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# Integrating Identities for Same-Sex Attracted Clients: Using Developmental Counseling and Therapy to Address Sexual Orientation Conflicts

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**Abstract:**

In recent decades, much of the focus on counseling with same-sex attracted clients has been on affirming their identity as a sexual minority. However, an overuse of gay-affirmative strategies may devalue clients' other multiple, and often conflicting, identities. Developmental counseling and therapy is presented as one approach for counselors that can effectively address sexual orientation conflicts with clients while exploring and valuing the various aspects of clients' selves.

**Keywords:** developmental counseling and therapy | same-sex attraction | sexual orientation | sexual orientation conflict | developmental counseling | constructivist counseling

**Article:**

Until 1973, homosexuality was listed as a mental disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (Garnets, 2007; Sue & Sue, 2003). Almost four decades later, sexual minorities are still being marginalized and discriminated against in American society despite the growing sociopolitical influence of the lesbian, gay, and bisexual (LGB) community (Garnets, 2007). To help counteract the effects of this stigmatization, counselors have emphasized an LGB-affirmative counseling approach to help same-sex-attracted (SSA) clients accept, affirm, and integrate an LGB identity into their lives while coping with prejudice and stigma (Beckstead & Israel, 2007; Greene, 2007; Haldeman, 2004; Miville & Ferguson, 2004). Although critical to the mental health of SSA individuals, the LGB-affirmative approach has sometimes functioned to obscure other important client identities. Some clients may experience sexual orientation conflicts when they feel that their same-sex attractions are at odds with other with aspects of themselves, such as gender, culture, religion, or race. Consideration of multiple,

and often conflicting, identities is essential if the holistic needs of SSA clients are to be fully met.

The mission statement for the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) recognizes that “race, ethnicity, class, gender, sexual orientation, ability, age, spiritual or religious belief system, [and] indigenous heritage” are all important aspects of individuals' identities (Association for Lesbian, Gay, Bisexual, & Transgender Issues in Counseling, n.d., p. 1). Additionally, the American Counseling Association's (ACA) Code of Ethics (American Counseling Association, 2005) states, “counselors do not condone or engage in discrimination based on age, culture disability …” (p. 10) and other factors that contribute to the multiple identities of clients. ALGBTIC's mission statement and ACA's approach to nondiscriminatory counseling both provide support for a gay-affirmative counseling approach and underscore the need for addressing other important identities of the client. These identities may be supportive and enhance processes such as in the development of an LGB identity and coming out as LGB. Conversely, these identities often conflict, complicating the counseling process and negatively affecting LGB clients' sense of selves and well-being (Beckstead & Israel, 2007; Greene, 2007; Haldeman, 2004). Holistic counseling approaches that help clients validate and integrate these multiple and conflicting aspects of identity are needed.

In this article, sexual orientation conflicts are briefly described and examples are provided to demonstrate the complexity of attending to the multiple and interrelated aspects of clients and the difficulty of integrating these facets into one unique self (Beckstead & Israel, 2007; Greene, 2007). Constructivist approaches can help clients explore how they create meaning and address how to integrate their diverse values and experiences into their identity (Ivey, Ivey, Myers, & Sweeney, 2005). Developmental counseling and therapy (DCT: Ivey, Ivey, Myers, & Sweeney, 2005) is one such approach that offers potential for effectively assessing SSA clients and providing interventions for those who are experiencing conflicts between their multiple identities. A case example is provided to illustrate the application of DCT in this context.

## SEXUAL ORIENTATION CONFLICTS AND COMMON COUNSELING ISSUES

While every SSA individual experiences identity conflict at some point during their sexual identity development, some clients encounter more intense conflict based on their identity in other areas of their lives (Beckstead & Israel, 2007; Haldeman, 2004; Miville & Ferguson, 2004; Morrow & Beckstead, 2004). Race or ethnicity, religion, and family all influence one's values and are a few of the aspects of clients that can lead to acute sexual orientation conflict. Examples are readily apparent in the literature and quickly reveal the needs that SSA clients have for exploring their multiple identities.

