Applying Person-Centered Counseling to Sexual Minority Adolescents

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Drawing attention to the very unique and complex needs of stigmatized sexual minority youth, the authors explore the therapeutic potential of person-centered counseling in helping lesbian, gay, bisexual, transgender/sexual (LGBT) adolescents who are working toward the acceptance and disclosure of their sexual identity. They suggest that person-centered counseling embodies 6 aspects that are particularly helpful to LGBT adolescent clients and propose 3 additional methods that compensate for the limitations of the person-centered approach in this particular helping context.

Adolescents who are stigmatized as sexual minorities possess very unique and complex needs that must be considered in the dynamics of counseling. This particular population includes lesbian, gay, bisexual, and transgender/sexual (LGBT) adolescents who are questioning and struggling to accept their sexual identity. (To clarify, in relation to transgender/sexual persons, this discussion remains focused on sexual identity, and, as such, further research regarding the unique needs of gender identity is also merited for those particular persons.) As we examine in this article, these adolescents often experience prolonged periods of distress, anxiety, fear, and isolation that are distinctly related to inhibiting factors in both sexual identity development and acceptance as a result of being socialized in hostile and homophobic environments.

In this article, we explore the therapeutic qualities of Carl Rogers's (1987) person-centered therapy as these are applied in working with LGBT adolescents. We argue that the person-centered counseling approach seems to have the potential to create the necessary conditions that counteract stigmatization, allowing adolescents who are associated with a stigmatized sexual minority group to cope with their sexual identity in a manner that is more constructive for them.

With such a goal in mind, in the present article, we specifically look at both the strengths and the limitations of using person-centered counseling in this particular helping context. First, we briefly consider the sexual identity development of the LGBT populations and why the person-centered principle pertains to this identity development. Second, we argue that person-centered counseling embodies six aspects that are particularly helpful to LGBT adolescent clients, as they begin to engage in dialogue and exploration, leading to sexual identity disclosure in a safe and empathic environment characterized by unconditional positive regard.

Third, we suggest that to overcome possible limitations of the person-centered approach in this helping context, counselors should take into consideration the special needs of this group of clients. To do so, counselors should focus on three interconnected aspects in the helping process, namely, explicit identity validation (reassurance), guided risk assessment regarding possible disclosure, and exposure to positive sexual minority communities and socialization that are appropriate for their age group.

The term *LGBT adolescents* can be a general and inclusive appellation that includes sexual minority youth at different stages of development in dealing with their sexual identity. However, for the purpose of the present discussion, the terms *LGBT adolescents* and *LGBT adolescent clients* are used interchangeably. They both mean specifically the LGBT adolescents who are at the stage of questioning, making sense of, and accepting their sexual orientation.

How LGBT Sexual Identity Development Meets the Person-Centered Approach

To understand the rationale of using the person-centered approach in helping LGBT clients, it may be helpful to understand the sexual identity development of these clients and how the person-centered helping approach may be relevant to this unique identity development. There has been a dearth of empirical research evidence in literature regarding studies of LGBT populations. The emerging literature in this area consists mainly of conceptual positions and theoretical models proposed by scholars.

This literature simplifies and categorizes sexual identity development into distinct, sequential stages that end with an integration of homosexuality into the broader personal identity. Although such stage models are adapted for spe-

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cific populations within the broader LGBT community (Morris, 1997), they are too constrained to explain the complexity and fluidity within the wider LBGT communities (Robboy, 2002). Despite the limitation of the stage models, it is worth noticing the stage model framework. This is because the framework "can help counseling psychologists in their work with lesbian and gay clients because [the stage models] seek to predict, articulate, and normalize common experiences in developing and managing a stigmatized identity" (Horowitz & Newcomb, 2002, p. 3). Although this framework can assist the helping professional in the dynamics of the counseling relationship, it should not be regarded as the only indicator that defines a "healthy" outcome for an individual seeking assistance.

