Coming Out and Being Out as Activism: Challenges and Opportunities for Mental Health Professionals in Red and Blue States

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Published online: 21 Oct 2008.

To cite this article: Amy Rees-Turyn PhD (2007): Coming Out and Being Out as Activism: Challenges and Opportunities for Mental Health Professionals in Red and Blue States, Journal of Gay & Lesbian Psychotherapy, 11:3-4, 155-172

To link to this article: http://dx.doi.org/10.1300/J236v11n03_09

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INTEGRATING THE PERSONAL AND PROFESSIONAL

Coming Out and Being Out as Activism: Challenges and Opportunities for Mental Health Professionals in Red and Blue States

Amy Rees-Turyn, PhD

SUMMARY. As professional organizations have begun to incorporate expectations for addressing social justice and advocacy in competency standards for mental health professionals, they are challenged to stretch their limits and define their personal and professional boundaries. For LGBT professionals, the act of coming out or being out is a basic form of...
activism. In the context of environmental pressures that professionals
come out or be out, it is important to acknowledge both the potential for
this basic form of activism to reduce prejudice, and the risk individual’s
may be taking. It is important to recognize and support professionals
in their decisions about when to come out or be out in the same manner
that one supports clients in similar situations. doi:10.1300/J236v11n03_09

KEYWORDS. Activism, bisexual, coming out, ethics, gay, homosexuality,
lesbian, mental health professionals, self-disclosure, training

INTRODUCTION

As professional organizations have increasingly recognized the need
for advocacy and activism to improve mental health services, individual
mental health providers are being challenged to stretch their limits
and define their personal and professional boundaries. Branches or
divisions of professional organizations focused on social issues and
diversity have long recognized the need for action on the part of their
members to create societal change through activism, political action,
and client advocacy.1 These groups have also had an impact on their
larger parent organizations. For instance, the American Counseling
Association (ACA) now includes advocacy skills in their competency
expectations for training (Lee and Walz, 1998), and both the American
Psychological Association and American Psychiatric Association issue
position statements on issues of public policy such as same-sex marriage.

For lesbian, gay, and bisexual mental health professionals, this
advocacy and activism expectation becomes a personal as well as a
professional challenge. As members of a marginalized group with a (fre-
quently) concealable stigma, Lesbigay2 professionals must choose to
give up a privileged status (heterosexuality) and risk discrimination and
possibly violence in a society with few legal protections around sexual
orientation. For Lesbigay women, members of ethnic minority groups,
transgendered, disabled, or those in a religious minority, the manage-
ment of multiple stigmas is required. While it is possible to choose not to
advocate for LGB issues, or not to reveal one’s sexual orientation in the
context of advocacy, some view the act of not coming out to others and
becoming an activist as indicative of internalized homophobia or being situated in a lower developmental stage (Cass, 1979). In addition, Lesbigay therapists are placed in a double bind by ethical guidelines limiting personal disclosures to clients. Yet, research indicates that coming out or being out can be helpful for one’s own mental health (Ritter and Terndrup, 2002), helpful to clients (Jones, Botsko and Gorman, 2003), and can lead to reducing stigma and sexual prejudice (Herek, 2003).

This paper explores the personal, ethical, and therapeutic issues of decision-making about coming out or being out for mental health professionals. It is intended to also provide a context for understanding and support from colleagues and supervisors. In addition, the impact of geographic location on issues of coming out are explored. Living and working in a conservative area (red state), or liberal area (blue state) generally affects one’s decision to come out or be out. While affirmative therapy with lesbian, bisexual, and gay individuals includes understanding the complexity of coming out issues for clients, similar considerations need to be extended to colleagues and supervisees. Throughout this discussion I share some of my own experiences from living and working in multiple environments, how my coming out affected others, and examples of times when I decided to prioritize my safety.

**WHY IS COMING OUT A FORM OF ACTIVISM?**

One commonly held perception of an activist is a protester carrying signs, attending rallies, and speaking out publicly on issues. Common dictionary definitions of activist suggest a component of extremity, as in “vigorous” or “confrontational” action. Definitions of “advocacy” contain a component of pleading for or defending another. These definitions are based on an underlying expectation that in order to create change, one must fight against or plead with those in power.

