

A Qualitative Examination of the Heterosexual Influence on the Counseling Process

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Abstract

Cultural self-awareness is the most basic dimension of the multicultural counseling competencies (MCC). With respect to sexual identity, learning about the “culturally different” has long been a focus of MCC education. Nonetheless, the current body of literature inadequately addresses heterosexual biases and the counseling process. This qualitative project examines the heterosexual identity development of ten professional counselors. Findings suggest that given the opportunity to reflect, participants increased in awareness of their own heterosexual identity development and related heterosexual bias. Participants were able to recognize the influence of heterosexual bias on the counseling process and how their biases, perceptions, and subsequent behaviors created attraction issues, bonds with same-sexed heterosexual clients, and privileged connections with heterosexual clients. A LGBTQ affirming service delivery model is provided helping readers construct positive attitudes towards culturally different persons based upon an awareness of one’s own sexual identity processes.

Key Words: heterosexuality; counseling process; heterosexual identity development; multicultural competence; sexuality; heterosexual therapist; psychotherapy; psychology of sexuality

Introduction

Identity is an internalized and self-selected regulatory system. It represents an organized and integrated psychic structure that requires the developmental distinction between the inner self and the outer social world (Adams, 1992). As it develops, identity combines one’s own values, beliefs, roles and culture (Anett, 2000; Berzonsky, et al., 2011; Schwartz, 2001). This may include intrapersonal knowledge of gender, race, ethnicity, social class, spirituality and sexuality. Changing demographics and the need for professionals to be multiculturally competent has led many to reflect upon the degree to which counselors understand their own cultural identities, including their sexual identity. While understanding the cultural identification and worldview of the client is germane to the counseling process (Sue, 1981; Sue et al., 1992), the need to learn about oneself before learning about others is also paramount in developing multicultural counseling competency (MCC). Cultural self-awareness is the most basic dimension of MCC, at which a counselor must first gain proficiency (Brinson, 1996) prior to aspiring to any other dimensions of MCC such as multicultural knowledge and skills (Arrendondo et al., 1996; Sue et al., 1992). Thus, awareness of one’s biases or lack thereof can conceivably have an unhealthy influence on the manner in which a therapist engages empathically with all clients (Roisircar et al., 2005) when exploring issues of sexuality regardless of the orientation identification of the client.

Sexual Identity Development

The greatest divide between perceived healthy and unhealthy identity development may involve sexuality. We tend to view the dominant sexuality patterns as healthy and minority sexuality as unhealthy and/or deviant. When included in identity models, this sexuality factor has often been misunderstood or examined separately from the rest of a person’s identity. This has led to models where terms like “sexual orientation” or “gender identity” are pejorative terms identifying “aberrant” behaviors (Brammer, 2012). In order to create an inclusive model, all sexuality must be included within identity models. Sexuality includes intimacy, eroticism, sexual activities, one’s communication of sexuality (e.g., sexual behaviors and self-expression), and the characteristics of an individual one finds sexually attractive (Gilbert & Scher, 1999). Sexual identity is a subjective and individualized pattern of sexual arousal, desire, fantasies and response to cultural norms (Parson, 1985).

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Sexual identity also includes coping with inevitable issues of socially dictated gender role expectations and developing comfort with and certainty of one's sexual orientation to ultimately cultivate a personal sex value system (Masters, Johnson, & Kolodny, 1994). Thus, sexual identity development is the process by which an individual, regardless of sexual orientation, embarks upon conceptualizing one's sexuality, sexual identity, and sex value system (Worthington, Savoy, Dillon, & Vernaglia, 2002). Until recently, traditional definitions of sexual identity development (SID) in counseling and multicultural literature have described the process of "coming out" as LGBTQ identity development. These terms are oftentimes used synonymously in literature. A number of theoretical perspectives and models illustrate the formation of sexual identity among gay and lesbian individuals (see Brammer, 2012; Cass, 1979; Coleman, 1982; Cox & Gallois, 1996; Fassinger & Miller, 1996; Kitzinger & Wilkinson, 1995; Parks, 1999; Rust, 1993; Sophie, 1985/1986; Troiden, 1989). However, less research efforts have concentrated on describing the identity formation of heterosexual persons (Hoffman, 2004; Worthington et al., 2002). While existing literature on sexual identity development has increased attention to counseling strategies and techniques specific to enhancing counselor effectiveness with sexual minorities, such research may have contributed to creating an influx of multicultural literature that focuses solely on minorities, which may inadvertently perpetuate heterosexist notions of "others".

