Revision of GAT in PT1?

Previously called Gay Affirmative Therapy: problematic as it might be thought to apply only to gay men, also problematic ‘AFFIRMATIVE’ what is being affirmed and by whom?
- Are we affirming the person’s sexuality or their gay behaviours?
- Is it our place as therapist to affirm some behaviours and not others?
- SMT is more neutral – much of it can apply to all gender and sexual minorities (incl members of the KINK community)
Experiential Exercise

In pairs spend 15 minutes each way on ‘Early Experiences’ questionnaire.

1. Work with someone you don’t know
2. Choose your own questions
3. Listener’s role to help you explore your answer,
4. This content of this exercise isn’t going to be shared. We will briefly process the learning experience.
Sexual and gender minorities are hypervigilant to being pathologised (being seen as ‘mad, bad, or dangerous to know’). This can permeate every aspect of their lives and everyone will have internalised this message to some level.

Everything goes through a filter/translator.

Judy Grahn’s book “Another Mother Tongue” – Think Pink concept (2nd language)

If time permitted I wanted to get you to look at the impact on Lesbians, Bisexuals and Trans people for being perceived as mad, bad and dangerous to know.

Hillin’s work with gay men...
**Figure 2** This chart shows the patterns by which gay male oppression is internalized. The mechanisms by which other oppressions are internalized are similar while the content varies.

Source: © Anthony Hillin, Training and Consultancy, 69 Pretoria Avenue, London E17 6JZ
Work with Individual Clients: on self-esteem, internalised oppression, developing assertiveness skills, relationship and dating skills, congruence in occupational role and work/life balance, decisions about parenting, spirituality, drugs & alcohol issues etc.

Within Organisations: therapists could look at in what ways might we need to change counselling organisations to make them relevant and welcoming to sexual minority clients (assessment documentation, use of anti-oppressive language, availability of Sex Min counsellors, visible resources (health ed material, advocacy, networking with LGBT organisations etc.

Within social–cultural context: supporting social and legal changes towards equality etc. i.e. access to services for trans (medical and psychological), homophobic bullying at work/school, same sex parenting/adoption issues. Walk for life, or participation in Pride etc.

Consider what part sexual orientation plays in the client’s clinical issues.

Sexual orientation maybe core for someone in the early stages of coming out.

For other clients, orientation may be relevant by not central.

Clinical Example:
Successful 40 y.o. American lesbian, Director in a large US firm wanting to explore family or origin issues and how to support her ageing father and alcoholic brother. Is it her responsibility to care for ageing father since she is unmarried? (her own internalised heterosexism/guilt)
Therapy issues

Assess the clients level of internalised heterosexism and/or biphobia

Determine the extent to which internalised negative messages influence presenting concerns

Facilitate the exploration of the impact of internalised heterosexism and/or biphobia on the client’s life.

Ask client what they like about being LGBT i.e. what are the positives for them and then ask what’s bad, troubling, less good.

Sex therapy client (38) whose sex life is limited to oral sex and MM and even that has tapered off a lot over the past 6 years and is causing great tension for him with his “attractive younger b/f” (monogamous relationship). Is his dislike of anal sex due to internalised hph? His parents have refused to acknowledge him since he came out 12 years ago and he’s desperate for reconciliation.
Pre-contact
You may be checked out

Contact
What first impressions may someone have of you and your space?

Internet searches, word of mouth recommendations, referrals from ex lovers and friends. Have you googled yourself? Your therapist? ;)

How can you make your space feel welcoming to sexual minority clients?
Positive Images/art
Reading material in waiting room
Your own bookshelves

My chapter on PCA and Psychological contact is on the website.
Why am I including Reparative Therapy?
• It’s growing in the UK esp amongst Evangelical communities – in particular relevance to BME communities.
• They often speak out about these issues – a big and organised PR machine.
• You can be advocates for reason and if clients come to you having been through reparative therapy or seeking cure, you need to know what you’re up against.
• Clients are likely to have a transference fear of being pathologised/cured – they may know about this stuff even if YOU don’t
• Clients (or their family members) may also seek change/treatment. Contracts to change orientation are likely to lead to serious mental health consequences when they fail.

