A QUALITATIVE STUDY OF THE COUNSELLING EXPERIENCES OF SEXUAL MINORITIES

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Abstract

Due to negative bias, individuals who identify as lesbian, gay, bisexual, transgender, queer (LGBTQ) or any other non-heterosexual and/or non-gender binary identity are at risk of experiencing a host of physical or mental health concerns. This risk has led to a disproportionately greater number of LGBTQ individuals seeking counselling, where many then experience further negative bias. The aim of this study was to delve deep into the counselling experiences of LGBTQ clients in southern Alberta, a region of Canada. To achieve this aim, a phenomenological method inspired by Max van Manen's (2014) interpretive descriptive phenomenology was used. The research questions that guided this inquiry were "What are the counselling experiences of sexual minority adults?" and "What are the sociocultural mediators for counselling with sexual minority adults?" Eleven participants were guided through semi-structured interviews. The participants' stories were then analyzed using thematic analysis. From this emerged several key themes.

Prologue

The data for this research project were collected mostly during Pride 2017. This is typically a time of great celebration for queer communities. Lethbridge was hosting its ninth annual Pride celebration and Taber, a small community near Lethbridge, was hosting its first. Lethbridge received international attention for the painting of a transgender flag crosswalk, purported to be the first of its kind in the world. Additionally, a rainbow flag crosswalk was also painted, as had been done in the past. It seemed that southern Alberta was stepping in to a new era of acceptance.

Within days, both crosswalks were vandalized with skid marks. Both were repainted, but then shortly after were vandalized with black paint. During this same time, the rainbow flag that was flown in Taber was stolen, then the replacement was burned on the flagpole. These communities were again in the news, but now for their blatant negative bias against queer people instead of their acceptance.

Several community members took it upon themselves to guard the crosswalks from further damage. Not all were queer persons, which helped to show everyone that some people in southern Alberta are accepting of LGBTQ people. The queer communities persisted in both Taber and Lethbridge, holding successful Pride events drawing queer and non-queer celebrators alike.

Discussions of the vandalism came up with each person that I talked to, and it was clear to me that these actions had caused significant hurt for the participants. I believe that the vandalism politicized this research project by highlighting the need for things to change for queer people in southern Alberta. This research is therefore very timely for this region.

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Many people laboured to ensure the completion of this project, both directly and indirectly.

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Table of Contents

Chapter I: Introduction

Chapter Introduction

This chapter provides an outline of my exploration of the counselling experiences of queer clients in southern Alberta. Included in this outline is an overview of the theoretical background and conceptual foundation. This research focused on the beliefs and experiences of eleven queer clients who have sought and received counselling in southern Alberta. Singh and Shelton (2011) called for diverse qualitative methods on this topic. Therefore, to begin to fill this gap in the research literature, I used an interpretive-descriptive phenomenological method inspired by van Manen (1990). This method allowed for deep, rich descriptions of experiences. Each participant's narrative was analyzed for meaning. As part of the research and data analysis, it is critical to understand the role of the researcher, hence a reflexive section is included which outlines the researcher's interest in this research domain.

Being Queer in the Canadian Context

Queer is a broad term used to describe those individuals who do not identify as heterosexual and/or gender binary (i.e., man or woman). This includes people who identify as gay, lesbian, bisexual, transgender, queer (LGBTQ), or any number of other identities. Generally speaking, sexual orientation identities, such as gay or lesbian, refer to attraction to members of a preferred gender (American Psychological Association, 2008), whereas gender identities, such as transgender or gender-queer, refer to a person's sense of being a man, woman, both, or neither (ALGBTIC, 2013). Gender identity may or may not match biological sex (e.g., cis-gender or transgender, respectively).

Queer people exist across the globe, yet there are varying degrees of acceptance depending on location. The areas relevant to the proposed study are Western societies (i.e., Europe, North America, parts of South America, Australia, and New Zealand), with an emphasis on Canada. Queer people in these regions are exposed to messages about "normal" relationships, namely cis-gender heterosexual monogamous dyads. These messages are reinforced in many domains, including education, media, and advertising. These societal norms ultimately affect queer people in a multitude of ways, including negatively impacting their mental and physical health.

Historically, much of the discussion on queer people has centered on homosexual cis-gender (biological sex matches their gender identity) men and women; however, in recent years, some much-needed attention has been given to the challenges faced by transgender people (Rau, 2015).

In Canada, the increased public awareness of sex and gender identity in many ways has resulted in more support for queer communities at both the personal and institutional level. For example, each year more and more cities across the country hold Pride Parades and similar events to celebrate LGBTQ identities and increase recognition of these communities (e.g., Moose Jaw, SK, Surrey, ON, and Steinbach, MB all held their first parades in 2016). Events such as these display the overt public support of the communities and helps further increase awareness of the diversity of identities and types of people within these communities.

At the institutional level, more pro-LGBTQ government policies and law-related changes happen each year. For instance, Bill C-16 was recently passed as an amendment to the *Canadian Human Rights Act*. This bill calls for the inclusion of gender identity and

gender expression as a prohibited ground of discrimination (Bill C-16, 2016). Prime Minister Trudeau recently became the first sitting prime minister to officially attend a Pride Parade, and he did so in three Canadian cities in 2016 (Valiante, 2016). Trudeau also issued a formal apology to LGBTQ individuals who were persecuted because of their sexual and/or gender identity (Harris, 2017). Although the latter two examples are not legal changes, they do represent a more open and inclusive attitude towards the LGBTQ community at the institutional level in Canada.

While any success is certainly a step forward, a victory for one group does not mean that all queer individuals benefit from that success. For example, all queer people in this country enjoy universal healthcare the same as non-queer individuals, yet transgender individuals are not guaranteed to have access to surgeries or hormone therapy (if desired), both of which are medically necessary, because these services are not necessarily covered by provincial health plans (Egale, 2004). Similarly, steps forward in one domain are not necessarily complete steps. For instance, gay and lesbian couples are legally allowed to adopt children in Canada, yet their sexual identity status bars them from adopting children from other countries, such as Albania or China (Adoption Council of Ontario, 2015). Although recent reforms to some provinces' parentage legislation (e.g., *Cy and Ruby's Act* in Ontario) has ensured less discrimination for LGBTQ parents, many couples still face obstacles if they use a sperm donor or surrogate. Intended parents must complete a variety of legal steps before and after the child's birth, and in Quebec, the non-biological parent must adopt the child and therefore has no legal rights with the child until that process is complete (Morawetz, 2015).

Situations such as these highlight not only the diversity of the communities, but also the ways in which LGBTQ communities are often seen as a single entity, such that the needs of one group (e.g., lesbians) are assumed to be the same as the needs of another group (e.g., transgender persons). This sometimes results in some groups' rights being ignored because there is a lack of awareness of the challenges faced by that group. For instance, if one assumes that cis-gender lesbian women and transgender women are the same, then one might forget or ignore some transwomen's concerns about accessing public washrooms.

It is important to note that intersecting identities may add more challenges for individuals. To illustrate, the experiences of a black lesbian or a disabled gay man will likely differ from their white and able-bodied counterparts. Although this is a very important area of study (see Meyer, Dietrich, & Schwartz, 2008), it was beyond the scope of the current study to explore.

Canada has often been on the forefront of LGBTQ rights in comparison to the United States of America. For example, Canada decriminalized homosexual acts 34 years prior (Criminal Law Amendment Act, 1969; Lawrence v. Texas, 2003), legalized same-sex marriage 10 years in advance (Civil Marriage Act, 2005; Obergefell v. Hodges, 2015), and lifted the Army enlistment ban for queer people 18 years before the United States (Douglas v. Canada, 1992; Don't Ask, Don't Tell Repeal Act, 2010). Although these examples point to more inclusion in Canada, LGBTQ people have historically faced many challenges and continue to do so.

The overarching challenge is a normed socially constructed negative bias, often referred to as homophobia. Queer individuals in Canada face negative bias in many

domains, including social interactions, politics, health care, and religion (Filax, 2004; Sue et al., 2007). Negative bias is both overt and covert, happens at a personal and institutional level, and has a significant negative impact (Cochran, Sullivan, and Mays, 2003; Shelton & Delgado-Romero, 2011).

One area amongst many where negative biases related to queer people has an adverse effect lies in social support. Many LGBTQ individuals have experienced varying degrees of rejection when they disclose their identity to their family (Bird, La Sala, Hidalgo, Kuhns, & Garofalo, 2016; D'Augelli, Grossman, & Starks, 2008). In Canada, approximately 25-40% of homeless youth identify as LGBTQ, and familial rejection plays a role in this (Gaetz, Donaldson, Richter, & Gulliver, 2013). Beyond the issues around homelessness, researchers have repeatedly shown that higher rates of rejection are associated with poorer health outcomes (e.g., mental health and substance use), while acceptance is associated with positive mental and physical health (Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). For some individuals, familial support becomes less important over time, and the benefit of social support from friends becomes more important (Masini & Barrett, 2008). Indeed, many individuals create their own "families" by connecting with friends and other members of LGBTQ communities (Weston, 2013).

Another challenge is that of language use. Labelling and terms in regard to sex and gender identity have changed over the years and continue to change at a rapid pace (Trans Student Educational Resources, 2017). While some terms, such as queer, have been re-appropriated by many LGBTQ individuals, others continue to represent out-dated and hateful views (Galinsky et al., 2013). Currently, a topic of great controversy is that of

pronoun use. The pronouns "he" and "she" have historically been used; however, these terms represent a binary that no longer represents all persons. In Canada, individuals who do not identify with these terms are often forced to choose. For example, most documents that require identifying information ask gender in a two-box system: man or woman, male or female. In the 2016 Canadian census, respondents were given the choice to leave the question about sex blank and to write their identity in the comments section (Statistics Canada, 2016). Although this is some improvement over previous years where the choice was not given, the census still adhered to the gender binary. The pronouns he, she, and they, as appropriate, are used in this document.

In conclusion, although there have been significant advances on the personal and institutional levels when it comes to LGBTQ people, the current context in which they live is still wrought with challenges. In the next section, these issues are explored in the context of counselling.

Being Queer in Counselling

Queer individuals face many challenges, one of which is negative bias. Negative bias has been linked to poorer mental health, including depression, anxiety, guilt, shame, and increased suicidality (Meyer, 1995, 2003). Because of this, LGBTQ people are more likely to access counselling services than non-LGBTQ individuals (Cochran et al., 2003). In addition to problems related to negative bias, LGBTQ clients also access counselling for relationships, financial problems, family issues (not related to negative bias), depression (not related to negative bias), personal growth, grief and loss, and a variety of other reasons (King, Semlyen, Killaspy, Nazareth, & Osborn, 2007).

Negative bias may also affect LGBTQ clients' experiences of seeking counselling, such that a fear of negative bias or perceived lack of counsellor knowledge may influence a client's choice to pursue counselling with a particular counsellor (Hunt, 2014). Similarly, some clients face negative bias within counselling, which can have negative effects, such as internalized negative bias and fewer help-seeking behaviours (Bowers, Plummer, & Minichiello, 2005; Shelton & Delgado-Romero, 2011). Negative bias in counselling may be overt, such as when counsellors insist the client's problems are because of their sex or gender identity, or may be covert, such as when the counsellor uses incorrect pronouns and labels (Liddle, 1996; Jacobsen & Wright, 2014; Smith, Shin, & Officer, 2012).

Despite how many LGBTQ clients have had negative counselling experiences, many have also had positive experiences (Victor & Nel, 2016). Counsellors who were deemed helpful by their LGBTQ clients were, amongst other qualities, open to the client's sex and gender identity, focused on sexual orientation only when appropriate, and were knowledgeable about LGBTQ issues (Israel, Gorcheva, Burnes, & Walther, 2008). These qualities speak to the relationship between the client and counsellor, which is more important to client outcome success than the interventions the counsellor uses (Horvath & Symonds, 1991).

Counsellors working with LGBTQ clients require certain knowledge and skills, including how to create an affirming environment, an understanding of heterosexism and how to challenge it, and knowledge about the history of LGBTQ communities (Matthews, 2007; Perez, 2007). Indeed, Perez (2007) contends that the core conditions of affirmative psychotherapy are therapist competence, therapist affirmation of queer

culture, and openness to sexual orientation and identity issues. However, most counsellor training programs spend very little time on the unique needs of these clients (Alderson, 2004; O'Hara, Dispenza, Brack, & Blood, 2013). This lack of counsellor training can be problematic given that more training and knowledge is associated with greater competency and self-efficacy, as well as less negative attitudes towards queer people (Alderson, Orzeck, & McEwen, 2009; Bidell, 2013).

To date, most studies of queer individuals' counselling experiences have been conducted in the United States and Australia, and only two unpublished theses (focusing only on gay men and lesbians) have been conducted in Canada. Although previous works have shed light on this very important topic, there is still much to be learned. One area that is lacking insight is the counselling experiences of queer individuals in Canada, especially individuals who identify other than gay, lesbian, or cis-gender. This study has begun to fill this gap in the academic literature.

Furthermore, an additional gap that was addressed in this study was that the setting was in southern Alberta, which holds a reputation for being politically conservative and religious (Rayside, Sabin, & Thomas, 2012). For instance, 39% of the population self-identifies as members of Protestant denominations, compared to 29% of Canadians overall, and Conservative Protestants are the largest religious group in Alberta (Bowen, 2004; Statistics Canada, 2003). Additionally, every provincial election between 1971 and 2012 resulted in the Progressive Conservative party electing the most members, in some cases by more than 72 seats (Elections Alberta, n.d.) To further illustrate, in 1998 the Alberta government was forced by the federal government to include sexual orientation in the *Individual Rights Protection Act* as a protected ground (Filax, 2004),

which it did not do until 2009. Similarly, it was not until December of 2015 that gender identity was added as a protected ground in the same act (Bill 7, 2015). Given the religious and political history of this province, it could be expected that queer individuals in this region face increased negative bias, which appears at times to also extend to counselling interactions.

In summary, in addition to the negative bias that many, if not all, LGBTQ individuals experience in their everyday lives, many individuals who have accessed counselling have had this pattern reflected in their counselling relationships. That negative bias exists in counselling is problematic for the mental health of individuals seeking help, as well as for the integrity of the profession. Researchers have elucidated much about the counselling experiences of queer clients, yet there is still much to be learned. This study was an attempt to gather further insight into the problem. The next section includes details on how this insight was gathered.

Background of the Study

This section outlines the foundation of this study, including the theoretical perspective, conceptual framework, and research design. These areas are critical for understanding the researcher's approach to the entire study. A sociocultural framework seems particularly relevant to the proposed study because the aim is to view LGBTQ clients' counselling experiences through their own lens.

Sociocultural Theories

Sociocultural theories have their roots in the work of Russian psychologist and educator, Lev Vygotsky. Vygotsky made many contributions, but perhaps the most important concept of his work is that people cannot be understood without taking into

consideration history, culture, society, and context (Swain, Kinnear, & Steinman, 2011). In a process called mediation, people use tools, such as language and art, to connect with their social world (John-Steiner & Mahn, 1996). These tools also come from the social world and people internalize and appropriate them; thus, human activities are inherently social and are shaped by culture (Swain et al., 2011). In this way, the individual and the social world are not separate realms; rather, they are interdependent (John-Steiner & Mahn, 1996).

Other sociocultural theories are based on the same tenets. For example, the sociocultural model of stress-coping-adaptation states that a person's cultural beliefs and values, their experience with cultural expectations, and the resources available to them all influence the way in which that person evaluates life stressors and subsequently copes with them (Aldwin, 2007). Similarly, sociocultural theories of body image state that people are exposed to messages about "ideal" body types in their culture, internalize these messages, and evaluate their bodies based on the perceived cultural standards (Choate, 2005). One sociocultural theory of relationships states that cultural systems (e.g., values and beliefs) contribute to internalized social norms, which in turn influence relationship behaviour (Goodwin, 2013). Explored next are sociocultural theories in relation to counselling psychology.

Sociocultural theories in counselling psychology research. Socioculturalism in the Vygotskian sense has traditionally been a learning theory, as evidenced by the vast amount of literature on second language acquisition and early childhood education taken from this perspective. It is apparent from research in other areas, such as those noted above, that sociocultural theories have flourished in topics not explicitly related to

education. Despite the deviation of these theories from the roots of socioculturalism, these theories still involve interaction with culture as a learning process.

One area that has adopted sociocultural theories is counselling psychology. Although somewhat fewer studies in this area have been built on an explicitly sociocultural framework, most research refers to sociocultural factors, thus acknowledging the importance of such factors (Brennan, Emmerling, & Whelton, 2015; Butler, 2009; Goldman, Brettle, & McAndrew, 2016; O'Byrne & Rosenberg, 1998; Spangenberg, 2003). Indeed, socioculturalism is at the heart of the counselling profession. According to the Canadian Psychological Association's definition of counselling psychology (2009), "the counselling process is pursued with sensitivity to diverse sociocultural factors" and "the counselling psychology approach…directs attention to social context and culture" ("Definition of counselling psychology" para. 2).

Similarly, many, if not most, of the theoretical orientations in counselling involve an appreciation for sociocultural contexts (Corey, 2015). Counselling is inherently social, and both the client and the counsellor bring their cultures to the social interaction. Thus, to attempt to discuss the individual independent of the culture and context is to leave out an important component. This is important when considering queer clients because the messages they receive from their cultural context may contribute to their mental health concerns, and if the effect of culture was disregarded, the concern would appear to be a problem with the individual, rather than with social interactions. Likewise, these cultural messages may affect the ways in which counsellors interact with their clients.

Researchers using a sociocultural approach are seeking to understand how the historical and cultural context of an individual influences his or her internal world and

behaviour (Nasir & Hand, 2006). Because the goal is to "understand how," a qualitative

method is typically used. My understanding of the metaphysics of qualitative research is

shared below.

Philosophical Underpinnings

Qualitative researchers make several metaphysical assumptions when engaging in

research: ontological, epistemological, and axiological (Kafle, 2011). Ontology is the

concern with reality (Kafle, 2011). I align with the belief that reality is dependent upon a

person's individual interpretations of situations. That is, a person's understanding of a

situation or phenomenon is their reality, which may differ from another person's

interpretation of the same situation or phenomenon. For example, two people looking at

the same flower may see it as different shades of blue, which is therefore their experience

of the flower. This belief aligns with the method of this study (Kafle, 2011). By aligning

with this view, I hoped to not impose an objective reality on people, thus allowing them

to share fully their own views and interpretations of their lived experiences. This is

important for research with LGBTQ people because their realities have been historically

devalued by non-LGBTQ people; thus, taking this perspective provided a more accurate

representation of the counselling experiences of people in this study.

Epistemology is the concern with how things can be known or found out about the

world and what the limits are on this knowledge (Ormston, Spencer, Barnard, & Snape,

2014). Because I believe that reality is dependent upon a person's interpretation of a

situation, I also believe that the best way to find out about the world is to ask people

about their experiences of it. The emphasis I place on subjective knowledge and insights

aligns with an interpretist/constructionist standpoint, which is coherent with the method

of this study (Kafle, 2011). To get the best possible understanding of a person's social world, it is important to interact with them in a social setting (e.g., interview). By examining the social world of people and allowing them to describe their meanings and interpretations, a deeper understanding of their counselling experiences was achieved.

Axiology is the concern with the role of values in research (Ormston et al., 2014). I believe that it is impossible to fully separate oneself from one's values; however, I do not believe that values should override the collected data. Because of these beliefs, I think it is essential to acknowledge my values and to evaluate how they influenced my interpretations of data. This process is reflexivity, which aligns with the method of the study.

These metaphysical assumptions, along with the researcher's method of choice, form the conceptual framework for a study. As Mayan (2009) notes, researchers should take a stance on these assumptions, as well as a theoretical perspective. Thus, the framework for the study was: reality as an individual construct (ontology), an emphasis on subjective knowledge (epistemology), socioculturalism (theoretical perspective), and interpretive-descriptive phenomenology (method, axiology). This framework is based on the traditions of qualitative research, as well as past and current research specifically on counselling and queer communities. Explored below are the specifics of the research design based on this framework.

Research Design

The research questions that guided the study were "What are the counselling experiences of sexual minority adults?" and "What are the sociocultural mediators for counselling with sexual minority adults?" To answer these questions, an interpretive-

descriptive phenomenological approach was taken to this study. The purpose of this approach is to get an in-depth, detailed description of what a particular experience means for the person experiencing it (van Manen, 2014).

For the purposes of this research study, people were recruited who self-identified as LGBTQ identities and were over the age of 18 currently living in southern Alberta. They had attended or sought counselling within the last five years. People were recruited using advertisements placed within southern Alberta and through personal contacts.

I chose to do one-on-one face-to-face and remote interviewing. The interviews were semi-structured and included questions on demographics, counselling history, counselling experiences, and sociocultural influences. Interviews were conducted until I felt I had a strong understanding of what counselling was like for the queer adults I spoke with. The data was analyzed using thematic analysis (van Manen, 2014).

Readers familiar with academic writing tradition will notice that I have chosen to write in a personal manner, especially when discussing the results of this study. I have done this because writing in an impersonal manner seemed to leave something missing from participants' stories. As van Manen (1997) notes, "The aim is to construct an animating, evocative description (text) of human actions, behaviours, intentions, and experiences as we meet them in the lifeworld" (p. 19). Writing personally seemed like the most effective way to ensure that the descriptions contained herein are evocative and animated. My intention was for the reader to feel as if they were part of my conversations and to get a better sense of what the experiences were like, rather than losing touch through impersonal writing.

Purpose of the Study

The purpose of this study was to develop an in-depth understanding of the counselling experiences of several LGBTQ individuals in southern Alberta. Although some researchers suggest that queer clients experience negative bias in counselling (Bowers et al., 2005; Shelton & Delgado-Romero, 2011), the purpose of this study was to examine both positive and negative counselling experiences.

How I Came to the Research Questions

Part of the purpose of this study was to share people's stories. Because this research is about their stories and not mine, I attempted to bracket my biases as much as possible in order to open myself wholly to their experiences. Of course, I could not completely distance myself from my own personal history, thoughts, feelings, and biases. Sociocultural theory tells us that people cannot be understood without taking into consideration history, culture, society, and context (Swain et al., 2011). Understanding how I came to the research questions will provide some insight into how I interpreted the data and my approach to this study.

In the beginning stages of this study, before I had begun collecting data, I was tasked with discussing why I was interested in this topic. I found this to be a difficult question to answer. Why am I interested in the counselling experiences of queer people? Why is anyone interested in anything? I did what I thought was soul searching at the time and came up with a reasonable answer. I wrote that I grew up in a very small town where it was very much the rule that no one was to be different and therefore my exposure to other cultures, including queer people, was very limited. I explained that reading and my discovery of punk music gave me insights into other ways of being and fostered in me a

desire to challenge the status quo and help oppressed people find their voice. I wrote that my experiences in university, particularly in a human sexuality course, opened my eyes even more to a very different world from what I knew in my small town. I shared that these experiences led me down the path to researching sex and gender, which I believed would be my future career, until I completed a semester of work experience at a local counselling agency. I ended my writing by saying that I found my heart lay with helping people make positive changes in their lives and thus enrolled in a graduate program for counselling and dedicated my course work to counselling LGBTQ clients.

These things are absolutely all true and certainly influenced my interest in the topic. However, my initial "soul searching" was incomplete and I left some key points unsaid. Each time I read this section of the proposal I struggled with feeling inauthentic, and this carried over to every discussion I had with participants when they asked why I chose this topic.

Deeper personal exploration revealed to me that my interest in this topic lies with my personal connection to queer identities. My first drafts of this document stated that I am a heterosexual woman, but that is only somewhat true. As a teen I revealed to some select friends that I was bisexual (my chosen label at the time) and was promptly met with derision. While I chose to identify as heterosexual thereafter, I did not suppress feelings otherwise. I am not ashamed of the way I feel, but I believed it to be easier to identify as heterosexual.

When I first started this study, I chose not to discuss my own identity for two reasons. The first was that I do not consider "queer" to be particularly central to my identity and downplayed its importance to this study. The second reason was that I did

not believe that I was queer enough to include myself in the club. I had no plans to share

my identity until several of the participants echoed similar sentiments. Their feelings

helped normalize mine and prompted me to re-write this section. Most of the participants

either assumed I was queer or outright asked, which led to a few discussions of a term I

believed I coined to describe myself, "heteroflexible". I have just recently discovered

that, though limited in its use, is indeed an identity label.

More central to my identity is that of being an ally. I once heard (although I

cannot remember where) that allies should not need a reason to be allies, that they should

want to fight for fair treatment because it is the right thing to do. I believe that improving

the counselling profession for queer clients is the right thing to do.

Now, a more accurate description of how I came to the research questions is that

the study is the intersection of my passions for social justice and counselling, and my

personal connection to queer people. When I attempted to find information about this

topic in the first semester of my graduate degree, I found very little information. I had

already decided at this point that I wanted to eventually counsel LGBTQ clients, so this

lack of information disappointed me. It became apparent to me that I needed to work to

fill the gap in knowledge, and thus this study was born. The specific research questions

arose because they seemed broad enough to allow for a wide collection of data in an area

that is so lacking in information.

Chapter Summary

This chapter outlined the issue of queer communities in the Canadian context,

how these issues apply to counselling psychology, and why the current study is needed.

This chapter also provided insight into the conceptual framework of the proposed study,

the research design, and the purpose of the study. Lastly, I included a reflexive piece to give the reader insight into my interest and investment in the topic.

Chapter 2 provides further background on the general issue, as well as on how that issue relates to counselling psychology. Chapter 3 provides greater detail on the methods for answering the research questions. Chapter 4 outlines the results of this study, organized around themes. Chapter 5 includes a discussion of the results and some suggestions for future directions in research and counselling.

Chapter II: Literature Review

Chapter Introduction

Queer people face a variety of challenges that non-queer people do not. Some of these challenges, in addition to other every-day concerns, have resulted in many individuals seeking counselling and other mental health services. It appears that, not only do many LGBTQ individuals have negative experiences in counselling, but many counsellors feel ill-equipped to provide services to LGBTQ clients. This less-than-ideal counselling environment carries its own negative consequences, resulting in a perpetual cycle of disadvantage for LGBTQ individuals. Researchers have elucidated various aspects of what makes some counselling experiences positive while others are negative; however, there is still much to learn. The counselling community would benefit from learning what contributes to positive and negative counselling experiences. With this knowledge, counsellors can improve their services, consequently benefitting queer clients.

The focus of this chapter is to outline the sociocultural climate in which LGBTQ individuals live. From a sociocultural perspective, it is important to understand the context in which individuals live, because, as previously stated, social and individual worlds are interdependent, and it is impossible to understand a person without understanding their social, cultural, and historical context. Thus, this chapter includes discussions of several key sociocultural factors that affect the lives of queer people (i.e., Western relationship norms, negative bias, and religion). First, a few key terms will be reviewed to help the reader understand the language used throughout this document, as well as the myriad challenges that LGBTQ individuals face. The importance of

counselling for LGBTQ people is also addressed, as well as the ways in which negative bias is perpetuated through counselling.