One of the most recognized academics working in the field of sexual orientation identity formation is Cass (1979, 1996). Although her work has been reformulated and discussed in varying contexts over the years, she has developed the following frequently cited stage model that describes the identity development of persons with a homosexual orientation. Stage 1 is defined as *identity confusion.* The person is confused about desire, behavior, and the cultural context in which her or his desire is seen as undesirable or negative. Stage 2 is characterized by *identity comparison*, during which the person attempts to reconcile and cope with feelings of alienation and difference resulting from identity confusion. Stage 3 is accompanied by *identity tolerance*, during which the person seeks to meet the social, sexual, and emotional needs that support developing sexual identity. Stage 4 is marked by *identity acceptance*. At this stage, the persona has gained a clearer perception of the LGBT self, although tenuous feelings still exist. Stage 5 reflects *identity pride*, a period of devaluing heterosexuality and taking pride in one's different sexual orientation. This is a combined sense of pride and anger as a result of living in a heterosexist context. It reinforces the desire to strongly announce one's LGBT identity. Stage 6, the final stage, is characterized by *identity synthesis*, a process of self-actualization and resolve of anger and alienation as an individual is able to integrate his or her different sexual identity into holistic selfhood.

Although this process may describe many LGBT individuals' experience, the social constructionist perspective emphasizes that sexual identity formation has no end point, as it is indicated in the linear stage models. It is argued that LGBT sexual identity development is an ongoing process that changes throughout one's life (Horowitz & Newcomb, 2002). Horowitz and Newcomb identify the problems associated with the essentialist theoretical orientation that stems from the developmental stage models:

> When homosexuality is viewed as an essential, predetermined, and static aspect of the individual, then the choice not to express homosexuality, engage in same-sex relationships and behaviors, or accept homosexuality as an integral part of identity, means rejecting this aspect of self. In the stage models, this rejection signifies a non-legitimate outcome. (p. 6)

Following the social constructionist perspective, Horowitz and Newcomb (2002) supported individuals' right to choose and continued to posit that individuals play an active role in constructing their identity through a continual, recursive interaction between themselves and their environment. Individual variation in development exists because the

> significance of the etiological factors in the development of sexual identity are influenced by the way in which the individual assimilates how these factors are viewed by the wider society in which s/he lives, the way they interact with each other, and the way the individual personally experiences them. (p. 7)

Acknowledging this complexity is essential in attempting to understand the variance in how people self-identify, even though there may be similarities in behaviors between individuals who self-identify differently (Robboy, 2002).

This complexity in each client's sexual identity development calls for a helping approach that can truly respect and understand the LGBT client's inner self and its related psychological needs. The person-centered approach seems to possess the basic and necessary qualities to form such a therapeutic foundation. This is because the philosophical underpinnings of person-centered counseling seem to align with the social constructionist approach to sexual identity formation. The core characteristics of person-centered counseling, namely, congruence, unconditional positive regard, and empathy, seem to form not only a conceptual, but also a practical rationale for helping intervention for LGBT clients. These conditions are particularly relevant for this helping context for several reasons. With a congruence attitude, the counselor is a genuine helper who does not wear a mask in the helping process. The counselor's unconditional positive regard reaches out to the client with a nonjudgmental acceptance; that is, the client is genuinely accepted as a human being with his or her values and identity, regardless of his or her sexual orientation and the identity development stage he or she is in. Furthermore, the communication of empathy allows the counselor to enter the client's phenomenological world, understanding the LGBT identity development from the unique experience and perspectives of each individual client. Combined, these fundamental principles that form the person-centered approach seem to provide a safe, understanding, and facilitative helping environment that is appropriate for LGBT clients. These principles seem especially relevant to LGBT adolescent clients

who are experiencing the challenges of going through the complex and dynamic sexual identity development within various intrapersonal, interpersonal, familial, and other social contexts. In the next section, we expand on this argument, illustrating more specifically the use of the person-centered approach in helping LGBT adolescent clients.

Using the Strengths of the Person-Centered Approach

Carl Rogers's (1987) person-centered counseling seems to hold some promise in addressing the psychological distresses of LGBT adolescents during the stages of sexual orientation disclosure. Again, it should be noted that transgender/sexual clients' concerns at this point are also related to gender identity and not necessarily sexual orientation. Although they may identify as heterosexual, they may have some needs that are similar to the needs of clients who are questioning their sexual orientation because of stigmatization by the society in which they live. The person-centered counseling process can play a facilitative and constructive role in helping LGBT adolescent clients cope with sexual orientation disclosure. There are at least six identifiable strengths of person-centered counseling relevant to this helping context. They are that the counselor (a) shows unconditional positive regard, congruence, and empathy to the LGBT adolescent client; (b) adopts the client's perspective; (c) encourages the client's locus of evaluation; (d) emphasizes the client's notion of self-concept; (e) believes in the client's potential for self-growth; and (f) ensures that the growth process is client-directed.

