



Counseling

by Andrew Matzner

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Gay, lesbian, bisexual, transgendered, and queer people who seek professional help for personal or psychological problems often find that the field of mental health is fraught with controversy surrounding glbtq issues. After all, it was only until recently that "homosexuality" was a diagnosable mental disorder.

Although attitudes are changing and progress is being made, depending on one's geographical location it can be difficult to find counselors who are knowledgeable about diversity in terms of gender expression and sexual orientation, let alone who are glbtq-affirmative in their therapeutic practices.

Mental Health and the Glbtq Community

To understand attitudes in the counseling professions towards people of diverse genders and sexualities, it is first necessary to look to the past. In the late nineteenth century in Europe and the United States, the regulation of sexuality began to shift from religious and legal jurisdiction to the realms of medicine and psychiatry. Accordingly, people who engaged in same-sex sexual relations were not necessarily viewed simply as sinners or criminals, but rather were seen as suffering from a disease.

However, even then there were some researchers who felt that homosexuality should not be seen as a pathology. For example, Havelock Ellis believed that people could be born homosexual, and thus it should not be seen as a sickness. Sigmund Freud also rejected the disease model, arguing that people start off life inherently bisexual and then develop heterosexual or homosexual orientation based on interpersonal interactions.

Later psychoanalysts did not follow Freud and instead maintained that homosexuality was a problematic deviation that reflected unhealthy early relationships with family members. Although the claim that homosexuality itself was a pathological condition was supported by decidedly unscientific research methods (for example, extrapolation from clinical or incarcerated samples to the general population), this idea persisted throughout much of the twentieth century and greatly influenced the therapeutic relationship.

In spite of the widespread belief in the sickness model for homosexuality, as the years passed increasing numbers of studies were published that challenged this view. For example, Evelyn Hooker's groundbreaking 1957 study decisively showed that homosexuality was not intrinsically correlated with mental disease and that homosexuals and heterosexuals generally had the same levels of psychological functioning.

By 1973 increasing anti-pathology arguments, as well as the strong lobbying efforts by gay rights groups, resulted in the removal of the category of "homosexuality" from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association.

However, a controversial new diagnosis, "Ego-dystonic homosexuality," was created for the DSM's third edition in 1980. This disorder was characterized by distress felt by individuals who were struggling with unwanted homosexual urges. This category was criticized by mental health professionals, however, who

claimed that holding negative feelings about one's homosexuality was to be expected in a homophobic and heterosexist society.

Accordingly, ego dystonicity itself could not be an accurate indication of whether a gay or lesbian individual was mentally fit or not. As a result of lobbying by professionals and activists, the diagnosis was removed from the DSM in 1986.

Like homosexuality, transgenderism moved from being viewed as a sin to being seen as indicating a pathology in the late nineteenth century. As such, over the past one hundred years clinicians have generally sought to treat or cure "gender deviant" behavior. Unlike homosexuality, "transvestism" continues to be listed in the DSM as a mental illness, as is "Gender Identity Disorder." In addition, the Harry Benjamin Standards of Care, a widely used treatment protocol, requires transsexuals who desire sex reassignment surgery to first undergo psychotherapy.

The association of homosexuality and transgenderism with mental disease has had serious implications for therapeutic counseling, as both types of "deviance" have generally been viewed as illnesses to be modified or alleviated. It is only in recent years that there has been a push for glbtq-sensitive counselor training and glbtq-affirmative counseling, which, although occurring slowly and encountering resistance, marks a significant move in a positive direction.

Counseling Issues

People who are gay, lesbian, bisexual, or transgendered will often see a counselor to deal with the same kinds of problems that affect the general population, such as depression, codependency, anger management, and substance abuse. However, there are numerous issues that uniquely impact the glbtq community.

For example, "coming out" refers to the process of self-identifying as gay, lesbian, bisexual, transgendered, or queer, or disclosing as such to others. Some people, whether due to preference or necessity, choose to conceal this part of their identity and remain "in the closet." The degree to which a person can be "out" must be weighed against potential negative consequences, and can be influenced by any number of factors, including internalized homophobia or transphobia, family of origin, work situation, and support network.

Working through coming out issues with a client means that a counselor will need to deal with preparations for a client's disclosure, as well as difficulties related to this process, such as stress, substance abuse, or depression. Sometimes a client who decides to come out is already in a heterosexual marriage. As this decision will greatly affect spouses and children, it is vital for the counselor to work with family members during the process.

The family of origin is another significant area of concern. Family members may react negatively to homosexuality or transgenderism; indeed, sometimes people experience mental or physical abuse or are kicked out of their homes. Thus, the counselor would need to help the client process feelings of loss and grief.

People from particular ethnic, racial, or religious backgrounds may encounter additional difficulties. For instance, glbtq people of color who are in the closet may have their family (and cultural community) as a strong source of support in a racist society. By coming out, there is the risk of losing this valuable support system. Moreover, glbtq people of color may experience racism in the glbtq community. These aspects of multiple oppressions are important for counselors to recognize.

