Therapists’ Helpful and Unhelpful Situations With LGBT Clients: An Exploratory Study

Tania Israel, Raia Gorcheva, William A. Walther, Joselyne M. Sulzner, and Jessye Cohen
University of California, Santa Barbara

The purpose of this exploratory study was to identify a broad range of variables that characterize psychotherapists’ perceptions of helpful and unhelpful therapy experiences of lesbian, gay, bisexual, and transgender individuals. In-depth, semistructured interviews were conducted with a diverse sample of 14 psychotherapists to identify such variables and patterns among them. Results suggest that a wide range of variables, including the therapeutic relationship, therapist response to the client’s sexual orientation/gender identity, type of presenting concern, and the therapy environment, may affect the therapy experiences of this population. The data also suggest that factors such as ethnicity, gender identity, therapy needs, and socioeconomic status should be considered when providing mental health services to this population. Clients dealing with multiple types of marginalization may be particularly challenging for practitioners. Implications for future research and clinical practice are discussed.

Keywords: LGBT, lesbian clients, gay clients, transgender clients, psychotherapy

Research on the therapeutic experiences of lesbian, gay, bisexual, and transgender (LGBT) individuals is essential because of the relatively high rates of therapy use for gay men and lesbians (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000) and the risk factors associated with sexual minority status, such as increased suicide rates, depression, and experiences of stigmatization or victimization (Cochran & Mays, 2000; Remafedi, French, Story, Resnick, & Blum, 1998; Safren & Heimberg, 1999). In addition, the American Psychological Association advocates for services that are responsive to the needs of LGBT clients (Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force on Guidelines for Psychotherapy With Lesbian, Gay, and Bisexual Clients, 2000), and current literature calls for the inclusion of transgender individuals in discussions of LGBT psychology (Carroll, Gilroy, & Ryan, 2002; Gainor, 2000; Israel, 2005).

Several studies have identified variables that affect the experiences of gay male and lesbian therapy clients in particular. Specifically, in their seminal study, Garnets, Hancock, Cochran, Goodchilds, and Peplau (1991) found that the central factors that made therapy with gay and lesbian clients helpful were therapists exhibiting gay-affirming attitudes, understanding the effects of homophobia, helping clients to overcome internalized homophobia, not focusing therapy on the client’s sexual orientation unless the clients wanted to, and being aware of LGBT community resources, among others. Other researchers identified additional factors that were associated with more positive therapy outcomes for gay and lesbian clients: prescreening the therapist for gay-affirming attitudes (Liddle, 1999), type of therapist professional training (Liddle, 1999), and therapist disclosure of sexual orientation (Atkinson, Brady, & Casas, 1981). Factors that have been research include LGBT counseling, therapeutic outcomes, service delivery, and mental health issues facing college age populations.

Joselyne M. Sulzner received her MA in counseling psychology from the Department of Counseling, Clinical, and School Psychology at the University of California, Santa Barbara, where she is working toward her PhD in the counseling emphasis. Her areas of professional interest include mental health services for LGBT clients, social justice for historically marginalized populations, and community-based participatory research methods.

Correspondence concerning this article should be addressed to Tania Israel, Department of Counseling, Clinical, and School Psychology, Gevirtz Graduate School of Education, University of California, Santa Barbara, CA 93106-9490. E-mail: tisrael@education.ucsb.edu

Tania Israel received her PhD in counseling psychology from Arizona State University. She is an associate professor in the Department of Counseling, Clinical, and School Psychology at the University of California, Santa Barbara. Her research and professional interests include mental health services for LGBT clients, social justice for historically marginalized populations, and community-based participatory research methods.

Raia Gorcheva is a doctoral candidate in the counseling emphasis in the Department of Counseling, Clinical, and School Psychology at the University of California, Santa Barbara, where she received her MA in counseling psychology. She is a predoctoral intern in Counseling and Psychological Services at the University of Pennsylvania. Her areas of professional interest include the role of emotion in psychotherapy process and outcome, psychotherapy with LGBT clients, and working with college students.

William A. Walther received his MA in counseling psychology from the Department of Counseling, Clinical, and School Psychology at the University of California, Santa Barbara, where he is working toward his PhD in the counseling emphasis. He currently works at the University of California, Santa Barbara, Counseling Services and is a student supervisor at the Hosford Counseling and Psychological Services Clinic. His areas of professional interest include LGBT issues in counseling, the psychotherapy process, and adjustment to chronic illness.

