



# **Cleaning the Closet: Reframing Coming Out as Identity Management**

**Laurie Bonjo, PhD**

**Cody Helgesen, LPC**

**Serginho Walker, LPC-A**

**Southern Connecticut State University**

# Learning Objectives

Understand how oppression and stigma relate to the mental health of LGBTGEQAIP2S+ individuals.

Apply an intersectional lens to mental health issues faced by individuals who identify as queer/LGBTGEQAIP2S+. Be aware of how members of the LGBTGEQAIP2S+ community frequently need to regulate the degree to which they show up as their authentic selves to protect themselves.

Leverage this process in ways that replace shame with valuing the self. Incorporate the concept of identity management into clinical and scholarly language.



# Learning Objectives

Understand how oppression and stigma relate to the mental health of LGBTGEQAIP2S+ individuals.

Apply an intersectional lens to mental health issues faced by individuals who identify as LGBTGEQAIP2S+. Be aware of how members of the LGBTGEQAIP2S+ community frequently need to regulate the degree to which they show up as their authentic selves to protect themselves.

Leverage this process in ways that replace shame with valuing the self. Incorporate the concept of identity management into clinical and scholarly language.





# External Stressors Experienced by LGBTGEQAIP2S+ Folk

**Oppression and Stigma:** Queer people experience queer-specific stressors **IN ADDITION TO** experiencing the same stressors as their cis het peers. This collection of examples is neither comprehensive nor exhaustive.



INDIVIDUAL

SYSTEMIC

INTERPERSONAL

## INDIVIDUAL

A *person's* beliefs & actions that serve to perpetuate oppression

- conscious *and* unconscious
- externalized *and* internalized

The *interactions* between people —both within and across difference

## INSTITUTIONAL

Policies and practices at the *organization* (or “sector”) level that perpetuate oppression

## STRUCTURAL

How these effects interact and accumulate *across institutions* —and across history

Chart 1:  
Percent of LGBTQ Americans Saying They or an LGBTQ Friend or Family  
Member Have Experienced Various Forms of Individual Discrimination  
Because They Are LGBTQ

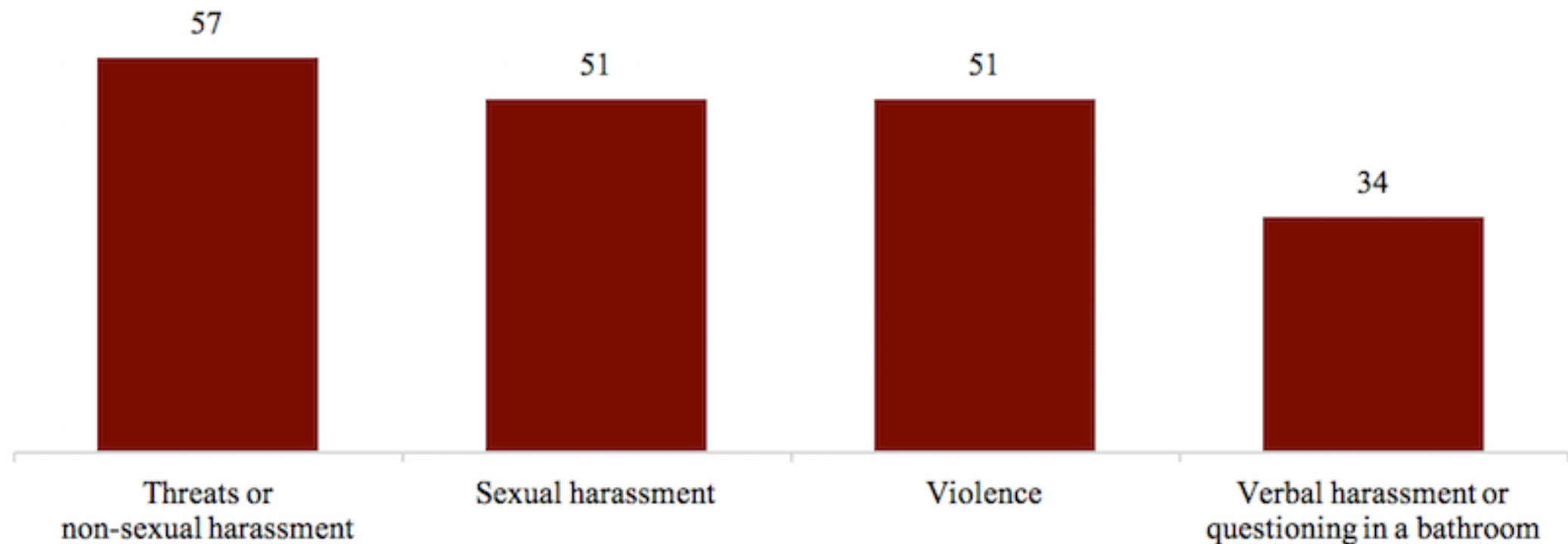


Chart 2:  
Percent of LGBTQ Americans Saying They Have Personally Experienced Various Forms of Individual Discrimination Because of Their Sexual Orientation or Gender Identity  
*(multiple responses allowed)*

