



# Psychotherapy

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Psychotherapy, the clinical process of treating mental and emotional health problems, has recently been energized by a movement to depathologize homosexuality and to enhance the dignity and self-respect of glbtq clients.

Psychotherapy is the clinical process of treating mental and emotional health problems by utilizing numerous and diverse psychological techniques and approaches. The practice of psychotherapy is a dialogic process between a client, i.e., the person seeking assistance for problems, and the psychotherapist, who is a trained helping professional, whose explicit intention is to improve the mental health and social functioning of the client who is seeking treatment. Clients are sometimes referred to as patients or consumers, and psychotherapists are often simply called therapists.

## General Psychotherapy Concepts

Psychotherapy is a general term and can be used by anyone involved in therapeutic helping relationships, although it most commonly refers to professionally trained and licensed psychologists, psychiatrists, and social workers. Additionally, other types of counselors and helping professionals, including nurses and educators, are often referred to as psychotherapists.

Counseling, a term often used synonymously with psychotherapy, refers to a less intensive helping relationship, whereby the counselor offers advice in very specialized areas (e. g., career counseling).

The practice of psychotherapy usually entails a long-term, in-depth dialogue, involving therapeutic transference and the revelation of unconscious material. The process of psychotherapy depends on the compassionate therapeutic rapport between the therapist and client, and is therefore best practiced by a professional with training and skill who adheres to ethical guidelines for client confidentiality. Professional organizations clearly outline ethical expectations as well as licensure requirements.

Psychotherapy encourages an intimate dialogue wherein the client reveals his or her fears, conflicts, and behavioral difficulties, and the psychotherapist responds with empathetic listening, advice, and interpretations. The goals of psychotherapy for the client include enhanced insight, improved behavior, increased coping skills, lessening of symptoms, heightened self-esteem, and emotional and psychological growth. Psychotherapeutic tools include a wide assortment of techniques focusing on assisting clients in having a healthier, more aware, and better contented life.

Most psychotherapy involves a thorough psychosocial assessment and history-taking. Problems, conflicts, and interpersonal dynamics are assessed, including a complete evaluation of the client's medical, social, familial, educational, and work-related problems, as well as his or her strengths and weaknesses in coping with life's challenges. Psychotherapy often involves only one person, but Group Therapy involves many similar processes but practiced within a group setting. Group Therapy may be considered a specialized branch of psychotherapy, although many practitioners see it as a distinct therapeutic method.

There are three general branches of psychotherapy: those established from traditional Freudian psychoanalysis, those based in behavioral models, and those rooted in humanistic schools.

All psychotherapy has its roots in Freud's original "talking cure," but psychoanalysis, which is expensive and enormously time-consuming, has branched off into smaller psychodynamic-based schools. Under the influence of Carl Rogers, therapies have developed that are based in client-centered, reflective, therapist-client communication. Other psychodynamic schools include Transactional Analysis and Object Relations Therapy.

Behaviorally-based theories, originally developed to treat obsessive habits and irrational fears, have become the foundation for various schools of cognitive-behavioral therapies, including the ground breaking work of Aaron Beck and Albert Ellis.

Beginning in the 1960s, humanist and transpersonal schools of psychotherapy developed. These approaches focus on client self-actualization and the lessening of the traditionally all-powerful role of the psychotherapist. Some of these alternative schools include Gestalt and Existential Therapies, and Art, Music and Somatic Therapies. Over two hundred different acknowledged theories of psychotherapy are practiced.

### **Psychotherapeutic Treatment of GLBTQ People**

Early psychotherapeutic theory assumed that people with alternative sexual and gender identities were expressing severe psychopathologies. Freud, never as homophobic in his philosophy or treatment as his followers, did base his psychosexual theories in the heterosexist belief that male/female pair-bonding was the developmental norm for adult sexual behavior.

This supposition became the foundation for various psychotherapeutic treatments aimed at treating and attempting to "cure" homosexual and gender-variant behaviors. These "reparative therapies" have included psychoanalysis and behavioral modalities, such as aversion therapy, and have also worked in conjunction with medical interventions such as lobotomies, castrations, sterilizations, and electroshock treatments.

In the 1960s, political activism and social science research converged to challenge the belief system that homosexuals were inherently mentally ill and that their relationships were plagued with psychological problems. Researchers such as Alfred Kinsey, Clellan Ford, Frank Beach, Evelyn Hooker, George Weinberg, and Stephen Morin began to promulgate the then controversial theory that homosexual behavior was a normal variation of human sexual behavior. At the same historical juncture, the gay liberation movement began gaining momentum.

In 1967 the National Institute on Mental Health developed a Task Force on Homosexuality, and by 1971 gay rights activists, including Frank Kameny and Barbara Gittings, were protesting at meetings of the American Psychiatric Association [APA], taunting presenters who recommended using aversion therapy to treat homosexual behavior.