Correspondence concerning this article should be addressed to Tania Israel, Department of Counseling, Clinical, and School Psychology, Gevirtz Graduate School of Education, University of California, Santa Barbara, CA 93106-9490. E-mail: tisrael@education.ucsb.edu

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associated with unhelpful therapy experiences for gay and lesbian clients include viewing homosexuality as a disorder, attributing all presenting concerns to sexual orientation, lacking knowledge and awareness about the possible consequences of coming out, using a heterosexual frame of reference for a same-sex relationship, and expressing demeaning beliefs about homosexuality (Bartlett, King, & Phillips, 2001; Garnets et al., 1991; Hayes & Gelso, 1993).

Most of these extant studies have focused primarily on therapist characteristics, behaviors, or responses to client sexual orientation. Previous research has not included bisexual and transgender clients, nor have researchers inquired about variables beyond therapist behaviors, such as characteristics of clients and service agencies, that may have an impact on LGBT clients’ experiences and outcomes in therapy. There is a need for a more complete understanding of the experiences of bisexual and transgender clients and a need for research that extends previous findings.

The aim of this study is to fill this gap by identifying patterns that characterize therapists’ descriptions of helpful and unhelpful situations with LGBT clients. In addition, we explored a wide range of variables associated with the helpful and unhelpful situations, including but not limited to the following: client and therapist demographic characteristics, the type and climate of the agency where the client was seen, the initial reasons for seeking therapy, and the therapist’s knowledge of the client’s life outside of therapy.

The variables characterizing helpful and unhelpful therapy situations for this study were identified through a content analysis of phone interviews conducted with therapists who had worked with LGBT clients. This study represents the second part of a larger project on sexual minority individuals’ experiences in therapy. The first phase of the project used a content analysis of interviews conducted with LGBT individuals who had been in therapy (Israel, Gorcheva, Burns, & Walther, in press).

Method

Participants

Participants were 14 therapists: 7 women, 6 men, and 1 female-to-male transgender individual. They described their sexual orientation as heterosexual (n = 7), gay (n = 3), bisexual (n = 2), and queer (n = 1); 1 participant did not report sexual orientation. Participants described their ethnicity as European American/White (n = 10), Hispanic/Latino/a (n = 2), and multiracial (n = 2). The mean age for therapists was 44.5 years. Participants held master’s or doctoral degrees in the following fields: social work, marriage and family therapy, psychology, health promotion, human sexuality, and counseling. The mean number of years in the field of counseling/psychology was 12.5. The number of LGBT clients seen by these professionals ranged from 5 per year to 25 per week. Although we did not ask specifically about training in LGBT issues, 4 participants described training placements in which they worked with LGBT clients, 2 had training in sexuality education or therapy, 1 conducted research on LGBT issues, and 1 sought out continuing education on working with LGBT clients. At the time of the interview, participants worked in the following settings: university counseling centers, private practice, community mental health centers, LGBT-specific counseling centers, a prison, and a continuing care retirement community.

Procedures

Participants were recruited primarily through Listservs of professional counseling and psychological organizations. Additional targeted Internet recruiting included a variety of LGBT agencies and counseling centers. As a result of these recruitment methods, 65 therapists indicated their willingness to participate in the study by completing a brief demographic form. Because the goal of the study was to identify a broad range of variables rather than to generalize from a representative sample of therapists, we selected interviewees who varied in terms of gender, ethnicity, sexual orientation, geographic location, level of education, and field of practice. Fourteen clinicians were selected for interviews to reflect the aforementioned diversity.

The research team was composed of one faculty member and four doctoral students in counseling psychology with expertise on LGBT issues. The team included members who were gay, lesbian, bisexual, and heterosexual; female and male; and European American, European, and biracial Asian American. Team members ranged in age from 24 to 39 years. Several research team members had prior experience conducting qualitative studies, and all research team members received training in qualitative research either prior to or during the course of the study.