NARTH (National Association for Research and Treatment of Homosexuality – Exec Director Joseph Nicolosi Former President Charles Socarides (died recently), had a gay son!
The homosexual lifestyle is associated with a large number of very serious consequences for physical and mental health. Due to high rates of promiscuity coupled with high risk sexual activity, especially (often unprotected) anal sex, there are high rates of often incurable STDs among homosexuals. For example, the majority of AIDS cases are among homosexuals and the majority of recent outbreaks of syphilis are observed among the homosexual population. Furthermore, homosexuality is associated with significantly increases risk of major emotional ill health such as major depression, suicide, and drug addiction. It is therefore not surprising that the homosexual lifestyle is associated with a shortened life expectancy of up to two decades. This is equivalent to or even exceeds the shortening of life span that is observed in smokers.

Source: http://www.narth.com/docs/maranatha.html

written February 2005
“The Maranatha Community is a Christian interdenominational community which consists of over 11,000 members mainly across the United Kingdom, but has also members worldwide. Many Maranatha members are engaged in the care of children, young people and adults professionally or in a voluntary capacity. They are deeply involved in issues affecting young people and adults, not only regarding sexual health but also matters such as drug abuse, family breakdown, and relationship problems. The Maranatha membership includes Christians from all denominations including Anglicans, Roman Catholics, Free Churches and Orthodox Churches.”
NARTH says:

- Homosexuality is caused by incompetent parenting and/or child sexual abuse:
  - "The development of the male homosexual is basically someone who did not develop that strong sense of masculine identity and he is trying to fulfill that sense of masculine deficit by connecting with a man. But the only way he knows how to do it is sexually. What feels right and natural is the sex drive that is being displaced onto a person of the same sex for emotional needs."
  - Homosexuality is often caused by early sexual abuse.

Remember Socarides had a gay son – so what does this say about the masculine deficit in his own family?
NARTH also says:

- Homosexuality is preventable in childhood and treatable in adulthood.

- Most gays and lesbians can successfully convert to heterosexuality through reparative therapy.

It’s preventable they believe, by encouraging gender typical play and father’s being present to play football with their sons and mothers to help their daughter learn to cook and sew!

2nd point is a complete lie. Very few can convert – see later.
Dr Robert Spitzer:

“There is no documentary evidence showing someone’s sexual preference can be changed by therapy. There is only anecdotal evidence, mostly from the therapists themselves, claiming that what they do works. That’s not very scientific. On the other hand, there’s no scientific evidence to show that this is impossible...It hasn’t been studied. “

Dr. Robert Spitzer, Professor of Psychiatry at Columbia University.

[Skip Spitzer if running late - flag it up for later reading.
In 2001, after he made this statement, he reported on a study that he had made. Whereby he used telephone interviews with ‘ex-gays’ who claimed to be cured.

Dr. Robert Spitzer studied 143 "ex-gays" and 57 "ex-lesbians" who had reported that they had become "straight." During 45 minute telephone interviews with each subject, they were asked 60 questions about their "feelings and behavior before and after their efforts to change orientation. They discussed their motives for change; their strategies, which included counseling, support groups, prayer and mentoring; and their current relationships with the opposite sex". 7
Dr. Robert Spitzer:

- That 86% of the men and 63% of the subjects emerged from therapy still having feelings of attraction to persons of the same-sex. That is, after therapy they are bisexuals, not heterosexuals.

- That sixteen (11%) of the men and 21 (37%) of the women report that they now have a heterosexual orientation. It is not known how many of these had entered therapy as bisexuals and how many had been homosexuals.

Dr. Spitzer reported:

- "Some people can and do change. Like most psychiatrists, I thought that homosexual behavior could only be resisted, and that no one could really change their sexual orientation. I now believe this to be false." 17

Of the 200 subjects, 86 had been referred to Dr. Spitzer by conservative Christian groups specializing in converting homosexuals. NARTH referred 46 subjects. Some other sources provided 68. It is apparent that the individuals that Dr. Spitzer interviewed were hand-selected from a very large group of persons who had either a homosexual or a bisexual orientation. Those who had been unable to change their sexual behavior would not have become subjects in the study.
That 66% of the males and 44% of the females had arrived at "good heterosexual functioning." According to CNN.com, that term is defined as having been "in a sustained, loving heterosexual relationship within the past year, getting enough satisfaction from the emotional relationship with their partner to rate at least seven on a 10-point scale, having satisfying heterosexual sex at least monthly and never or rarely thinking of somebody of the same sex during heterosexual sex."

