

Out of the closet, into the room

Self-disclosure and involuntary revelation of sexual orientation for
gay male psychotherapists in contemporary Ireland

by

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Submitted in partial fulfilment of the requirements of the
Higher Diploma in Counselling & Psychotherapy,
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May 2025

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Abstract

This dissertation examines self-disclosure and involuntary revelation of sexual orientation of cisgender gay male psychotherapists in the operating environment of contemporary Ireland. Against the backdrop of Ireland's evolving LGBTQI+ sociocultural and political landscape, the research explores the unique challenges these therapists face in navigating personal authenticity and professional boundaries. The study investigates how therapists manage their sexual identity in and out of therapeutic contexts, considering both deliberate self-disclosure decisions and circumstances of involuntary revelation. Particular attention is given to the implications of Ireland's LGBTQI+ community structure, use of digital spaces, and expression of identity. The research considers how various therapeutic modalities approach self-disclosure, examines the role of transference/countertransference, and investigates disclosure/nondisclosure as interventions. Findings suggest tensions between traditional therapeutic non-disclosure principles, and both contemporary understandings of cultural influence on the therapeutic alliance and opportunities to judiciously adopt self-disclosure.

Acknowledgements

I would like to express my sincere gratitude to my academic supervisor, Estefanía García-Moratilla, for her insights, guidance and encouragement in the preparation of this dissertation.

To Rachel Forrester, who facilitated stimulating in-class discussions that stirred my interest in investigating this area.

To Scott Glennon, who has provided a safe, consistent, empathic, and authentic space that has been conducive to my growth and self-exploration, prior to and throughout my current academic pursuit.

To my partner and my family, thank you for your love, support and understanding over the past two years.

Abbreviations

CGM	cisgender gay male
LGBTQI+	lesbian, gay, bisexual, transgender, queer, intersex, and other non-heteronormative identities
TSD	therapist self-disclosure
TSDO	therapist self-disclosure of sexual orientation

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Introduction

Therapist self-disclosure (TSD) has long been a contentious topic in psychotherapy, with traditional modalities often advising against it. Freud wrote (Freud, 1912, p. 331), “The physician should be impenetrable to the patient, and like a mirror, reflect nothing but what is shown to him” expressing a fear that TSD would impact on the process by impeding the client’s fantasy and transference due to the insertion of the therapist’s self into the dynamic (Tanner, 2017, pp. 8–9). As new psychoanalytic, humanistic and psychodynamic approaches emerged throughout the twentieth century, foundational principles were challenged, including the use of the therapist’s self in a more active role in the dynamic. Some modalities have adopted a cautious permissiveness of TSD (Dunn, 2022, p. 4) but much remains to be explored in the realm of effectively employing it in the therapeutic space (Dixon et al., 2001, p. 1490).

The question of the disclosure of the therapist’s sexual orientation (TSDO) carries additional complexities; a historical backdrop of oppression and discrimination of non-traditional sexual identities, the concealable nature of one’s sexuality, and an individual’s prior experiences of coming out are some factors that further complicate this category of TSD (Danzer, 2019, p. 71; Moore & Jenkins, 2012, p. 313). Furthermore, non-disclosure also warrants consideration, as this may take a psychological toll on the therapist and impact the sense of trust or ways in which therapist and client relate and communicate (Danzer, 2019, p. 71).

Ireland was the first country that introduced Marriage Equality by popular vote (Tiernan, 2020, p. xxi), elevating the conversation around LGBTQI+ rights into mainstream society. For those LGBTQI+ individuals who sought to advocate for their rights, coming out to their

family, friends and community and engaging in door-to-door canvassing of voters (Elkink et al., 2017, p. 9) were important steps in humanising their cause, helping those around them to consider the personal impact of the situation and engaging with people outside of the LGBTQI+ community (Ryan, 2015, pp. 16–17). Since then, LGBTQI+ people have woven themselves into the fabric of mainstream Irish society with increased acceptance, up to the highest levels of politics (Tiernan, 2020, p. xxv). Recent surveying suggests (Higgins et al., 2024, pp. 29–30) that the cisgender gay male (CGM) sub-population is the largest within the Irish LGBTQI+ community. With this context, CGM psychotherapists working in Ireland currently, who participate or have participated in public or private aspects of LGBTQI+ life, operate in a space where the possibility of having revealed their sexuality to existing or potential clients is increasingly likely; one cannot put the toothpaste back in the tube, so to speak.