The counselor must also be attentive to internalized homophobia and transphobia among clients. Society is constantly sending negative messages about homosexuality and transgenderism. Such messages, often transmitted in families, peer groups, schools, religious institutions, and the media, can lead to self-hatred

or depression. Bisexuals may be especially affected by these feelings, as they are typically marginalized by both the straight and gay communities.

It is important for the counselor to understand that many glbtq clients struggle with spiritual issues. Religions such as Judaism, Islam, and Christianity have traditionally fostered negative attitudes towards non-normative genders and sexualities. Yet even while encountering hostility and rejection by institutionalized religions, glbtq people may be drawn to spiritual practice as a way to deal with societal oppression. Thus, for example, a counselor may have to help a client deal with being a member of homophobic or transphobic religious community or help him or her find a more accepting religious space.

A final consideration is the prevalence of substance abuse in the glbtq community. The counselor should be aware that social stresses due to homophobia, transphobia, and heterosexism may lead to increased levels of substance use. Moreover, dating and socialization opportunities for people who are gay, lesbian, bisexual, and transgendered are still often limited to environments that encourage drinking, such as bars and clubs. It is also difficult to find glbtq-friendly substance abuse treatment programs and support groups, particularly in suburban and rural areas.

Recommendations for Counselors

There are a number of ways for counselors, whether schooled in psychodynamic, behavioral, or humanistic therapeutic methods, to serve members of the glbtq community sensitively and effectively.

First of all, sexual and gender diversity need to be viewed as natural variations of the human condition. Next, it is vital to acknowledge that heterosexism, homophobia, and transphobia exist, and to recognize the various impacts that different forms of societal and institutionalized oppression have on people in the glbtq community.

To indicate a glbtq-friendly practice to potential clients, counselors should create an affirming office environment. This can be done with conspicuous glbtq-oriented posters and stickers, as well as books and magazines. Once the session has begun, counselors should not automatically assume that their clients are heterosexual. Thus, to take one example, the word "partner" should be substituted for "husband" or "wife."

Counselors should also refrain from labeling their clients and instead allow them to describe themselves as they wish. In addition, it is important for counselors to be familiar and comfortable with glbtq terminology; it should not be the responsibility of the client to have to educate their counselor.

It is vital for counselors previously to have examined and be comfortable with their own sexual and gender identity. They should also recognize their own biases and be aware of topics that may make them uncomfortable or about which they have negative attitudes. Thus, it is necessary for counselors to acknowledge and deal with their own homo/transphobic feelings.

Counselors should understand how factors such as race, class, gender, disability, age, and religious background intersect with sexual orientation and gender diversity; these are issues that affect everyone's lives and influence the counseling relationship as well.

Furthermore, counselors should be knowledgeable about the biological, social, and psychological variables that influence their clients' development, and be aware of the various stages of identity formation that are unique to gay, lesbian, bisexual, and transgendered people.

At the same time, counselors should not focus solely on sexual orientation or gender identity when neither is relevant to the presenting problem of a glbtq client. Therefore, depending on why clients are seeking counseling, counselors should take care not to place either too much or too little emphasis on their glbtq identities.

Counselors must avoid using their own personal, cultural, or religious beliefs to criticize or condemn clients for their sexual orientation or gender expression. Examples of this type of counseling are "reparative" or "conversion" therapies, which aim to change a person's sexual orientation, based on the belief that homosexuality is unnatural and sinful. Therapeutic associations, such as the American Psychological Association and the American Psychiatric Association, have spoken out against such therapies.

Finally, it is vital for counselors to practice a "strengths" approach, which entails the support and affirmation of people with glbtq identities. In counterbalance to the homophobia and transphobia that is so pervasive in society, this counseling perspective celebrates sexual and gender diversity, and its practitioners are committed to sensitivity and competency when working with the glbtq population.

Bibliography

Barret, Robert, and Colleen R. Logan. *Counseling Gay Men and Lesbians: A Practice Primer*. Belmont, Cal.: Brooks/Cole, 2002.

Bettinger, Michael. *It's Your Hour: A Guide to Queer Psychotherapy*. Los Angeles: Alyson Publications, 2001.

Ettner, Randi, and George R. Brown. *Gender Loving Care: A Guide to Counseling Gender-Variant Clients*. New York: Norton, 1999.

Finnegan, Dana G., and Emily B. McNally. *Counseling Lesbian, Gay, Bisexual, and Transgender Substance Abusers: Dual Identities*. Binghamton, N. Y.: Haworth Press, 2002.

Israel, Gianna E. *Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts*. Philadelphia: Temple University Press, 1997.

Neal, Charles, and Dominic Davies, eds. *Issues in Therapy With Lesbian, Gay, Bisexual, and Transgendered Clients*. Buckingham, England: Open University Press, 2000.

Perez, Ruperto M., Kurt A. DeBord, and Kathleen J. Bieschke, eds. *Handbook of Counseling and Psychotherapy with Lesbian, Gay, and Bisexual Clients*. Washington: American Psychological Association, 2000.

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