

*Section: PPT cases*

## THE USE OF POSITIVE PSYCHOTHERAPY TOOLS AND CONCEPTS IN THE COMING OUT PROCESS OF A NON-HETERONORMATIVE (LGBTQA) CLIENT: A CASE REPORT



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### Abstract

This paper explores therapeutic challenges faced by non-heteronormative individuals before coming out, emphasizing the role of Positive and Transcultural Psychotherapy (PPT) in providing support. A primary focus of the therapy for these individuals includes preparing for and managing the coming out process, which is often fraught with stress and fear of rejection. Therapeutic settings may provide the first safe space for coming out, a repeated process rather than a one-time event. Tools such as the Balance model and the Differentiation Analysis Inventory (DAI) are employed to help clients identify and address areas of imbalance and conflict. PPT's emphasis on Relationships- and Model Dimensions further aids clients in understanding how their relationships and coping mechanisms have been shaped over time, particularly by familial interactions. Through the use of PPT, therapists are equipped to create a supportive environment that addresses the challenges faced by non-heteronormative individuals before coming out.

**Keywords:** LGBTQA, coming out, non-heteronormative, 5-Stage Model, Positive Psychotherapy

### Introduction

In this paper, the acronym LGBTQA will be used to refer to non-heteronormative individuals, derived from the English terms (L)esbian, (G)ay, (B)isexual, (T)ransgender, and (A)sexual (Ursica, 2024). Non-heteronormative people may encounter numerous challenges. Equally difficult can be the fear of experiencing discrimination. A report published by KPH<sup>9</sup> (Winiewski, 2021) on the social situation of LGBTQA people in Poland reveals that among LGBTQA people who participated in the survey (22883 LGBTQA respondents who live in Poland 2019-2020):

- 44% met the diagnostic criteria for depression
- 55% happen to have suicidal thoughts

Non-heteronormative people often fear discriminatory behavior from others and choose to keep issues of sexual orientation to themselves. From KPH's report, we learn that 25% of LGBTQA people felt the need to hide their sexual orientation or identity at work.

Coming out (or "Coming out of the closet") is the process of revealing one's sexual orientation or sexual identity, which is often fraught with stress and fear of rejection. Coming out is not an isolated event. It is a long-term process that begins with realizing and naming one's sexuality

<sup>9</sup> Campaign against homophobia - The National NGO operating since September 11, 2001. It counteracts discrimination due to sexual orientation and sexual identity in Polish society.

before oneself (Engel-Bernatowicz & Kamińska, 2005). The report "Attitudes of Poles towards homosexuals" (Scovil, 2021) published by CBOS shows that young people at the age of 18-24 more often find homosexuality normal than other age groups. Older respondents (65+) more often consider homosexuality as abnormal and unacceptable. Therefore, older LGBTQA people may more often have to deal with discriminatory behavior among peers and so more often expect such behavior from others and decide not to reveal their sexual orientation/identity. Most often, however, we will work with people who have revealed their orientation in certain social circles while still "in the closet" in other social groups. We learn from KPH's report that in 2021, 37,4% of LGBTQA people in Poland didn't tell anyone in the family about their sexual orientation/identity. In 39,7% of cases, only a few family members knew. The numbers look more optimistic for their friends – only 5% of LGBTQA people didn't tell any friend about their sexual orientation/identity; in 25,9% of cases, only a few friends knew. 81,5 % of LGBTQA people in Poland didn't come out to any of their neighbors.

Coming out is a repeated activity in new social groups that a non-heteronormative person enters, not knowing how the environment will react. Each time a decision comes out, it should be made by the person involved. The timing of carrying it out should also depend solely on the client. Some people struggle with an internal conflict between their identity and socially or religiously imposed norms. From KPH's report, we learn that when asked about incidents of inferior treatment by representatives of the Church, respondents most often declared that they conceal their identity or orientation in such contacts. This is done by about 66% of the gay and lesbian respondents and as many as 82.9% of asexual persons. When disclosure did occur, it often resulted in worse treatment.

All the above stresses the importance of supporting LGBTQA people in their coming out processes. The example below is a case of a young homosexual client facing challenges on his way to improving his relationships and self-image. I would like to present the use of PPT Tools and Concepts that facilitated the process.