Unconditional Positive Regard, Congruence, and Empathy

According to Raskin and Rogers (2000), for constructive changes to occur and to allow a client to overcome her or his psychological distresses, the counselor must follow the three basic concepts of person-centered therapy: unconditional positive regard, congruence, and empathy. According to Raskin and Rogers, unconditional positive regard refers to the practice whereby the client is encouraged to disclose any information and the counselor will refrain from making any judgment or altering her or his regard for the client as a result of the nature of the information shared. The second concept, congruence, refers to the correspondence between the thoughts and the behaviors of the counselor, namely, that the counselor remains open and genuine in thought and, consequently, in her or his actions. Third, rather than emphasizing assessment or diagnosis, empathy is the practice whereby the counselor has profound interest in the client's feelings and the process of trying to understand the inner meanings associated with these feelings. These "big-three" concepts are fundamental to person-centered counseling, offering crucial promise for working with LGBT adolescents

during sexual orientation disclosure, because these three humanistic concepts form the very philosophical foundation for the necessary conditions that counteract the stigmatization that this population experiences.

Adolescents who do not identify themselves as heterosexual encounter fear and isolation while socializing in hostile and homophobic environments. This presents several psychological challenges that must be taken into account when these clients approach a service provider (Cabaj & Stein, 1996; D'Augelli, 1996; Garnets & Kimmel, 1993; Gonsiorek, 1988, 1993; Herek & Berrill, 1992; Human Rights Watch, 2001; Sears & Williams, 1997; Sloan & Gustavsson, 1998). LGBT adolescents are at disproportionate risk for suicide and depression (Hartstein, 1996; Hershberger, D'Augelli, & Pilkington, 1997; Lipkin, 1999; Ramefedi, Farrow, & Deisher, 1993; Saulnier, 1998). They are also at very high risk for harassment and violence (Garnets, Herek, & Levy, 1993; Hershberger & D'Augelli, 1995; Klinger & Stein, 1996; Otis & Skinner, 1996) and of turning to substance abuse in their effort to deal with being stigmatized and rejected (Cabaj, 1996; Lipkin, 1999; Rosario, Hunter, & Gwadz, 1997). Furthermore, LGBT adolescents are at very high risk of becoming homeless as a result of familial and peer rejection (Savin-Williams, 1994; Schneider, 1988, 1997).

As discussed by Garnets et al. (1993), heterosexism is an ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community, resulting in two distinct challenges to the psychosocial development of nonheterosexual persons: (a) overcoming internalized homophobia and (b) sexual orientation disclosure. Internalized homophobia is the process whereby most adolescents who are identifying feelings of nonheterosexuality develop negative perceptions of self and sexuality that consequently interfere with the process of identity formation. Depending on the individual, intensity of feelings, and numerous environmental factors, the need to disclose sexual orientation follows. This "coming out" is the process of reclaiming disowned or disvalued parts of the self and of developing an identity into which one's sexuality is holistically integrated.

If LGBT adolescent clients reach this point, it is absolutely fundamental that they are provided with environments that are safe, empathic, and characterized by unconditional positive regard. These clients place themselves in an extremely vulnerable position when beginning a dialogue regarding their sexuality. A negative experience with sexual orientation disclosure can result in feelings of further rejection and stigmatization that will exacerbate the psychological distresses and associated risk-related behaviors mentioned earlier. The three basic and necessary conditions of the person-centered counseling approach foster an understanding and nonjudgmental relationship between the counselor and the client. This relationship offers the critical support that an adolescent client needs when disclosing her or his sexual

orientation. It facilitates a positive and safe communication in several respects. First, the client has the opportunity to be open and honest about sexual orientation and to begin to form relationships that are not based on deceit or barriers. Second, both the client and the counselor openly acknowledge the client's feelings about sexual orientation, initiating a significant turning point in tackling psychological challenges for a majority of the LGBT adolescent clients at this stage. Third, the client's feelings and experiences with stigma management are acknowledged. Fourth, the counselor offers empathy, a significant missing element in the development of an LGBT adolescent who has not disclosed her or his sexual orientation because of self-doubt, confusion, and fear of rejection from others. Fifth, the helping process offers an important sense of hope for the client because of the counselor's congruence and genuineness in the relationship. The counselor becomes a supportive adult role model whose attitude and opinion do not change toward the client because of her or his sexual orientation, and this conveys a significant sense of hope to the adolescent who is going through a critical self-recognition and self-exploration experience.

