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Therapeutic Alliance and Perceived Counselor Bias among University Queer Students in Selected Universities in Nairobi County, Kenya

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ABSTRACT

University queer students experience disproportionately higher levels of psychological distress than their heterosexual and cisgender peers, yet many continue to encounter barriers when accessing mental health services. Among these barriers, perceived counsellors' bias may undermine the development of a strong therapeutic alliance, which is essential for effective counselling outcomes. This study explored how university queer students in selected public and private universities in Nairobi County, Kenya, perceive counsellors' bias and experience the therapeutic alliance during counselling. Guided by Bordin's Working Alliance Theory and Meyer's Minority Stress Theory, the study employed a qualitative Interpretative Phenomenological Analysis (IPA) design to examine participants' lived experiences. Purposive and snowball sampling were used to recruit 9 queer students aged 18 years and above who had attended at least one counselling session. Data were collected through semi-structured interviews and analyzed using IPA procedures involving iterative reading, coding, theme development, and interpretation. Five interconnected themes emerged: entering counselling with hope and apprehension, developing therapeutic alliance through trust and empathy, negotiating acceptance and counsellor bias, emotional safety as a prerequisite for self-disclosure, and creating inclusive counselling environments. Participants identified counsellors' bias through heteronormative assumptions, excessive focus on religion, pathologizing sexual orientation, and efforts to change their identity. Such biases negatively affected the therapeutic alliance by reducing trust, emotional safety, and self-disclosure. Conversely, when counsellors demonstrated empathy, acceptance, and respect, participants felt safer, leading to increased self-disclosure and engagement in counseling. Some individuals even withdrew from counseling early due to the perceived harm of bias. The findings highlight the importance of affirmative, culturally responsive counselling practices in promoting therapeutic alliance and improving mental health outcomes for queer students. The study recommends enhanced LGBTQ+ affirmative training for counsellors, inclusive institutional policies, and continued research on therapeutic relationships among sexual and gender minority in Kenyan universities.

Keywords: therapeutic alliance, counsellor bias, queer students, LGBTQ+, Interpretative Phenomenological Analysis, minority stress, university counselling, Kenya

Introduction

University students' mental health issues are now a major global public health concern. Academic pressure, identity discovery, financial responsibilities, shifting social interactions, and anxiety about future jobs are frequently associated with the move to university (Meyer, 2003; Fish et al., 2021; Russell & Fish, 2022). Although many students face these difficulties, studies consistently show that students who identify as sexual or gender minorities have psychological distress levels that are disproportionately higher than those of their heterosexual and cisgender peers because of additional stressors related to stigma, discrimination, victimization, and social exclusion (Meyer, 2003; Russell & Fish, 2022). For this study, "queer" is an inclusive term for individuals whose sexual orientation, gender identity, or expression differs from dominant heterosexual and cisgender norms, encompassing identities such as lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other sexual and gender minorities.

Ensuring access to culturally competent and affirming mental health care has grown more crucial as LGBTQ+ groups become more visible and well-known worldwide. Compared to heterosexual and cisgender people, members of sexual and gender minority groups regularly seek psychiatric treatments and report greater rates of depression, anxiety, suicidality, and substance use disorders (Pachas et al., 2025). However, many people still face obstacles to receiving quality care, including institutional discrimination, provider bias, and insufficient professional training on LGBTQ+ concerns (Lelutiu-Weinberger et al., 2023).

Recent data from around the world demonstrates the extent of these differences. The 2024 National Survey on LGBTQ Youth by The Trevor Project reports that 12% of LGBTQ+ youth had attempted suicide at least once in the past year, and 39% had seriously considered suicide. The difficulties faced by sexual and gender minority communities were highlighted by the significant prevalence of psychological distress among transgender and non-binary youth (The Trevor Project, 2024).

There are still significant inequities in mental health in higher education settings. In a study with over 483,000 college students, LGBTQIA+ students reported considerably greater levels of anxiety, loneliness, and social isolation and were almost three times as likely as heterosexual students to have depressive symptoms (Liu et al., 2024). Poor psychological outcomes among LGBT students were found to be significantly influenced by experiences of discrimination, identity concealment, diminished institutional belonging, and fear of rejection (Liu et al., 2024; Woodford et al., 2023).