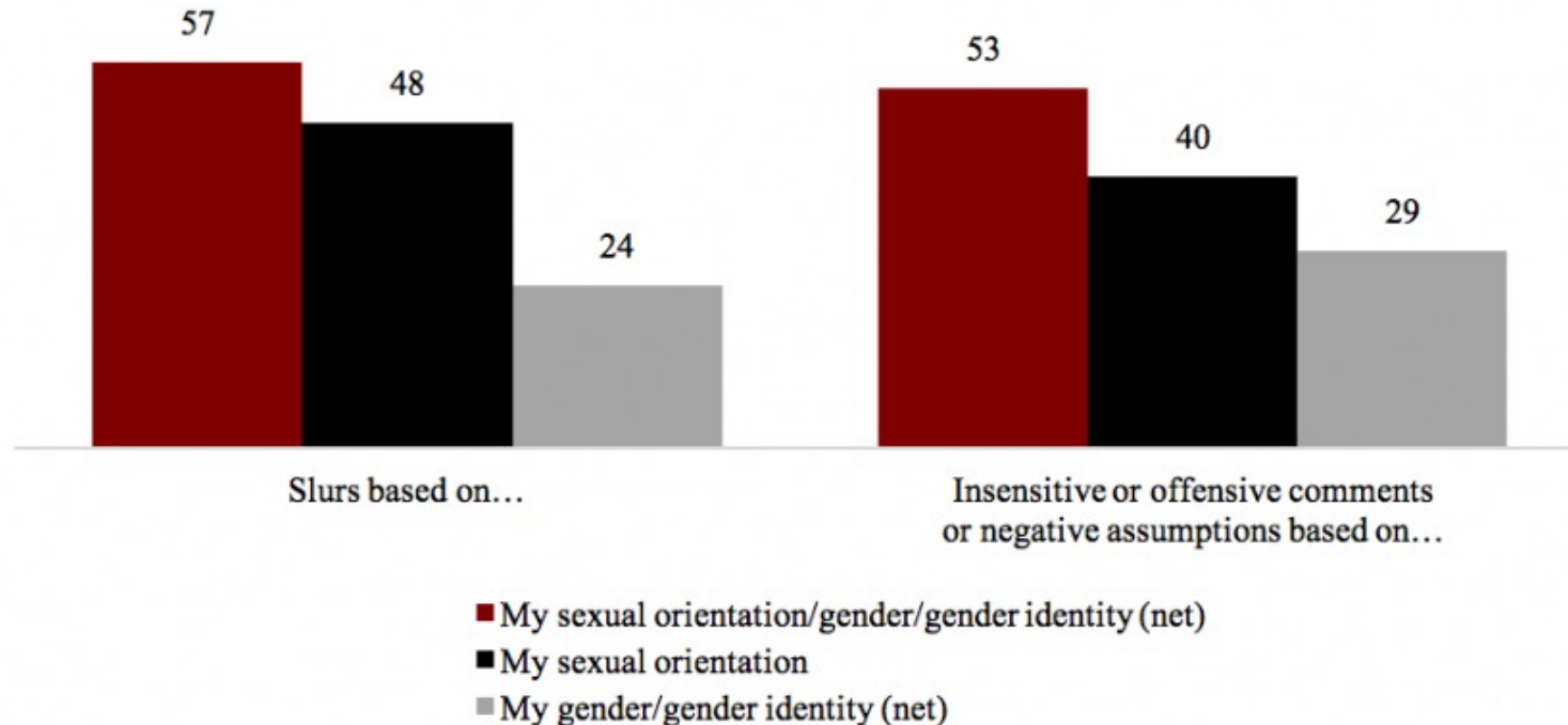
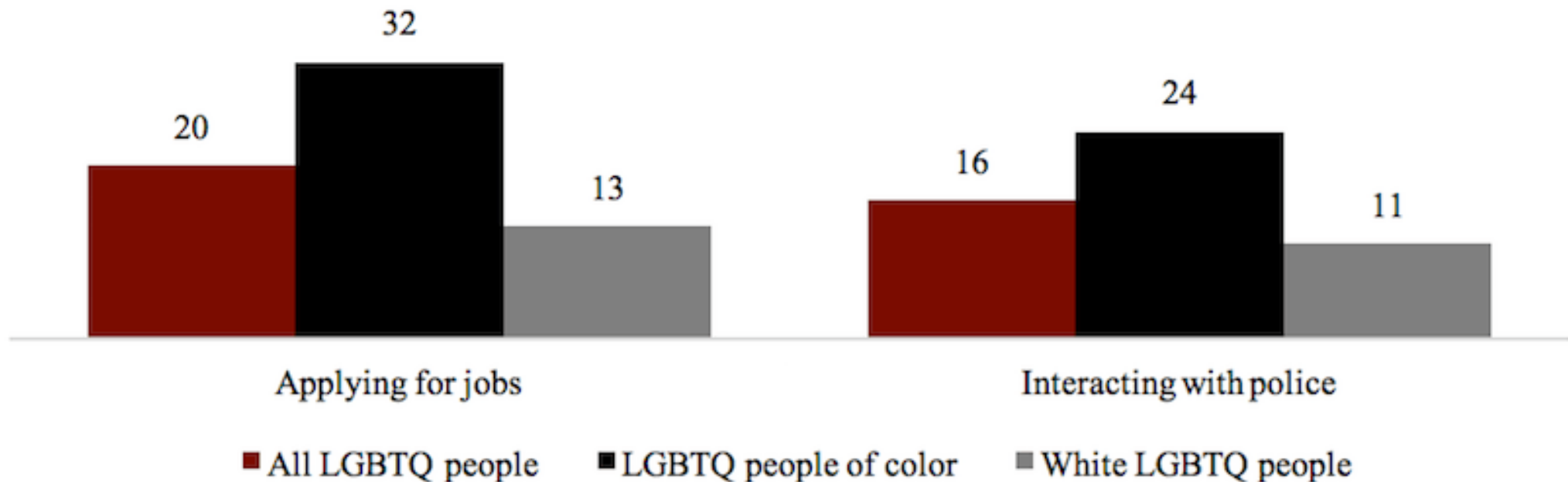