Adopting the Client's Perspective

Raskin and Rogers (2000) have explained that to achieve genuine understanding, person-centered therapy stresses the importance of adopting the client's perceptual field to gain insight into understanding personality dynamics. That is, a client's behavior is better understood as a reaction to "reality-as-perceived" rather than how the counselor may construct the reality. This practice holds promise for working with LGBT adolescents.

The promise of this practice is related to the fact that disclosure of sexual orientation is a highly individualized process with drastic variation in client perception. Each LGBT adolescent client's behaviors or perceptions of relationships with family, friends, or society can only be assessed within her or his particular context. Such a critical experience can hardly be generalized accurately from the counselors' perspective or from another LGBT client's experience. Rather, the experience must be understood by determining how an individual client processes information cognitively as a result of growing up being stigmatized and internalizing homophobia in her or his environment(s).

For instance, certain clients may experience positive relational dynamics with a parent but may nevertheless feel isolated and distant, despite frequent engagement with that parent. This feeling of isolation is the result of the relationship having developed on levels of deceit regarding sexual orientation. Consider the following example. A parent is very affectionate, loving, and verbally expresses pride in her or his undisclosed LGBT child yet has more than likely made sporadic homophobic comments and made many heterosexist assumptions regarding the child. The child in

this case is likely to internalize homophobia and further repress feelings of sexuality, which as Mallon (1994) has explained, involves a strategy of deception that distorts almost all relationships the adolescent may attempt to develop or maintain. This may lead to further exacerbation of feelings of extreme loneliness, social isolation, and withdrawal for the child. The probable consequence for the client is that she or he may experience anxiety in a therapeutic relationship, questioning whether or not her or his inner voice will be truly heard, respected, and accepted. Thus, it is absolutely essential that counselors working with sexual minority adolescents adopt the perspective of the client. In doing so, the counselor can understand better the client's levels of internalized homophobia and how this particular context is affecting relationships in the client's life.

Emphasizing the Notion of Self-Concept

Raskin and Rogers (2000) have indicated that the success of person-centered therapy is accompanied by improvements in self-concept that are facilitated by the therapeutic environment of unconditional positive regard, congruence, and empathy. The role of self-concept is important considering that the research evidence on the psychological development of LGBT adolescents has suggested that they have poor notions of self-concept and low self-esteem as a result of being stigmatized (Garnets et al., 1993; Gonsiorek, 1988, 1993; Hershberger & D'Augelli, 1995). Person-centered therapy offers the opportunity to emphasize positive self-regard and work toward improving self-esteem. The safe and empathic atmosphere is conducive to countering the negative judgments that are imposed on such clients, implicitly and explicitly, in their everyday lives.

In promoting a positive self-concept, the person-centered counselor facilitates LGBT adolescent clients' ability to experience and enhance self-exploration. First, the person-centered approach seems to create time and space for an inner exploration. Such facilitative self-exploration is much needed for many LGBT clients because they might not have had such an opportunity before—an opportunity to freely explore how they really think and feel about their own lives. Second, as a supportive facilitator, the counselor does not intend to educate the client. Rather, the positive counselor–client relationship yields a safe and supportive environment for the client to experience her or his inner selfhood, leading to client-generated insights that can be constructive, therapeutic, and positive learning experiences for the client. In short, the counseling process highlights and strengthens a positive sense of self by allowing the client the firsthand experience of self-exploration and self-understanding.

Interconnected with the notion of self-concept, Raskin and Rogers (2000) have explained that a significant component of person-centered therapy is to focus on where a client places the *locus of evaluation*. During therapy, as improvements in self-esteem are experienced, clients will be-

gin to shift the basis for their standards and values from other people to themselves:

> People commonly began therapy overly concerned with what others thought of them—their locus of evaluation was external. With success in therapy, their attitudes towards others, as towards themselves, became more positive, and they were less dependent on others for their values and standards. (Raskin & Rogers, 2000, p. 135)

This practice holds promise for working with LGBT adolescents.

