Career Development of Sexual and Gender Minority Persons Living With Disabilities

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Abstract
Sexual and gender minority persons, as well as persons living with disabilities, encounter significant career development issues. However, the career development trajectories for sexual and gender minority persons living with disabilities have not been fully explored. The goal of our qualitative study was to explore factors that influence the career development trajectories of sexual and gender minority persons living with disabilities. Using constructivist grounded theory methods, we conducted semistructured interviews with 21 diverse individuals living in the United States. The core category, Intersectional Adaptation, described how study participants navigated their career development trajectory. The four remaining categories included Psychosocial Capital, Psychosocial Conflicts, Intersectional Identity Disclosure, and Work–Life Balance. We discuss the limitations of the study as well as the implications for future research and provide suggestions for career counseling.

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Scholars have made great strides in examining the career development experiences of persons living with disabilities (Szymanski, Hershensen, Enright, & Ettinger, 2010), as well as sexual (e.g., lesbian, gay, bisexual, queer [LGBQ]) and gender minority persons (e.g., transgender, gender nonconforming, and genderqueer; Dispenza, Brown, & Chastain, 2016; Prince, 2013). However, little is known about how persons with intersecting marginalized identities—particularly, sexual and gender minority persons living with disabilities—navigate their career development.

Sexual minority, gender minority, and persons living with disabilities are members of culturally oppressed groups in the United States. They are often deprived of power and access to social spaces, political arenas, and economic enterprises (Banks, 2009; Fassinger, 2008; Marini, 2012; Meyer, 2003; Singh, 2013). As a result of their cultural oppression, individuals with various identities must contend with unique contextual factors when navigating their career development, including social stigma, prejudice, discrimination, and unjust institutional policies (Fabian & Pebdani, 2013; Fassinger, 2008; Kosciulek, 2014). To date, scholars have not fully investigated the career development experiences of sexual and gender minority persons living with disabilities, or even identified factors that influence their career trajectory (Dispenza, 2017).

Prevalence rates of disability—operationalized as an impairment in any major life activity due to physical, mental, or emotional issues, or having a health problem that requires the use of assistive modifications (World Health Organization, 2017)—are statistically higher for individuals who identify as sexual minorities than for individuals who identify as heterosexual (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013). Fredriksen-Goldsen, Kim, and Barkan (2012) found that the odds of lesbian and bisexual women having a disability were 1.7 to 2.2 times higher than those of heterosexual women—even after controlling for secondary health-related conditions (e.g., asthma, obesity), health risk factors (e.g., smoking, lack of exercise), and other sociodemographic variables. Fredriksen-Goldsen et al. (2012) also found that (after controlling for health and sociodemographic factors) bisexual men were 2.7 times more likely to report having a disability than heterosexual men. Similarly, the odds of gay men having a disability were 1.4 times higher than those of heterosexual men. Sexual minority persons also report more impairment related to activities of daily living, using more adaptive modifications to achieve functionality (Cochran & Mays, 2010).
Lastly, sexual minority individuals, compared to those who are heterosexual, report significantly higher occurrences of cardiovascular disease, digestive issues, chronic pain, and psychological and substance use disorders (Lick, Durso, & Johnson, 2013).

In addition, gender-diverse persons report significantly higher rates of disability than heterosexual individuals, although population-based prevalence rates are not readily available. Fredriksen-Goldsen et al. (2011) found that among a sample of 174 older transgender adults between the ages of 50 and 95, approximately 62% indicated that they were living with a disability. Using a convenience international study population of 1,963 English-speaking transgender and gender nonconforming persons, Witten (2014) found that 27.1% of participants reported living with a disability, and approximately 30.1% reported living with a chronic illness condition.

There are no conclusive factors known to contribute to the higher prevalence rates of disability among sexual and gender minority persons, but scholars have some conjectures. For instance, Fredriksen-Goldsen et al. (2012) suggested that higher rates of chronic illness and health-related risk behaviors (e.g., smoking, substance use, mental distress, poor health management behaviors) contribute to heightened prevalence rates of disability among sexual minority persons. Stigma and minority stress (e.g., harassment, discrimination, internalized homonegativity, rejection) have also been linked to physical health outcomes among sexual and gender minority persons (Denton, Rostosky, & Danner, 2014; White Hughto, Reisner, & Pachankis, 2015). Scholars have hypothesized that stigma and minority stress activate psychological and physiological stress responses (i.e., harmful cognitive processes, immune dysregulation, nervous system reactivity), which in turn mediate the likelihood of developing illness, disease, and disability (Lick et al., 2013). Given the high rates of stress and stigma, the supposition that sexual and gender minority persons living with disabilities are likely encountering experiences that help shape their career development trajectory is reasonable (Dispenza, 2017). As they may confront unique barriers and facilitators when accessing the world of work, further systematic inquiry is necessary at this juncture of career development scholarship.

**Career Development of Persons Living With Disabilities**

Foundational career theories (e.g., trait-and-factor, developmental, social cognitive) suggest that persons living with disabilities should not eliminate potential career options due to their disability status (Lent, Morrison, & Ezeofor, 2014; Szymanski et al., 2010). However, many theories of career
development were not developed with persons living with disabilities in mind; as a result, their applicability to this population varies significantly (Fabian & Pebdani, 2013; Szymanski et al., 2010). To address this shortcoming, Szymanski and Hershensen (2005) proposed a new model of career development specific to persons living with disabilities. The model focuses on the interplay of individual attributes, socialization factors, and various environmental systems that influence the career trajectory for persons living with disabilities. Yet, although disability is at the center of their model, sexual orientation and gender diversity are considered generic attributes within the vocational context.

Despite existing federal policies (e.g., Americans with Disabilities Act, Workforce Investment Opportunity Act), persons living with disabilities continue to be underemployed, unemployed, or discriminated from employment (Marini, 2012; Newman, Wagner, Cameto, & Knokey, 2009). They are at greater risk for chronic poverty, stress, limited health care access, and have fewer social networks that can help them navigate the world of work than individuals without disabilities (Lustig, 2014). Persons living with disabilities face issues with vocational adjustment, social and physical environmental barriers, difficulty transitioning from school to work, and lack of career role models (Fabian & Pebdani, 2013; Marini, 2012). Persons living with disabilities also may live with low self-esteem and experience difficulty independently implementing career choices in relation to their environmental contexts (Cummings, Maddux, & Casey, 2000). Similarly, sexual and gender minority persons contend with significant hardships in the world-of-work (Dispenza et al., 2016; Fassinger, 2008), but there is limited research on sexual and gender diversity in relation to the career trajectory of persons living with disabilities.