Expecting the CGM therapist to withhold or conceal their sexuality from clients, by prohibiting voluntary self-disclosure inside the therapy room or restricting expression and activity outside of the therapy room, may impact on both the therapist at a personal level and on the dynamic with their clients. Conversely, permitting self-disclosure may also alter the therapeutic alliance. Thus, this research aims to explore the operating environment for CGM psychotherapists working in contemporary Ireland, to understand the implications of TSDO and examine what factors contribute to involuntary revelation.

Chapter 1: Outness in context

Prior to exploring these concepts, it is important to establish an understanding of some of the key terminology.

1.1 What is outness?

Outness refers to the degree to which LGBTQI+ individuals disclose and express their sexuality or gender identity to others (Chang et al., 2021, p. 608). Outness can manifest in explicit forms, such as verbal disclosure, and implicit forms, such as authentic self-presentation, mannerisms, or other behaviours, where one's orientation or identity may be communicated through socially and culturally mediated assumptions (Rule & Alaei, 2016, p. 444). Being out is frequently considered a cornerstone of healthy integration and acceptance of LGBTQI+ identity (Lewis et al., 2001, p. 80, 2003, p. 718) with one Irish survey respondent likening it to “a release from having previously lived a suppressed or restrained existence” (Higgins et al., 2024, p. 47). Outness is an aspect of being in the world that is a multidimensional, dynamic, life-long process, and an often daily consideration for LGBTQI+ people (Ali, 2017, p. 7; Legate et al., 2012, p. 146), but which is disanalogous in the lived experience of heterosexuals (Bradford et al., 1994, pp. 228–229).

Situational outness refers to the idea that LGBTQI+ people make the choice to share, or withhold, their gender or sexual identity based on the context of the situation and their relationship with the people who occupy that context (Knoble & Linville, 2012, p. 333). With an understanding of therapist authenticity as “the matching of one's inner thoughts, beliefs, and feelings with one's outer presentation and behaviours” (Burks & Robbins, 2012, p. 75)

and of therapeutic presence involving “bringing one’s whole self into the encounter with the client” (Geller & Greenberg, 2002, p. 82), outness holds particular relevance for the CGM psychotherapist as it is an aspect of their lived experience which permeates all their interpersonal engagements and will inevitably find its way into the therapy room.

1.2 What is involuntary revelation?

I wonder and worry and obsess over what was it about me, what was it they saw in me? What was it that gave me away? And I hate myself for wondering that. It feels oppressive and the next time I'm at a pedestrian crossing I check myself to see what is it about me that "gives the gay away" and I check myself to make sure I'm not doing it this time.

- Rory O’Neill, *Panti's Noble Call* at the Abbey Theatre (2014)

Involuntary revelation of one’s sexuality, or outing, involves circumstances where one’s sexual orientation is revealed through an action, or implicit context clues, where coming out was not an intentional act but a by-product of the situation (Drescher & Fadus, 2020, p. 264; Shill, 2004, p. 178). Implicit associations plays a role in how individuals perceive and express sexual orientation, with speech and acoustics, adornment, actions, or appearance, often interpreted as culturally-mediated cues (Rule & Alaei, 2016, pp. 444–445), situating outness as a presence in the psychotherapeutic context that may precede any explicit TSDO.

1.3 Understanding outness

The documentary *Do I sound gay?* (Thorpe, 2014) examines vocal characteristics commonly associated with CGMs (26:50) and notes that, driven by early fears of persecution, many become self-conscious about involuntary revelation, leading to self-policing of potentially revelatory cues (17:50). For the CGM psychotherapist, this type of behaviour juxtaposes with a Rogerian understanding of therapist congruence should it be carried into the therapy room (Rogers, 1961, p. 61).