Semi-structured interviews were conducted by the research team members. Interview times ranged from 19 to 64 min, with a mean length of 49 min. Each participant was asked to recall one situation in which he or she was particularly helpful with an LGBT client and one situation in which he or she was particularly unhelpful. The participants were instructed that a situation could be a moment in counseling, a series of sessions with a client, or a particular point in the participant’s professional history. For each situation, participants were asked a standard series of questions related to specific aspects of the situation, including client characteristics (e.g., sexual orientation, gender identity, ethnicity), aspects of the therapeutic relationship (e.g., working alliance, the client’s response to the therapist’s interventions), the counseling experience (e.g., interventions used, number of sessions), consequences of the situation (e.g., impact on the client’s life outside of therapy, impact on the therapist), and the setting in which the services took place (e.g., student health center, community clinic, hospital). The complete interview protocol is available at the following url: http://www.education.ucsb.edu/tisrael/interview_questions/therapist_administrator.htm.

Each interview was transcribed by a research team member who had not conducted the interview, and each transcript was audited by the interviewer. The data analysis was based on ethnographic content analysis (Altheide, 1987), which enabled the researchers to adapt categories based on emerging data, as well as to identify patterns across a consistent coding system. Some categories (e.g., consequences of the situation, types of settings) were similar to those developed for a previous study with LGBT clients (Israel et al., in press); therefore, responses from the previous study were used as a start list of response options, and additional response options were added to reflect the content of the interviews from the current study. For these categories, the coders identified interview transcript material, which was reviewed to identify response options for these categories. A code sheet was developed on which coders marked participant responses for each category. All research team members who coded a transcript listened to the
interview beforehand. Each interview transcript was coded individually by at least three members of the research team, and the team argued to consensus in cases in which discrepancies in coding arose.

Some topics (e.g., relationship with the client, consequences for the therapist) did not lend themselves to simple response options and required additional qualitative analysis. For each of these categories, the research team reviewed the interview material across all participants and developed a code sheet with response options for that category. The team then coded, reviewed, and developed consensus in the same way that they did for earlier categories.

**Results**

Unless otherwise noted, results are based on the percentage of the total number of participants. Because participants’ responses fell into more than one category for certain topics, percentages may add up to more than 100%. Because of the small sample and cell sizes, the results reflect descriptive statistics and visual exploration of graphical representations of the data as suggested by Wilkinson (1999), rather than hypothesis testing; no statistical comparisons were used. Percentile values presented in parenthesis are listed in the order of helpful first and unhelpful second, unless otherwise noted.

**Description of Clients**

All of the following information refers to therapist descriptions of clients, because we did not collect data directly from clients in this study. Most situations involved an individual client; however, some situations involved multiple clients (14.3% for both helpful and unhelpful situations). Table 1 summarizes the demographic characteristics of the clients in the helpful and unhelpful situations. For the situation in which the client identified to the therapist as heterosexual, the therapist had information from other sources to indicate that the client was gay. Therapists tended to provide less information about clients in the unhelpful situations, which resulted in several clients who could not be categorized in terms of ethnicity or developmental stage of sexual orientation identity or gender identity.

We did not consistently ask about socioeconomic status in the interviews; thus, this information was missing for clients in the majority of the situations. However, therapists volunteered the information that clients in 21.4% of the unhelpful situations were lower income or poor, whereas none of the clients in the helpful situations were described this way. Although the interviewers inquired about client employment, relationships, and family of origin, there were more gaps in the information therapists provided about the unhelpful compared with the helpful situations in these areas, which prevented us from identifying any patterns in these data.

**Entry in Therapy**

*Presenting concerns.* The reasons clients initially sought therapy are summarized in Figure 1. The content of the sessions in the helpful situations (in comparison to the unhelpful situations) was more likely to address sexual orientation, both when it was the presenting issue (helpful = 57.1%, unhelpful = 28.6%) and when it was not (helpful = 50%, unhelpful = 21.4%).

*Selection of therapists.* Clients in the helpful situations were more likely than those in the unhelpful situations to find their therapist through a referral from another therapist (helpful = 28.6%, unhelpful = 14.3%) or by choosing the therapist from those available at a particular agency (helpful = 14.3%, unhelpful = 0%). They were also less likely than clients in the unhelpful situations to be assigned to their therapist by the agency (helpful = 21.4%, unhelpful = 42.9%) or to have had the therapist chosen by a third party (e.g., parents; helpful = 0%, unhelpful = 7.1%).