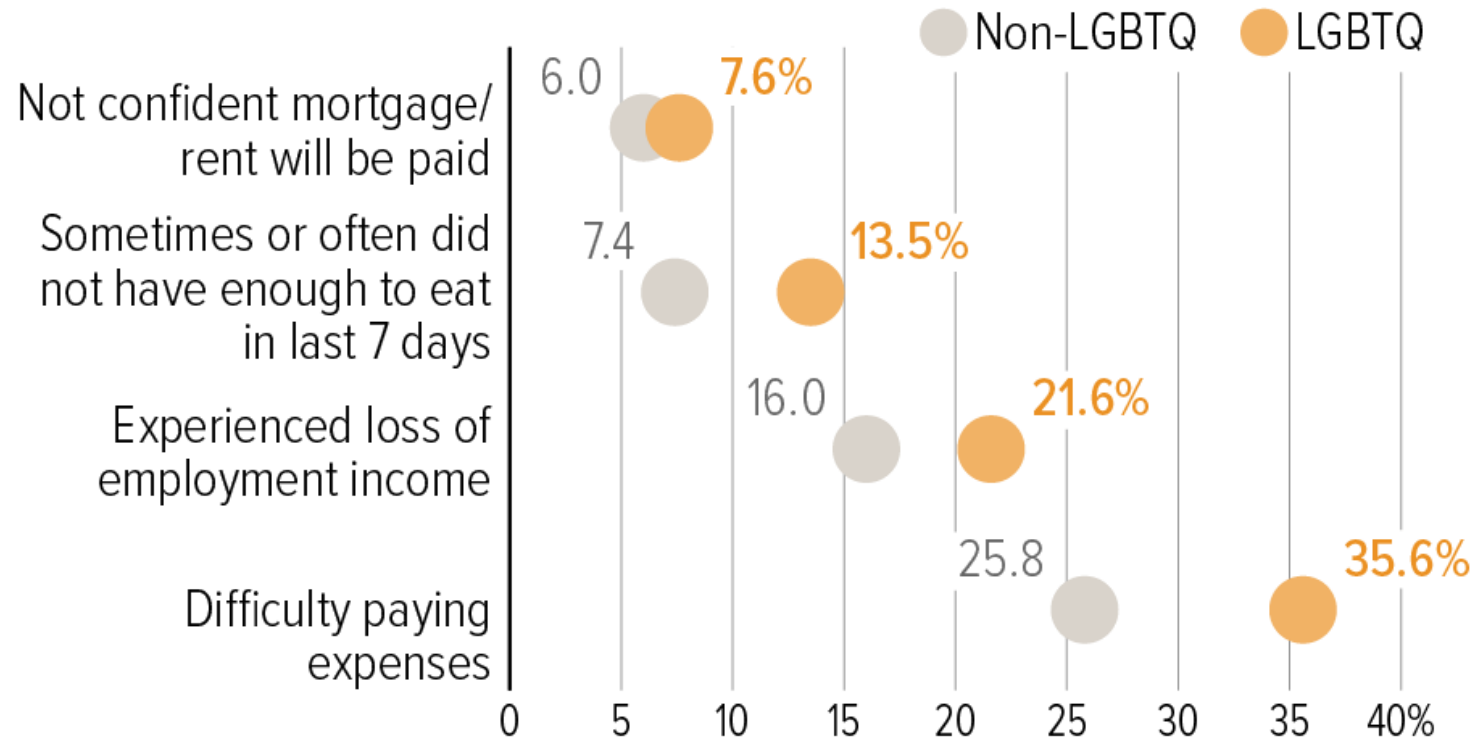
Chart 3:  
Percent of LGBTQ People, By Race, Saying They Have Ever  
Been Personally Discriminated Against In Each Situation  
Because They Are LGBTQ





# LGBTQ Adults Reported Higher Rates of Economic Hardship During Pandemic

Share of adults reporting that their household experienced the following economic hardships



Note: All differences are statistically significant at the 90 percent confidence level. Data collected between July 21 and September 13, 2021.

Source: Adapted from Anderson et al., "New Household Pulse Survey Data Reveals Differences between LGBT and Non-LGBT Respondents During COVID-19 Pandemic," Census Bureau, November 4, 2021

## Lesbian and bisexual women are overrepresented in prisons and local jails

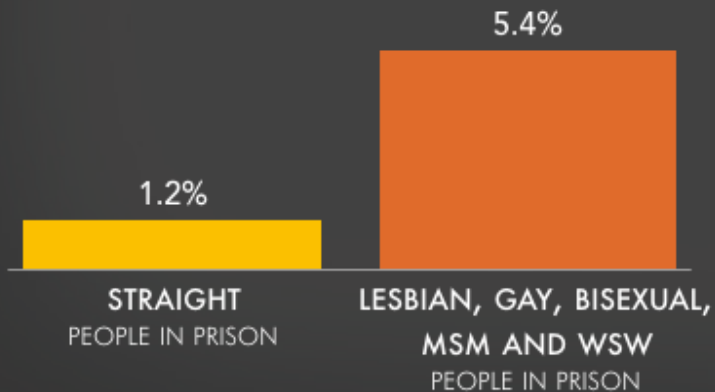
Percentage of women who identify as lesbian or bisexual in the general population compared to women in local jails and state or federal prisons