Misogyny is also presented as a driver of animosity towards stereotypically gay-behaving men from other gay men (Thorpe, 2014, 46:29), complementing research findings that ground this in self-stigma and heteronormativity (Anselmi et al., 2013, p. 5). Anselmi et al.'s study also notes an alternative response of ingroup preference, motivated by an expectation of greater self-esteem in community. This diversity of responses to being confronted with the other's sexuality highlight the complexity of TSOD and themes of bias and stereotyping that may pervade one's relationship with outness warrant the therapist's self-reflection. Accounts from the Irish LGBTQI+ community highlight a shortage of psychotherapeutic services offering affirmative, knowledgeable, and culturally appropriate care, as well as fears of being pathologized by providers (Moroney & Jay, 2025, pp. 88–91), which TSDO may help to alleviate by reassuring the client of ingroup safety.

As a product of one's ever-evolving relationship with and understanding of their self, as well as the shifting dynamics of their environment and culture, the LGBTQI+ individual's relationship with outness is not typically static but constantly adapting and shifting, with

increased self-acceptance, pride and identity synthesis seen as a catalyst to increased disclosure of sexuality to others (Camp et al., 2020, p. 2354; Cass, 1979, pp. 221–235).

1.4 Outness in Ireland

The trajectory of LGBTQI+ rights in Ireland reflects a rapid societal transformation, from illegality and marginalisation to equality and growing cultural acceptance. Until 1993, male homosexuality was criminalised, with LGBTQI+ individuals facing widespread stigma under conservative Catholic norms (Tiernan, 2020, p. 3). The enactment of discrimination protections (Employment Equality Act, 1998; Equal Status Act, 2000) and the introduction of civil partnerships in 2010 marked progress but fell short of full equality (Tiernan, 2020, p. 64). A watershed moment came in 2015, when the marriage equality referendum passed with overwhelming public support (O’Caollaí & Hilliard, 2015), signalling a cultural shift toward greater inclusivity. However, Odets’ argues that sociopolitical progress alone cannot repair internalised stigma:

Much of the push for marriage equality has been motivated by the desire to overcome hopelessness about gay relationships, as well as the self-doubt that drives much of the hopelessness. But self-doubt is an internal problem and will never be fully resolved by political victories, or the external approval that such victories hope to realize.

- (2019, p. 225)

In spite of improved media representation and more accepting public attitudes since 2015 (I. Smith, 2021) lived experiences reveal uneven progress and gaps in societal acceptance, with

challenges including mental health disparities between LGBTQI+ and heterosexual populations (Dooley et al., 2019, p. 87), rising anti-LGBTQI+ hate crimes (An Garda Síochána, 2024; Browne & Hennessy, 2024, pp. 123–142) and rural isolation (Ó hUllacháin et al., 2016, pp. 2, 4) persisting.

The *Being LGBTQI+ in Ireland* report (Higgins et al., 2024) provides recent and relevant data pertaining to the contemporary LGBTQI+ experience in Ireland. *The LGBTIreland Report* (Higgins et al., 2016) was the first comprehensive report on the mental health of the community which means there is a lack of reliable comparative data predating the marriage equality vote. Comparing the data from these reports, increases can be seen in the respondents' openness about their LGBTQI+ identity to nearly all of the social groups the study asked them about (2016, p. 60, 2024, p. 34). Of particular relevance to this study are the increases in outness among people within the local community and work colleagues.

Additionally, the 2024 report measured participants' connection or sense of belonging to the LGBTQI+ community and the CGM cohort had the most affirmative response (73.7%) to the statement "I feel my identity is visible in the LGBTQI+ communities" (Higgins et al., 2024, p. 45). This has significance for CGM therapists who serve LGBTQI+ clients as this dominant culture of visibility in their community conflicts with principles of non-disclosure.

Chapter 2: Outness outside the therapy room

2.1 Operating environment outside the therapy room

Geographic dispersal and the smaller scale of LGBTQI+ communities in Ireland, especially in non-metropolitan areas (Ó hUltacháin et al., 2016, pp. 2, 4), necessitate careful attention to therapist-client boundary management for CGM psychotherapists due to the elevated potential for extra-therapeutic contact with clients within shared community settings, both offline and online.

2.1.1 Community events and spaces

Research highlights that finding LGBTQI+ community significantly facilitates self-acceptance and integration (Cass, 1979, p. 232), however, Butler (2010, p. 112) suggests that threat of entanglement of the personal life and the professional credibility of the LGBTQI+ therapist that these spaces represent may create a pressure to always be on their “best behaviour” or withdrawal from community engagement.

