

## **Counselling Queer-Canadians: Understanding the Challenges and Counselling Opportunities**

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### **Abstract**

*The queer community is often faced with multifaceted presenting problems when seeking out counsellors to help them. This research explores the specific challenges faced by this community, the best training opportunities and characteristics of counsellors that facilitate the best environment to help members of the queer community. The importance of understanding the intersectionality of this population along with how heteronormative values have influenced daily interactions is essential for effective treatment. Additionally, future research is an important component for furthering knowledge; by branching out into different identities within the queer community, a well-rounded understanding with more detailed information can be pursued.*

**Keywords:** *Queer Community, Canadians, Counselling, Effective Treatment*

### **Counselling Queer-Canadians**

#### ***1. Introduction***

In 2014, Statistics Canada reported that Canadians identifying as homosexual were more likely than heterosexual individuals to feel they needed some form of health care in the last twelve months, and yet did not receive it (Statistics Canada, 2014). Moreover, homosexual individuals were more likely to have a consultation with a psychologist in the last twelve month, suggesting the importance of understanding how counselling can effectively help this cultural group. This research will examine salient mental health issues to the queer community, along with how counsellors can successfully interact with this population.

For the purposes of this research, the term queer community will be used to describe any individual who identifies as a non-heterosexual individual, such as gay, lesbian, questioning, two-spirited, transsexual, pansexual and several more. The most common term of LGBTQ has been recently debated for being too constrictive, and there has been a push to reclaim the term queer as a positive term (Grove & Blasby, 2009; Whitman, Horn & Boyd, 2007). Within this cultural group, new terms are consistently emerging for individuals to define themselves (Bosse & Chiodo, 2016; France, Rodriguez & Hett, 2013; Ussher, 2009). As an example, in one study, a participant identified themselves as skoliosexual, a term unheard of by the researchers; this identity meant the participant was attracted to individuals who are not cisgender, which is when their gender identity aligns with their assigned gender at birth (Bosse & Chiodo, 2016).

#### ***2. Queer Community Issues***

Stemming from a minority culture, the queer community faces discrimination, prejudice and stigmas in all facets of life. While Canada has come a long way since homosexuality was considered a disease thirty-five years ago, hate crimes, career implications/setbacks and a lack of social support are all still very prevalent for this demographic (France et al., 2013; Greene, Britton & Shepard, 2016; Singh & Shelton, 2011). Although this may seem very dim and not very hopeful for members of the queer community, there is also a very strong collectivist bond between these individuals (Ussher, 2009). The support and resources available within this community gives individuals who are struggling the opportunity to feel the support needed to cope with the stress of the stigma. With the challenges the queer community faces daily, it is no surprise that they are at a higher risk for experiencing mental health difficulties (Hunt, 2014; Magee & Spangaro, 2017; McCabe, Rubinson, Dragowski & Elizalde-Utnick, 2013; Sutter & Perrin, 2016).

Some of the mental health challenges can include an increased risk for depression, anxiety, suicidal ideation and attempts, substance abuse (Greene & Britton, 2015; Magee & Spangaro, 2017; McCabe et al., 2013; Moe, Bacon & Leggett, 2015a; Moe, Finnerty, Sparkman & Yates, 2015b; Snyder, Burack & Petrova, 2017; Sutter & Perrin, 2016; Ussher, 2009), risky sexual behaviour, eating disorders (Magee & Spangaro, 2017; McCabe et al., 2013; Snyder et al., 2017), as well as being at a higher risk for physical abuse and intimate partner violence (Jacobson, Daire & Abel, 2015; Moe et al., 2015b; Snyder et al., 2017; Ussher, 2009; Whitman et al., 2007).

For many queer individuals, a lot of their challenges begin throughout the adolescent years. This time of identity development can be made even more difficult if there is a lack of support or acceptance from family, a major component of identity formation for most (Bosse & Chiodo, 2016; Greene & Britton, 2015). Families can serve as a contributing factor to an individual's sense of trust in others and their own self esteem (France et al., 2013). Other contributing factors to the development of an individual's identity may include cultural norms, religious beliefs and societal expectations (Bosse & Chiodo, 2016; Whitman et al., 2007). It is likely that if a person is unable to integrate their different personality and lifestyle traits, or accept their own identity, it can lead to both mental and physical health problems, persisting into adulthood (Bosse & Chiodo, 2016; Snyder et al., 2017; Whitman et al., 2007).

This difficult period of development can be significantly influenced by their experience in school. Whether they have openly shared their sexual orientation with others or not, their minority status often results in victimization by both peers and staff (Chen & Keats, 2016; Whitman et al., 2007). France et al. (2013) has estimated that Canadian school populations have 10-18% of their students identifying as part of the queer community; even with such a statistic, there is a lack of support systems in place as well as a lack of education for those perceiving this community as different. The heterosexism of society, along with homophobia of those within a society, often lead to queer individuals not feeling safe, as they suffer from both verbal and physical abuse more than heterosexual individuals (Chen & Keats, 2016; McCabe et al., 2013; Moe et al., 2015a; Whitman et al., 2007). One of the effects of a negative experience during adolescent years is related to a person's career aspirations. It has been found that many members of the queer community have lower grades and higher absenteeism than most heterosexual individuals, resulting in lower desires to continue education at a post-secondary level (Chen & Keats, 2016; Lloyd-Hazlett & Foster, 2013; McCabe et al., 2013).