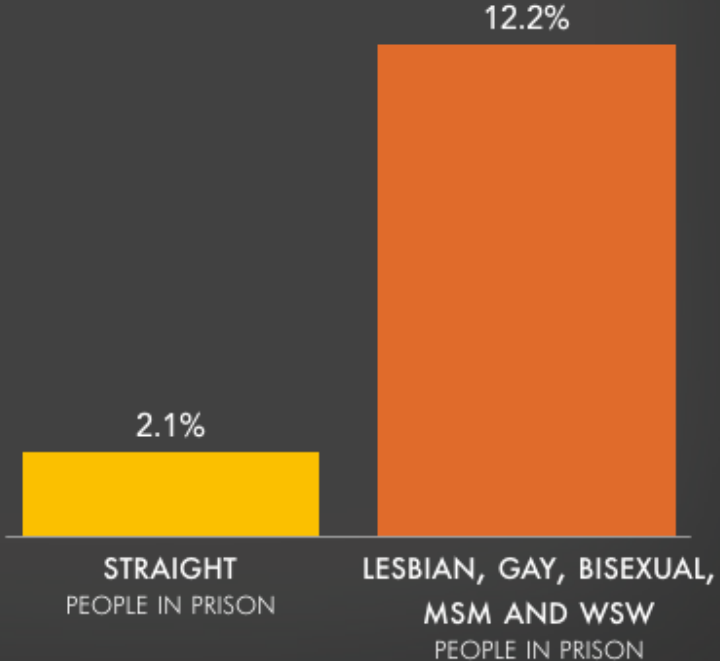
# In prison, lesbian, gay, bisexual, and other non-straight people are sexually victimized at much higher rates than straight people

Percentage of straight people sexually victimized in state and federal prisons compared to incarcerated people who identify as lesbian, gay, bisexual, men who have sex with men (MSM) or women who have sex with women (WSW)

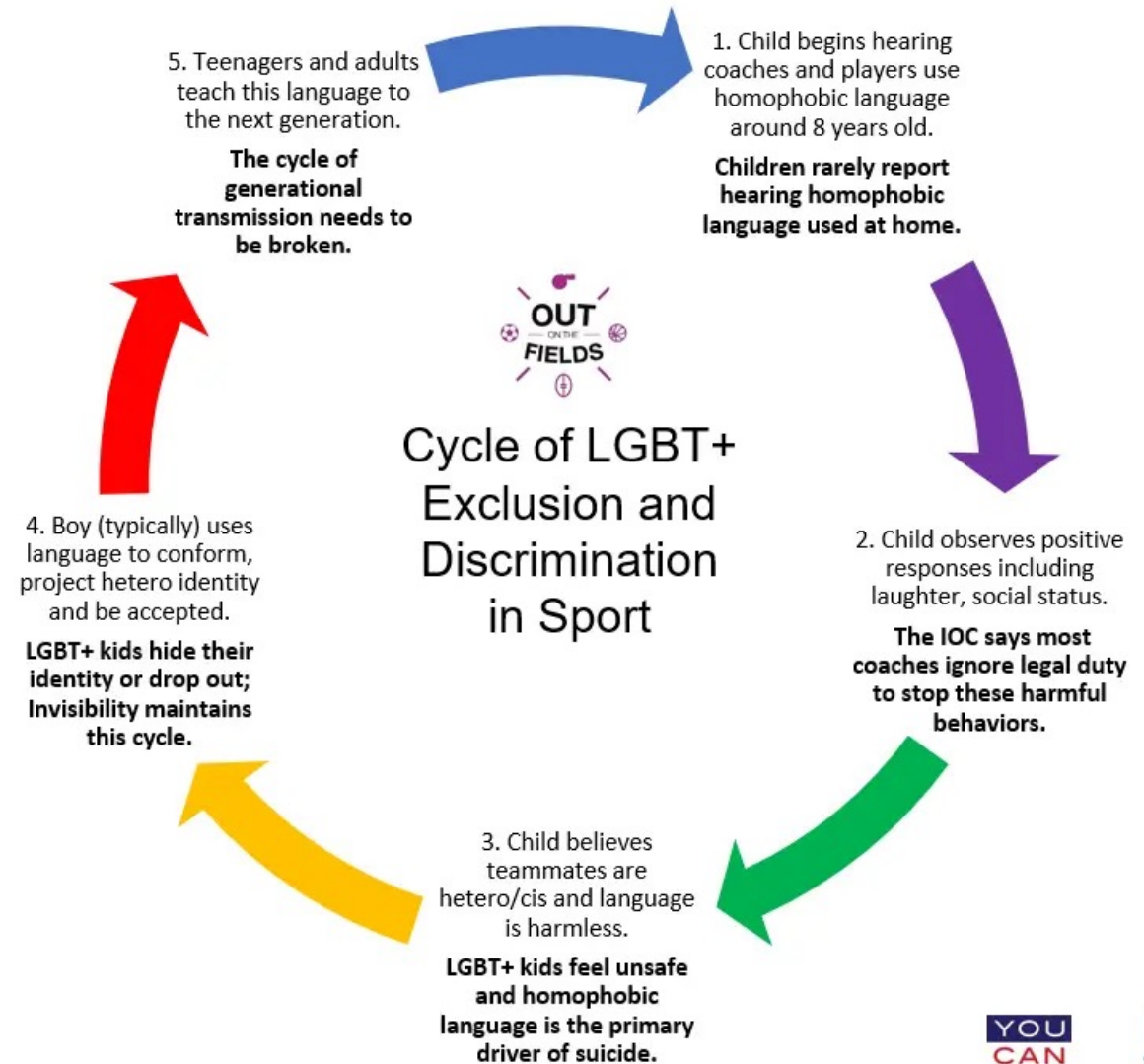
## VICTIMIZED BY STAFF



## VICTIMIZED BY ANOTHER INCARCERATED PERSON



# When Systemic Oppression Takes Root, It Looks Like This



[www.outonthefields.com](http://www.outonthefields.com)







# **Mental Health Among LGBTGEQAIP2S+ Folk**

Data on members of the queer community consistently demonstrate higher rates of mental health challenges than cishet peers.