The number of permanent LGBTQI+ spaces in Ireland has declined in recent years (Schmitz, 2025), in line with global trends (Kerlin, 2023), with some positing that greater social integration and the proliferation of social media/online dating have negated the need for queer-only spaces (O’Flynn, 2015). This shift in social behaviour presents new challenges for the contemporary CGM psychotherapist as therapist-client boundary management best practices are tested by novel technologies.

2.1.2 Social media and online dating

Social media platforms and online dating services represent important resources for the Irish LGBTQI+ community (Higgins et al., 2024, p. 129), particularly in response to the decline of physical LGBTQI+ spaces and the issue of rural isolation. The lack of queer spaces when contrasted against other European locales (Schmitz, 2025) underscores how digital spaces can compensate for regional inequities in accessing LGBTQI+ community in Ireland. In the UK, the British Association for Counselling and Psychotherapy issued guidance (BACP, 2021) to its members regarding the ethical use of social media, but similar guidance has not been provided by any of the psychotherapeutic bodies in Ireland.

A recent study (O’Neil, 2020, pp. 34, 36) found that nearly 70% of the American mental health professionals and graduate students surveyed use online dating services, but only 15% have received guidance with respect to the ethical implications of such use. O’Neil (2020, p. 34) highlights that physical spaces can be assessed for potential witnesses to one’s actions or behaviours, which are ephemeral in nature, while online spaces are a public forum where information may be accessible anonymously by a wide audience, which could include a therapist’s former, current, and potential clients.

Mollitt (2021) points out the gaps in the BACP’s social media guidance with respect to dating apps, in particular those oriented towards gay men which use GPS location data or facilitate casual sexual encounters. Guidance to “keep your professional and personal life as separate as possible” and “maintain appropriate boundaries with clients” (BACP, 2021) can be applied to traditional forms of social media with relative ease by tailoring privacy settings and restricting the audience of such accounts to known, personal acquaintances, but the inherent

nature of dating apps is to form connections with people outside of those circles, and sharing personal information and photographs is encouraged to attract interest and engagement (O'Neil, 2020, p. 35) making online dating a fertile ground for involuntary revelation of information beyond just sexual orientation. A lack of ethical guidance and generational gaps between supervisors and trainees means that psychotherapists engaged in online dating are left to navigate these complex issues independently, creating risks for both practitioners and clients (Abrams, 2020).

Revelation of information about the therapist is not the only potential implication of engagement in this space; discovering information about a client that may not have been disclosed to the therapist is also possible (O'Neil, 2020, p. 35). Such discoveries could also affect the therapist's objectivity and perception of their client and trying to address this with them could damage the therapeutic alliance.

2.2 Navigating personal and professional boundaries

Molitt (2021) explores the opportunity for the therapist to define clear boundaries with the client at the initial contracting stage, outlining officially agreed channels of communication and protocol for encounters outside the therapy room, both in-person and digitally, while still welcoming the client to discuss thoughts and feelings about such encounters, should they arise, in a future session. This approach does not necessitate explicit TSDO at this point, contrary to what Butler (2010, p. 112) suggests, as the protocol can be defined without articulating specific contexts which may carry explicit or implicit associations.

Chapter 3: Outness inside the therapy room

3.1 TSD in therapeutic modalities over time

In the literature debating the ethics of TSD, proponents suggest it can humanise the therapist, foster client rapport, and permit a level of therapeutic genuineness potentially conducive to forming a strong working relationship (Danzer, 2019, p. 9) while opponents argue that it could change the therapeutic dynamic or produce a dual relationship (Taylor et al., 2010, p. 154), cross professional boundaries (Audet, 2011, p. 88), or increase transference/countertransference-related issues (Knox & Hill, 2003, pp. 530–531).

The classical Freudian approach to therapeutic interaction placed therapist neutrality, abstinence and anonymity as pillars of psychoanalytical technique (Tubert-Oklander, 2013, pp. 38–45, 46–48). The intention was to work with the patient’s transference neurosis in order to transform the repetitions of early fixations into memories (Jacoby, 1984, p. 17). This position held that if analysts revealed their fundamental personal selves “the known could never be Unknown”, damaging the therapeutic relationship and reducing treatment effectiveness (Tanner, 2017, p. 9) and viewed countertransference as a hindrance to treatment that should be eliminated through self-analysis (Freud, 1910, pp. 144–145, 1912, p. 327). Despite formulating this doctrine, Freud is known to have engaged in TSD, discussing personal details with patients and documenting details of his life in writings (Goldstein, 1994, p. 417). His prudent use of TSD represents a tacit acknowledgement of the opportunity to employ it as a therapeutic intervention on a case-by-case basis (Rachman, 1998, p. 263).