**Career Development of Sexual and Gender Minority Persons**

Trait-and-factor, developmental, and social cognitive theories have been popularly used to explicate the career development trajectories of sexual and gender minority persons (Prince, 2013). These foundational theories have influenced research on workplace climates, employment discrimination, hostility in the workplace, and job satisfaction for sexual and gender minority persons (Budge, Tebbe, & Howard, 2010; Chung, Williams, & Dispenza, 2009; Dispenza, Watson, Chung, & Brack, 2012; Velez, Moradi, & Brewster, 2013). However, similar to persons living with disabilities, these foundational career theories were not explicitly constructed for sexual and gender minority persons, potentially limiting their usefulness. Furthermore, foundational theories are more
individually focused, emphasize choice and predictability, heavily lean on positivist epistemologies, and do not necessarily recognize the social and relational aspects involved in the world of work for culturally diverse populations (Blustein, 2006; Swanson & Fouad, 2015).

As a response to foundational career theories, emerging—or contemporary—theories of career development (e.g., psychology of working, constructivist, narrative, relational—cultural) have emphasized postmodern epistemologies as well as economic and social systems that account for the lived experiences of culturally diverse persons (Blustein, 2006; Duffy, Blustein, Diemer, & Autin, 2016; Swanson & Fouad, 2015). Postmodern epistemologies reject notions of discovering objective reality, and propose that individuals construct and design their own relative truths (Hansen, 2006). In addition, postmodern epistemologies emphasize the importance of constructing meaningful career trajectories (Savickas, 2013). Together, postmodern epistemologies and contemporary career theories highlight the importance of culture, meaning, immediate and distal contextual factors, and personal agency, over individuals’ career development (Swanson & Fouad, 2015). However, research on the application of contemporary theories with diverse populations is still sparse (Niles & Harris-Bowlsbey, 2013).

 Minority stress theory (Meyer, 2003) is a contemporary framework that describes the influence of discrimination and stigma specific to the lives of sexual and gender minority persons. This theory has been used to conceptualize the career development experiences of sexual and gender minority persons (Dispenza, 2015; Dispenza et al., 2016; Hendricks & Testa, 2012), including barriers to academic achievement such as harassment and bullying (Kosciw, Palmer, Kull, & Greytak, 2013). However, minority stress theory was initially developed to understand health outcomes among sexual minority populations rather than to understand the career development of persons living with disabilities. Despite the state of career theory and research with sexual and gender minority persons, intersecting identities such as disability have not been explored in tandem. Thus, empirically supported perspectives on sexual and gender minority persons living with disabilities and career development are needed.

The Present Study

Sexual and gender minority persons living with disabilities who face multiple levels of oppression are likely to have unique career-related experiences that cannot be readily explained by existing theoretical frameworks. Many formal career theories—both foundational and contemporary—do not fully capture the intersection of marginalized identities. Formal theories tend to be grand, generic, and potentially inadequate in capturing unique contexts (Charmaz,
2014). Counselors and counseling psychologists could benefit from using substantive data-informed frameworks to better understand the career development of this population. To address this gap in the literature, we conducted a qualitative study to explore systematically those factors that influence the career development trajectory of individuals living with disabilities. The research question guiding us was: How have sexual and gender minority persons living with disabilities navigated their career trajectories?

**Method**

**Research Design Overview**

We employed constructivist grounded theory (CGT; Charmaz, 2014) as our foundational framework. Ontologically rooted in relativism and epistemologically subjectivist, CGT applies foundational grounded theory within a constructivist framework (Charmaz, 2014). A defining premise of CGT is that the phenomenon captured in the data is the result of the shared interaction between both the researcher and the participant, grounding the data in a process that is temporal, cultural, and structural (Charmaz, 2014). Data are generated, not discovered, from the subjective experiences reported during the research process for the purposes of substantive theory development (Bryant & Charmaz, 2007). Symbolic interactionism was the theoretical lens that guided us, as we made the underlying assumption that people construct a sense of self and experience through the dynamic process of meaning and action (Gordon-Finlayson, 2010).

**Researcher Description**

**Research team.** All research team members \((n = 5)\) were born as citizens of the United States, raised in the Southeast \((n = 4)\) or Northeast \((n = 1)\), and all grew up in lower-to-middle-class households. The average age of the research team was 25.8 (range: 24–31 years). Four participants identified as cisgender women and one as a cisgender man. Research team members identified as heterosexual \((n = 4)\) and gay \((n = 1)\). Concerning race and/or ethnicity, research team members identified as non-Latino White/European American \((n = 3)\), African American \((n = 1)\), and biracial \((n = 1)\). With regard to educational backgrounds, research team members were either completing graduate degrees in counseling \((n = 4)\), or already possessed a doctorate in counseling psychology \((n = 1)\). Team members had immediate and extended family members who identified as either a sexual or gender minority person \((n = 3)\), and all reported having family members who identified as
having a chronic illness and/or disability. In addition, two research team members reported living with a chronic illness and/or disability.

*Researcher reflexivity.* Customary to CGT, research team members reflectively documented and discussed personal biases, dispositions, social positioning, and etic and emic viewpoints throughout the inception of the study, data collection, and analytical processes (Maxwell, 2012; Morrow, 2007). Research team members openly discussed and challenged each other’s assumptions regarding the significance of career across the lifespan, as well as the possible influence of stigma, transphobia, ableism, sexism, and various forms of prejudice. Several interview questions pertaining to the significance of work, as well as stigma and discrimination, were included in the interview protocol. This allowed the researchers to critically refrain from confirming personally held assumptions and biases during the data collection and analytic process (Singh, 2013). The team members also identified and continuously discussed the following key issues throughout the study: (a) the significance of researchers’ own racial, ethnic, cultural, sexual, and gender identities in relation to health, disability, and work; (b) their identification as allies toward persons living with disabilities, sexual minority individuals, and transgender individuals; and (c) the potential influence of their perspectives on the analysis of interviews.

*Participant Recruitment and Selection*

We adopted a criterion-based maximum variation sampling procedure in order to understand a diversity of experiences related to the phenomenon under study (Palinkas et al., 2015). This purposeful sampling procedure allowed for the selection of heterogeneous cases of participants with diverse demographics (e.g., gender, sexuality, various disabilities, career experiences) that would represent information-rich experiences (Fassinger, 2005). The eligibility standards we established prior to data collection required participants to: (a) be 18 years of age or older; (b) self-identify as lesbian, gay, bisexual, queer, and/or transgender; (c) self-identify as currently living with a disability condition that limited one or more of their daily life functions (e.g., mobility, grooming, concentration); (d) be currently engaged in some form of work (part-time or full-time); and (e) have some educational and/or work history.