**(THAT'S NEARLY 15 MILLION PEOPLE)**

**OF THEM, 1/3 EXPERIENCE A MENTAL ILLNESS  
(60% MORE THAN HETEROSEXUALS)**



**AND ARE 2-3x MORE LIKELY TO HAVE LONG-TERM  
PSYCHOLOGICAL OR EMOTIONAL PROBLEMS**

**REGULARLY FACING PREJUDICE,  
HARASSMENT, & DISCRIMINATION**

**WHICH CAUSES SERIOUS ISSUES  
WITHIN THE LGBTQ+ POPULATION...**



**TRANSGENDER  
PEOPLE ATTEMPT  
SUICIDE 9x MORE  
THAN THE ENTIRE  
US POPULATION,**

**LGBTQ+ ADULTS ARE  
56% MORE LIKELY TO  
DEVELOP AN  
ALCOHOL USE  
DISORDER,**



**AND ALMOST 3X  
AS LIKELY TO  
DEVELOP  
ANOTHER  
SUBSTANCE USE  
DISORDER.**



**SOURCES:**

<https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx>  
<https://link.springer.com/article/10.1007%2Fs11606-014-2905-y>

<https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>  
<https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm>



# We Are Anxious and We Are Depressed...

Figure 1a.  
Percentage of U.S. Adults  
With Symptoms of Anxiety by  
LGBT Status: 2021-2022

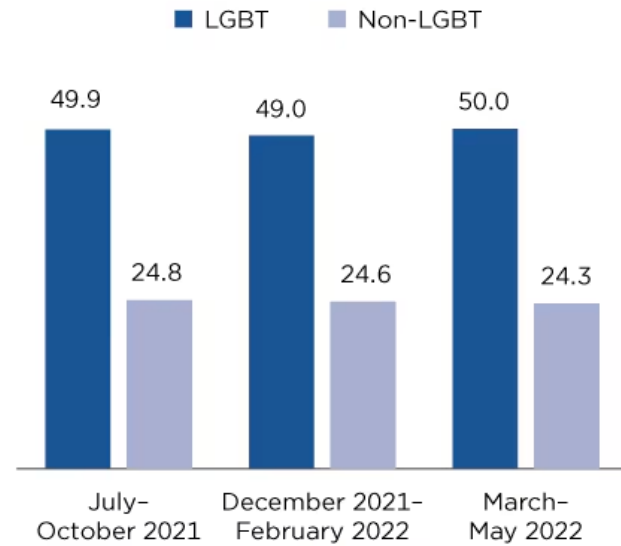
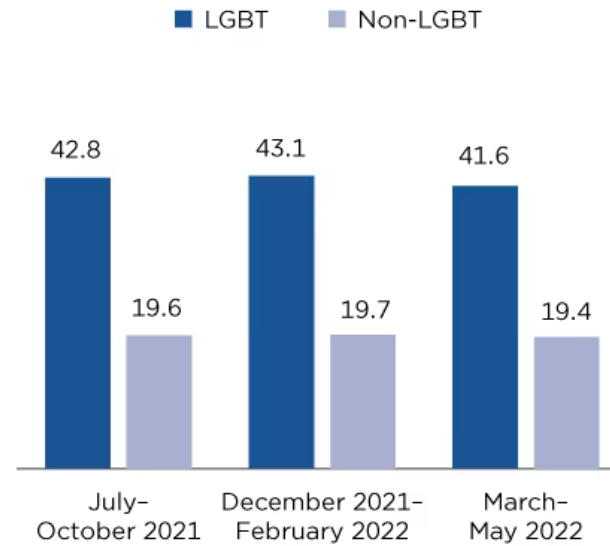


Figure 1b.  
Percentage of U.S. Adults  
With Symptoms of Depression  
by LGBT Status: 2021-2022



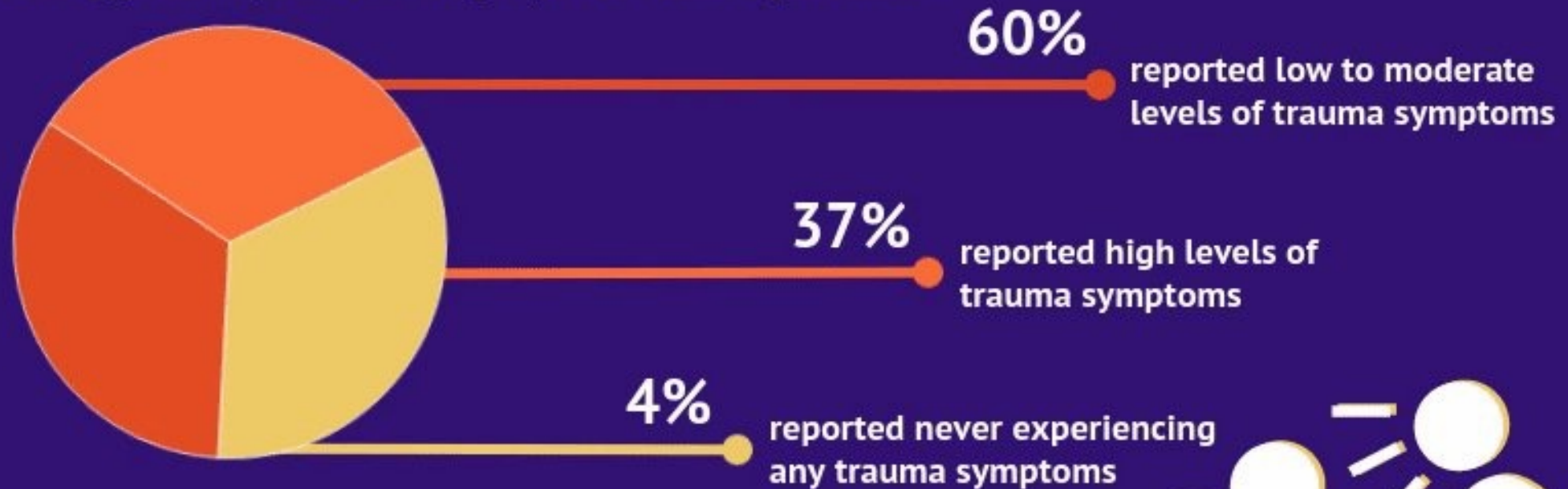
Note: Lesbian, gay, bisexual, and transgender (LGBT).