Building on Jung's call to embrace greater therapeutic authenticity and his more forgiving position on the analyst's potential affect for their patient (Jacoby, 1984, p. 37), Ferenczi further challenged the paradigm of complete therapist anonymity, pioneering the use of TSD as intervention (Rachman, 1998, p. 263). He also suggested that clients who had experienced abuse often developed an acute perceptiveness to others' internal states, making therapist non-disclosure both difficult and potentially harmful (Lane & Hull, 1990, p. 34; Tanner, 2017, p. 9). Ferenczi believed that TSD could provide reparative emotional experiences in instances of complex trauma (Gaztambide, 2012, p. 152), emphasising the importance of redressing power asymmetry and arguing that maintaining emotional distance could re-enact original childhood traumas. With familial and societal rejection among the most common stressors reported in the Irish LGBTQ+ community (Higgins et al., 2024, p. 70), Ferenczi's perspective offers an empathic approach to how TSDO may benefit this specific population.

Ferenczi's attention to the risks of re-traumatisation through cold, distant re-enactment (Tanner, 2017, p. 9), an approach which may mirror the environment of a conservative, heteronormative upbringing, lends support to positive outcomes of TSDO as intervention in cases of LGBTQI+ clients who carry trauma associated with their minority status, through reassurance of the queer-affirming position of the therapist. This in turn addresses a common anxiety of LGBTQI+ individuals accessing mental health support in Ireland (Moroney & Jay, 2025, p. 88).

Traditionally, psychodynamic therapists were expected to minimise TSD to avoid interference with transference dynamics (Knox et al., 1997, p. 274), but Danzer (2019, p. 17) points to a more progressive pivot in modern psychodynamic approaches, with Adamczyk (2023) observing that a contemporary psychodynamic perspective views the lack of TSDO to

LGBTQI+ clients as indicative of the therapist's internalised homophobia and colluding with the client's shame.

Humanistic psychotherapy, particularly Carl Rogers' person-centred therapy, is commonly associated with principles of therapist authenticity, genuineness, and congruence (Adamczyk, 2023), however, analysis of Rogers' therapeutic work indicates that he seldom employed TSD with clients, occurring much less frequently than the general literature would suggest (D. M. Myers, 2020, p. 119). Jourard advanced theory that therapist self-disclosure promotes greater client openness and authenticity and in line with his perspective, client-centred, humanistic, and existential modalities have grown more permissive of TSD as intervention (Danzer, 2019, p. 16). According to some interpretations, humanistic practitioners view TSD as necessary to make the therapeutic process less mysterious, address client-therapist power imbalance, enact Rogers' aforementioned principles (Tanner, 2017, p. 10), and enable the client to use the therapist as a role model (Lane & Hull, 1990, p. 43).

3.2 Understanding TSDO

Just as various modalities approach TSD differently, different types of disclosure require specific consideration in how they are understood and handled. The fundamental connection of sexuality to personal identity (Cass, 1979, pp. 221–222) makes decisions about disclosure particularly complex and psychologically significant for both therapist and client.

To understand how transference and countertransference interact with TSDO first requires examining how different types of identity information function in the therapeutic relationship. Smith & Tang (2006, pp. 297–299) outline a taxonomy of social identities that contextualise

sexual orientation within broader identity categories. This taxonomy distinguishes between identities that are innate and visible (such as race or gender), innate but invisible (such as sexual orientation), and acquired or achieved (such as marital status). This framework posits that TSDO occupies a unique position in TSD decisions as it involves a core aspect of identity that remains invisible unless actively disclosed, however, several studies have demonstrated accuracy in the identification of sexual orientation through a type of automatic processing of interpersonal differences (Nicholas, 2004, pp. 72–82; Rule et al., 2009, pp. 1249–1250; Rule & Ambady, 2008, pp. 1104–1105) which suggests that client assumptions may already be present prior to any explicit TSDO. Unlike other invisible identities, sexual orientation sits closer to the boundaries of its category due to the social and cultural ways in which it is perceived and communicated.

