A Systematic Review of Counselling Lesbian, Gay, Bisexual and Transsexual (LGBT) Individuals

Wong Wing Hoe and Siti Aishah Hassan

Faculty of Educational Studies, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor

Abstract

A systematic review of the literature in the area of counselling lesbian, gay, bisexual, and transsexual (LGBT) individuals was carried out with searches in five databases using a single standardized search engine. The review was conducted to understand aspects pertinent to the counselling services provided to the LGBT community as a category of multicultural diversity. The aspects this systematic review researched into are as follows: (1) Insights of the LGBT community, (2) Issues and challenges faced by LGBT individuals, and (3) Effective counselling interventions for LGBT individuals. Results from the literature review indicate that there are four peculiar domains revolving the counselling practice of LGBT individuals: psychological, social, economic, and physical. These domains are interrelated in determining the total wellbeing of an LGBT individual. Therefore,counsellors'recognition and understanding on these domains in terms of multicultural diversity is imperative in the effort of providing effective counselling services to the LGBT community.

Keywords: bisexual counselling, gay counselling, lesbian counselling, LGBT counselling, multicultural counselling, transgender counselling, transsexual counselling,

Introduction

The ACA Code of Ethics (American Counseling Association [ACA], 2014) interdicts counsellors from engaging,approving, or practicing sexual-orientation-based discrimination (Standard C.5.). The Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards (2009) make allowance for sexual orientation as a culturally diverse division (p. 61). The inclusion of this culturally diverse divisionof counselling practice requires counsellors in trainingwithin the CACREP programmes to comprehendcounsellors' responsibilities in eradicating inequality, predisposition, and any unfair practices whether deliberatelyor inadvertently (Section II.G.2.f.)In these instances, both ACA and CACREP have taken a substantial standpoint of social justice in advocating the preservation of the rights of the LGBT community.

Although various effort have been made in training counsellorsto work effectively with LGBT clients, previous studies have indicated that a great number of counsellors are not well prepared to work with the LGBT community, having insufficient practical guidance on the topics pertaining to sexual orientation, and frequently expressing inadequate knowledge about LGBT individuals (Evans & Barker, 2010). The lack of training and information in working with

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LGBTindividuals have raisedconcerns worth to ponder on in the counselling profession with regard to the ways in which counsellors work with the LGBT community. The awareness for the need for counsellors to have sufficient expertise in working with LGBT individuals are improving, but there are needs for training within this scope of counselling practice in contestingrestricting postulations by certain counsellors and to prevent the scenario where clients having to enlighten counsellors.

According to G. Corey, M. S. Corey and Callanan (2011), one way to increase the awareness of therapeutic considerations in counselling LGBT clients is by taking continuous effort in gaining insights and understanding of the LGBT community (p. 132). By gaining better understanding of the LGBT population, their issues and challenges faced, specific interventions and strategies that are appropriate for LGBT clients can be formulated. It is with these intentions that this systematic review with regard to counsellingLGBT individuals as a category of multicultural diversity is performed.

Methodology

This systematic review emphasizes on the literature in the topic of counselling LGBT individuals between 2010 and 2015. Its purpose are: (1) to gain insights into the LGBT community; (2) to explore the issues and challenges faced by LGBT individuals; and (3) to examine effective ways in providing counselling interventions to the LGBT community.

Database Sources

A total of five online journal databases were searched to obtain relevant articles using a single standardized search engine. The articles were obtained from Taylor & Francis, Sage, Elsevier, Springer, and Science Alert through the SCOPUS database search engine.

Study Selection

This systematic review used a three-phase methodology – Phase 1: Eligibility criteria search; Phase 2: Title screen review; and Phase 3: Content screen review. The phases of the search methodology are depicted in Figure 1.

Phase 1: Eligibility Criteria Search (Inclusion and Exclusion Criteria)

This systematic review was limited to keywords of searches on different aspects of LGBT counsellingdefined as inclusion criteria. These inclusion criteria consisted of:
  1) LGBT counselling
  2) Transgender counselling
  3) Transsexual counselling

Exclusion criteria were also applied to the searches to refine the search results. The exclusion criteria are as follows:
  1) Limit To Year 2010 - 2015
  2) Limit To Article

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Phase 2: Title Screen Review

In this particular phase, articles obtained from the online database searches in Phase 1 went through a title screen review. Articles identified are screened according to the relevance of the articles based on title and abstract. The articles were sorted into relevant and non-relevant sets based on the title screen review. As the keywords applied in the searches are made in segregated search occasions, articles found in each individual inclusion criteria result may consists of duplicates. Therefore, the articles were also screened for duplicates in this phase. At the final stage of this phase, non-relevant and duplicate articles are excluded to narrow down to the number of articles to be used for the next phase of review.

