

**THE DEVELOPMENT AND EVALUATION OF A PROGRAMME TO
PROMOTE SENSITIVE PSYCHOTHERAPEUTIC PRACTICE WITH
GAY MEN AND LESBIANS**

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ABSTRACT

Clinical psychology's relevance and future viability depend on its ability to render services that are relevant and sensitive to multicultural and minority issues. Lesbian, gay, bisexual and transgendered people are one such group that professional psychology – both in South Africa and abroad - has identified as having unique treatment needs for which psychologists require specialised knowledge and skills in order to render appropriate treatment. Competence to treat non-heterosexual patients has been framed in terms of a gay affirmative paradigm which has as its basic tenet the recognition that same-gender orientation is not pathological but rather a healthy alternative to heterosexuality. From this perspective being “gay friendly” or “gay accepting” is not enough. To implement a gay affirmative approach in practice, practitioners must have resolved their possible prejudice and heterosexist bias and have the requisite knowledge of concerns unique to lesbian, gay, and bisexual (LGB) individuals to be able to apply their skills in a culturally sensitive manner. Although more American post-graduate psychology programmes are addressing sexual diversity, their failure to produce psychologists who feel competent to treat lesbian/gay or bisexual individuals has highlighted the need to develop effective training strategies based on empirical investigation. The dearth of comparable data about local South African psychology training prompted this inquiry which had four broad aims namely, (i) to establish to what extent trainees' prior training had equipped them with the knowledge, awareness, and skills to approach their work with non-heterosexual patients in a gay affirmative manner, and (ii) to implement and (iii) to evaluate to what extent a brief structured training programme is effective in engaging the trainees; in increasing knowledge, in raising awareness, and in changing specific attitudes and imparting specific skills required for treating lesbian and gay patients.; and (iv) what, if any, recommendations should be made for the future with respect to training of psychologists in this area?

The field of sexual orientation research has been expanded to include issues pertaining to bisexual,

transgendered and intersexed people, but serious time constraints meant that issues pertaining to these groups could not be addressed in depth. Although the exclusion of these groups is problematic and may be seen as reinforcing their invisibility, it was decided to focus primarily on gay and lesbian issues as an introduction to same-sex orientation. It is envisaged that bisexual and transgender issues would be dealt with in depth in more advanced training. Nine trainee psychologists employed at hospitals in the greater Cape Town area volunteered to participate in the programme which comprised a series of two-hour experiential workshops offered once a week over six weeks. The study employed both quantitative and qualitative data analysis methods. The first stage entailed gathering information to better understand trainees' existing level of competence. Individual interviews were conducted prior to the course to obtain data about their attitudes and perceptions regarding the need for such specialised training, and how qualified they considered themselves to be to treat LGB patients, and their experience in this regard. For the purpose of the over-all analysis information was also gathered about pertinent personal and social characteristics of the trainees, as well as their contact with lesbian/gay persons. In addition, an attitude survey and the Lesbian, Gay, and Bisexual Counselling Self-efficacy Scale (LGB-CSI) were administered to obtain benchmarks against which change could be measured. The second stage involved the implementation of the educational programme and gathering information about trainees' responses to its various components. This stage concentrated on discovering how individual trainees reacted to material on lesbian, gay, and bisexual issues and how they used the programme to improve their self-awareness and skills. The results indicate that local psychology training might not address same-gender orientation adequately, thus reinforcing trainees' belief that sexual orientation is irrelevant, and that their generalist training equips them to work with gay/lesbian/bisexual patients. While the training strengthened existing positive attitudes, it was less effective in changing blatant anti-gay prejudice. However, both quantitative and qualitative data suggest that the programme increased individuals' awareness and insight into their previously unrecognised heterosexist biases and created greater understanding of the effects of stigmatisation on sexual minority individuals. In addition, the

training increased trainee's sense of competence to provide affirmative treatment as evidenced by the significant differences between the pre- and post-training mean scores on the Relationship, Knowledge, and Advocacy Scales and between the mid- and post-training means scores on the Assessment and Awareness Scales of the LGB-CSI. Despite the limited generalisability of these findings on account of possible sampling bias, the need and value of such training was confirmed by trainees' recommendation that this programme should be a mandatory offering in the first year of clinical psychology training.

Glossary of Key Terms

- Biological sex:** The assignment of the labels male and female to individuals based on biological characteristics such as genitalia and chromosomes.
- Bisexual:** A person who is both emotionally and sexually attracted to both men and women.
- Butch:** This term refers to individuals who embrace the **gender stereotyped role** of “masculinity” and which may manifest in behaviour, mannerisms and ways of dressing.
- Closet:** A term used to denote an individual who hides his/her **same-sex orientation** by passing as heterosexual.
- Coloured:** In South Africa, as part of the Apartheid regime’s policy of racial segregation individuals were classified on the basis of their membership of four major racial groups, namely, Coloured, Black, Indian or White. Those classified “Coloured” were of people of mixed ethnic origin and included those with ancestors of Malay and other Asian origins and those whose ancestors were also Black African and European. Although these racial categories are to some extent arbitrary, and the current constitution protects against discrimination on racial grounds, the term Coloured is still widely used to refer to individuals of mixed descent whose subculture and history are in many ways distinct from those of Europeans or Black Africans.
- Essentialism:** Essentialists view **sexual orientation** as a core part of human identity and as an essential part of human experience.
- Femme:** A person who embraces the gender stereotypical role of “femininity” and which may manifest in behaviour, mannerisms and ways of dressing. The term is generally used to refer to the “feminine” partner in a lesbian couple.
- Gay:** A term used to refer to someone who is emotionally and sexually attracted to members of the same sex. The term generally refers to people who embraces their **same-sex orientation**, discloses this to others and see themselves as part of the gay community. The American Psychological Association (APA) uses “gay” as an adjective to refer to men but there are women who prefer to refer to themselves in this way.