Source: U.S. Census Bureau, Household Pulse Survey public-use files, 2021-2022.



## Levels of trauma reported among LGBTQ youth

LGBTQ youth ages 13-24 self reported levels of trauma:



Research has consistently found that LGBTQ youth report **increased experiences of trauma-related events** compared to their straight, cisgender peers



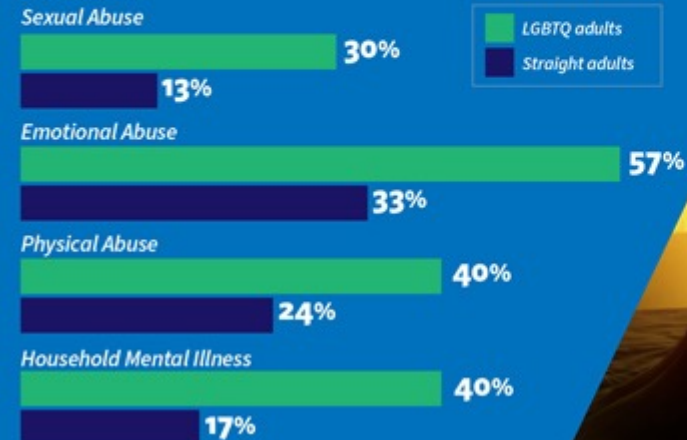


# Queer Theory Says What?

CDC BRFSS 2019

## MORE ADVERSE EXPERIENCES REPORTED AMONG LGBTQ+ ADULTS

Compared to straight peers, LGBTQ+ adults surveyed reported more adverse childhood experiences (ACEs) before age 18.



If you are a young LGBTQ+ person experiencing distress, you are not alone. Connect with support professionals at 866-488-7386 or text 'START'.



Without stigmatization of queer identities, queer people would not experience trauma related to queer identity.

It is crucial that clinical language does not reinforce internalized shame or construct Pride and shame as mutually exclusive ends of a binary spectrum.

Equally critical: we must not construct disclosure of queer identity as the one-size-fits-all solution to mental health concerns that are rooted in oppression and stigmatization. ←the Straight Gaze

# Learning Objectives

Understand how oppression and stigma relate to the mental health of LGBTGEQAIP2S+ individuals.

Apply an intersectional lens to mental health issues faced by individuals who identify as LGBTGEQAIP2S+. Be aware of how members of the LGBTGEQAIP2S+ community frequently need to regulate the degree to which they show up as their authentic selves to protect themselves.

Leverage this process in ways that replace shame with valuing the self. Incorporate the concept of identity management into clinical and scholarly language.



# LGBTGEQAIP2S+ Identities in the U.S.: A Brief Queerstory







## **1969: The Stonewall Riots**



**Don't  
Whitewash  
Our  
Rainbow**





# 1970s: The Politicization of "Coming Out"



Every gay person must come out....  
Once they realize we are indeed  
their children, we are indeed  
everywhere, every myth, every lie,  
every innuendo will be destroyed  
once and for all.

— *Harvey Milk* —

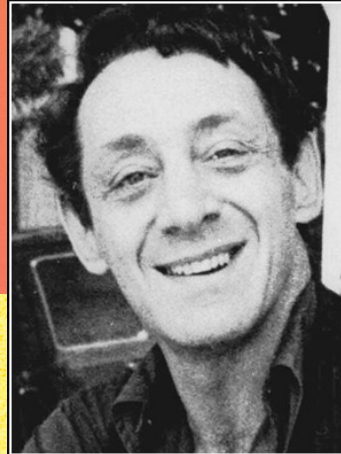
AZ QUOTES



# The Closet is Where We Hide

“  
IF A BULLET SHOULD ENTER  
MY BRAIN, LET THAT BULLET  
DESTROY EVERY  
CLOSET DOOR.  
”

— HARVEY MILK



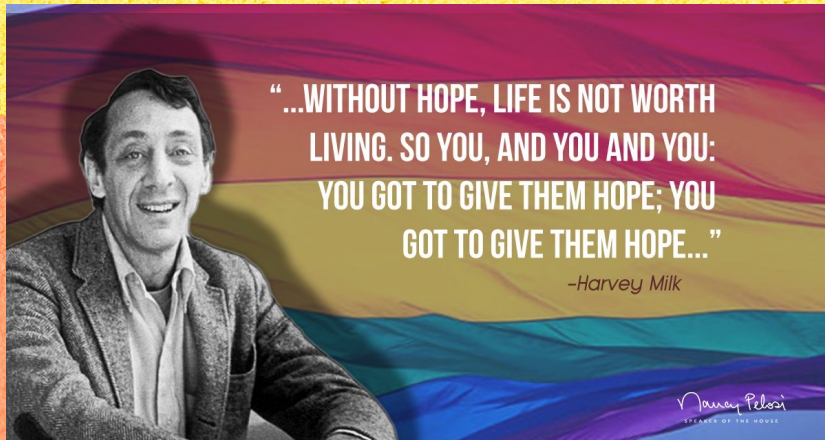
Coming out is the most political  
thing you can do

— *Harvey Milk* —

AZ QUOTES

“  
HOPE WILL NEVER  
BE SILENT.  
”

— HARVEY MILK



“...WITHOUT HOPE, LIFE IS NOT WORTH  
LIVING. SO YOU, AND YOU AND YOU:  
YOU GOT TO GIVE THEM HOPE; YOU  
GOT TO GIVE THEM HOPE...”