Phase 3: Content Screen Review

The remaining articles resulted from the title screen review in Phase 2underwent content screen review. The content screening process assesses the suitability of the articles. Articles identified as not meeting the content requirements were excluded. Full text of the articles identified meeting the content requirements were obtained for in-depth review for eligibility for citations.
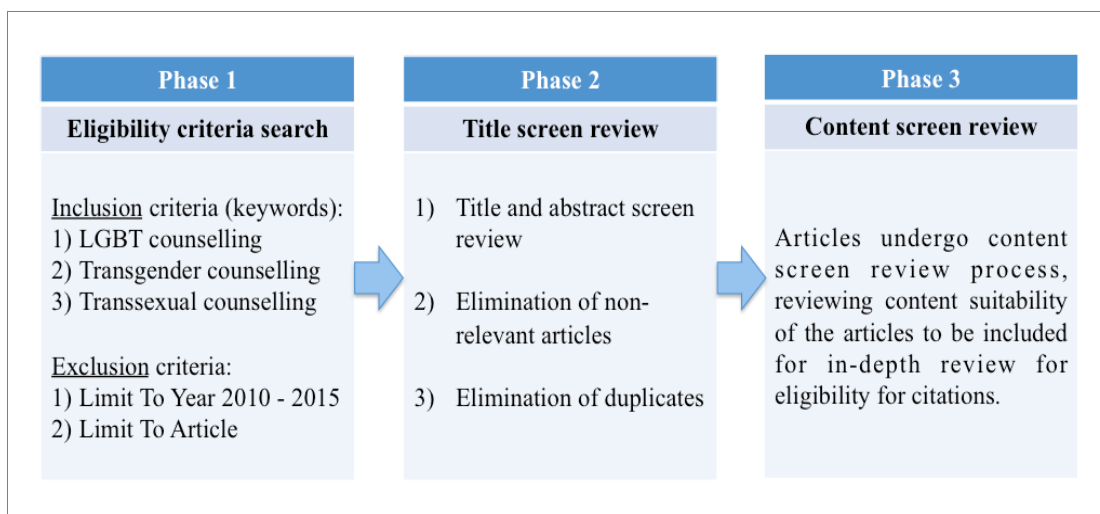

Phase 1	Phase 2	Phase 3
Eligibility criteria search	**Title screen review**	**Content screen review**
Inclusion criteria (keywords): 1) LGBT counselling 2) Transgender counselling 3) Transsexual counselling Exclusion criteria: 1) Limit To Year 2010 - 2015 2) Limit To Article	1) Title and abstract screen review 2) Elimination of non-relevant articles 3) Elimination of duplicates	Articles undergo content screen review process, reviewing content suitability of the articles to be included for in-depth review for eligibility for citations.

Figure 1: Systematic Review Three-Phase Methodology

Search Results

The individual searches from the SCOPUS database search engine based on the inclusion and exclusion criteria specified in Phase 1 have generated a total of 161 articles from the three inclusion keywords applied (LGBT counseling, transgender counselling, and transsexual counselling; limited to articles published within 2010 to 2015). When the inclusion keywords of "LGBT counselling" were applied in the search, the search result returned a total of 42 articles. The search with the inclusion keywords of "transgender counselling" has returned a result of 106 articles, the highest among the three inclusion keywords used. The use of "transsexual

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counselling" as the inclusion keywords has yielded the lowest number of articles returned among the three inclusion keywords used, with a total of 13 articles.

Among the total of 161 articles identified through the multiples searches using the SCOPUS database search engine, 58 articles were returned from the Taylor & Francis database. The Taylor &Francis database returned the highest number of articles identified from all the searches as specified in the inclusion and exclusion search criteria. The Sage database returned a total of 43 articles from the multiple searches performed. The Elsevier, Springer, and Science Alert databases have returned a total of 29, 25, and 6 articles respectively. A summary of the search result based on the inclusion and exclusion criteria specified in Phase 1 is provided in Table 1 as follows:

Table 1: Inclusion and Exclusion Criteria Search Result

Inclusion Keywords	Database (2010 – 2015)					Total
	Taylor & Francis	Sage	Elsevier	Springer	Science Alert	
LGBT counselling	13	12	8	7	2	42
Transgender counselling	39	28	19	17	3	106
Transsexual counselling	6	3	2	1	1	13
Total	58	43	29	25	6	161

Note: The total numbers presented are inclusive of duplicate articles arising from the same article appearing in multiple searches.

The 161 articles obtained from the online database searches in Phase 1 went through a title screen review. These 161 identified articles were screened for duplication from the multiple searches. The articles were then sorted according to the relevance of the articles based on the title and abstract. Among the 161 articles, 35 articles were identified to be duplicates and were excluded. The remaining 126 articles were sorted into relevant and non-relevant sets based on the title screen review. The title screen review resulted in a sum of 68 relevantarticles.