Although much of the literature comes from North America and Europe, new research from Africa shows comparable trends. Research from South Africa, Nigeria, Uganda, and Kenya has shown that sexual and gender minority populations have higher rates of depression, anxiety, suicidal thoughts, and substance abuse, which are mostly caused by experiences of violence, discrimination, and stigma (Müller et al., 2018; Logie et al., 2022; Duby et al., 2023). Furthermore, in many African contexts, access to mental health services is still hampered by worries of judgment, confidentiality violations, and prejudice within healthcare systems (Logie et al., 2022; Duby et al., 2023).

During emerging adulthood, a developmental stage marked by identity construction, growing independence, professional preparation, and the development of close relationships, these difficulties are especially significant (Puckett et al., 2022). These developmental challenges frequently coexist with social isolation, internalized shame, identity hiding, and fear of familial rejection for queer students (Russell & Fish, 2022). As a result, university counseling services might be among their few private and easily accessible forms of psychological help.

However, the quality of the relationship built between the counselor and the client is just as important to the efficacy of therapy as the availability of services. The therapeutic alliance is one of the best indicators of good treatment results across various counseling approaches and presenting difficulties, according to psychotherapy research (Flückiger et al., 2018; Flückiger et al., 2020). Bordin's (1979) Working Alliance Theory states that a therapeutic alliance comprises three interrelated elements: the client's and counselor's emotional connection, agreement on therapeutic activities, and counseling goals.

Establishing these elements may be more difficult for queer clients because of past experiences with prejudice and stigma. According to Bidell and Whitman (2021) and Leitch and McGeough (2023), such experiences can lead to expectations of rejection in helping relationships, which can affect a person's willingness to seek support, share personal experiences, and participate fully in counseling processes. Many LGBT people are afraid that mental health experts will judge them, misunderstand them, condemn them morally, or reject them when they go to counseling.

Perceived counselor bias is one element that may have a big impact on LGBT clients' counseling experiences. Counselor bias can take the form of overt prejudice or more covert microaggressions, such as assuming heterosexuality, invalidating sexual identities, minimizing minority stress experiences, avoiding conversations about sexuality or gender identity, or imposing personal religious and cultural beliefs during counseling sessions (Shelton & Delgado-Romero, 2011; Marchi et al., 2024). Even while each of these incidents can seem little on its own, their combined impact can erode trust, diminish emotional safety, and erode the therapeutic alliance.

Despite growing awareness of LGBTQ+ issues among mental health professionals, recent data indicate that these experiences are still common. Identity-related microaggressions have been consistently linked to higher levels of depression, anxiety, psychological distress, decreased help-seeking behavior, and early therapy termination among clients who identify as sexual and gender minorities, according to a comprehensive analysis by DeSon and Andover (2024). Studies looking at minority stress and counseling participation among gay communities have found similar results (Marchi et al., 2024). These results imply that counselors' attitudes and actions may have a significant impact on queer clients' treatment engagement and outcomes.

Therapeutic Alliance Theory and Minority Stress Theory can be integrated to understand the connection between perceived counselor bias and therapeutic alliance. According to Minority Stress Theory, stigma, prejudice, discrimination, and expectations of rejection cause chronic stress in sexual and gender minority people, which can lead to negative mental health consequences (Meyer, 2003). These connections between minority stress processes and depression, anxiety, drug abuse, and suicidality among LGBT groups are still supported by current research (Puckett et al., 2022; Russell & Fish, 2022).

One significant gap in the literature on counseling psychology in Kenya is the lack of client-centered evidence. Little is known about how university queer students experience therapeutic relationships or how perceptions of counselor bias affect trust, emotional safety, disclosure, and engagement within counseling settings, despite the fact that therapeutic alliance is widely acknowledged as a major determinant of counseling effectiveness (Marchi et al., 2024). In the absence of such proof, university counseling services can inadvertently maintain treatment barriers for a population that already faces increased psychological distress and limited access to supportive mental health services.

The study was conducted among queer students from selected public and private universities in Nairobi County. The current study focuses on universities in examining how counseling interactions are experienced by queer students negotiating various intersecting identities in higher education settings is made possible by this multiplicity.

Purpose of the Study

The purpose of the study is to investigate how queer students in the selected universities in Nairobi County view counselor bias and therapeutic alliance in order to enhance culturally sensitive, affirmative, and inclusive counseling methods in selected universities in Nairobi County. The study specifically seeks to explore how these experiences affect trust, emotional safety, disclosure, and engagement in counseling processes.