Racial or ethnic minorities may experience heightened sexual orientation conflict because they may regard embracing a LGB identity as leading them into an environment in which they will experience multiple oppressions (Beckstead & Israel, 2007;Greene, 2007; Grov, Bimbi, Nanín,

& Parsons, 2006; Phellas, 1999). Coping with racial prejudice may require similar strategies for the client (Miville & Ferguson, 2004); however, Szymanski and Meyer (2008) suggested that African American sexual minority clients may experience cumulative effects from multiple oppressions on their psychological distress. For example, many racial or ethnic minority clients face being ostracized by their racial or ethnic group and trying to live as a person of color in a mostly White (and potentially racist) LGB community if they reveal their same-sex attraction. These clients often experience the difficulty of choosing between communities in which only a part of their identity can be expressed or validated (Beckstead & Israel, 2007; Bridges, Selvidge, & Matthews, 2003).

SSA clients from certain religious backgrounds also may experience significant distress around their same-sex attractions. Most American religious organizations either are ambivalent toward or condemning of LGB identities (Dahl & Galliher, 2009; Haldeman, 2004). Dahl and Galliher (2009) found that many LGB young adults did not concurrently experience being LGB and religious, nor did they report high levels of integrating their LGB and religious identities. The implications for not successfully integrating religious identity and SSAs may include the loss of one's religious community, connection with a source of meaning and comfort, or psychological distress if they choose to remain in a religious community that is nonaffirming of SSAs (Haldeman, 2004).

Another example of clients who may experience acute sexual orientation conflicts are those who become aware of same-sex attractions while in married (or committed) opposite-sex relationships. These clients may struggle with the impact their attractions will have on their partners and children and the decision over whether or not they should stay in the marriage (Beckstead & Israel, 2007; Haldeman, 2004; Miville & Ferguson, 2004). Again, clients may feel forced to choose between their loyalty to their family and spouse and affirming their SSAs. Should a married couple separate due to one's SSAs, child custody issues are a paramount concern as most government institutions (e.g., courts, adoption agencies, schools, etc.) operate with a heterosexist bias (see Dew & Myers, 2000).

These examples demonstrate the complexity of identity issues encountered in working with LGB clients. There may be times when it is more adaptive for clients to choose to honor a family, religious, cultural, or other identity over their SSA identity because of the meaning that these other aspects hold in their lives (Greene, 2007). Thus, clients' desires to repress SSA tendencies should not automatically be considered unhealthy by the counselor.

If clients cannot find a way to assimilate their multiple identities in a way that is presently adaptive (e.g., as in conversion therapy when an aspect of clients' selves is not integrated but “changed”), then SSA clients may become disposed to depression, anxiety, suicide, substance abuse, intimacy issues, or other mental health disorders as a result (Greene, 2007; Lemoire & Chen, 2005). Clearly, counselors risk overlooking or devaluing the other facets of clients' identities that are contributing to sexual orientation conflicts when using only a LGB-affirmative

counseling approach rather than holistic counseling methods (American Counseling Association, 2005; Haldeman, 2004; Miville & Ferguson, 2004). Additional strategies are needed to help clients choose which identities are more central to their existence and integrate these identities into congruent selves (Green, 1998; Haldeman, 2004; Miville & Ferguson, 2004; Morrow & Beckstead, 2004). Developmental counseling and therapy, which incorporates multiple ways of helping clients view their presenting issues, is one such approach.