We distributed advertisement requests through various Internet forums that focused on sexual minority persons, gender minority groups, and persons living with disabilities. The requests contained instructions that asked individuals who were interested in participating in the study to contact the primary author via email or by phone. The primary author then followed up with
the potential participant via phone call or email, verbally explained the purpose of the study, and screened the individual before scheduling a longer interview. We scheduled an interview time for eligible individuals and provided them with an informed consent form via email. Five individuals did not meet criteria during the screening process, and were not included.

**Participants**

A total of 21 participants volunteered to participate. Participants were 32.96 years old on average ($SD = 9.05$; range: 21–55 years), and identified as non-Latino White/European American ($n = 11$), African American/Black ($n = 3$), biracial ($n = 3$), Asian American ($n = 2$), Latino ($n = 1$), and Middle Eastern descent ($n = 1$). Participants identified as cisgender men ($n = 11$), cisgender women ($n = 5$), transgender men ($n = 2$), transgender women ($n = 2$), and genderqueer ($n = 1$). Regarding sexual orientation, participants identified as exclusively gay/lesbian ($n = 13$), bisexual ($n = 5$), and queer ($n = 3$). Participants’ relationship status included single ($n = 10$), married ($n = 3$), and in a committed relationship ($n = 8$).

Concerning education, participants held a GED or high school equivalency ($n = 6$), bachelor’s degree ($n = 11$), graduate degree ($n = 3$), or professional degree ($n = 1$). Participants’ employment status included being employed full-time ($n = 9$), part-time ($n = 5$), recently unemployed ($n = 1$), self-employed ($n = 4$), or full-time student while working part-time ($n = 2$). Their career and work experiences were in the areas of retail and service, administration and management, public safety, corporate business, human services, health, transportation, education, sports, computer and software technologies, and crafts and fine arts. Their individual incomes ranged from $10,000 to $75,000. In addition to employment, three participants were receiving Supplemental Security Income/Social Security Disability Income (SSI/SSDI), one participant received a disability pension from the Department of Veterans Affairs, and two participants were applying for SSI/SSDI at the time of the interview. Six participants reported having used vocational rehabilitation services in the past to access employment. Geographically, all participants resided in the United States, including the Southeast ($n = 10$), Midwest ($n = 4$), Northeast ($n = 2$), mid-Atlantic ($n = 2$), Pacific Southwest ($n = 2$), and Pacific Northwest ($n = 1$).

Participants reported both acquired ($n = 13$) and congenital ($n = 8$) disability conditions. The degree of functioning indicated varied per participant; identified functional limitations included difficulty with mobility, traveling, social interaction with others, sustained attention and concentration, feeding, grooming, and communication. Primary diagnoses consisted
of developmental disabilities \( n = 3; \) e.g., autism, cerebral palsy), psychiatric disabilities \( n = 4; \) e.g., anxiety and mood disorders, psychotic disorders), substance use recovery \( n = 1 \), sensory disabilities \( n = 3; \) e.g., blindness, d/Deafness), learning disabilities \( n = 1; \) e.g., ADHD and reading disorder), chronic medical illnesses \( n = 5; \) e.g., cancer in remission, cerebrovascular conditions, diabetes, pulmonary disorders), neurological disabilities \( n = 2, \) e.g., brain injury, epilepsy, sleep disorders, stroke), and physical and/or mobility disabilities \( n = 2, \) e.g., Ehlers-Danlos Syndrome, rheumatoid arthritis with chronic pain). Additionally, 11 participants reported secondary and tertiary conditions including psychiatric, medical, and learning-related disabilities.

Sources of Data and Data Collection

We used a demographic questionnaire to inquire about age, gender identity, sexual orientation, disability, chronic illness, daily functioning, race and/or ethnicity, previous and current work experiences, income level, and education and training. In addition, we employed a semistructured interview protocol (see sample items in Appendix) to gather qualitative data; members of the research team constructed the protocol and two sexual minority-identified persons living with disabilities (not interviewed for this study) reviewed it and advised us on the comprehension and sensitivity of the interview questions.

After the initial consent process, we engaged participants in individual, semistructured, conversational, in-depth interviews that lasted between 60 and 150 min. The primary author conducted interviews over the phone \( n = 14 \), in person \( n = 5 \); as two participants were Deaf-identified and preferred written communication, the primary author sent the interview questions to them, and participants responded via email. These correspondences were concise and relatively short. The research team collected as many cases as needed until data were theoretically saturated (Fassinger, 2005). Theoretical saturation, or redundancy (Gordon-Finlayson, 2010), can be achieved with a group of eight to 15 participants in a qualitative study (Morrow & Smith, 2000). We reached saturation at 18 participants by consensus of the research team, as there were no new themes in the data. We believe that saturation occurred with 18 participants given that we recruited a heterogeneous sample of sexual and gender minority persons living with disabilities with varying levels of functioning, education, income, and employment histories. We interviewed an additional three participants post-saturation in order to confirm that theoretical saturation was met. Interviews were audio recorded, transcribed verbatim, and then analyzed.
Analysis

Data-analytic strategies. Data collection and analysis were iterative and recursive; we conducted analyses after every two interviews. Utilizing a constant comparative method, the research team rigorously compared codes, categories, as well as themes and concepts across participants (Byrant & Charmaz, 2007; Gordon-Finlayson, 2010). Conforming to CGT (Charmaz, 2014), the research team used a three-level inductive coding process: open coding, focused coding, and theoretical coding. During open coding, required members of the research team to parcel out and label units of meaning, line-by-line from the transcribed interviews. Units of meaning included singular words, phrases, and whole sentences (Fassinger, 2005). Throughout the open coding process, research team members individually coded each interview, subsequently holding group meetings to discuss the application of the codes to the data. Research team member agreement was necessary to apply any particular code to a given unit of data; we identified 202 open codes across all interviews.

The research team then proceeded to conduct focused coding, rigorously comparing the codes generated during the open coding process to one another to create categorical themes and concepts. This process led to an initial generation of 45 categories. A core, abstract category, customary in CGT, began developing at this stage of analysis. We further refined and collapsed the 45 categories during this phase of analysis. Research team members subsequently engaged in theoretical coding; that is, they further refined categories from the focused coding process into broader conceptual categories and subcategories. We constructed four broad categories and eight subcategories during this phase. The abstract core category became more defined during this phase, and we finalized the associations among the constructed categories. Lastly, research team members reanalyzed all 21 interviews with the finalized categories and respective subcategories.