Definition of Terms

The language used to describe queer individuals changes rapidly and is at times confusing. Some of this confusion stems from the misunderstanding of the concepts of sex, gender, gender identity, sexual orientation, and sexual identity. To better understand the diversity of LGBTQ communities, as well as the unique challenges they face in terms of labels and pronoun use, an understanding of these terms is necessary. This section defines these terms and their use in this study (see Appendix A for additional terms).

Sex

Sex refers to the biological differences between individuals that (historically) categorize someone as male or female (Oakley, 2015). People typically have the same blueprint (i.e., arms, legs, torso), but there are sex differences in chromosomes, hormones, and some anatomy and physiology (Johnson & Repta, 2012). Sex is typically assigned at birth, and this is usually done solely by looking at a baby's genitals (Oakley, 2015). This is problematic because, not only is a gender also assigned at this point based on biology, but there are also individuals who, for a variety of reasons, are intersex, meaning they have female and male characteristics in their sex organs, chromosomes, hormones, and/or secondary sexual characteristics (ALGBTIC, 2013).

Gender

Gender is the socially constructed phenomenon of being (typically) a man or woman (Byne, 2007). Gender, as well as sex, is often thought of as a binary: a person is either male or female, man or woman (Markman, 2011). However, both biological sex

and gender exist on a continuum, such that a person can be anywhere in between male and female, man and woman (Hird, 2000). Thus, a better definition of gender is "the sum of a person's non-physical and non-biological characteristics that determine their sense of being male, female or neither or any combination" (Zandvliet, 2001, p. 181). This definition guides all further reference to gender in this study.

Gender Identity

Gender identity is a person's sense of belonging to a gender category (Byne, 2007). Individuals whose biological sex assigned at birth and gender identity are congruent are referred to as cis-gender; individuals whose sex and gender identity are incongruent are transgender (Markman, 2011). Although gender identity exists irrespective of biological sex and sexual orientation (i.e., a person can be anywhere on the sex continuum, gender continuum, and sexual orientation continuum), the general assumption tends to be that a person's biological sex is also his or her gender (male/man) and that this person identifies as heterosexual (Valdes, 1995). This is problematic for many reasons, which will be discussed further later. Each person's gender identity was taken at face-value (i.e., assumed to reflect gender) in the current study.

Sexual Orientation

According to LeVay (2010), sexual orientation is a predisposition to experience sexual attraction to members of the opposite sex, the same sex, or both sexes. The American Psychological Association (2008) further defines sexual orientation as an enduring pattern of romantic, sexual, and/or emotional attractions to men, women, or both sexes. The latter definition provides a more encompassing view of attraction. Some authors suggest that, in order to reflect the many layers of attraction, affectional

orientation should be used instead (Alderson, 2012). While certainly a valuable term, sexual orientation is the term that is most used in the literature and will therefore be used for the remainder of this paper.

Researchers have attempted to measure sexual orientation in several ways, including sexual behaviour, sexual attraction, arousal, and sexual identity. It is important to note that no one measure can be considered as definitive proof of sexual orientation (Sell, 2007). A person's arousal, behaviour, or attractions, taken independently, may not accurately represent that person's view of themselves. Instead, a combination of arousal, behaviour, romantic attraction, and self-identity should be considered.

Sexual Identity

Sexual identity refers to the label a person puts on their pattern of attraction, such as homosexual, heterosexual, or bisexual (Alderson, 2012). How one sexually identifies depends on several factors, including one's definition of sexual orientation and personal and societal acceptance (Sell, 2007). Because social and cultural acceptance can influence one's sexual identity, it is possible that a person's sexual orientation is incongruent with his or her sexual identity. For example, a person may have a homosexual sexual orientation but label him or herself heterosexual. Similarly, a man may feel sexually attracted to men, but has never had sexual contact with one, and therefore labels himself heterosexual. Sexual identity is the only measure of sexual orientation used in the current study and was taken at face-value.

Labels

Sociocultural theorists posit that identity is a relational phenomenon that can be produced in part by the use of labels in discourse (Bucholtz & Hall, 2005). Research on

internalized negative bias in ethnic and sexual minorities (queer people) highlights the negative impact labels can have (Hughes, Kiecolt, Keith, & Demo, 2015; Jones & Devos, 2014). Many labels have historically been used in derogatory ways towards LGBTQ communities; thus, these labels have historically negatively impacted identity. Recently, some of these terms have been re-appropriated (e.g., queer), which researchers suggest can reduce the label's stigmatizing force and increase the self-labeller's sense of personal power (Galinsky et al., 2013). Thus, it appears that the role of labels in identity formation, for negative or positive, is important.

The language used to label LGBTQ individuals (e.g., lesbian, gay, bisexual, transgender, etc.) changes very quickly, reflecting the diversity of the community, and thus the many ways in which an individual's identity could be impacted. Some individuals may identify with some terms while others may reject these same terms. Acronyms such as variations of LGBTQQIP2SAA+ (lesbian, gay, bisexual, transgender, queer, questioning, intersex, pansexual, two-spirited, asexual, ally, and more) have been used to describe sexual minorities, yet no one acronym can truly encompass all identities.

Due to logistical reasons, LGBTQ and the word queer will be used in this document. While the term sexual minorities is often used in academic writing (and is used in the title of this study), it is not common amongst the general public. Therefore, the terms queer and LGBTQ will be used instead. When the term sexual minority is used, it is because that was the term the cited researchers used.

Additionally, some generalizations about "the" community will be made. This is in no way intended to minimize the experiences of any individuals or to reduce all

individuals to one combined experience. Indeed, this would be contrary to the aim of qualitative research.

Pronoun Use

Pronouns are words that take the place of nouns. The common pronouns her, she, him, and he represent a gender binary and therefore may exclude individuals who do not identify with the binary or those terms. These pronouns are also problematic when they are used incorrectly. For example, referring to someone as "she" if that person does not identify as such can be disrespectful, hurtful, and outright hostile in some cases. Finch (2014), a genderqueer writer, states that when a speaker ignores someone's pronouns, the speaker is effectively saying the speaker knows the person better than that person knows themselves, a sense of safety is not important to the speaker, and the person's identity is not real and should not be acknowledged. Assumptions about pronoun use also places the power with the speaker to decide how someone should be referred to based on their perception of the person's gender. Although not all incorrect uses of pronouns are intentional or meant to be harmful, the effects of misuse of pronouns can be devastating (Nadal, Davidoff, Davis, & Wong, 2014).

Pronoun use has likely been an issue for a long time, yet it has only recently garnered more attention. With more people outwardly identifying as genderqueer, transgender, and gender non-conforming, there has been a greater push to use proper pronouns, as well as a greater challenge to the traditional gender binary use of pronouns. Several gender-neutral pronouns have been proposed, including ne, hiser, shem, and ze (Baron, 1981; Smith, Shin, & Officer, 2012). More commonly, the pronouns they, them, theirs, and themself have been appropriated by individuals who do not identify with the

gender binary. I use participants' proper pronouns in this document to honour their identities. When speaking of cited researchers, I have made assumptions about their gender based on name and will therefore be using standard he/she pronouns.

In summary, the terms defined above are necessary for understanding both the diversity of LGBTQ communities and the unique challenges faced by queer individuals. It is evident from the terms that components that are integral to a person's identity, such as gender and sexual orientation, are influenced by social factors. It appears from the research, and the current usage of these terms, that the narrow views of sex and gender as binaries, as well as the consequences of that, is problematic in many ways. The next sections highlight first the social norms regarding relationships, then some of the negative results of a narrow definition of sex and gender.

<div align="center">**Relationships**</div>

This section outlines the current social norms in Western countries (including Canada) regarding relationships. Typically, relationships take the form of a monogamous dyad involving a cis-gender man and a cis-gender woman. These norms are inherently linked to social and cultural definitions of sex and gender, and pervade all areas of life, including media, business, and education. Discussed below are the components of a heterosexual, socially ascribed, "normal" relationship, as well as how these components are portrayed in various domains.

Monogamy

Monogamy, in the social sense, is the pairing of two animals to the exclusion of other partners, and in the sexual sense, it is a sexual relationship between two animals to the exclusion of other partners (Reichard, 2003). Monogamy is rare among all species,

including apes (Balon, 2016), yet most humans in Western cultures pair in monogamous relationships. Evolutionary psychologists and biologists have attempted to explain monogamy, coming up with theories such as mate guarding and better protection of offspring (Emlen & Oring, 1977; van Schaik, 2000). One social theory of monogamy is that monogamy is an easier way to organize society, with fewer issues arising out of mate competition (Balon, 2016). Regardless of the cause of monogamy in Western societies, monogamy is indeed the social norm.

Heterosexual Cis-Gender Dyad

Heterosexuality as a social norm in relationships is both reflected and preserved by heteronormativity. According to Kitzinger (2005), heteronormativity is the assumption that heterosexuality is a natural and ordinary phenomenon that is reinforced by presumptions about sex and gender (e.g., there are only two genders and sexes, and that it is normal for these sexes/genders to be attracted to each other). The heteronormative view contends that biological sex, gender identity, and sexual orientation are congruent. That is, males are always men, females are always women, and males are only attracted to females (and vice versa). By this view, heterosexuality is "normal" and anything else is "abnormal." This distinction ultimately places heterosexuality in a position of superiority (Smith & Shin, 2015).

Gendered Roles in Relationships

Heteronormativity also influences gender roles and expressions of gender and sexuality (Schilt & Westbrook, 2009). According to Lindsey (2016), "all social interaction is gendered" and this is guided by "status, positions people occupy, and roles" (p. 25). Historically, men and women have played different roles in relationships, and in

many cases, these have become stereotypes. For example, men are the "breadwinners" and women are responsible for cooking, cleaning, and rearing the children. Similarly, men and women are socialized to act in certain ways in relationships. For example, women are raised to be quiet, reserved, and sensitive, whereas men are taught to be aggressive, unemotional, and go-getters.

Mainstream Representation of Relationship Norms

The monogamous, heterosexual cis-gender dyad relationship norm is present throughout Western cultures and is reflected in all areas, including media, education, business, and politics, and permeates our culture in regard to assumptions made in day-to-day interactions in all walks of life. In media, the clear majority of couples depicted on television and in movies are monogamous, heterosexual dyads, with rare cases of non-monogamous (e.g., Sister Wives) or non-heterosexual couples (e.g., Modern Family). The characters' roles also tend to adhere to the social norms in which men go to work while women stay at home, men are consumed by sex and masculinity, while women are sexually passive and valued for their sexual conduct, and men want sexual fulfillment and independence, while women want relationships and emotional intimacy (Kim et al., 2007). Interestingly, homosexual couples on television also tend to be portrayed as gendered, with one partner fulfilling the "man" role, while the other fulfills the "woman" role (Ivory, Gibson, & Ivory, 2009).

Television and print news stories also tend to depict LGBTQ individuals only in relation to negative events (e.g., violence) or positive events (e.g., Pride parades), rather than as a "normal" occurrence. Additionally, there are very few stories about non-monogamous relationships, such as in the case of polyamorous relationships. Many of

these stories seem to be bringing awareness to under-represented topics, which highlights the lack of available mainstream media attention to these areas.

Marketing, too, often adheres to relationship norms. Most couples in mainstream television, radio, and print media ads are heterosexual couples, assumed to be monogamous (e.g., shared home, wedding rings, children), except in rare cases when a gay or lesbian couple is depicted (e.g., the infamous Campbell's soup ad). Similarly, the men and women portrayed in advertisements tend to be fulfilling stereotypical gender and relationship roles, such as women using cleaning products and men in occupational roles (Eisend, 2010).

In education, the traditional roles are taken up in texts read by students, writing expectations, historical facts, and the absence of LGBTQ presence, thus reinforcing the societal norm of heterosexual cis-gender monogamous dyads. Indeed, in a recent nation-wide study of Canadian educators, participants believed LGBTQ content was relevant to many courses (e.g., social studies, English language arts), yet only 73% indicated they would be comfortable discussing LGBTQ content with students and only 49% said they used inclusive language and examples (Taylor et al., 2015).

In conclusion, in Western societies, including Canada, social norms dictate that romantic relationships are monogamous and involve a cis-man and a cis-woman fulfilling gendered roles. These norms are portrayed throughout all domains of life. Clearly, not all relationships adhere to this model. What then happens to those individuals who do not? There are many possible consequences, some of which are discussed below.

Negative Bias

Although monogamous heterosexual cis-gender relationships are the norm in Western societies, many people do not fit inside this category. Some people choose not to marry because they enjoy having multiple partners, while others are married but engage in extra-marital sex (e.g., swingers, infidelity). Similarly, not everyone adheres to stereotypical gender roles (e.g., many women work). Although there may be negative consequences for some people who deviate from the norm in terms of monogamy or gender roles, a significant area of concern is what happens to people who do not adhere to the heterosexual or cis-gender aspects of the norm (i.e., queer people). The following section outlines some of the challenges faced by many of these individuals, including heterosexism and negative bias, minority stress, and mental and physical health concerns.

Heterosexism

Heterosexism is the assumption or belief that everyone is heterosexual or should be (ALGBTIC, 2013). Herek (1990) further defines heterosexism as "an ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community" (p. 316). Heterosexism, like sexism and racism, inherently devalues entire groups of people, and happens at both the individual and the cultural levels (Herek, 1995). This is problematic for many reasons, including the effects it has on individuals' identity formation and societal reactions to individuals.

Heterosexism is pervasive but does not necessarily result from the conscious effort of heterosexuals to devalue sexual minority individuals' experiences; rather, it is so ubiquitous that it just *is* (Herek, 1990). That it happens both consciously and

unconsciously is a problem as it can be difficult to remedy that which is so deeply entrenched. One negative consequence of heterosexism is negative bias, discussed below.

Negative Bias

Negative bias, in the context of this paper, refers to the fear, hatred, or intolerance of queer people. The reader should note that negative bias will be used in this paper instead of terms like homophobia, biphobia, and transphobia. I recognize that the term negative bias does not address the nuances and history of terms like homophobia, biphobia, and transphobia, and my intention is not to ignore this history. Negative bias is being used for several reasons. First, some people contest the use of words like homophobia, biphobia, and transphobia because the suffix phobia implies that the problem is personal and medical, rather than a reflection of a larger social issue (Smith, Oades, & McCarthy, 2012). One author suggested, in a somewhat tongue-in-cheek way, that a term like "gaycist" should be used instead because "phobias can be debilitating, to be sure, but they exert nowhere near the force of -isms" (Rothman, 2012). Second, some queer organizations, such as GLAAD (Gay and Lesbian Alliance Against Defamation), have noted that bias is a more accurate term to describe the antipathy towards queer people (GLAAD, n.d.). Third, there is inconsistent use of terms like homophobia, biphobia, transphobia, negative bias, and heterosexism in academic literature. As Goodrich, Sands, and Catena (2015) note, homophobia was often used when heterosexism should have been used instead, highlighting the lack of consistency in language use. Fourth, negative bias is my attempt to speak to the negative bias that queer people of all identities may face, while still being brief. For these reasons, I have chosen to use the term negative bias in this document.

Negative bias manifests in many ways, many of which are everyday exchanges that communicate prejudice and discrimination (Sue et al., 2007). These exchanges may be conscious or unconscious, and may seem harmless or meaningless, when in reality they are not (Shelton & Delgado-Romero, 2011). Negative bias can be displayed through environmental cues, actions, or verbalizations of beliefs or attitudes that are intended to cause harm (e.g., name-calling, violence); communications (often unconscious) of devaluation through verbal and behavioural means (e.g., "no-homo"); and communications or cues that devalue the thoughts, feelings, or reality of a minority person (Sue, 2010; Sue et al., 2007). An example of this last display of negative bias is the statement "I'm not homophobic; I have a gay friend." This statement implies that the speaker is correct in whatever he or she has just said that was perceived as negatively biased by the LGBTQ listener, and that the listener's reality is somehow flawed. It also implies the speaker is immune to heterosexism. Sue (2010) argues that negative bias displays like this are possibly more dangerous than other types of negative bias because they deny the reality of other groups, thereby imposing the oppressive and alternative reality of the dominant group.

There are a variety of factors that influence identification with negative beliefs about LGBTQ communities, including older age, gender (i.e., male), race (i.e., non-Caucasian), political beliefs (i.e., conservative), traditional gender-role beliefs, not personally knowing an LGBTQ individual, living in a rural area, lower social class, a country's communist history, less education, lower national and personal affluence, authoritarianism, conservative religious beliefs, and living in an African or Asian nation (Borooah & Mangan, 2007; Goodman & Moradi, 2008; Hadler, 2012; Lingiardi, Falanga,

& D'Augelli, 2005; McGee, 2016; Swank, Fahs, & Frost, 2013). While the relationship between these factors and negative bias is correlational, and thus identifying with one or more of these factors does not necessarily mean that a person holds negative beliefs about LGBTQ individuals, it is important to get a sense of how macro- and micro-level factors influence negative bias in the global context.

Negative bias exists in all domains of life and is influenced by a variety of sociocultural factors. The commonplace, and often unconscious, displays of negative bias pose a challenge because it is difficult to address and ameliorate that which is ubiquitous and often below conscious awareness. More consequences of negative bias are discussed below.

Minority stress. Because of societal beliefs about relationships and the ensuing negative bias, members of minority groups face stressors that non-minorities do not. Meyer (2003) describes minority stress as the addition of these stressors to the everyday stress experienced by all people (e.g., maintaining relationships, traffic, money). Meyer (1995) posits three processes of minority stress: expectations of discrimination (stigma consciousness), internalized negative bias, and prejudice events.

Stigma consciousness. Stigma consciousness is the degree to which the targets of stereotypes expect to be stereotyped by others (Pinel, 1999). Stigma consciousness is positively related to intrusive thoughts, negative mood, and self-reports of physical symptoms, with higher stigma consciousness being associated with more negative outcomes (Lewis, Derlega, Clarke, and Kuang, 2006). Those individuals who experience stigma consciousness (i.e., most LGBTQ people) and social constraints (e.g.,

discrimination) are even more likely to report the negative consequences listed above (Lewis et al., 2006).

Individuals with high stigma consciousness are more likely to perceive discrimination towards the self or the group, and thus to avoid stereotypical situations (Pinel, 1999). This avoidance helps to preserve the self by avoiding discrimination. However, by avoiding certain situations, the individual does not challenge stereotypes (Pinel, 1999). That is not to say that LGBTQ individuals are responsible for perpetuating stereotypes; rather, stereotypical situations are a double-edged sword that highlight the complexity of navigating a biased world as an LGBTQ person. Another factor in this complexity is discussed below.

Internalized negative bias. Queer individuals are exposed to negatively biased messages much the same way that non-queer people are. However, while non-queer people may adopt negative attitudes and project these onto queer people, LGBTQ individuals may adopt these attitudes and reflect them onto themselves. Negatively biased messages are not particularly damaging to the identities of non-minorities, but internalized negative bias has repeatedly been shown to be related to adverse outcomes, such as greater lifetime suicide attempts, more depressive symptoms, and greater demoralization (Herek, Cogan, Gillis, & Glunt, 1998; Lease, Horne, & Noffsinger-Frazier, 2005; Meyer, 1995; Perez-Brumer, Hatzenbuehler, Oldenburg, & Bockting, 2015). Studies such as these indicate that negative bias and the resultant internalized negative bias have negative consequences for LGBTQ individuals.

Internalized negative bias may be particularly damaging during the time of sexual and gender identity development. Several researchers have posited models of sexual and

gender identity development (Cass, 1979; D'Augelli, 1994; Devor, 2008; McCarn & Fassinger, 1996; Morgan & Stevens, 2008). During identity development, regardless of which model one believes in, many queer individuals will experience feelings such as shame and fear; this is due in part to rejection and discrimination they face or anticipate they will face (Bockting & Coleman, 2016). During this time, the negative messages the person has received from society become about the self, rather than about others. As a result, some individuals may develop internalized negative bias and reject their identity, which can have several negative consequences. More consequences of negative bias are discussed below.

Prejudice events. Prejudice is a "preconceived opinion that is not based on reason or actual experience" and "dislike, hostility, or unjust behaviour deriving from preconceived and unfounded opinions" (Oxford Dictionary, n.d.). According to Meyer (1995), prejudice events include discrimination and violence. LGBTQ individuals face discrimination in many domains, including housing, employment, and day-to-day interactions (Herek, 2009). These individuals are also at great risk of experiencing violence, such as physical and sexual assault, harassment, stalking, and murder (Edwards et al., 2015; Stotzer, 2009). According to Statistics Canada (2015), hate crimes targeting LGBTQ individuals are more likely to be violent than those targeting other groups, with about two-thirds of these offences involving violence ranging from common assault to aggravated assault. Violent offenses are perpetrated by both strangers and people known to the victim (Stotzer, 2009).

There are obvious health concerns related to the violence experienced by many LGBTQ people. However, there are also serious health concerns that arise from other

negatively biased acts. These health concerns, both physical and mental, are discussed below.

Health concerns related to negative bias. It may at times seem ideal to live by the children's rhyme "sticks and stones may break my bones, but words will never hurt me," yet researchers suggest that this simply is not true. Meyer (2003) argues that minority stress, made up of prejudice events, stigma consciousness, and internalized negative bias, accounts for the higher prevalence of mental health issues and suicidality among LGBTQ individuals. He further argues that persistent and chronic stress related to psychological distress results in higher levels of distress for minority group members (Meyer, 1995). Researchers have repeatedly found that queer people experience higher levels of mental and physical health concerns, as well as higher suicidality. Each of these areas is explored below.

Mental health. On average, LGBTQ people are more likely to experience mood, anxiety, and personality disorders, psychological distress (e.g., demoralization, guilt, isolation), and poorer global mental health than their non-minority counterparts (Bockting, Miner, Romine, Hamilton, & Coleman, 2013; Bolton & Sareen, 2011; Brennan, Ross, Dobinson, Veldhuizen, & Steele, 2010; Cochran & Mays, 2007; Cochran et al., 2003; Jacobsen & Wright, 2014; King et al., 2008; Meyer, 1995; Shipherd, Green, & Abramovitz, 2010). Overall, LGBTQ individuals are at greater risk of developing a severe mental illness, and bisexual men and women appear to be particularly susceptible to experiencing mental health concerns (Bolton & Sareen, 2011; Kidd, Howison, Pilling, Ross, & McKenzie, 2016).

These increased rates of mental health concerns are problematic for a variety of reasons, including the financial drain this can be for a person accessing care (e.g., medication, counselling, missed work), the cost on the health care system, and the many ways in which a mental illness affects a person (i.e., symptoms). Ultimately, increased mental illness results in greater prevalence of suicide, suicide attempts, and suicidal ideation among LGBTQ people than their heterosexual and cis-gender counterparts (Bolton & Sareen, 2011; Jacobsen & Wright, 2014; King et al., 2008; Meyer 1995; Swannell, Martin, & Page, 2016). This is problematic because, as almost all the researchers cited above note, these mental health concerns, including suicide, directly arise from discrimination, negative bias, and minority stress. Discussed below are the negative consequences of negative bias for physical health.

Physical health. Several researchers have examined the health disparities between queer people and their heterosexual and cis-gender counterparts. Because many psychological disorders, including depression and anxiety, involve somatic symptoms (McLeod, Hoehn-Saric, & Stefan, 1986; Tylee & Gandhi, 2005), it is reasonable to deduce that LGBTQ individuals experiencing mental health concerns would also be experiencing physical health concerns. Indeed, researchers have found that many LGBTQ individuals experience physiological distress and somatization related to mental illness, including (but not limited to) dizziness, back pain, headaches, and cardiovascular and gastrointestinal issues (Bockting et al., 2013; Mereish & Poteat, 2015).

Queer women are also more likely to experience physical health concerns not resulting from mental illness. For example, compared to heterosexual women, bisexual women are more likely to experience digestive issues, back problems, and chronic fatigue

syndrome, and lesbian women are more likely to experience arthritis (Cochran & Mays, 2007). Lesbian and bisexual women are also more likely to be obese and have cardiovascular diseases and asthma, although these disparities seem to differ between age groups (Conron, Mimiaga, & Landers, 2010; Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013; Simoni, Smith, Oost, Lehavot, & Fredriksen-Goldsen, 2017).

There appears to be some disagreement in the literature regarding the health of gay and bisexual men. While some researchers have found that gay men are more likely to experience digestive and urinary problems, migraines/headaches, and chronic fatigue than straight men, other researchers have found that gay and bisexual men do not differ much from straight men in global physical health, and actually have lower BMIs and are less likely to be obese (Brennan et al., 2010; Cochran & Mays, 2007; Conron et al., 2010; Fredriksen-Goldsen et al., 2013).

Queer men also have an increased risk of contracting HIV/AIDS and sexually transmitted infections (Herbst et al., 2008; Public Health Agency of Canada, 2014). It is unclear whether queer women are at this same increased risk, with some researchers suggesting they are and others suggesting they are not (Estrich, Gratzer, & Hotton, 2014; Logie, James, Tharao, & Loutfy, 2012).

One particular health issue that LGBTQ individuals face is substance use and abuse. Some researchers suggest that queer people are more likely to have substance abuse disorders than their non-minority counterparts (Green & Feinstein, 2012; King et al., 2008; McCabe, West, Hughes, & Boyd, 2013). Substance abuse seems to be more prevalent among lesbian and bisexual women than gay and bisexual men, although these men also experience increased alcohol and drug dependency compared to heterosexual

men (Bolton & Sareen, 2011; Conron et al., 2010; King et al., 2008). One study found that alcohol consumption does not increase among lesbian and bisexual women, but that these women experience increased negative drinking consequences (e.g., poor work performance, relationship issues) related to minority stress (Wilson, Gilmore, Rhew, Hodge, & Kaysen, 2016). Regardless, substance use and abuse appears to be common and problematic among LGBTQ people. It is reasonable to predict that, due to increased substance and tobacco use, queer people are susceptible to adverse health effects as well, including lung, heart, and liver disease (Jha et al., 2013).

Researchers have posited that substance abuse is sometimes used as a coping mechanism, which could include coping with minority stress, negative bias, and violence (Green & Feintstein, 2012). Similarly, the higher rate of tobacco use among queer people has been attributed to internalized negative bias, increased stress, depression, and victimization (Blosnich, Lee, & Horn, 2013; Tamí-Maury et al., 2015; Tang et al., 2004).

To summarize, heterosexism, negative bias, minority stress, and the multitude of ways in which these impact mental and physical health are significant challenges faced by queer individuals. These negative consequences highlight not only the need for a focus in research on how to reduce these challenges, but also that these challenges are a direct result of the sociocultural climate in which these individuals live. Researchers have repeatedly shown that the challenges discussed above arise due to sociocultural factors, rather than some inherent flaw in LGBTQ individuals. Thus, it is important to further explore the sociocultural climate, the effects it has, and how to reduce these effects. The following sections outline some of the areas relevant to the proposed study: religion,

Alberta, and counselling. In the following sections, negative bias will be used to encompass heteronormativity, heterosexism, and minority stress.