## DEVELOPMENTAL COUNSELING AND THERAPY: AN OVERVIEW

Developmental counseling and therapy (Ivey et al., 2005) is a developmental constructivistic theory that grew out of Piaget's (1952) theories of child development, lifespan theory (e.g., Erickson, 1963; Schlossberg & Kay, 2002), attachment theory (e.g., Bowlby, 1969), multicultural counseling and therapy (e.g., Sue & Sue, 2003), and wellness theory (e.g.,Adler, 1954; Myers & Sweeney, 2005, 2008). DCT offers counselors an approach to understand how clients make sense of their experiences, to find if clients have any blocks in cognitive developmental functioning, and to intentionally select interventions that can help clients make new meaning of their experiences in order to move forward in their lives (Cashwell, Myers, & Shurts, 2004; Ivey et al., 2005). The DCT model has been applied to different populations and issues, including children (Myers, Shoffner, & Briggs, 2002), families (Chang, 2002), school counselors (Clemens, 2007), clients with various mental health diagnoses (Ivey et al., 2005), spirituality (Cashwell et al., 2004), and gay and lesbian identity development (Marszalek & Cashwell, 1999). A brief overview of cognitive developmental styles and DCT assessment and intervention offers a start to help counselors begin to understand how to enact this process with clients.

### Assessing Cognitive Developmental Styles

DCT involves identifying clients' primary cognitive developmental style and any developmental blocks that may be occurring around specific issues. There are four cognitive developmental styles that parallel the four stages of Piaget's (1952) theory of child development: sensorimotor, concrete, formal, and dialectic/systemic (Myers, 1998; Ivey et al., 2005). These styles are cyclical, and most clients possess the ability to operate in any one of the styles, although clients typically have a preferred style that they use to process most of their life experiences. Sensorimotor functioning is classified by the experience of feelings in the here and now and the physical embedment of those feelings in the body. The concrete style is shown through linear, detailed descriptions of events or issues. Clients at the late concrete style will exhibit causal, or if/then, reasoning. At the formal style is the ability to think abstractly. Clients can see their patterns of feelings and behavior and may be able to talk about themselves from the perspective of others. The dialectic/systemic style is exhibited by clients who can take multiple perspectives and are aware of how they are affected by systems (family, institutions, culture, etc.), the environment, and the interaction of multiple systems (Myers, 1998; Cashwell et al., 2004; Ivey et al., 2005).

The dialectic/systemic style is particularly complex, and most people do not experience their worlds from this style. Piaget (1952) and Ivey (2000) proposed that only around 75% of the population will reach full formal operational thinking. Therefore, approximately 25% or more of adult clients may not be able to engage in systemic thinking (Myers, 1998). Additionally, systemic thinking is often not reached until late adolescence/early adulthood, and thus younger clients may not be developmentally able to process their experience in this style (Ivey et al., 2005). Persons who cope with problems of multiple identities and multiple identity conflicts are typically dealing with issues in the dialectic/systemic style.

Ivey and colleagues (2005) described cognitive developmental styles as being situation-specific. For example, a client may have a preferred style of formal when interacting at work or with other adults but prefers a concrete style when at home interacting with her children. When clients are unable to process an issue or an event in one or more styles, they are considered to be experiencing a developmental block, which is defined as a block in functioning in relation to that particular issue.

**Identifying and Addressing Developmental Blocks**

In addition to presenting a primary cognitive style, clients also may exhibit developmental blocks around certain issues in one to all four styles, and an important part of the DCT assessment process is to identify these blocks to be targeted in counseling (Myers, 1998; Ivey et al., 2005). Clients with sensorimotor blocks may be unable to experience their feelings and/or to locate these feelings in their body. Another type of sensorimotor block is when clients become so overwhelmed by their feelings that they are unable to reflect on their emotions and cope with them effectively. Clients experiencing concrete blocks may not be able to give a detailed, linear description of an event, or may be able to give many detailed stories that relate to their presenting issue but are unable to engage in causal, if/then thinking (e.g., “If I get mad, then my friends turn away from me.”). Clients who have formal blocks are unable to see patterns in their feelings or behavior, or they may become so caught up in reflecting on themselves and their patterns that they fail to take action or think about others. Last, clients who are blocked in the dialectic/systemic style may not be able to see themselves in multiple systems or how systems (and/or the interaction of systems) affect themselves, their feelings, and their behaviors (Cashwell et al., 2004; Ivey et al., 2005; Myers, 1998).