Of the 112 men (out of the total 143) who acknowledged that they masturbated, more than half (56 percent) said they used homosexual fantasies some of the time and about one-third (31 percent) said they seldom had opposite-sex masturbation fantasies.

Show this one if time permits.
How does Reparative Therapy work?
LGBT Youth are the major target for Reparative Therapy. See Caught in Crosshairs report on Website. Also read a few Rules from Love in Action camp.

Wayne Besen – a gay activist and author of: Anything But Straight: unmasking the scandals and lies behind the ex-gay myth has set up an organisation to counter the ex-gay myths called Truth Wins Out
It doesn’t! UNLESS

- You have a strong religious faith
- You devote most of your waking life to active involvement in the ‘ex-gay’ movement
- You have a significant bisexual orientation and can sublimate your homosexual longings.

Spitzer’s research showed it only seemed to work for those actively involved in their churches and in the ex-gay movement.
Key elements of Reparative Therapy

- Strong transferential relationship
- Invocation of powerful motivation
  - client
  - parental
- Prayer and active participation in church life
- Group ‘therapy’
- Male bonding/sports/masculine activity
Recommendations for effective Sexual Minority Therapy

In addition to the recommendations in the GAT chapter (Davies) and Perlman...
Recommendations

☑️ Be aware of the historical context around homosexuality and gender variance and therapy’s relationship to homosexuality since Freud.
See: LGBT History Month:
http://www.lgbthistorymonth.org.uk/ And Stonewall Timeline:
http://www.stonewall.org.uk/information_bank/history__lesbian__gay/89.asp

☑️ Avoid treating sexual orientation as a ‘phase’ or minimising the importance of minority sexual orientation (esp when working with young people)

Clients may be hypervigilant to being pathologised, or perved on as some curiosity. We’ve had out brains washed by long term psychoanalysis, electro shock therapy, neurosurgery. Homosexuality was only declassified as a mental illness by WHO in 1992 16 years ago. Therefore many experienced practitioners were taught to treat it as a mental illness
Recommendations

- Provide factual information and know useful bibliotherapeutic resources to recommend to LGBT people.
- Cognitive methods can help clients evaluate the validity of their beliefs.
- Encourage contact with other LGBT people.
- Know your local and national resources.

A psychoeducational approach is necessary as many sexual minority people lack access to accurate information and knowledge of resources. Also, they’re time in the closet is time NOT spent in developing some of the social and relationship skills necessary for healthy adult relationships. When most straight 16–20 year olds are dating most LGBT people are not. Sometimes this creates a huge developmental lag which they may have trouble making up for for the rest of their lives.

Guided reading – relationship and dating skills books, guides on improving confidence and self-esteem, workbooks on coming out etc can all help speed up the therapy process and help people gain a greater sense of confidence and self-awareness.

What are the implications of psychoeducation for the therapeutic relationship (transference)
Recommendations

- Don’t treat LGBT clients as if they are ‘the same’ as heterosexual clients (ignoring unique stressors)
- Carefully explore requests to change sexual orientations. Conversion/reparative therapies have been shown to increase self-hate, psychological distress and suicidal ideation.
Therapy Guidelines

- APA Guidelines for Psychotherapy with LGB clients:
  http://www.apa.org/pi/lgbc/publications/guidelines.html#17
- ACA Competencies produced by AGLBIC
  http://www.aglbic.org/resources/competencies.html
- HBigDA Standards of Care (WPATH)
  http://www.hbigda.org/soc.htm
- “Homework” exercises

These Guidelines are all on the website:
APA = American Psychological Association
AGLBIC = American Gay, Lesbian and Bisexual Issues in Counselling
HBigDA = Harry Benjamin International Gender Dysphoria Association
WPATH = World Professional Association for Transgender Health