Methodological integrity. We used multiple procedures to ensure trustworthiness during data collection and analysis, including iterative questioning, collecting rich descriptions from participants, frequent peer debriefing sessions before and after interviews, inquiry auditing, triangulating the coding processes with multiple research team members, as well as writing reflexivity statements and analytic memoranda (Fassinger, 2005; Lincoln & Guba, 2000; Maxwell, 2012). We also applied a process of disconfirming evidence and discrepant case analysis when interviewing and coding in order to accurately capture participant experiences (Morrow, 2007). We further established trustworthiness through the use of in-depth member checks, such as providing
participants with copies of the transcribed interviews and asking for corrective feedback. Only eight of the 21 participants reported back, making minor editorial corrections to the transcripts.

**Results**

**Core Category: Intersectional Adaptation**

In CGT, the core category is an abstract phenomenon that regularly appears in the data, and is a central concept that interacts with all other categories (Charmaz, 2014). We assert that Intersectional Adaptation was the core category in our data, referring to a dynamic process that allowed participants to reflect, prioritize, and shift the saliency of their intersecting identities when responding to their respective career development environments. Participants utilized various psychosocial aspects of their intersecting identities when navigating their career trajectories, including psychological resilience, empowerment, and varying aspects of privilege related to their sexuality, gender, and disability. Intersectional Adaptation also consisted of cognitive and emotional flexibility, allowing participants to address instances of marginalization, stigma, and oppression throughout their career development trajectories. Although participants reported adversity in their lives, Intersectional Adaptation also helped participants to construct career trajectories that were deemed meaningful. When discussing the intersections of his transgender identity, bisexual orientation, disability history (psychiatric and progressive rheumatic conditions), and career development trajectory as a crafts worker, Paylor (a pseudonym created by the research team) summarized:

These parts of me [identities] are my way of life. It is how I survive. There isn’t really any other way I can do it, but to bring all these aspects of me into my work—into my career. I have to move them and shake them so they could all work together. I can’t just get away with doing nothing like when I was younger; I have more bills to pay. Working is something I want to do for the rest of my life, so I can be happy. I can pay the bills now. I think I’m in a good place. So to me, having a career is about being able to maintain a healthy lifestyle and hopefully enjoy what I’m doing . . . while being all of me.

Paylor constructed meaning by connecting his identities and experiences of oppression directly to his career. Paylor also provided insight on how he perceived his own sense of resilience and well-being in relation to his career.

Intersectional Adaptation consisted of four categories (as well as subsequent subcategories): Psychosocial Capital, Psychosocial Conflicts, Intersectional Identity Disclosure, and Work–Life Balance. We found that the four categories
are evident in the narratives of all participants, but participants’ endorsement of subcategories varies. Note that researcher-created pseudonyms have been used throughout the results section in order to protect the anonymity of the participants in this study.

**Category 1: Psychosocial Capital**

Sexual and gender minority persons living with disabilities in this study reported developing and employing a combination of interrelated social and psychological resources, or *capital* as we termed it, to help them navigate their career development trajectory. Participants consciously negotiated which form of capital to utilize when attempting to meet the demands of their unique environmental contexts. Furthermore, capital facilitated the work productivity and career trajectory of participants. Two variations of Psychosocial Capital were evident with this sample: (a) intrapersonal capital \((n = 18)\), and (b) interpersonal capital \((n = 18)\).

**Subcategory 1a: Intrapersonal capital.** Participants described using a series of adaptive coping resources to manage stressors related to having several stigmatized intersecting identities. Participants utilized humor, cognitive reframing, structure, and time management skills to address stressors, such as discrimination, minority stress, and physical violence.

Participants also identified a variety of characterological traits that served as motivators when navigating the demands of their career development trajectory, such as autonomy, integrity, confidence, tenacity, pride, self-worth, and personal responsibility. Participants described these traits as particularly adaptive to their career and well-being. The notion of self-determination became an encapsulating theme as participants reflected on their career development choices.

Humor was frequently mentioned as a coping strategy that helped relieve stress and anxiety. Peter, a gay cisgender man living with both diabetes and a psychiatric disability, working in management, reported, “I’m a big jokester. The more stressed out I am around work, the more I crack really bad puns—sometimes fun puns about being queer—but laughing and smiling are really good ways [for me] to deal with stress.”

To achieve their personal career–life goals, many participants reported using cognitive reframing, the psychological strategy of replacing negative thoughts and beliefs with more adaptive and affirmative ones. Jackson, a gay cisgender man with a chronic pulmonary disorder working in the human services field, mentioned when discussing how to manage work-related stressors, “When I’m feeling down because of something stressing me out at work,
I think to myself ‘I will conquer anything that comes my way.’ Just talking myself up with self-confidence. I mean, it’s also how I got through college.”

Several participants discussed the importance of structuring their day and carefully managing their time in order to meet the various demands of their daily lives. Tiger, a queer transgender woman with a physical disability working in fine arts, stated:

I think to the extent that I have structure in my life and complete things in a timely manner, the more I can just—manage. If I have the ability to predict a situation that impacts my disability, or even coming out as queer, I can also calculate what would be needed to manage the situation. . . . If I know things ahead of time—the more ahead of time—the more I can sort of tailor my bodywork, and my pain management, and my life management to suit it.

Tiger’s use of effective structure and time management skills helped her relieve anxiety and provided a sense of psychological control. Also, Tiger was conscious of her marginalized identities, and directly connected those identities to her use of intrapersonal capital. This was common among other participants.

Participants further identified a variety of intrapersonal traits that motivated them to control their own lives and careers. When describing the influence of tenacity, Rose, a lesbian cisgender woman, discussed how she was considering opening up her own business in the midst of her cancer diagnosis (which caused several temporary mobility and physical impairments):

I am extremely stubborn. I’ve been able to survive anything, and I don’t let go of something easily when it’s something that I want. So no matter how many times someone tells me “it’s not possible and you can’t do it,” it makes me want to do it even more so. I think those things have been helpful for as much stress as my work gives me, that’s been an extreme emotional outlet . . . but overall I’m just stubborn and very tenacious.