From the DCT perspective, the counselor's job is to facilitate the process of overcoming developmental blocks with clients in order to help clients process their issue in a different manner, which can lead to the co-construction of new solutions to the issue (Cashwell et al., 2004; Ivey et al., 2005; Myers, 1998). Counseling intervention plans are developed to facilitate the removal of blocks by intentionally using interventions that either match or mismatch with the blocked style (Ivey, 2000; Ivey et al., 2005). For example, clients with sensorimotor blocks can benefit from Gestalt exercises, relaxation techniques, or other techniques that involve emotions and the body. Concrete blocks can be addressed through solution-focused therapy, problem

solving, life skills training, and other behavioral interventions. Cognitive therapy, existential approaches, or person-centered approaches would be appropriate for clients with formal blocks to help clients recognize and reflect on themselves and their patterns. Finally, dialectic/systemic blocks can be addressed through multicultural or systemic approaches (Cashwell et al., 2004; Ivey, 2000; Ivey et al., 2005). The selection of interventions are based on information gathered by the counselor during the assessment phase of the DCT process, and these interventions can quickly move clients to process their issues in the style they are blocked in, thus enabling change and movement on that issue (Ivey et al., 2005; Myers, 1998).

It is also important for counselors to recognize their own cognitive style preferences in order to implement counseling intervention plans effectively. Barrio and Myers (2008) explored differences in counselor intervention style preferences and observed that counselors who are unaware of their own cognitive styles may inadvertently fail to meet the needs of their clients. This is especially important when conducting a developmental assessment interview, as counselors who are unaware of their own preferences and blocks may fail to allow the client to fully experience their issues from the multiple perspectives involved in the DCT process.

## THE DCT INTERVIEW: ASSESSING COGNITIVE STYLES AND DEVELOPMENTAL BLOCKS

The first step in the DCT assessment process is to have clients reflect on their presenting issue and create an image of a time or situation when this issue was a concern (Cashwell et al., 2004; Ivey, 2000; Ivey et al., 2005; Myers, 1998). For this discussion, the focus is on the presenting issue of sexual orientation conflicts. To begin the DCT assessment process, the client would be asked to think about a particular experience of sexual orientation conflict and begin to reexperience this image in the interview session.

Counselors help clients explore the image in the here and now by asking the clients four questions: What are you seeing? What are you hearing? What are you feeling? Can you locate that feeling in your body? Description of clients' images are summarized in the present tense using the clients' words. The fourth question (Can you locate that feeling in your body?) should not be asked until the counselor assesses that clients are experiencing the image and the feelings connected with that image in the here and now. This sensorimotor questioning process sets up the rest of the DCT interview for clients to explore other instances in which they felt the same way, investigate their patterns based on these experiences, understand where these emotions came from, and then begin to discover ways these feelings might be changed, if desired, into a more adaptive style of experiencing their world (Cashwell et al., 2004; Ivey et al., 2005; Myers, 1998).

The sensorimotor portion of the interview also sets the stage for SSA clients to begin exploring their feelings associated with sexual orientation conflicts in a positive manner. This part of the interview allows clients to reexperience a time when their sexual orientation conflicts were an

issue in the present moment, which can quickly get clients in touch with the core feelings underlying the conflict. Powerful emotions, such as fear, shame, and guilt, can often contribute to and/or result from the conflict (Haldeman, 2004; Lemoire & Chen, 2005). The embedding of these intense emotions are requisite to the rest of the DCT interview process, which is designed to help clients deconstruct the guiding logic (in the form of "rules") that is contributing to their underlying emotions and then come to new conclusions that can result in different, more positive responses (Ivey et al., 2005).