A therapist's stance with respect to TSDO may not be held consistently across all clients with the decision to disclose or not determined by an assessment of the individual circumstances and the potential ramifications (Kahn, 1997, p. 150). Some studies have demonstrated (Liljestrand et al., 1978; Rochlin, 1982, p. 26; Satterly, 2006, p. 241) that when clients and therapists share a sexual orientation, it can significantly improve the therapeutic alliance, with measured improvements in empathic understanding, positive regard, genuineness, spontaneity, confidence, intensity, openness, flexibility, and commitment. However, Butler (2010, p. 112) suggests that LGBTQI+ dyads present unique issues, citing higher client expectations of being understood by, and sharing fears, anxieties, and concerns with the therapist.

3.2.1 TSDO and transference

Kahn (1997, pp. 159–160) mentions the formation of the client’s unconscious principles with early caregivers as the lens through which they view their therapist. Gabbard (2014, p. 19) further distinguishes between the repetitive dimension (expectation and fear that the therapist will behave like parental figures) and the selfobject dimension (the client's longing for a novel, healing experience to compensate for developmental deficits) in the client’s transference.

In CGM dyads, awareness of the therapist’s sexual orientation may impact on opportunities to explore specific organising principles as it may alter what they project on or fantasise about the therapist. When viewed through Cass’s stages of homosexual identity formation (1979, pp. 221–235), the specific stage that a CGM client is at in coming to terms with their own identity correlates to varying ingroup and outgroup sentiments. This underscores the importance of the therapist evaluating the client impact of any TSDO intervention and placing the client’s needs first.

3.2.2 TSDO and countertransference

It is in the context of countertransference reactions that the analyst's participation in the analysis most parallels the patient's.

- Kantrowitz (1997, p. 132)

Some instances of TSD are considered to be motivated by poorly managed countertransference. Myers & Hayes (2006, p. 175) suggest that the potential for negative

impact from disclosing countertransference material is mediated through the strength of the therapeutic relationship and such disclosures could be used to repair a ruptured alliance or model vulnerability and authenticity, but Gelso & Hayes (2007, p. 63) reiterate the importance of adopting this on a case-by-case basis, always evaluating the potential client impact prior to doing so. Shill (2004, p. 158) advocates for the therapists' internalisation of adherence to neutrality and abstinence as superego values that provide the holding or containing function to avoid any contaminating countertransference reactions, however, the therapist impact of this with respect to TSDO warrants investigation. Studies indicate that concealment of sexual orientation is associated with increased cognitive preoccupation, psychological burden, and feelings of shame, guilt, dishonesty, treachery and loneliness (Huang & Chan, 2022, pp. 631–632; Jeffery & Tweed, 2015, p. 46). Mohr and Fassinger (2003, pp. 491–493) also connect reverting to identity concealment behaviours after coming out to a sense of threat to achieved attachment security. Managing this cognitive load and psychological effort can contribute to chronic stress (Compare et al., 2014, p. 5), depleting emotional regulation resources and potentially impacting the CGM psychotherapists' ability to offer authentic therapeutic presence.

This state of dysregulation increases the therapist's vulnerability to experiencing countertransference reactions, particularly when clients touch upon sensitive areas related to identity, stigma, or authenticity (Gelso & Hayes, 2007, p. 141) and unmanaged countertransference, potentially manifesting as avoidance, overtly positive or negative reactions, or over-identification (Gelso & Hayes, 2007, pp. 37, 99, 119), can negatively impact the therapeutic alliance and process. Thus, rigid adherence to non-disclosure expectations for the CGM psychotherapist may represent a situational irony where decreased therapist well-being, emotional dysregulation, and heightened countertransference

susceptibility are an unintended outcome of endeavouring to prevent countertransference contamination.