The remaining 68 articles that were retained after the title screen review were then put through a content screen review. The content screening process resulted in 36 articles being excluded. A total of 32 articles were identified as having the required content in the content screening process. The full-text of these 32 articles wereobtained for in-depth review for eligibility for citations. The articles identification process described above is summarized in Figure 2 as follows:
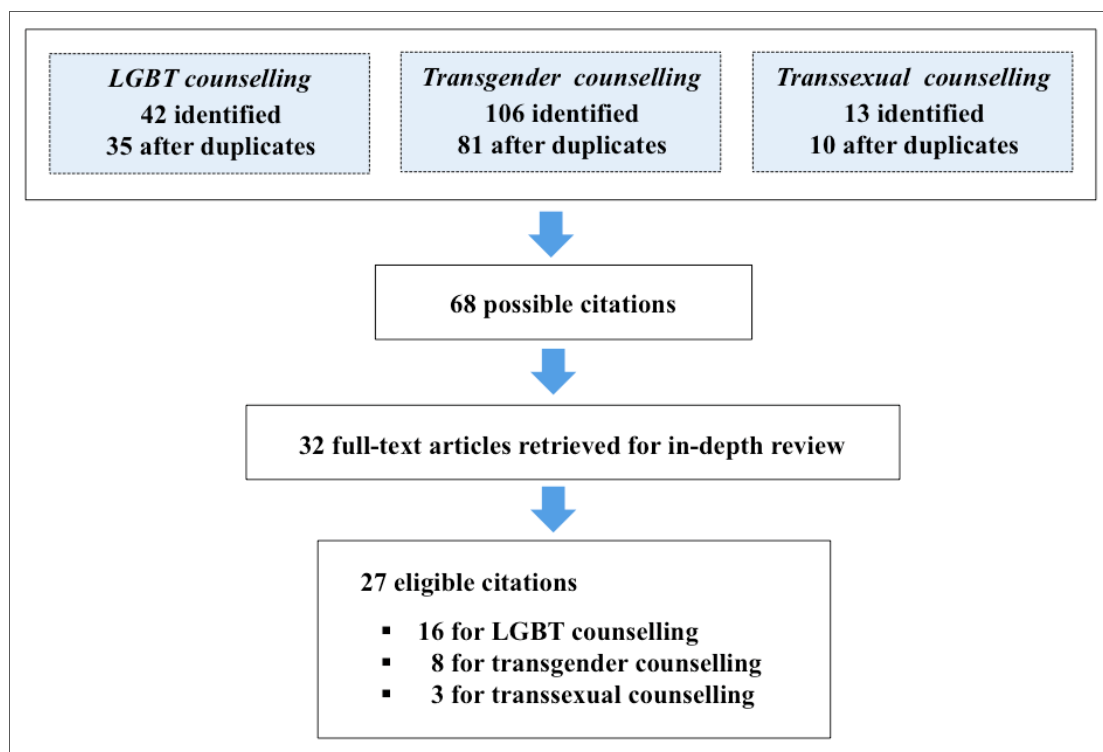
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Figure 2: Article Identification Process

After an in-depth review of the 32 full-text articles, 27of them were identified to be eligible for citations. Details of these 27 articles are presented in Appendix A.

Literature Review
Articles that were eligible for citations were carefully reviewed and were organized into themes to obtain facts pertaining to the purpose of this systematic review which are: (1) to gain insight into the LGBT community; (2) to explore the issues and challenges faced by LGBT individuals; and (3) to examine effective ways in providing counselling interventions to the LGBT community.

In gaining insights into the LGBT Community, this literature review looked into the definition of LGBT, the view of emotional intelligence among LGBT individuals, and the issue of coming out. The issues and challenges within the LGBT community were analysed and presented into four domains – psychological, social, economic, and physical. Last but not least, effective ways of counselling interventions to the LGBT community are identified and recommendations made in the areas of LGBT-affirmative counselling course, religious abuse, and the effective use of languageare acknowledged.

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Insights into the LGBT Community

Definition of LGBT
The word homosexual derived from two words, the first word "homo" originally from Ancient Greek which means "same", and the second, Latin "sexus" which means "sex", referring to sexual intercourse, sexual attraction, or sexual behaviour. Therefore, homosexual is a continuingkind of attractions of people of the similar or same sex, be it sexual and/or emotional. Homosexuality also refers to a person's sense of identity based on those attractions, related behaviours, and association in a community of people who share the same attraction of people of similar or same sex.

The American Psychological Association's (APA)Answer to Your Questions: For a Better Understanding of Sexual Orientation & Homosexuality refers lesbian or gay as a person having emotional, romantic, or sexual attractions to members of one's own sex. APA further defined bisexual as someone having emotional, romantic, or sexual attractions to both men and women while transsexual or transgender stands for someone whose identity or gender expression does not conform to the sex to which the person was assigned at birth (APA, 2008).

According to Holmes (2003, as cited in Mediana&SitiAishah Hassan, 2015) LGBT can be defined as follows:

> "**Lesbian**: Lesbian refers to any female, woman, or a girl who is physically, emotionally, and sexually attracted to the members from the same sex. "

> " **Gay**: Gay refers to any male, man, or a boy that is physically, emotionally, and sexually attracted to the members from the same sex. "

> "**Bisexual**: Bisexual refers to an individual, whether female or male, who is attracted physically, emotionally, and sexually to two sexes or genders. "

> " **Transsexual or Transgender**: Transsexual or transgender refers to an individual who prefers living eternally as the opposite sex from the individual's original sex or the sex at birth. "

There is a common perception that sexual orientation is entirely a characteristic of a person, similar to age, biological sex, or gender identity. This perception is overlooking the relationship aspect of the person with others. People convey or express their sexual orientation through behaviourswith others, including simple gestures such as holding hands, hugging, caressing, or kissing. In view of this, sexual orientation is closely connected and related to the intimate personal relationship – the need for love, affection, connection and intimacy. These

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attachments may include non-sexual and non-physical behaviours such as shared goals and values, mutual motivation and support, and continuous commitment. Therefore, sexual orientation is more than a personal characteristic of an individual.

As sexual orientation encompasses the satisfying and fulfilling romantic relationships that are the essential fundamental component of personal identity for many people, including the LGBT community, it is imperative that the emotional intelligence of the LGBT community be looked into to obtain further understanding of the LGBT community.