The next part of the DCT interview is to have clients pick another time when they experienced the same embedded feeling that arose during the sensorimotor section (Ivey et al., 2005; Myers, 1998). The counselor then asks questions that help the client process this second example in a concrete manner with a focus on the detail and linear sequence of the events with the goal of helping clients explore how their feelings, thoughts, or behaviors may have been precipitated by an antecedent and then how their reactions (feelings, thoughts, behaviors) to the antecedent led to certain outcomes (if/then thinking). Counselors then guide clients into the formal part of the interview by summarizing the examples from the sensorimotor and concrete portions and asking the client to identify and explore similarities and patterns in their feelings, thoughts, and behaviors. The last section of the interview is the dialectic/systemic portion, in which clients are asked to step outside of their own experiences and look at their experience from others points of view as well as the impact of psychosocial factors on their reactions (Cashwell et al., 2004;Ivey et al., 2005; Myers, 1998).

When used effectively, the DCT interview gives counselors a structure to help clients process their conflicts in a validating manner that does not place values on any aspect of clients' identities. This also sets up a process in which clients can investigate the meaning assigned and/or associated with their SSA identity as well as their other salient identities (e.g., gender, ethnic, religious, etc.). As clients move through the DCT interview, they have the opportunity to process their conflicts in the different cognitive styles, a process that may not naturally occur without the prompting questions from the DCT assessment. This processing can lead clients to greater self-awareness and begins to move clients toward reaching their newer and more personalized conclusions about their sexual orientation conflict (aids clients in making decisions about which aspects of themselves presently take precedence over others).

## INTERVENTIONS FOR DEVELOPMENTAL BLOCKS

Counselors are likely to encounter clients with developmental blocks present. Ivey and colleagues (2005) identified interventions that correlate with each of the cognitive styles to help clients overcome blocks that are present and learn to process their issues in all four styles.

### Sensorimotor Blocks

For SSA clients with a sensorimotor block, methods that help clients cope with the intense feelings brought about by a sexual orientation conflict can be valuable. These methods include

relaxation training, meditation, and breathing exercises. SSA clients with a sensorimotor block may also benefit from Gestalt approaches, such as the two-chairs technique, to help them address inner conflicts between opposing identities (Ivey et al., 2005).

### Concrete Blocks

If a client with SSA conflicts has a concrete block, approaches that analyze the logic surrounding the sexual orientation conflict, such as rational emotive behavior therapy (REBT) approaches (e.g., the “ABCDE” model) or interventions that outline the impact of thoughts, emotions, behaviors, and actions on one another, may prove beneficial. Additionally, clients experiencing a sexual orientation conflict may feel pressure to accept or not accept their SSA due to outside prescriptions related to their other identities (Beckstead & Israel, 2007), and so reality therapy approaches that emphasize personal responsibility and choices can help to empower clients who have concrete blocks. Last, clients experiencing a sexual orientation conflict with concrete blocks may profit from learning decision-making skills to help them choose which identities take precedence over others in various contexts.

### Formal Blocks

SSA clients also may have blocks in the formal cognitive style. Counselors may find that clients hold cognitive distortions related to their SSA when they reflect on themselves and their patterns, and thus cognitive interventions can challenge any of a client's ingrained negative beliefs. Cognitive interventions can include thought stopping and/or diversion when clients think negative thoughts about themselves, challenging the validity of cognitions or disputing irrational beliefs through REBT and changing negative cognitions through imagery, affirmations, and/or self-talk (Seligman, 2006). Moreover, existential exploration may help SSA clients with formal blocks (Ivey et al., 2005) to reflect on the meaning that they attach to their various identities.