Alternatively, “activism, in a general sense, can be described as intentional action to bring about social or political change.” At the public level, one acts as an activist by voting, contacting elected officials, supporting political action groups, or creating an issue oriented blog. At a professional level activism includes conducting research, writing and teaching students about social issues, empowering clients to advocate for themselves, or intervening directly on a client’s behalf; all can help create social change. At a personal level, challenging racist, sexist, and homophobic remarks, talking to people in social situations about one’s
cause, boycotting companies, or creating an egalitarian partnership/marriage are forms of everyday activism.

The act of coming out or being out is the most basic level of activism for lesbian, gay, bisexual, or transgendered individuals. Heterosexist assumptions make coming out a continuously necessary process. Otherwise, Lesbian gay people are invisible, and heterosexuals, both in the majority and in power, will continue to create social environments and public policies without consideration as to how they affect our lives.

To be clear about my position, coming out must be a personal decision. I do not believe that merely being lesbian, gay, or bisexual requires one to engage in activism. As a professional and a supervisor of counselors and school psychologists, I believe we should be activist/advocates in some form for the people that we serve. As much as I would personally like for every woman to identify as feminist, and every sexual minority to speak out, my ethics preclude me from expecting these things of others. However, I do encourage and support people to be activists under the definition offered above. Social change requires activism at all levels, and no form is less important than others.

**HOW DOES COMING OUT AFFECT OTHERS’ ATTITUDES?**

A number of components contribute to prejudice against gay, lesbian, and bisexual people. Some of these factors include religious belief, the effect of minority status and out-group processes, the tying of one sexual “deviance” with others (i.e., homosexuality equated with pedophilia), belief about environmental causes of homosexuality, sexist attitudes, education level, and gender role expectations (Herek, 2000; Ritter and Terndrup, 2002; Schneider, 2003). Attitudes toward bisexuals are related to attitudes toward gays and lesbians; however, there is also evidence that negative attitudes toward bisexuals are more prevalent (Eliason, 1997). It is often difficult for family and friends to find out that someone they love is gay, lesbian, or bisexual. However, there is growing evidence that when heterosexuals know someone who is gay or lesbian, they tend to hold more positive attitudes toward GLB people as a group. In addition, the more Lesbian gay people one knows correlates with increased positive attitudes (Herek, 2003).

Although we cannot rule out that people held more positive attitudes before exposure to Lesbian gay people, the evidence suggests that coming out creates attitude change. For instance, stereotypes are related to prejudice in general, and contact can reduce prejudice when the individuals
involved share equal status and common goals. Furthermore, the more people one knows from a particular group (exemplars that represent the group) the more likely one is to see that stereotypes are not (always) accurate (for full review see Schneider, 2003). The timing of coming out has also been associated with attitudes. For instance, in a study designed to measure attitudes toward gay and lesbian political candidates, Golebiowska (2003) generally found that voters with disapproving attitudes toward homosexuality held more favorable attitudes toward a candidate when the candidates’ sexual orientation was revealed after other information was presented in the vignette. The exception was when candidates conformed to stereotypes (i.e., effeminate men). Voters held more favorable attitudes when stereotypes consistent with candidates’ sexual orientation were revealed earlier in the vignette. At a more personal level, in a national survey Herek and Capitanio (1996) found that people tend to hold more positive attitudes when told directly by a relative or friend rather than finding out indirectly. While empirical evidence on the influence of coming out on reducing prejudice is emerging, and a variety of factors can affect positive or negative impact, there is also ample anecdotal evidence from the myriad coming out stories available in the popular press that indicates that coming out can change attitudes in others. When one discovers a cherished friend or relative is Lesbigay, cognitive dissonance may create a reevaluation of previously held beliefs. Likewise, when one is confronted with more and more people who are out, it becomes impossible to marginalize people into a category of invisible other. Coming out creates change.

