

Roberts, Shane and Cole, Fiona (2016) Disclosure of lesbian, gay and bisexual identity, what do we need to know? In: College of Occupational Therapists 40th annual conference and exhibition, 28-30 June 2016, Harrogate, UK. (Unpublished)

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What is Disclosure or “Coming Out”?

- A Continual life long process of self-identification and expression of a Lesbian, Gay and/or Bisexual (LGB) sexual identity (Ryan, Legate and Weinstein, 2015)
 - Continuous
 - Lifelong
 - Self-identification
 - Expression
 - Sexual Identity
- An important part of identity development with long standing implications (Durso and Meyer, 2013)

Rationale



Rationale: Why Lesbian, Gay and Bisexual?

- This research focused purely on Lesbian Gay and Bisexual
- Research identifies Sexual identity and Gender identity have differing processes, experiences and impacts of disclosure (Law et al, 2011).
- Personal experiences illustrated little understanding amongst healthcare professionals regarding LGB disclosure and the impacts and reasons for LGB specific knowledge base.

Rationale: Literature background

- Couldrick (2005) – sexual identity, debate with Kielhofner, but has impacts on occupational identity and performance.
 - Kielhofner –not OT as purely biophysical need
 - Couldrick identified impacts on clients identity, health and wellbeing
- Ryan, Legate and Weinstein (2015) – to disclose or not to? A Paradox - positive and negative experiences impacting on health and wellbeing
 - Positive – greater mental and physical wellbeing, satisfaction and increased performance in activities and vocations (Pachankis and Goldfried, 2010)
 - Non-disclosure – negative impacts of prolonged distress whilst short-term self-protection through concealment (Pachankis and Goldfried, 2010)
- AOTA (2013) has guidance on incorporating sexuality in OT practice, but no such guidance available in the UK aside from equality and diversity

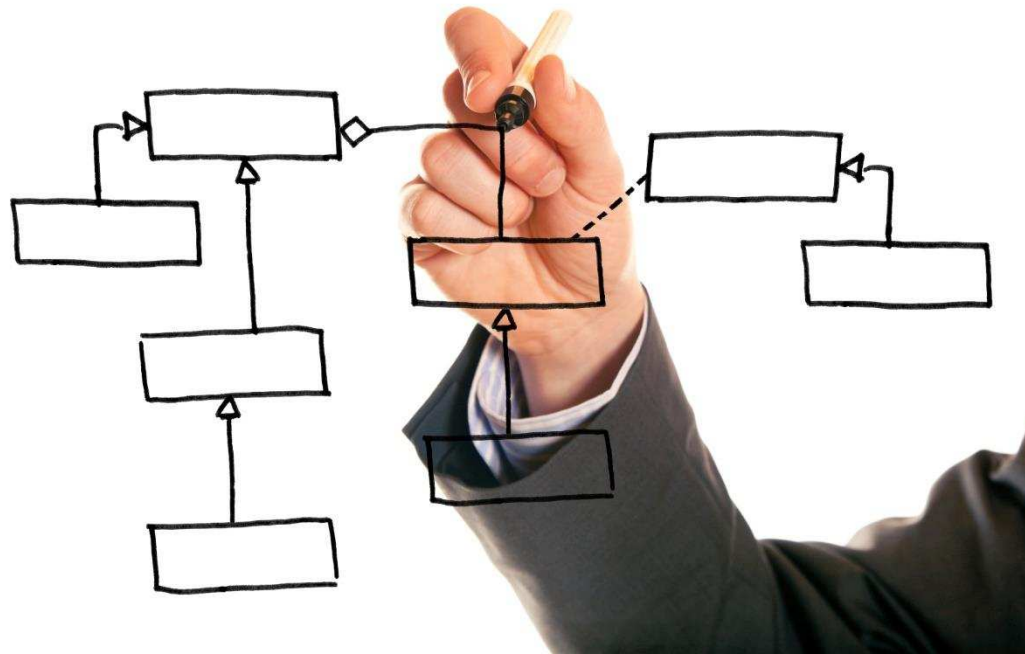
Rationale: Literature background

- Heterosexism – the fostering of a culture favouring heterosexual values, relationships and identity, diminishing homosexuality (Twinley, 2014)
 - A contributory factor to repression and non-disclosure increasing secretive sexually compulsive behaviours – Chaney, Burns and Wortham (2015)
 - Non disclosure can lead to isolation, loneliness and a lack of community can perpetuate confusion and lead to marginalisation.
 - The resulting Occupational injustice reinforces detrimental impacts on LGB identity through barriers of engagement resulting from heterosexism (Twinley 2014; Chaney Burns-Wortham 2015).