### Dialectic/Systemic Blocks

Last, clients with SSA conflicts are particularly likely to have blocks at the dialectic level for the presenting issue of sexual orientation conflicts because they may not have fully explored the impact of multiple systemic influences on how they view a SSA identity. Clients may be reluctant to challenge their “rules” and their origins around SSA identities due to the ingrained nature of the morals and values that are causing conflict within clients (Beckstead & Israel, 2007; Haldeman, 2004; Miville & Ferguson, 2004). If clients are actively trying to repress their same-sex attractions, then it is also likely that clients have not explored what it means to be LGB or a part of the LGB community. Exploration of their sexual minority status can be beneficial for clients to challenge long-standing beliefs about what it means to be LGB, which can aid in clients' decisions about how they want to shape their identities in regard to their same-sex attractions (Haldeman, 2004). Also, existential therapy may be useful to help clients let go of any angst related to not being able to control the negative views of SSA that may be held by their

religion, family, ethnic group, or others, and to explore how their need to belong may compel them toward prioritizing one identify over another.

### Other Considerations

Counselors should keep in mind that approximately 25% (Ivey, 2000; Piaget, 1952) of the adult population may not be able to process in the dialectic/systemic style. When working with those clients who cannot work in this style, counselors may need to take a different approach in helping clients deal with sexual orientation conflicts. Counselors may need to choose other interventions based on clients' preferred styles. Some interventions that would be applicable to these clients are teaching coping skills to help clients deal with anxiety or other emotions raised by their conflicts (Lemoire & Chen, 2005), teaching decision-making skills to aid clients in processing and making good decisions about their conflicts (e.g., whether they “come out” or not based on their environment; Beckstead & Israel, 2007), and using cognitive questioning styles to challenge clients' cognitive distortions or irrational beliefs attached to their SSA identity (Cashwell et al., 2004; Ivey et al., 2005). Clients who cannot achieve dialectic thinking may not be able to as fully integrate multiple aspects of themselves as clients who can process in this style; however, counselors can still be helpful to these clients by helping them process and cope with their conflicts in alternate ways.

The ultimate goal of the DCT process with clients who have sexual orientation conflicts is to empower clients to achieve congruence between their conflicting identities instead of compartmentalizing, repressing, or acting out their experiences in an unhealthy manner (Beckstead & Israel, 2007; Haldeman, 2004; Miville & Ferguson, 2004). By the end of their counseling, clients may still desire to stifle their same-sex attractions; however, clients can come to accept and integrate these attractions, and the struggles they create, as a part of themselves. Clients may reach a resolution that currently works for them by the end of therapy, but these clients will probably struggle with conflicting identities throughout their lives and may need to reevaluate and come to new conclusions about themselves as they grow older (Haldeman, 2004; Miville & Ferguson, 2004). Although these clients may present to therapy again as new challenges arise, another goal of therapy that DCT can help clients to achieve is for clients to be able to better cope with future conflicts and negotiate new integrations on their own.

## CASE EXAMPLE OF A CLIENT EXPERIENCING SEXUAL ORIENTATION CONFLICT

The developmental assessment interview and counseling intervention planning based on this interview is described in this section in relation to a sexual minority client who presents with multiple identity conflicts. We chose to create a composite client to protect the identity of individual clients while demonstrating common presenting issues. Following a description of the client, the DCT assessment interview process, counseling intervention planning, and counseling process are described.

**Description of the SSA Client**

Maria is 23-year-old Latina female who recently graduated from college and worked as a high school teacher at the time of counseling. Maria came from a strong Catholic family whom she described as “very conservative” and “close-knit.” Maria attended the same church throughout her life until she moved away to college, and still attended when she was home because the parish was “like a larger family” to her.

Upon entering counseling, Maria stated that she has been feeling attraction to females since early high school but grew up believing that being gay was sinful and “an abomination.” She had dated only boys up to this point despite her sexual and emotional attraction to other females. In high school and college she casually dated many boys, but she would usually end the relationships before they became sexual because she “just didn't have any desire to be with them after a certain point.”