**Agency and Environmental Factors Affecting Therapy**

*Type of setting.* The situations occurred in a variety of settings in which therapy services are offered, including college counseling centers (helpful = 42.9%, unhelpful = 28.6%); private practices (28.6% for both helpful and unhelpful); community mental health agencies (helpful = 71.4%, unhelpful = 21.4%); LGBT community agencies (helpful = 14.3%, unhelpful = 71.4%); and hospital outpatient settings (helpful = 0%, unhelpful = 71.4%). Additionally, there was 1 participant in each of the following settings: a hospital emergency room, a retirement community resource center, and a maximum-security prison.

*Involvement of other professionals.* In both the helpful and unhelpful situations, other professionals were involved, including psychiatrists, cotherapists, supervisors, case managers, consultants, and administrators. In the helpful situations, 28.6% of therapists had a supportive supervisor, and none described a problematic supervisor. In the unhelpful situations, 35.7% had a supportive supervisor, and 28.6% had a problematic supervisor. A supportive

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**Table 1 Characteristics of Clients in Helpful and Unhelpful Situations**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Helpful</th>
<th>Unhelpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>35.7%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Male</td>
<td>35.7%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Female</td>
<td>42.9%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Transgender*</td>
<td>14.3%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Gender match with therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender match</td>
<td>57.1%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Gender mismatch</td>
<td>28.6%</td>
<td>35.7%</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay male</td>
<td>35.7%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>35.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Heterosexual (self-identified)</td>
<td>0.0%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Unspecified (transgender)</td>
<td>14.3%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>64.3%</td>
<td>57.1%</td>
</tr>
<tr>
<td>White</td>
<td>64.3%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Latino/a</td>
<td>7.1%</td>
<td>7.1%</td>
</tr>
<tr>
<td>African American</td>
<td>0.0%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>7.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Age (median)</td>
<td>25</td>
<td>25</td>
</tr>
</tbody>
</table>

*Note.* Percentages may not add up to 100% because of missing data and because some participants fit into more than one category.

*Transgender* client in the helpful situation category was female-to-male transgender, and one was unspecified; both transgender clients in the unhelpful situation category were male-to-female transgender.
supervisor was characterized as being available and encouraging or as offering particularly helpful feedback. A problematic supervisor was characterized as being unavailable, having poor mentoring skills, or being generally unsupportive.

**Agency environment.** Participants’ descriptions of the agency environments ranged from those that supported staff (e.g., provided opportunities for professional development, had liberal administrations, or had low turnover rates) to those that lacked support for staff (including those with hierarchical staff relationships, homophobia, or lack of LGBT staff). In the helpful situations, 50% of therapists described a supportive environment for staff, and 7.1% described a lack of support. In the unhelpful situations, 21.5% described a supportive environment, whereas 14.3% described a lack of support. Confidentiality was specifically maintained or supported in 21.5% of both the helpful and unhelpful situations, and problems with confidentiality (e.g., crowded waiting rooms or lack of soundproofing) arose in 7.1% of both the helpful and unhelpful situations. Some agencies provided other services in addition to therapy, and in 7.1% of both the helpful and the unhelpful situations, the client’s use of multiple services was advantageous. However, problems with multiple services, such as a lack of shared goals and inconsistency in messages or communication, were more likely to arise in the unhelpful (28.6%) compared with the helpful (7.1%) situations. Finally, 7.1% of both the helpful and unhelpful situations involved a welcoming office staff.

**Regional factors.** The situations occurred in almost every region of the United States, as defined by the U.S. Census Bureau, and most of the situations took place in urban areas or small towns. Cultural factors related to the region, community, and office environment also played a role in both the helpful and the unhelpful situations. No therapists mentioned an affirming region as part of helpful situations, but 14.3% said that a nonaffirming region (such as a state with a pervasive conservative religion) was a factor in both the helpful and unhelpful situations. On a more local level, 35.7% of the helpful situations were characterized by a nonaffirming local climate (e.g., campus or town), and 14.3% took place in an affirming local climate. In the unhelpful situations only, 7.3% of therapists mentioned a nonaffirming or affirming local climate toward LGBT individuals.

**Content of Therapy**

**Theoretical approach.** More common theoretical orientations used by therapists in the helpful compared with the unhelpful situations were cognitive–behavioral (helpful = 42.9%, unhelpful = 14.3%), humanistic (helpful = 28.6%, unhelpful = 7.1%), feminist (helpful = 14.3%, unhelpful = 7.1%), and narrative (helpful = 14.3%, unhelpful = 0%), whereas case management was used only in the unhelpful situations. Theoretical approaches distributed equally across helpful and unhelpful situations were psychoanalytic/psychodynamic (21.4%) and family systems (7.1%).