Role-modelling may be a motivating factor for an individual to be out in their personal life (Knoble & Linville, 2012, p. 334) but bringing this into the therapy room should be examined under the lens of countertransference. The selfobject dimension of the client's transference may exert additional pressure in CGM dyads as Rochlin (1982, p. 23) notes that the gay identity carries a distinct pain when contrasted with other oppressed groups, due to the difference and alienation felt in the heteronormative family of origin. The therapist, perhaps unconsciously struggling with the client's sense of isolation or marginalisation, may position themselves as the "successful gay person," thereby assuming a saviour role. This dynamic warrants scrutiny, as it may reflect the therapist's unresolved need to demonstrate positive identity integration or repair their own past wounds.

Baumann et al. (2020, p. 247) note that LGBTQI+ clinicians often use supervision to explore personal identification, identity development, and if/how to disclose, but Moroney & Jay (2025, pp. 100–102) highlight the current inadequacies in supervision and training in Ireland regarding LGBTQI+ cultural competency. Left unexamined, TSDO may disrupt therapeutic dynamics by shifting focus from the client's experience to the therapist's narrative (Gelso & Hayes, 2007, p. 123), potentially creating an unintended power imbalance that undermines the therapeutic alliance and reinforces the client's experience of otherness.

Some studies have explored the idea of 'dual healing' that can take place in both client and therapist through TSD (Marais & McBeath, 2021, pp. 82–83). Acknowledging the mutual influence of client and therapist in the therapeutic dyad, TSDO may strengthen the client's

belief in their ability to self-heal and vice versa. Viewed through the lens of contemporary Ireland, the notion of the CGM therapist as wounded healer (Jung, 1951, p. 116) holds significance in light of how recently LGBTQI+ sociopolitical progress has been made in the country (Tiernan, 2020, pp. xvii–xx) and the psychological toll of the norms that many CGM therapists would have grown up in, but it is important for the therapist to prioritise the client’s needs ahead of any positive personal outcome of TSDO.

3.2.3 TSDO and nondisclosure as interventions

Disclosure as an intervention is described as having a clear purpose related to the therapeutic process, being used infrequently, offering the client a somewhat unique opportunity to look into him or herself, and shifting the therapeutic process without causing role reversal.

- Danzer (2019, p. 43)

Hanson (2005, pp. 100–101) suggests that the skill of using TSD as an intervention involves anticipating how it will be experienced by the client, disclosing within the context of the client’s material, being brief with few details, and being appropriately timed. Kahn (1997, p. 149) attests to holding a conservative position with respect to TSDO, arguing that it may compromise the client’s opportunity to explore their fantasies, hopes and fears about the therapist and the client’s relationship with their own sexuality, citing an instance of an inquisitive client who ultimately appreciated what Kahn’s refusal to disclose allowed him to explore. Farber (2006, p. 173), however, argues that nondisclosure can be counterproductive for the CGM client, especially those struggling with coming out, as the therapist’s refusal to acknowledge their sexual identity may be perceived as discouraging the client’s own

disclosure, compounding feelings of shame about his sexuality and other areas of his life. He also highlights (2006, p. 174) how nondisclosure coupled with an instance of involuntary revelation may be interpreted by the client as concealment driven by the therapist's shame about their sexuality, which could make discussion of such content feel taboo.

Farber (2006, p. 173) also suggests that the client may not feel understood or have fears that the therapist holds homophobic attitudes if they assume the therapist's heterosexuality, and that nondisclosure may be experienced as a failure to acknowledge the impact of cultural biases on the client. He cites Cerbone (1991, pp. 66–67) who challenges training and practice that emphasises principles of therapeutic neutrality and encourages intrapsychic processes, but ignores the social context of a prevailing homophobic culture. As previously discussed, the LGBTQI+'s individual experience of contemporary Irish society is still marked by inequality and challenges (Higgins et al., 2024, p. 15) and heteronormative attitudes are perpetuated in mental health care (Moroney & Jay, 2025, p. 107) which suggest that the current experience of psychotherapy in Ireland warrants examination under Cerbone's lens.

Discussion

This research investigated the process and implications of self-disclosure and involuntary revelation of sexual orientation among CGM psychotherapists in contemporary Ireland.

Drawing from theoretical literature, published research, and contextual factors, this study examined how CGM psychotherapists navigate the complex intersection of personal identity, professional practice, and sociocultural environment.