## Case

All identifying information about the client has been changed or removed. The structure of the sessions corresponded with the 5 Stage Treatment Model used in the PPT approach (Remmers, 2024). The case was supervised using The Integrative Model of Reflective Team Supervision in Positive Psychotherapy. (Ciesielski, R. 2023)

### 2.1. Five Stages of the Therapeutic Process

#### 2.1.1. Observation and Distancing

The stage lasted four sessions. Client X is a 23-year-old university student who is dressing casually. At first glance, X seemed strong and confident. When he sat in the office chair, X was emotional and cried, but after the session, he presented huge strength again (as if he was putting on a mask) - X could address his emotions in sessions without being judged with full acceptance. It was observed that obedience and politeness were strongly developed, whereas contact with others was very important for the client, but at the same time, he was lacking it. Another strongly visible thing was his desire to achieve. His goal-oriented narrative presented many ideas for his development and career perspectives. He struggles with feelings of loneliness, which intensified. X is homosexual, which also affects his well-being and fear of not being accepted in society. He avoids discussing his orientation among relatives and friends, although he feels comfortable outside Poland. A few weeks before our first session, he met a man from abroad. After they spent a few days together, he agreed to hold hands with him on the street. This was a turning point for him when he felt good in this new situation. He acknowledged the need to be close to someone, in a real relationship, and in a real contact in which he could be authentic. After coming back to Poland, feelings of loneliness, sadness, and sleeping problems increased.

#### 2.1.2. Inventory/Information Collection

At this stage, which lasted 6 sessions, the following PPT Tools were implemented to obtain detailed information about the client: Balance model, DAI, and 4 Modeling Dimensions. (Ciesielski, R. 2016)

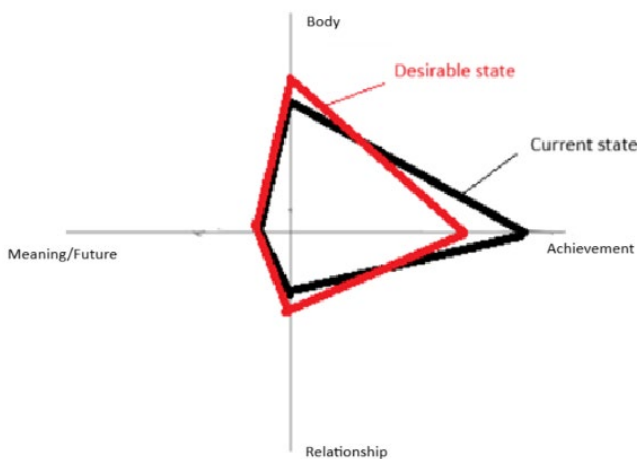
#### Balance model

Dimension – Body: X is exercising a lot due to his previous problems with excess weight in high school. When his company went bankrupt he had sleeping problems – now it's stabilizing.

Dimension—Achievement: The client is very motivated to succeed professionally. He is constantly looking for new opportunities to develop and achieve more in his job. Nevertheless, X is going through a lot of stress at work, which makes him think about looking for another job.

Dimension – Relationships: The client has parents who live in another city. He visits them at least twice a month. His father works in the office as a manager, and his mother is a housewife. X talks more to his mother. His father is very strict, and he finds it difficult to talk to him. The client has a brother and a sister. They are both much older than him, have already started their own families, and live abroad, far from home. Their contact is limited. He visits them once or twice a year. X has many friends, but he believes his friendships are not strong, and he wants to change that.

Dimension—Meaning/Future: X would like to move abroad in the future. He believes he would be happier in another country and would like to be successful in his job.



**Figure 1. Balance model of X**

X drew with a black color how his energy is distributed in the four dimensions. He also marked it red, which is how he would like to change it. He believes that the amount of energy he produces in the Achievement area is excessive, and he would like to reduce it eventually, but he does not believe it is possible now. He would like to invest even more time in exercises at the gym, as he pays a lot of attention

to his appearance. He would also like to work on the quality of his relationships, as he doesn't feel close to anyone even though he has family and friends.