Heterosexual Identity Development

The vast majority of literature pertaining to SID, assumes a heterocentric view. It assumes that heterosexuals are fixed and constant group with predictable attitudes about non-dominant sexual identities and have developed a steady or clear sense of their own identity (Eliason, 1995). Heterosexuals are rarely asked to conceptualize their own identity development similar to other dominant cultural groups (e.g., white, male, Christian). To date, much of the research in counseling and related professions fail to address the questions of how heterosexuals attain a sexual identity or ask whether heterosexuals even experience themselves as having a sexual identity. Because heterosexuality is measured to be the norm or default sexual identity (Eliason, 1995), some may question why it is necessary to study. Moreover, why is it vital to study heterosexual identity development in counselors? Sullivan (1998) and Eliason (1995) were the first to publish work that offered insight into heterosexual identity development that was not focused largely on biological/developmental (e.g., Masters et al., 1994) or feminist perspectives (e.g., Rich, 1981; Richardson, 1996; Wilkinson & Kitzinger, 1993). Building on the work of Eliason (1995) and Hardiman and Jackson's racial identity development model (1992), Sullivan (1998) described gay, lesbian, and bisexual (LGBTQ) and heterosexual identity development. In her model, individuals move through five stages of increasing awareness and complexity regarding sexual identity: naiveté, acceptance, resistance, redefinition, and internalization.

Worthington et al.'s (2002) and Mohr's (2002) models further fill the void of literature specifically examining heterosexuality and are reflective of the permeability and fluidity of human development, of which identity is a major construct. In doing so, they have successfully extended our conceptualization of sexual identity far beyond the confinements of sexual orientation (Hoffman, 2004). Recently, scholars (Mohr, 2002; Worthington & Mohr, 2002; Worthington et al., 2008) have conceptualized heterosexuality and heterosexual identity development (HID) from available sexuality theories (Kinsey et al., 1953; Klein, 1990) and traditional models of sexual identity development (Cass, 1979; Coleman, 1982; Eliason, 1995; Marcia, 1987; Sullivan, 1998; Troiden, 1989). Worthington et al. (2002) and Mohr (2002) present two independent models of HID that also integrate theoretical models of majority group identity development (Helms, 1995) suggesting that HID processes parallel white identity development, in that there may be universal developmental statuses experienced by whites (or in this case, heterosexuals) which include movement from a complete lack of awareness to full acknowledgement of bias and privilege (Simoni & Walters, 2001).

Heterosexually-identified therapists spend much of their multicultural training focused on learning about gay and lesbian sexual identity development processes. While gaining such knowledge is an imperative for the culturally competent counselor, it is a focus on knowledge, as opposed to self awareness, which is the foundation by which multicultural competence is built upon (Sue, Arrendondo, and McDavis, 1992). This is particularly true for counselors who are members of dominant cultural groups- heterosexually-identified counselor (Worthington & Mohr, 2002). Additionally, both Worthington et al. (2002) and Mohr (2002) provide mechanisms by which heterosexual counselors-in-training may examine their own SID, enhancing the competence of counseling trainees who are privileged with respect to sexual orientation. Mohr (2000) also offers counselor supervisors a table of questions which can be used with supervisees to explore heterosexual identity.