**COMING OUT: IMPACT ON SELF**

Coming out to others has widespread support as beneficial for positive identity development and mental health (Ritter and Terndrup, 2002). American Psychological Association (APA, 2000) guidelines offer professionals guidance on how to provide appropriate services to clients, and the number of books and articles available on assisting Lesbigay individuals in therapy and in coming out continues to grow (Eubanks-Carter, Burckell and Goldfried, 2005; Garnets and Kimmel, 2003; Lemoire and Chen, 2005; Perez, Debord and Bieschke, 2000; Whitman and Boyd, 2003). However, whether or not one comes out is highly dependent on the individual’s sociopolitical environment, ethnic identity, religion, financial stability, and perceived family and community support. While identity models (Cass, 1979) have been helpful in
describing development, these models are not prescriptive nor should one view as abnormal those who do not come out to others (Rust, 2003). In addition, expecting political involvement as an indicator of positive self-identity ignores the reality of heterosexist environments and individual circumstances. This reality is acknowledged in newer identity development models, like the one developed by McCarn and Fassinger (1996), that separates personal development from group/social coming out processes.

There are many popular press guides to coming out, a designated coming out day, and major organizations such as the Human Rights Campaign advocate coming out. This degree of expected outness appears to vary by geographical location, with communities in liberal areas (blue states) generally expecting a greater degree of outness than those in conservative areas (red states). Within U.S. culture broadly defined, Lesbigay people are generally on the margins and not wholly integrated into the mainstream. Of course, in reality, there is no general U.S. culture, and we must all consider the variety of paths that we walk down.

This paper is not intended to focus on my own path, although I believe sharing some of it is important. I grew up in a small town, married after high school, and paid my way through college working in a blue-collar job. I divorced prior to attending graduate school, where I came out at around the age of 30. I lived in a conservative “red” state, had been a victim of violence as a woman, witnessed threats of violence toward Lesbigay individuals, and personally experienced verbal slurs. I view myself as a lesbian identified bisexual. A few years ago I decided that it was important for me to move to a more liberal area where I would feel more welcome, safe, and would have some legal protections. I have worked in public K-12 education, mental health agencies, and higher education. I have lived my life as an out person in both red and blue states. Until society changes further, I do not think I will ever be free of vigilance about safety in many locations. In short, I feel comfortable being out, but not safe. This paper is an act of activism for me, and will hopefully lead to more support for others to come out by increasing the awareness and support for Lesbigay mental health professionals. Our professions are far from realizing the ideals set by our various practice guidelines. Furthermore, the sociopolitical environment (LGBT and the professional community) contains greater pressure to be out and politically active in ways that Lesbigays in other professions do not face.
As mental health professionals, we often hold ourselves and our colleagues to a higher standard than we hold for our clients. We are generally expected to be well adjusted and stable, and to be aware of our own personal issues as they may affect our work with clients (APA Code of Ethics, 2002). Furthermore, it is widely accepted that self-disclosure should always be for the benefit of the client. For the Lesbigay individual, comfort with one’s sexual orientation is generally viewed as indicative of positive adjustment, and is often measured at least in part by the degree to which one is out. Applying this criteria to the Lesbigay mental health professionals places them in a double bind: either having an inadequate level of personal adjustment (if not out) or of violating ethical guidelines (if out).

There are a number of resources to assist therapists in ethics and decision making about coming out to clients for therapeutic benefit (Cabaj, 1996; Cole and Drescher, 2006; Drescher, 1998; Glassgold and Iasenza, 2004; Morrow, 2000). For Lesbigay professionals, the ethics around issues of harm to the therapist must be considered along with welfare for the client. To come out or not is of profound importance in an individual therapist’s life. There may be no other issue of self disclosure that can so profoundly affect a therapist’s well being. The Lesbigay therapist is in the position of managing an intricate balancing act between self and client welfare in an ethical manner. In addition, although traditional ethics codes of professional organizations are focused on individual welfare, as noted above, many subgroups of professional organizations believe that social change is an ethical responsibility for mental health professionals.