Rationale: Literature background

- Disclosure is identified as a meaningful need (Durso and Meyer, 2013)
 - Heterosexism inhibits disclosure via;
 - environment, values and opportunities to disclose
 - Facilitation of disclosure increases cultural competency and client interaction with healthcare providers.
- OT utilises meaningful occupations to meet client needs; considering the person, environment and their occupations (Duncan, 2011)
 - Where LGB disclosure is a need of a client, it is arguably within OT's remit.
- OT currently lacks the LGB evidence base to provide evidence based intervention plans, which is encouraged (COT, 2015)

Method



- Literature review conducted using guidance by Aveyard (2014)



- 4 major databases: IngentaConnect, Sage, Google Scholar and QUEST

- Search Terms:

Lesbian, Gay, Bisexual, Homosexual OR Homosexuality, queer, sexuality, sexual orientation NOT Transgender, NOT Gender. NOT trans, NOT transsexual.

Requisite Terms: *Coming Out, OR Disclosure*

- Selected subject areas to filter results in QUEST

- CASP (Singh, 2013) was used.
- Thematic analysis
 - Data Extraction table
 - Major themes highlighted
 - Common terms and phrases highlighted
 - Findings checked and re-checked for accuracy
- Bias and Reflexivity:
 - Reflective practice
 - Critical Discussions in researcher supervision with second Author

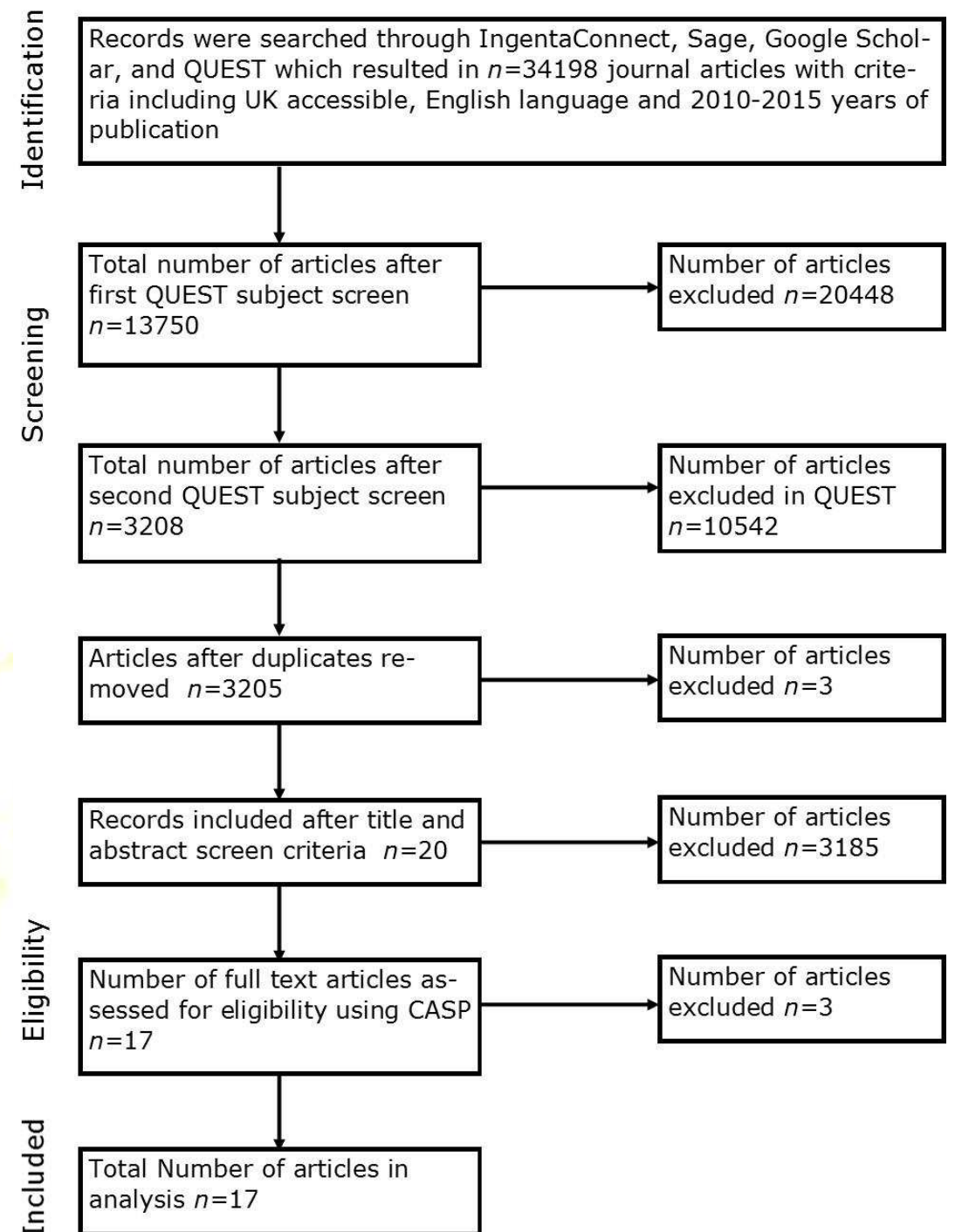


Figure 1. A PRISMA Diagram of the search strategy utilised (adapted from Moher et al, 2009)