### Life events

The client was growing up in a religious home. His parents are catholic. Only the father was working, and they had three children – they were not rich, but there was enough money. X's sister and brother were much older than him (by 8 and 10 years). In high school, X realized that he was homosexual, but he didn't tell anyone about it. He developed obesity, and his family openly told him they thought he would not change and would have many problems in life because of that. X got angry because his family thought so little of him. It was a trigger that made him lose a lot of weight. His siblings moved abroad one by one when he was in high school. Shortly after, X moved out to a bigger city and developed friendships; he claimed they were never deep. He was always hiding his sexuality from the world. X started dating using Apps, but he was just involved in short romances focused on sex. He was afraid to form a relationship with a man - someone he knew might see him with another man, which would be too stressful. X explained that he experienced a financial crisis when he ran a company during his studies, which eventually went bankrupt, leading him to deep loneliness and stress, prompting him to use marijuana as a means of lowering tension. After the crisis, he found a job as a technician/engineer at an electronics company.

### Differential Analytical Inventory (DAI)

After performing the DAI, we were able to name X's capacities. The client's most important and present primary capacities are Acceptance/Love, Hope, Time, Contact, Sexuality/Tenderness, Trust, Confidence, and Unity. From secondary capacities, respectively, Obedience/ Discipline, Politeness/ Appropriateness, Diligence/ Achievement, Thrift, and Conscientiousness. Some of them were very present in the client's narrative:

*"I wish to have deeper relationships with people"* – Contact

*"I think people on the street in Poland would not react if someone insulted me because they*

would think I deserve such treatment” - Acceptance

“I don’t want to talk to people about my life and problems. I believe no one would like to hear it” – Politeness

“At my family house, everyone had to obey my father, including my mother.” – Obedience

“My father wants me to achieve a lot because I am a man, and I should earn money.” – Achievement, Obedience, Acceptance

“I felt really good when I was holding this man’s hand, and I finally felt like myself” – Unity, Contact, Tenderness

#### Four Dimensions Model

In working with X, we looked at the 4 Model dimensions to get a closer look at X’s pattern of family concepts that shaped his development:

"I" - X definitely had a better relationship with his mother. He distanced himself from his father, who perpetually criticized him.

“YOU” – X’s father led the dominant position over his wife. X resented his mother for never being able to stand up to his father.

"WE" – X’s parents led a family life but did not engage in friendships outside the family. When he lived with them, X was afraid to bring friends home because of his parents' behavior and closed attitude.

“ORIGIN/PRIMAL WE” – X’s parents are religious Catholics cultivating a traditional family model.

The above dimensions can be reflected in X’s 4 Relational Dimensions.

"I"—in X's relationship with himself, an inner critic is often activated, which can be linked, among other things, to X's relationship with his father.

“YOU” – Because of his fear of rejection in his current relationships, X limits himself to fleeting love affairs, avoiding deeper relationships so that his orientation does not come out.

"WE"—The way X's parents interacted with their environment directly contributed to the shape of X's relational dimension of "WE" and increased his problems—he withheld personal information from those around him and was left alone with his problems.

“ORIGIN/PRIMAL WE – X does not identify himself with his parents' religion and completely rejects it.

The client's self-esteem was low. He was afraid of being judged in the context of his sexual orientation when interacting with people, even close ones. This fear only failed to manifest itself abroad. X felt that the cultures he visited outside of Poland were more open to his sexual orientation, which made him feel good in his skin. A basic conceptual model of the case is presented below based on conflicts after Nossrat Peseschkian. (Boessmann & Remmers, 2022).

Symptoms: Sleeping problems, feelings of loneliness and sadness

Actual Conflict: being unable to form partner relationships

Basic Conflict: Obedience – Acceptance (If I obey and fulfill my father’s expectations, I will get acceptance)

Internal conflict: I can neither disobey my father and form a relationship with a man nor can I obey him and form a traditional family because I am homosexual

Actual Conflict: Business Failure

Basic Conflict: Achievement – Acceptance (If I earn a lot of money, I will gain acceptance from my father)

Actual Conflict: Difficulty in social relationships

Basic Conflict: Politeness – Relationship (If I do not tell people things, they are uncomfortable with, I can maintain a relationship with them)

Key Conflict: Politeness

Loneliness increased in crises due to X’s inability to draw on his circles of support, from whom problems were hidden. On the other hand, the problems themselves were interpreted by X as "not coping," which he could not afford to do due to his overwhelming need to prove his worth to his father.