Gay affirmative

Approach: This refers to an attitude which is brought to bear on the treatment of **gay, lesbian** and **bisexual** people that recognises that **same-sex orientation** is a healthy alternative to **heterosexuality**. From this perspective, it is **heterosexism** rather than **same-sex orientation** which needs to change. A gay affirmative approach provides a framework for understanding same-sex experience. To practice affirmatively, practitioners need to have resolved their own **heterosexist** prejudices, be knowledgeable of sexual minority issues and be able to employ their psychological skills in a culturally sensitive manner.

Gender: The binary classification of individuals according to their **biological sex** (i.e male or female) is based on the assumption that men and women are different and that they should be “masculine” and “feminine” respectively.

Gender identity

disorder: Also known as Gender Dysphoria. This is a medical condition, viewed to be biological in origin, which manifests in people believing their gender (Gender Identity) to be at odds with the physical sex of their body.

Gender role: This term refers to the ways in which individuals are expected to look, act and relate to others in terms of the norms which society constructs as appropriate for men and women. Coherence is expected between biological sex, gender and gender role e.g. a woman should look like a woman, dress like a woman and act like a woman.

Heterosexism: The belief that heterosexuality is natural, healthy and “ordained” and that any other **sexual orientation** is abnormal, unhealthy and illegitimate. Heterosexism may be institutionalised through social practices, rituals and laws which uphold a **heterosexual orientation** as the only legitimate way of being and thus overtly or covertly stigmatizes and punishes other sexual orientations.

Heterosexual

Assumption: In a society in which a heterosexual orientation is regarded as the norm, it is assumed that all people are or should be **heterosexual**. Consequently heterosexuality need never be questioned or explained. This approach does not recognise the socially constructed nature of all **sexual orientations**.

Heterosexual: This term refers to persons who are emotionally and sexually orientated towards members of the opposite **biological sex**.

- Homophobia: An irrational fear of **homosexuality** which has come to denote prejudice and discrimination against lesbian, gay and bisexual people, their lifestyles and practices. The term has come to be viewed problematic and has largely been replaced by the term heterosexual and/or **sexual prejudice** (see section 1.3.3. i).
- Homosexual: This term has been used clinically to refer to people who are emotionally and sexually oriented towards members of the same sex. Because of its historical usage to denote a mental disorder it is no longer deemed appropriate.
- Internalised
homophobia: This term refers to the negative beliefs, attitudes and perceptions that gay men, lesbians and bisexual persons have internalised as a result of being socialized in a world that denigrates **same-sex orientation**. It functions largely as an unconscious self-loathing which may manifest in destructive behaviour.
- Intersex: A medical (genetic) condition where an infant is born with reproductive organs and/or sex chromosomes that are not exclusively **male** or **female**.
- LG: An abbreviation to refer to lesbians and gay men.
- LGB: An abbreviation to refer to refer to lesbian, gay and bi-sexual people.
- Lesbian: A woman who is both emotionally and sexually attracted to other women. Although not all women use this term to refer to themselves, the American Psychological Association recommends this term be used to refer to women rather than the more general term "**gay**" which renders women invisible.
- Lesbigay: A term to refer to **lesbian, bisexual** and **gay** people.
- Moffie: An Afrikaans derogatory slang term used to refer to **gay** men, particularly those who are effeminate. Some gay men choose to refer to themselves in this way.
- Sexual
orientation: Individuals' **sexual orientation** is determined by the **biological sex** of the persons to whom they are emotionally and sexually attracted and involves a complexity of feelings, behaviour and experiences.
- Sexual
prejudice: Herek (2000a) recommends that this term be used rather than **homophobia** to refer to to negative attitudes based on **sexual orientation**, whether their target is **homosexual, bisexual, or heterosexual**.

Sexual stigma: This is described as “the shared knowledge of the negative regard for any non-heterosexual behaviour, identity, relationship, or community” (Herek, 2004, p.6).

Social

Constructionism: From this perspective, **sexual orientation** is seen as a product of historical and cultural norms and practices rather than being regarded as something innate and immutable. Thus, the way in which **sexual orientation** is defined may differ from culture to culture. The categories **homosexual**, **heterosexual** and **bisexual** are thus social constructions rather than ‘truths’ about individuals.

Transgender: This term is sometimes used interchangeably with the term **transsexual** but generally describes all those whose **gender identity** is at odds with their **biological sex**. Some transgendered persons choose to deviate from gender norms and live as the other sex while not undergoing surgery to change their **biological sex**.

Transsexual: People who identify as a member of the 'opposite' sex, i.e. other than their birth sex. Transsexuals usually seek hormone therapy and often surgery to bring their body into line with their **gender identity**.

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