Methodology

This study employed a qualitative Interpretative Phenomenological Analysis (IPA) design to examine how university queer students perceive counselor bias and experience the therapeutic alliance during counseling. IPA was appropriated because it facilitated an in-depth understanding of participants' lived experiences and the meanings they attributed to their interactions with counselors (Creswell & Poth, 2018; Smith et al., 2022).

The study was conducted in selected universities within Nairobi County, Kenya, targeting queer students aged 18 years and above who had attended at least one counseling session. Participants were identified through their lived experiences rather than institutional records. A sample of 10 participants was recruited using snowball sampling to reach additional eligible participants due to the sensitivity surrounding sexual orientation and gender identity in the Kenyan context (Hennink & Kaiser, 2022; Palinkas et al., 2015).

Data were collected through semi-structured interviews lasting approximately 30 minutes. The interviews explored participants' experiences with counselors, including perceptions of counselor attitudes, trust, emotional safety, acceptance, bias, and how these experiences influenced their engagement with the counseling services. Interviews were conducted in private, secure online settings, audio-recorded with participants' consent, and transcribed verbatim for analysis (DeJonckheere & Vaughn, 2019).

Data analysis followed established IPA procedures involving repeated reading of transcripts, identification of significant statements, development of emergent themes, and interpretation of shared experiences across participants (Smith et al., 2022). The study ensured trustworthiness through credibility, transferability, dependability, and confirmability using strategies such as member checking, audit trails, reflexive journaling, and peer debriefing (Lincoln & Guba, 1985). Ethical principles, including informed consent, confidentiality, voluntary participation, secure data management, and access to counseling support for participants experiencing distress, was strictly observed throughout the study (American Psychological Association, 2020; Dickson-Swift et al., 2022).

Results

The purpose of this study was to investigate how queer university students in selected universities in Nairobi County perceived counsellor bias and experienced the therapeutic alliance during counselling, with particular attention to how these experiences affected trust, emotional safety, self-disclosure, and engagement in counselling. The analysis generated two overarching findings that directly addressed this purpose. The first finding concerned participants' experiences and perceptions of counsellor bias and the development of the therapeutic alliance.

The second finding concerned the influence of counsellor bias and the therapeutic alliance on trust, emotional safety, disclosure, and engagement in counselling. Five interconnected themes were evident across the findings: entering counselling with hope and apprehension; developing therapeutic alliance through trust and empathy; negotiating acceptance and counsellor bias; emotional safety as a prerequisite for self-disclosure; and creating inclusive counselling environments.

Finding One: Perceptions of Counsellor Bias and Experiences of Therapeutic Alliance

Entering Counselling with Hope and Apprehension

Participants described counselling as an important source of psychological support for concerns including depression, anxiety, academic stress, relationship challenges, family rejection, and identity-related distress. However, seeking counselling was accompanied by apprehension about whether counsellors would accept their sexual orientation or gender identity. One participant stated, *"I remember sitting outside the counsellor's office thinking, 'Should I really do this?' I wanted help because I was overwhelmed, but I was also thinking, what if she tells me that being queer is the reason my life is falling apart?"* Another participant explained, *"I had already been judged by family members and by some people in church. I didn't know if counselling would be different or if it would just be another place where someone tells me I need to change."* Another participant stated, *"I expected someone who would simply listen without trying to change me. I wasn't looking for someone to agree with everything in my life; I just wanted someone who could hear me without making me feel like I was wrong."*

Developing Therapeutic Alliance Through Trust and Empathy

Participants consistently identified trust as a foundation of effective counselling relationships. Trust developed when counsellors demonstrated empathy, active listening, confidentiality, authenticity, and respect. Participants described paying close attention to counsellors' verbal and non-verbal responses before deciding whether it was safe to disclose sensitive information. One participant stated, *"The first session wasn't really about my problems. It was about figuring out whether I could trust her. Every question she asked, every facial expression she made, I was paying attention."* Another participant said, *"When I realized she wasn't shocked or uncomfortable, I finally relaxed. I didn't have to monitor every word I was saying."* Another participant described the experience as follows: *"It felt like she was sitting with me in my pain instead of analyzing me and that made a huge difference."*