#### 2.1.3. Situational Encouragement

At this stage, which lasted three sessions, we formed the following positive interpretations, a technique used in Positive Psychotherapy after Peseschkian (Messias, Peseschkian & Cagande, 2020).

- *In my conversations with relatives and friends, I avoid talking about my sexual orientation so as not to burden them too much so that they don't have to deal with a potentially difficult topic.*
- *Thanks to the difficulties arising from my sexual orientation, I have become more tolerant and accepting of diversity, so I can have valuable contact with a wider range of people.*
- *Working too hard and neglecting my needs were supposed to win my father's acceptance because I care about our relations*

Recognizing the function of not revealing X's orientation allowed him to adopt a softer attitude toward himself. It facilitated the process of "coming out" at a time when he would feel most comfortable. It was also very useful to point out that all his difficulties make him more tolerant and accepting. Realizing that investing too much in the achievement area is a manifestation of his care for his relations with his father made his critical voice quieter in his head.

#### 2.1.4. Verbalisation

At this stage, which lasted 13 sessions, we focused first on what the client could gain if he didn't hide his orientation so obsessively. Using the example of his relationships with people who share details of their lives with him, X concluded that if he did the same, he would show others that he trusts them and they are important to him. The anxiety associated with the situation decreased because X realized that his loved ones should not reject him because of his sexual orientation. If they did, it would make him very angry. At this point, X verbalized the need to recognize how and to whom he could safely talk about himself, thus resolving a key conflict. When he recognized the right balance between openness in revealing himself (including his orientation) and politeness, he became able to trust others and be close to them, and he established such relationships. In the beginning, he was able to be completely open with himself and the therapist. By showing him Acceptance, the client's self-esteem grew. He accepted himself, became more open, and started respecting his choices regardless of what others might think. As a result, he no longer feels alone. He doesn't want to start a conversation with his

parents about his sexual orientation; it is too hard for him at the moment, but he is no longer afraid that someone he knows may notice him on the street while dating another man as a result of which he starts a relationship and gets involved in it.

#### 2.1.5. Goal expansion

X's relationships with friends become deeper and more authentic, and he feels more integrated and happier. He decided the next step ahead of him was coming out to his parents. This idea is growing in him, but he is still not ready until he feels safe in the supportive environment he builds. It may be a good step in the future to look again at the client's Obedience towards his father and try to make it more flexible, if possible.

## Discussion

Non-heteronormative people may experience discriminatory behavior or be afraid of it, which can lead to many psychological problems. When carried out safely, coming out can facilitate natural self-help mechanisms.

A natural inhibitor for non-heteronormative people to reveal their orientation is to lean toward politeness in various social situations. Not disclosing one's sexual orientation primarily serves a protective function so that one does not experience a situation that could be threatening or negative in other ways. In doing so, it is worth analyzing with the client which situations could threaten them. While protective behavior is natural and completely justified when dealing with people who openly show hostility and aggression toward non-heteronormative people, the client should not expect such behavior from people in his immediate environment. On the other hand, if he identifies such people in his immediate environment, it is worth asking whether they need to have a relationship with people they know will not be supportive. This raises the issue of building a circle of support consciously. For the client to be able to come out, they must internally accept that some close people may react negatively when they learn the whole truth about them. In contrast, this is not something the client influences over. The client also has no control over their sexual identity. If it is subjected to evaluation by others, it is beyond the client's control. On the other hand, the