It is paramount for LGBT adolescents to begin to shift from an external locus of evaluation to an internal locus of evaluation. This is critical because the prevalence of homophobic and heterosexist environments is daunting and well ingrained in the culture of North American society (Herek, 1996; Sears & Williams, 1997). The homophobia and heterosexism in the mainstream sociocultural environment of North America often, consciously or unconsciously, have a detrimental impact on LGBT adolescents. As a result, LGBT clients can only begin to gain self-esteem when they are able to distance themselves from an external locus of evaluation that is discriminatory to them. In moving toward an internal locus of evaluation, LGBT adolescent clients realize that sexual orientation is not the problem, but rather society's beliefs about nonheterosexuality are the problem.

The therapeutic qualities of the person-centered approach create the environment that encourages this shift in the locus of evaluation. As the client enters into her or his internal world, the inner feelings and perceptions gradually become clear: The client becomes aware of the fact that the causes of many internal distress feelings and thinking are actually influenced and/or generated by very biased external values and beliefs. In addressing this problem, it is necessary for an individual to take the ownership of evaluating her or his sexual identity and orientation, rather than allowing others to do so—others who have little or no knowledge of homosexuality or of the experiences of other sexual minorities. The counseling process draws attention to LGBT adolescent clients' awareness of and action in counteracting the biases and stigmatization caused by an external locus of evaluation, while shifting to an internal locus of evaluation that represents a positive and integral image of self. During this shift, the counselor can also work with the LGBT client on the client's internalized homophobia. This leads to an effort to take back the ownership of the internal locus of evaluation, that is, focus on "how I feel about myself" rather than "how others would feel about me." In doing so, counseling begins the process of reclaiming disvalued and disowned parts of self that are creating psychological distress.

Clients' Potential for Self-Growth

Raskin and Rogers (2000) have indicated that person-centered therapy follows the belief that people are growth and self-enhancement oriented. People stray from this inclination when external forces create doubt, confusion, disapproval, and reliance on others. This observation in the person-centered approach becomes critically important when working with LGBT adolescents. Both the counselor and the client must understand, as clearly indicated by Schneider (1988, 1997), that sexual orientation is not the cause of neurosis or risk-related behavior. Rather, the neurosis and risk-related behavior of LGBT adolescents result from how they are socialized in environments where hatred is directed toward them, and they are victims of individual and systematic discrimination because of their sexual orientation. Unfortunately, these problems are often intensified because LGBT adolescents have internalized this hatred.

The growth-outlook of person-centered therapy seems to be particularly suited to providing a conducive framework in which to examine related psychological distresses because it acknowledges that sexual orientation does not require alteration. This growth-outlook helps the client to examine the feelings and experiences related to sexuality that are causing distress and interfering with growth. Believing in the client's capacity for and tendency toward self-growth, the counselor functions as the constructive facilitator who accompanies the client in initiating a personal journey toward more self-awareness, self-confidence, and self-pride. The counseling experience provides the client with the necessary conditions (e.g., congruence, empathy, and unconditional positive regard) that will initiate and reinforce her or his continuing effort for personal growth. Rather than explicitly teaching the LGBT adolescent client what to do, the counseling process aims to assist the client to use her or his internal potential to recognize and to tackle the issues related to sexual orientation, leading to a truly person-centered growing process that reflects each individual client's circumstance and needs.

Growth Process Is Client-Directed

Raskin and Rogers (2000) have emphasized that the growth process must be client-directed.

> In person centered therapy, the therapist facilitates the clients' discoveries of the meanings of his or her own current inner experiencing ... person centered therapists tend to avoid evaluation. They do not interpret for clients, do not question in a probing manner, and do not reassure or criticize clients . . . person centered therapists believe behavior change evolves from within the individual. (p. 137)

This suggests that it is not appropriate for the counselor to decide the most important issues to be discussed. The client knows her or his situation better and is able to take the responsibility to unveil and prioritize the psychological difficulty in life. Following the client's lead, the goal and effort for self-growth manifests an evolving process that is coherent with the client's needs to grow and to develop. This principal tenet in the person-centered approach is of crucial importance when working with LGBT adolescents.