View of Emotional Intelligence among LGBT Individuals

Medianaand SitiAishah Hassan (2015) in their review on emotional intelligence among homosexual of LGBT community have presented five basic capabilities of emotional intelligence, such as intrapersonal skills, interpersonal skills, self-adjustment, coping stress, and mood. Intrapersonal skills refer to self-examining and self-reflection capabilities. This encompasses having in-depth understanding of one's self, his or her strengths and weaknesses, and the ability inpredicting and controlling one's own emotions and reactions. Interpersonal skills refer to interaction capabilities with others. Interpersonal skills include empathy, interpersonal relationship, and social responsibility. Self-adjustment encompasses problem solving, reality test, and flexibility. Problem solving refers to the capability to identify problems and resolve problems effectively. Reality test is the capability to estimate the equivalence between what is experienced or felt and the fact in the reality, and not based on desire or expectation. Flexibility refers to the ability to synchronize emotions, thoughts, and behavior to the changing situations and conditions including the unforeseeable environments. Coping stress includes the capability to handle and manage pressure, which involves impulse control. The last component of emotional intelligence is mood – a relatively long lasting emotional state. Happiness and optimism are two emotional state included in the mood component. Happiness is the feeling of joy and satisfaction in life while optimism assumes the existence of hope in the face of difficulty.

Medianaand SitiAishah Hassan (2015) went on to note that there are two types of homosexuals from the psychological point of view such as: (1) Ego-syntonic homosexuality (sync with their ego); and (2) Ego-dystonic homosexuality (cannot sync with their ego). Ego-syntonic homosexuality is referring to behaviours, feelings, values that are harmonized or in consistent with one's homosexual orientation. The ego-syntonic homosexualsare not prone to psychological disturbance by their sexual orientation. They can cope well with their own sexual identity and carry out effective social and sexual functioning. On the contrary, ego-dystonic homosexuals are troubled by the mind conflict, or dissonance with their sexual orientation. The ego-dystonic homosexuals often feel unwelcomed, anxious, sad, guilty, lonely, shame, and depressed about their sexual orientation. Homosexuality is viewed as an annoyance in life for the ego-dystonic homosexuals.

In the review on emotional intelligence among homosexual of LGBT community, Medianaand SitiAishah Hassan (2015) concluded that homosexuals who can sync with their ego (ego-

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syntonic homosexuals) has better emotional intelligence. This type of homosexual has personal skills, both intrapersonal and interpersonal skills to meet with problems posed by the environmental pressure. They do not view their sexual identity as a nuisance because they know how to use their emotions to obtain benefits from their emotions in order to get meaning of life.

On the opposite end, it is suggested that homosexuals who cannot sync their ego (ego-dystonic homosexuals) may have lower emotional intelligence. These individuals appeared to be hard to control themselves due to a high degree of anxiety and conflict in them. The ego dystonic-homosexuals usually have difficulty to comprehend, sense, and control their mood in their lives. They find it rather difficult to remain optimistic even though the try to (Mediana&SitiAishah Hassan, 2015).

Coming Out

Medianaand SitiAishah Hassan (2015) in their review on emotional intelligence among homosexual of LGBT community had discussed the stages of identity formation of homosexuals. A model of six stages in the formation of homosexual had been presented. The model of identity formation comprises of six phases as follows:

    (1) identity confusion;
    (2) identity comparison;
    (3) identity tolerance;
    (4) identity acceptance;
    (5) identity pride; and
    (6) identity synthesis.

Identity confusion isthe initial stage where an individual begins to relate homosexuality with their responsive actions and psychological state. This association may bring about psychological nuisance and internal conflict in the individual. In this stage, the nuisance and internal conflict within the individual may lead the person to accept that role or the individual may suppress the internal conflict. The suppression may lead to various responses including avoidance of situations associated with homosexuality, attempts to weed out homosexual thoughts, and denial. The individual progress onto the identity comparison stage once the individual accepts that homosexuality in himself or herself is possible as the state of dissonance and controversy diminished. People who are in the identity comparison stage, although acknowledging the potential homosexual identity, still deny his or her homosexuality by pretending to be heterosexual.

Identity tolerance and acceptance accelerate the identity formation process by reinforcing the rejection of the individual as being heterosexual and shifting towards being homosexual. The identity pride and identity synthesis stages focus on internalization and self-acceptance. In the final stage of identity synthesis, individuals feel comfortable with their own homosexual

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identity, accepting and disclosure of identity is no longer an issue. The disclosure of identity is often referred to as "coming out".

The decision to disclose sexual identity is often not an easy decision for LGBT individuals to make. As mentioned by D. W. Sue and D. Sue (2008, p. 451):

> " The decision is most often influenced by the overwhelming sense of isolation the individual feels as maintaining the secret may jeopardise relationships with friends and family"

Research of LGBT psychology has accentuated the importance of sexual identity disclosure in the formation of LGBT identity and is often referred to as "the critical life experience" (Evans & Barker, 2010).

A research by Evans and Barker (2010) on 62 LGBT participants who had any kind of counselling in the past five years in the United Kingdom obtained some insight into the reactions of the participants with regard to sexual identity disclosure in the counselling relationship. Evans and Barker (2010) found that the strength of feelings in relation to coming out both before and after disclosure were the emphasis of the responses in the study. Evans and Barker (2010) stated that:

> " These feelings were described by keywords such as: 'ashamed, on edge, panicky', 'a scary experience' and 'more a crawling out'. For some others, there were 'no qualms', they felt 'confident', 'comfortable and safe'. Some negative reactions from the counsellors identified in the study, as perceived by their clients included 'surprised and made it an issue', 'made uncomfortable', 'looked shocked', and 'hostile'. "

The negative feelings and reactions shown by some counsellors may indicate the lack of sensitivity and readiness of counsellors in working with clients of multicultural diversity. Evans and Barker (2010) went on to note that there were a few issues with regard to clients coming out to the counsellors during the counselling session. The issues noticed are such as avoidance of the subject by the counsellor, over-emphasis of the counsellor on sexual orientation, and the offer of 'conversion therapy' by theircounsellors. These issues have indicated that some counsellors still lack sensitivity when working with clients who came from the LGBT community. In conclusion, Evans and Barker (2010) suggested the need for counsellors to adhere to the code of practice when working with LGBT clients. It is imperative that counsellors are cognizant to the consequences and complexities of sexual identity disclosure, and professional and ethical considerations have been made in addressing issues of counsellor-client disparities as they navigate through the counselling interventions.