—Harvey Milk

Nancy Pelosi  
SPEAKER OF THE HOUSE

“  
FREEDOM IS TOO ENORMOUS  
TO BE SLIPPED UNDER A  
CLOSET DOOR.  
”

— HARVEY MILK



“  
I will never forget  
what it was like coming  
out and having nobody  
to look up toward.”

woman's day



The logo for SAGE (Society for Sexual, Affectional, Intersex, and Gender Expansive Identities) features the word "SAGE" in a bold, sans-serif font. Each letter is filled with a different color from a rainbow spectrum: 'S' is brown, 'A' is purple, 'I' is blue, 'G' is green, and 'E' is red.

Society for Sexual, Affectional, Intersex,  
and Gender Expansive Identities

**1975-Present → Counseling: Know Our Queerstory**

# Identity Based Stress: Stories from Heroes/ Sheroes/ Queeroes

---

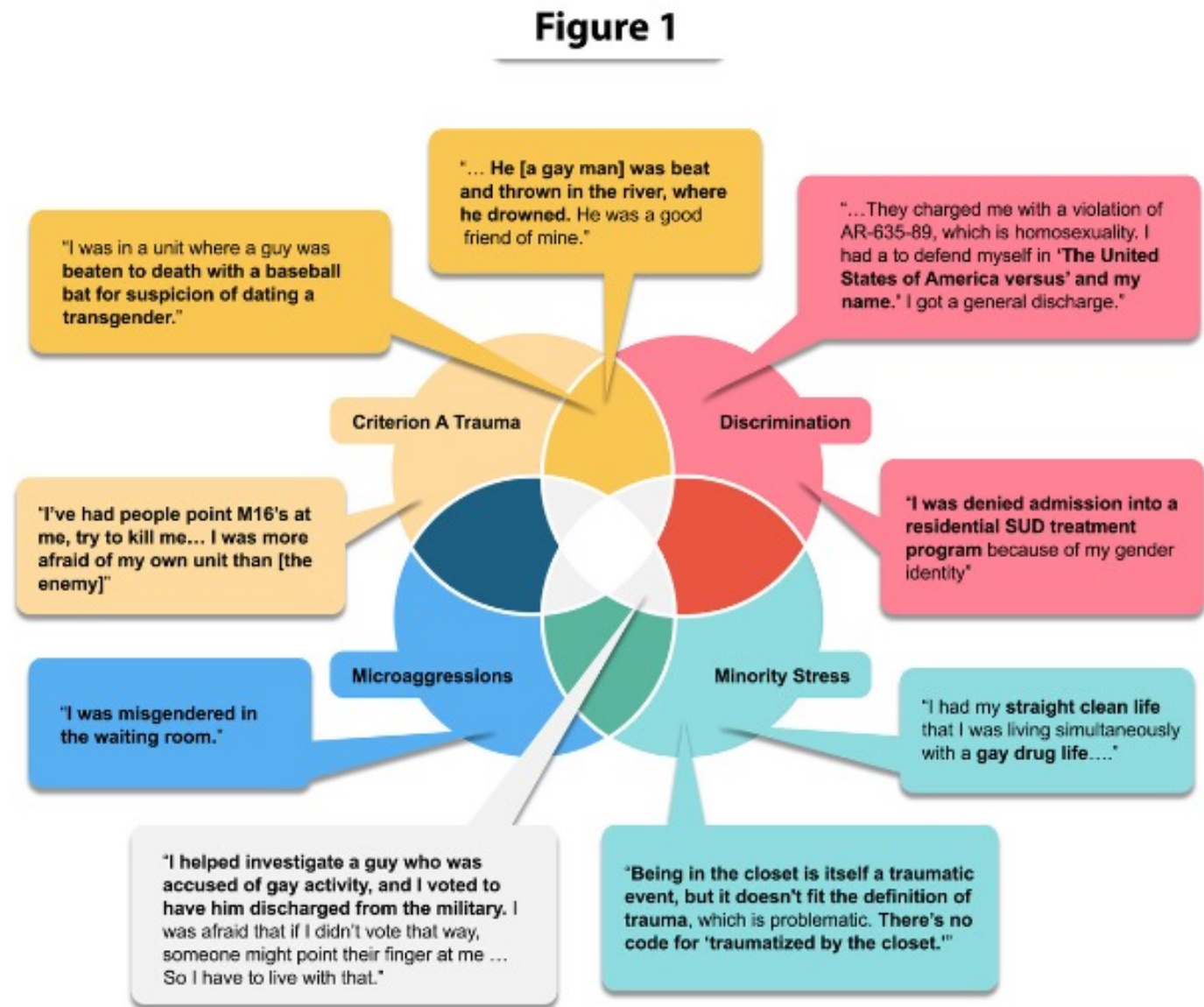


Figure Sources: Livingston et al., 2019 (11); Shipherd et al., 2019 (13)

# Queer Identity Development

## Stages of Coming Out

Identity Confusion: Could this be who I am?

Identity Comparison: Maybe this *is* who I am. Maybe it's temporary.

Identity Tolerance: I'm not the only one.

Identity Acceptance: I will be ok. (Alignment with LGBTQIA+ community)

Identity Pride: This is who I am, and I'm not afraid to show it.

Identity Synthesis: This is one aspect of who I am

Cass, V. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4, 219-235.



**2 in 5**  
Black LGBTQ students  
experience **BOTH**  
anti-LGBTQ and  
racist harassment  
at school.

GLSEN<sup>®</sup> THE NATIONAL NBJC

Erasure and Resilience:  
The Experiences of LGBTQ Students of Color  
[Read more at glsen.org/youthofcolor](http://glsen.org/youthofcolor)

# Intersectionality Matters

# Learning Objectives

Understand how oppression and stigma relate to the mental health of LGBTGEQAIP2S+ individuals.