The most critical component of counseling LGBT adolescents is ensuring that each individual proceeds with sexual orientation disclosure at his or her own pace (Gonsiorek, 1993). LGBT adolescents are at a very complex, vulnerable stage in their life because the choices they make regarding their sexual identity can have dramatic effects on their personal lives and relationships. Well-intentioned but ill-informed premature growth encouragement could have detrimental effects. It should be reiterated that sexual orientation disclosure is a process, not an event. There is ample evidence suggesting that choices and actions are dependent on where these adolescents place themselves in relation to the stages of identity formation associated with sexual orientation disclosure (Bridgewater, 1997; Cass, 1996; D'Augelli, 1996; Lipkin, 1999; Schneider, 1988; Signorile, 1995).

In dealing with sexual orientation disclosure, person-centered therapy presents a desirable model in the initial stages of dialogue. The dialogue is in itself an experience of letting the client become more aware of her or his intention and readiness to proceed with the issue of sexual orientation disclosure. To allow the client to set the pace and direction for personal development in this regard is of vital importance. The decision to seek professional help from the counselor represents a clear desire for growth on the client's part. Yet, the process for working toward further growth (i.e., reaching a decision regarding sexual orientation disclosure) varies from person to person. Because each client's needs, personal style, psychological state, and other situations are different, the helping process should draw attention to the growth dynamics that are particularly relevant to each client in terms of timing.

The client must decide when and how to proceed in discussing her or his concerns. Similarly, the client should decide the level of growth that she or he feels comfortable with while dealing with sexual orientation disclosure. In other words, the counseling process does not try to "probe" or "make change" for the client. Instead, the person-centered approach aims to create the safe, supportive, and nonjudgmental therapeutic relationship and environment that will facilitate the client's capacity to experience and probe her or his feelings and potential for growth. As they experience more and more such constructive dialogues, LGBT adolescent clients become more conscious and capable of finding their own directions and, in turn, generating more effective coping skills and mechanisms in their growth experience. In this sense, the client-directed growing process manifests a proactive approach that may generate an ultimately empowering effect for the client's continuing growing experience in the long run.

■ Compensating for the Limitations of the Person-Centered Approach

Despite the strengths of person-centered counseling when applied to sexual minority adolescents during the process of sexual orientation disclosure, limitations do exist. This approach alone fails to adequately meet the needs of this group of clients in later sexual identity development stages. Consequently, counselors need to expand the helping scope at appropriate times in three interconnected ways to compensate for the limitations of the person-centered approach. These supplemental helping aspects include the need for explicit identity validation (reassurance), guided risk assessment regarding possible disclosure, and exposure to positive sexual minority communities and socialization that are age specialized. It should be noted that the therapeutic qualities of unconditional positive regard, congruence, and empathy from the counselor will continue to be appropriate and necessary in the therapeutic relationship.

Explicit Identity Validation

Extensive research has indicated that youth who are questioning their sexual orientation must have their feelings validated and normalized (Emert & Milburn, 1997; Lipkin, 1999; Mallon, 1994; Owens, 1998; Schneider, 1988, 1997; Signorile, 1995). This is of particular importance for this target population because of their experiences with the heterosexually dominant social structure. The detrimental impacts of growing up as a part of a stigmatized sexual minority group often include significant negativity in the life of the adolescent, including elevated rates of physical/verbal victimization, suicide, depression, substance abuse, homelessness, and familial and peer rejection. Identity validation and normalization facilitate the process of building coping mechanisms that allow these adolescents to deal with stigma management. Unfortunately, strict adherence to the person-centered therapy theory (Raskin & Rogers, 2000; Rogers, 1987) restricts the opportunity for the counselor to explicitly validate or normalize the identity and feelings of an adolescent questioning her or his sexual orientation. Person-centered counselors avoid reassurance in favor of guiding a client through feelings. It is hoped that the client identifies the need for reassurance or the feelings surrounding this need. This self-exploration will consequently lead to alterations in self-understanding, self-concept, and behavior.

