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I Came Out - So Why Am I Still Hiding?

Visibility, Intimacy and the LGBTQ+ Client After Disclosure

A live online webinar with
Marek Sarnecki

Zoom Webinar
5 March 2027, Friday
Times:
6:00 pm – 9:00 pm, London UK
1:00 pm – 4:00 pm, New York, USA

CPD hours: 3

Location: Online streaming only
(all our webinar tickets now include complimentary access to a video recorded version for 1 year or 3 years, depending on the ticket type)

A client has been out for eleven years. Their family have met their partner. Colleagues know, and nobody blinks. By any measure that matters to the people around them, the story is finished. And yet they arrive at the session describing something that still has no name: a small, practised carefulness about which parts of themselves get to appear in which rooms, a bracing before certain sentences leave their mouth, a suspicion — never quite proven, never quite disproven — that what looks like acceptance might not survive being tested.

They are not hiding a secret any longer. They are hiding something harder to locate: the gap between being disclosed and being known.

Coming out is usually treated, in the culture and often in the consulting room, as a destination — the hard part, survived. Clinically, it behaves differently. Disclosure is an event. Visibility is a negotiation that continues for as long as a person keeps meeting new people: a new partner's family, a new employer, a new GP, a new therapist, sometimes an earlier version of themselves. ***Many LGBTQ+ clients come out, in some form, for the rest of their lives***. For therapists who have not lived this repeated negotiation, its cumulative psychological labour can be remarkably easy to miss.

Disclosure Is Not the Same as Being Known

The distinction matters clinically because so much of what continues to hurt happens after disclosure, not instead of it. A family can respond with genuine warmth in the moment — relief, even pride — without ever quite integrating what they have been told, so that a client is accepted in principle and still edited in practice: never quite asked the follow-up question, never quite included in the version of the future the family imagines. Acceptance of this kind can be sincerely meant and still leave someone feeling as unseen as before they spoke.

The same carefulness often resurfaces around a client's own history. Someone who came out at sixteen carries a very different clinical picture from someone who comes out at forty or sixty, often after years — sometimes decades — inside a heterosexual marriage, with children, a shared home, and a life that now has to be renegotiated rather than simply revealed. Grief, guilt and responsibility arrive alongside relief, and none of them cancel the others out.

The Weight of Years, and the Cost of Being Discovered

Over time, concealment can become more than a response to danger; it can become an organising relational habit. Clients may become highly skilled at anticipating what others can tolerate, revealing themselves incrementally and withdrawing before disappointment occurs. What once protected belonging may later make intimacy difficult, because being loved still feels dependent upon controlling what another person is allowed to see.

These histories may also shape sexual and romantic life. Desire may become linked with secrecy, risk or performance; clients may find it easier to be sexually available than emotionally known, or may struggle to communicate what they want when earlier relationships required them to remain divided from important parts of themselves. Therapy must be able to explore these patterns without assuming that every difficulty originates in LGBTQ+ identity.

For some clients, this includes grief for relationships that never had the chance to be authentic, and for versions of a life that were never lived. For others, it includes the particular injury of having their story taken from them altogether: being outed without consent, and losing, at a stroke, control over who gets to know what, and when.

None of this happens in isolation from the rest of a client's identity. Culture, faith, race, migration history, disability and class all shape how safe, how possible, or how meaningful coming out feels — and a therapist who treats sexual orientation or gender identity as the only relevant variable will miss most of what is actually happening in the room.

What This Asks of the Therapist

Clients who have spent years managing disclosure tend to be extraordinarily attentive to the person listening to them — to a flicker of hesitation, an assumption embedded in a question, a tone that shifts almost imperceptibly at the wrong moment. Being genuinely affirming, in this context, is not primarily a matter of holding the correct information about LGBTQ+ experience. It is a relational achievement: building a therapeutic alliance in which a client can risk becoming visible without needing to protect themselves, manage the therapist's reactions, or perform a version of their identity they judge to be more acceptable.

Therapists may inadvertently close this material down in opposite ways. We may reassure the client that they are now accepted, encourage greater openness as though disclosure were inherently liberating, or interpret continued caution as avoidance. Equally, anxiety about appearing intrusive or uninformed can lead us to avoid asking about sexuality, relationships, family responses or the meanings attached to visibility. In each case, the client may once again be left managing what can safely be brought into the room.

The aim of therapy is not to make the client fully visible in every relationship. It is to help them distinguish chosen privacy from inherited concealment, present danger from anticipated rejection, and protective discretion from a life increasingly organised around self-erasure.

This webinar works from the clinical premise that coming out is not a single event to be processed and closed, but an ongoing relational task — one that continues to shape intimacy, trust, self-disclosure and the therapeutic relationship itself, often long after a client would say that part of their life is over.

Drawing on psychodynamic and relational thinking, contemporary research and clinical case material, Marek will offer a framework accessible to therapists across modalities for understanding how visibility, concealment and relational safety are negotiated both within and beyond the consulting room.

Who This Webinar Is For

- Individual, couple and relationship therapists working with LGBTQ+ clients
- Practitioners supporting later-life disclosure, family reorganisation or clients who have been outed without consent
- Therapists encountering difficulties around visibility, intimacy, sexual relationships and relational trust
- Practitioners from all modalities seeking a more relationally sophisticated affirmative practice

What You Will Be Able to Do

By the end of this evening, you will be able to:

- Distinguish chosen privacy from concealment driven by earlier rejection or anticipated danger
- Enquire into sexuality, relationships and disclosure without becoming intrusive, avoidant or over-reassuring
- Identify how a client may be testing whether the therapist can tolerate fuller psychological visibility
- Formulate difficulties with intimacy and trust in relation to concealment, conditional acceptance and repeated disclosure
- Respond to later-life coming out without reducing the client's experience either to liberation or to family disruption
- Hold cultural, religious and familial loyalties alongside the client's need for greater agency, safety and self-definition

There is no known commercial support for this program.

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