Apply an intersectional lens to mental health issues faced by individuals who identify as LGBTGEQAIP2S+. Be aware of how members of the LGBTGEQAIP2S+ community frequently need to regulate the degree to which they show up as their authentic selves.

Leverage this process in ways that replace shame with valuing the self. Incorporate the concept of identity management into clinical and scholarly language.





# **Use of the Term Identity Management**

- **Experiment with replacing terms like, “Coming Out” with ones like “Identity Management in your clinical practice.**



# From Coming Out to Identity Management

---

We do not frame Coming Out as an all-or-nothing, single-point-in-time event

- We are all always coming out, each time we meet new people or enter a new space, a new role, etc.
  - Thus, Identity Management is about intentional choices about self-disclosure
1. Must always begin by addressing Cx/Stx safety in each venue where the person lives their life
  2. A common mistake is for clinicians to put the cart before the horse = Coming Out will Make You Happy.....
    - Real Talk: "I Came Out Because I Can Come Out and Remain Safe"



# Identity Management

- **"Coming out"** refers to disclosure of non-visible non-dominant identity statuses; originates in those identities being considered shameful and something to hide
- **We use the terms high level of identity management and low level identity management** to indicate if a person is STRONGLY withholding aspects of their identity or is more liberated in how their identity manifests in the various settings where they live their lives
- **Dr. Bonjo began using the term "identity management" because it is rooted in radically valuing the safety and well-being of the individual**
  - Clinicians support healthy identity management when they conduct a cost-benefit analysis of the who, what, when, where, why, and how of disclosing one's sexual identity

“

The pain associated with the social stigma of being LGBTQ, of living in a culture that, for the most part, is homophobic and heterosexist, is traumatic.”

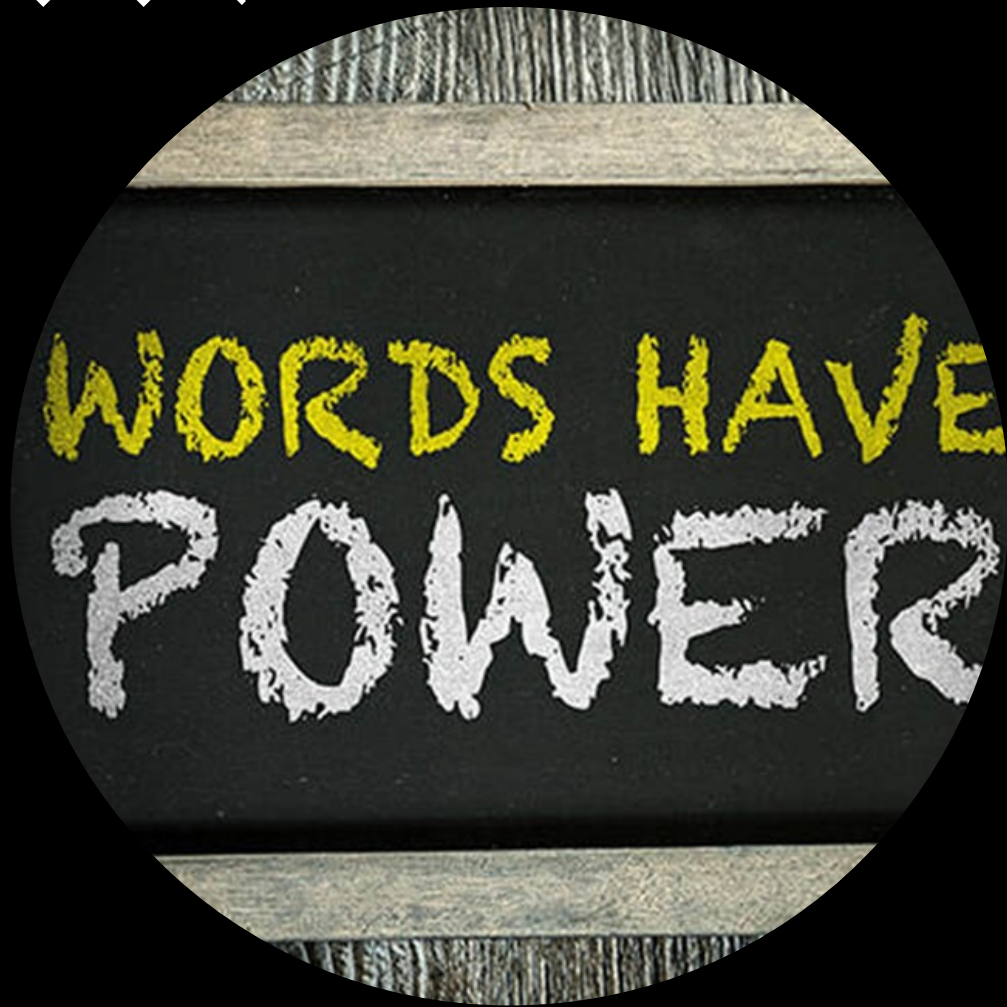
- *Craig Sloane*  
*psychotherapist and clinical social worker*





# Processing Identity Management With Cxs

- **Who?** Not all people in all spaces
- **What?** Not sharing the same amount/same level of disclosure with all people—intentionality
- **When?** Ensure greatest level of safety for the individual, greatest likelihood of positive responses
- **Where?** Not all venues are equally safe--> queer-affirmative spaces and heteronormative spaces
- **Why?** Because the individual wants to be authentic and has determined that disclosure is safe
- **How?** Crucial that we frame the work as **radical self-care** to prioritize one's own **safety and wellness**







# Framing the Closet Effectively in Clinical Practice

- It's a useful metaphor
- Trying things on to see what fits
- Not always needing or wanting the same clothes
- Growing out of some clothes
- Very helpful with anxious parents and folks who are questioning

**Questions?**