However, LGBT adolescents need immediate validation that their sexual orientation is a common and healthy variation in sexual identity. Experiencing this validation is essential for progress to occur and if they are to move beyond the barriers of internalized homophobia. Without the validation from both the counselor and the client herself or himself, the psychological barriers are likely to continue, hindering the opportunity for a more constructive self-dialogue that will lead to insight and growth. Once the LGBT adolescent's feelings are validated and normalized, the therapeutic strengths of person-centered therapy will further encourage a dialogue regarding distresses resulting from sexual orientation disclosure. One of the counseling goals is to remove the psychological barriers rooted in social stigmatization. Thus,

the counselor may play a proactive role in helping the client identify and validate her or his sexual identity. This validation experience may provide the client with the resources and preparation to deal with other related issues in her or his life as well.

Guided Risk Assessment Regarding Disclosure

The counselor has an obligation to assist LGBT adolescent clients to carefully assess the risks involved if they seriously consider the option of disclosing their sexual orientation to others in their lives. The consequences of disclosing as an LGBT person can be either positive or negative, and the potential impact of this step should never be underestimated. Although some self-disclosed LGBT adolescents may be accepted by those in their environment (e.g., family, relatives, friends, and peers), too many others are not. Clients in this latter group who are met with rejection or further stigmatization can become more vulnerable to the self-destructive coping behavior, such as alcohol abuse, previously mentioned in this discussion. This can cause further harm to their personal well-being. Consequently, it is critical for a counselor to use a number of strategies that sensitize the client to the need to plan ahead in order to be well prepared for potential responses (Emert & Milburn, 1997; Lipkin, 1999; Mallon, 1994; Owens, 1998; Schneider, 1988, 1997; Signorile, 1995). Because family and peer reactions can vary substantially, the LGBT client should be prepared for all potential responses and questions that those people may have. The counselor needs to direct questions to the client that will help her or him to anticipate and respond to familial reactions, peer reactions, and moral/religious concerns from family and to identify secondary housing and financial plans or resources if the disclosure ends in rejection.

Apparently, the established therapeutic model of the person-centered approach does not include and address this challenging context that many LGBT adolescent clients are facing. Thus, the counselor needs to expand the therapeutic scope to include specific risk assessment regarding disclosure. The counselor should help a client determine whether or not she or he is prepared to disclose sexual orientation at that particular time. The decision to disclose is an act of courage that is characterized by a desire for honesty and recognition despite worries of rejection, anger, disappointment, shame, and, possibly, physical and verbal harassment. LGBT adolescents are better prepared for disclosure if they can plan the method and timing used for disclosure, and the counselor can play a crucial role in facilitating this process. A key task of the counselor is to ensure that each client is better equipped with psychological preparation and the communication skills required to deal with the potential mental distresses and tangible difficulties that follow disclosure. At all times, the therapeutic qualities of person-centered therapy will be fostered and the growth process will remain client-directed (i.e., the counselor will make no judgment about

preferred methods and decisions). Meanwhile, the counselor genuinely and openly shares with the client the counselor's observations on the client's coping mechanisms. The counselor also constantly reminds the client to think more broadly and think more deeply about various possibilities, with the goal of protecting and promoting the client's well-being in this decision.

Exposure to Positive Sexual Minority Communities and Socialization

It is important to recognize that person-centered counseling with an adult counselor alone, without the benefit of using LGBT youth support groups or community services or events, is inadequate to address the needs of an LGBT adolescent client in later sexual identity formation stages. Youth from stigmatized sexual minority groups experience powerful barriers to healthy adolescent development in many regards (Garnets et al., 1993; Gonsiorek, 1993; Herek, 1996; Mallon, 1994). As Schneider (1997) pointed out, such youth cannot fully develop self-esteem unless they feel positive about their sexual orientation. They cannot fully develop their sense of identity until they can accept and understand what it means in their lives to be lesbian, gay, bisexual, or transgender/sexual. They cannot develop the social skills they need to manage their sexuality until they have an opportunity to experiment socially and sexually with same-sex peers, in the same way that heterosexual adolescents do with opposite-sex peers. The most effective methods to facilitate this process of self-acceptance are to (a) provide social group support with other adolescents questioning their sexual identity and (b) develop a sense of community and role models.