Such explorative tools for heterosexual counselors may be useful in increasing heterosexual self-awareness in this area, consequently contributing to an increased multicultural competency. As heterosexual counselors explore their sexuality identity development, they will also learn how these values shape their behaviors, therapeutic goals, and treatment planning (Sue et al., 1992). Nonetheless, counselor self-awareness tends to be overshadowed by focusing on learning about “culturally different”-- inadvertently perpetuating the notions of “deviance” and “other”. These covert messages may haphazardly increase heterosexist attitudes towards the LGBTQ community. Given the importance of identity development for counselors, how are counselors doing in the process? Are they aware of their own heterosexual identity development, or do they assume their process is automatic and “normal?” There are emerging models conveying a how heterosexual identity may develop (e.g., Muise, Preyde, Maitland, & Milhausen, 2010). These models also lend support for the work of Worthington et. al. (2002) and Mohr (2002). However, the models are still in the explorative phase. We started on a more foundational approach, exploring heterosexual identity development through qualitative inquiry.

Method

The term *qualitative research* defines a wide array of methodological approaches that share some general characteristics. Qualitative researchers emphasizes description over explanation and stress the importance of having concepts emerge directly from the data (Patton, 2003) and apply rigorous data collection and analysis methods. Accordingly, the present study was conducted using a consensual qualitative research (CQR) design (Patton, 2003). CQR incorporates components of phenomenology and grounded theory models and involves rigorous methods of triangulation, member checking, and data analysis. Researchers using this method seek to come to a consensus about the meaning derived from the experiences recorded. The essential components of CQR are the use of (a) open-ended questions in semi-structured interviews, which allows for the collection of consistent data across individuals as well as a more in-depth examination of individual experiences; (b) several judges throughout the data collection process to foster multiple perspectives; (c) consensus to arrive at interpretations of the data; (d) at least one auditor to check the work of the primary team and judges and minimize researcher bias; and (e) domains, core ideas, and cross analyses in the data analysis (Patton, 2003).

Researcher Bias

The research teams varied in ethnicity, gender, sexual orientation, and sexuality-related assumptions, establishing adequate maximum variation (Patton, 2003). The diversity of the research team minimized the impact of researcher bias on data interpretation and provided a range of perspectives for consensus. The primary researcher was a Counselor Educator and African American, female, currently in a heterosexual marriage. Two rotating primary research teams (Hill et al., 2005) were used in this study two argue data to consensus, collapse themes, and arrange into meaningful themes.

Participants

Participants were recruited via purposeful sampling and prolonged engagement (Patton, 2003). Of 16 possible participants, 10 were selected based on established selection criterion (i.e., self-identified heterosexuals, counselors, etc.), and maximum variation (i.e., diverse demographics). Data collected from two semi-structured interviews and one meaning-making reflective essay from six females and four males. Six participants identified as White, three participants as African-American, and one participant as both White and African-American. Participants represented an age range of 28 to 51. Participants also varied in professional backgrounds, including two Counselor Educators, two Community Mental Health Counselors, four College Counselors and two doctoral candidates in Counselor Education programs.

Data Analysis

The research team conducted preliminary analyses of completed data sets (i.e., transcription of first two interviews and the final essay). From that data set, the research team collaboratively generated preliminary domains and/or groupings for interpreted data. The research team further conducted stability checks (Patton, 2008) which includes a process in which the majority of transcripts are analyzed first and additional transcripts are analyzed to see if any new domains, categories, or relationships emerge. Preliminary codes and/or established terminology was extracted from existing literature on heterosexual identity development (Eliason, 1995; Mohr et al., 1999; Sullivan, 1998; Worthington et al., 2005, Worthington, et al., 2002) and LGBTQ identity development (Cass, 1979; Klein, 1993; Troiden, 1988) to ensure referential adequacy (Newsome et al., 2008).