Religion

Discussed above were some of the ways in which negative bias is displayed and the effects of this. It appears that a variety of sociocultural factors influence the prevalence of negative bias, one of which is religion. The following section outlines the sociocultural context of religion in Westernized countries, especially as it relates to the predisposition to reject sexual diversity. A discussion of negative bias in religion follows. Lastly, the focus narrows to negative bias in the dominant religions in Alberta, the location of the current study. It is important to understand how this sociocultural factor may be influencing negative bias in Alberta because it relates to the mental and physical well-being of queer people in this province.

Religion in Westernized Countries

The majority of religious people living in Westernized countries (i.e., Europe, North America, parts of South America, Australia, and New Zealand) adhere to one of the three Western religions: Judaism, Christianity, and Islam. Religion has historically held a special status in Westernized countries. For example, early into Canadian Confederation, the State gave Christian churches power over registering births, celebrating marriages, educating children, caring for the sick, and running residential schools (Des Rosiers, 2014). Now Canada is considered a secular state, yet the continued influence of religion can be seen throughout the country. At the individual level, 76% of Canadians in 2011 identified as religious, with about 70% identifying with a Western religion and about 3-4% identifying with an Eastern religion (Statistics Canada, 2013a).

The primary religions of Westernized countries, Christianity, Judaism, and Islam, have the same historical and theological roots (Oxtoby, 2002; Robinson & Rodrigues, 2006). The writings of these religions are often interpreted to be anti-LGBTQ. For example, the Qur'an states:

> And We sent Lot—when he said to his people, "Do you commit an abomination such as no one in the world ever did before you? You approach men with lust instead of women. Nay, you are a people who exceed all bounds"…And We rained upon them a rain. Now see, what was the end of the sinners! (7:81-85, translated by M. S. Ali)

The translation of this line varies between texts; however, the essence is the same. Similarly, both the Bible and the Torah state "Thou shalt not lie with mankind as with womankind: it *is* abomination" (Leviticus 18:22, King James Version).

Although these texts are used by each subset of these religions, there is variance between these denominations in regard to beliefs about queer communities. For example, the Southern Baptist Convention, a Protestant group, is firmly anti-LGBTQ, whereas the Episcopal Church, one branch of the Anglican Communion, is fully accepting of LGBTQ people (Human Rights Campaign, 2015). Religious teachings do not mean that all followers of that faith hold negative views towards LGBTQ individuals, nor that all religious leaders promote such views. However, deeply religious people tend to have higher levels of negative attitudes towards homosexuality, especially towards gay men (Adamzyck & Pitt, 2009; Arndt & de Bruin, 2006).

Eastern religions, such as Buddhism and Taoism, comprise a much smaller portion of the population in Westernized countries, including Canada. As with Western

religions, beliefs about LGBTQ communities vary amongst the subsets of Eastern religions. For example, while some temples and ashrams of Hinduism endorse inequality for LGBTQ persons, others do not (Human Rights Campaign, 2015). Similarly, Zen Buddhism makes no distinction between homosexual and heterosexual relationships, while the Dali Lama of Tibetan Buddhism has spoken both for and against queer people (Human Rights Campaign, 2015).

Given the historical influence religion has had, as well as the continued importance religion plays in many people's lives, it appears that religion is a significant sociocultural factor. It is also apparent that the teachings of Western religions, and to a less consistent degree Eastern religions, have traditionally upheld anti-LGBTQ attitudes. There is some variance in modern interpretations of religious texts which has benefited LGBTQ people, such as the focus on loving one another rather than ostracizing people. Unfortunately, there is still a great degree of adherence to traditional interpretations. Given the number of Canadians who identify with a Western religion, this adherence can be problematic for LGBTQ communities. Below, some of the effects of these religious teachings are discussed, particularly in relation to negative bias.

Negative bias in religion. Given that the teachings of many Western religion denominations denounce LGTBQ identities and sexual behaviours, it is perhaps not surprising that religiosity and an LGBTQ identity are commonly believed to be incompatible (Adamzyck & Pitt, 2009; Hildebrandt, 2015; Liboro, 2015; Sands, 2007). Indeed, many LGBTQ individuals feel there is conflict between their identity and their religion (Schuck & Liddle, 2001). This conflict results in increased feelings of rejection by God and church, guilt, shame, depression, self-loathing, internalized negative bias, and

suicidality, which many LGBTQ individuals attribute to being taught that their identity is sinful (Barnes & Meyer, 2012; Gibbs & Goldbach, 2015; Schuck & Liddle, 2001; Sherry, Adelman, Whilde, & Quick, 2010).

For those individuals unable, or unwilling, to integrate their LGBTQ and religious identities, rejection of sexual identity may occur (Wood & Conley, 2014). In this scenario, the individual rejects any feelings of attraction to same-sex persons and adamantly identifies as heterosexual. Some individuals who reject their sexual identity seek out conversion therapy, an attempt to change an individual's same-sex sexual orientation (Bieschke, Paul, & Blasko, 2007).

Conversion therapy is included in the section on religion, rather than counselling for three reasons. First, both the American Psychological Association (2008) and the Canadian Psychological Association (2015) do not condone conversion therapy as an appropriate therapy technique. Second, most people who seek this therapy are religiously motivated and believe there is incongruence between religion and sexuality (Bieschke et al., 2007; Flentje, Heck, & Cochran, 2014). Third, although mental health professionals may conduct conversion therapy, for the most part it is conducted by paraprofessionals such as pastors (Flentje et al., 2014).

The evidence strongly suggests that conversion therapy is ineffective, and in some cases, harmful (Bradshaw, Dehlin, Crowell, Galliher, & Bradshaw, 2015). It has been linked to increased anxiety, depression, suicidality, shame, guilt, and self-hatred (Beckstead & Morrow, 2004; Flentje et al., 2014; Jacobsen & Wright, 2014). In a counterintuitive twist, people in several studies have reported that conversion therapy was

helpful because it helped them realize change was not possible and helped them solidify their sexual identity (Beckstead & Morrow, 2004; Flentje et al., 2014).

One particularly prominent organization that touted conversion therapy as a beneficial tool was Exodus International/Global Alliance. This organization formed in 1976 when several Evangelical and fundamentalist Christians gathered to discuss a way to provide pastoral support to homosexual men and women (Blevins, 2007). Pastoral support meant "helping people affected by homosexuality and promoting the message that faith in Christ and a transformed life is possible for people who experience same-sex attractions" (Exodus Global Alliance, n.d.). In 2013, Exodus International disbanded and President Alan Chambers issued an apology to the queer community for the damage and suffering that had resulted from conversion therapy, although he maintained that sexuality is meant for heterosexual marriage (Payne, 2013).

It appears from the research literature that negative bias is a common theme in religious teachings and organizations. This is problematic because religion is socioculturally significant and plays a large role in many people's lives. Fortunately, some religious organizations have adopted an affirmative and accepting stance on queer people. This is discussed further below.

Support within religious groups for queer people. Identity integration occurs when individuals can experience both a sexual identity and a religious identity simultaneously (Wood & Conley, 2014). Evidence suggests that many LGBTQ individuals can resolve the conflict between religion and sexuality (Schuck & Liddle, 2001; Sherry et al., 2010). Integrating these two identities has many positive consequences, including feelings of love and acceptance; a deeper understanding of

spirituality and life purpose; increased empathy, openness, and compassionate action contributions to communities; enhanced relationships with family and partners; and, increased ability to cope with minority stress (Rosenkrantz, Rostosky, Riggle, & Cook, 2016).

Identity integration is a personal process, but one way that integration can be aided is by finding affirming faith groups or churches. Lease and colleagues (2005) found that affirming faith group experiences are indirectly related to psychological health because those experiences result in lesser endorsement of internalized negative bias. Likewise, LGBTQ individuals who participate in affirming faith groups are somewhat protected from the harmful effects of discrimination (Gattis, Woodford, & Han, 2014). The benefits of affirming faith groups may be related to the reduced social constraints placed on LGBTQ individuals. Lewis and colleagues (2006) posit that lower social constraints can reverse adverse effects of discrimination because LGBTQ individuals are able to discuss their stress instead of ruminating. If LGBTQ individuals feel welcomed by their faith group, they may be able to form affirming social supports, thus mitigating the effects of discrimination.

The GALIP Foundation, a non-profit organization dedicated to the acceptance of LGBTQ people in religion, houses an online directory (gaychurch.org) of gay-affirmative Christian gatherings around the globe. Users can search for affirming congregations in a variety of denominations close to their location. The list is not comprehensive and only includes Christian groups, but it does indicate that there are accepting religious groups across the world.

One particular group that has garnered much attention for its inclusivity is the network of Metropolitan Community Churches (MCC). There are over 200 MCCs in 33 countries, including three in Canada, and each one is comprised primarily of LGBTQ individuals (Metropolitan Community Churches, 2013). Organizations such as this have a positive effect on their congregants and have helped many individuals integrate their religious and LGBTQ identity (Schuck & Liddle, 2001).

Aside from providing accepting spaces and not teaching that LGBTQ identities are sinful, religious leaders may also support LGBTQ individuals by providing counselling. For religious persons, a religious leader is often the first person sought for help (Weaver, Flannelly, Flannelly, & Oppenheimer, 2003). Most religious leaders, such as priests, rabbis, and imams, are not taught in-depth understandings of mental health, yet some feel prepared to deal with mental health concerns (Bledsoe, Setterlund, Adams, Fok-Trela, & Connolly, 2013; James, Igbinomwanhia, & Omoaregba, 2014); thus, an accepting religious leader may be a good source for counselling help among LGBTQ individuals.

Affirming religious groups provide a more positive spin on the relationship between religion and LGBTQ identities, perhaps by not interpreting religious texts to be anti-LGBTQ. However, there are far fewer affirming groups than non-affirming groups, which highlights the tumultuous relationship between religion and queer communities. To better understand the sociocultural climate of Alberta, it is important to examine the dominant religious groups in this region, as well as the teachings of these groups, whether affirming or not, in regard to sexual queer people.

Dominant Religious Groups in Alberta

Alberta has a reputation for being conservative and religious (Rayside et al., 2012), yet, according to the 2001 Canada Census, Albertans are more likely to report no religious affiliation (24%) compared to Canadians overall (18%). What distinguishes Alberta in terms of religion is that 39% of the population self-identifies as members of Protestant denominations, compared to 29% of Canadians overall, and Conservative Protestants are the largest religious group in Alberta (Bowen, 2004; Statistics Canada, 2003). The next closest religious group is Catholics at 27% (Statistics Canada, 2003). Mormons also have a significant presence in the province, comprising 42% of the total Mormon population in Canada (Mormon Newsroom, 2015). Given the presence of these groups, it is possible that Alberta's reputation for being religious is well founded.

Being a religious region is not inherently problematic. What is problematic, particularly for LGBTQ individuals, are the teachings and messages of the dominant denominations in the region regarding LGBTQ identities. Conservative Protestantism, including fundamentalist, evangelical, and Baptist Christian denominations, tends to be less tolerant of homosexuality than other denominations (Burdette, Ellison, & Hill, 2005; Woodberry & Smith, 1998). Evangelical Protestants in particular have been noted as being less supportive of LGBTQ individuals, and although over the years there has been a slight increase in support, this growth is noticeably less than the shift in mainstream society (Paul, 2017; Pew Research Center, 2016). Catholics and Mormons are somewhat more accepting of queer communities, with the general message being that homosexuality as a desire is not sinful, but acting on those desires is (Hinckley, 1998; Jordan, 2000). Indeed, in a recent ruling by the Church of Jesus Christ of Latter Day

Saints, the Mormon church, children of same-sex marriages cannot be baptized in the Church, and people in same-sex marriages are considered apostates, subject to excommunication (LDS Handbook 1, 2015). This policy change resulted in mass resignations from the church, and, according to anecdotal evidence, played a role in increased suicide rates among LGBTQ Mormon youth (Wright, 2016).

In conclusion, religion is a global phenomenon that has historically held significant sway and continues to do so. While not all religions, religious leaders, or religious followers view LGBTQ identities negatively, many do, and some of these may be counsellors. This is problematic, not only for those individuals who identify as both queer and religious, but for any LGBTQ individuals who are affected by religion or religious influence. The negative effects of religion may be especially likely in regions that have a significant religious presence, such as Alberta. Below, displays of negative bias, outside of religion, will be discussed in the Alberta context to further highlight the damaging sociocultural context in which LGBTQ individuals live.

Negative Bias in Alberta

Alberta has had a troubled past with negative bias, which can be illustrated by several recent events. The examples discussed in this section, by no means an exhaustive list, provide insight into the sociocultural history and climate of Alberta. By examining these recent events, it becomes clear that queer individuals have faced challenges associated with negative bias in this province, which ultimately affects their mental and physical well-being and their subsequent need for health services. Likewise, these events may reflect widely held beliefs in this province about queer people, including beliefs held by counsellors.

The Notwithstanding Clause

The notwithstanding clause allows a province or territory to adopt legislation that overrides sections of the *Canadian Charter of Rights and Freedoms*, such as freedom of expression and the right to equality (Constitution Act, 1982). The government of Alberta has twice threatened to invoke this clause in relation to LGBTQ communities. The first was when the Supreme Court of Canada ordered the inclusion of sexual orientation in Alberta's *Individual Rights Protection Act* as a protected ground (*Vriend v. Alberta*, 1998). In response to the Court's ruling, the Alberta government at that time threatened to invoke the notwithstanding clause, which would override the Court's decision (Filax, 2004). The Alberta government ultimately decided not to invoke the clause; however, it took another 11 years for sexual orientation to be added to the *Act*. This lengthy delay suggests that there was long-standing resistance within the government to making the amendment, which reflects the anti-LGBTQ beliefs of the residing politicians at the time.

The Alberta government again attempted to use the notwithstanding clause in 2000 when the province adopted the *Marriage Amendment Act*, which stated that marriage was between a man and a woman. The act included a notwithstanding clause, which ultimately had little effect given federal jurisdiction over marriage (Hurley, 2005). That the legislators at the time would include this frivolous clause suggests that law-makers wanted to ensure that their view on the subject was known, regardless of the effectiveness of the policy.

These two incidences highlight the history of resistance within the government to equal rights for LGBTQ individuals and provides evidence for the negative political and sociocultural environment in which LGBTQ individuals were living up until the early

2000s. As previously discussed, displays of negative bias have negative physical and mental health consequences for queer people, which could lead some individuals to seek counselling services. Further examples of provincial displays of negative bias are discussed below.

Gender Identity as a Protected Ground

In 2009, when sexual orientation was being added to the *Alberta Human Rights, Citizenship and Multiculturalism Act* (formerly the *Individual Rights Protection Act*), the sitting government opted not to include gender identity as a protected ground. This decision was made based on some members of legislative assembly (MLAs) misunderstanding of gender identity. Indeed, one MLA stated, "I don't know what the heck the difference is between gender and gender identity, so I would urge members to defeat this amendment" (Blakeman, 2009, p. 1326). This ultimately resulted in a lack of legal protection for individuals discriminated against based on their gender identity. It took six more years for gender identity and gender expression to be added as protected grounds (Bill 7, 2015). This gap in legislation reflects some politicians' ignorance of this topic, as well as their unwillingness to learn. That no one was consulted on the topic prior to voting indicates that some people believed this concern was not worth considering.

Recently, Alberta has made a significant step forward in recognition of gender identity. In June 2018 the Alberta government revealed that citizens can now choose the marker 'X' on identity documents, including drivers' licenses and birth certificates (Mertz, 2018). This allows transgender, non-binary, and gender non-conforming people to have identification that more accurately reflects their reality.

School-Related Legislation

Several recent school-related pieces of legislation highlight negative bias in Alberta. First, in 2009, Bill 44 was passed, which required schools to notify parents when topics like sexuality and sexual orientation were to be discussed. This an example of negative bias because it reflects the belief that parents should know when these topics are being discussed so that they can choose to withdraw their children from the class during these discussions.

Second is the issue of Gay-Straight Alliance clubs in schools. Some MLAs were in favour of requiring schools to allow students to start GSAs, while others, including the premier, would only support this if school staff could deny students' requests (Bill 10, 2014; Blakeman, 2014). The public also weighed in on this issue. Some people opposed the bill based on the fact that parents would not get a say in the creation of clubs (Carpay, 2015), while other people, including officials at two faith-based schools, opposed the bill based on religious grounds (Mertz, 2016). The opposition of MLAs and some members of the public highlights the challenges faced by LGBTQ youth, as well as other LGBTQ individuals who interact with people who hold such beliefs.

Lastly, in January of 2016, Alberta Education released guidelines for best practices in regard to queer youth. The guidelines were considered a victory for many children who are affected by the guidelines, as well as the LGBTQ community as a whole, yet many people have spoken out against the document. (One need only look at the comments section on any news article to get a taste for how people feel about the issue.) One of the primary concerns of the opposition was the lack of explicit protections for parents' rights (Lo, 2016). This again highlights the beliefs of many residents of

Alberta (for example, over 2000 petitioners in Lethbridge) that parents' rights take priority over LGBTQ children's rights. This reflects negative bias in at least part of the population, which has negative consequences for the children affected, as well as the greater community witnessing the opposition. Further examples of negative bias towards queer people in Alberta are discussed below.

Government Response to LGBTQ-Related Health Policies

In 2009, the Alberta government delisted gender confirming surgery as a medically necessary procedure, a decision made without consulting medical experts and done as a cost-saving measure (Gudowska, 2013; Rayside et al., 2012). The delisting was an incredible blow to the transgender community and put many transpersons at risk of increased psychological distress, including suicide, so it was a great relief when gender confirming surgery was again deemed medically necessary in 2013 (Gudowska, 2013). Although the delisting was not an explicit display of negative bias, it did send the message that the health of LGBTQ individuals is not a priority.

This belief is reflected by many members of the public. A quick review of comments on various news articles related to this topic yielded the themes "my tax dollars should not be paying for this," "these surgeries are not necessary," and "other medical concerns are more pressing." Although these commenters are not necessarily representative of the general population, they do represent some of the population, and a vocal part at that.

The government's response to diagnostic codes has also been less than ideal. Alberta uses the International Classification of Diseases 9th Edition (ICD-9) to assign codes to patient diagnoses. The ICD-9 was written in 1975 and includes homosexuality as

a disease (Kleiss, 2012). Homosexuality was not removed from the online version of Alberta's Health and Wellness Diagnostic codes until 2010, although the government was first made aware of the issue in 1998 (Kleiss, 2012). Such a late removal suggests that ensuring medical language is up to date, at least in regard to LGBTQ individuals, is not a priority for the government, possibly reflecting a larger belief that LGBTQ individuals are not a priority. These two examples of government responses to LGBTQ health directly impact the physical health of these individuals, as well as indirectly impact their mental health. Similarly, the views held by the people in charge of diagnostic codes may also be held by some members of the general public, including some counsellors. These beliefs could have a direct impact on the counselling services provided by these counsellors.

In summary, an examination of recent provincial events highlights negative bias throughout the province. All of the above examples are grounded in negative bias and heterosexism, whether explicitly or implicitly. The focus was on government-related events. This was because the government has a significant impact on what happens in the province, and because the government is voted in by citizens who share similar beliefs (possibly including counsellors). Thus, each of these events reflects the negative bias of the public, as well as of the government.

By examining these events, it becomes clear that Alberta has created a sociocultural climate of negative bias, which LGBTQ individuals live in each day. Because, as previously discussed, negative bias negatively impacts physical and mental health, it seems that, just by living in this province, the health of LGBTQ individuals is

compromised. These mental health concerns result in many queer people accessing counselling. This topic is explored in the next section.

Counselling

As a result of the negative bias that LGBTQ individuals experience in various domains, there is an increased prevalence of mental health concerns among this population. From a sociocultural perspective, the individual and the social worlds are interdependent; thus, it follows that negative bias will impact LGBTQ individuals. This has led to many queer people accessing counselling. To better understand the services that are currently being provided, including what is effective and what is not, it is important to explore counselling as a profession.

In this section, a background on counselling is provided. Next, the key themes are explored. Once these have been established, the focus shifts to current professional competencies regarding LGBTQ individuals, followed by benefits of counselling to this population. Lastly, negative bias within counselling, including the negative consequences of this, is explored. Each of these sections is important for fully understanding the sociocultural climate in which LGBTQ individuals live and access services.

A Brief Background of Counselling

The Canadian Counselling and Psychotherapy Association (n.d.) defines counselling as:

> a relational process based upon the ethical use of specific professional
>
> competencies to facilitate human change… The counselling process is
>
> characterized by the application of recognized cognitive, affective, expressive,

somatic, spiritual, developmental, behavioural, learning, and systemic principles.

("Definition of counselling")

Counselling has existed in a variety of forms for centuries, but counselling in its current form grew out of two movements: guidance, or helping individuals make choices in their lives, and psychotherapy, or the resolution of serious issues to return to "normalcy" (Gladding, 2000). Counsellors now work with a variety of issues, including wellness, personal growth, career, and pathological concerns, and with a variety of people, including those who are "normal-functioning" and those who have more serious problems (Gladding, 2000).

Counselling is theory-based and counsellors typically have a theoretical orientation. Sigmund Freud's work in the late 1800s was the first systematic and comprehensive approach to psychotherapy (Neukrug, 1999). Freud's psychoanalytic theory included the levels of consciousness (conscious, preconscious, unconscious), the components of personality (id, ego, superego), and the psychosexual phases of development (e.g., oral), which, though controversial and largely demonized in psychology courses today, had a major influence on the early stages of psychotherapy (Jones-Smith, 2016).

After Freud, several theories of counselling developed. First came behaviourism, a theory stating that behaviour is shaped by the presence or absence of specific stimuli or consequences; thus, behaviour therapy focuses on changing observable behaviours by altering variables that maintain the behaviour (Jones-Smith, 2016). Next came cognitive therapy, in which therapists help clients identify the way they think and the core meaning of these thoughts, and then to change the way they think (Dobson & Dozois, 2010). Next came the humanistic and existential traditions. Counsellors practicing these theories focus

on the here-and-now in therapy, helping the client find personal meaning and growth, and value the client's personal experience and subjectivity, arguing that objectivity is very limited (Jones-Smith, 2016).

With most of the counselling theories coming from Western Europe and the United States, it is easy to see how counselling as it is currently known is grounded in the Western, Caucasian context. The Western paradigm of health, including counselling, has been given supremacy over other paradigms and imposed on non-Western cultures (Gene, 2004; Sima & West, 2005). Because of the roots of counselling theories, there have been many challenges faced by therapists who attempt to use these theories on diverse populations. One critique is that these theories focus on individuation and the self, which challenges their applicability to collectivist cultures (Chang, Tong, Shi, & Zeng, 2005). Other theory characteristics, such as a non-directive approach, a focus on past experiences, and a gradual process, may not sit well with a client from a different culture (Jones-Smith, 2016).

In addition to counselling being grounded in a Western context, counselling has also traditionally been quite expensive. For example, the Psychologists' Association of Alberta (2018) recommends charging $200 per hour for an individual session. Although some agencies provide free or reduced-rate services, and some people have insurance, many others are not able to access affordable counselling services. Thus, counselling, as it currently is, is grounded in a middle and upper-class context.

It appears that counselling has a long history, but one grounded in homogeneity. Despite this shortcoming, counselling has been effective for countless clients. This

effectiveness has much to do with several key themes. These themes are explored further below.

Key Themes of Counselling.

There are a variety of theoretical orientations, each with its own key themes and each claiming to be effective, leading some researchers to suggest that these successful therapies have some shared characteristics. These are called common factors and appear to be more important than a particular theory or set of interventions (Imel & Wampold, 2008).

Various researchers have outlined a multitude of common factors, but perhaps the most important is the working alliance. The working alliance, or therapeutic relationship, is the relationship between a counsellor and a client in the context of therapy. The working alliance has repeatedly been shown to be more predictive of positive therapy outcomes than the type of therapy practiced (Falkenström, Granström, & Holmqvist, 2013; Flückiger, Del Re, Symonds, & Horvath, 2012; Horvath, Del Re, Flückiger, & Symonds, 2011; Horvath & Symonds, 1991; Olivera, Braun, Penedo, & Roussos, 2013). The working alliance has been characterized in different ways, yet there appears to be some agreement on what it is: agreement between client and counsellor on client goals, tasks (i.e., what needs to be done to achieve those goals), collaborative work on these tasks, and a bond between client and counsellor (Bachelor, 2011; Bordin, 1979).

Related to, but not explicitly about the working alliance, are Carl Rogers' (1957) core conditions for client change. Rogers outlined six, but the most widely discussed are the counsellor's empathy for the client, congruence in the relationship, and unconditional positive regard for the client. Although not all counsellors would agree that these

conditions are necessary and sufficient for client change (as Rogers claims), most incorporate the conditions into their practice in order to form a strong working alliance with a client. Thus, the conditions are considered a key theme in counselling.

Another key theme of counselling is ethical practice. Qualified professionals follow codes (e.g., Canadian Psychological Association's *Code of Ethics*) that provide guidelines for how to practice ethically. One point that is particularly important is confidentiality, the protection of client information. Both clients and practitioners emphasize the importance of confidentiality for the counselling process (Corey, 2015; Eldridge, Robinson, Corey, Brems, & Johnson, 2012; Godfrey, Haddock, Fisher, & Lund, 2006; Israel et al., 2008). Without the assurance of confidentiality, it is difficult to form a strong, trusting bond between counsellor and client.

The last key theme of counselling is client change. Clients go to counselling with a concern or presenting issue, and the ultimate goal of counselling is some form of positive change. From the client's perspective, change can be characterized as having old and dysfunctional beliefs corrected and creating new meaning (Binder, Holgersen, & Nielsen, 2009). For many clients, the change process involves progression through stages: feeling stuck in their problem; attempting to avoid the problem; accepting their problem and having moments of insight; recovery from the problem; and, understanding the experience to have changed them for the better, as in adversarial growth (Higginson & Mansell, 2008).

The key themes described above are relevant for all clients. Discussed below are specific considerations for working with LGBTQ clients.

Counselling LGBTQ Individuals

Counselling queer clients is, in many ways, like counselling non-queer clients. However, there are differences that professionals should be aware of to best serve their clients. Most professionals who engage in counselling receive very little training regarding LGBTQ individuals, most of which is in a multicultural competency or ethics course (Alderson, 2004). This is problematic because these courses have shown to have little effect on students' queer client competency, while courses specifically about LGBTQ populations have shown to improve counsellor competency (Bidell, 2013a, b). This lack of training leaves counsellors feeling ill-equipped to work with these clients (Farmer, Welfare, & Burge, 2013; Graham, Carney, & Kluck, 2012; Grove, 2009; O'Hara et al., 2013; Owen-Pugh & Baines, 2014).