Negotiating Acceptance and Counsellor Bias

Participants' experiences differed according to counsellors' attitudes towards sexual and gender diversity. Participants who encountered affirming counsellors described feeling respected, understood, and validated. One participant stated, *"For the first time I felt someone saw me as a whole person instead of just my sexuality. I walked out feeling lighter because I wasn't carrying shame anymore."* Another reflected, *"I didn't have to educate my counsellor. That was such a relief because I could actually focus on healing instead of explaining my identity."* Conversely, participants reported perceived counsellor bias in the form of heteronormative assumptions, excessive emphasis on religion, pathologizing sexual orientation, and repeatedly attributing presenting concerns to participants' queer identities. One participant remarked, *"It felt like every problem somehow came back to me being gay,"* while another stated, *"Sometimes it felt like she wanted to fix who I was instead of helping me with what I was going through."* Some participants reported withdrawing from counselling after such experiences. One participant stated, *"After that session I cancelled my next appointment. I didn't feel emotionally safe anymore."*

Finding Two: Influence of Counsellor Bias and Therapeutic Alliance on Trust, Emotional Safety, Disclosure and Engagement

Emotional Safety as a Prerequisite for Self-Disclosure

Participants emphasized that the extent of their disclosure was closely related to their emotional safety. Counsellors' verbal and non-verbal communication, perceived acceptance, and assurance of confidentiality influenced whether participants disclosed sensitive aspects of their lives. One participant stated, *"I only shared what felt safe because I didn't know how she would react."* Another explained, *"The first few sessions I never even mentioned I was queer. I wanted to see if I could trust her before opening that part of my life."* Participants described disclosure as becoming easier when counsellors responded with kindness and acceptance. One participant stated, *"Every time she responded with kindness, it became easier to tell the truth."* In contrast, participants who anticipated judgement intentionally concealed important aspects of their lives. As one participant explained, *"If you can't tell your counsellor the whole story, then counselling only deals with half the problem."*

Influence on Trust and Continued Counselling Engagement

The findings showed that perceived counsellor bias could weaken trust and emotional safety and subsequently affect continued engagement. Participants who experienced judgement, identity-related microaggressions, or attempts to change their identity became more guarded and, in some cases, discontinued counselling. One participant stated, *"I wasn't angry. I was disappointed. I had finally asked for help, and it felt like I had to protect myself even there."* In contrast, participants who experienced empathy, respect, acceptance, authenticity, and confidentiality described stronger therapeutic relationships and greater willingness to remain engaged in counselling. The findings therefore indicate that the therapeutic alliance served as an important pathway through which counsellor behaviour influenced trust, disclosure, and participation in counselling.

Creating Inclusive Counselling Environments

Participants also identified institutional and counselling-centre practices that could promote emotional safety and engagement. These included affirmative counsellor training, continuing professional development in LGBTQ+ mental health, gender-inclusive intake forms, clear institutional commitments to diversity, strengthened confidentiality procedures, and peer-support programmes. One participant stated, *"Seeing signs that say everyone is welcome would already make a difference before I even walked into the office."* Another explained, *"The intake forms shouldn't force everyone into male or female boxes."* Participants also emphasized confidentiality because some students feared that information disclosed during counselling could reach family members. These findings indicate that the experience of therapeutic alliance is influenced not only by individual counsellor behaviour but also by the wider institutional environment in which counselling is provided.

Discussion

The discussion is organized according to the two findings that emerged from the findings of the study. The findings demonstrate that queer students' experiences of counselling were shaped by both their perceptions of counsellor bias and the quality of the therapeutic alliance. These experiences subsequently influenced trust, emotional safety, self-disclosure, and engagement in counselling.

Discussion of Finding One: Perceptions of Counsellor Bias and Experiences of Therapeutic Alliance

Participants' apprehension when entering counselling is consistent with Minority Stress Theory, which proposes that stigma, prejudice, discrimination, and expectations of rejection create additional stress for sexual and gender minority individuals (Meyer, 2003). In the present study, previous experiences of judgement contributed to uncertainty about whether counselling would be a safe environment. This finding is consistent with evidence that fears of discrimination and provider bias can constitute barriers to mental health service use among LGBTQ+ populations (Lelutiu-Weinberger et al., 2023; Pachas et al., 2025). The finding is also consistent with research indicating that stigma, social exclusion, and identity concealment contribute to poorer psychological outcomes among sexual and gender minority students (Fish et al., 2021; Russell & Fish, 2022; Liu et al., 2024).