The implications for training especially among novice counsellors working with LGBT clients is well supported by the study of Owen-Pugh and Baines (2013), where 16 novice counsellors who

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are active in qualified professional practice not more than five years in United Kingdom were interviewed. The study has collectively depicted these novice counsellors as lackingin the skillsrequired in working with LGBT clients even though effortshave been made. Therefore, there is a strong indication that an increase in LGBT-affirmative counsellors training programmesis needed.

Issues and Challenges within the LGBT Community

Issues and challenges faced by the LGBT community can be categorized into four domains namely psychological, social, economic, and physical. It is of much importance that counsellors practicing in a setting of multicultural diversity obtain understanding on issues revolving each of these domains. Issues associated to each of the domain are discussed as follow:

Psychological Domain

As discussed in the topic of LGBT identity formation, the identity confusion stage may bring about psychological nuisance and internal conflict within the LGBT individual, which may lead to various psychological issues such as emotional distress, psychological aggression, and depression. The occurrence of one or more of these issues may lead to some other related issues such as suicide, family problems, and loss of concentration in the workplace.

A substantial amount of research has indicated that LGBT individuals report poorer mental health function than heterosexual individuals, which includes higher rates of depressive symptoms and depression. Arecent study by Everett (2015) in the United States in a random sampling survey from 132 schools to measure depressive symptoms among students with sexual orientation identity change suggested that the period encircling identity change is a stressful period and is therefore associated with poorer mental health functioning. However, only participants with reported LGBT tendency were found to have a tendency for depression.

Everett (2015) explained that signs of depression were found among participants who reported LGBT orientation identity may be due to the change being a more stigmatized identity. This change may trigger anxiety caused by the fear of negative reactions, rejection, and exposure to new sources of discrimination from peers and family members. The lack of coping skills in managing discrimination and the fear of negative reactions maybe a source of stress experienced by the individuals who are.

The LGBT community often face a common and serious psychological problem called psychological aggression. Psychological aggression may include a range of behaviours that produce emotional harm such asgonizing, intimidating, coercing, controlling, restricting, and threatening intimate partners – an expressive forms of aggression and coercive control. An interesting research in this area was conducted by Mason, Lewis, Milletich, Kelley, Minifie, and Derlega (2014).

Mason et al. (2014) in their review on psychological aggression based on 44 studies pertaining to LGBT individuals in the United States suggested that psychological aggression among LGBT

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men and women is a common occurrence. Psychological aggression is found to be closely related to how an LGBT individual feel about his or her sexual identity. Individuals who are pessimistic about their sexual identity are found to have a higher level of psychological aggression.

Fundamental evidence suggests that characteristics unique to LGBT individuals such as internalized homophobia, connection to the LGBT community, and disclosure about sexual identity are associated with psychological aggression. The review has speculated that LGBT who feel negatively about their sexual orientation may become more psychologically aggressive.

Another psychological aspect of LGBT worth looking into by counsellors of multicultural diversity is the psychological state of LGBT individuals when experiencing grief. Death of a loved one can be one of the most painful experiences that mankind may encounter. Losing a life partner often results in changes to an individual's sense of attachment, personal worth, and social integration, especially for older adults. The grieving process is further negatively compounded with another heap of psychological distress and anguish when the legitimacy of the survivor's relationship with the deceased partner is in question, or the love shared together by the couple is not being recognized – a common scenario in LGBT relationships. This scenario is often referred to as "disenfranchised grief". Disenfranchised grief refers to a complicated experience of an individual who has endured a grieving process accompanied by social stigmatization.

McNutt and Yakushko (2013) suggested that counsellors working with bereaved LGBT clients would be greatly benefited by gaining further training in working with bereavement issues in general, and LGBT bereavement issues in particular. McNutt and Yakushko (2013) recommended the following when working with bereavement issues, especially in a multicultural context:

(1) During the initial assessment phase of treatment, counsellors should not assume the sexual orientation of the client;
(2) Clarify the relationship type of the client with the deceased partner;
(3) Be mindful about the possible stressor of the client that may influence the client's course of grief;
(4) Maintain awareness of counsellor's own individual biases or assumptions that may influence the client's perception and interpretation about experiences, beliefs, and behaviours;
(5) Create a safe therapeutic sanctuary and modeling humanistic approaches of unconditional positive regard, genuineness, and consistent empathy;
(6) Allow free expression of complex and intense experiences of loss and grief; and
(7) Recognize additional aspects of diversity or minority experience within the client.