Several suggestions have been made as to how counsellors can gain competence in working with LGBTQ clients, including familiarity with research literature pertaining to LGBTQ individuals, exposure to theories such as intersectionality and minority stress, and an understanding of sociocultural and sociopolitical contexts (Boroughs, Bedoya, O'Cleirigh, & Safren, 2015). What consistently appears to increase perceived competence is experience with LGBTQ individuals, whether personal or professional (Murphy, Rawlings, & Howe, 2002; Owen-Pugh & Baines, 2014). Given this, and given that counsellors must practice within their competency, it seems imperative that counsellors at all levels of experience get exposure to LGBTQ clients and concerns to increase counsellor competency, thus increasing the availability and quality of counselling services for LGBTQ clients.

Although improved services would greatly benefit LGBTQ clients, there are already several ways in which counselling is beneficial for this population. Counselling in general has shown to be an effective treatment for mental health concerns, such that the average client accessing counselling is better off than 79% of untreated clients (Wampold & Imel, 2015).

In addition to the concerns that affect non-minority individuals, such as relationship issues, LGBTQ individuals may experience unique concerns (e.g., coming out). Counsellors, if affirmative, can be very helpful in aiding LGBTQ clients to achieve their goals. For instance, clients who are coming to recognize their identity as an LGBTQ person may have a negative view of oneself due to internalized negative bias. A counsellor can help target negative self-talk and introduce positive self-talk to develop a positive identity, increase self-esteem, and reduce depression (Landridge, 2007; Ross, Doctor, Dimito, Kuehl, & Armstrong, 2007). Similarly, counsellors can help clients weigh the pros and cons of disclosure, develop a safe plan for coming out (if possible), provide relevant resources (e.g., local groups or websites), and can normalize the process of coming out (Alderson, 2013; Walker & Prince, 2010).

To help clients achieve these benefits of counselling, counsellors can work from a few theoretical orientations. The three orientations that are suggested the most are humanistic, narrative, and constructivist, likely because they allow the client to fully tell their own stories without having to deal with the prior assumptions of the counsellor (Carroll & Gilroy, 2002; Israel et al., 2008; Raj, 2002). In addition, cognitive-behaviour therapy, feminist, gestalt, and Jungian therapies have also been found to be effective by counsellors, while psychoanalytic, family systems, and case management have not been

effective (Israel et al., 2008; Raj, 2002; Ross et al., 2007). While the authors do not discuss why they think the former theories were more helpful than the latter, it is possible that the former focus more on the client's perspective and are more action-oriented, rather than focusing on past events or relationships.

As previously discussed, the working alliance appears to be more important to client change than theoretical perspective. Although most research on this topic has focused on non-minority clients, it seems likely that this is also the case for queer clients as well. Of the research that is available on LGBTQ clients, it appears that the working alliance can be bolstered by the counsellor acting as an advocate and ally of LGBTQ communities (Raj, 2002).

Although there are a multitude of potential benefits of counselling, some people are unwilling or unable to access the services they need. Some barriers include: cost, previous bad experiences, stigma associated with having a mental health concern and accessing services, location (e.g., rural or remote areas), wait times, cultural beliefs, knowledge of where and how to access services, and experienced or anticipated discrimination (Loewenthal, Mohamed, Mukhopadhyay, Ganesh, & Thomas, 2012; McIntyre, Daley, Rutherford, & Ross, 2011; Shipherd et al., 2010). This list is certainly not exhaustive nor is it exclusive to queer clients. In addition to these barriers to accessing services, LGBTQ clients may experience many barriers to completing services, namely displays of negative bias. This is discussed further below.

Negative Bias Within Counselling Experiences

The prevalence of psychological distress is higher among LGBTQ individuals than among non-LGBTQ individuals because of the negative bias and stress that they

experience because of their identity (Cochran, 2001; Cochran et al., 2003; Meyer, 1995).

Because of this, LGBTQ individuals are more likely to access mental health services

(Cochran et al., 2003). With more LGBTQ individuals accessing services, it is imperative

that counselling services are accepting and open. Unfortunately, this is not always the

case and many of these individuals experience some form of negative bias in the

therapeutic relationship. Given what is known about the importance of the working

alliance, the presence of negative bias is extremely problematic.

Some counsellors may display negative bias because they may not be in touch with

their attitudes or the ways in which the things they do may actually be negative. For

example, Lingiardi and Nardelli (2015) found that three quarters of their sample of

counsellors believed homosexuality is normal, but more than half also believed that

conversion therapy is an acceptable practice.

Some counsellors may display negative bias because they have explicit negative

beliefs. For instance, in one study of AAMFT (American Association of Marriage and

Family Therapists) therapists, 20% of the participants believed it is ethical to conduct

conversion therapy and would do so if given the opportunity (McGeorge, Carlson, &

Toomey, 2015). These therapists also reported higher levels of negative beliefs about

these individuals.

In addition to these two examples of negative bias, a variety of conscious and

unconscious displays of negative bias in counselling have been identified, such as when a

counsellor: assumes that sexual orientation is the cause of all the client's problems;

assumes the client needs therapy (even after the client feels he/she is finished with

therapy); does not use the same language as the client (e.g., "homosexual" instead of

"gay"); avoids or minimizes the client's sexual orientation; discounts the client's experiences; attempts to over-identify with the client (e.g., "I have a cousin who is gay"); makes stereotypical assumptions; says that homosexuality is a sickness; warns the client of the dangers of identifying as LGBTQ; states that homosexuality is a result of being sexually abused; displays a heteronormative bias; inappropriately hospitalizes or prescribe medication; has a limited view of the lives of queer people; has inappropriate boundaries; judges the client; and/or is uncomfortable with sex talk (Bowers et al., 2005; Hunt, Matthews, Milsom, & Lammel, 2006; Israel et al., 2008; Jacobsen & Wright, 2014; Liddle, 1996; Mair, 2003; Shelton & Delgado-Romero, 2011).

These issues can have negative effects on LGBTQ clients, such as emotive reactions (e.g., anger, sadness), attitudinal changes towards therapy or therapists, internalized negative bias, and fewer help-seeking behaviours (Mair, 2003; Shelton & Delgado-Romero, 2011). Likewise, clients who perceive negative bias in the counselling sessions may avoid disclosing sexual orientation for fear of rejection (Hunt et al., 2006). Indeed, some clients have reported counsellors refusing to see the client again after the client discloses his or her sexual orientation (Liddle, 1996).

While any counsellor has the potential to hold negative beliefs about LGBTQ communities, researchers suggest that a few characteristics increase the likelihood of holding such views. First, male therapists are more likely to hold negative views towards LGBTQ individuals, which is consistent with the literature that men in general are more likely to hold such views (McGeorge et al., 2015). Second, counsellors who hold more rigid and authoritarian religious beliefs tend to hold more negative attitudes towards LGBTQ clients, which is consistent with other research findings regarding religion and

negative bias (Balkin, Schlosser, & Levitt, 2009). Results such as these suggest that other sociocultural factors related to increased negative bias (e.g., age, geographical location) could also affect counsellors. This makes sense because, although counsellors are trained to help people, they are still products of their sociocultural history.

One suggestion for how to reduce negative bias, including in counselling services, is to increase counsellor knowledge of LGBTQ issues. Researchers suggest counsellors who know more about queer communities and their unique concerns are less likely to hold negative beliefs about these communities than counsellors who are not knowledgeable about these issues (Alderson et al., 2009). Although knowledge may not completely rid the world, or even the profession, of negative bias, it appears that it could help the process.

In conclusion, this section outlined the history of counselling, as well as the key themes and a description of how counselling plays out for LGBTQ individuals. Negative bias within counselling and the negative effects it has were also explored. It appears from the literature that, although there are certainly positive aspects and outcomes of counselling, the context in which counselling is grounded and the sociocultural influences affecting negative bias create an environment which often is not conducive to therapy. This section ended with the suggestion that knowledge about LGBTQ individuals may help reduce negative views towards this community, both within the profession and in greater society. The current study, explored further below, is one step towards greater knowledge and less negative bias.

The Current Study

To my knowledge, only two previous studies have been conducted that look at the counselling experiences of queer people in Canada, both of which are unpublished theses. The first was conducted by Bauche (2004) and examined the counselling experiences of gay men in Calgary, Alberta. Bauche found that five of the eight participants had predominantly positive experiences, while the remaining participants had predominantly negative experiences.

The second thesis by Josephson (1997) examined the creation of accessible counselling services for gay men and lesbian women in Winnipeg, Manitoba. Josephson's study focused on the barriers to accessing services, safety within the counselling relationship, and recommendations for developing accessible services. His focus, unlike in Bauche's study or the current study, was on the negative aspects of counselling.

Other than the two theses cited above, no other studies could be found that were conducted in Canada on the counselling experiences of queer people. Although the proposed study and the theses are similar in some ways, they also differ in a few key areas:

1. The two theses only examined the counselling experiences of gay men and lesbians. Thus, the current study was the first to examine the counselling experiences of other sex and gender identities in Canada.

2. It has been 15 years since the last study, and much has changed since then.

3. The two previous theses were undertaken in large cities, while the current study was conducted in more rural areas.

4. Both theses were conducted by men; thus, the current study was viewed
   through a novel lens (i.e., a woman's perspective).

The dearth of research on the counselling experiences of queer clients highlights the need for more work in this area. Singh and Shelton (2011) conducted a content analysis on qualitative studies of counselling research with LGBTQ clients between 1998-2008. They made several recommendations, three of which are relevant to the proposed study. First, researchers should identify and discuss researcher reflexivity. Due to the nature of the method employed in the current study, this recommendation has been addressed. Second, researchers should increase attention to transgender and bisexual individuals. The current study was inclusive of all LGBTQ identities, thus addressing this recommendation. Third, diverse qualitative methods (other than grounded theory and constant comparative method) should be used. Oliveira, Sousa, and Pazo Pires (2005) also asserted that phenomenology furthers understanding of the counselling process and provides details that are naturally interesting for clinical practice. To address these recommendations, this study employed an interpretive-descriptive phenomenological method.

Based on the available information, the purpose of the current study was to examine the counselling experiences of several queer clients in southern Alberta. The study began to fill the vast gap in the literature on this topic by asking the questions: "What are the counselling experiences of sexual minority adults?" and "What are the sociocultural mediators for counselling with sexual minority adults?"

Chapter Summary

It appears from the reports of LGBTQ clients that there is often a lack of knowledge about their concerns, which results in negative bias in the counselling relationship. As previously discussed, negative bias in counselling, as well as in other domains, has adverse effects on queer individuals. The sociocultural context in which LGBTQ individuals live in Alberta continues to be wrought with challenges for this group of people.

The next chapter outlines the study methodology. I used an interpretive-descriptive phenomenological method to explore the counselling experiences of queer clients in southern Alberta. Included in this chapter are a brief overview of the method, the recruitment procedure, and a description of the instruments and interview procedure. Also included are the procedure for data analysis, a review of my interest in the topic, and a discussion of ethical considerations.

Chapter III: Methods

Chapter Introduction

The previous chapter outlined the unique challenges experienced by many queer people. Due to a variety of sociocultural factors, LGBTQ individuals are more likely to experience mental health concerns, resulting in this group being disproportionately represented in the counselling client population. The purpose of this study was to develop an in-depth understanding of people's lived experiences of seeking and receiving counselling; thus, the research questions that guided this study were "What are the counselling experiences of sexual minority adults?" and "What are the sociocultural mediators for counselling with sexual minority adults?" This chapter focuses on how the aims of this study were achieved through a qualitative research method. This chapter also includes a description of the recruitment process, the steps to ensure ethical practice, and a description of the data collection and data analysis procedures.

Why Qualitative Research

Qualitative research involves an in-depth examination of a phenomenon in a natural setting, without the use of numerical data or other quantifications (Gall, Gall, & Borg, 2007; Teddlie & Tashakkori, 2009). Creswell (2013) notes that qualitative research should be used when an issue needs to be explored in detail to develop a complex understanding. Although more research is being conducted on LGBTQ individuals in the counselling field, there is still much to discover. Singh and Shelton (2011) conducted a content analysis of several major journals in counselling psychology between 1998-2008 and found only 12 qualitative articles. Due to this small number, the researchers suggest that the field of counselling research cannot claim to have an in-depth understanding of

the lived experiences of queer clients. Therefore, a qualitative approach to this study was the most appropriate to begin to fill this gap in knowledge.

Singh and Shelton (2011) also identified a lack of research on bisexual and transgender individuals in the counselling field and suggest that qualitative studies may contribute to increased knowledge of the lived experiences of these groups. Other queer identities (e.g., pansexual) are also under-represented in the counselling literature. A qualitative approach allowed me to explore the experiences of these groups.

Creswell (2013) notes that qualitative research should also be undertaken when we want to understand the context of a setting or study. This study is the first of its kind to explore the counselling experiences of queer clients (other than only gay men and lesbian women) in Canada. Because Canada differs in many ways from the United States and Australia (where most other studies have taken place), it is important to understand the sociocultural context of the research area. Additionally, southern Alberta, the region of interest in this study, is a unique and complex area that provides context for the social world of people living here. Indeed, qualitative researchers tend to believe that knowledge is produced by examining the social world of people, including their meaning and interpretations (Creswell, 2013). A qualitative approach to this study allowed the opportunity to explore the context and how it has affected people living here.

Singh and Shelton (2011) note that, although counselling research on queer clients has primarily been conducted using grounded theory or constant comparative method, "LGBTQ qualitative research can benefit from studies that incorporate diverse research traditions" (p. 223). Thus, for this study, I used a phenomenological method inspired by van Manen's (2016) interpretive-descriptive phenomenology.

Max van Manen's Interpretive-Descriptive Phenomenology

Phenomenology is an incredibly diverse methodology that has traditionally been divided into two strands: descriptive and interpretive. Descriptive phenomenology is primarily associated with the work of Edmund Husserl, while interpretive phenomenology is associated with Martin Heidegger. In essence, descriptive phenomenology is concerned with finding the universal characteristics of a phenomenon and describing it as it appears, while interpretive phenomenology seeks to describe, understand, and interpret experiences (Tuohy, Cooney, Dowling, Murphy, & Sixmith, 2013). In the past few decades, a new type of phenomenology has emerged: interpretive-descriptive, which is the marriage of the two traditional strands. One researcher working from this perspective is Max van Manen.

Interpretive-descriptive phenomenology, as described by van Manen (1997), is descriptive because it seeks to describe phenomena as they are, and interpretive because, merely by discussing an experience, the phenomenon has been interpreted through a person's cultural and historical lens. By this definition, interpretive-descriptive phenomenology allows for the description of the characteristics of a phenomenon as is, while also allowing for participant individuality and the recognition of the influence of sociocultural context. Ontologically, interpretive-descriptive phenomenology is grounded in the belief that "realities are multiple," such that reality is "an individual construct dependent to different situations" (Kafle, 2011, p. 193). Epistemologically, it is grounded in the belief that knowledge is made possible through subjective experience (Kafle, 2011). Therefore, this phenomenological method is coherent with the conceptual

framework of this study. For the sake of brevity, phenomenology will henceforth be used to mean interpretive-descriptive phenomenology, unless otherwise stated.

The overarching question of phenomenology is "What is the nature, meaning, significance, uniqueness, or singularity of this or that experience as we live through it or as it is given in our experience of consciousness?" (van Manen, 2014, p. 39). Van Manen (1990) identifies several themes in the exploration of this question. First, phenomenology is the study of the nature or meaning structure (essence) of lived experience and what it means to be human. Second, phenomenology seeks to describe and interpret the meaning of experience as it is *lived* and as it is presented to consciousness. Van Manen (2014) argues that this is an inherently interpretive process because, by attempting to describe a lived experience, the participant reflects on the experience and reconstructs it based on their sociocultural lens. Third, phenomenology requires thoughtfulness. By thoughtfulness van Manen means a mindful wondering about life, living, and the meaning of living (van Manen, 1997). Last, van Manen believes that phenomenology has much to do with language and writing. A written description of a lived experience should be evocative and provide a deep understanding to the reader (van Manen, 1997). In the context of the current study, participants provided rich descriptions of their experiences seeking and receiving counselling, as well as the meaning they attach to those experiences. This involved them reflecting on and interpreting the experience. It was up to me to maintain thoughtfulness throughout the process and to develop a rich, evocative description of people's experiences.

Van Manen (1990) identifies several activities that can guide phenomenological research. These activities are:

1. turning to a phenomenon which seriously interests us and commits us to the world;

2. investigating experience as we live it rather than as we conceptualize it;

3. reflecting on the essential themes which characterize the phenomenon;

4. describing the phenomenon through the art of writing and rewriting;

5. maintaining a strong and oriented pedagogical relation to the phenomenon;

6. balancing the research context by considering parts and whole. (pp. 30-31)

These activities reflect the themes of phenomenology and provided guidance in this study.

Participants

Eleven people were recruited to participate in this study. Because phenomenological inquiry does not strive to achieve empirical generalization, 11 seemed like a reasonable number of people to interview (van Manen, 2014). The goal of phenomenology is to gather "experientially rich accounts" from multiple voices, rather than repetitive patterns, thus, data collection continued until enough material was presented that I believed helped me and others to make contact with the lived experience (van Manen, 2014, p. 353). This section outlines the recruitment process and inclusion and exclusion criteria.

Recruitment

People were recruited using an advertisement (see Appendix B) placed around the University of Lethbridge, with Lethbridge Counselling Services, through the Medicine Hat Pride Association, and through personal contacts. Three other LGBTQ groups and two other counselling agencies were contacted regarding sharing the advertisement. One

of the counselling agencies approved the advertisement for posting but did so after data collection had stopped. The other contacts did not reply to my requests and I am therefore unsure if they chose to post the advertisement. A local counsellor also contacted me and asked permission to share the advertisement with her personal contacts and a support group she leads. I approved this request. The initial postings garnered more interest than I had anticipated, so I chose to limit additional postings. Interviewees also had the opportunity to recruit their peers to the study. One person mentioned that he had told a friend, but this person did not contact me.

Recruitment criteria. For this study, I sought individuals who were 18 years of age or older living in the area south of Calgary (i.e., High River south to the Canada-United States border). This region was chosen due to the sociocultural context and history of the area, as well as it was my local area.

People interested in participating needed to self-identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, or another queer identity (excluding ally). I also required that participants were currently attending counselling or had sought or attended counselling in the last five years. Researchers suggest that people can recall autobiographical information over extended periods of time (Berney & Blane, 1997). However, views and attitudes towards queer people have changed over the years. Thus, speaking to an individual who sought counselling many years ago may not give an accurate representation of counselling now. Services must have been provided by a qualified professional, including psychologists, counsellors, social workers, and psychiatrists. This excludes paraprofessionals (e.g., peer counsellors).

Several screening questions were asked at the time of first contact. Potential interviewees were asked their age, how they identify as LGBTQ, whether they have attended or attempted to attend counselling, whether they disclosed their LGBTQ identity to their counsellor, and whether they were proficient English speakers. They were also reminded of the geographical requirements for participation.

Exclusion criteria. No one was excluded from participating in this study. There was one person who did not respond to my email with the screening questions, so presumably they did not meet the criteria. People would have been excluded from participating if they were under the age of consent (18 years old) or a dependent adult; if they did not identify as a queer identity at the time of data collection or at the time of counselling; if they lived outside of the geographical region of interest; if their counselling was not performed by a qualified professional; or, if they did not speak proficient English.

Ethical Considerations

Approval to conduct this study was sought from the University of Lethbridge Human Subject Research Committee and was granted in June 2017. Once approval was granted, people were recruited and at the beginning of the interview participated in the informed consent process. I presented each person a letter containing information about the audio-recording; researcher's qualifications; the purpose, use, and potential significance of the research; the risks and benefits of participating; the researcher's plan to protect anonymity and confidentiality; and a reminder about the voluntariness of the research (see Appendix C). Each person read this letter and had the opportunity to ask

questions. For one person who chose a Skype interview, this letter was emailed prior to beginning the interview.

Confidentiality was maintained in several ways. First, people were asked to share limited identifiable information, including their name and contact information (e.g., e-mail address, telephone number, or Skype address). This information was recorded in a password-protected document. At the beginning of each interview, each person had the opportunity to choose a pseudonym. The only requirement for the pseudonym was that it was a "real" name and not a nickname (e.g., Snake). Second, a new email account was created to handle all participant correspondence. This prevented any accidental access from my personal account. This email address was not synced with my phone. I also suggested that each person create a new email address to handle our correspondence, one without their name in the title. All but one person stated they were fine using their current email address. The other person created a new email address. Third, all electronic data were stored on a password-protected thumb drive, and all paper data were stored in a secure location. Fourth, only myself and my supervisor had access to the raw data.

People were free to withdraw from the study at any point before, during, or after the interview. No one withdrew, although some chose not to reply to my follow-up email asking for their input on my themes.

Risks. Due to the nature of the topic and the sharing of sensitive information, it was possible that someone might experience emotional distress as a result of participating in the study. No one appeared to be distraught about the process, although there were some emotional moments of sharing. At the beginning of each interview the participant was given a list of follow-up counselling opportunities (see Appendix D).

Another risk was that I allowed participants to choose a remote interview option. Only one person chose this option. I only received audio input from the Skype call, so I am unsure if anyone else was present, although it did not sound as if anyone was. There were no technical difficulties that impacted the data collection. I had to use my personal Skype account to contact the interviewee, so they now have my personal email address. This is not particularly concerning to me. I have deleted their address off of my Skype history.

Instruments

Two instruments were used to gather information in this study. The first is a brief demographic questionnaire, which was used to gather general information. At the beginning of each interview I asked the interviewee their age, gender (if any), sexual orientation (if any), and religious or spiritual affiliation (if any). This information provided context for who participated in the study (see Appendix E).

The second is a semi-structured interview, which was used to gather more in-depth information. The researcher-created interview semi-structured protocol explored the participants' experiences with counselling. Interviews in phenomenology are used to explore and gather experiential material (van Manen, 2014). As the purpose of this study was to form an in-depth understanding of the experiences of people, interviews were an appropriate method of data collection. Semi-structured interviews provide a "guide" to the interviewer, while also allowing people to share as much as they like about the topic (Scott & Garner, 2013). An interpretist/constructionist standpoint aligns with the method of this study (Kafle, 2011), therefore, interviews were used to emphasize the importance of subjective knowledge gathered in social settings.

The interview focused primarily on the counselling experiences of participants, including their motivation for seeking counselling, their experiences seeking counselling, and their experiences receiving counselling. For instance, people were asked to "please describe your experiences searching for counselling services. What was the process? Describe the experience as much as possible as you lived through it (emotions, body feelings, et cetera)" and "please describe your experiences with counselling. Try to focus on a particular moment, whether because it is the most vivid or the first or last." People were asked what piece of advice they would give to other queer people seeking counselling and what they would like therapists to know about counselling queer clients. People were also asked about their sociocultural context and how that might have shaped their experiences. For example, "in what way has your community shaped your counselling experiences, both in seeking and receiving services?"

These questions allowed people to share whatever seemed relevant about their experiences and sociocultural context. (See Appendix F for questions). I asked follow-up questions as necessary and appropriate. The total interview process took between 30 and 150 minutes, depending on the amount of information the participant chose to share.

Interview Modalities

Both face-to-face and remote interviewing (i.e., Skype) were used in this study. Some researchers have concluded that telephone interviews can be as effective as face-to-face interviews (Opendakker, 2006; Sturges & Hanrahan, 2004), while others indicate that witnessing a person's body language in conjunction with verbal statements is essential (Olson, 2011), hence it would be preferential to have conducted all interviews face-to-face. King and Horrocks (2010) state that there are three reasons to use remote

interviewing: physical distance from persons of interest, availability of people interested in participating, and nature of the interview topic (i.e., sensitive subject matter). All three of these reasons are relevant to this study, so I chose to have remote interviewing be an option. Only one person chose to be interviewed over Skype, and this was due to physical location.

Procedure

People interested in sharing their experiences contacted me through the study email address. My initial reply included the screening questions and a brief description of what they could expect from the study (Appendix G). All but one replied with their answers to the screening questions. I assumed the other person did not fit the criteria in some way, but I cannot be sure of that. After, I scheduled a mutually agreeable time and location to speak with each person. For those meeting in person, I offered either a study room at the University of Lethbridge library or a public place, such as a local coffee shop. Two chose to meet at the coffee shop and the rest chose to meet at the University. For meetings at the University, I used an online booking system to book a study room, which I then shared the location of with the person. I also emailed each person the interview questions about their sociocultural influences and asked them to peruse them before meeting.

For the remote interview, I shared my Skype address in an email with the person and also emailed her a copy of the consent letter. Due to noise restrictions in my office area, I chose to do the Skype interview in my home when no one else was there.

At the beginning of each interview I spent time talking informally to each person. This conversation typically centred on their schooling. The purpose of this was to build

rapport and give them time to relax. I then asked if they had ever participated in anything like this before and gave them the opportunity to ask questions. Next, I gave them the consent letter and a copy of some local counselling resources and asked them to read through the letter completely. After reading the document, I then asked if they had any questions and then they signed it. For the one remote interview, I asked them to give verbal consent. I then explained the interview process, discussed the recording device, and asked them to choose a pseudonym. We then began the interview.

Upon completion of each interview, each person was given the opportunity to ask questions. I then briefly explained my next steps (i.e., transcribing and analysis) and said I would contact them for a follow-up in a few weeks. Each person chose whether they would prefer the follow-up in person or via email.

Each recording was uploaded to an encrypted thumb drive and permanently deleted from the voice recorder. I then transcribed each, did an initial analysis of the interview, and shared this information with the participant. Post-analysis conversations took between 15-90 minutes. In these follow-up conversations, participants had the opportunity to speak to how much my comments correctly portrayed their experiences, if anything needed to change, or to add any additional comments.

Data Analysis

Data analysis in phenomenology typically involves "recovering structures of meanings that are embodied and dramatized in human experience represented in a text" (van Manen, 2014, p. 319). This process involves the hermeneutic circle, or the way in which understanding of an experience is achieved by moving back and forth between how the understanding of parts relates to the understanding of a larger whole (Laverty,

2003). For example, "understanding of the meaning…of individual [research papers] depends on the understanding of the whole body of relevant literature which in turn is built up through the understanding of individual texts" (Boell & Cecez-Kecmanovic, 2010, p. 133). Data analysis should also involve interviewees, such that data is a co-creation between researcher and the person of interest (Laverty, 2003).

In the current study, thematic analysis began with the selective reading approach (van Manen, 2014). In this approach, interview transcripts are read and then the phrases and statements that seem essential or revealing about the experience are highlighted. Next, I attempted to capture the phenomenological meaning in thematic expressions. These tentative themes were then brought to participants in follow-up interviews or e-mails, a process called member checking. Participants had the opportunity to speak to the degree to which my identified themes or examples resonated with their original lived experiences. Van Manen (2014) states that member checking is a commendable endeavour yet does nothing to validate the quality of the study. However, given that queer people have historically struggled to have their voices heard, it seems imperative that this study did not perpetuate this struggle.