With all the challenges and negative experiences queer individuals may experience, there is often a resistance to seek counselling due to a fear of coming face to face with discrimination, homophobia and heterosexism all over again (Lloyd-Hazlett & Foster, 2013; Magee & Spangaro, 2017; Snyder et al., 2017). Moreover, the potential fear of being rejected for their identity may lead to individuals only seeking out counsellors of the queer community, or simply masking this aspect of their identity. For many adults, the experience of having their sexual identity considered a disease still feels relevant; entering into the field which had this classification can be difficult as some people may perceive counsellors to still have this mentality, adding to the distrust and resistant towards counselling (France et al., 2013). To mitigate this fact and best serve the queer community, there are steps in which counsellors can take to be perceived as allies, and a supporting system for these individuals.

### **3. Training Opportunities**

It has been recognized that there is a lack of research regarding counselling the queer community, and this is especially true when it comes to evaluating training programs (Goodrich & Luke, 2010; Lloyd-Hazlett & Foster, 2013; McCabe et al., 2013; Whitman et al., 2007). Of the research that exists, it has been found that counsellors often feel unprepared to help this cultural group (Goodrich & Luke, 2010). With the limited availability to current studies, the results may not be applicable to most counsellors. However, one consistent message within the literature, is that counsellors may understand some of the cultural identity pertaining to the queer community and aware of some issues, but transferring this knowledge into their practice is not as understood. (Goodrich & Luke, 2010; Lloyd-Hazlett & Foster, 2013; Moe et al., 2015b).

To combat this challenge of transferring the knowledge into real world scenarios, it has been suggested that experiential field work can be a highly successful method (Goodrich & Luke, 2010; Lloyd-Hazlett & Foster, 2013; Moe et al., 2015b). This approach gives students the ability to learn first-hand by interacting with the minority cultures, and understanding how their knowledge applies. Within the field of psychology, experiential field work is commonly conducted through practicums, and is held in high regard for most competent training programs.

By pairing this technique with reflective exercises, students can challenge their own biases and assumptions while refining their skills for any cultural group, such as the queer community (Goodrich & Luke, 2010; Lloyd-Hazlett & Foster, 2013). Research has indicated that clients from the queer community could often tell counsellors were not comfortable discussing issues specific to their culture (Hunt, 2014; Magee & Spangaro, 2017; Snyder et al., 2017). Due to this fact, it is suggested that students participate in immersion activities, which provides exposure to the minority culture in question (Sheely-Moore & Kooyman, 2011). While experiential field work provides experience in relation to their counselling practice, immersion activities simply provide familiarity with the queer community, and aspects of their daily life. This can help counsellors understand how to approach an issue, what may be important to this individual, and general comfortability with common subject matters, like gender identity or sexual orientation.

Lloyd-Hazlett and Foster (2013) have suggested several strategies that can help counsellors feel competent when working with the queer community. Of note is the emphasis on tiered role plays; in this approach, students can practice the counsellor role with “clients” that increase in their complexity as the student feels more comfortable with this cultural group. Through this method, students can learn how heteronormative values can unintentionally be present, how it can impact the therapeutic relationship as well as how intricate some issues can be for this population.

No matter what strategies are being proposed, there are two techniques that consistently appear in the literature. The first is ensuring counsellors are aware of the resources available to both themselves and their clients within any given community (Greene & Britton, 2015; Lloyd-Hazlett & Foster, 2013; Moe et al., 2015a; Moe et al., 2015b). By previously being immersed into the surrounding culture, counsellors can reach out for support and resources when needed, while also knowing the appropriate resources to provide to clients. The second technique focuses on placing a strong emphasis on reflection exercises, so a counsellor’s self-awareness can grow and biases do not hinder their practice (Grove & Blasby, 2009; Lloyd-Hazlett & Foster, 2013; Magee & Spangaro, 2017; Moe et al., 2015a; Moe et al., 2015b; Sheely-Moore & Kooyman, 2011). While these training programs can significantly improve a counsellor’s competency when working with the queer community, a critical component is continuing with their progress throughout their practice. Continual supervision, education, training and exposure to the queer community can help ensure they remain competent and understanding of the salient issues for this community (Goodrich & Luke, 2010; Moe et al., 2015b).