Social Domain

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One of the most common social issues faced by LGBT individuals is sexual stigma, a form of social stigma against people who are perceived to be having identities, behaviours, or beliefs that is not consistent with heterosexuality. Stigma functions at varying levels, including intrapersonal judgment such as self-stigma, interpersonal occurrence such as homophobia and hatred, and structural conditions dictated by community norms or institutional policies. A large body of research has indicated stigma within the LGBT community creates multiple social issues such as substance abuse (Baiocco, D'Alessio, &Laghi, 2010; Pachankis, Hatzenbuehler, & Starks, 2014; Hatzenbuehler, Jun, Corliss, & Austin, 2015), and suicidal ideation,and behaviours(Mereish, O'Cleirigh, & Bradford, 2013; Lytle, De Luca, Blosnich, &Brownson, 2015; Skerrett, Kolves, & De Leo, 2015).

LGBT individuals commonly face many disapproving reactions in the conservative community. According to Yadavaia and Hayes (2012), only 49% of the society in the United States approveof homosexuality and 41% are of the opposing opinion. The disapproval that many LGBT individuals face inadvertently made them adopt negative attitudes and apply them to themselves. This process is commonly known as internalized homophobia or self-stigma. Internalized homophobia or self-stigmainstills negative social attitudes toward the individual, which lead the individual to self-devaluation, internal conflict, and poor self-regard (Yadavaia& Hayes, 2012).

Baiocco, Laghi, Di Pomponio and Nigito (2012) suggest that self-stigma, particularly in gay men in Italy, may result in the avoidance of self-disclosure of sexual identity with their best friends out of the fear of adverse effects. Disclosure of sexual identity to close friends may provide LGBT individuals with important strengths from the support expected to successfully manage stress associated to their sexual identity. The avoidance of self-disclosure may fail to eliminate negative effects of such stresses and may potentially affect the psychological functioning of the individual.

Stigma increases risk for mental dysfunction and may result in physical health deterioration across multiple groups including LGBT individuals as stigma serves as a compulsive source of mental stress, which may affect psychological functioning of an individual. Hatzenbuehler, Bellatorre, Lee, Finch, Muennig and Fiscella (2014) in their study of mortality effect of structural stigma in LGBT population in the United States has a bothersome finding as follows:

> "The central finding of the current study is that sexual minorityindividuals who live in high structural stigma communities – definedas communities with greater prejudicial attitudes against gays and lesbians – die sooner than those who live incommunities with low levels of structural stigma. Structural stigmaremained strongly associated with mortality risk among sexualminorities even after controlling for multiple established risk factorsat both the individual and community level."

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Hatzenbuehler et al. (2014) went on to explain thatstructural stigma was noticed for its strong relationship with homicide and suicide, suggesting a direct linkage between structural stigmas to mortality.

Economic Domain

Structural stigmatization is one of the common factors contributing to workplace discrimination among LGBT employees. Most often, LGBT individuals have to cover up their sexual identity so that they are not subject to structural stigmatization. As a result of this, job seeking for LGBT individuals especially for the transgender or transsexual can be a great challenge, thus may affect the economic wellbeing of the individuals (Willis, 2011; Rumens, 2012).

Eliason, Dibble, and Robertson (2011) have some interesting findings on their study of LGBT doctors' experiences in the health care institutions with regard to sexual-identity-based discrimination. A survey was conducted with a total of 300 respondents from the Gay and Lesbian Medical Association (GLMA) in the United States. The findings of the study suggest that LGBT physicians continue to experience deplorable levels of discrimination and at times, intimidating practices at the health care institutions they are servicing. These practices ranging from exclusory employee and patient policies, referrals limitation, and enduring offensive and insulting remarks about LGBT individuals. In the study, it was reported that 10% of the respondents reported that they were denied patients referrals due to their sexual identity, which may bring negative economic implications to these individuals.

Eliason, DeJoseph, Dibble, Deevey and Chin (2011) found that greater than 70% of the nurse respondents were of the opinionthat they are working in an LGBT-friendly workplace in a survey conducted in the United States on 261 nurses. Approximately 22% of the participants reported negative experiences in the workplace, including non-inclusive policies in their department of work, and homophobic comments and reactions from colleagues. As a consequence of sexual identity disclosure, there were a few cases of termination reported. Eliason et al. (2011) further elaborate that the LGBT-friendly perception did not necessary indicate that the environment is fully hospitable; it just means the environment is not blatantly intimidating.

Researches on the discrimination of LGBT in the workplace have placed much emphasis on the prejudice and discrimination they face in the job market or in the work setting, while neglecting the career optionsLGBT job seekers have due to their stigmatized identity. Ng, Schweitzer and Lyons (2012) is of the opinion that LGBT individuals prefer employment in nonprofit organizations due to the "altruism" work value they hold. The impression that nonprofit organizations have a discrimination-free culture is a probable justification as to why these organizations are preferred by LGBT individuals.

Physical Domain

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Transgender or transsexuals of non-gender formative females are often influenced by the idea of womanly beauty and femininity characteristics – beauty of a feminine body figure, or beauty of the skin, hair, and breasts. For many of these transgender, beauty is a basic requirement to be seen as complete feminine. For them, beauty is equivalent to self-confidence and constructing beauty means building one's confidence. With the advancement of science and medical technologies, transgender now have easy access to enhancement procedures through the use of chemicals and/or surgical procedures.

Poompruek, Boonmongkon, and Guadamuz (2014) describe the drug injection parties for beauty transformation as "drug party" or "injection party". As transgender do not have the bodily capital that can represent feminine beauty from birth, they have to resort to physical modifications and enhancements. Injections of beauty drugs in this context serve as instant infusions of beauty to these individuals.