Next, I incorporated their feedback, if any, and began further evaluating each statement for meaning. I cut out each statement and organized them into themes, moving them around as I had new revelations. Throughout this process I reflected on how my personal history and biases might be affecting my interpretation of participants' stories and then I worked to put these biases aside (van Manen, 2014). This is part of the epoché-reduction, or reflexivity, process. Part of this reflection involved writing, including comments in a Word document and notes in a journal. I also spoke with a close friend

and my supervisor about the statements and themes. The act of having to verbalize or write down my thoughts helped me form more sensible themes. As I continued through this process and began writing theme descriptions for the final document, the themes continued to change and morph until resting as they are now.

Ensuring Quality of Data

Determining validity in qualitative research is a difficult endeavour; however, this does not mean that qualitative researchers should not be concerned about the "goodness" of their data. Although several researchers, working from both qualitative and quantitative backgrounds, have outlined validation criteria (see Creswell and Miller, 2000), van Manen (2014) urges phenomenological researchers to avoid trying to legitimate their work using validation criteria from non-phenomenological sources. Instead, he suggests that a study should be validated by examining whether the study is based on a phenomenological question, whether the analysis is performed on experiential data, and whether the study is rooted in primary and scholarly work. Additionally, because interpretive-descriptive phenomenology is not concerned with the generalizability of data or finding "facts," a person's lived experience is considered to be valid enough (van Manen, 2014). Therefore, in the current study, I have striven to ensure that the research questions are phenomenologically sound and that the cited literature is scholarly as often as possible. I also made all efforts to ask appropriate questions to collect experiential data, which was then analyzed for meaning.

Other aspects of ensuring quality, though not necessarily validity, of the study, are the epoché and the reduction. These are explored below.

Epoché-Reduction

According to van Manen (1990), it is impossible to forget what we already know. Indeed, researching is an act of attaching ourselves to the world and being in the world; thus, I cannot be detached from the world. Van Manen (1990) suggests that researchers should explicitly state their pre-understandings and biases, come to terms with these, and then deliberately hold them at bay or turn the knowledge against itself. This is commonly referred to as reflexivity (Finlay, 2008). To do this, van Manen (2014) suggests engaging in the epoché, the process of "open[ing] oneself to experience as lived" (p. 222), and the reduction, the process of seeing the world in the natural attitude. Together, the epoché-reduction help the researcher make contact with the world as experienced.

Van Manen (2014) further claims that there are four methodological aspects of the elements of the epoché-reduction: heuristic, hermeneutic, experiential, and methodological. The aim of the heuristic epoché-reduction is to awaken a sense of wonder about the phenomenon of interest and to shatter the attitude of taken-for-grantedness about something familiar. It is difficult to forget what one knows, but I found by connecting with each participant at the beginning of the interview and then engrossing myself in what they had to say, I was able to somewhat reduce the effects of previous knowledge.

In the hermeneutic epoché-reduction, the researcher is aware of their pre-understandings and inclinations in order to overcome these. However, forgetting pre-understandings is not actually possible, so the researcher needs to reflectively examine the pre-understandings that influence the reflective gaze. I found this particularly difficult when it came to my knowledge about counselling. I caught myself at times thinking that

perhaps the participant just did not understand how counselling works and therefore had too high of expectations. When I caught myself thinking these things I acknowledged it and then pushed it aside.

In the experiential epoché-reduction, the researcher avoids abstraction and generalizing in order to see the concreteness of lived experience. This task became harder the more data I collected, as several experiences and themes came up over and over. I actively worked to remember that these experiences belong to each individual person and do not necessarily reflect every queer client's experiences.

In methodological epoché-reduction, the researcher seeks to use research techniques that are the best fit for the topic of interest. Significant research in the planning process of the study helped me with this endeavour. Using a method that prioritized deep, rich descriptions became clearly beneficial as I began speaking with participants.

Once I had opened myself to the lived experience through the epoché, I attempted to make contact with the lived experience as it is lived to "mine its meanings" (van Manen, 2014, p. 221). I felt I had done this when I was having emotive reactions to the things I was hearing. I was never bored with anything anyone said and I often felt as if these experiences could have happened to me, so rich were the descriptions.

I wish to remind the reader now of my current interest in, and biases about, the topic. These biases influenced how I heard participants' stories. Further pre-understandings became evident as I heard people's stories and engaged in the writing and re-writing process of the hermeneutic circle. Now, a review: I have had a long-standing desire to challenge social inequality, and my focus for the past few years has been on the

challenges faced by queer people. Because of the research that I have done, including for this study, I was aware of the negative experiences that many LGBTQ individuals have had. Additionally, I have beliefs about the role that religion and conservative politics play in these experiences. Lastly, as a counsellor-in-training in this region, I have beliefs about how counsellors should act (based on, amongst other things, our Code of Ethics) and I am strongly invested in the results of this study.

Chapter Summary

In order to achieve the purpose of the study (i.e., to develop an in-depth understanding of each person's lived experiences of being queer and seeking and receiving counselling) and to answer the research questions "What are the counselling experiences of sexual minority adults?" and "What are the sociocultural mediators for counselling with sexual minority adults?" the qualitative method interpretive-descriptive phenomenology was employed. This chapter outlined this method, as well as the procedures for participant recruitment, data collection, and data analysis. Additionally, ethical considerations, ensuring data quality, and the epoché-reduction were explored.

Chapter IV: Findings

Chapter Introduction

In this study, I explored what counselling is like for eleven queer clients in southern Alberta. This exploration was guided by two questions: "What are the counselling experiences of sexual minority adults?" and "What are the sociocultural mediators for counselling with sexual minority adults?" To answer these questions, I spoke with 11 people who identify as LGBTQ and who had sought and/or attended counselling in southern Alberta. After speaking with these people, I read each transcribed interview and made note of all the quotes that seemed relevant and interesting. Each quote was then analyzed to see what it might be saying about the participant's counselling experiences (van Manen, 2014). While exploring each person's lived experience, a few themes came up over and over. The point of phenomenology is not to make sweeping generalizations from one person's experiences (van Manen, 2014). However, it became apparent that many of the people I spoke to shared very similar experiences. While these shared experiences are presented together, each person's experience should be considered as standing alone.

Before delving into the themes, I briefly outline some background information for each of the participants. This is meant not only to provide some context for the results, but also to allow the reader to get to know the participants and come in closer contact with them. Special note is made of each person's pronouns (see Chapter 2 for a discussion of pronoun use).

I wish to remind the reader that I have specifically chosen a personal writing style, especially when discussing results. When working with the data I found that writing

impersonally distanced me from the data in a way that left me feeling as if something was missing. As van Manen (1997) notes, "The aim is to construct an animating, evocative description (text) of human actions, behaviours, intentions, and experiences as we meet them in the lifeworld" (p. 19). I believe that writing personally is the best way to achieve this in this study.

Meet the Participants

Alex

Alex is a 19-year-old university student who uses the pronouns they/them and identifies as pansexual. Alex does not identify with a gender label but notes that they will identify as queer or something similar, depending on the situation. Alex does not consider them self to be a religious person. At the time of our speaking, Alex had seen six counsellors for a variety of concerns, including mental health and sexuality and gender. They live in an urban centre they describe as resistant to LGBTQ people but becoming more accepting. Alex appeared to me to be reserved and contemplative, and at times hard to read, yet kind and jovial. They came across as quite intelligent and as a quiet activist. By that I mean they did not seem very political, but then they described several activities and group participations that sounded like activism.

Alyssa

Alyssa is a 22-year-old woman who identifies as asexual and uses the pronouns she/her. She grew up in the Mormon faith, and although she still believes to a degree, she considers herself to be more spiritual than religious now. At the time of our interview, Alyssa was actively seeing one counsellor and had recently stopped seeing a second counsellor. She has seen only one other counsellor. She has obsessive compulsive

disorder (OCD) that focuses on religiosity, which is one of the reasons she sought counselling. She lives in a rural community that is predominantly people of her former faith. I spoke with Alyssa over Skype with no video component, which initially made it hard to connect with her. She sounded kind-hearted and almost timid. It seemed that Alyssa was still in the process of figuring out where she fits into the queer community and integrating her sexual identity and religious beliefs.

Dale

Dale is a 26-year-old transwoman who uses the pronouns she/her. When I asked her about her sexual orientation, she joked that it was Ruby Rose, an actress. She followed this up by saying her orientation is "complicated". She does not identify with any religions. At the time of our interview Dale had seen around nine counsellors and had sought counselling for depression and gender dysphoria. She lives in an urban centre but would prefer to live somewhere else if she could. She was a little rough around the edges (i.e., she showed up hungover to the interview), but also had a great sense of humour and was very likeable. She shared some very raw moments of pain. Some of the things she experienced in counselling made me angry, but her ability to overcome them made me admire her resiliency.

Gale

Gale is a 24-year-old student who identifies as agender and, at the time of our interview, was using the pronouns they/them. Their romantic orientation is panromantic and their sexual orientation is somewhere on the asexuality spectrum. We spoke at length about their process of coming to these terms, which gave me insight into how complicated gender and sexual orientation can be, especially when forced to label them.

Gale follows the Pagan religion. At the time of our speaking, Gale had seen more than eight counsellors and had sought counselling for family conflict, anxiety, gender and sexuality, and concerns about a friend. Gale lives in an urban centre that they describe as diverse. Gale seemed like an apt pseudonym because of their flair for the dramatic, which helped give substance to their stories. At times Gale's descriptions were so dramatic that I had to remind myself that the details could likely get lost. I got the sense that Gale was very frustrated with the counselling process, which was a result of repeated unsuccessful counselling experiences.

Hayley

Hayley is a 22-year-old woman who uses the pronouns she/her. She does not ascribe to sexual orientation labels but told me that she tells people she is pansexual if they ask. She does not follow any religions. At the time of our interview, Hayley had seen nine counsellors and had sought counselling for anxiety and grief. She lives in an urban centre that she describes as conservative and religious. Hayley seemed somewhat guarded in her responses but laughed a lot and seemed open to the interview process. This was my first interview and I was nervous, so I found it hard to connect to Hayley. I believe this is a reflection of my concern about doing well, rather than of Hayley's character.

Jennifer

Jennifer is a 24-year-old woman who uses the pronouns she/her and identifies as a lesbian. She does not follow any religions. She has obsessive compulsive disorder (OCD), which is the primary reason she sought counselling. Jennifer had seen at least three counsellors at the time of our interview. She is from the United States and is in Canada for school. She is alone here, separated from her family, and feels stuck. Jennifer

appeared reserved to me and physically contained, such that she did not seem to occupy much physical space. She was also kind and soft-spoken. The stories she shared challenged some of my perceptions of the counselling process, especially regarding its connection to medication. She also showed me that I have limited knowledge of OCD, which prompted me to learn more about it.

Leonard

Leonard is a 22-year-old student who identifies as a gay man and uses the pronouns he/him. He follows the Mormon faith. At the time of our interview, Leonard had seen between six and eight counsellors for a variety of concerns, including what he describes as an abusive relationship with his mother, bullying, anxiety, and depression. He grew up in a small rural community comprised primarily of people of the Mormon faith, but currently lives in an urban centre that he is not particularly fond of. Leonard was loud and boisterous, talked quickly, and jumped from topic to topic (which he attributes to his ADHD). He has a great sense of humour and laughs a lot, including at himself. Throughout our conversation, intense pain would bubble up through his humorous exterior, especially when discussing his relationship with his mother.

Mike

Mike is a 22-year-old queer man who uses the pronouns he/him and does not identify with any religions. At the time of our interview Mike was seeing his third counsellor. He sought counselling for a variety of concerns, including anxiety and dating rejection. He is not originally from Canada, but has lived here for a few years and is currently residing in an urban centre, though not the one we met in. I got the sense throughout our conversations that Mike had an agenda in speaking to me, as almost

everything circled back to systems, heteronormativity, and intersectionality. This gave me a sense of what is important to him. Mike was a student in an addictions counselling program at the time of our speaking. This education seemed to impact his satisfaction with his counselling experiences because he analyzed (and judged) what the counsellor was doing through this lens. I have recently re-connected with Mike in an unrelated capacity. Our initial re-connecting moment put me in a strange ethical place, but it has not proven to be problematic thereafter.

Nova

Nova is a 26-year-old woman who identifies as a lesbian and uses the pronouns she/her. She no longer follows a religion but grew up Mormon. At the time of our speaking she had seen around three counsellors and had sought counselling related to ADHD and recognizing attraction towards women. She grew up in a small town near Lethbridge that she describes as religious and conservative. She currently lives in an urban centre. Nova was quite nervous in our conversation and struggled to recall information about her experiences. She mentioned that she sometimes journals, so I offered to send her the questions and she could write answers back. She agreed to this, but when I later emailed her the questions, she did not get back to me. Upon reflection, I suspect there is more I could have done to connect with her and ease her anxiety. I was unable to share much of her data here due to the tough choices of writing, but I want to acknowledge her contributions to my learning.

Willow

Willow is a 22-year-old student who identifies as genderqueer and pansexual and uses the pronouns she/her. She does not identify with a religion but does consider herself

spiritual. At the time of our conversation, Willow had seen between 10 and 12 counsellors for a variety of reasons, including depression, anxiety, post-traumatic stress disorder (PTSD), borderline personality disorder (BPD), and sexuality and gender. She is from a community in central Alberta, but currently resides in an urban centre in southern Alberta. She seems to me to be very socially conscious, as evidenced by her involvement in advocacy groups. Willow described a series of heart-wrenching experiences that made me feel a bit ashamed of the counselling profession. I got the sense that she was deeply frustrated with her experiences, and yet she was hopeful and attributed a great degree of her mental health successes to counselling.

Zara

Zara is a 33-year-old student who identifies as genderqueer/non-binary and bisexual and uses the pronouns they/them. They do not follow any religions. At the time of our speaking, Zara had seen four counsellors for concerns related to sexuality, gender, and making friends. They live in an urban centre that they describe as "Hell for LGBTQ people." Zara came across to me as a bit melancholy but maintained a sense of humour. They are very knowledgeable of queer history, which they attributed to self-directed learning on the topic. I got the sense that they were a logical and cognitive type person. Their description of their experiences of the interactions amongst queer communities gave me insight into those dynamics in a way that I had not considered before.

The following information is derived from the experiences of these 11 people. The participants shared a plethora of meaningful experiences, but for the sake of conciseness I chose to share only the following themes at this time.

Counselling Experiences

My exploration of the participants' counselling experiences initially produced over 26 themes. Through writing, these themes eventually became five major themes, shared below.

Counselling Involves an Exchange of Knowledge

For some participants, the counselling relationship involves an exchange of knowledge. I arrived at this theme by first noticing two sub-themes: counsellor knowledge of queer topics impacts clients' counselling experiences, and clients often become educators of queer topics. When I attempted to speak of these sub-themes as independent from each other, something seemed to be missing. It then became apparent that counsellors' knowledge and clients' knowledge exist in a closely-linked relationship. For some of the people I spoke with, this exchange of knowledge was imbalanced. They expected their counsellors to be knowledgeable of queer topics and to frame their counselling knowledge within this, but what ended up happening was that the client had to provide information not only on their life (as expected in counselling), but also on queer topics, thus stepping into an educator role.

Queer knowledge encompasses an understanding of the multitude of labels and identities in the communities, an attuning to the struggles (current and historical) of these marginalized groups, and an awareness of the inner politics and dynamics of the communities. Alex, Willow, Gale, Dale, Zara, and Mike each verbalized how their beliefs about a counsellor's knowledge of queer topics impacted their counselling experiences. Alex noted that they specifically chose a counsellor they believed had knowledge of queer topics: "One of the reasons I selected her was that she was the most specialized in

queer topics at the building that I went to." Mike, who was particularly conscious of systems and systematic oppression, stated, "There's no knowledge about [queer] issues and it's all about Pride and colourful rainbows." Willow expressed frustrations about the quality of help she received for certain issues:

> Talking about body dysmorphia or gender dysmorphia, she's been like 'gosh that sounds really hard'…That's it. She's there if I need to vent about it and I can bring it up as part of a bigger picture, but she doesn't know how to handle it… I also don't feel like I'm understood.

For Dale, her counsellor's lack of queer knowledge was counterproductive: "The type of help they offer when they don't know isn't help at all, it hinders." This perceived lack of knowledge resulted in several of the clients becoming educators. As Zara noted,

> I already feel like [my role is educator] with someone who is designated as kind of a specialist or works with transgender people…If I'm too busy explaining an emotional part of my life and I'm using terms you're not familiar with, it's just very distracting to stop and go this term means this…That's too much to do. The role for me is to be the counselling patient and not the educator…By and large I would say all the summation of counselling sessions have been more or less an educating role for me than it has been for anything else. It sucks because the information is on Google.

Alex stated something similar: "The biggest issue I found through most of my counsellors, there's just not enough education in depth about LGBT topics… Some of the sessions I went through, I'd spend half the session explaining what a term meant or where it came from."

For Leonard, the exchange of knowledge was more balanced. Leonard did not believe that his queer identity was at the forefront of his identity, as he notes when he says, "I'm not a queer socialite." Because of this, queer knowledge was rarely required in his counselling, and indeed, was of little importance to him: "I don't really care about how versed they are on queer topics because if they are versed on queer topics, they're probably better than me." With queer issues out of the equation, the flow of knowledge was such that Leonard shared about his life and the counsellor shared their counselling expertise, thus resulting in a more balanced exchange of knowledge and sparing him from being an educator.

It appears that counselling involves an exchange of knowledge between counsellor and client. For some this is a balanced exchange, while for others the client was required to share more knowledge than the counsellor, effectively becoming an educator. Shared below is another theme related to counsellor knowledge.

True Acceptance Requires More Than Merely Saying You Accept Someone

In my initial data analysis, I identified several key themes that came up repeatedly: acceptance, guardedness, compartmentalization, validation, and knowledge. These themes, taken together, seem to speak to the greater question of what it really means to be accepting of queer clients, and what happens when true acceptance is missing. I realized that true acceptance of clients goes beyond surface-level acknowledgments of their queer identity and trendy displays of affirmation such as Pride flags in offices or "LGBTQ-friendly" labels on websites. True acceptance is comprised of validation of all parts of the client and their experiences, and the knowledge to "walk the walk". Without validation and knowledge, clients end up compartmentalizing their

problems and guarding certain aspects of themselves, ultimately leading to inauthenticity and less effective counselling.

Willow is one example of this theme. In our conversation, she first noted that "[My counsellor is] super accepting. I feel totally comfortable talking about [my sexuality] with her." This is surface-level acceptance, which initially appears helpful. She later told me

> I tend to keep a barrier up in that regard because pretty quickly if you say to
> someone I'm genderqueer, you can tell pretty much immediately if they know
> what that means, and they understand the context. With the people who've treated
> me in the last few years since I've moved to Lethbridge, I've said I'm having this
> problem and they've been like 'oh'. I can tell from their responses that they
> understand the gist of what I'm saying, but they don't really have experience or
> knowledge.

These counsellors lacked the knowledge to "walk the walk" and back up their apparent acceptance of the client as a queer person. She goes on to say

> It's bizarre to me that I have this massive thing in my life that literally every time
> I look at myself I think about, but I can't address it. That's weird if you've been in
> therapy for 12 years, that there's this whole bubble that can't be addressed.

It is clear that not all parts of her identity are being validated, which leads her to compartmentalize her concerns:

> With both [counsellors] it felt like everything else is being addressed really
> directly, and the purpose and goals of the work is really clear, so I'm willing to be

> like okay, I get this is something this person doesn't understand, and I can
>
> mention it in passing.

This compartmentalization leads to inauthenticity in her identity and ultimately

negatively affects her counselling experience: "It certainly affects my opinion of

counselling and my satisfaction with it in a negative sense for me. I feel like, it's so

connected to every other issue that I have."

> Alyssa is another example of this theme, though somewhat different. She first told

me that

> the first [counsellor] was healing and great. She was actually the one that asked if
>
> I identified as asexual. She is LDS but she's had a lot of patients that were
>
> transgender or otherwise LGBTQ. She's very tolerant and accepting. She was
>
> saying 'that's totally fine', and 'I believe you' and 'you can still love someone
>
> even if it's not in the conventional way'. She was really great.

Alyssa's counsellor appears to have some experience with LGBTQ clients, which may

reflect some knowledge to back up her acceptance. She goes on to tell me that this

counsellor validated her experiences as a queer person:

> She said, 'well maybe you're asexual', and it was like a lightbulb went off in my
>
> head and I felt a lot better about myself. I felt like, this isn't something I can fix,
>
> but you know what, I don't have to fix it if I don't want to fix it… When she was
>
> validating my experiences, it made me feel like I was okay the way I am. It gave
>
> me a lot of healing.

However, her counsellor invalidated her experiences of suicidal ideation:

> I remember telling her once that when I got back from university for a while that I was feeling a little suicidal, just ideation, and she said something to the effect of, 'well, a lot my patients have told me that, but if they just went to heaven for a few minutes they'd be happy and want to come back.'

Another counsellor she was seeing at the time lacked knowledge about LGBTQ topics, and also invalidated her experiences as a queer person.

> He was saying that it can't purely be biological because everyone has an animal brain, you just haven't found the right person. If you find the right person, the feelings will come. He said 'just don't worry about it, you're still young, maybe you haven't matured yet. You should try going to the doctor to get your hormones checked. It might be an easy fix.' That was really frustrating…It's annoying having your experiences invalidated…He probably just wasn't aware that it existed, but it was still really hurtful and it made me really doubt myself and wonder, am I just going crazy, am I just making things up?...That was really hurtful and it took me a little while to become comfortable in my own skin again…[I felt] frustration, embarrassment as well…It made me feel broken, also made me doubt myself, like, maybe I'm just broken and screwed up…Overall it made me feel broken I guess.

These experiences with invalidation led Alyssa to compartmentalize her concerns, such that she saw one counsellor for every-day stressors and saw another counsellor for specific mental health issues.

> With my OCD and possible depression…I'm not sure she was as qualified for that. It didn't seem like her responses were helping…Some of her

responses…they just didn't seem that helpful in regards to my mental illness. In

regards to talking about general life and stress she was very good. So I figured for

my mental illness, I needed somebody more experienced…In regards to my

mental illness [my second counsellor] has been decent…I just know not to talk

about orientation stuff with him again…I don't trust him with all of my problems

or frustrations.

It appears that Alyssa experienced varying degrees of acceptance, counsellor knowledge,

and counsellor validation, which led her to compartmentalize her experiences and limited

her authenticity in counselling. Like Willow, this compromised the effectiveness of her

counselling.

Every person that I talked to described negative experiences in counselling;

indeed, the negatives far outweighed the positives. I struggled for some time in figuring

out how to include these stories, but it seemed imperative to include them because they

speak strongly to what it is like to be a queer person in counselling. In all my go-arounds,

I kept coming back to the core of each story being that the participants were invalidated

for some part of themselves or experiences. This led me to including these stories in this

section on true acceptance.

When Dale shared the following story with me, I was so angry with this mental

health professional and to this day get a little teary-eyed thinking of how much this

experience must have hurt.

The first [counsellor] I went to, she was like 'Oh, I don't know how to deal with

anything gender related, but I can help you with depression'… So, waited a

couple of months, went back to the counselling pool, found a different counsellor,

and the same thing happened… That happened three times. On the fourth

counsellor I found, she said to me, 'No I don't know how to deal with this, but I

do know someone who does. I have a specialist I can refer you to'… So, I get the

referral, I wait forever for this appointment, I go to talk to this guy and I have this

two-hour meeting with him…He is a specialist, but not a gender specialist. At the

end of the two-hour session I have with him, I found out the only thing he was

doing was assessing me on my intent to rape people. I was referred to a criminal

behaviour specialist. And that really triggered a lot of depression in me because I

wasn't getting helped and I was being viewed as a potential rapist for being

transgender…[That session when I was assessed], it did the most damage. It

perversed [sic] any good feelings I was feeling about myself…I was destroyed

after that…I thought I was dealing with someone who wanted to help me. I was so

excited meeting him. I was happy I was talking to him. Like, I'm up here, and in a

split second, down. I did not seek counselling for three years.

Dale goes on to describe substance abuse and a close-call with suicide resulting from this

experience. She felt so invalidated and so poorly about herself coming out of this session

that she seriously contemplated killing herself.

Willow shared an experience in which her dietary preferences were invalidated

which resulted in a serious blow to her body image:

He was also incredibly unkind. It's shocking to me the way he behaved. For

instance, he once looked at me, I'm a plus sized person, and he looked at me in

this room, I had just been admitted to the hospital for being suicidal, he looks me

up and down and says well, you don't look like a vegetarian…It's just, like, how

could you possibly be in an environment where you're supposed to be caring for people and make fat jokes about them? It was so surreal…. I think I've been in the hospital for a day and a half at this point, and I was miserable and still on watch. So literally you can wear scrubs and you have nothing and you just sit there and stare at the wall or talk to other people who are even more ill than you are it feels like. It's awful, it's literally prison. The food is terrible. They were feeding meat and I hadn't eaten meat in four years at the time. Even that one small thing, I don't want to eat the flesh of other animals…It was pretty much the lowest point I could be in. Then to have somebody, and also already have severe self-image issues, severe issues with weight, it's one of my main problems in life, and to have somebody who I was, as low as I could possibly be, to have them make fun of the way I looked…There's not a lot of my time in the hospital I remember with perfect clarity like that. There's some feelings and images that blur together, but that instant I remember sitting in that room and being like what is going on, how can I be here right now and having somebody tell me I don't look like a vegetarian. There's so many levels of why that's so stupid.

It is clear to me that not being truly accepted by counsellors can not only affect the quality of counselling but can also lead to some serious negative mental health consequences for clients.

Despite the preponderance of what can easily be called negative counselling experiences, some people I spoke with were able to see progress on their concerns. The journey to finding an effective counsellor took time and energy, but perhaps is worth it to find relief from their presenting issues. These successes come when counsellors truly

accept clients. Willow shared this description of the positive influence counselling has had on her life:

> In terms of my happiness, an ability to have those sorts of relationships and take care of myself, I would say, to some extent, I don't feel like it's other people doing the work, but it's 100% because of counselling because that's where I've learned how to do the work. Because of those things, I can go and be successful in other realms of my life. I can go in the program I want to be in in university and do well and get jobs in the field. Those sorts of things come out of being able to be emotionally regulated, which came out of therapy. For me, because I didn't have a good family environment, counselling was sort of how I figured out how to be an adult. It's been the most formative thing in my life I would say, other than travelling and coming to university. That's been the thing that's shaped me today the most…Just recently I've had experiences where I've been able to see a counsellor and be like the thing we've been talking about the entire time I've seen you is better now and I think I'm actually better. Being able to share that with someone who's worked with you so intimately on really intense issues, that's such a positive thing to me.

That change can happen when counsellors truly accept their clients speaks to the importance of relationship in counselling, something that is well-known within the counselling community (Falkenström et al., 2013; Flückiger et al., 2012; Horvath et al., 2011). The theme of relationship is explored below.