The research of Gonsiorek (1993) has attested to the notion that support groups comprising LGBT adolescents of the same age range are the most valuable resources for clients during sexual orientation disclosure. They provide the opportunity for developing social skills, discussing the meaning of sexuality and sexual identity, finding support and understanding from peers, sharing information, and socializing. Most of these areas have been underdeveloped in LGBT adolescents due to fear of discussion and disclosure. Thus, it is critical that the counselor provides the LGBT adolescent client with the information and opportunity to participate with such a group. This process should be implemented in a natural, gradual, and informative manner. It is better if this happens after enough individual counseling sessions between the counselor and the client have taken place to ensure that a client is prepared to discuss her or his experiences in a safe, yet public, forum. For example, such groups exist in all major urban cities as well as in much smaller communities. The counselor can provide the client with the resource information when the client is ready to take this step.

To facilitate this process of self-acceptance, another valuable method that is complementary to individual person-centered counseling is to present the client with the opportunity of

being exposed to LGBT role models and community. Gonsiorek (1993) and Reese (1999) have identified this opportunity as extremely valuable, because becoming acquainted with gay and lesbian people is the most effective means for developing a positive attitude toward acceptance. Such exposure normalizes the LGBT adolescents' identity and experiences and dispels myths and stereotypes learned in homophobic and heterosexist environments. Again, the counselor needs to introduce opportunities for exposure to role models and community at appropriate stages in the LGBT adolescents' sexual identity development and to make referrals at the client's request. The existing organizations in the community, such as Toronto's Supporting Our Youth, can provide adult LGBT role models through mentorship programs and socialization opportunities for LGBT adolescents in their recreation community groups.

To progress to later stages in identity development toward self-acceptance (Cass, 1996; Emert & Milburn, 1997; Lipkin, 1999; Schneider, 1988, 1997), LGBT adolescents will benefit from accessing LGBT youth support groups, role models, and other community events and organizations that will provide support and guidance. Integrating such social connections into the helping process is of vital importance to facilitate the growth of LGBT adolescents who are at the turning point of accepting and disclosing their sexual orientation. Such helping approaches address critical needs of the LGBT adolescents—the needs that are not addressed by traditional person-centered counseling—and thus, compensate for the limitations of the person-centered approach.

Summary and Conclusion

Although the general society, as a whole, in North America is becoming more open to and "tolerant" of the existence of a diversity of sexual orientations, substantial homophobic feelings toward and misperceptions about LGBT populations still exist. As a result, sexual minority groups are still being stigmatized and discriminated against, either intentionally or unintentionally. LGBT adolescents, because of their age and developmental experiences, are particularly vulnerable to psychological distress associated with their sexual identity acceptance and disclosure. As Mike Faye, 1997 executive director of Central Toronto Youth Services, pointed out, "although [adolescents] have come to awareness and understanding of their sexual orientation at younger ages than ever before, lesbian, gay, and bisexual youth remain stigmatized, isolated, and afraid of their feelings" (as cited in Schneider, 1997, p. 8).

It is critical that counselors offer safe and supportive therapeutic environments for LGBT adolescent clients. The strengths of person-centered counseling as outlined in the foregoing discussion provide a promising framework for working with this client population. Person-centered therapy has the potential to be highly constructive in addressing the psychological distresses of LGBT adolescents during the

stages of sexual orientation disclosure. The humanistic tenets of this counseling approach, particularly the well-known "big-three" principles of congruence, empathy, and unconditional positive regard, can provide LGBT adolescent clients with a therapeutic relationship that facilitates self-exploration and self-understanding. Nonetheless, the person-centered approach has limitations with respect to the special needs and contexts of LGBT clients. To compensate for such limitations, the helping process should include explicit identity validation, guided risk assessment, and exposure to positive sexual minority communities and socialization that are age-appropriate for LGBT adolescent clients. The counselor assumes a combination of roles in this helping process. These roles may include that of a person-centered facilitator, an information provider, and a supporter and advocate.

The counselor's proactive role, combined with the complementary helping strategies, will have great potential for working with LGBT adolescent clients. This implies that person-centered counseling may need to become more flexible and open in varied helping contexts. With this kind of openness and flexibility, the therapeutic qualities of unconditional positive regard, congruence, and empathy will foster appropriate client-directed growth in the process of sexual identity formation and liberation. The openness and flexibility here should be noted as a critical precedent for all other forms of counseling and psychotherapy as applied to stigmatized sexual minority adolescents.

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