Apart from drug injections in the effort to enhance beauty among transgender, hormone use, surgical implants, or silicone injections are also procedures that transgender go for with the intention of transforming beauty. Guadamuz, Wimonsate, Varangrat, Phanuphak, Jommaroeng, McNicholl, Mock, Tappero, and van Griensven (2011) conducted a study on 325 male-to-female transgender around Bangkok, Chiangmai, and Phuket that revealed 88.6% of the respondents reported a history of lifetime hormone use. Of these, 25.9% reported oral consumption of hormones, 24.9% had performed hormone injections, and 49.2% had used both. On the subject of surgical implants or silicone injection, 223 reported of having these procedures, making it a prevalence rate of 68.6%. The study also indicated 11.1% of the respondents reported of having performed penile-vaginal reconstructive surgical procedure.

In the same study by Guadamuz et al. (2011), which also looked into the prevalence of sexually transmitted infections (STIs) among the respondents,it was revealed that 68.0% of the respondents reported of ever having STI. Of these, anal ulcers were reported as the highest prevalence with 59.4%, followed by penile ulcers with 29.1%. Penile warts were reported the least commonwith 2.2%. Within the same study, HIV prevalence rate among transgender in Thailand were found to be 13.5%.

Physical enhancements among the transgender do bring about various health problems such as complications from bodily enhancement procedures, surgical procedures, and/or hormone and silicone usage. Among the complications are inflammation, blockages of the lung by silicone, and skin discoloration. As the substances used are costly and the use of these for body augmentation is prohibited by law, transgender may obtain illegal "underground" procedures where these substances are administered by untrained personnel. In these instances, users are highly exposed to various infectious diseases such as HIV, hepatitis B and C from the unsafe administration of these substances and the sharing of syringes (Guadamuz et al., 2011).

Effective Counselling Interventions for the LGBT Community

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With the various issues taking place within the LGBT community, ranging from psychological to physical, it is necessary that counsellors practicing in a multicultural diversity setting be aware of and be sensitive to these issues in order to provide effective counselling interventions. Understanding these issues will help counsellors in the development of attitudinal awareness, practical knowledge, and psychotherapy skills when working with LGBT clients (Walker & Prince, 2010).

LGBT-affirmative Counselling Course
One of the measures to increase competency in counselling skills among counsellors in terms of LGBT counselling as a category of multicultural diversity is through LGBT-affirmative counselling courses. Bidell (2013) conducted an experimental study on two groups of counsellors. A group of 23 students that participated in the graduate LGBT counselling course were given a pre-test and post-test of the Sexual Orientation Counsellor Competency Scale (SOCCS). To assess the effectiveness of the course, another group of 23 counselling students who did not went through the LGBT counselling course were alsoasked to participate in the SOCCS where this group served as a control group. Upon completion of the LGBT-affirmative counselling course, students who were enrolled into and completed the course showed significant improvementin terms of competency when working with LGBT clients.

Bidell (2013) further explained that the results from his study showed the positive effects an LGBT-affirmative counselling course have on sexual orientation competency and self-efficacy among graduate counselling students. The findings indicated that a course such as the LGBT-affirmative counselling course is able to impact counselling skills of the students significantly in the area of LGBT counselling.

In another study, Owen-Pugh and Baines (2014) explored the level of understanding of trainee counsellors in working with LGBT clients. In this study, 16 novice counsellors went through semi-organized question and answer sessions where they were asked to recollect their experienceswith LGBT clients. The interviews were transcribed and segregated into themes for analysis. This study revealed that participants felt ill-prepared by the counselling skills training they have went through with regard to counselling LGBT clients. This has implicated the need to provide counsellor training focusing on every aspects required for trainee counsellors to explore sexuality and sexual identity issues within the spectrum of counselling LGBT clients.

Awareness of Religious Abuse in LGBT Community
In the navigation of sexual identity formation, LGBT individuals may turn to religion in an effort to better understand their sexual identity. Unfortunately, religious abuse may happen when specific religion views about sexual identity are injected into the individuals by the religious organization. This scenario may occur intentionally or unintentionally such as using threats, compulsion, coercion, condemnation, rejection, or manipulation by the religious group leader. The abuse may have significant psychological impact to the victim by causing shame, guilt, and low self-esteem that may lead to mysticism, depression, chemical and drug use, or self-

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destructive behaviours. When counselling LGBT clients, counsellors need to be aware of misapplication of religious viewsin an effort to help clients not to be victimised by the confusions.

Super and Jacobson (2011) conducted a study on the effects of religious views misapplication on LGBT individuals and concluded that religious organizations that denounce an LGBT individualbased on sexual identity usually inflict negative psychological impact such as pain and stress which may divert the individual away from the religious faith and spirituality. When this happens, three significant components of religiosity are affected – the individual's beliefs, practices of faith, and participation in a faith community. It is imperative that counsellors cultivate the ability to define, identify, and address the issues pertaining to religious abuse when helping individuals within the LGBT community.

Sanabria (2012) provided further explanation on the issues of religion and LGBT sexual identity, that one of the psychological effects that religious abuse has on LGBT individuals is the development of internalized homophobia. Internalized homophobia contributes to negative feelings such as shame, fear, insecurity, anxiety, hatred, and low self-esteem in an LGBT individual. As a consequence, LGBT individuals came to believe that they are conducting immoral behaviours, which have deviated from the pure and sacred teaching of the religion. Religious organizations often relate homosexuality as a lifestyle of personal choice and LGBT individuals are led to believe that they are immoral and left with the perception that they are condemned by the religion.