Results

Given the opportunity to engage in a journey of guided reflection and introspection, researchers observed participants gaining considerable insight and awareness as to their own process of HID. That process consequently led them to reflect upon how their own HID interacts with and ultimately affects the counseling process. As we examined data, we observed participants move from an unawareness of their HID process and its influence on the counseling process, through an examination of bias and privilege, towards increased awareness. The following study presents four core domains related to participants discussion of increased awareness concerning HID. These domains include: unawareness of HID, awareness of heterosexual bias, dissonance, and increased insight.

Unawareness of Heterosexual Identity Development

In general, privilege is difficult to recognize in our social system and even more difficult to acknowledge that heterosexually identified persons in our society benefit from that privilege in particular. Recognizing and identifying heterosexual privilege requires guided activities of self reflection and the challenge presented by introspection. Until now, this activity was exclusive to minorities (i.e., LGBTQ identified persons). Nonetheless, similar to initial phases of other models of dominant group identity development, when asked to reflect upon their HID and describe its influences on the counseling process, all participants initially reported they had never thought about HID or heterosexual privilege and/or bias related to the counseling process. Participants used the terms “counseling process” and “counseling relationship” interchangeably. One male participant stated:

I guess I never thought about that...how it affects the counseling process...I mean I am sure it does because all aspects of culture really affect the counseling relationship so...I guess...I just didn't think about it. I guess when I work with clients who are homosexual...I really feel like the entire counseling relationship is in the context of both our sexuality because they are like...or identify as gay or whatever...and I assume they know I am not....

Similar feelings were captured by a female participant in her reflective essay. She wrote:

Before participating in this study I honestly would say, and it is hard to admit, I never really thought about how my own heterosexual identity affects my work with heterosexual clients. I think I have always “assumed” that my identity development was similar to that of other heterosexual people. But, I now realize this is a very naïve assumption on my part.

Awareness of Heterosexual Bias

As identity development suggests, participants in this study moved through a process of exploration and personal reflection. As participants drew upon and discussed memories associated with their heterosexual identity, they began to discover, express, and examine related biases. The most commonly shared heterosexual bias expressed by participants was an inadvertent assumption that all clients were heterosexual.

Assumed Heterosexuality. When considering a client's background, seven participants (3 females and 4 males) assumed that all clients were heterosexual until otherwise informed. One female participant, in response to a question concerning how her heterosexual worldview affected her counseling practice, responded by saying:

I think the biggest one [bias] is just assuming at first step everybody's heterosexual and then my next hesitation comes in and goes ok stop doing that...so I think that affects the counseling process because I'm still using the language that could be biased...so I'm more aware of trying to say do you have a partner are you in a relationship, versus do you have a boyfriend or girlfriend.

Likewise, one female participant noted in her reflective essay:

I have not had the experience of a client asking me directly if I am heterosexual but I have had several ask if I was married or had been married. Most of those questions originated after noticing pictures of my son in my counseling office. This we're-in-the-same-club feel has seemed to open a usually closed boundary in discussing my personal life as well as with some clients helping to create perceived similarities, even if actual similarities do not exist.

Minority Focus. Participants also shared common perceptions and of sexual identity formation and related issues as only relevant to LGBTQ identified clients. Several participants reported feeling as though their heterosexuality affects the counseling process only when working with non-heterosexual clients. A key component of this domain was the participant's focus on non-heterosexual clients suggesting heterosexual bias. This category was endorsed by five participants (4 male and 1 female). Male participants primarily experienced this domain.

One male participant stated:

I do tend to ask more questions seeking to understand the LGBTQ perspective. I think that my heterosexually plays out when I work with LGBTQ students. I have also noticed that a LGBTQ student's sexual orientation is more on the forefront of conversation versus someone of heterosexual orientation – just because it is a social minority perspective. It is rare a heterosexual client will have their sexual orientation at the forefront of their conscience. I guess that's why it is not a part of the counseling process so much.

