(Gender &) Sexual (Minority) Therapy

Dominic Davies
Gender & Sexual Diversity Therapy
Prevalence of GSD's based on behaviour
What is GSD Therapy?

Dominic Davies
Three domains of a gay affirmative approach (Harrison, 2000)
Discrimination & Minority Stress:

All GSD people, even those who have grown up with supportive family and friends, will most likely have experienced some degree of discrimination or prejudice.
Discrimination & Minority Stress

- **External stressful events:** discrimination, prejudice, family alienation, physical violence, “micro-aggressions of everyday life”

- **Expectations of such events:** hyper vigilance

- **Internalisation of negative societal attitudes:** potential shame, guilt & negative attitudes about sex, sexuality, gender difference, relationship styles

- **Concealment:** as part of a vigilance strategy
KEY ISSUE 2

Survival and Resilience:

Because GSD people often experience a lack of acceptance and varying degrees of discrimination, prejudice and trauma, they are often unusually resilient. Fruitful discussions about Post Traumatic Growth can be helpful.
Those who regularly encounter individuals who may be lesbian, gay, bisexual, or transgender know from first-hand experience that the many stereotypes found in popular media that have become so deeply etched in public perception have little correspondence with actual experience. In fact, practitioners familiar with LGBT individuals find that their clients are usually quite tough, that they respond to hardships and personal tragedies with notable resiliency, are remarkably creative in devising ways of transforming hardships into opportunities, and continue to make significant contributions to society despite being denied access to environmental supports available to most other groups.

GSDT Skills & Obstacles
Dominic Davies
Therapy issues

- Consider what part sexual orientation or gender identity plays in the client’s clinical issues.
- These issues may be core for someone in the early stages of coming out.
- For other clients, sexual/gender identity may be relevant by not being central.
Therapy Issues cont’d

- Assess the clients level of internalised heterosexism gender dysphoria and/or biphobia
- Determine the extent to which internalised negative messages & shame influence presenting concerns
- Facilitate the exploration of the impact of internalised heterosexism, gender dysphoria and/or biphobia on the client’s life.
Psychological Contact

Pre-contact
You may be checked out

Contact
What first impressions may someone have of you and your space?
Client Blocks to Psychological Contact

- Degree of comfort with sexuality and being ‘out’
- Internalised homophobia (biphobia/transphobia) and shame
- Heterosexism
Client’s Fears About Heterosexual (& Cisgender LGB) Therapists

- Heterophobia
- Fearing voyeurism and curiosity of the therapist
- Wondering what work has been done on attitudes and beliefs to homosexuality (& trans identities)
Clients fears about same-orientation therapist

- Seduction
- Collusion
- Over-identification
- Incompetence
- Being ‘judged’
Naming the difference in our sexual orientation, to have it out on the table, and whatever their theoretical orientation - I’m not big on self-disclosure, I think it’s better not, but around these issues of political and structural difference, it’s really important to be willing to have some of that out on the table.

Lesbian therapist/client: on disclosure
Cultural Competence and Cultural Safety

Dominic Davies
“I have been trained to be empathic, respectful and genuine to my clients. I resent the suggestion that I am insensitive to other groups.”

“Let’s face it, minority groups must learn to fit in with the rest of society. I’m only helping them do that more effectively. After all, it is to their advantage in the long run to do so.”

“Counselling is all about treating every person as a unique individual; that’s certainly what I strive to do.”
“If you’re a good counsellor, you automatically value and take account of your client’s cultural backgrounds. You don’t need special training in cultural competence to do that.”

“If we learn to be culturally sensitive to two or three groups, shouldn’t we do the same for every group in society? I just don’t have time for all of that!”
“In each instance, such views function effectively to deny others their rights, their personal and cultural integrity and to restrain their cultural development as people”

Manthei (1997: 23)
MANTHEI (1997: 21-23)

- Lack of knowledge or information
- Demonstrate Prejudice
- An insecurity about competence
- Feeling overwhelmed by complexity of topic
“Cultural Safety in health services happens when people feel fully able to use a service provided from another culture, without risk to their own.”

Ramsden, 1994/5: 23
“Culture is not only seen as ethno-specific but must includes groups from within cultures. These include, for example, the cultures of class, of rich and poor, sexual orientation and age and youth. These groups may be different from those of the service provider.”

(Ramsden 1994/5: 23 emphasis added)
Recommendations for effective Gender & Sexual Diversity Therapy

Dominic Davies
MAJOR ISSUES FOR HETEROSEXUAL THERAPISTS

The degree to which you are aware of GSD issues/cultures/behaviours, and of yourself in relation to them, your degree of acceptance and understanding of your GSD clients, will probably determine the success of therapy/support for your clients/supervisees.

- Specifically, disclosing sexuality, positive attitudes to GSD people and showing an awareness GSD lifestyles and culture will be helpful

- Being able to say ‘I don’t know’ can be helpful, too!
MAJOR ISSUES FOR LGBT THERAPISTS TO CONSIDER

Be careful not to assume sameness between ourselves and out GSD clients/supervisees. Just because we understand in ways ‘straight’ therapists can’t, doesn’t mean we do in every way, for example, concerning:

- Gender differences
- Generational differences
- Cultural differences
- Political differences
- Issues to do with internalised homophobia (biphobia/transphobia)
- Sexual practices

Check things out, be explicit about possible differences.
Primary Skill

- Be able to respond to and work with trauma and hypervigilance. Hypervigilance is one of many normal responses to heterosexism and homophobia and growing up feeling different.

- Therapists able to work constructively and creatively with this will probably be able to work with whatever other issues may follow.

- See Davies & Aykroyd: Psychological Contact chapter.
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)
Recommendations

- Provide factual information and know useful bibliotherapeutic resources to recommend to GSD’s.
- Cognitive methods can help clients evaluate the validity of their beliefs
- Encourage contact with other GSD’s and others who will help support & validate them
- Know your local and national resources
Recommendations

☑ Don’t treat GSD’s 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

- BPS Guidelines (Feb 2012)
- APA Guidelines for Psychotherapy with LGB clients:
  http://www.apa.org/pi/lgbc/publications/guidelines.html#17
- ACA Competencies in working with LGBITAQ
  ACA Competencies in working with LGBITAQ Clients
- WPATH Standards of Care v.7 (Sept 2011)
  http://wpath.org/publications_standards.cfm
- “Homowork” exercises internal (PT document)
- Memorandum of Understanding on Conversion Therapy
available to buy here:
http://astore.amazon.co.uk/pinkther-21
Section 1 – Gender Practices and Identities
2 Transgender (Trans) – Living a different gender to that assigned at birth
3 Intersex/Diversity of Sexual Development (DSD)
4 Cisgender – Living in the gender assigned at birth
5 Further Genders

Section 2 – Sexuality: Practices and Identities
6 Bondage and Discipline, Dominance and Submission, and Sadomasochism (BDSM)/Kink
7 Asexuality
8 Bisexuality
9 Lesbian and Gay Sexuality
10 Heterosexuality
11 Cross-dressing
12 Further Sexualities

Section 3 – Relationship Structures
13 Monogamy
14 Non-monogamy

Glossary  Shadow Glossary  Index

“A cogent, carefully crafted and comprehensive introduction to the complexities of genders, sexualities and relationships which challenges our assumptions about normality and difference, refreshingly including heterosexuality, asexuality and BDSM alongside LGB and T*”

Dominic Davies - Founder of Pink Therapy