There are a number of considerations in the ethical balance of client, therapist, and social change that emerge in the issue of therapist disclosure of sexual orientation. In small communities or in mental health centers, clients do not always choose who they see for therapy. If one is out, does that cause potential harm to clients who will not seek services but need it? Should we be obligated to come out when it is clearly in the client’s best interest, and may even be harmful to the therapeutic relationship if we do not? What if this occurs in a public school environment where one is certain that coming out to a student would create considerable backlash and job loss? In addition, ethical considerations around social change require the evaluation of long term versus short-term benefits. What if it is my personal belief that being out will in the long run be helpful to all clients, even if it causes distress to some in the short term?
run? Must I always consider the individual over the collective needs of society? These are all issues well beyond the scope of the current discussion, but illustrate the link between personal, ethical, and political for issues of coming out for mental health professionals.9

MENTAL HEALTH PROFESSIONALS AND COMING OUT

As discussed above, coming out has a positive impact changing attitudes in others and has benefits for the Lesbigay individual. LGBT political organizations advocate coming out for everyone in order to help create social change, and there are social norms about coming out or being out within various LGBT communities. While a therapist coming out to an individual client always involves an analysis of therapeutic benefit for that individual (Morrow, 2000), there is evidence that coming out or being out can be beneficial for clients in general. Research has demonstrated that client matching for sexual orientation can improve therapeutic outcomes (Jones, Botisko and Gorman, 2003), many Lesbigay clients report desire to see a Lesbigay therapist (Kaufman and Carlos, 1997). For others, the presence of a positive Lesbigay role model assists in therapy (Wooden, 1991). Furthermore, therapists who do not disclose their sexual orientation may be sending a powerful message that the larger culture’s norm of secrecy is appropriate (Morrow, 2000). On the other hand, for some clients, either not knowing the therapists sexual orientation or believing the therapist is heterosexual may be beneficial to their therapeutic process at particular points in time (Kooden, 1991). The sexual orientation of the therapist may also be irrelevant to the therapeutic context, particularly with heterosexual clients. The decision to come out or be out to clients also varies by theoretical perspective of the therapist (Simi and Mahalik, 1997). In addition, being gay, lesbian, or bisexual in and of itself does not qualify one to work with Lesbigay clients. Brown (1996) recommends that professionals early in their coming out process not work with Lesbigay clients for a 2-year period in order to give themselves enough time to resolve their own issues around sexual orientation. Additional training is also necessary to understand the variety and complexity of needs of Lesbigay individuals.

Mental health professionals also must take into account whether coming out in a professional setting is in their best interest. As in other work settings, Lesbigay mental health professionals may face risks to employment and on the job discrimination. As a community of mental health professionals from a variety of perspectives (psychiatry, psychology,
social work, etc.), we have affirmed support for Lesbigay clients through our respective professional associations policy statements. This includes access to appropriate treatment and client advocacy. Much has been done to provide safer environments for Lesbigay clients, and further improvement is expected through requiring professionals to learn through educational programs, continuing education, and self study. There is still a long way to go in order to fully serve the Lesbigay community. One of the areas in which improvement is needed is in creating affirmative work environments for mental health professionals. Graduate schools, mental health centers, and public schools are not always safe and affirmative for the Lesbigay professionals on staff.

**COMING OUT IN GRADUATE/MEDICAL SCHOOL**

Mental health professionals do not always find themselves in friendly environments—even if the standards of our professions expect such environments to exist. Some mental health professionals still actively discriminate against or are hostile toward Lesbigay students and colleagues. Consequently, for the Lesbigay student in graduate or medical school, coming out may feel like an extremely risky venture. Students are at the mercy of acceptance committees, faculty supervisors, and thesis/dissertation committees. While some students may come out in application materials or during interviews as a way to pre-select a friendly environment, other students do not have the luxury of geographical mobility or the confidence that they will receive multiple offers from which to choose.

Graduate training is a time when one needs the support of other students. While some students may reject a colleague who comes out, being out also offers opportunities to meet supportive students and to assist others in developing an affirming stance. For instance, when I was in graduate school I was at a gathering of psychology graduate students where a number of simultaneous conversations were going on. “That’s so gay!” exclaimed a woman speaking to someone else. I turned my attention to her, “Excuse me, what did you just say?” “Oh, I said that’s so gay. (pause) I didn’t mean anything by it.” As her own words reached her consciousness, she apologized profusely and was genuinely shocked by them. “I can’t believe I’ve been using that phrase like it’s just a meaningless way of saying something is not cool. My sister is a lesbian!” I believe that in this interaction my challenge had an impact on this student, but only in the context of my being out. Her insight was facilitated
because she realized that she had offended her fellow student and potentially her own sister.