outcome of coming out for the client is also worth noting. At the end of the process, they will only have people who fully accept them in their environment and a close circle of support. In the worst-case scenario, those who do not will leave alone, but it will be their decision. Nowadays, many LGBTQA groups have been formed to build a community. Meeting and talking with people who often have similar problems or have their first coming out behind them can contribute to building relationships based on completely new conditions with a sense of full acceptance. At the same time, a new image is created in the mind opposite to the catastrophic image of rejection by loved ones - the image of experiencing acceptance from them. We need to note a few limitations when studying the results presented in the above reports. The LGBTQA population is considered a "hidden population," so traditional survey methods based on drawing representative samples are impossible in the KPH report. Alternative research methods are often subject to errors. The research method adopted can lead to over- or under-representation of certain groups (e.g., those involved in community affairs). Additionally, difficult topics may cause some people to avoid responding or opt out, resulting in a limited representation of certain experiences. The above surveys were conducted on people living in Poland and do not reflect the social situation of LGBTQA people in other countries.

## Conclusions

If the term "coming out process" were to be translated into the terminology of "positive psychotherapy," it could be described as primarily addressing a key conflict by transitioning from politeness to openness. The above example illustrates the use of PPT tools and concepts in working with LGBTQA clients before coming out. Each case is individual, but PPT tools are universal, allowing for a deeper understanding of the specific problems of these clients and can be applied regardless of the working context. In addition to the tools themselves, it is very important to provide therapy with an appropriate framework that gives clients a sense of security and the opportunity to form an appropriate therapeutic bond, which is provided by the Three Stages of Interaction and the Five Stages of the Therapeutic Process embedded within them.

## References

- [1]. **BOESSMANN, U., & REMMERS, A.** (red.) (2022). *Podręcznik pozytywnej psychoterapii psychodynamicznej [Textbook on Positive Psychodynamic Psychotherapy]*. Wiesbaden: WAPP Press. [in Polish]
- [2]. **CIESIELSKI, R.** (2016). *Zeszyty 1-5 z cyklu Transkulturowa Psychoterapia Pozytywna [Notebooks 1-5 of the Transcultural Positive Psychotherapy series]*. Continue. [in Polish]
- [3]. **CIESIELSKI, R.** (2023). The Integrative Model of Reflective Team Supervision in Positive Psychotherapy. *The Global Psychotherapist*, 3(1), 80–86.
- [4]. **CIESIELSKI, R.** (2024). *Psychoterapia bez granic? [Psychotherapy without borders?]*. Positum. [in Polish]
- [5]. **ENGEL-BERNATOWICZ, A., & KAMIŃSKA, A.** (2005). *Coming out: Ujawnienie Orientacji psychoseksualnej - zaproszenie do Dialogu [Coming out: Disclosure of Psychosexual Orientation - an invitation to Dialogue]*. Anka Zet Studio. [in Polish]
- [6]. **MESSIAS, E., PESECHKIAN, H., & CAGANDE, C.** (editors) (2020). *Positive Psychiatry, Psychotherapy, and Psychology – Clinical Applications*. Springer International Publishing, Cham. ISBN 978-3-030-33264-8.
- [7]. **REMMERS, A.** (2024). The therapeutic process in positive psychosomatics: 'Five fingers' forming a therapeutic relationship in psychosomatic medicine. *The Global Psychotherapist*, 4(2), 57–61.
- [8]. **SCOVIL, J.** (2021). (rep.). *Stosunek Polaków do osób homoseksualnych [Attitudes of Poles towards homosexuals]*. Warsaw: CBOS. [in Polish]
- [9]. **URSICA, R.** (2024). *The LGBTQA+ Community through the PPT lens* [Paper presentation]. 2024 WAPP International Conference on Positive and Transcultural Psychotherapy: Building Bridges for Mental Health, Istanbul, Turkiye. Retrieved from [https://www.positum.org/wp-content/uploads/2024/04/Ursica-Raluca\\_LGBTQ.pdf](https://www.positum.org/wp-content/uploads/2024/04/Ursica-Raluca_LGBTQ.pdf) Accessed: 10.01.2025
- [10]. **WINIEWSKI, M., ŚWIDER, M., BULSKA, D., GÓRSKA, P., & SORAL, W.** (2021, December 7). *Sytuacja społeczna osób LGBTQA w Polsce. Raport za lata 2019-2020 [The social situation of LGBTQA people in Poland. Report for 2019-2020]*. [in Polish]

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