In the same way, only one female participant expressed feelings consistent with this domain. This female participant shared a similar perspective, reporting:

I do believe my sexuality has been a subtle presence with a few clients who were questioning their sexuality or who were openly gay. They voiced resentment towards friends and families in their lives who were heterosexual. I did not broach the subject of my own heterosexuality but considered it. With one client in particular, I do not think it would have been therapeutically beneficial to raise the question at that point in therapy. She is an ongoing client so I may have the opportunity in the future to do so. With LGBTQ clients coming in with presenting problems that are not overtly about sexual identity, I have found my sexuality to be much of a presence.

As the study progressed and participants continued to engage in personal reflection, participants communicated as shared disposition involving an acknowledgement that heterosexual attraction may be possible when interacting with opposite gendered heterosexual clients. The research team coined the term “Eros Interplay” to describe this bias.

Eros Interplay. When participants became aware of how their sexuality affects their counseling, the most frequent concern involved their own sexual (eros) impulses- a term introduced first by Sigmund Freud. Nearly all of the participants (8 of 10) consistently reported the interplay between their heterosexuality and working with clients of the opposite gender. This occurred at a very basic and primitive level of attraction for participants. For example, one female participant reported:

I feel this attraction that feels like, ‘Oh, that’s a man (or so manly)... The commonalities of those moments are times when a man I feel attracted to has either physically or verbally ‘taken charge’—subtle but apparent. They are typically fleeting and not long lasting but obvious to me in my reaction internally. I’ve been surprised by that attraction point and have at times struggled with adapting that attraction into my feminist and counselor identity but it is definitely there.

Likewise, a male participant describes similar impulses in his reflective essay. He wrote:

Since I’m attracted to women I tend to feel more comfortable with and attentive to female clients... I’m more motivated to assist female clients and work to resolve the concerns they present to me. I guess you could say I’m more invested in them to an extent than my male clients.

Participants continued to share personal biases and discover that a component of their HID included bias that inadvertently affected their work with clients in a therapeutic setting. This discovery caused an experience of dissonance shared by participants.

Dissonance

Dissonance, or cognitive dissonance, is described as the feeling of uncomfortable tension which comes from holding two conflicting thoughts in the mind at the same time (Fetsinger, 1957). Cultural dissonance suggests that the conflicting thoughts derive from conflicting values and/or beliefs stemming from one’s cultural biography (Heine & Lehman, 1997). Research suggests that this experience is amplified depending on the importance of the subject matter. Dissonance, a healthy element of identity formation, is most powerful when it is about our self-image; in this case one’s professional self image. For participants, the subject of professional identity was of great importance as participant’s narratives suggest that their professional identity was also related to professional efficacy and effectiveness. Thus, when participants began to question how their heterosexuality might impact their counseling, they experienced dissonance. This *typical* domain (expressed by 5 females and 1 male) involved how their limited understanding of LGBTQ culture impacted their counseling. One female participant, articulated:

When I was the co-leader of the gay men’s group, there would be topics that would arise where I would have no knowledge of and felt that I would need to have them educate me. At times, I would feel uncomfortable given my lack of knowledge, and I am sure that the discomfort has affected my work with clients from different backgrounds... I become less willing to challenge clients and feel less willing to take risks in the therapy relationship.

Additionally, other participants experienced dissonance only during the latter phases of this study. They began the study assuming heterosexuality of all clients, and then realized they could no longer hold this disposition regarding client identity. One female participant stated:

Basically, I feel I make assumptions about my heterosexual clients that are more than likely not accurate. I have never really questioned my heterosexuality and I assume my clients more than likely have not either. However, I now realize I can't make that assumption.

It was rewarding to watch participants work through their biases and the aforementioned dissonance that accompanied this process. It was revealed in reflective essays how some participants coped during this paradigm shift. One participant sought reconciliation by examining professional codes of ethics standards. In her reflective essay she wrote:

I am well aware that my heterosexuality affects the counseling process after engaging in this reflective exercise. I continue to question to what extent my heterosexuality is salient and how, if at all, should I respond to this dynamic in therapy. In looking for answers within ACA ethical standards and codes, there is nothing specific about this subject matter. Although, much is implied regarding sexual contact with clients, this topic has been overlooked by policy makers. Unfortunately, I feel ill-equipped to make those kinds of decisions so I simply ignore the subject and focus on the client. I now realize that this may be more of a reaction to my own bias and feelings of inadequacy than an example of "best practice."

