

# Thinking pink

Colin Feltham interviews *Dominic Davies*, founder and director of Pink Therapy, about the ongoing and new challenges facing therapists working with LGBT and trans clients *Photo by Jacky Chapman*

**Dominic, please tell us what led you from childhood onwards to a career in counselling and psychotherapy.**

I was very taken with a career as a barrister throughout my teens. I used to be an avid fan of *Crown Court* on TV and also spent many summer vacations sitting in the public gallery of various courtrooms. I found the ritual and formality and legal arguments fascinating. It's no doubt contributed to my love of ethical issues.

However I didn't come from a wealthy family and wasn't bright enough for a career at the bar, so I temped for a year or so doing office jobs and volunteered with Samaritans. Around this time I got offered a place to train as a residential social worker.

The late 70s were not a great time to be a gay residential social worker so I wasn't a very confident or together gay man, but I had been enjoying my work with Samaritans, who were very accepting of me, and I thought I'd like to get out of social work and train to be a youth counsellor.

I ended up studying community and youth work in Leicester as there were only two formal counselling courses available in the UK in those days – the early 1980s – and, at 21, I was deemed too young to train as a counsellor. So I entered the profession of counselling via youth work and university counselling.

I grew up in a period when homosexuality was considered a mental illness and when homosexual activity between men needed to be strictly in private and both parties had to be over the age of 21. I was probably about 12 when I had my first experiences of same-sex activity, and I remained sexually active throughout my teens. I think I fitted the wounded healer archetype

and came to train in order to reconcile my own confused and conflicted feelings about my sexuality.

**You've been working therapeutically for over 30 years. How much has changed in terms of which clients you see and how you practise? Are there new challenges?**

In the early part of my career my work was largely with gay and bisexual men. For the best part of a decade now I've diversified into working with people who are gender variant and transgender and those involved in consensual BDSM/kink, as well as a gay male practice. In the past five years much of my work with gay men has been around their use of recreational drugs and what's come to be known as chemsex. Chemsex is the use of recreational drugs to facilitate sexual pleasure – specifically the drugs crystal methamphetamine, gamma butyrolactone (GHB/GBL) and mephedrone.

About three quarters of my gay male clients have issues with chemsex. It is probably more of an issue in London and our large cities than in the country as a whole, but I think the sexualised use of drugs by gay men is presenting an increasingly demanding challenge for therapists working with these populations. There is a significant lack of knowledge among most therapists about what each of these drugs does and how they're used and the contexts in which people are taking them. Often they're used at a 'chill out', which in this context tends to mean a sex party at someone's home. They may be single men or couples looking for some additional fun. The men find each other via online apps like Grindr, Recon and Scruff – there are many others.

Some of the individuals and couples I work with can't remember the last time they had sober sex. Almost everyone who's tried chemsex would say that sex on drugs is much better than sex without them, which can make it difficult to return to sober sex if and when the drug taking becomes problematic – either through addiction or illness or the recovery from the weekend starts to eat into their working week and impedes their career progression. Crystal meth in particular can make people very compulsive and can be quite difficult to recover from if someone has used it regularly for some time.

**My impression is that a lot of LGBT therapy has been about coming out, surviving homophobia and HIV/AIDS. Is this still true or are things changing?**

In my experience there has always been a whole lot more to LGBT people's lives than those three issues. Each of those four groups has issues relevant to their own identity and social context and most of the people coming through my door today are not bringing these issues, at least not as starkly reductive as that.

As I've said, a lot of my work is now around chemsex. I'm also working with several trans clients and people exploring their gender identity. I also have a few hetero/bi clients exploring issues arising from BDSM or wanting a kink-aware therapist. I enjoy working with a wider range of gender and sexual minority clients and the different trends and issues people bring.

The economic downturn has also affected the way I practise. Only a fairly small number of my clients are coming for therapy on a weekly basis. The majority come less regularly for what could be called consultation.



## The interview

**You founded the organisation Pink Therapy and pioneered pink therapy as a therapeutic model. You've also published three books on therapy with LGBT clients. What among your achievements are you most proud of?**

In addition to the books – which have made a pretty major contribution to the field, and which helped BACP decide to make me a Fellow – there have been some other projects. One was to have some of Pink Therapy's recent papers translated into many of the world's languages by a team of volunteer translators. So we now have our most recent thinking available in Chinese, Russian, Italian, French, German, Portuguese, Spanish and more so that clients from gender and sexual minorities and their therapists can access accurate and non-pathologising information.

