J., K., & Gilmore, K. (2010). "This Strange Disease": Adolescent Transference and the Analyst's Sexual Orientation. *Journal of the American Psychoanalytic Association*, *58*(4), 715–734.

Brooks, V. R. (1981). Sex and sexual orientation as variables in therapists' biases and therapy outcomes. *Clinical Social Work Journal, 9*, 198-210.

Cabaj, R.P. (1996). Sexual orientation of the therapist. In R.P. Cabaj & T.S. Stein (Eds.), *Textbook of homosexuality and mental health* (pp. 513_524). Washington, DC: American Psychiatric Press.

Carey, B. (2011, May 21). Need Therapy? A Good Man Is Hard to Find. *The New York Times*. Retrieved from https://www.nytimes.com/2011/05/22/health/22therapists.html

Cartwright, D. (2004). The psychoanalytic research interview: preliminary suggestions. *Journal of the American Psychoanalytic Association*, *52*(1), 209–242.

Coolhart, D. (2005). Out of the closet and into the therapy room: Therapist self-disclosure of sexual identity. *Guidance & Counselling, 21*(1), 3–13.

Cornett, C. (1993). *Affirmative dynamic psychotherapy with gay men*. Northvale, NJ: Aronson Press.

Davies, D. (1996). Homophobia and heterosexism. In D. Davies & C. Neal (Eds.), *Pink therapy* (pp. 41_65). Buckingham: Open University Press.

Deleuze, G., & Bacon, F. (2004). *Francis Bacon: the logic of sensation*. London; New York: Continuum.

Dibyendu, G. (2013). *Negotiating Sexual 'Otherness': An Exploratory Study of Harassment on Male Homosexuals in Metropolitan Kolkata, India*. *2*, 6.

Farber, B. A. (2006). *Self-disclosure in psychotherapy*. New York, NY: Guilford Press.

Gillham, B. (2000). The research interview. London: Continuum.

Hanson, J. (2005). Should your lips be zipped? How therapist self-disclosure and nondisclosure affects clients. *Counselling & Psychotherapy Research, 5*(2), 96–104.

Haldeman, D. C. (2010). Reflections of a gay male psychotherapist. *Psychotherapy: Theory, Research, Practice, Training*, *47*(2), 177–185.

Henretty, J. R., Currier, J. M., Berman, J. S., & Levitt, H. M. (2014). The impact of counsellor self-disclosure on clients: A meta-analytic review of experimental and quasi-experimental research. *Journal of Counselling Psychology*, *61*(2), 191–207.

Higgins, A; Doyle, L; Downes, C; Murphy, R; Sharek, D; DeVries, J; Begley, T; McCann, E; Sheerin, F and Smyth, S (2016). *The LGBTIreland report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*. Dublin: GLEN and BeLonG To.

Hill, C. E., & Knox, S. (2002). Self-disclosure. In J. C. Norcross (Ed.), Psychotherapy relationships that work: Therapist contributions and responsiveness to patients (pp. 255–265). New York, NY: Oxford University Press.

Hill, C.E., & Knox, S. (2003). Therapist self-disclosure: Research based suggestions for practitioners. *Journal of Clinical Psychology*, 59 (5).

Isay, R.A. (1989). *Being homosexual: Gay men and their development.* Farrar, Straus and Giroux, London.

Jeffery, M. K., & Tweed, A. E. (2015). Clinician self-disclosure or clinician self-concealment? Lesbian, gay and bisexual mental health practitioners' experiences of disclosure in therapeutic relationships. *Counselling & Psychotherapy Research, 15*(1), 41–49.

Kessler, L. E., & Waehler, C. A. (2005). Addressing multiple relationships between clients and therapists in lesbian, gay, bisexual, transgender communities. *Professional Psychology, Research and Practice*, *36*(1), 66–72.

Klein, M. (1946). Notes on Some Schizoid Mechanisms. *International Journal of Psycho-Analysis*, *27*, 99–110.

Kronner, H. W. (2013). Use of Self-Disclosure for the Gay Male Therapist: The Impact on Gay Males in Therapy. *Journal of Social Service Research*, *39*(1), 78–94.

Kronner, H. W., & Northcut, T. (2015). Listening to Both Sides of the Therapeutic Dyad: Self-Disclosure of Gay Male Therapists and Reflections from Their Gay Male Clients. *Psychoanalytic Social Work*, *22*(2), 162–181.