**Therapeutic alliance.** In the helpful situations, the therapeutic relationship was most frequently characterized by safety and trust (helpful = 42.9%, unhelpful = 7.1%) and by being enjoyable or including the use of humor (helpful = 35.7%, unhelpful = 7.1%). Additionally, the therapeutic relationships in the helpful situations were characterized by validation, acceptance, empowerment, or affirmation (21.5%), by the establishment of an adequate working relationships (28.6%), and by the client’s initiation of amicable contact with the therapist after termination (helpful = 21.5%, unhelpful = 14.3%). In an additional 14.3% of the helpful situations, therapists noted that a strong working alliance was instrumental to therapeutic change.
The most frequent descriptions of the working alliance in the unhelpful situations included the following: disengaged, aloof, or combative behavior from the client in session (57.1%); the establishment of an adequate (rather than strong) working alliance (35.7%); or a rupture occurring in the working alliance (21.5%). In 21.5% of the situations, circumstances, such as clients being mandated to attend therapy, negatively impacted the therapeutic relationship. In 14.3% of the unhelpful situations, the therapeutic relationship was negatively affected by the therapist’s experience of countertransference. In addition, when asked what occurred in therapy, 21.4% of therapists noted that they failed to create a connection with the client in the unhelpful situations.

**Interventions and client responses.** The therapists reported using a greater overall number of interventions for the helpful situations in comparison to the unhelpful situations. The most common interventions therapists used in the helpful situations were specific techniques (e.g., cognitive–behavioral therapy; 78.6%); psychoeducation or help accessing resources (42.9%); directive or structured approaches (e.g., setting goals; 35.7%); validation, normalization, and empathy (35.7%); and self-disclosure (35.7%). The most common interventions therapists used in the unhelpful situations were interpretation or feedback (28.6%), questions or exploration (28.6%), psychoeducation or help accessing resources (28.6%), self-disclosure (28.6%), and history taking or testing (28.6%).

Therapists reported that clients responded positively to, utilized, or were receptive to interventions in 71.4% of helpful situations compared with 35.7% of the unhelpful situations. Therapists reported that clients were resistant to the therapist or interventions, including being defensive, avoidant, or challenging, in 50% of the unhelpful situations, whereas such a reaction was never described in the helpful situations. In 14.3% of the helpful situations and in 71.1% of the unhelpful situations, the therapist described the client as actively engaged in therapy, beyond simply responding positively to interventions. Clients in the helpful situations were also characterized as receptive to the therapist’s feedback (7.1%) and as expressing appreciation or positive feedback to the therapist (7.1%). Finally, in 14.3% of unhelpful situations, the client responded to the therapist or to the interventions by terminating or missing sessions, a response that was not described in any of the helpful situations.

**Descriptions of the Situations**

At least half of both the helpful and unhelpful situations, 64.3% and 50% respectively, occurred within the overall experience of therapy. Approximately one third of both the helpful and unhelpful situations referred to a specific incident in therapy. An additional 14.3% of the unhelpful situations were related to the client’s experience with mental health services or a mental health agency. Helpful situations occurred from 1995 to 2005, and unhelpful situations occurred from 1986 to 2005.

**Helpful situations.** Therapists defined the majority (64.3%) of the helpful situations as ones in which they were knowledgeable, helpful, appropriate, or affirming in dealing with the client’s sexual orientation or gender identity. Situations that were coded in this category included therapists helping clients explore choices related to identity and coming out, helping a client understand sexual orientation as a continuum, exploring clients’ internalized homophobia, and providing validation and resources. Furthermore, helpful situations were commonly defined by the therapist’s positive relationship with the client (42.9%), the effectiveness of the treatment in resolving the client’s presenting concerns or alleviating symptoms (35.7%), the therapist helping the client gain insight (28.6%), the therapist focusing appropriately on the client’s concerns (21.4%), and the therapist being nonjudgmental (21.4%). Less frequently, helpful situations were defined by the therapist teaching the client new skills (14.3%), disclosing an LGBT-related experience or his or her own sexual orientation (14.3%), providing the client with a positive LGBT role model (14.3%), providing LGBT-related resources (7.1%), using a structured approach to therapy (7.1%), being available outside of session (7.1%), and pushing the client to explore difficult topics (7.1%).