Rose’s tenacity—shaped by both her sexual identity and chronic illness—very much influenced her motivation to pursue her career interests. Brutus, who worked as an artist and in the retail and service industries, discussed the influence of autonomy, confidence, and self-worth in connection to his career:

I’ve had to navigate a lot on my own, and be independent, and so I think that contributes to my “survivor mentality” . . . I’ve gone down other avenues that didn’t work for me, but I’ve been working in my trade for over a decade, and I was like “Hey, I’m really good at this, maybe I should turn it into a business and be my own boss?” So that determined attitude, intelligence, and ability to navigate that without a lot of backup or help has really helped me throughout my life.
Like Paylor and Rose, Brutus used the term “survivor” when providing examples of intrapersonal capital. As a result of encountering oppression and stigma, Brutus used various forms of psychosocial capital directly tied to his intersecting marginalized identities in order to exist and economically prosper.

Pride was also a significant trait among participants. In addition to her gender, disability, and sexual orientation, Kat, a bisexual cisgender woman, discussed the importance of racial pride. The depth of discussion regarding race and ethnicity varied among participants; however, Kat intentionally discussed the role that race had in her career development trajectory as a Black woman living with a developmental disability. She integrated pride with her salient identities, stating:

Having pride in yourself—as a bisexual Person of Color, for me at least—those identities are the same as having a disability. Why can’t I be proud of all of them? It’s an element that makes me different from everyone else. My high school life shaped me because it gave me African American pride . . . My family and teachers were very interested in making sure we had a sense of self—as Black people, as African Americans. When you look at oppression it’s the same thing, just a different criteria. That shaped the fact that I have disability pride. It’s not something I’m ashamed of. It’s something that’s a part of who I am that’s shaped me to be who I am. If I didn’t have a disability, if I wasn’t a Black woman, if I wasn’t bisexual, I definitely wouldn’t be the same person.

Kat’s reflection reveals how her personal constructions of multiple marginalized identities, within various environmental contexts, directly contributed to her career development trajectory. Furthermore, Rose, Brutus, and Kat demonstrate that their vocational behaviors are connected to their capacity to cope, self-determination, pride, and their willingness to dictate their own volition in the context of stigma and oppression.

**Subcategory 1b: Interpersonal capital.** Participants collectively identified a series of interpersonal assets that helped them navigate their career development trajectory. These included the following: (a) in-vivo support networks, (b) virtual social support networks, and (c) health-life management teams.

In-vivo support systems included friends, family members, family of choice, and caregivers. Participants identified these social support networks as encouraging, caring, affirming, and empathic. Many participants also reported that virtual support systems helped them both personally and vocationally. In particular, participants relied on Internet-based social media forums and mobile applications (e.g., Facebook, Twitter, Instagram, Reddit, LinkedIn) to make connections and feel confident when connecting with others. Participants also felt as if they had some sense of control over
their identities when engaging in interpersonal and social interactions. Claud, a gay cisgender man working in the field of education and living with a developmental disability, indicated:

When I’m on the Internet, no one knows what I look like, what I sound like, and no one knows how I act. They don’t need to know if I have [a disability] unless I tell them. They don’t need to know if I’m gay, unless I tell them. . . . So I feel like someone with my disability who has trouble talking to people could go on [name of site] and make a post and talk to people much more easily than they would in real life. . . .

Health–life management teams included professional health (e.g., physicians, medical specialists) and human service supports (e.g., counselors, social workers, social interventions). Health–life management teams helped participants manage their disabilities, while simultaneously navigating their career development trajectories. Kat reported:

I remembered as an undergraduate student I worked with a vocational rehabilitation counselor. She basically changed my life. My interactions with her were comfortable, and she affirmed me. She was very supportive in my career goals, and I got tuition waivers if I kept my GPA up and transportation assistance, which was essential.

In addition to seeking support at state and federal vocational rehabilitation agencies in the context of their career development trajectory, participants discussed (a) attending mental health counseling, 12-step or other peer support self-help groups, (b) consulting with medical rehabilitation teams and legal representation, and (c) utilizing SSI/SSDI and Medicare/Medicaid in this context. Both Claud and Kat reported that using interpersonal capital helped them develop a sense of personal agency and control in their lives. Their reflections also reveal the benefits of affirmative interpersonal supports as part of their career development trajectory.

**Category 2: Psychosocial Stressors**

Psychosocial stressors consisted of uncomfortable and negatively laden experiences that either interfered or stifled participants’ career development trajectory, inspired dire solutions that altered the career development trajectory, or made certain career development trajectories more salient for participants. Psychosocial stressors also influenced the way participants engaged within their work, educational, and vocational training environments. Some participants reported feeling apathetic or “needing to settle” for a job as a result of
certain stressors. In other instances, participants felt that they persevered and/or triumphed in the context of their disability, sexual orientation, gender identity, and other cultural identities (e.g., race, ethnicity). We identified two subcategories as encompassing psychosocial stressors: (a) oppression across environmental systems \( (n = 16) \), and (b) existential conflicts \( (n = 15) \).

**Subcategory 2a: Oppression across environmental systems.** Participants told many personal stories of stigma, prejudice, minority stress, and discrimination as part of their career development trajectory. Participants described instances of heterosexism, racism, racial and ethnic-related prejudices, ableism, sexism, genderism, objectification, and violence. When discussing his decision to identify race on an application for employment, OD stated, “I think that maybe I shouldn’t identify as a certain race because I think they base hiring on race. So I don’t know whether to pick Asian, or White, or Mixed when they ask on applications.” OD proceeded to state that he changed his name and profile settings on social media after completing the job application so as not to give away his racial identity, sexual orientation, and disability status.

Moreover, participants interacted with systems of oppression across their lifespan and within their respective community neighborhoods, schools, churches, work environments, healthcare settings, and family households. Marginalizing experiences across these various contexts shaped participants’ access to careers, decisions to remain in or to leave certain work settings, and ways of interaction in the workplace. Johanna, a lesbian cisgender woman who worked in the field of sports, and lived with a physical disability as well as medical illness, poignantly stated:

I had a tremendously difficult life growing up—abuse, name-calling, bullying, and rape. . . . Stuff that happened to me in my house, school, church, and work. I learned early on I had to protect myself, because there are people out there who will hurt you. So, I’m definitely not out of the closet at my job, nor do I plan on being out in any shape or form. When I started in my profession, the one experience I had where someone had the slightest suspicion that I was not heterosexual was horrendous for me. I had to leave where I was working—there were rumors, and people were very nasty to me for a very long time.