#### ***4. Counsellor Characteristics***

When considering the characteristics that can help a counsellor best serve the queer community, there is one consideration that is particularly salient. Coined by Kimberlé Crenshaw, the term intersectionality refers to the fact that a person is not just one aspect of their cultural identity, but the connectedness of each aspect influencing each other, and the individual’s life (Ussher, 2009; Bosse & Chiodo, 2016; Chen & Keats, 2016; Sutter & Perrin, 2016). For some, they may also be a minority through their race, ethnicity, age, socio-economic status and several other characteristics. When helping this community, an important component is understanding how a client’s cultural identity encompasses all aspect of their lifestyle. While an issue may be resulting due to their minority sexual orientation status, it may be further complicated if they are a minority race, or by any other identity they hold (Bosse & Chiodo, 2016; Hunt, 2014; Ussher, 2009). It has been argued that even most research pertaining to the queer community has been conducted with primarily gay male participants (Ussher, 2009). By generalizing results from one participant pool to an entire community, experiences and mental health issues are at risk for being significantly misinterpreted.

It is also important to remember that while a person may be from the queer community, the reasons as to why they are seeking out therapy may not be related to this component (Hunt 2014). The disclosure of their queer identity may be something not all clients are comfortable with, which is something counsellors should be wary of. Counsellors may place too much emphasis on having a client disclose their queer identity, which may not be necessary and may create a highly negative experience for clients (Moe et al., 2015b). The therapeutic relationship can be significantly ruptured due to previously negative experiences with healthcare providers who imposed heteronormative values or being forced to disclose their identity when they have not before, resulting in the potential progress of counselling being stalled, or stopped completely (Grove & Blasby, 2009; Magee & Spangaro, 2017; Moe et al., 2015b; Ussher, 2009).

The tradition of “coming-out” to friends and family is widely acknowledged as a rite of passage for members of the queer community, so this should be done in the counselling relationship when the client feels ready and comfortable (Magee & Spangaro, 2017). Taking this moment away from the client can be stripping them of the empowerment counsellors often seek to install. When considering the assessments and interventions to be used in counselling, there are suggestions to be mindful of. The western world is argued to be biased towards the heterosexual culture, which often creates discrimination towards the queer community that counsellors are not even aware of (Chen & Keats, 2016; Moe et al., 2015b). For example, the wording of some components of an intake form can be prejudiced; changing forms so language can be inclusive to all and non-discriminatory can be as simple as replacing *marital status* with *relationship status* (Magee & Spangaro, 2017; Whitman et al., 2007). Assessments and theoretical orientations may be prejudiced to heteronormativity, meaning they do not consider the social, environmental and political challenges that influence this community’s daily life (Chen & Keats, 2016; Moe et al., 2015b). To best remedy this therapeutic situation, it is often suggested counsellors become advocates for the queer community, and knowledgeable about the issues affecting their clients (Magee & Spangaro, 2017; McCabe et al., 2013; Whitman et al., 2007). Counsellors can challenge these heteronormative tools, promote diversity and eliminate potential prejudices in their practice.

Beyond advocating for therapeutic techniques that are applicable to all cultures, there are other characteristics in counsellors that have been associated with positive counselling experiences for members of the queer community. Above all, an essential component is knowledge of the community, and self-awareness; a counsellor cannot hope to help clients from any culture if they do not have specific knowledge, as well as an awareness of how their own culture influences their behaviours, responses and reactions to the client (France et al., 2013; Greene & Britton, 2015; Lloyd-Hazlett & Foster, 2013; Grove & Blasby, 2009; Moe et al., 2015a; Moe et al., 2015b). Other positive characteristics include the client feeling respected, valued and understood, flexibility in the therapeutic model, a connection to the queer community, empathy, supportive and a general comfortability when discussing topics such as gender and sexual orientation (Grove & Blasby, 2009; Hunt, 2014; McCabe et al., 2013; Moe et al., 2015b).

In 2014, the first empirical research study that explored transgendered people’s experiences of seeking and receiving counselling services in the UK was published (Hunt, 2014). The assumption of applying studies of gay male experiences to the rest of the queer community has created a significant opportunity for more research to be done in this field, including their experiences in a heteronormative world, its implications for counsellors, and the therapeutic process (Ussher, 2009; Hunt, 2014). Current research has suggested an increase in components such as the efficacy of counsellor training for the queer community (McCabe et al., 2013; Whitman et al., 2007), intimate partner violence between members (Jacobson et al., 2015), considering the intersectionality of this population (Bosse & Chiodo, 2016; Hunt, 2014; Ussher, 2009) and applying this knowledge into practice (Moe et al., 2015b). By increasing the level of specific research into different identities within this community, counsellors can hopefully gain a more well-rounded understanding of how to successfully help this population.

## 5. Conclusion

Members of the queer community often face discrimination and prejudice in their everyday life. By living in a society that imposes so many heteronormative values, it is essential for counsellors to consider how to best help this population. Understanding the importance of a person’s identity, intersectionality, and the resistance towards seeking therapy can help a counsellor make the client feel more comfortable and see counselling as a safe environment. Moreover, it is suggested a counsellor should be aware of their own biases, along with those inherent in assessments, interventions and the general therapeutic process. Along with an increase in research, by keeping these suggestions top of mind, the hope to successfully and effectively help the queer community can be achievable.

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