The Counselling Relationship is Simultaneously Similar and Dissimilar to a Friendship

Something that occurred to me quite early in the interview process was how little participants talked about counselling techniques, methods, theoretical orientations, or any of the technical aspects of counselling. Some spoke briefly to counselling approaches, such as EMDR (eye movement desensitization and reprocessing) and dialectical behaviour therapy (DBT). However, what came up with every person was something about the relationship they had with their counsellors. This is probably not surprising to many people, especially those with a counselling background.

In my initial analysis, I teased apart different relationship factors, but it became apparent that they were all just parts of the relationship that if, done well, strengthened the relationship, and if done poorly, weakened it. This could explain in part why seven of the people I spoke with directly referred to their counsellor as a friend or a friend-like person. The reader should note that the use of the word friendship to describe the counselling relationship comes from the participants and should not be taken as a completely accurate descriptor of the relationship between counsellors and clients. The use of the word friendship might cause some counsellors to have flashbacks of their ethics training (as it did me), it seemed to be a way for clients to reconcile the time spent with counsellors. As Zara noted:

> It's a pseudo-friendship by the hour. When I said that to the counsellor they got all tense going 'wait, we're not friends.' I'm aware we're not friends, I'm just telling you that's how I process it. You're a paid friend for an hour. To me that helps. Of course I don't label you as a friend.

Alex, too, described their relationship with their counsellor as a friendship, noting that they were able to open up to their counsellor in a way unlike anyone else:

We were very close, had a good rapport. We managed to discuss serious topics but without making things too serious, which I think was important for me at the time. It was fairly light-hearted and open on both ends… It was a lot more two-way. A lot more give and take. She would share from her experience and I would share from mine. She was more like a friend than some of the other therapists I've seen…For me it was really just important that I could talk openly. I had friends in high school, but not friends that I could open up to. There wasn't really anywhere I felt comfortable sharing feelings or issues I was having. So that relationship gave me some way to communicate and to receive some feedback and some empathy.

Jennifer felt similarly about her counsellor:

I never have to remind her of anything that's happening because she remembers… That kind of changed it from being a distance professional thing to, I mean, I guess you can say friends. Like, we're not friends outside of counselling, but I definitely feel not distanced from her and not this cold professional thing. I guess you could say friendship, but not in the normal sense.

These three all seemed to recognize that the relationship was not a "real" friendship but considered it to be close enough to describe it as such. What makes it like a friendship? Alex brings up the two-way nature of the relationship, while Jennifer notes they were someone who remembered things about her life. Participants described other characteristics that are similar to friendships. First, trust is a characteristic shared between

counselling and friendship, and when done properly, strengthened the counselling relationship. As Leonard noted:

> I lived in a small town of 2500 people. So basically, the place there knew me from Adam. This person [outside my community] never knew me, never met me, didn't know what I was. So I was able to be really me and not have the fear that my father would know. When I was younger, my dad would insist the counsellors tell him what I said, even though that breaches confidence, but because I was a minor it would happen. With this person, my dad never found out who it was, so he couldn't even ask.

For Willow, when trust was betrayed, the counselling relationship was weakened:

> When I was in junior high, I was heartbroken because I had a crush on my best friend, and my therapist told my best friend…My friend came to me and said, 'the counsellor told me that you like me, we can't be friends anymore because that's disgusting, and I don't like you.' And I was like cool and started crying in my locker. Then immediately went to her office and was like did you tell that person, and she was like yeah. I was like I'm going to lose my mind. She 100% was like 'yeah, I thought it was going to be helpful to you because I thought they liked you back.'

Another characteristic shared between counselling and friendship is reliability. If a friend or a counsellor is reliable, this strengthens the relationship, but if they are unreliable, the relationship weakens and soon ends. For Willow, knowing her counsellor was going to be there when she needed them positively influenced her counselling work.

Knowing that if I ever did [need her] she's there, is a really comforting and encouraging thing, and makes me more willing to put the work into it because I know there's a support system…It's just nice to know, if I was actually in a crisis, her behaviour and her consistency and genuine behaviour prove to me that she would be there if I needed her…She doesn't feel unreliable, which is certainly something I've dealt with as a fear in the past…I don't want people to get me vulnerable and then leave me. I don't ever get that sense from her, or any good counsellor. It's key to actually be present and say it's long term.

Gale experienced unreliability with counsellors when it came to promised strategies:

Sitting there and talking for an hour and promising me a strategy and never doing anything, is really tough…It's really irritating. It feels like I waste my time and money I don't have…And even when I say I'm hoping to start this project we've been talking about, I almost always get 'I'm not ready for that, I don't have the equipment yet', or 'I don't have the *insert excuse here.'*

Friendship and counselling are also similar in that they require understanding and patience to allow the friend or client to let things out in their own time. Jennifer described a moment in which her counsellor understood her need for time and quiet:

It was around that low point session where I was just telling her about symptoms and not really talking about anything. I remember it was a really quiet session. There wasn't a lot of talking. It was more me not looking at anything and kind of, I don't really remember what stuff looked like because I had my eyes unfocused. I wasn't listening to any of the sensations other than hearing in my own head. I remember there would be pauses of me not saying anything, but they weren't

uncomfortable. And then I could, after a few minutes, explain another part about what was going on. It felt like that was a turning point for me believing that she was sincere. She didn't interrupt those silent pauses in between me saying anything. She wasn't trying to rush me or get more information out of me. I was just sitting there completely in my own world and she was just comfortable in observing that happening. It's kind of like when you have an acquaintance and it's quiet and you feel like you have to fill it with small talk, but when you have a really good friend you can sit together silently in a car or room and it's not uncomfortable.

It appears that counselling for some is like friendship, but it also differs in a few key ways. A few relationship factors came up that would likely not be part of a friendship. For Zara, objectivity was an important part of counselling: "Counselling is…a point for me to ask questions. Is this how you see things? Hard to ask your partner questions when you've already assimilated them to your lifestyle. Then you have a biased answer. I need unbiased feedback." Friendships, by nature, are subjective rather than objective.

Another dissimilarity is that counselling can be a place where the client is the centre of attention, with no social obligations. As Zara noted, "It's one paid friend per hour every three weeks where I get to talk about whatever I want, without having the social obligation to care about what you have to say." Dale shared something similar: "With counselling, I'm able to talk about anything, anything, there's no limit to what I can talk about …Counselling is just that ability to be able to talk to someone without worrying that you're being a burden on someone." Willow, too, shared this sentiment:

"It's the one place in the world where you can be so selfish and talk about yourself the entire time and that's good and actually helpful." Good friendships typically do not involve one person talking only about themselves with no concern for what the other person thinks or feels. What is interesting about this dissimilarity to me is that some participants, including Dale and Zara, liked when their counsellors shared information about themselves. It seems, then, that counsellors have to balance making the client the centre of attention with appropriate self-disclosure.

The last dissimilarity that came up was that of an uneven power dynamic in counselling. Friendships typically do not involve a major power-over situation in which one friend holds power over the other friend. In counselling, there is a power-over dynamic inherent in the counsellor-client relationship, such that the counsellor as professional holds more power than the client. Dale shared two approaches to the power dynamic: "The other people that I've seen it's just like, they're way up here and they look down on you because they have this education and they know what they're doing. They're the gatekeeper to move forward with your life." She experienced holding less power in counselling, but also shared this positive experience of a more balanced power dynamic:

> I was working up north…When I came back I told [my counsellor] all this stuff and I said, you know what, I think it's time, can you help me get on hormones? And she said 'absolutely yes, I've been waiting for this moment. I wasn't going to tell you that I'm going to refer you to anybody until you were ready for it.' It was such a positive and uplifting moment that she knew that this was coming, and she was so excited that I was able to ask for them myself. As opposed to someone

saying well, you need to go on this to be happy…Leading up to the moment it was, I felt like I could feel my heart beat a little bit stronger and felt like it was pulsing boom boom boom boom. It was messing with my hearing. It didn't speed up or anything, but it just felt like it was…'Cause I was getting a little bit nervous asking for it, because again I wasn't expecting anything to happen from it. Physiology, it was mostly just feeling stronger heart beat moving through me. It was pulsing, getting me really nervous… [After I asked] it was an immediate flush. Everything just kind of drained out, like all the feelings of pulsing. Everything just stopped. And then the heart beat just boom boom boom [getting faster], yes! It was great in the moment.

It appears that counselling can be similar to friendship in some ways, and yet dissimilar in others. It is a close enough relationship for some participants to explicitly call it a friendship but is not quite a "real" friendship. No one described any moments of hanging out with their counsellor outside of sessions, which would be a serious boundary violation. Leonard did describe having lunch with his counsellor, but this appears to have been a graduation or closure activity. It seems, then, that counselling is a brief pseudo-friendship contained within the counselling office. The last theme, shared next, is related to promoting the counselling relationship.

Being Listened to and Being Heard are Different Experiences

By definition, the words listen and hear are markedly similar, and indeed, are considered synonyms. The Merriam-Webster online dictionary defines "hear" as "to perceive or become aware of by the ear" and "to listen to with attention" (n.d.). The same dictionary defines "listen" as "to pay attention to sound" and "to hear something with

thoughtful attention" (n.d.). It seems that these words are similar in definition and use. However, what became clear to me in my conversations with some participants is that the experience of being listened to and of being heard are actually different. Gale expresses this difference when she says, "She was listening to respond, rather than actually hearing me." What differentiates the two is that hearing involves validation, while listening does not, or not to the same degree. When I asked Mike what it is like to be heard, he shared this:

> I feel shaky. I feel vulnerable for sure. It feels euphoric, like finally yes, I've been heard. How amazing is that. I know for sure they don't know what I'm talking about, but I can feel it, like their whole attention is on me. I don't want to be fixed, but I want to be held in that moment, being taken care of kind and gently, gentle in the way they handle my emotions. That feels great. When it does happen, I feel at peace and calm, like my body can breathe. I feel like I can relax for a minute and not fight.

While this moment certainly sounds like a great experience, it did not happen in an official counselling setting and instead happened in a counselling practice session for his program. He has not experienced a moment like this in counselling. As he noted, "The theme of not quite being heard is repetitive" and "I haven't had great experience being heard through counselling." When asked what it is like to not be heard, he said

> It feels like I'm making it up, like I'm making it into a big deal. It feels like maybe I should just not talk about it… I have anger and sadness. There's a little rage of like, why can't you hear me?...How can I say it differently? How can I not

translate it into emotions? How can you not hear me when I'm pouring my heart out to you? It's frustrating.

Here he is experiencing invalidation and it appears that the counsellor is merely listening, rather than hearing.

Alyssa also experienced a moment of being unheard:

When the first words out of his mouth were 'you could go to the doctor and get hormones fixed', it kind of took me aback and shocked me…because it's the first time I've had a response like that. And then when he said that everyone has an animal brain and he also said sex is one of the greatest aspects of humanity and that it's what motivates people to go look for relationships and stay in relationships…That was kind of ignorant to say. Then he kept talking about the animal brain thing, or 'you still haven't found the right person'. That made me feel like I wasn't being taken seriously…It made me feel unheard, like he wasn't hearing me, like he wasn't taking me seriously. Feelings wise, I was just really shocked and taken aback and frustrated and stressed and embarrassed, for even bringing [being asexual] up with him.

It is clear that the counsellor was listening, as they were engaged in a conversation, but he was not really hearing what Alyssa had to say, and she felt invalidated.

The previous themes impacted the relationship and influenced whether or not clients decided to stay with counsellors. The last theme that emerged from the data focuses on reasons for ending counselling and is shared below.

Clients Rarely Achieve Successful Termination of Counselling

As I noted in the participant introductions, there was a wide variation in the number of counsellors that clients had seen. Some saw as few as three, while others saw a dozen or more. As I spoke with people and heard how many counsellors they had seen, I wondered what led them to end counselling.

Alex, who at the time of our speaking had seen six counsellors, shared this about their journey through counselling:

I went to someone…and was with her for a while and then I turned 18. She was a youth therapist, so I was transitioned to an adult therapy location. I saw another therapist for a while and then she was doing something for her degree and had to stop seeing me. So, I was shifted to another counsellor and then that counsellor left the country, so shifted to yet another counsellor who I saw for a while. Basically, I decided I didn't need help at that time in my life, so I discontinued the sessions… There was actually one counsellor that I saw exactly one time… It was an hour-long session and I left after 20 minutes. I walked in and initially was not optimistic, just based on the person's mannerisms. I think I can read people fairly well. We sat down, did the usual paperwork. He asks me why I'm there and I mentioned the fact that I was part of the [queer] community and that I thought I had depression. What I said is I'm feeling depressed. He goes 'are you diagnosed with depression?' and I go 'no, I don't have an actual diagnosis', and he goes 'then you're not depressed.' So, this is how the whole session went. I'm trying to express what I'm feeling and hitting that brick wall of either you're not actually diagnosed so you're not actually experiencing this, or, when it came to the

LGBTQ topics it was, oh well, do you actually experience oppression or anything

like that. do you actually have these issues? Yeah, bye, kind of walked out. Didn't

call again, found someone else.

Alex also stopped seeing another counsellor because of their schedule and because

accessing transportation was difficult. For Alex, they only stopped accessing counselling

once because they felt their concern was resolved, and it is unclear from our discussions

whether that was through counselling or their own personal work.

Other participants also ended counselling for reasons unrelated to successful

termination. Alyssa stopped seeing one counsellor because she did not feel she was being

helped with her mental health concerns, and also because that counsellor was supposed to

book another appointment with Alyssa and never did. Another counsellor (not in Canada)

forced her to look at pictures of naked men in an attempt to "fix" her asexuality.

Dale, too, ended counselling with many counsellors for reasons other than

success. She accessed four counsellors who said they could help with her depression, but

not anything related to gender identity. She was finally referred to someone, only to find

out that person was assessing her for her intent to sexually assault others. After that,

I decided, well, let's stop going to therapists that the government gives you for

free, let's go to the ones you have to pay $100 an hour for. I found three of them,

paid a hundred each, and each one that I saw didn't want to help me deal with

anything. Their methods of dealing with this was burying it down and ignoring

it…The first one I tried to go to, it was really unfortunate I couldn't see her

because her daughter is one of my best friends. It was a conflict of interest. She

referred me to someone else who works in her practice, and yeah, he didn't listen. You're not trans, just bury it down, just repress it.

Participants ended counselling for a variety of other reasons, including: mismatch of counselling style; invalidation of their sexual identity; length between sessions; referrals to group therapy or other professionals (e.g., psychiatrist); parents' choice; not hearing what they wanted to hear; general dissatisfaction with the course of treatment; and, being too old to access services anymore.

Only a couple of people talked about ending counselling because their issue was resolved. Leonard said he "graduated" from one counsellor, meaning that his concern at the time was dealt with. Nova noted that she stopped counselling because she was more comfortable with her sexual identity, her reason for attending counselling. Willow successfully completed two programs related to mental health, one at a hospital and one at a crisis centre. Zara noted that they stopped counselling because "the issue at hand was resolved. There was no need to follow up." Considering how many counsellors the participants had seen, successful termination comprises a very small percentage of terminations.

For the participants of this study, counselling rarely ended because their concern was successfully resolved. In many cases, the other themes played a part. Threads of invalidation, not being heard, not feeling close to their counsellor, and being an educator are present throughout the stories shared by participants and led them to end counselling.

The themes shared in this section all emerged from the data and answered the first research question "What are the counselling experiences of sexual minority adults?" I also asked participants about their communities. Their responses are explored below.

Sociocultural Influences on Counselling Experiences

The second question I explored in this study was "What are the sociocultural mediators for counselling with sexual minority adults?" I asked each person to describe their community and how the values of their community affected their everyday lives and counselling experiences. Initially I thought each person would describe the area they live in, but what I found is that the word "community" means something different to each person. Some people described the greater region of southern Alberta, while others described Lethbridge or other surrounding towns more locally, while still others narrowed the community further to a local post-secondary institution. Some people chose to describe the queer community. The following information is organized around a few key themes, beginning with the broad region of southern Alberta, moving to a narrower view of the queer communities, and finally to the counselling relationship.

Southern Alberta is not Experienced the Same by Every Queer Person

My experiences of living in this region, as well as my research for this study, led me to form a somewhat negative view of this area going into my conversations with the participants. I suspected I might hear stories that confirmed my views, but I also hoped I would hear stories that redeemed this region. What I heard was a lot of the former and a little bit of the latter. Perhaps unsurprisingly, every person has a unique experience of southern Alberta. Jennifer, an American living in Canada, had an interesting perspective on her time in this area:

> Lethbridge seems overwhelmingly religious to me. In an almost scary way. I
> don't come from a religious family, I've never been to church, I'm not familiar
> with any of that stuff. Even coming from the Bible belt [in the United States].

Seeing all these church billboards and all the weird anti-abortion protests is very strange to me. Everybody talks about how liberal Canada is, but then you come to Lethbridge and you're like this is really weird. Obviously, there are people who aren't like that because there's still Pride week. Even though people dumped tar on it, people did paint crosswalks. It feels like going backwards.

[Being here], it was frustrating at first and delayed the talking about gayness in general a bit. I live in an apartment now, but when I first moved here for the first 2-3 years, I was living in a basement room. The couple who owned the house were super religious, like crazy religious. The wife was always singing church Christian rock. I remember trying to converse with them and talk about stuff and the husband was always like this is gay and that's gay. I remember that he said a wedding they went to was too gay, but it was a straight couple, so I don't understand. It's like, a conversation would pop up and it's so annoying you want to jump in and argue. It's kind of like constantly holding your opinion back. Especially with the anti-abortion stuff, too. It feels like you're on their turf so it's not a fair ground to argue. Even if you wanted to, it would be you versus 20 hyper-religious anti-abortion people. Me versus my landlord and his wife. It doesn't feel like there's enough of the other side here yet to effectively argue about stuff.

[Where I'm from], I feel like I could walk around covered head to toe in rainbow and be as gay as I wanted and it wouldn't be a scary or daunting thing. Here I don't think I could do that. I don't think it would be a wise decision. At the very least you'd get rude comments or yelling. I've never tried it, but I think that

would be the case. Not as extreme as some of the places I've experienced, but not as open as some other places. I wouldn't say I'm afraid living here, but I want to keep things on the down low I guess.

Leonard shared this impassioned description of this area:

Mormon! Christian! So Christian. Goddamn gospel. Bible belt. Fucking Bible belt. Conservative, redneck, hick, fucking idiots. Unaccepting. That's the town… The community is for the most part getting better. Yeah there are assholes that will deface the Pride crosswalks and there are assholes that will deface the trans crosswalk. But you have that everywhere. You just have assholes. For the most part, it's the silent majority that hurt you because they don't stand up for you. It truly is the silent majority in this town. They don't stand up a lot, but a lot of them support gay rights, but they don't like their freedoms getting taken away from political where they go 'oh no you cannot tell the parents that they're transgendered'. They don't like being forced, but we shouldn't have to have it forced on us, we should just go no shit. But we need to be forced into that, and that's the type of community I live in. I hate it, I hate it so much… Because of the town I live in I have to drop [my voice], I have to sound more masculine because I've actually been fired from jobs. Of course they don't say it. But I've had customer complaints because I won't hide the fact that I'm gay, that I have a boyfriend.

Gale described their community as diverse:

I live in the Bible belt. There's a lot of Mormons and Jehovah's Witnesses and Christians, but we also have a strong Pagan community. We have two institutions

of higher learning, which means that we have a lot of liberals, but we also have a lot of party hard cis frat boys. But apparently our sorority is good about being accepting…That's what I've heard…At least two of our schools have GSAs [gay straight alliance]. I know people here are much better with pronouns and that even though some places struggle to respect it, everybody has policies about protecting your rights for gender and sexuality. I know that we just passed a fantastic bill in Alberta that protects gender rights under the law. Now employers have to use your name and pronouns, they can't fire you. I'm meeting more people who go about their lives here even with the heckling we get. Most of us are night owls and people are more likely to honk at night. People who will not conform to gender and who will be more radical about their experiences all of the time, even when it's not Pride. It's making our city more colourful and beautiful. We have people from a lot of nationalities. We have a lot of refugees. A large community of East Asians and Southern Americans…While there are a lot of bad eggs, like the incident with the crosswalk vandalism, the response of love in the face of incidents like that, are so much bigger.

These participants paint a very vivid picture of this region. Without being part of the queer community, I would say their descriptions accurately describe my own interpretation of southern Alberta. While there is a theme of religiosity, conservative beliefs, and negative discrimination throughout these descriptions, it also appears that each person has a unique experience of this region. The complexities of being queer in southern Alberta are further explored next.

There are Status and Privilege Dynamics Within the Queer Community

While I knew that not every person had the same experiences, and to speak of the "queer community" results in generalizations, I was not completely aware of how some LGBTQ people experience status within queer communities. Depending on identity labels, some people experience more or less privilege and status than others, and some seem to be more aware of this than others.

For Alyssa, being asexual provides her some safety from discrimination: "they don't say [asexual] marriage is wrong…It's been good in that I'm not persecuted against as a minority." Despite this safety, she still experiences interpersonal and intrapersonal struggles for not fitting the general life plan common to this region: "It's been hard because, with the huge emphasis on sex and kids, it's hard to feel like you don't belong or to feel guilt for not wanting that like everyone else says you should." She goes on to say, "We are still a minority. A minority that isn't understood. Maybe not persecuted to the extent that other groups have been, thank goodness, but still kind of misunderstood or bullied, seen as freaks, that kind of thing." Zara too felt the effects of privilege, and in their case, not being privileged.

It is hell for LGBTQ people…There's a lot of confrontation and animosity in the community...Basically, gays try and rule everyone…usually the Ls [lesbians] and Gs [gays] really fight against bisexual people and say they don't exist or they're confused… No one really talks about it except for around Pride when everyone talks about how they get told to get lost or don't show up to Pride because they're bi… Then you've got the transgender, which are really the outsiders…They're

just not welcomed as much…The Bs [bisexuals] and the Ts [transpersons] get

ostracized.

Zara's awareness of their status within the local LGBTQ community affected who they

spoke to about certain topics: "A lot of the people I have as friends are queer, but which

letter they represent dictates which issue I'll talk to them about."

Mike in particular seemed to be aware of how status within queer communities

impacts his life: "When I say hey, I'm not white, it doesn't click [with counsellors] that

that is an issue. They're just like there's handsome men, but they don't get how skin

colour can cost you." He goes on to say:

There's no awareness [by counsellors] of how shallow and divided the LGBT

community is. How gay men, gay women, are vicious and can be just as

oppressive as any man…The community as a queer man is being shaped by

Grindr and 'masc4masc' [masculine men seeking masculine partners], only

whites, no browns, no colour essentially, no feminine, fit only. All these ideas,

STD free, the shaming of bodies. In a way that's how I grew up and to desire. The

history of my dating and my sexual partners has been white from beginning to

end. Typical book telling me that the person being oppressed loves the person

oppressing them. Desire those white bodies. Take whatever they can out of me.

That community has taught me that I'm not worthy, it has devalued myself. It

made me think, maybe if I'm fit, maybe if I'm white… all these things will add

value to my body. I can show it off and have pride in it and not be looked at as

this brown man. God forbid, what if I am just a brown man. This community

changed who I am. Trying to fit in. Looking around and finding groups and things

when I need the help, and finding others like me. I end up looking at white walls.

How can I find people like me? I can't. Wanting to find groups that appreciate

diversity. And coming in and its always white people. White gay man. How do

you know and not be hurt either when I think about it? I am not fond of the

community to say the least. I know I have privilege, I know I have access to

resources, I know I'm not this broken vulnerable thing, but I also have things that

are heavy and deep and I carry with me every day. When your fears and your

thoughts and your most destructive thoughts about yourself come true and are

being told to your face, that's the most destructive and evil thing. If I think I'm

not good enough because I'm not white and I'm being told that, it's real. No one

can tell me I'm great, because these things happen. I have to prove I'm not good

enough or masculine enough. This community shapes you with its ideals.

Conversely, Gale noted that the community is very accepting and united:

Not only is our community open about being gay and accepting each other,

they're also heavily intersectional. They're here for other races and religions.

We'll fight to defend each other because we realize that oppression and privilege

are intersectional. It's not a contest of who's most oppressed, it's about how much

love we can show each other.

Willow recognized she experiences a degree of privilege for passing that others

do not experience:

I visually present as not different, so I feel safe because I pass. And I'm very

aware of that being a privilege that most people, a lot of people don't have… I

don't feel targeted really ever. I think I've felt nervous being in public with fellow

queer people where it's more obvious because I'm used to just sort of being another person that people don't take a second glance at…If I'm out with another person who presents as female who has short hair, there's a lot of assumptions of like you're on a date. In that sense I feel socially uncomfortable because I don't want to deal with it, but not because I'm afraid of emotional or physical violence.

Queer communities are typically viewed as a singular unit, as if there is one queer community with homogeneous needs and experiences. After my conversations with participants, it is clear this is not the case and there are many nuanced status and privilege dynamics at play. Furthermore, people may interpret their similar situations and communities differently. Particular to this study, the differing views of participants on counsellor values are explored below.

Counsellors Face Pre-Suppositions by Clients

Each of the people I spoke to had opinions about the values and beliefs of their counsellors and how they might have come to hold those beliefs. In some cases, these pre-suppositions were beneficial to the counsellors, such that the clients believed that their counsellors were not affected by the beliefs of this region and most likely came from somewhere else less conservative. In other cases, these pre-suppositions shone a negative or bleak light on counsellors, such that they were believed to be affected by this region and hold conservative beliefs. These pre-suppositions resulted in a few people being concerned about finding counsellors for fear that they might hold conservative and thus negative views of queer people. According to Zara,

Counsellors usually come from out of town point of views…To be a counsellor and deal with queer people, automatically sets you apart from Lethbridge. I highly

doubt there's someone from Lethbridge, raised in Lethbridge, and did all their schooling in Lethbridge, then to counsel queer people, I would find highly unlikely…Lethbridge is crappy itself, but counselling isn't affected, at least not for me.

Alyssa believed something similar about her counsellor:

In another town close by, they actually told one of [my counsellor's] friends that they could not apply if they support gay rights. That's the way the town is. I wouldn't say they're bullying or like, God hates gays like some religions, but they're not as understanding or it's taboo. So, I'm glad that she isn't like that and doesn't let it get in the way of her profession.

For both Zara and Alyssa, they believe that southern Alberta is a conservative region with many people who hold negative views towards queer people, yet they do not believe that their counsellors held these same views. An important caveat here is that Alyssa is speaking about one of her counsellors, as the reader may recall that Alyssa did indeed experience negative discrimination from another counsellor. This highlights that the mere presence of a counsellor in southern Alberta does not directly correlate to them holding negative beliefs about queer people.

Dale did not have as much confidence as Zara and Alyssa that a counsellor's presence in southern Alberta did not negatively affect them.

You're sitting in the room for the first time with these people wondering is anything actually going to happen here? Are you paying attention to me? Do you care about what's going on with me right now? It puts a lot of doubt into your mind that people care about you, that counsellors are actually there to help you.