The historical evolution of psychotherapeutic perspectives on TSD parallels LGBTQI+ sociopolitical progress in Ireland, albeit over significantly different timelines. While both began from heteronormative and patriarchal foundations that prioritised concealment, whether through Ireland's marginalisation of LGBTQI+ identities or classical psychoanalytic norms of therapist opacity to preserve transference, Ireland's cultural and legal acceptance of LGBTQI+ individuals accelerated rapidly post-2015, whereas psychotherapeutic practices have evolved more gradually. In spite of shifts in both arenas, it can neither be argued that psychotherapy has fully accepted TSD nor that Ireland has fully integrated its LGBTQI+ population.

For CGM therapists, outness represents an ongoing, multidimensional process fundamentally different from heterosexual colleagues' experience, affecting all interpersonal relationships inside and outside the therapy room. Prior to any TSD, outness exists as a presence in the therapeutic dynamic and is filtered through cultural perceptions, beliefs and stereotypes. Within contemporary Irish LGBTQI+ populations, CGM individuals reported the highest sense of visibility in the community, demonstrating the influences on the CGM therapist from ingroup norms, alongside professional expectations and wider societal norms.

The Irish operating environment presents unique structural challenges. Rural isolation, declining permanent queer spaces, and subsequent reliance on digital platforms substantially increase the likelihood of involuntary revelation. The absence of specific ethical guidance from Irish professional bodies regarding social media and dating apps and gaps in LGBTQI+ culturally-sensitive supervision (Moroney & Jay, 2025, p. 101) leave CGM psychotherapists without clear protocols for navigating boundary management in contemporary Irish LGBTQI+ spaces.

The question of TSDO exists within these several layers of influence, from individual identity integration to interpersonal dynamics to wider sociocultural context. Analysis demonstrates various modalities have evolved in their approach to TSD, from classical Freudian prohibitions to recognition of therapeutic potential in judicious self-disclosure. The TSD decision framework must balance multiple therapeutic considerations: transference implications, countertransference management, intervention potential, and therapist well-being. However, a consistent theme emerged across the contemporary literature urging for disclosure decisions to be approached judiciously, with careful consideration of the client's needs, therapeutic context, potential risks, and benefits. Notably, for CGM therapists, rigid non-disclosure may paradoxically increase countertransference susceptibility, risking dysregulation and disruption to the therapeutic alliance.

The findings underscore that no one-size-fits-all approach exists, advocating instead for a flexible, client-centred framework grounded in ethical reflection and cultural sensitivity. This research's strength lies in its synthesis of the operating environment of CGM and Irish contexts with psychotherapeutic theory and doctrine. However, limitations include the exclusion of therapeutic modalities practiced in contemporary Ireland beyond psychoanalytic,

psychodynamic, and humanistic perspectives, which may have provided a more holistic understanding of the contemporary operating environment.

Areas of further research

Acknowledging the vast array of gender and sexual identities, the choice to focus this study specifically on CGM therapists was motivated by the challenge of representing the diversity of experiences and unique circumstances of the various gender and sexual identities. Beyond examining TSD for each distinct identity the therapist can inhabit, the genders and sexualities of their clients present a vast combination of dyadic pairings that could be studied at a granular level to understand the unique factors at play in the variety of therapist/client gender/sexuality combinations.

Creating psychotherapeutic training that elucidates the nuances of TSDO and involuntary revelation, and the concept of self-disclosure as an intervention, would benefit LGBTQI+ psychotherapists and their clients. Recent statistics regarding the mental health of the Irish LGBTQI+ population highlight the ongoing need for psychotherapists to be well-equipped to support this population.

Finally, the development and publication of guidelines from Irish psychotherapeutic professional bodies regarding personal online behaviour would provide a safer and more boundaried experience for both therapist and client in relation to a common aspect of contemporary life.

Conclusion

This research has demonstrated that self-disclosure and involuntary revelation of sexual orientation among cisgender gay male psychotherapists in contemporary Ireland are shaped by a complex interplay of personal, interpersonal, professional, and societal factors. The findings highlight the therapeutic potential of context-sensitive self-disclosure in fostering authenticity and client trust, while also underscoring the risks associated with concealment and involuntary revelation, particularly in small communities and digital environments. The study underscores the importance of ongoing professional development, ethical reflection, and institutional support to navigate these challenges, and calls for further research to deepen understanding of the diverse experiences and needs of LGBTQI+ practitioners within the field of psychotherapy in contemporary Ireland.

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