The importance of trust, empathy, confidentiality, authenticity, and respect in the present study supports Bordin's (1979) Working Alliance Theory. Bordin conceptualized the therapeutic alliance as involving an emotional bond, agreement on therapeutic goals, and collaboration on therapeutic tasks. Participants' accounts suggest that the emotional bond was an important foundation for subsequent openness and collaboration. The findings are also consistent with psychotherapy research identifying therapeutic alliance as a strong predictor of positive treatment outcomes across therapeutic approaches (Flückiger et al., 2018, 2020). For queer clients, however, the findings suggest that the development of this alliance may require counsellors to demonstrate cultural responsiveness and affirmative attitudes before participants feel sufficiently secure to engage fully in the therapeutic process.

The experiences of perceived counsellor bias further demonstrate how therapeutic relationships can be affected by heteronormative assumptions, identity invalidation, pathologising interpretations, and value imposition. These findings are consistent with literature describing identity-related microaggressions among sexual and gender minority clients (Shelton & Delgado-Romero, 2011; Marchi et al., 2024). DeSon and Andover (2024) similarly linked identity-related microaggressions with poorer mental health outcomes and difficulties in therapeutic engagement. In the current study, perceived bias weakened participants' trust and, for some, contributed to premature termination of counselling. This suggests that counsellor bias is not merely an attitudinal concern but can become a relational barrier to therapeutic work.

Discussion of Finding Two: Influence on Trust, Emotional Safety, Disclosure and Engagement

The second finding demonstrates that emotional safety was central to participants' willingness to disclose personal information. Participants did not necessarily disclose their sexual orientation or gender identity at the beginning of counselling; instead, disclosure was gradual and dependent on their interpretation of the counsellor's responses. This finding is consistent with research showing that anticipated rejection can reduce disclosure and participation among LGBTQ+ clients (Bidell & Whitman, 2021; Leitch & McGeough, 2023). It also extends the application of Bordin's Working Alliance Theory by illustrating how emotional safety may function as a practical condition for developing the emotional bond necessary for collaboration in counselling.

The findings also demonstrate the connection between counsellor bias, trust, and continued engagement. When participants perceived counsellors as affirming and respectful, they reported greater trust, openness, and engagement. When they experienced judgement or identity-related bias, they became more guarded and, in some cases, discontinued counselling. This pattern is consistent with research linking minority stress, discrimination, and identity-related microaggressions with poorer psychological outcomes and reduced engagement with mental health services (DeSon & Andover, 2024; Marchi et al., 2024).

From the perspective of Minority Stress Theory, the counselling environment may either reduce or reproduce experiences of rejection. An affirming therapeutic relationship may therefore serve as a protective interpersonal context, whereas a biased relationship may reinforce existing expectations of rejection.

Participants' recommendations for inclusive counselling environments further indicate that affirmative practice should extend beyond individual counsellor attitudes. Gender-inclusive intake procedures, confidentiality safeguards, visible institutional commitments to inclusion, and continuing professional development may communicate safety before and during counselling. These findings are consistent with literature emphasizing culturally responsive and affirmative counselling practices for sexual and gender minority clients (Lelutiu-Weinberger et al., 2023; Pachas et al., 2025) and with the Kenyan literature cited in the study concerning counsellor preparedness and multicultural counselling competence (Muthoni & Okech, 2023; Mwangi et al., 2024).

Recommendations

The findings indicate the need for universities to strengthen counsellor education in affirmative and culturally responsive practice, adopt inclusive institutional policies, and promote reflective practice to minimize unconscious bias. Counselling centres should implement gender-inclusive procedures, reinforce confidentiality, and create welcoming environments for queer students. Future research should examine therapeutic alliance among queer students across diverse university settings using larger samples and longitudinal designs.

Conclusion

The study demonstrates that therapeutic alliance among university queer students depends largely on counsellors' ability to provide empathetic, affirming, and culturally competent care. Trust, empathy, acceptance, and confidentiality facilitated stronger therapeutic relationships and meaningful self-disclosure, whereas counsellor bias and heteronormative assumptions weakened engagement and, in some cases, resulted in premature termination of counselling. The findings support Bordin's Working Alliance Theory and highlight the importance of affirmative counselling practices, enhanced counsellor training, and inclusive university counselling environments in promoting the psychological well-being of queer students.

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