Professional training can be confusing and daunting for Lesbigay individuals because programs vary on their commitment to diversity training. Medical schools often lack coverage of GLBT issues in the curriculum (Townsend and Wallick, 1996). Medical schools have also been found to lack support for Lesbigay students, with reports ranging from covert homophobia to discrimination (Risdon, Cook and Willms, 2000); however, student support groups are available in some schools (Townsend and Wallick, 1996). Furthermore, although standards for accreditation of training programs in psychology require coverage of sexual orientation in the curriculum, it is also not uncommon for students to hear heterosexist and stereotypical statements from professors and supervisors (Phillips and Fisher, 1998). For instance, in one of my graduate programs, an instructor declared “there is no such thing as bisexuality” and that clients who thought they were bisexual had to make a choice to be mentally healthy.

In programs with minimally adequate coverage of LGBT issues, students may encounter direct training on the importance of affirmative therapies while experiencing an environment rife with heterosexism and sexual prejudice. This creates a unique problem for Lesbigay students who may be told to support clients in their coming out process, but who are not supported in coming out themselves. In my own training I was talking with an important supervisor. She asked me if another woman was a lesbian. Curious over where this might go, including the possibility of leading to some friendly statement so that I could come out, I answered, “I don’t know, why?” She replied, “I’m just uncomfortable around lesbians, and I just wondered because she makes me uncomfortable.” I decided in that moment that the potential benefits of pointing out that she was comfortable around me were not worth the risks.

In the supervisory environment, a Lesbigay trainee can be put in the position of making a choice between the client’s welfare (if the therapist’s sexual orientation becomes relevant) and his/her own. An important part of training and supervision for the Lesbigay student is around the ethics and clinical risk/benefit analysis in decision making around coming out to clients. If a Lesbigay student is unable to feel comfortable coming out to a supervisor, client welfare can suffer and the student must seek support in these decisions elsewhere—often in consultation with other students who are at similar levels of training. The student may also not be sharing vital information about the therapeutic process with the supervisor, putting all at risk.
In order for training programs to become GLBT affirmative, faculty in those programs must support affirmative practices within individual departments. This often requires faculty, both heterosexual and Lesbigay, to advocate for affirmative practices within the college or university at large. Just as in any work environment, faculty may face heterosexism and sexual prejudice. Work environments for Lesbigay mental health professionals may mirror those of experiences in training.

**WORK SETTINGS: HIGHER EDUCATION, PUBLIC SCHOOLS, AND AGENCIES**

Research on the experiences of Lesbigay individuals in any work setting is a relatively new area of study. One would expect that given the policy statements from mental health organizations on creating affirmative practices and climates for Lesbigay clients that our work environments would also be affirming for staff. Few studies have looked at organizational culture in settings where mental health professionals work. It is possible that these environments reflect a combination of the culture of the area in general (conservative/liberal) as well as an influence from expectations of our professions. However, it appears that there have been no widespread studies to assess mental health culture. What evidence exists within specific environments is mixed, and is reviewed below.

Despite the recent rhetoric from social conservatives, higher education is not always a bastion of liberal ideology. Many institutions do not have policies in place that support Lesbigay faculty (e.g., non-discrimination policies, domestic partner benefits), and some religious institutions retain hostile policies (Biaggio et al., 2003). Eliason (1996) in a survey of 1,287 university employees found that 47% did not favor LGB domestic partner health benefits, and 25% held other negative attitudes. In a smaller survey of faculty 78% (n = 104) reported an affirmative institutional environment (Sears, 2002), and 20% (n = 52) reported extremely negative organizational climates (Myrick and Brown, 1998). Personal accounts outline a mixed bag of positive and negative environments for faculty (Mooney, 1992). Given the historical lack of attention to LBGT issues in medical schools (Townsend and Wallick, 1996), it is unlikely that they represent a more positive environment than in other academic settings. However, it appears that higher education environments may be more affirmative than the general population environment.
Public school settings may be the least friendly work location for Lesbigay mental health professionals. Sears (1991) found that 8 out of 10 prospective teachers and two thirds of school counselors in a South Carolina sample harbored negative attitudes and feelings about gays and lesbians. In large scale national surveys of sexual minority adolescents, the Gay, Lesbian and Straight Education Network (GLSEN, 2001) found that 36.6% in the 1999 survey and 23.6% in the 2001 survey reported hearing homophobic remarks from teachers. Lesbigay counselors and school psychologists are unlikely to have any job protection if they come out; however, there are a few areas of the country with such protections in place (e.g., Oregon).