For counselling interventions to be effective, counsellors working with LGBT individuals can explore their own feelings by drawing the connection between their own religion views on homosexuality and how personal religious beliefs influence their perceptions and attitudes toward LGBT clients. These questions can serve as an agent for the exploration of one's self and the creation of awareness with regards to the issues of religious beliefs and homophobia. Counsellors need to develop a better understanding of religious diversity pertaining to the variations of religious beliefs and affiliations found within the setting of their practice (Sanabria, 2012).

Effective Use of Language in Counselling LGBT Individuals
LGBT clients generally use more counselling services than heterosexual clients in the United States (Ross, Waehler, & Gray, 2013). The effect of various psychological impacts related to the experience of going through stigmatization, whether it is self-stigma or structural stigmatization, could be the contributing factors of the higher usage of counselling services. These resulted in higher chances of counsellors interacting with LGBT clients during their practice. Therefore, it is vital that counsellors place emphasis on building multicultural competency pertaining to LGBT issues. This competency includes language use, as language can be a powerful therapeutic instrument for counselling interventions.

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Language that is inclusive, inviting, and non-judgmental (i.e. using "going through a separation" instead of "going through a divorce") can lead clients reveal their concerns more easily and have an open heart to therapy. In contrary, haughty, and discriminating words will hamper therapeutic goals. Ross, Waehler, and Gray (2013) suggested that inclusive language when used appropriatelyhave affirmativeeffect on counsellor credibility for LGBT clients and an increase in the willingness of disclosure, therefore, using inclusive language may bring effective counselling sessions to LGBT clients.

Ross, Waehler, and Gray (2013) went on to note that clients are more open to the idea of identity disclosure when inclusive language was used in the counselling sessions with LGBT clients. In general, the use of inclusive language is deemed as of paramount importance as clients may not choose to disclose their sexual identityduring the counselling session. In using inclusive language, counsellors create an environment that is filled with openness, which may likely invite clients to openly discuss their sexual identity.

Conclusions

Historically, society in general, and the mental health community in particular, haspathologisedLGBT individuals, groups, and communities. From the substantial amount of literature pertaining to LGBT studies, we believe that struggles within LGBT individuals arise not as a consequence of individual dysfunction, but as a consequence of natural responses to the pressure exerted from the hostile environment that LGBT individualsare living in. In view of this, it is important that the role of counselling be extended beyond the constraint of the counsellors' individual sexual identity, personal values, and perceptions toward LGBT.

Given the extensive amount of issues faced by the LGBT community and the various psychological impacts brought by these issues, training the next generation of counsellors on being resilient alongside focusing on the wellness of the LGBT counselling practice is imperative. These approaches should incorporate developing partnerships with the LGBT community to truly obtain insights and information within the community. A flexible model of counselling practice with LGBT clients must develop such a collaboration to thoroughly understand the important factors contributing to the psychological functioning and well-being of LGBT individuals.

Counsellors are often the first line of support when LGBT individuals facevarious issues brought by the conflict within themselves or from the natural responses from the environment. It is therefore necessary for counsellors to understand fundamental issues in the conflict, potential pressure from the family and society, and be willing to challenge their own beliefs, personal values, and perceptions in order to not project personal biases that will have adverse effect on the clients.

Appendix A

Details of Articles Eligible for Citations

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TAYLOR FRANCIS			
No	Year	Author	Keywords
1	2013	Bidell	LGBT counselling
2	2011	Eliason et al.	Transsexual counselling
3	2011	Eliason, Dibble, & Robertson	Transsexual counselling
4	2010	Evans & Barker	LGBT counselling
5	2013	McNutt &Yakushko	LGBT counselling
6	2013	Mereish, O'Cleirigh, & Bradford	Transsexual counselling
7	2014	Owen-Pugh	LGBT counselling
8	2012	Sanabria	LGBT counselling
9	2015	Skerrett, Kolves, & De Leo	LGBT counselling
10	2011	Super & Jacobson	LGBT counselling
11	2010	Walker & Prince	Transgender counselling
SAGE			
No	Year	Author	Keywords
1	2015	Everett	LGBT counselling
2	2012	Ng, Schweitzer, & Lyons	Transgender counselling
3	2013	Ross, Waehler, & Gray	LGBT counselling
4	2012	Rumens	Transgender counselling
5	2011	Willis	Transgender counselling
ELSEVIER			
No	Year	Author	Keywords
1	2010	Baiocco, D'Alessio, &Laghi	LGBT counselling
2	2012	Baiocco et al.	LGBT counselling
3	2014	Hatzenbuehler et al.	Transgender counselling
4	2015	Hatzenbuehler et al.	Transgender counselling
5	2015	Lytle et al.	LGBT counselling
6	2014	Mason et al.	LGBT counselling
7	2014	Pachinko, Hatzenbuehler, & Starks	LGBT counselling
8	2014	Poompruek, Boonmongkon, &Guadamuz	Transgender counselling
9	2012	Yadavaia& Hayes	LGBT counselling
SPRINGER			
No	Year	Author	Keywords
1	2011	Guadamuz et al.	Transgender counselling
SCIENCE ALERT			
No	Year	Author	Keywords
1	2011	Mediana&SitiAishah Hassan	LGBT counselling

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