Johanna’s experiences of marginalization were traumatic, and she participated in psychological treatment to address her trauma. Her quote demonstrates that her life experiences of marginalization shaped how she approaches career-related decisions and tasks, as well as her interactions with others in the workplace. This was also common among other participants.
Subcategory 2b: Existential conflicts. Participants identified fear, loneliness, and the unknown progression of their disability as factors that interfered with, or were in opposition to, their career development trajectory. For instance, Fin, a gay, cisgender man living with a sensory disability who worked in the technology industry, reported:

I’ve lived a life filled with regrets, and every time it was my own fears that stood in the way. . . . Fear is powerful and most often I’m finding, unfounded. The most painful lessons I’ve learned have been at my own hands. . . . When I decided to apply to [name of company], I definitely wondered what it would mean for someone like me to be at the company. I finally decided that it was time to stop being scared in my life.

Fin’s quote shows how fear and regret were used to construct his career trajectory. He had to experience and combat fear in order to move forward with his career. When discussing fear and loneliness in the context of his career, BT, a gay cisgender man completing an educational degree and living with a neurological disability, stated:

One fear that has always been in the back of my mind is [the] fear that my health led to my poor early academic performance. That will stay with me for the rest of my life, but that fear also makes me think that that my health will also affect me going forward in my career. . . . Occasionally, I am late to work and it is directly related to [the] fact that my medication isn’t working well, but I have so many other everyday stressors. But this fear also follows me in my sexuality. Will it get in the way or affect my partner in the future?

BT associated fear with his health, disability, and sexual orientation, and then subsequently connected fear to his academic performance and romantic relationship. Like Fin and BT, existential conflicts influenced other participants’ decision-making and career choices across their lifespan, as well as their capacity to live authentically with their intersecting identities.

Category 3: Intersectional Identity Disclosure

As a result of being exposed to various forms of stigma, minority stress, and marginalization throughout their career development trajectories, many participants discussed situations in which they had to make decisions about if, when, and how, to disclose their identities (e.g., sexual, gender, disability). The decision to disclose various identities entailed a cognitive decision-making process that required participants to consider possible benign or hurtful disclosure outcomes. We identified two subcategories as part of this larger category: (a) degree of outness ($n = 16$), and (b) safety negotiations ($n = 14$).
Subcategory 3a: Degree of outness. The frequency with which participants disclosed or “outed” their sexual or gender identity, disability identity, or all identities, fluctuated across environmental contexts. Participants often attempted to assess the degree of stigma and ableism in a given environment, and would make decisions about how much to disclose based on the contextual inputs they were receiving (e.g., presence of persons living with disabilities or other sexual and gender minority persons, use of homophobic jokes or slurs, policies for same-sex partner benefits). In some instances, outness was associated with volatile, uncomfortable, passive aggressive, or aggressive workplace interpersonal encounters. Aurellius, a cisgender bisexual man living with a severe psychiatric disability who worked in retail, reported:

Being bisexual doesn’t come up at work a lot, but I have told some people. If I tell guys at work I’m bisexual, they think I might be attracted to them. Which is why I tend not to or try to hint at it without explicitly telling guys that, unless they’ve made it clear that they’re okay with that. . . . [Interviewer: How about when you disclose your psychiatric disorder at work?] It’s pretty clear if I tell people that I’ve been hospitalized or forcibly restrained, or that I’ve been in mental institutions before, they act differently. They distance themselves from me. They wouldn’t be willing to be friends at work. . .

Aurellius’s perceptions reveal how being potentially stigmatized influenced the degree to which he disclosed his sexual orientation or disability status at work. Other participants reported that being out with their sexual orientation, gender identity, or disability status was important in context of authenticity and genuineness. As Lucius, a gay cisgender man working in the health and retail and service industry, described:

Lucius: I needed a job, and it was hard holding one when I was in the middle of my addiction. Someone in AA said that there was this new place hiring. I felt that the job was beneath me, but I went. First thing I told them was that I was gay and 12 days sober. I got the job.

Interviewer: What about disclosing those identities was important to you? Lucius: To me, it just was. Other people will say otherwise, that I had to protect my anonymity. To me it was about honesty. I have to be accountable.

Subcategory 3b: Safety negotiations. Participants discussed several instances in which they had to consider whether to disclose their sexual, gender, and/or disability identities at work, school, or in their personal lives for purposes of avoiding stigma, stress, or other potential discriminatory encounters. As BT stated,
I do think to myself, “Who do I come out to?” And when I talk about my service work at school, or at work, it is a form of coming out. So, I have to choose which of my colleagues I come out to and if they do accept me for who I am, and will they appreciate the work I do. Their reactions? There have been positive, neutral, and negative reactions. Either way, I have to keep myself safe.

Like other participants, BT’s quote shows that disclosure is an ongoing process for him, especially because he needs to consider potential consequences of revealing extracurricular activities and service work related to gender, sexual orientation, and disability. Even when participants were not concealing their sexual, gender, or disability identities, they reported negotiating whether or not to disclose based on the fact that it may be unsafe to share certain elements of themselves with others.

**Category 4: Work–Life Balance**

Participants simultaneously managed both work and life demands as part of their career development trajectories. They also attempted to construct work and life experiences that were purposeful, meaningful, and motivating. In doing so, they sought to achieve a steady and fair balance between their work and personal lives. Participants additionally highlighted the importance of being respected in their place of work. We identified two subcategories as being unique contributors to work–life balance for participants: (a) validity in the workplace environment \( (n = 16) \), and (b) work-life fulfillment \( (n = 20) \).

**Subcategory 4a: Validity in the workplace.** Participants reported carefully appraising their work environments for how much they were validating of sexual and gender minority persons living with disabilities. Participants described validating workplace environments as respectful and affirming of intersectional diversity. Gayle, a queer transman with a sensory disability who worked in the human services field, stated: “My disability, gender identity, and sexual orientation are not an issue at work, because of what they knew about me, and my ability to do the job. They respect who I am, because of what I’m able to do.” Pluto, a gay cisgender man living with a chronic medical condition, said the following regarding his work environment in public safety:

> We’ve always been inclusive at work, or at least as long as I’ve been there. We had our banquet last week and my partner came with me to the banquet. Everyone knows that I’m gay. All the younger guys in the department are okay with it. I think they are more current on stuff like that. Being gay or having [a chronic illness] has never been an issue at work.
Clearly, Pluto felt affirmed and validated at work. Participants described non-validating workplace environments as being overtly disrespectful, unfair, and passive aggressive. For instance, Brutus was terminated from a place of employment after requesting time off on a holiday weekend, “and the owner of the business said he wanted to fire me for months, ever since he found out I had a boyfriend.”