When the city isn't there to help you, when the people here don't care about you.

Because counsellors are here as well, they're people, too.

Hayley too had concerns about seeking counselling in this region:

In this community, a big thing for counselling is that so many counselling

programs are religion based… I have a feeling they would say yes of course [you

can come for counselling]. But the idea of it being religious based really cuts the

ties really quick… It's hard to feel like I can go there and be open, which is the

point of going to counselling.

My conversations with each of these people has led me to believe that southern

Alberta is widely-believed to be a conservative region, including holding traditional

views about relationships, marriage, and LGBTQ people, but there are mixed views on

whether counsellors in this region also hold these conservative beliefs. Alyssa and Zara

believe at least some of their counsellors are above negative discrimination, while Dale

and Hayley are not as convinced. Each of these people described both positive and

negative counselling experiences in our conversations. It appears to me that there is

significant variation in the degree to which counsellors align with the conservative values

of this region and the impact this has on counselling.

Chapter Summary

In this chapter I shared some of the information that I received from the

participants. This information was organized around themes relating to counselling

experiences and sociocultural influences on participants' lives. The experiences shared

were diverse and highlight that each person experiences counselling in their own unique

way. Despite this diversity, there were some themes that came up for several people,

pointing to some shared experiences of counselling.

In the next chapter I explore these themes more and provide my own

interpretations of the data.

Chapter V: Reflections

Chapter Introduction

The purpose of this study was to delve deep into the experiences of several queer people seeking and receiving counselling in southern Alberta. As this was the first study of its kind in Canada to explore the experiences of LGBTQ people beyond just gay men and lesbians, it seemed imperative that I use a method that would allow me to gather deep, rich descriptions of experiences. A phenomenological method inspired by van Manen's interpretive-descriptive phenomenology allowed me to do this (van Manen, 2014).

> As van Manen (2002) notes
>
> In point of fact, all interpretive phenomenological inquiry is cognizant of the realization that no interpretation is ever complete, no explication of meaning is ever final, no insight is beyond challenge. Therefore, it behooves us to remain as attentive as possible to life as we live it and to the infinite variety of possible human experiences and possible explications of those experiences. At the same time, there is no denying that this phenomenology of everyday life is deepening experience for those who practise [*sic*] it. And phenomenological inquiry has formative consequences for professional practitioners by increasing their perceptiveness and tactfulness. (pp. 7-8)

Relatedly, van Manen (2016) states that

> It is true that reading is very much like writing. And when we read a text, then we are interpreting it in our particular way and therefore, to read a text is to (re)write it, as it were…[A]s readers we always see in a personal manner. (p. 389)

My findings from this study have naturally been interpreted through my own lens and the reader will certainly come to their own conclusions after reading the participants' stories, thus continuing the process of phenomenological reflection.

In this chapter I reflect on the findings as I interpreted them and place them within the context of the literature. I then relate these findings to sociocultural theory, the theoretical framework of this study. I also discuss suggestions for counsellors and clients, the significance of this study, implications for counselling, recommendations for future studies, and some conclusions. While sometimes phrased as general statements, the findings of this study are only reflective of the experiences of the participants and cannot be extrapolated to larger client populations.

Reflections on the Findings

Several key themes emerged from the participants' stories. In this section I engage in the hermeneutic circle by reflecting on each theme and incorporating literature that deepened my understanding of each.

Counselling Involves an Exchange of Knowledge

Counselling naturally involves some exchange of knowledge; otherwise, little work would be done. It is expected that the client shares their knowledge of their lives and concerns, and in return, the counsellor shares their professional knowledge to help. To ensure that the counsellor knows what the client means, they often ask for clarification. This does not necessarily mean that they do not know anything about the concern; rather, it puts the client and the counsellor on the same page. A consistent theme that came up from the interviews was that the participants felt they had to educate their counsellors on queer topics. It is possible that the counsellors did have some knowledge

but were assessing meaning for the client, and the clients misinterpreted this as the counsellor lacking knowledge. However, it is also possible that the counsellors really did lack the knowledge. Regardless, participants felt that they spent more time than they would have liked in counselling explaining terms and history.

That time is spent educating counsellors highlights an important "rule" of counselling: that the counselling time is for clients and should not be about the counsellor (Peterson, 2002). Appropriate self-disclosure can be beneficial (Henretty, Currier, Berman, & Levitt, 2014), as several people noted in this study. However, when clients were asked to educate their counsellors on queer issues, valuable counselling time was lost, and clients did not get to work on the issue at hand. This lengthened the time required to resolve concerns and potentially delayed relief by months or even years. Indeed, several of the participants stopped seeing counsellors because of their lack of knowledge and then waited a long time before seeking counselling again. This delay in relief could be made even worse if clients are expected to pay for counselling and then counselling time is spent educating their counsellors.

This theme highlighted a difficult catch-22 for counsellors: they are ethically required to be honest about their knowledge and skill sets (Canadian Psychological Association, 2002), but this meant that clients bounced from counsellor to counsellor looking for someone with the right knowledge. However, when counsellors took clients and they did not have the right knowledge, counselling was less effective anyways. This could be further complicated with the murkiness of discriminatory referrals, or referring clients to other services based on values conflicts (Kocet & Herlihy, 2014). That is, the

counsellor refers the client elsewhere because of their values, rather than not having the appropriate knowledge.

This theme also points to an issue of choice. From the discussions with participants it is apparent that there are few counsellors who specialize in counselling LGBTQ clients, and few who have even a working knowledge. This is even worse in rural areas, as highlighted by Alyssa's experiences with counsellors in small towns. Clients are essentially forced to work with someone who is not a good fit.

The need for counsellors to educate themselves on queer topics before working with LGBTQ clients is highlighted by the competencies outlined by the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Competencies for Counseling with Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals Taskforce (2013). This taskforce outlines over 120 competencies that counsellors should consider when working with queer clients. For example, "B. 1. Understand the importance of appropriate use of language for LGBQQ [*authors' acronym*] individuals and how certain labels (such as Gay or Queer) require contextualization to be utilized in a positive and affirming manner" (p. 10).

Evidence of clients educating their counsellors is present in the research literature. Kelley (2015) talked to gay men and lesbians who had attended counselling and found that some had spent time educating their counsellors on "lesbian or gay issues" (p. 116). Furthermore, several researchers have found that clients prefer counsellors with knowledge of queer issues (O'Shaughnessy & Speir, 2018).

Based on the stories shared by the participants in this study and the confirming research literature, it is reasonable to deduce that counselling involves an exchange of

knowledge, but also that clients do not want to be the source of knowledge when it comes to LGBTQ topics. Therefore, counsellors working with queer clients need to be knowledgeable of these topics. In the next section I discuss some further requirements of counsellors working with queer clients.

True Acceptance Requires More Than Merely Saying You Accept Someone

Many counselling students are required to take a multicultural or diversity course or something similar in their graduate training (Alderson, 2004). It is impressed upon students the need to be culturally sensitive and accepting of their clients. Coming out of these classes or entering practica leaves many students with the feeling that they should highlight and advertise their openness to diverse people. For some this might be the token Pride flag in the office (as it was for me), or an "LGBTQ-friendly" label on their website. Certainly, these are commendable efforts, but they are not all that is required, and indeed can be quite misleading.

Through my discussions with the participants it became apparent to me that true acceptance of clients requires validating their experiences and having the knowledge to work effectively with the client. This ties closely to the theme of counselling involving an exchange of knowledge. When counsellors do not validate clients' experiences or do not have the appropriate knowledge to work with them, clients feel they must compartmentalize their problems in order to get at least some help with their concerns. As a counsellor-in-training, this seems problematic to me.

While not every counsellor agrees that Rogers' (1957) core conditions of the therapeutic relationship are necessary and sufficient for eliciting client change, many at least agree they are important. In the counselling described by participants, two of

Rogers' conditions come to mind. The first is that of congruence. According to Rogers (1957), congruence "means that within the relationship [the counsellor] is freely and deeply himself…It is the opposite of presenting a façade, either knowingly or unknowingly" (p. 96). Here he talks of the counsellor's congruence, but it does not require a great stretch to see how the therapeutic relationship and thus counselling would benefit from clients being able to be themselves. When clients are forced to compartmentalize their problems and are inauthentic, or incongruent, they reduce the effectiveness of their counselling.

The second condition that comes to mind is unconditional positive regard. By this Rogers means "a warm acceptance of each aspect of the client's experience as being a part of that client" and that it involves "as much feeling of acceptance for the client's expression of negative…as for his expression of 'good'" (p. 97). When a client's feelings and experiences are invalidated, the counsellor is not practicing unconditional positive regard, thus weakening the therapeutic relationship and ultimately negatively affecting the counselling work. Indeed, helpful therapeutic relationships have been characterized by clients as validating and accepting (Israel et al., 2008).

One American study of the counselling experiences of transgender and gender non-conforming persons found that clients sought counsellors they believed had similar life experiences, or at the very least, would have knowledge of these experiences (McCullough et al., 2017). These clients described positive counselling experiences characterized by validation, affirmation, acceptance, and knowledge of queer issues. Furthermore, they described negative counselling experiences characterized by lack of

knowledge and experiential invalidations. This research provides further support for the theme of true acceptance requiring validation and knowledge.

Through my conversations with participants and after reading supporting literature on this topic, I believe that true acceptance, as evidenced by validation and knowledge, would strengthen the counselling relationship, resulting in more effective counselling work. Below I discuss more relationship factors related to counselling.

The Counselling Relationship is Simultaneously Similar and Dissimilar to a Friendship

The participants described relationships with counsellors in such a way that led me to believe that these relationships are like friendships in some ways, yet different in others. Trust, reliability, understanding, and appropriate two-way sharing describe both a good counselling relationship and a friendship. Indeed, several of the participants outright used the word friendship to describe their relationships with their counsellors. Objectivity, being the centre of attention, and uneven power dynamics also describe counselling, but not a friendship (or not a good one anyways). Things not said, like hanging out with their counsellor outside of sessions, also highlight how this relationship is not like a friendship.

In relation to the two themes discussed above, friendships involve exchanges of knowledge, both about themselves and about their knowledge of the world. They should also involve true acceptance. In this way, counselling relationships are again similar and dissimilar to friendships. As discussed in the first two themes, counselling relationships involve an exchange of knowledge and should involve true acceptance. However, the exchange of knowledge in counselling relationships is different from that in friendships.

Friends exchange personal information and conversations are not limited to certain topics. In counselling relationships, counsellors will seldom share much personal information and the topics of conversation are typically focused on client goals.

The importance of the counselling relationship has been well-documented in the literature (Falkenström et al., 2013; Flückiger et al., 2012; Horvath et al., 2011). This is probably why this particular theme was the least surprising finding to me. What was a bit surprising was participants' use of the word friendship. Each time someone brought it up I had a brief internal moment of panic because it brought me back to my Ethics course and the fear that was instilled in me about dual relationships. Counsellors are ethically bound to ensure the relationship does not move from a professional relationship to a personal one (see Standards III.28 and III.30 in the *Canadian Code of Ethics for Psychologists* for examples). This nuanced relationship highlights to me the incredible balance work that counsellors do with relationships. They need to somehow build a close enough relationship that clients feel comfortable and effective counselling happens, yet not so close that boundaries are crossed. It is imperative that counsellors are up front about the nature of the relationship and to maintain that boundary throughout the counselling process by reminding clients that it is not a friendship.

Foster (2007) captured the confusion and complexity of close counselling relationships in his study of music therapists. He found that friendship dynamics are often present in counselling, but that friendship with clients is still considered taboo. He noted a personal story in which a client of his told him "'I know who you are now—you're my friend'" (p. 12). Sackett and Lawson (2016) also found that clients sometimes use the word friendship to describe their relationships with their counsellors.

Something else that was surprising is that some clients maintained a working relationship with counsellors even when they did not feel close or accepted by them. For example, Alyssa continued to work with one counsellor who invalidated her queer identity because he seemed to be helping her with her mental health concerns. Granted, she did not have much choice in who she saw given her geographical location. This type of relationship makes me wonder what the outcomes of this relationship could have been if he had been more like a friend and had been more accepting and validating. It seems that work can be done without a strong relationship, but probably not to the full potential of the counsellor or client.

There are a variety of factors that contribute to the working relationship between clients and counsellors. Shared below is another theme that influences this relationship.

Being Listened to and Being Heard are Different Experiences

Despite the similarities in the every-day use of the words listen and hear, in the counselling context they can be experienced quite differently. Listening seems to be a surface-level interaction, essentially doing the bare minimum required of a counsellor. I suspect most people have had an interaction like this, whether in counselling or not. Hearing, on the other hand, seems to involve validation and a deeper understanding of what the client is saying. Hearing seems to form a connection between counsellor and client and is a more satisfying interaction. Again, I believe that most people can recall a moment when they felt the person they were talking to really heard what they were saying, and this most likely drove connection between the two.

The complexities of listening and hearing are highlighted by Myers (2000) in her exploration of clients' experiences of feeling heard. She connects the counsellor act of

really listening (different than just listening) with the client experience of being heard and understood. While the language she uses is somewhat different from what I use, it seems that we are saying essentially the same thing. The experiences of Myers' participants are strikingly similar to mine. For example, Simone notes

> If someone is not listening to what I am saying they will not keep eye contact…Even if they are looking at you and thinking about what they are going to say next, it is obvious. They start speaking as soon as you have stopped, as if they were waiting their turn…If the person is listening but not hearing what you are saying he/she may give inaccurate feedback. (pp. 157-158)

This is similar to Gale's comment: "She was listening to respond, rather than actually hearing me."

To properly validate someone, you need to have heard them or you risk missing the point. I suspect that if you do not truly accept someone or you have something blocking your connection with that person (e.g., not liking them), this could prevent you from hearing them and thus prevent you from validating them. This again points to how counselling can be similar and dissimilar to friendships. In close counselling relationships where there is a strong working alliance and true acceptance, it will be easier to hear the client and thus validate them.

Participants' desire to be heard became somewhat of a problem for me when choosing what information to share. Everything they told me was valuable for one reason or another and I wanted to be able to tell their entire stories. This is not realistic, but it did not make the process of cutting information any easier.

Clients Rarely Achieve Successful Termination of Counselling

Of all the counselling relationships I heard of when talking to participants, only a few ended with successful termination, that is, with the client's presenting concern being resolved. Participants shared a variety of reasons they chose to end counselling, including: mismatch of counselling style; invalidation of their sexual and gender identity; negative bias (encompassing homophobia, biphobia, transphobia, etc.); length between sessions; referrals to group therapy or other professionals (e.g., psychiatrist); cost; lack of counsellor knowledge; parents' choice (as children); not hearing what they wanted to hear; general dissatisfaction with the course of treatment; logistics, such as scheduling or transportation; and, being too old to access services at a particular location. In the majority of cases, clients chose to end counselling because their counsellor lacked the knowledge to work with them, which often resulted in the counsellor invalidating the client's experiences.

Premature termination, or ending counselling before the issue has been resolved, is a significant problem within the counselling profession, both for LGBTQ clients and non-LGBTQ clients (Swift & Callahan, 2011). Researchers have found that a variety of reasons motivate clients to end counselling early, including dissatisfaction with the counselling process, ineffective techniques, counsellors' negative bias, counsellors' use of inappropriate language, and circumstantial constraints (Israel et al., 2008; McCullough et al., 2017; Roe, Dekel, Harel, & Fennig, 2006).

Ending counselling early was common amongst the participants of this study and resulted in clients accessing many counsellors in attempts to find the right fit. This process of seeking the right counsellor prolonged the counselling process by many years

for some participants. The reasons they provided connect to the other themes I have presented, which suggests that, if counsellors lack the appropriate knowledge, invalidate and do not accept their clients, do not hear their clients, and the relationship is more dissimilar than similar to a friendship, then the relationship will inevitably end in early termination.

Above I have reflected on findings as they relate to counselling experiences. Below I reflect on three more themes as they relate to the sociocultural climate experienced by the participants.

Southern Alberta is not Experienced the Same by Every Queer Person

Every person is different and therefore has unique experiences. The general consensus among participants was that southern Alberta is a difficult place to live for queer people. Some found solace in accepting groups of people, especially at a post-secondary institution, while others chose to keep their heads down, so to speak. Several participants planned to leave this area as soon as possible, while others felt stuck here.

Participants' experiences of southern Alberta seem to be framed within some deep-seated community beliefs, such as conservativism and religiosity. Jennifer describes it succinctly when she says, "It feels like going backwards." People holding conservative and religious beliefs tend to view queer people less favourably (Balkin et al., 2009; Borooah & Mangan, 2007), partly explaining participants' experiences in this region. What needs further exploration is why people experience this region differently despite the similar descriptions of the area. Perhaps protective factors (e.g., friends and family), personal ways of framing things (e.g., positive versus negative), or status and privilege may explain these differences.

The feeling of being in southern Alberta is something I have not experienced anywhere else I have been before. Some people relate it to the southern United States, or at least their perceptions of that part of the world. For me, there seems to be an invisible line I cross where I am transported into a realm dominated by conservative values that feels much different from points just before that line. From my conversations with participants, I get the sense they feel something like this, too.

While most of the participants described this region very similarly, they each had unique experiences here. This reminds me of their experiences in counselling. There were themes that came up repeatedly in my discussions with these eleven people, yet they each had completely unique counselling experiences. I imagine if they were to all get together and share their perceptions of counselling and of living in southern Alberta, there would be a lot of common ground, but also points of dissimilarity and difference.

Participants experience southern Alberta differently and they also experience the narrower community of LGBTQ people differently. This theme is explored next.

There are Status and Privilege Dynamics Within the Queer Community

Depending on identity labels, some people may experience more status and privilege within queer communities. I consider myself to be relatively knowledgeable of queer communities, but this theme showed me that I have plenty left to learn. To some degree most queer people do have the shared experience of being marginalized, yet to speak of one unified LGBTQ community would be to miss some nuanced dynamics. Even people within the communities may not be aware of the status dynamics, which could point to some form of privilege.

Zara explained it quite nicely when they told me that gay men dominate queer communities, with lesbian women and bisexual people following. Transgender, genderqueer, and gender non-conforming people are often misunderstood by others and do not hold the same status. Other identities, such as asexuality, seem to exist on the fringe of the greater community.

Status and privilege dynamics within queer communities have been discussed in the research literature. Queer communities are not immune to racism, ableism, and other forms of discrimination (Blair & Hoskin, 2015; Giwa & Greensmith, 2012). An additional complication is that of intersectionality, as pointed out by Mike. People typically hold more than one identity, such as white gay man, black lesbian woman, or bisexual transwoman. What happens, then, is a hierarchical ranking of identity combinations that influence one's status and interactions within queer communities.

These dynamics are complex, but it is important that counsellors make themselves aware of them if they are going to work with queer clients. As Mike pointed out, it was frustrating for him when his counsellors did not understand how being a non-white queer man affected dating for him. If counsellors believe that the queer community is a singular entity in which everyone values each other equally, they will not understand how a situation such as Mike's can be troubling. To move away from this singularity approach, one researcher proposes that counselling students in Canada learn about queer issues through an intersectionality framework, rather than courses based on multicultural approaches (Cheshire, 2013).

The experiences of status and privilege that some participants discussed again highlights how unique participants' experiences were. Each of the eleven people I spoke

to experienced counselling, southern Alberta, and LGBTQ communities in their own way. It is clear to me that there is no singular experience of being a queer person seeking and receiving counselling in southern Alberta.

Each of the people I spoke to has their own lens through which they view their world. This lens has formed over years of experiences. Because of this lens clients hold assumptions about the people around them, including counsellors. I reflect on this concept below.

Counsellors Face Pre-Suppositions by Clients

Counsellors are expected to bracket their beliefs and values in the counselling setting (see standard III.9 in the Canadian Psychological Association's *Code of Ethics*), but this same expectation does not hold true for clients. Some of the participants I spoke with held assumptions about counsellors in southern Alberta, either to the counsellors' benefit or detriment. Some believed that, because this region is conservative and religious, that counsellors would also hold these beliefs. Others believed that, even though this region is conservative and religious, it was likely that counsellors did not hold these beliefs. The common thread is that southern Alberta is perceived by the participants to be conservative and religious and they acknowledged how this creates an unsafe atmosphere for queer people.

Researchers have shown that a client's fear of negative bias or perceived lack of counsellor knowledge may influence a client's choice to pursue counselling with a particular counsellor (Hunt, 2014). This means that choosing a counsellor in a region you feel unsafe in could be a difficult task. Some of the participants I spoke to mentioned

trying to research counsellors beforehand in hopes of finding one who would be accepting.

The participants' pre-suppositions about counsellors seems a bit like gambling to me. When a participant believed their counsellor was immune from holding negative views of queer people, they were either going to get lucky and find someone accepting, or they were at risk of finding someone who did indeed hold negative views. Being cautious and assuming counsellors in this region also hold negative views might prevent participants from choosing a bad fit, but that would not be a guarantee and might slow the therapy process. Pre-suppositions may at times keep clients safe, but also highlight how complex the process of choosing a counsellor can be.

This theme connects closely with all the others I have presented in this section. The differing views participants had of counsellors highlights how each person experienced their sociocultural climate uniquely, thus affecting their view of counsellors in this region. Their desire to choose someone who would hold positive views of queer people underscores the importance of counsellor knowledge, acceptance, validation, being heard, and a good working relationship.

All of the findings that I have reflected upon in this section have emerged from the stories shared by the participants and are only reflective of these people's experiences. Phenomenology does not allow for generalization from the smaller to the larger groups, nor is it interested in it (van Manen, 2014). I gave the participants the opportunity to share suggestions for counsellors and clients based on their own experiences. While these suggestions can only be related to their experiences with select

counsellors, they are worthwhile exploring and may inspire readers to examine their own practice.

<div align="center">**Suggestions for Counsellors and Clients**</div>

Given how important being heard was for many of the people I spoke with, I wanted to give them the opportunity to share their suggestions for counsellors working with queer clients and queer clients seeking counselling. Because the role of phenomenology is to explore the lived experiences of participants and not to generalize this to others (van Manen, 2014), these suggestions can only be considered reflective of the participants' experiences with select counsellors. My hope in sharing them is to inspire counsellors to examine their own practice for areas of strength and areas of growth.

Suggestions for Counsellors

Several of the suggestions related to counsellors becoming better educated on queer topics. This is not surprising to me given how important queer knowledge was to some of the participants. Alex urged counsellors to

> get more active exposure to the community, so beyond just seeing gay people on the news. Showing up to Pride events, the crosswalk stuff, just getting in as deep as possible and trying your best to learn about the community from the community. Reading a bunch of definitions from a handbook isn't the same as talking to people and learning about their experiences. Some of that can come from counselling LGBT people is okay but using that as your only source isn't the way to do it. You have to get in and actually make an active effort to learn as much as possible wherever you can.

Dale echoed this sentiment: "There's lots of information out there and they need to do their research. They need to go to workshops, go online, research what it actually means to be transgender or what all these different identities mean."

Gale pointed to the internet as a good place to start this research:

> If you run into something you don't know, you can probably come across a good compilation of resources on Tumblr rants. I know people are leery of using Tumblr because there is a diverse age range and there are people who go to extremes, but I think it's the liberal corner of where extremists go. But you can usually just Google it. If you don't find the information out there, study it yourself.

Willow provided the following suggestion on counsellor education:

> Inform yourself in every possible way. Whether that be watching YouTube videos or going to conferences or asking your local Pride groups if you can hang out with people and have encounters with people. I don't want my therapist to 'go can you tell me about that?' No! Go read a Wikipedia article. I explain it to everyone in my life all of the time.

Mike asked counsellors to take a more active role in allyship, including educating themselves:

> Be an ally and continue to practice that. Don't just buy a sticker and call yourself an ally. Take part in the events and get immersed in that. Donate your time, your finances. Find ways to become an ally and an activist. Don't just preach, learn about it. Learn about the struggles and the disenfranchising of bodies. Learn what

is happening in the culture. Don't just look at the pretty colours and the parades.

It's an act of doing, not just a one-time thing.

Other advice centered on validating clients and treating them like normal people. Again, given how much this topic came up in conversations, this is not a surprising suggestion for counsellors. As Alyssa notes, "Just listen and don't invalidate it. Don't invalidate their experiences…You don't have to agree, just listen and take their experiences seriously or at least listen to the experiences they have to offer." Jennifer notes something similar: "Even if it seems weird or invalid or like a phase…if you treat it like that, then they're not going to talk to you anymore. That ends that feeling that you can talk to somebody about that sort of thing."

Another suggestion came from Leonard, who urged counsellors to see clients as people first, not as LGBTQ people.

Don't believe in the stereotypes… That's not who they are. Even if they say that's their identity, that's only a part. Don't even let the person think that that's their whole identity. Help them see that they're so much more than the fact that they're gay or whatever they are… You need to see them as a person first, not their identity, their sexuality, their gender, but as a human being.

The suggestions shared by participants for how counsellors can improve practice are supported in the literature.

Based on my discussions with participants, I also suggest that counsellors be more forthcoming about the counselling process. There were moments in some interviews where I caught myself thinking that the complaint the participant had was likely due to a

misunderstanding of the counsellor's role. For example, Mike spoke of wanting quick fixes, which is often not the reality of counselling.

The aforementioned suggestions for counsellors would likely improve the counselling experiences of queer clients. Participants also shared suggestions for clients to help promote counselling satisfaction.

Suggestions for Clients

Much of the advice for clients related to not giving up hope of finding a good counsellor and not staying with a counsellor if it is not working out. Alex provided this somewhat bleak advice:

> Take a shot in the dark, unfortunately. It would be nice if there was a better resource for finding queer friendly counsellors. The best way is to go to an appointment and if you get a sense they're LGBT-friendly, say you're LGBT and go from there. If they're good about it great, and if they're not, then walk out.

Alyssa shared this similar, though slightly more hopeful, advice:

> Remember that not every therapist is right for every person. If they feel like they're being invalidated, it's not their fault. That's just bound to happen. They shouldn't feel bad about themselves. They shouldn't feel broken…Don't be discouraged if you don't find someone who helps, keep looking.

Gale pointed clients towards the internet, apps, and other queer people as helpful resources for finding a good counsellor.

> A good Google search never hurt. You can usually read up on an office's bio what each therapist is like and what they specialize in…You can call the office and have a list of questions to ask. 7 Cups [of Tea] is a great place. There's a lot of

really good Tumblr blogs…The corners of the queer community really love each other and want to help each other do well. We want to let each other know what labels fit (if any), what cities/businesses/service providers are queer friendly. We are, like, tossing them off the Pride wagon. So, if you know someone in the queer community, ask them, they'd be happy to help.

Zara encouraged people to find a counsellor who identifies as LGBTQ, but if they cannot find one, to not feel obligated to educate their counsellor.