**Unhelpful situations.** Most commonly, the unhelpful situations were characterized by the therapist exhibiting unhelpful, harmful, or dissatisfying reactions to the client’s sexual orientation (21.4%), the therapist evaluating the outcomes of therapy as not helpful or as harmful (21.4%), the therapist having difficulties connecting with or engaging the client (21.4%), and the therapist viewing the client as LGBT without the client disclosing such an identity (21.4%). An example of the latter involved a therapist who continued to view her client as gay after he insisted that he was heterosexual, although the client came out to the therapist after termination. Other aspects of therapy that defined the unhelpful situations were the client not trusting the therapist (14.3%); the therapist not being prepared to deal with LGBT clients with complex identities (e.g., sexual orientation, gender, and ethnic identities) or complex presenting situations (14.3%); the therapist imposing values, judgments, or decisions on the client (e.g., the therapist disapproving of the client’s lifestyle or way of expressing his or her gender and communicating this disapproval in the session; 14.3%); the client experiencing the therapist as not caring, disinterested, cold, distant, disrespected, or disengaged (14.3%); the therapist not focusing on what the client wanted to focus on (7.1%); the therapist pushing the client to explore topics (7.1%); and the agency or setting not being LGBT affirming (7.1%).

**Consequences of the Situations for the Clients**

**Helpful situations.** The therapists viewed the consequences of the helpful situations primarily in terms of the client’s improved quality of life related to an alleviation of the presenting concerns, the acquisition of new skills, improvement of relationships, or behavior change (64.3%); positive impact on the counselor–client relationship (50%); and positive impact on the client’s sexual orientation, gender identity, or coming out process (50%). Additional perceived consequences of the helpful situations included the client’s increased self-acceptance (35.7%), the client’s increased insight or self-awareness (28.6%), the client moving toward goals more quickly (7.1%), the provision of a safe environment for the client to discuss LGBT issues (7.1%), and a reduction of the client’s feelings of isolation (7.1%).

**Unhelpful situations.** The therapists viewed the consequences of the unhelpful situations primarily in terms of negative impact on the counselor–client relationship (57.1%) and the client terminating therapy or interventions (42.9%). This is consistent with the lower number of total sessions reported for the unhelpful situations ($M = 19$) compared with the helpful situations ($M = 52$). Addi-
Consequences of the Situations for the Therapists

Positive consequences. Only the helpful situations resulted in participants feeling good about helping the client, such as being pleased to witness client progress (57.1%) or being more open to understanding and discussing LGBT issues (7.1%). Other positive consequences were reported for both helpful and unhelpful situations: Therapists felt that their clinical effectiveness increased either with the specific client or overall (helpful = 21.4%, unhelpful = 14.3%), felt grateful or fortunate to work with the client (helpful = 21.4%, unhelpful = 7.1%), increased their knowledge or insight related to LGBT experiences (14.3% for both), sought additional training or knowledge on LGBT issues (helpful = 7.1%, unhelpful = 14.3%), and expanded or improved services for LGBT clients in their agency (7.1% for both).

Negative consequences. Unlike the positive outcomes for therapists that arose in both helpful and unhelpful situations, the majority of the negative consequences emerged from unhelpful situations uniquely, the most prominent of which was feeling like a failure (i.e., ineffective, inept, disappointed in clinical skills; 64.3%). Other negative consequences that resulted from only unhelpful situations were guilt or regret (42.9%), considering a new job or career (21.5%), and decreased effectiveness with the client (e.g., closing down or becoming passive; 21.5%). The only negative consequence for therapists that was present in both helpful and unhelpful situations was the experience of negative feelings toward the client, such as dislike, frustration, irritation, or repulsion (helpful = 7.1%, unhelpful = 21.5%).

The only consequence for the therapists that was not clearly positive or negative was working through countertransference, because this response typically reflected both struggling with difficult feelings toward a client and learning and growing from these feelings. This dynamic was present in 14.3% of helpful and 7.1% of unhelpful situations.

Discussion

Implications for Practice

The primary goal of this study was to identify a broad range of variables that characterize helpful and unhelpful psychotherapy experiences of LGBT clients. This study represents the second phase of a larger study on the experiences of LGBT clients in therapy and complements data collected from interviews with LGBT individuals who had been in therapy. Because of the exploratory nature of the study, the findings require confirmation and should be considered tentative.