**Subcategory 4b: Work–life fulfillment.** Many participants identified varying periods of thriving and even happiness as a result of maintaining a balanced lifestyle between work and their personal lives. As Kat summarized:

> Work is the way I am able to provide for my family—even if I’m married to a person of the same sex. . . . My work is valuable because I get to help people with their disabilities, and they can relate to me. I can relate to them. . . . Being able to provide support and be supportive helps me feel grounded in a purpose. It’s a symbiotic relationship because you learn and grow through your interaction with people, and I become a better person. . . .

Kat’s quote demonstrates how she constructed purpose and meaning in her life. Furthermore, Kat’s quote reveals that she reflected on her identities in order to construct her career development trajectory. Similar to Kat, other participants reported a level of satisfaction over implementing their work and life values. Participants further reported having confidence, self-worth, and a sense of optimism as a result of balancing work and personal life.

**Discussion**

Utilizing CGT (Charmaz, 2014) to analyze data collected from 21 diverse participants, we constructed substantive categories detailing some of the salient factors that account for the career development trajectories of sexual and gender minority persons living with disabilities. Intersectional Adaptation was at the center of participants’ experiences. Intersectional Adaptation is a dynamic process that equipped participants with the capabilities to address the demands of their social, cultural, political, and physical environments as they navigated their career trajectory. Similar to foundational theories of career development (e.g., trait-and-factor, developmental, social cognitive; see Swanson & Fouad, 2015, for a review), environment played a significant role in the career development trajectories of our participants. However, dissimilar to foundational career theories that emphasize person–environment match, the experiences of participants we interviewed emphasize person–environment adaptation. A match indicates that there is a degree of equivalence between the
person and environment, but matching was not often the case for our participants. Participants were living with multiple marginalized identities, and were at times disempowered by certain environments.

Instead, participants collectively used their intersecting identities to adapt to their respective environments. Sexual orientation, gender expression, and disability identity contextualized the career development trajectories of the participants. Although met with considerable adversity, participants were active agents in their career trajectories and utilized some of the fundamental aspects of their identities to thrive in their complex career development environments. Some participants extended the discussion of identity to include race, further nuancing the importance that other identities have in relation to sexual orientation, gender, disability, and career development.

Psychosocial Capital, Psychosocial Stressors, Intersectional Identity Disclosure, and Work–Life Balance influenced Intersectional Adaptation. Similar to theories of social capital (Dekker & Uslaner, 2001) and cultural capital (Banks, 2009), participants utilized both interpersonal and intrapersonal capital for purposes of developing their economic enterprises and achieving personal career goals. Theoretically, capital buffers against the negative effects of stress and promotes positive health behaviors and optimal wellness (Eriksson, 2011).

Our results also suggest that psychosocial capital is applicable to the career development of marginalized populations, and can be influenced by the intersections of gender, sexual orientation, and disability. Participants took personal inventory and pooled their psychosocial resources from each of their respective identities in order to meet the demands and challenges inherent in their environmental contexts. This is consistent with Savickas’s (2013) contemporary perspective on career adaptability, which subsequently became a component in the psychology of working theory (Blustein, 2006; Duffy et al., 2016). Like career adaptability, different forms of psychosocial capital (i.e., utilizing social supports, mobilizing coping resources) directly influenced the actions that participants took to navigate their career development trajectories. These findings are consistent with the notion that sexual and gender minority persons invest a considerable amount of psychosocial energy in their career development process (Dispenza et al., 2016).

Moreover, globalization factors have become more apparent in the writings of contemporary career theorists (Blustein, 2006; Duffy et al., 2016); as such, Internet-based technologies are integral to the globalized workforce. Participants frequently utilized Internet-based technologies, platforms, and social media forums for their career development, and to better compete with the demands of global markets. Both sexual and gender minority persons and persons living with disabilities regularly make use of these Internet-based
technologies, and in some instances, at higher rates than heterosexual individuals and persons not living with disabilities (Cheatham, 2012; Mustanski, Lyons, & Garcia, 2011).

Psychosocial stressors were also an influencing factor in the lives of participants. Experiences of marginalization, including oppression, discrimination, and racism, have been widely explored in the career development trajectories for both sexual and gender minority persons and persons living with disabilities (Dispenza, 2015; Fabian & Pebdani, 2013; Marini, 2012; Prince, 2013; Swanson & Fouad, 2015; Szymanski et al., 2010). Marginalization, oppression, racism, and discrimination are also explicitly integrated into some foundational and contemporary theories of career development, such as the psychology of working theory (Blustein, 2006), ecological model (Szymanski & Hershensen, 2005), and social cognitive career theory (Lent et al., 2014). In addition to being pervasive, marginalizing experiences produce significant stress and possess the capacity to influence individuals’ career development trajectory (Dispenza et al., 2016). Thus, it was no surprise that all participants reported instances of marginalization. One particular nuance in our findings was that marginalization occurred across different environmental systems and that marginalization in each of the different systems influenced the career development trajectory of participants in some shape or form. This is consistent with theories of developmental contextualism and minority stress previously applied to the study of the career development trajectory for sexual and gender minority persons (Dispenza et al., 2016). Minority stressors (e.g., discrimination, perceptions of stigma, concealment) were clearly evident in the reports of our participants and shaped their career development trajectories. Our results further support the notion that minority stress is a useful theoretical framework to use in career contexts with sexual and gender minority persons living with disabilities.

Existential conflict was a novel finding. Existential factors are not commonly addressed in career development (Sterner, 2012), yet they were prevalent in the lives of the participants. Both foundational and contemporary theories support that there are multiple choice points during the career development process (Swanson & Fouad, 2015), and existential conflict is a clear example of how intersecting identities influence career-related decision-making for persons living with multiple marginalized identities. Not only did participants have to make multiple decisions about how to manage the stress associated with the unknown progression of their disabilities, but they also had to make multiple decisions about how to manage the stress associated with how others would respond to their disability, sexuality, and gender minority identities. As a result, participants would experience fear and isolation.
Disclosure is one of the most profound experiences for both persons living with disabilities and sexual and gender minority persons. Foundational career theories often assume that all persons have the capacity to make choices of their own will, but contemporary approaches suggest that environmental factors may constrain choice (Swanson & Fouad, 2015). The decision to disclose either sexual orientation, gender identity, disability status, or all identities can have profound negative outcomes, including workplace harassment, prejudice, discrimination, demotion, or even termination from employment (Dalgin & Bellini, 2008; Dispenza et al., 2016; Dispenza et al., 2012; Marini, 2012). Findings from an experimental analogue study found that sexual minority persons who disclosed both their sexual orientation and disability status were more likely to receive lower ratings of employability, and were less likely to be hired, than heterosexual persons not living with disabilities (Dispenza, Kumar, Standish, Norris, & Procter, 2018). Our findings indicate that participants assessed the degree to which they felt stigmatized in a given environmental context, and they also assessed how safe they felt in a particular environment (e.g., vocational or educational). Afterwards, participants would weigh the benefits and disadvantages of disclosing any of their identities.