Ask if any counsellors are LGBTQ themselves… Most importantly, the client has to be comfortable with their counsellor. If they're not comfortable, they have to understand that they can leave at any time. If the counsellor doesn't know something, you do not have to provide the information…If by some miracle you can find someone that's queer, that would go a lot better. You'd actually have something to go okay, we get each other on this.

Jennifer encouraged clients to be honest about their queer identity.

If something is up with [your sexuality] and you feel uncomfortable about it or you're not out but you want to be, even if you're going to a counsellor for something totally unrelated, it's still worth bringing up and talking about…Number one, your counsellor has probably seen tons of people with all sorts of crazy stuff, so it's not like, even if you say I think I'm gay, it shouldn't affect them. If it does, then change to a different counsellor. There will be a counsellor that won't think that's weird.

Leonard urged clients to not let their queer identity be the only part of their identity they talk about: "Don't let your sexuality be who you are. Find your own

identity. Let things in your life be who you are, influence you. Don't let one thing be your entire description."

Willow encouraged clients to have some identity explanations ready: "Try to have a couple short explanations of who you are ready…Because that helps a lot for people to just understand the basics." She also suggested seeking supports other than just counsellors: "It's important to not just be looking for a counsellor who can help you. Be looking for friend groups and social supports that, even if these people aren't professionals, you can just say this is a hard day because and they'll get it. And maybe from their experiences they'll have suggestions." Lastly, she urged clients to form boundaries around coming out:

> Our society expects us to come out to everybody because it's a privileged white thing to do. The reality is that most people…don't have the freedom to safely do that, especially if they're not white and middle class or upper class… As a subculture, as a self-identified group, we will often say to ourselves, am I really queer enough, am I legitimate, am I expressing myself in the way an x-labelled person should be? We deserve to let ourselves off the hook with all of that. The first step to feeling less pressured about that is accepting that there are some people you'll never be out to and that's okay. And drawing that line in those relationships, but also with professionals…It's so important to go like coming out isn't the answer and sometimes coming out is the answer and you just don't have those people in your life anymore. And it's awful and you go to therapy for it. Sometimes coming out means your family abandons you, and it's horrible and it

shouldn't happen. When it does, that's something counsellors understand. They understand abandonment and betrayal. They can talk you through it.

These suggestions emerged from the unique experiences of each of the participants. My hope in sharing them is that professionals reading them will be sparked to wonder about their own practice and do engage in some deep learning about how they work with their clients.

Sociocultural Theory

Sociocultural theory, like interpretive-descriptive phenomenology, holds that people cannot be understood without taking into consideration history, culture, society, and context (Swain et al., 2011). I demonstrated in the literature review that queer people, in general, live in sociocultural climates that devalue them, leading to a host of mental and physical health problems (Bockting et al., 2013; Bolton & Sareen, 2011; Brennan et al., 2010). Counselling is not immune from these sociocultural influences, leading to counselling experiences that are often fraught with negative bias (Mair, 2003; Shelton & Delgado-Romero, 2011).

I also demonstrated that southern Alberta is, and has historically been, quite a conservative region, likely influencing the counsellors that work there. This seems to be confirmed by the participants' experiences. Each participant shared experiences in which their counsellor demonstrated negative bias, whether covertly or overtly, negatively affecting their counselling experiences.

Additionally, the participants were affected by the sociocultural factors in other ways. Participants' perceptions of religious and conservative values of this region resulted in several of them being concerned for their safety. Leonard shared that there

was a time when he was afraid to be gay. He had internalized messages from his community about being gay and this made it difficult for him to accept himself for some time. He also shared that he actively worked to drop the octave of his voice to sound "less gay." Willow expressed gratitude that she is able to "pass" as non-queer in most situations, saving herself from trouble.

Each person I talked to had stories of how they had changed their behaviour or struggled with self-acceptance, all as a result of the sociocultural climate in which they lived. My heart aches thinking of how things might have been different for these people if they had been somewhere more accepting.

It is apparent that sociocultural factors affected not only counselling, but clients' perceptions of themselves, resulting in changes in their behaviour. This is evidence that sociocultural theory is an accurate theory through which to view the counselling experiences and the lives of these eleven queer clients living in southern Alberta.

Significance of the Study

This study has been significant for several reasons. These reasons have emerged primarily from the deep learning that has resulted from my review of the literature, my time spent counselling, and personal experience. The points shared in this section would likely improve the counselling experiences of many types of clients, including those who identify as LGBTQ.

This study was the first of its kind to examine the counselling experiences of queer people other than only gay men and lesbians conducted in Canada, not only acknowledging the existence of other queer identities, but also beginning to fill the gap in research knowledge.

From my learning it has become apparent to me that counsellor training needs to be evaluated and improved. Counsellors who know little about LGBTQ communities exhibit more behaviour reflecting negative bias than do counsellors who are knowledgeable (Alderson et al., 2009). Through conversations with colleagues and professional contacts, as well as through a review of the literature, I learned that many counsellors had not received more than a few hours of education in their graduate programs about counselling LGBTQ clients. This means that, even if these counsellors did not hold negative views of queer communities, they may not have been serving their LGBTQ clients to their full potential. Therefore, my learning from this study has highlighted that counsellors, especially those wishing to work with LGBTQ clients, require more training in this area if they are to work effectively with clients.

Through reviews of the literature and through personal experience as a citizen of southern Alberta, I have come to have a greater understanding of the sociocultural climate of this region. Negative bias towards LGBTQ individuals, as well as other minorities, is a social issue that needs to be addressed in order to promote safety for all those who live here. This study is significant in this way because it highlights the need for social advocacy to improve this region for minorities and non-minorities alike.

This torch of social advocacy can be taken up by anyone, but counsellors are ethically bound to do so. The Canadian Psychological Association's *Code of Ethics* governs psychologists in Alberta, as well as the rest of Canada. This document includes standards that specifically pertain to social advocacy, including: "Avoid or refuse to participate in practices disrespectful of the legal, civil, or moral rights of others" (I.5, p. 13); "Not practice, condone, facilitate, or collaborate with any form of unjust

discrimination" (I.9, p. 13); and, "Act to correct practices that are unjustly

discriminatory" (I.10, p. 13). Similarly, the Canadian Counselling and Psychotherapy

Association's *Standards of Practice* outlines the rules by which counsellors should abide.

This document also contains items related to social advocacy, including: "Counsellors

convey respect for human dignity, principles of equity and social justice, and speak out or

take other appropriate actions against practices, policies, laws, and regulations that

directly or indirectly bring harm to others or violate their human rights" (A2, p. 2). Thus,

psychologists and counsellors in Canada are obligated to identify and make efforts to

change discriminatory practices, including negative bias. Because of the research I have

done for this study and from personal experience in counselling agencies, I believe that

this study has been significant to highlighting how imperative it is that counsellors

advocate for social justice.

The learning that has resulted from my time doing this study has brought several

issues of the counselling profession into the spotlight. These issues have implications for

the counselling profession, which are shared below.

Implications for Counselling

By exploring the lived experiences of the eleven people who participated in this

study, I have learned much about their experiences in counselling. The goal of this study

was not to take the data and make sweeping generalizations about the counselling

profession as a whole (van Manen, 2014). While I cannot extrapolate from these eleven

people's experiences to the rest of the counselling client population, I do hope that

counsellors and any other professionals reading this have been inspired to examine their

practice and to become stronger supports for their clients.

The implications shared in this section emerged from my review of the literature, personal experiences, and my time as a counselling student, and are underscored by comments participants made about their experiences.

The first implication my learning has for the counselling profession is that professionals and students in this field should receive more specific training about LGBTQ communities. Researchers suggest that students receive very little dedicated class time to counselling LGBTQ clients (Alderson, 2004; O'Hara et al., 2013) and that increased knowledge of LGBTQ communities leads to improved views on these communities (Alderson et al., 2009; Bidell, 2013), Counselling students should receive more dedicated in-class time to this topic. The logistics of this may be difficult, given the amount of content that students need to learn in a short time. Perhaps offering an elective alongside required in-class time would be beneficial. Additionally, it would be beneficial to counsellors and clients alike to promote (or require) practicing counsellors to attend workshops about queer counselling. At the very least, counsellors should attend one workshop or training. Given how quickly terminology and research changes within this area, it would be better to attend workshops more frequently. Perhaps it would be helpful to require counsellors to attend workshops before they are able to use the term "queer-friendly" or similar terms in their advertisements, websites, et cetera.

Another implication this study has for the counselling profession is that counsellors need to improve their image amongst queer communities. Much of the literature I reviewed for this study involved clients' stories of pain and ineffective counselling. Of course, many LGBTQ clients also have positive experiences, including the ones that I spoke to for this study. However, the literature and my discussions with

participants suggest that the image of counsellors could be improved. There were moments during this process when I questioned whether I wanted to be a part of a field that has clearly done some hurtful and harmful things. Through counsellor action and advocacy, perhaps we can improve our image and be a trustworthy source of help.

The last implication this study has for the counselling profession is that it highlights the importance of the working alliance and the effect that it can have on clients' counselling experiences. Much of what was shared by participants was related to factors that either strengthened or weakened the working alliance. Researchers have repeatedly shown that the working alliance is more important to client change than specific techniques (Falkenström, Granström, & Holmqvist, 2013; Flückiger, Del Re, Symonds, & Horvath, 2012; Olivera, Braun, Penedo, & Roussos, 2013), thus supporting the findings of this study.

I hope that the implications I shared here, alongside the participants' stories, inspire counsellors and other professionals to examine their practice and do their own "research" to explore the effectiveness of their work. Below I share some recommendations for future research as further inspiration.

Recommendations for Future Research

After doing this study I found myself with several follow-up questions about the counselling experiences of LGBTQ clients. One question I had was about the possible effects of counsellor training on counselling experiences. Researchers have previously explored how counsellors' attitudes towards LGBTQ people, as well as their perceived competence with working with them, have improved after being educated on queer topics (Arora, Kelly, & Goldstein, 2016; Bidell, 2013). To date, no research has been done on

how counsellor education affects clients' experiences. Therefore, a future study could assess whether clients' counselling experiences improve after counsellors take part in a training session on LGBTQ counselling.

Another future study could explore counsellors' knowledge and attitudes towards LGBTQ people and their perceptions of how affirming their practice is, then compare that to clients' perceptions of the same based on their experiences. This would require counsellor-client dyads. A study such as this would help elucidate whether counsellors accurately assess the inclusiveness of their practice and whether counsellors and clients agree on what it means to be affirming. Researchers have previously analyzed counsellor-client dyads for a variety of reasons, including their perceptions of the working alliance (Wei & Heppner, 2005); however, I could not find any research exploring dyads' perceptions of affirmative practice.

Additional Personal Insights

Throughout the research process I have confronted my biases and worked to hold these at bay in order to come in contact with clients' lived experiences of accessing counselling (van Manen, 1994). Data analysis in interpretive-descriptive phenomenology involves the hermeneutic circle, or the process of moving back and forth between how the understanding of parts relates to the understanding of a larger whole in order to better understand a lived experience (Laverty, 2003). I wish to share here some of my insights from the process so that the reader can have access to my understanding of the lived experiences of queer clients in counselling.

One insight I had was that it was difficult to reconcile my knowledge of counselling, as a counsellor in training, with the experiences that participants shared. I

had to work hard to hold by beliefs about counselling at bay so that I would not

misinterpret participants' stories. As much as I tried not to, I caught myself rationalizing

some of the things they told me. For instance, "They do not know how counselling

works, so their expectations are unrealistic." I believe it is possible that, had I not known

what I know about counselling, I might have left this study with a much worse view of

the profession.

When I began planning this study I assumed that participants would be triggered

by talking about their experiences and would potentially require follow-up services. I

believed that some of the stories would be so distressing as to warrant such care. I

planned for this accordingly, but it did not appear as if anyone was so distraught as to

require such services. I do not believe that this lack of extreme emotional display means

that the participants were not deeply affected by their experiences, but rather that they

have worked through some of the pain and are able to cope when discussing the

experiences.

Having been in counselling myself helped me understand some of what

participants shared with me. Being a counsellor in training and also being a client gave

me an interesting vantage point for this study, which helped me form a better

understanding of the lived experience of seeking and receiving counselling as a queer

person. I had actually seen one of the counsellors mentioned by one of the participants,

which helped me connect to those stories and understand the participant's perspective.

The process of connecting with each individuals' stories, relating that to others'

stories, and viewing that through my own experiences as both a counsellor in training and

a client, helped me connect deeply with the phenomenon of being a queer client in

counselling. Below I share some conclusions from this study based on the insights I have shared here, in addition to the deep, rich data that came from the participants.

Conclusions

This study explored the lived experiences of eleven queer clients seeking and receiving counselling in southern Alberta. I have drawn several conclusions about the experiences of these participants.

Many counsellors in this study seemed to lack the knowledge necessary to work with queer clients, which negatively affected the clients' experiences. Many clients spent precious counselling time educating their counsellors on queer history and terminology, taking away from time that should have been spent helping them with their concerns.

Validation was an essential component of the counselling relationship. Without validation, many participants did not feel heard nor were they truly accepted. When clients were not valued for who they are, they often felt they must contain certain aspects of themselves and compartmentalize their concerns. This led to less effective counselling.

The eleven people in this study described a sociocultural climate that at times negatively affected their mental and physical health. Some clients in this study believed their counsellors bought in to the values of this region, while others believed they were above these values. It seems that, in many cases, counselling was indeed affected by the conservative values of this region. Outside of counselling, clients faced a variety of sociocultural factors that resulted in negative health outcomes.

My hope is that the stories shared in this study inspire readers to assess and improve their practice, whether counselling or some other profession. I also hope that readers question the "taken for grantedness" of their experiences and analyze their

sociocultural climate for its openness, acceptance, and safety for LGBTQ people, and to

then improve that climate.

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Appendix A:

Definition of Terms

Ally: A person who provides therapeutic or personal support to a queer individual. An ally can be a friend, family member, mental health professional, co-worker, et cetera. Allies can themselves be queer. For example, a lesbian may be an ally of a transgender man (ALGBTIC, 2013).

Asexual: A person who does not experience sexual attraction. People who identify as asexual may experience emotional attraction to others, but does not feel the urge to fulfill that attraction sexually (AVEN, n.d.).

Biphobia: "An aversion, fear, hatred, or intolerance of individuals who are bisexual or of things associated with their culture or way of being" (ALGBTIC, 2013, p. 39). *Related*: **internalized biphobia**, which is when a person who identifies as bisexual hold negative views towards oneself for being bisexual.

Bisexual: A person who is emotionally, sexually, mentally, and/or spiritually attracted to both men and women (ALGBTIC, 2013).

Cisgender: A person whose biological sex assigned at birth (male or female) is congruent with his or her gender identity (man or woman) (ALGBTIC, 2013).

Counselling: "[A] relational process based upon the ethical use of specific professional competencies to facilitate human change" (CCPA, 2011).

Gay: A person who is emotionally, sexually, mentally, and/or spiritually attracted to a person of the same sex/gender. This term is typically used to describe men who are attracted to men (ALGBTIC, 2013).

Gender identity: "[T]he inner sense of being a man, a woman, both, or neither. Gender identity usually aligns with a person's birth sex but sometimes does not" (ALGBTIC, 2013, p. 40).

Heteronormativity: The cultural bias that everyone is cisgender heterosexual and should follow traditional norms of heterosexuality and gender (ALGBTIC, 2013).

Heterosexism: "[A]n ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community" (Herek, 1990, p. 316). Heterosexism is pervasive and impacts most, if not all, social domains.

Heterosexual: A person who is emotionally, sexually, mentally, and/or spiritually attracted to a person of the opposite sex/gender (ALGBTIC, 2013).

Homonegative: Negative attitudes and beliefs about lesbians and gay men (Ellis & Fox, 2001). This term is sometimes used instead of negative bias (Alderson et al., 2009).

Homophobia: "An aversion, fear, hatred, or intolerance of individuals who are lesbian, gay, bisexual, queer, or questioning or of things associated with their culture or way of being" (ALGBTIC, 2012, p. 41). *Related*: **internalized homophobia**, which is when a LGBQQ individual reflects these negative views back on oneself. Negative bias is used in this study instead of homophobia.

Intersex: A person who was born with both male and female characteristics in their sex organs, chromosomes, hormones, and/or secondary sexual characteristics (ALGBTIC, 2013).

Lesbian: A woman who is emotionally, sexually, mentally, and/or spiritually attracted to women (ALGBTIC, 2013).

Pansexual: A person who is emotionally, sexually, mentally, and/or spiritually attracted to all genders, gender identities, and sexes (Gonel, 2013).

Queer: An umbrella term for people who identify outside of the heteronormative system (ALGBTIC, 2013).

Questioning: A person who is unsure who he/she is attracted to (ALGBTIC, 2013).

Sexual orientation: An enduring pattern of romantic, sexual, and/or emotional attractions to men, women, or both sexes (APA, 2008). This is sometimes referred to as affectional orientation.

Transgender: An umbrella term used to describe people whose biological sex assigned at birth is incongruent with his/her gender identity or who challenge gender norms (ALGBTIC, 2013).

Transphobia: "An aversion, fear, hatred, or intolerance of individuals who are transgender, genderqueer, or who blur the dominant gender norms or of things associated with their culture or way of being" (ALGBTIC, 2013, p. 43). *Related*: **internalized transphobia**, which is when transgender individuals reflect these negative views back on oneself.

Two-spirited: An Aboriginal term that describes a person with both a male and a female spirit in terms of gender and sexual practice (Tafoya, 2003).

Appendix B:

Recruitment Advertisement

STUDY PARTICIPANTS WANTED
"A Qualitative Study of the Counselling Experiences of
Sexual Minorities"

Do you identify as LGBTQ+ (lesbian, gay, bisexual,
transgender, queer, or another non-heterosexual and/or
non-gender binary identity)?

Have you sought or received counselling services in
southern Alberta (south of Calgary) within the last five
years?

Are you over the age of 18?

If so, I am interested in speaking with you about your
counselling experiences.

Please contact Chelsea Wrightson at
uleth.study2017@gmail.com

This study is being conducted in partial fulfillment of the requirements
for the degree Master of Education (Counselling Psychology) at the
University of Lethbridge. It is supervised by Dr. Noëlla Piquette.
Please contact her at noella.piquette@uleth.ca if you have any
questions or concerns.

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Appendix C:

Letter of Consent

University of
Lethbridge

Faculty of Education

Appendix B
PARTICIPANT (ADULT) CONSENT FORM

A Qualitative Study of the Counselling Experiences of Sexual Minorities

You are being invited to participate in a study entitled "A Qualitative Study of the Counselling Experiences of Sexual Minorities" that is being conducted by Chelsea Wrightson. Chelsea is a graduate student in the Faculty of Education at the University of Lethbridge and you may contact her if you have further questions by e-mailing uleth.study2017@gmail.com

As a graduate student, I am required to conduct research as part of the requirements for a degree in Master of Education – Counselling Psychology. It is being conducted under the supervision of Dr. Noëlla Piquette. You may contact her by e-mailing noella.piquetta@uleth.ca or calling 403-329-2372.

This study is being funded by the Social Science and Humanities Research Council (SSHRC).

The purpose of this research project is to examine the counselling experiences of lesbian, gay, bisexual, transgender, and other sexual minorities (LGBTQ+) individuals in Canada, specifically in southern Alberta.

Research of this type is important because LGBTQ+ individuals sometimes experience negative bias in counselling. The focus of this study is not only the negative experiences, but the positive experiences as well. This information will help highlight areas that need improvement in counsellor training, as well as what areas are already successful. There is little research on this topic in Canada, thus, this study will begin to fill the gap in knowledge. This research may also highlight the need for greater social advocacy by counsellors and society as a whole, in order to ensure that counselling services are effective and accepting. The results of this study may also indicate areas of strength that participants have and which could be used to foster the same strengths in other LGBTQ+ clients.

You are being asked to participate in this study because you are 18 years of age or older, have identified as lesbian, gay, bisexual, transgender, intersex, queer, questioning, or another sexual minority, live in southern Alberta, and are currently or in the past five years, attended or sought counselling in this same region.

If you agree to voluntarily participate in this research, your participation will include a 1-2 hour interview conducted at a mutually agreeable time and using one of three modes: in person, over the telephone, or over Skype. This interview will include a few demographic questions (e.g., age, gender/sexual identity). These are meant to provide general information about the participants of

the study and do not affect the interview in any way. The main part of the interview will consist of questions about your experiences with counselling and the sociocultural factors (e.g., religion) affecting these experiences. In addition, you are asked to participate in a follow-up conversation, which will allow you to review the accuracy of the researcher's identified themes, and to provide your interpretation of those themes. This can be done in person or via e-mail. These conversations will be audio-recorded and I will also be taking notes.

Participation in this study may cause some inconvenience to you, including spending 1-2.5 hours (total) in interviews on two separate occasions.

There are some potential risks to you by participating in this research and they include psychological or emotional distress. Discussions of previous counselling experiences, if painful, can sometimes bring up some unpleasant emotions, such as sadness or anger. However, you are in control of how you answer the questions. Although I encourage honesty and openness, it is ultimately up to you how you answer the questions. You may also end the interview at any time, with no negative consequences. If you require, the contact information for several mental health services has been provided.

The potential benefits of your participation in this research include filling the gaps in the knowledge regarding counselling experiences for LGBTQ+ individuals. The information gained from your participation may also contribute to better practices amongst counselling professionals. Your participation may also help highlight areas of improvement for society as a whole (e.g., misconceptions about LGBTQ+ individuals).

Your participation in this research must be completely voluntary. If you decide to participate, you may withdraw at any time without any consequences or any explanation. Given your choice, if you do withdraw from the study your data will either be destroyed, or if you agree to have the data collected to this point be used in my research study, then the confidential data already collected will be kept, but no further data will be collected. If you choose to allow the data to be used, you will be asked to provide verbal consent in the audio recording. This will stand in the place of written consent.

To make sure that you continue to consent to participate in this research, I will ask you if you still want to participate prior to beginning the follow-up conversation. Consent will be reviewed at that time.

In terms of protecting your anonymity, identifying information such as your full name and address will not be asked. However, some contact information, such as your telephone number and/or email address, will be required to allow for communication and for the purposes of remote interviews (if applicable). Interviews conducted in person cannot be guaranteed to be completely anonymous. Your name and identifying information will not be associated with your interview information and will be securely stored separately from the data. A pseudonym will be used in all documents and interviews.

Your confidentiality and the confidentiality of the data will be protected by storing all recordings, transcripts, and contact information in a locked office. Only the interviewer and supervisor will have access to this information. Additionally, all data associated with you will be identified by a pseudonym, rather than your real name.

Data from this study will be disposed of by deleting audio recordings and shredding transcripts. Data must be kept for a minimum of five years as per policy and then will be destroyed thereafter.

During this time, digital data will be password protected, and where possible, locked up. All paper data will be locked up as well.

The data from this study will only be used for the purposes of this study. It is anticipated that the results of this study will be shared with others in my thesis project, in published journal articles, and/or presentations. No identifying information will be shared.

In addition to being able to contact the researcher and the supervisor at the above e-mail addresses, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge (403-329-2425).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant	*Signature*	*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix D:

Information Sheet

If you wish to speak to someone after your participation in this study, the following services are some that are available to you:

- Distress Line: 403-327-7905

- University Counselling Services (for students): 403-317-2845

- 7 Cups of tea: 7cups.com

- Family Centre: 403-320-4232

- Lethbridge Family Services: 403-327-5724

- Associates Counselling Services: 403-381-6000

Appendix E:

Demographic Questions

I will first ask you a couple of questions about some basic personal information. Please feel free to share as much or as little as you would like.

1. What is your age?

2. Can you describe which gender you identify as (if any)? Which pronouns do you prefer?

3. Can you describe which sexual orientation you identify as (if any)?

4. Can you describe which, if any, religious/spiritual group you identify with?

Appendix F:

Interview Questions

I would like to know more about your experiences seeking and receiving counselling. Please tell me what you are comfortable sharing and recognize that if you would like to take a break or stop, that all I need is a signal. I am here to support you.

1. How did you come to be in counselling? Please speak to what motivated you to attend, who referred you, and how you chose a counsellor.

2. What were the qualifications of your counsellor? How did this impact your decision to work with them?

3. Please describe for me your experiences searching for counselling services. What was the process? Describe the experience as much as possible as you lived through it (emotions, body feelings, etc.). What was helpful and unhelpful?

4. Please describe your experiences with counselling. Try to focus on a particularly positive or helpful moment or session. Describe the experience as much as possible as you lived through it (emotions, body feelings, the space, etc.). What statements, activities, etc. stand out? Do any other moments stand out? What was most helpful?

5. Now try to focus on a particularly negative or unhelpful moment or session. Describe the experience as much as possible as you lived through it (emotions, body feelings, the space, etc.). What statements, activities, etc. stand out? Do any other moments stand out? What was least helpful?

6. Can you describe what your relationship was like with your counsellor? It might be helpful to reflect on one particular example. Any other examples? What did that relationship mean to you?

7. What led you to end counselling? Can you describe the process of ending counselling (e.g., termination session)? Describe the experience as much as possible as you lived through it (emotions, body feelings, etc.). What did this process mean to you?

8. Please describe what counselling meant for you.

9. Is there anything else you think I should know?

10. What would you recommend to a therapist providing services to someone who identifies as LGBTQ?

11. What would you recommend to another LGBTQ individual seeking counselling services?

Now I would like to know more about how your community has shaped you and your experiences.

12. Can you describe for me the community you live in? For example, what are some common beliefs or values?

13. How did you come to learn these beliefs/values? Do you hold these same beliefs/values?

14. In what ways has your community shaped your everyday experiences?

15. In what way has your community shaped your counselling experiences, both in seeking and receiving services?

16. Is there anything else you think I should know about your community?

Appendix G:

E-mail Template

Hello (name),

Thanks so much for your interest in my study! I have a few questions to ask now to determine if you fit the inclusion criteria, and then I'll give you a quick rundown of how this would work. Then you can decide if you still want to participate! I also suggest that, in order to protect your identity, you could create a new email address that does not include your name. However, this is your decision and if it's easier to continue using your current address, please feel free to do so :)

Are you 18+ years of age and an independent adult?
Do you identify as a member of a LGBTTQQIA+ community?
Was your counsellor aware of this identity?
Have you sought or received counselling within the last five years in southern Alberta? At this time I am looking for people who received counselling SOUTH of Calgary, which excludes Calgary.
To your knowledge, was your counsellor a qualified professional? This includes counsellors, psychologists, social workers, etc., but excludes peer counsellors.
Are you fluent in English?

How this would work is that, if you agree to participate, we would choose a time to meet. We can meet either in person or over Skype/telephone. My preference is for in person, but I will leave the decision up to you :) Before the meeting I will send you a few questions to ponder over. When we meet, we will go over a consent form. Then we will conduct the interview. This will take between 1-2 hours. Later (currently unknown time), I will send my general understanding of your experiences and you will have the opportunity to clarify any misunderstandings.

If you think this might be a good fit for you, please let me know and we can move forward. If not, thank you for your time and consideration!