Another thing I'm proud of is that Pink Therapy is now offering postgraduate training to therapists who wish to specialise in working with gender and sexual diversities, and last year we began a one-year training in relationship therapy. The relational dynamics between same-sex couples or polyamorous people or those into BDSM lifestyle relationships are different to the heteronormative dyad that tends to go to Relate. Some research we undertook a couple of years back showed how poorly people who have alternative sexualities and relationships are being served by counselling services.

**What do you think counselling and psychotherapy generally still has to learn about LGBT issues and gay affirmative therapy? Is it best left to specialists or can and should everyone integrate it into their practice?**

I think our field has a long way to go. Therapists are still not being adequately trained to work with LGBT clients, who we know from research have a higher incidence of mental health distress due to their stigmatised identities. LGBT clients are also larger consumers of therapy, so we make good customers, but the training bodies and professional associations have done very little to ensure that counsellors are knowledgeable and competent and confident to provide services.

I am encouraged though by the new Memorandum of Understanding on conversion therapy (see News, p7) that BACP, UKCP and the other major psy/therapy professional associations have just signed up to. It specifically states that trainings should 'prepare therapists to sufficient levels of cultural

competence so they can work effectively with LGBT clients' and that training curricula should follow the British Psychological Society guidelines on working with gender and sexual minority clients. This is the first time these organisations have collaborated on a shared project and it's gratifying to have been working with them. Things could be about to change for the better!

**Do you see a tendency for LGBT therapists to be stereotyped as a special interest in sex and sex therapy, as if most heterosexuals aren't so interested in this field?**

That's not been my experience at all. I know very few gay male sex therapists and barely any lesbian sex therapists. I don't think I know any trans sex therapists. A few years back I co-presented a keynote at the British Association for Sexual and Relationship Therapy (BASRT) conference (they're now the College of Sexual Relationship Therapy) and their audience was 95 per cent heterosexual. So, while some people may stereotype LGBT therapists as being interested in psychosexual work and alternative sexualities, in reality there are probably way more heterosexuals working with those issues.

Having said all that, my own professional interests do lie in this area and the casual observer might think we at Pink Therapy bang on about it a fair bit. That's partly because there are virtually no other services aimed at people who are polyamorous or involved in BDSM and seeking help.

**It's a huge question but where do you see LGBT rights, achievements and obstacles standing now? Same-sex marriage, religious acceptance of LGBT people, rejection of conversion therapy and persecution in places like Russia and Uganda, for example, have been very much in the news in the last 12 months.**

I think we've finally got some of the best human rights legislation in the world and I'm amazed at the changes over the past two decades. However there are still many issues to campaign on in the UK – access to health care for gender variant people being one example. But you're right, the situation in other parts of the world has become more repressive. Russian, Nigeria and Uganda are particular examples of this, but in pretty much the whole global south LGBT people are suffering discrimination and a lack of basic human rights. In July last year I attended an

international conference organised by the Overseas Development Institute and the Kaleidoscope Trust to discuss how aid donors can help support LGBT rights in developing countries. The video of the proceedings is available online.<sup>1</sup>

**Another of your areas of interest is thought field therapy and its use alongside person-centred therapy and other integrative models. Can you say more about that?**

In 2006 I undertook a weekend course in thought field therapy. It was the very first of the energy psychologies that have started to proliferate. Other names people might have heard of are emotional freedom technique (EFT) or Phil Mollon's psychoanalytic energy therapy. I ended up training to the highest level with the founder and developer of the approach as I could see this being very helpful to many clients. It's a truly remarkable if somewhat quirky approach. Basically the client thinks about an issue causing them significant distress or anxiety and then they or I tap in a specific sequence on trigger points on their face and upper body. These trigger points are connected to the same meridians that the Chinese discovered thousands of years ago. Somehow this helps detach the emotion from the event and the person feels calmer and more able to function. It's pretty instantaneous, highly effective (I have a 90 per cent success rate in the cases I use it with) and has helped facilitate a more rapid process of therapeutic change for many clients. While it sounds like quackery, I and my clients find it pretty awesome for trauma, anxiety, phobias and obsessions and addictive urges.

**What are your plans now regarding your professional and personal life?**

I would like to see Pink Therapy expand so it can help therapists develop greater cultural sensitivity with a wide range of gender and sexual diversity clients. The development of our training programmes into providing a master's degree would be great, as would having time to develop more online training options to allow people from across the world to access our expertise and share their own experiences in this emerging field. Pink Therapy really needs an investment of staffing and finance to grow and develop. There is still so much for us to do. ■

### References

1. See <http://www.odi.org/events/3968-can-aid-donors-help-support-lgbt-rights-developing-countries#audiovideo>