I was out in a public school setting in a red state to the other school psychologists and other Lesbigay school personnel I encountered. However, I never had occasion to come out to others in my day-to-day work in elementary schools (covering four schools gives little time for social talk). When I worked in a blue state high school whose district included sexual orientation in the nondiscrimination policy, I co-led the gay-straight alliance group. I was out to anyone with whom I had enough personal contact to have social conversations. In the red state, I know I influenced at least one colleague through conversations that clearly normalized Lesbigay people and in my comfort with talking about my day to day life. In the blue state, I had direct contact with students who may not have otherwise experienced someone affirmative. I regret not challenging antigay slurs that I heard in the hallways more often. Had I stayed at the school longer, I believe the best option would have been to start a school-wide initiative.

Mental health agencies charged with serving the general population should be affirmative work environments for Lesbigay employees. However, I was unable to find any research that examined this type of setting. There appears to be an assumption that professionals will also create positive environments for employees in mental health agencies. Given that mental health professionals do not always hold positive attitudes toward homosexuality (Israel and Hackett, 2004), Lesbigay clients report experiencing uninformed, incompetent, or hostile therapists (Liddle, 1996, 1999), and therapists in these settings do not always report comfort in coming out (Griffin and Zukas, 1993), it appears that work needs to be done in making these environments more affirmative. While some communities have formed agencies specifically focused on serving the LGBT community, and these agencies tend to be staffed by Lesbigay therapists, it is probable that most Lesbigay therapists work in general mental health agencies. In his review on coming out issues in the
field of community psychology, D’Augelli (2003) outlines how those trained in community psychology can create system changes to provide better services for clients. We need also address the needs of employees.

In my experiences in a mental health center, I was in a red area of a blue state, which presented an interesting challenge. The state of Washington had developed guidelines for affirmative therapies with diverse populations so the mental health center was required to provide training. I was selectively out at the center, made the intake counselors aware that I was interested in working with LGBT clients, and was unaware of any other Lesbigay therapist. It was generally a null environment, although some therapists expressed their unhappiness about being required to attend a training session on LGBT issues. In addition, I conducted a voluntary training focused on working with adolescents that was well advertised and only attended by those who were required to be there. I suspect that this environment may be similar to other agencies in that LGBT issues are quietly ignored. While the professions have defined the need for affirmative environments, many of the individuals within the professions either do not agree or are not committed to gaining the appropriate training.

**CREATING CHANGE**

Coming out creates change, and Lesbigay people who come out have created the movement toward more acceptance and safety for others. The LGBT community and mental health professions advocate coming out for personal and public welfare. In the context of sociopolitical pressures to come out, it is important for professionals (Lesbigay or not) to recognize and support other professionals in their decisions about when to come out or be out in the same manner that we would support our clients. It is vital to continuing advocacy for LGBT populations that we not lose sight of the importance of advocacy and activism. In addition, it is important not to minimize the impact of coming out or being out on reducing prejudice, nor the risk that individuals may be taking in this basic form of activism. In closing, I would encourage all to come out or be out as much as they can. There are challenges and opportunities in all environments. Evaluate the real risks and benefits, your personal circumstances, safety, and desire to create change. We especially need people to come out in red states, and even if it is only to a few people, every person we reach makes a difference. I also want to emphasize that coming out in blue states is still important because many people who
consider themselves liberal and do not harbor negative attitudes cognitively still have negative emotional reactions to Lesbigay people and issues.\textsuperscript{11} I also want to challenge and encourage all mental health professionals to assist in creating safe work environments for Lesbigay colleagues. The following recommendations are made to assist in creating supportive environments within professional settings.