Such personal narratives shared unanimously between participants revealed promising findings related to MCC development. As this study concluded, informants expressed and communicated and increased awareness as a result of participation.

Increased Insight

By the end of the study, all participants demonstrated increased awareness of HID and its influences on the counseling process. Participants reported the need to continue examining how HID interacts with the counseling process with both heterosexual and non-heterosexual clients. This may suggest a decrease in heterosexual bias-related responses as a result of experiencing an increase in awareness of how one's worldview impacts the perceptions of clients in a therapeutic setting. Research suggests that this shift is paramount in the development of MCC (Sue & Sue, 2008). Participants reported this increased insight in various ways.. For instance, in a reflective essay one female participant stated:

I have really enjoyed being a part of this study. I felt that the interviews really highlighted for me my heterosexual identity in ways that I had not thought about. After learning more recently about models of sexual identity development and working with LGBT clients, I have started to realize more about my own sexual identity development and that it is not so black and white.

Another male participant wrote in his reflective essay:

My responses to the questions were not easily processed because I had never been asked about my heterosexuality in that context.

Other participants demonstrated and reported increased insight concerning their work as counselors as they reflected on the implications of HID and the counseling process. For example, a male participant wrote:

This study has definitely left me curious and with questions about how heterosexual identity is determined. Did I have a choice when I was a child? Was I born this way? Was I influenced and rewarded by friends, family and media to be heterosexual? I will have to do more personal reflection and research to get one step closer to finding the answers to these questions I have.

Similar responses were reported by female participants.

By going through this process, I realized that I have to have a more open mind when dealing with these students as their experience in life and in their relationships may involve some things that I have never experienced such as discrimination because of my sexual orientation. There needs to be a greater checking of my opinions since I don't inherently agree with the lifestyle they have chosen.

One male participant reflected on how participation in heterosexual identity reflection activities has increased his insight concerning other issues of culture. In his interview, he stated:

I am pretty sure it would especially [affect me as a counselor] with gender issues, too. Gender identity issues seem to affect how clients see their sexual identity or heterosexual self...I could talk to them about the knowledge I gained about that in this project.

All participants reported increased insight within their reflection essay. This domain has significant implications for counseling training and future research.

Discussion

Beneath the surface of homophobia and heterosexism, is fear and ignorance (Wickens & Sandlin, 2010). Many counselors have been taught to address these feelings and attitudes by learning about culturally different individuals, while having limited or no opportunity to reflect upon their own cultural identities. Similar to ethnic dominance, the participants in this study lacked a basic understanding of how their social privilege influenced their perceptions and counseling (Brammer, 2012). When counselors begin to explore their sexual privilege, they often used their own sexuality as a starting point. Some assumed their sexuality was superior to their LGBTQ clients "choices." When they question themselves deeper, many realized they assumed the heterosexuality of their clients until they had reason to doubt this. This assumption of universalism is also common in ethnic minority literature (e.g., Brammer, 2012; Rowe, 2006). As they continue to reevaluate their own identity and sexual privilege, there appears to be natural ebb and flow between understanding their own sexuality and gaining insight about their LGBTQ clients. This process often creates dissonance related to professional efficacy, as they realize they may have harmed minority clients by overly connecting with heterosexual clients and seeing LGBTQ clients as "other." When individuals accept their own heterosexuality, continually attempt to connect with the LGBTQ clients, and overcome their dissonance, they can enter an integrative phase. However, it is important to realize that such a state is not permanent. Identifying with clients from other cultures is an ongoing process. New prejudices, variants, and conditions arise. Effective multicultural counselors will continue to explore their own biases, impulses and assumptions in order to create the best possible environment for their clients.