Lea, J., Jones, R., & Huws, J. C. (2010). Gay Psychologists and Gay Clients: Exploring therapist disclosure of sexuality in the therapeutic closet. *Psychology of Sexualities Review*, *1*(1), 59–73.

Liddle, B. J. (1996). Therapist sexual orientation, gender, and counselling practices as they relate to ratings on helpfulness by gay and lesbian clients. *Journal of Counselling Psychology*, *43*(4), 394–401.

Liddle, B. J. (1997). Gay and lesbian clients' selection of therapists and utilization of therapy. *Psychotherapy*, *34*, 11–18.

McLeod, J. (2013). An Introduction to Counselling (5th ed.). Berkshire, United Kingdom: McGraw Hill.

Moore, J., & Jenkins, P. (2012). 'Coming out' in therapy? Perceived risks and benefits of self-disclosure of sexual orientation by gay and lesbian therapists to straight clients. *Counselling & Psychotherapy Research*, *12*(4), 308–315.

Morrow, S. L. (2000). First do no harm: Therapist issues in psychotherapy with lesbian, gay, and bisexual clients. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of*

counseling and psychotherapy with lesbian, gay, and bisexual clients (pp. 137–156). Washington, DC: American Psychological Association.

Morrow, D.F. (2004). Social work practice with gay, lesbian, bisexual and transgender adolescents. *Families in Society: The Journal of Contemporary Social Services,* 85, 91_99.

Murphy, Y. (2016). The marriage equality referendum 2015. *Irish Political Studies*, *31*(2), 315.

Porter, J. C. (2013). *Sexuality in the therapeutic relationship: An interpretative phenomenological analysis of the experiences of gay therapists*.

Porter, J., Hulbert-Williams, L., & Chadwick, D. (2015). Sexuality in the Therapeutic Relationship: An Interpretative Phenomenological Analysis of the Experiences of Gay Therapists. *Journal of Gay & Lesbian Mental Health*, *19*(2), 165–183.

Riggle, E. D. B., Rostosky, S. S., Black, W. W., & Rosenkrantz, D. E. (2017). Outness, concealment, and authenticity: Associations with LGB individuals' psychological distress and well-being. *Psychology of Sexual Orientation and Gender Diversity*, *4*(1), 54–62.

Satterly, B. (2004). *Self-disclosure in gay male therapists: A qualitative assessment of decision-making. Unpublished Dissertation. Obtained from UMI Dissertation Service: 3125893.*

Satterly, B. A. (2006). Therapist Self-Disclosure from a Gay Male Perspective. *Families in Society: The Journal of Contemporary Social Services*, *87*(2), 240–247.

Silverman, S. (2001). Inevitable Disclosure: Countertransference Dilemmas and the Pregnant Lesbian Therapist. *Journal of Gay & Lesbian Psychotherapy*, *4*(3/4), 45.

Smith, J. A., Flowers, P., & Larkin, M. H. (2009). *Interpretative phenomenological analysis: theory, method and research*. London: Sage.

Smith, J. A. (2015). *Qualitative psychology: a practical guide to research methods* (3rd ed). London: Sage Publications.

Sophie, J. (1987). Internalised homophobia and lesbian identity. *Journal of Homosexuality, 14(1),* 53-65.

The Belmont Report. (1978). *Ethical principles and guidelines for the protection of human subjects of research: appendix/national commission for the protection of human subjects of biomedical and behavioural research*. Washington, D.C: Dept. Of Health, Education, and Welfare, National Commission.

Thomas, M.C. (2008). "Shades of gray: lesbian therapists explore the complexities of self-disclosure to heterosexual clients" Theses, Dissertations, and Projects. 1267.

Willig, C. (2013). *Introducing Qualitative Research in Psychology*. McGraw-Hill Education (UK).

Zur, O (2008). The Google Factor: Therapists unwitting self-disclosure on the net. *New Therapist, 57*, 16-22.

Zur, O. (2011). Self-disclosure & Transparency in Psychotherapy and Counselling: To Disclose or Not to Disclose, this is the Question. Retrieved January 25, 2019 from http://www.zurinstitute.com/self-disclosure1.html

Appendix A

Interview Schedule

1. Can you tell me briefly about your reasons for starting training to become a psychotherapist?

2. How did you experience the training?

    a. Were questions around your sexuality a part of your training?