Therapists defined the majority of the helpful situations as those in which the therapist was knowledgeable, helpful, appropriate, or affirming in dealing with the client’s sexual orientation or gender identity. This finding is consistent with earlier studies that demonstrated the importance of using LGBT-affirming approaches when counseling lesbian and gay male clients (Garnets et al., 1991; Liddle, 1996). Our findings suggest that even if the client’s primary concern is not sexual orientation, it is likely important that the therapist display positive and affirming attitudes toward LGBT issues.

The therapeutic relationship emerged as a crucial variable that characterized both the helpful and unhelpful situations, as well as their consequences. We found that creating a positive therapeutic relationship characterized almost half of the helpful situations, whereas experiencing the therapist as judgmental, indifferent, cold, or disaffirming defined almost half of the unhelpful situations. These findings are consistent with research showing that a good working relationship is characterized by therapists’ respect for clients (Bachelor, 1995), clients perceiving their therapist as caring and skillful (Hersoug, Hoglend, Monsen, & Havik, 2001), client ratings of therapist understanding, clarity, and supportive attitude (Price & Jones, 1998), and therapist warmth and friendliness (Mohl, Martinez, Ticknor, & Huang, 1991). Even though some of the therapists in the unhelpful situations established adequate working relationships with their clients, the working alliance in these situations was never as strong or as positive as in the helpful situations, and poor working alliance occurred exclusively in the unhelpful situations.

In terms of consequences of the situations, strengthening of the therapeutic relationship was one of the most prominent outcomes in the helpful situations. These findings echo the results of two large meta-analytic reviews of the empirical literature on therapy outcome and alliance, both of which yielded a moderate and consistent relationship between working alliance and therapy outcome across types of treatment, types of clients, or measures of alliance (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). The deterioration of the therapeutic alliance (including premature termination) was the most common consequence in the unhelpful situations. In fact, client resistance to interventions and early termination were reported only for the unhelpful situations. This finding is consistent with earlier research associating weaker alliance and liking the clinician less with early dropout and premature termination (Mohl et al., 1991). The prominence of the therapeutic relationship in characterizing the situations and their consequences may reflect this well-established relationship between working alliance and helpfulness of therapy. An alternative explanation is that the therapists used quality of working alliance as a criterion for defining the situations as helpful or unhelpful; such an explanation would be consistent with findings that therapist expectancy of usefulness is related to therapist impression of alliance (Joyce & Piper, 1998). In either case, the therapeutic relationship seems to be an important aspect of therapy with LGBT clients, as it is with non-LGBT clients. These results are particularly important considering the relationship between therapeutic alliance and therapy outcomes (Hayes & Gelso, 1993; Horvath & Symonds, 1991).

Some types of presenting concerns or client circumstances may lend themselves more easily to successful treatment than others. For example, sexual orientation/gender identity was a prominent
presenting concern in the helpful situations. This may reflect that therapists have a clear understanding of how to work with LGBT clients when the clients are presenting for sexual orientation/gender identity, whereas they may not know how to work effectively with LGBT clients’ other concerns (Mair & Izzard, 2001). It may be particularly challenging for therapists to be helpful to LGBT clients who are mandated to receive counseling.

The extent to which clients were experiencing multiple disadvantages and marginalization differentiated the helpful from the unhelpful situations, a pattern that is likely the case for non-LGBT clients as well. Present only in the unhelpful situations were clients whose gender identity was male-to-female transgender, whose ethnic group membership was African American, and/or whose socioeconomic status was low. Also present only in the unhelpful situations were therapists who were drawing on a case management approach. Clients requiring case management services may have been dealing with a more complex array of issues and less economic stability than those seeking therapy alone. Even therapists who are knowledgeable about working with LGB clients may not be familiar with the unique needs of transgender clients (Israel, 2005). Notably, the two African American clients were either transgender or were required to attend counseling to access other services offered by the agency. Thus, we cannot draw any conclusions about the role of ethnicity per se, although therapists may be unfamiliar with the unique cultural contexts of people of color with same sex attractions (Fukuyama & Ferguson, 2000), and ethnicity may intersect with other identities and social statuses in ways that impact therapy. Thus, therapists may need assistance or training regarding working with transgender clients, LGBT people of color, and those who have limited access to resources.