Once Maria became a teacher, she was surrounded by more women and dealt with desires toward them “on a daily basis.” Maria was worried that if she ever acted on her attractions, whether inside or outside of the school, then she might face discrimination at work or the possibility of losing her job. She was most concerned about being ostracized by her family or her parish if she revealed her same-sex attractions. Additionally, Maria felt she would be defying her Latina cultural customs if she ever acted on her same-sex attractions. She discussed how she had been taught to obey her parents, particularly her father, and to not flaunt her sexuality (Bridges, Selvidge, & Matthews, 2003). If she chose to enter into a relationship with a woman, she would be blatantly disregarding her family's wishes for her to marry a man. Maria also felt that her actions would be interpreted as exhibiting her sexuality, which would be seen as disdainfulness toward the Latino men in her community (Bridges et al., 2003).

Among Maria's stated presenting concerns was her wish to “get rid of these desires for women” because she believed her attractions were “immoral and wrong” according to her religious orientation. Moreover, her attractions went against the traditions of her family and cultural community, which were to “be married and have children in the next few years.” Maria felt she had failed to get rid of these attractions on her own and thus wanted the counselor's help to be “like a normal woman” who desired men emotionally and sexually and who was only attracted to females in the social aspect of friendship. Maria also stated that she wanted to find venues to meet more men so that she could go back to her habit of dating guys in order to contain her desires for women.

As part of the informed consent process, the counselor made it clear to Maria that conversion therapy is considered an unethical practice as it may cause severe harm to clients (Whitman, Glosoff, Kocet, & Tarvydas, 2006). The counselor explained the DCT approach to Maria and suggested that counseling using this approach may help her gain insight into her sexual orientation conflicts. The goal of counseling would not be to “correct” or erase Maria's same-sex

attractions; rather, the aim would be to help Maria cope more effectively with the dissonance between her cultural and religious identity and same-sex attractions. The counselor also discussed with Maria how her decisions to act or not act on her same-sex attractions may fluctuate over time. Part of the counseling process would include Maria developing a clear understanding of how the choices she makes during counseling may impact her and any relationships she builds, should she change her mind in the future. After this discussion of informed consent, Maria agreed to the counseling process and the goal of better managing her sexual orientation conflict.

**The DCT Interview: Assessing How Clients Processes Their Issues in Each of Four Cognitive Styles**

After a few counseling sessions that allowed the counselor to build rapport, the counselor began the DCT interview process with Maria, focusing on her presenting goal to resolve her inner conflict related to her SSA. The counselor asked Maria to come up with an image of a particular time when feeling conflicted over her SSA. After establishing the image and describing the scene using present-tense language, Maria gave an example of seeing two men holding hands while on vacation with her family when she was 17. Maria's parents "tsk-ed and shook their heads" upon seeing the two men, and Maria heard her father mutter under his breath the word "abomination."

Once the image was described, the counselor asked Maria what she was feeling in the moment as she recounted the image. Maria said "ashamed" because she had felt sexual desire toward a few girls from her school. Upon facilitation of the counselor, Maria described the physical experience and the location of the feeling of "shame" as a hot, flushed face and also an intense reaction in her gut to the point that she felt as if she "might lose her lunch."

As the interview proceeded into the concrete processing portion, Maria gave another example of feeling ashamed when she was dating a boy who she thought was the "perfect boyfriend" yet she did not feel physical attraction toward him. She was able to describe the dating situation and her feelings in a linear manner with many details. She also was able to engage in late concrete thinking, through which she explained that she did not feel emotionally or physically attracted to her ex-boyfriends, and as a consequence she felt guilty.

During the formal questioning section, Maria identified a pattern of feeling ashamed whenever she felt desirous toward another woman. She also felt guilty when she was not attracted to men "that other women would love to date." She typically dealt with these feelings by repressing them and choosing to be alone. She was easily able to identify these patterns and seemed most comfortable talking in formal terms as opposed to either the sensorimotor or concrete styles.