Implications for Counselor Training

Findings of this study are promising and provide some insight as to how to prepare counselor trainees to recognize and acknowledge their own cultural diversity in the counseling relationship and address biases concerning sexuality that may be harmful to potential clients. Worthington et al. (2002) hypothesize that a greater understanding of heterosexuality may reduce the tendency for counselor trainees to dichotomize sexual orientation. This paradigm shift could ultimately lead to "increased understanding of and comfort with sexuality-related issues that client may bring to counseling, as well as facilitate the understanding of issues related to ordinate-subordinate group dynamics (p.524)". One of the more conclusive findings of this study suggest that reflection of one's heterosexual identity resulted in increased insight and adoption of a more complex and multidimensional understanding of heterosexuality and sexual orientation.

Bridging multicultural theory and sexual identity. Although all participants gained insight about their sexuality, few participants were able to articulate the impact of increased insight on the counseling process. Several participants believed that their heterosexuality only affected the counseling process when the potential for sexual attraction was possible. Brown (2006) noted how marginalized individuals and cultures are often viewed as invisible. It is important for students to realize how ignoring a client's sexuality is an act of discrimination and marginalization, just as it would be to ignore their ethnicity. Such information could also be presented in ethics classes in guiding discussions about ethical decision-making concerning relationships with clients.

Modeling awareness. Throughout this study, counselors failed to juxtapose their sexual awareness into their understanding of MCC. This was particularly true for heterosexually identified counselors who overwhelmingly reported that they had never reflected upon their heterosexual identity and its influences on the counseling process. This process must start for current faculty before it can be introduced to students. Heterosexual faculty must increase their own awareness, change attitudes, knowledge, and skills in order to effectively train counselors to develop a culturally-affirming environment for LGBTQ-identified clients.

Once faculty have learned how to model sexual awareness, heterosexually identified counselor trainees should follow the process. The examination of their heterosexual orientation identity should be the first step towards reducing heterosexism and developing LGBTQ affirming attitudes in counseling. Counselor trainees must have the opportunity to construct positive attitudes concerning the sexuality of others upon a positive conceptualized understanding of self.

This will include having direct contact with LGBTQ identified individuals, learning to combat stereotypes about the LGBTQ community, and reducing tendencies to dichotomize sexual orientation.

Developing skills. This study evidenced a disconnect between sexual-identity awareness and multicultural knowledge and skills. Counselor educators and supervisors will need to offer opportunities to translate increased awareness of self and sexuality into best practice behaviors in counseling. Sexuality is often difficult and embarrassing for students to discuss with clients. Role plays, asking peers about sexuality, and broaching sexuality in micro-skills courses would improve the likelihood of students developing MCC as it relates to sexuality.

Implications for Future Research

Future research endeavors should include the design of statistical instruments that will measure key constructs presented in this study. Designing quantitative instruments that measure heterosexual attitudes, recognition of membership in privileged, oppressive majority group behaviors and heterosexist behavior would be advantageous in providing a more valid correlation between heterosexual attitudes and LGBTQ affirmativeness. Additionally, future research activities may focus on furthering outcome based counseling interventions targeting minority and majority sexual identity development, high-risk sexual behavior, homonegativity, and heterosexism. Lastly, the proposed findings must be tested with respect to implications concerning counselor effectiveness. Such studies could be aimed at offering statistical validity to speculative correlations between heterosexual identifications and counselor effectiveness. While results of this research show potential and offer an expanded perspective of heterosexuality, it is merely a basis from which a wide-ranging body of research can ultimately be produced.

Conclusion

Although this study only examined ten counselors, it provides an empirical foundation to guide future research. Such findings challenge oversimplified notions of sexual orientation by offering a conceptualized perspective of majority group membership. Heterosexual counselors are often unaware of their cultural freedom and privilege. As their self-awareness improves, they are likely to gain insight into how to construct positive attitudes towards culturally different persons. Sexually aware counselor educators will be better role models, social advocates, and change agents for clients.

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