Agency variables seemed to influence the helpfulness of the situations as well. Although supportive agency environments were present in both the helpful and the unhelpful situations, problems with multiple services, administrators, or supervision were characteristic only of the unhelpful situations. Thus, having an agency where staff members feel comfortable and having good, supportive supervision and affirming administrators may affect the experiences of LGBT clients receiving services at these agencies.

Implications for Research

A larger scale study is necessary to test the patterns we noted, to investigate intersections among the variables, and to generalize these results to a broader sample. In particular, it would be beneficial to develop a survey based on the variables we identified in this series of studies and to collect data from a large sample of LGBT therapy clients to test these preliminary findings in a quantitative way.

Furthermore, future research may benefit from inquiring specifically about therapists’ helpful and unhelpful experiences with various subpopulations of LGBT clients. In this study, therapists discussed lesbian clients only in the context of helpful situations and none of the situations involved a bisexual client. Therapists did not necessarily view all of their experiences with lesbian clients as helpful; rather, it is possible that therapists more readily recalled helpful situations with lesbians, because they may have held more positive attitudes toward this group than toward gay men (Kite & Whitley, 1996). The absence of situations with bisexual clients may have been due to therapists not conceptualizing a client as bisexual, viewing any same sex attractions as indicative of a lesbian or gay orientation. It is also possible that therapists did not describe their clients as bisexual because the clients themselves did not identify as such, even if they had attractions toward or sexual experiences with both women and men. In the context of a mono-sexist society, it would not be surprising that clients and therapists would see a nonheterosexual individual as lesbian or gay, rather than considering the possibility of bisexuality. Therefore, future studies should inquire specifically about therapist experiences with bisexual clients and about unhelpful situations with lesbian clients.

Moreover, the topic of the unique experiences of transgender individuals in therapy is relatively new and scarcely researched and, thus, deserves further attention. There is potential for different experiences, not only of transgender clients in comparison to LGB clients, but also between female-to-male and male-to-female transgender clients. Future research should attend to the unique experiences of subgroups of LGBT individuals, including ethnic minority LGBT individuals and those with more complex social, physical, medical, or psychological issues.

We have identified several additional directions for future research on the basis of these study results. One important issue for further investigation is how therapists should address sexual orientation when it is not the client’s presenting concern. The findings of this study indicate that sexual orientation was addressed more often in the helpful situations than in the unhelpful ones, whether or not it was a presenting concern. In contrast, other studies have found that LGBT clients may find it unhelpful to focus on sexual orientation when it is not the presenting concern (Garnets et al., 1991; Israel et al., in press). There is a need for more clarity on this topic. Other important topics for further exploration are the theoretical orientations and specific interventions used with LGBT clients, as well as the different modes of therapy for this population, including group, couples, and family therapy. Finally, environmental variables, such as agency support and local community values, should be looked into further to develop a fuller understanding of LGBT clients’ experiences in therapy.

Limitations

Although we interviewed a diverse sample of clinicians working with LGBT clients, this sample may not be representative of all mental health professionals. The self-selection bias of our recruitment procedure may have resulted in a sample of therapists who had generally positive attitudes toward LGBT individuals and were concerned enough with this population to want to participate in our research. Therefore, these findings have limited generalizability to the experiences of all therapists working with LGBT clients. Furthermore, the therapists’ breadth of experience, diverse settings, and varied professional backgrounds present a challenge for making generalizations across the situations and to the circumstances of other practitioners.

Incomplete client information for the unhelpful situations hindered our ability to identify patterns related to clients’ lives outside of therapy. One of the reasons for this information gap may be that clients typically had fewer sessions in the unhelpful situations than in the helpful situations, so the therapists may have known or remembered less about them than they did about the clients in the helpful situations. The incomplete information is also a consequence of gathering data only from the therapist perspective.
Finally, a limitation to our retrospective approach was that it was dependent on participant recall, and sometimes the period of time since the situation occurred was quite lengthy.

Conclusion

This study, which consists of a content analysis of semistructured interviews with a diverse group of therapists who have worked with LGBT clients, identified factors that may contribute to helpful and unhelpful therapy experiences for LGBT individuals, including interpersonal, relational, and environmental factors, theoretical orientation, specific interventions, demographic characteristics, and conditions of therapy. Furthermore, client characteristics, such as ethnicity, gender identity, socioeconomic status, types of needs, and the nature of their marginalization, should be considered when providing therapy for LGBT clients. LGBT clients who experience marginalization on multiple levels or have complex needs may present a particular challenge for therapists.

References


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