\textbf{For Heterosexuals}

1. Read. Follow the APA guidelines, and consult texts. A bibliography in this format can only offer a few suggestions.
2. Be an advocate. You are in a position to create change with less risk than your Lesbigay colleagues may face.
3. Speak up when you witness heterosexism.
4. Admit it when you are heterosexist, make amends if needed, and work to change. It is rare than people (even GLB) are \textit{never} heterosexist—it is pervasive in most cultures.
5. Be aware of the risks Lesbigay people face, and do not assume that by virtue of being a mental health professional one is exempt from risk. Antigay prejudice exists in all work settings.
6. Allow Lesbigay colleagues the opportunity to talk about their personal lives; in social conversation remember to ask about a partner or significant person, when discussing weekend plans ask the GLB person what she/he has planned.
7. Ask a GLB colleague if he/she is open to you seeking consultation on sexual orientation issues. Do not assume and do not automatically refer all clients with sexual orientation issues to the colleague unless she/he has stated wanting to work specifically or only with this population.
8. Do not assume an LGB colleague will be best for an LGB client or will come out to the client. Learn how to work with Lesbigay clients yourself.
9. Do not apply the developmental models to your LGB colleagues or assume that they are comfortable with their sexual orientation. Do not assume something is wrong if she/he is not comfortable. People come out at all ages.

\textbf{For Lesbigay Professionals}

1. Remember that developmental models are not intended to be prescriptive.
2. Come out for yourself first.
3. Come out as an act of activism if and when you are ready—and do a risk/benefit analysis.
4. Seek supervision or consultation when coming out to clients.
5. If coming out as an act of activism, think about timing it to try to have a positive impact, but realize that one only has minimal control over the factors involved.
6. Trust your instincts.
7. It is alright to get tired and withdraw. Coming out and being out does not mean you always have to come out or be out.
8. Being Lesbigay does not mean one has to be a Lesbigay activist, but mental health professionals have a profound impact on society—be socially responsible and act on behalf of some under-represented or marginalized group.
11. Avoid being a martyr in the literal sense. Be safe: we do not need more injuries or deaths.
12. If you are an ideological martyr, if you have lost your job or given up something else by coming out, speak loudly. Speak out or file a lawsuit. Turn your loss into a gain for Lesbigay rights.

NOTES

2. LesBiGay refers to lesbian, bisexual, and gay. I am unsure of the origins of the abbreviation, but use it because it reduces the use of acronyms when referring to people.
3. Coming out refers to revealing one’s sexual orientation to another. Being out refers to a state of living one’s life with the assumption of being out in most or all contexts.
5. While I reference transgender when referring to the gay, lesbian, bisexual and transgndered communities or issues, coming out for transgndered professionals contains more broad issues than discussed in the current manuscript.
6. This study used vignettes rather than real candidates or voters.
7. While this characterization oversimplifies the issue, it does represent how heterosexual supervisors or colleagues of Lesbigay professionals may inadvertently apply
unrealistic expectations. Individuals in marginalized groups are frequently placed in just such circumstances (e.g., women pathologized for being passive, but labeled aggressive when asserting themselves).

8. Social change is a primary feature in the ethics code of the Feminist Therapy Institute (1990, 1999) and is accepted as ethical practice by other feminists and feminist organizations (Brabeck, 2000).

9. Hill, Glaser, and Harden (1995) provide an ethical decision making model from a feminist perspective that provides guidance in considering these ethical considerations.

10. Null environment is a term usually applied to educational or work settings to describe environments where women are neither encouraged nor discouraged but are simply ignored. I generalized/applied the concept in my statement that it was a null environment for Lesbigan individuals—ignoring the issue for both agency employees and clients.

11. For instance, in Oregon, most anti-gay ballot measures have failed in a statewide vote but in 2004, we lost on the issue of same sex marriage in a close vote.

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doi:10.1300/J236v11n03_09