3. How have you experienced your own sexuality in relation to the therapeutic work you do?

    a. Can you recall a time when your sexual orientation was useful to the therapeutic dynamic/alliance?

4. Can you recall a time where your sexual orientation challenged you in the therapeutic setting?

5. How do you feel about the question of disclosure in relation to your work?

    a. In relation to your own sexuality?

6. Is there any felt changes around the views upon one's sexuality in today's society and how has this impacted upon the work?

7. Can you tell me specifically about your work with LGBT clients?

8. Do you experience the transference/countertransference in any way differently when working with LGBT clients?

    a. If yes, why? and in what way?

9. Are there specific challenges you have experienced in working with LGBT clients?

10. Can you recall a time where your therapist identity may have been compromised outside of the therapy space?

    a. How was this managed?

Appendix B

Analysis Sample

	Legend Possible quotes Interesting	Otherness	
Interviewee	Quote/Relevant content	Theme	Researcher comments/Analysis
Alex (002)	My first experience stands out the most when the men of the group who I hadn't met, because they had been vetted by the charity, started to arrive. And I couldn't get over the shapes, the sizes, the variations of man in the room with me, and how they all just accepted me. Do you know what I mean? There was something really powerful about that and it was so, they were so grateful to have a forum to talk about their experiences. Whether or not they sussed out I was gay, I was doing it with a colleague called xxx – a group thing together - it didn't matter whether or not they figured it out. Now, I know I'm not huge with gestures and stuff like that that might give it away or whatever but it was from then on I started to feel more confident working with straight men. What that says about me yet I'm still probably thinking about processing it slightly somehow	**Otherness** **Internalised homophobia** **-Minority stressors** **-Unavoidable 'self' in the room – Unintentional self-disclosure**	This echoes the impact of training when he is given a forum **Through working with straight vulnerable men it empowered him within his otherness** **-Shapes and sizes of the men- not just little 'weak gay' him** **-He ran the group so in the group dynamic he was all knowing – sense of power, strength, confidence-** **Power shift – Gay man > Heterosexual man**
	But there is that difference; you will always wonder what if he or she (for me it was always men – I would have been intimidated by male bosses when I was hiding my sexuality and stuff) – what if they cop on I'm gay and they're not comfortable with that, you know.	Internalised homophobia	**Strong men intimidate him, especially around his sexuality- his father? This ties into the first claim that working with vulnerable men empowered him**
Alex (002)	*Can you recall a time where your sexual orientation challenged you in the therapeutic setting?* Yeah, so it was only like three clients in and I felt like a little girl, I felt weak, I felt unable to, because, probably like you named earlier, that internalised homophobia, the shame of actually being who I am and not feeling that I need to put myself into an inferior position as he's bigger and stronger and more masculine – do you know what I mean? He didn't last; he only	Otherness -External homophobia -Internalized homophobia -Other ways of knowing **Therapist self-disclosure as**	**When faced with someone bigger, stronger and more masculine he is reduced to an inferior position- that of a little girl compared to this man – possible due to his own internalised homophobia – shame of being who I am** **For him it was about coming face to face with the vulnerable part of himself in**

	stayed for three sessions. He tore me to shreds and (laugh) headed off. (both laugh) I1: That's maybe what he needed to do. P2: Yeah (both laugh). I' sure I gave him, I'm sure he had a valuable experience from it (laugh). But he did, yeah, you know. But it was an important thing, an important part of the learning thing for me, you know, to come in contact with that really vulnerable part of myself in that space. Cos he tore me to shreds; he even started talking about what I'm wearing, you know like, and I didn't know how to work with that.	**a counter-transference defence**	**order to deal with it/work with it** **Sense of power the 'little girl' held within this dynamic** **Faced with his own internalised homophobia and was torn to shreds by it – also a sexual element to all this – reduced to a little girl by this big masculine man- power dynamic around both their own sexuality**

Appendix C

Consent Form

INFORMATION FORM

My name is Scott Glennon and I am currently undertaking a BA in Counselling and Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with exploring the experience of a gay male therapist. I will be exploring the views of people like yourself, all of whom work as psychotherapists.

What is Involved?

If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than 45 minutes - 1 hour to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Anonymity

All information obtained from you during the research will be anonymous. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. All data stored will be de-identified. Audio recordings and transcripts will be made of the interview will be coded by number and kept in a secure location. Your participation in this research is voluntary.

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) _____

Signature_____

Date / /