Lastly, participants felt it was important to achieve a balance between their personal and work lives. Work–Life Balance is reminiscent of several contemporary theoretical constructs, including the psychology of work theory (Blustein, 2006; Duffy et al., 2016), which was subsequently influenced by the International Labor Organization (ILO; 2014). Work includes reasonable opportunities for employment, human rights, communitarianism, and the pursuit of personal values, family, health, and well-being (ILO, 2014). Work that affirmed the intersecting identities of participants also provided them with the opportunity to nurture their connections to health, well-being, family, friends, and other loved ones. This further made work meaningful to participants, and afforded them dignity and respect as human beings.

Implications for Counseling

Our findings indicate the importance of attending to matters of intersectionality when delivering career interventions with culturally diverse populations. Consistent with the psychology of working (Blustein, 2006), social cognitive (Lent et al., 2014) and ecological (Szymanski & Hershensen, 2005) career theories, experiences of marginalization and oppression need to be addressed in career counseling. Despite some of the limitations of foundational (e.g., trait-and-factor, developmental) and contemporary (e.g., relational-cultural, constructivist) theories of career development, some of our findings are consistent with existing theories. Thus, counselors and counseling psychologists
may find it beneficial to integrate our findings with foundational and contemporary career theories. By integrating our findings with current career theories, counselors and counseling psychologists could possibly augment the effectiveness of their career-related interventions while simultaneously being culturally responsive to the career needs of culturally diverse sexual and gender minority persons living with disabilities.

The generated categories provide areas to focus on when delivering career interventions with sexual and gender minority persons living with disabilities. For instance, counselors and counseling psychologists may find it beneficial to conceptualize career-related issues with this population from an intersectional adaptation perspective. They could increase critical consciousness regarding the influence of intersecting identities on career choice, personal well-being, and the work–life interface for sexual and gender minority persons living with disabilities. We also encourage counselors and counseling psychologists to appraise levels of psychosocial capital, psychosocial stressors, degree of identity disclosure, and work–life balance when working with sexual and gender minority persons living with disabilities. If counselors or counseling psychologists note deficiencies in these areas, they can tailor their career interventions accordingly. Our results further support that mental health professionals working with sexual and gender minority persons living with disabilities should focus on empowering autonomy, self-determination, dignity, and inclusion in the workplace (Kosciulek, 2014). We especially encourage counselors and counseling psychologists to empower sexual and gender minority persons living with disabilities to collaborate during session planning, information gathering, assessment procedures, and implementing plans of actions (Szymanski et al., 2010).

Limitations

Our results should be interpreted in the context of several limitations. Although we made critical efforts to recruit a heterogeneous sample of sexual and gender minority persons living with disabilities with varying levels of functioning, formal education, income, and employment histories, our recruited participants did not fully cover the entire spectrum of sexuality, gender, and disability. Our adult participants self-selected to volunteer to respond to our advertisements and were also comfortable with discussing their identities. Thus, this group does not capture individuals who are significantly less adapted to their disability or “less out” with their sexuality or gender identity. Despite varying levels of ability and functioning, participants were also relatively independent with regard to their day-to-day living, which is not always the case for persons living with disabilities. Furthermore, the
categories may not generalize to all sexual and gender minority persons living with disabilities, and variations can exist depending on the intersections of disability, gender, and sexual orientation. However, we argue that the results are transferable (Marshall & Rossman, 2016) to sexual and gender minority persons living with disabilities because our findings are grounded in their experiences. Lastly, despite the use of rigorous analytic procedures, we only obtained self-report content as our source of data. We might have further enriched our results if we had also collected career-related quantitative measures, collateral interviews, resumes, cover letters, employer evaluations, and other archival artifacts.

**Directions for Future Research**

First, researchers in the future could expand this study to include sociodemographic variables that focus on race, ethnicity, social class, immigration/refugee status, and ethno-religious and/or spiritual identities. Culturally diverse persons encounter unique psychosocial contexts during their lifespan, and other forms of stigma (e.g., racism, xenophobia, Islamophobia) could influence the manner in which such persons approach their career development trajectory (Swanson & Fouad, 2015). Secondly, our findings could be quantitatively validated with larger more diverse samples of sexual and gender minority persons living with disabilities. Through the use of latent variable modeling, existing quantitative measures could be adapted and modified for purposes of further validation. Researchers and scholars could compare with other existing theories of career development if our findings better or equally account for the career development trajectory of sexual and gender minority persons living with disabilities. Lastly, researchers should consider a longitudinal research design to assess the degree that our findings are tenable across the lifespan. This would be particularly beneficial when studying the career development of LGBT youth living with congenital or acquired disabilities.

**Conclusion**

As far as we know, we are the first to provide an evidence informed account of factors influencing the career development trajectory of sexual and gender minority persons living with disabilities. Our qualitative findings indicate that participants utilized a variety of psychological and social resources to manage stressors, barriers, and facilitators within their respective environmental contexts when navigating their career trajectory. Our findings support the notion that intersecting identities cannot be compartmentalized
in the career development process, and that intersecting identities warrant further attention by scholars, practitioners, and educators. As we continue to advance in the 21st century, changes in technology, the labor market, and sociocultural-political contexts suggest that counselors and counseling psychologists need new, substantive, affirming approaches of career development to better assist persons with multiple marginalized identities.

Appendix

Sample Items From Semistructured Interview Protocol

1. Describe the role of work in your life?
2. How does having a disability influence your career/work trajectory?
3. Describe how your (sexual orientation/gender identity) influence(s) your career/work trajectory?
4. Describe a memorable experience that influenced your career/work trajectory? (Collect multiple stories from participant; prompt with: Tell me another memorable experience.)
   a. Follow Up: What was (helpful/not helpful) about this experience?
5. How have your relationships influenced your career/work trajectory?
   a. Follow Up: How have they been helpful? How have they not been helpful?
6. What barriers, if any, have influenced work/career trajectory?
   a. Follow Up: How have you addressed these barriers?
   b. Follow Up: What role has stigma and discrimination played in your career/work trajectory?
7. How do you manage work/career and other life priorities?
8. What does it mean for you to be a sexual and/or gender minority person living with a disability?

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