In the dialectic/systemic phase of the process, Maria was able to identify the rule by which she was operating. She had some difficulty challenging this rule, understanding that she had learned the rule from her family of origin and faith tradition and that there were other people who had different rules or perspectives about the same issues. She was able to define her rule as: "Same-

sex attractions are deviant and amoral, and therefore any good daughter or Catholic should be able to repress those desires." She felt strongly that the perspectives of her family were more important than her own wishes and desires (Bridges et al., 2003). She was selective in choosing the other perspectives in this situation and had not taken steps to establish a support network of LGB-affirmative friends and acquaintances.

Essentially, Maria felt as if she was a "bad person" for even struggling with her sexual desires for women. As the counselor began the counseling intervention process and helped Maria deconstruct her rule, Maria came to the conclusion that her rule is protecting certain parts (familial, racial, religious) of her identity but at the expense of rejecting another essential part of herself (her same-sex attractions). Maria gained insights through the DCT interview that would be used during counseling to help her meet her goal of "coping with her desires."

**The Counseling Intervention Plan and Counseling Process**

Maria was able to discuss her issue from the perspective of all four cognitive developmental styles. From the DCT perspective, we would conclude that she is not experiencing developmental blocks in the sensorimotor, concrete, or formal styles. However, she did have blocks in the dialectic/systemic style, as she was not accepting of her own feelings, was unable to integrate her multiple identities, and was blocked in her ability to separate her sense of self from the admonitions and views of others. She was also selective in choosing the "others" (her family) to whom she responded and was unable to integrate her multiple identities due to lack of support and encouragement to change.

As Maria continued counseling, the counselor paid particular attention to challenging Maria's belief she that was a "bad person" because she had internal struggles over sexual attraction. Maria began using thought stopping and diversion techniques whenever she caught herself having negative thoughts about herself, and she also started using positive self-talk and affirmations to replace her irrational beliefs. These interventions were a good match for her formal operational cognitive style. As seen from the assessment interview, she was well able to identify and explain her patterns, and as a consequence she was comfortable working in this style to modify and change those patterns.

As Maria became more comfortable challenging her patterns, it became easier to help her explore her situation from other perspectives, such as how her friends in her church have their own conflicts over sexual behavior with men. The counselor provided literature and an affirming connection in the lesbian community for Maria to explore her same-sex attractions in a validating manner. Maria was referred to a faith-based LGB support group to help her more fully explore and integrate the meaning of her identities as a woman, lesbian, and spiritual being. Maria eventually began to accept her struggle with same-sex attractions as a piece of herself, but she was still unwilling to allow herself to act on her attractions to women because of her familial and religious values. Maria stated that she "loved and respected" her family, parish, and racial

community, and that she “had too much to lose” by revealing her same-sex attractions. Additionally, Maria stated that she already had many barriers to overcome by being Latina and female in society without adding an additional minority status to her identity. By the end of counseling, Maria had decided that her familial, racial, and spiritual identity took precedence over her SSA identity and thus would keep working on ways to stifle her SSA desires just as she “would work to repress a desire to sleep with a man before marriage.” Moreover, Maria learned how to challenge her negative thinking patterns related to her SSA and reported decreases in the occurrence and intensity of feeling ashamed as she began to view herself in a more positive light. Since Maria stopped berating herself for her sexual orientation conflicts and accepted this internal struggle as a part of herself, her multiple identities became more integrated with increased integrity. She left counseling no longer feeling “constantly ashamed” of herself, with an invitation to return should she ever decide to revisit this aspect of herself or find her current coping strategies ineffective.

## CONCLUSION

Counselors must balance being affirming of a SSA identity with respect for all other identity aspects or social roles of their clients, particularly when these roles or aspects conflict with a SSA identity. Counselors are bound ethically to value all parts of clients, and this can be a difficult task when some pieces of clients' identities are in conflict with one another. The DCT model offers a framework for counselors to help clients explore sexual orientation conflicts while being affirming of all parts of clients, and it gives counselors a guide to help clients come to resolve their conflicts and become a more fully integrated and congruent person.

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