Findings



Numerical

- 17 papers were included in the review published over 2010- 2015
 - 5 Published in the UK
 - 9 Published in the USA
 - 1 in Australia
 - 1 in Malaysia
 - 1 in South Africa
- Research type:
 - 8 papers – interview studies
 - 3 papers – survey studies
 - 2 papers – literature discussions
 - 1 paper – questionnaire study
 - 1 paper – poetic enquiry study

Themes

1. Disclosure and Non-disclosure, may have negative and positive health and wellbeing implications.
2. Support systems, perceptions, fear and expectations impact LGB identity and the disclosure process; both positively and negatively with implications on health, wellbeing and occupation.
3. Disclosure is viewed as a process with several stages, individuals may experience this to impact identity where both disclosure and repression occurs.
4. Demographical factors such as age, religion, culture, ethnicity and social economic status have impacts on individual disclosure/non-disclosure.
5. Occupation and activity based impacts emerged as a result of both positive and negative disclosure experiences.
6. Heterosexism and Homophobia were commonly experienced which had implications on individuals' occupations, health and wellbeing through disclosure and non-disclosure.

Implications:

- Implications for OT Education
- Implications for OT Practice
- Implications for OT Research

Conclusions

- Disclosure research is lacking in the fields of OT and OS literature
- OT's philosophical underpinnings of holistic and client-centred practice need to be further met by LGB disclosure research.
- Further education and research is necessary in OT for evidence based practice to enable effective assessment, intervention and outcomes for LGB clientele.
- Further specific research is required to identify more specific the meanings behind LGB specific occupations

References



- American Occupational Therapy Association (2013) Sexuality and the Role of Occupational therapy, Available at: <http://www.aota.org/about-occupational-therapy/professionals/rdp/sexuality.aspx>, (Accessed 09 May 2015)
- Aveyard H. (2014) Doing a literature review in health and social care: McGraw-Hill Education (UK).
- Bauernschmidt T. (2014) Gay, Lesbian, and Bisexual Students: A School Nurse's Perspective. *Journal of Student Nursing Research* 4: 2 1-4.
- Chaney MP and Burns-Wortham CM. (2015) Examining Coming Out, Loneliness, and Self-esteem as Predictors of Sexual Compulsivity in Gay and Bisexual Men. *Sexual Addiction & Compulsivity* 22:1 71-88. DOI: 10.1080/10720162.2014.1001543
- College of Occupational Therapists (COT) (2015). Code of Ethics and Professional Conduct.
- Couldrick L. (2005) Sexual expression and occupational therapy. *The British Journal of Occupational Therapy* 68:7 315-318. DOI: 10.1177/030802260506800705
- Duncan, E. A. (Ed.). (2011). *Foundations for practice in occupational therapy*. Elsevier Health Sciences. Chicago
- Durso LE and Meyer IH. (2013) Patterns and Predictors of Disclosure of Sexual Orientation to Healthcare Providers among Lesbians, Gay Men, and Bisexuals. *Sexuality Research and Social Policy* 10: 35-42. DOI: 10.1007/s13178-012-0105- 2
- Law CL, Martinez LR, Ruggs EN, et al. (2011) Transparency in the workplace: How the experiences of transsexual employees can be improved. *Journal of Vocational Behavior* 79:3 710-723. DOI: 10.1016/j.jvb.2011.03.018
- Moher D, Liberati A, Tetzlaff J and Altman DG (2009) Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Annals of internal medicine* 151:4 264-269. DOI 10.7326/0003-4819-151-4-200908180-00135
- Pachankis J and Goldfried M (2010) Expressive writing for gay-related stress: Psychosocial benefits and mechanisms underlying improvement. *Journal of Consulting and Clinical Psychology*, 78:1 98–110, DOI: 10.1037/a0017580
- Ryan WS, Legate N and Weinstein N. (2015) Coming Out as Lesbian, Gay, or Bisexual: The Lasting Impact of Initial Disclosure Experiences. *Self and Identity*: (ahead of print) 1-21. DOI: 10.1080/15298868.2015.1029516
- Singh J. (2013) Critical appraisal skills programme. *Journal of Pharmacology and Pharmacotherapeutics* 4:1 76-77
- Twinley, R. (2014). Sexual orientation and occupation: some issues to consider when needs. *The British Journal of Occupational Therapy*, 77:12 623-625 DOI: 10.4276/030802214X14176260335381.
- UK Equality Strategy (2010) Building a Fairer Britain, Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/85299/equality-strategy.pdf (Accessed: 13th February 2015)

Questions