Prominent clinicians, including Judd Marmor, Robert Stoller, and John Money, began to lend support to the idea that homosexuality should not be labeled a mental illness. In 1972, Dr. Anonymous, a gay male psychiatrist, in disguise, presented a panel discussion on homosexuality at the APA meeting. There the need to depathologize homosexuality was emphasized. One year later, homosexuality was officially removed from the APA's Diagnostic and Statistical Manual, paving the way for psychotherapy that was affirming of gay and lesbian people. (However, in 1980, the APA's Diagnostic and Statistics Manual added an entirely new entry and diagnosis, "Gender Identity Disorder in Childhood," or "The Sissy Boy Syndrome," which has sometimes been used as a means to continue pathologizing homosexuality and variant gender identities.)

### **Gay Affirmative Psychotherapy**

In the 1970s, numerous books appeared denouncing the supposition that gay, lesbian, and bisexual people had significantly more psychopathology than non-homosexuals. Although this argument had been made previously, it gained momentum in the 1970s and was now also addressed particularly to the therapeutic and psychiatric community.

In 1972, for example, Del Martin's *Lesbian/Woman*, and *Out of the Closets: Voices of Gay Liberation*, edited by Karla Jay and Allen Young, both made this argument. In the following years, scholarly books such as Alan Bell and Martin Weinberg's *Homosexualities* (1978) and more popular works such as Dennis Altman's *Homosexual: Oppression and Liberation* (1973) documented the lived lives of lesbian and gay people, showing them to be emotionally healthy, but under enormous psychosocial strain from a repressive culture. The psychotherapeutic community's negative view of same-sex relationships was identified as exacerbating the problems faced by glbtq people.

The publication of Don Clark's *Loving Someone Gay* (1975) and Betty Berzon's *Positively Gay* (1979) marked the first books written by out gay and lesbian psychotherapists. These books advocated the use of psychotherapeutic techniques to improve the lives of glbtq people without stigmatizing them or regarding homosexuality itself as pathological.

In 1982, Haworth Press published a seminal issue of the *Journal of Homosexuality* titled *Homosexuality and Psychotherapy: A Practitioner's Handbook of Affirmative Models*. Edited by John Gonsiorek, this issue included groundbreaking articles by such scholars and therapists as Eli Coleman, Martin Rochlin, Barbara McCandlish, and Bronwyn Anthony on psychotherapy with lesbian and gay clients. One article, written by Alan Malyon, specifically used the term "gay affirmative" psychotherapy, introducing a new model that supported homosexual relationships as inherently healthy and a normative expression of human sexuality.

Gay affirmative therapy is based on certain fundamental concepts, including the idea that homosexuality is not a psychopathology and lesbian and gay people do not suffer from mental illness as a result of their homosexuality per se. Additionally, gay affirmative therapy postulates that homosexuality is a normal variation in human sexuality and that there is a normative developmental process of coming out for lesbians and gay men that is obstructed by societal homophobia.

Gay affirmative therapy also holds that therapists who espouse negative views towards homosexuality cannot be effective clinicians with gay or lesbian clients. Gay affirmative therapy requires psychotherapists to become sensitized to the role of homophobia in the psyches of gay men and lesbians so they can recognize the difficulties associated with the internalization of homophobia. Although the psychotherapist need not be homosexual, a sensitive, compassionate, and educated stance is necessary for the development of an honest dialogic communication with the homosexual client.

### **Gay Affirmative Therapy in Historical Perspective**

Gay affirmative psychotherapy was not a new school of therapy per se, but rather one that utilized the diverse theories and techniques available across psychotherapeutic modalities, within a framework that supported the unique developmental processes of lgbtq people. Historically, its great significance is that it was the first therapeutic movement that acknowledged the harm done to glbtq people through heterosexist socialization and institutional homophobia.

The unconditional affirmation of homosexual relationships by psychotherapists was intended to serve as a counterbalance for the negative sociocultural and familial environments within which most glbtq people mature and live. Thus, gay affirmative psychotherapy was supposed to ameliorate the negative impact of growing up gay in an oppressive society, as well as to assist the gay or lesbian client in a coming out process that actualized a healthy homosexual identity. Central to gay affirmative therapy is the attempt to enhance the dignity and self-respect of clients by establishing a supportive and accepting atmosphere.

## **Lesbian, Bisexual, and Transgender Affirmative Psychotherapies**

Gay affirmative psychotherapy developed in the early 1980s, following the depathologizing of homosexuality. It did not, in its early manifestations, recognize the needs to establish specific therapeutic contexts for exploring lesbian, bisexual, or transgender/transsexual identity development.

Models of lesbian affirmative therapy did not blossom until the mid-1980s with the publication of Marny Hall's *The Lavender Couch: A Consumer's Guide to Psychotherapy for Lesbians and Gay Men* (1985) and the Boston Lesbian Psychologies Collective issue of *Lesbian Psychologies* in 1987. Lesbian affirmative models generally still utilized the term *gay affirmative*, although they recognized its limitations, particularly its emphasis on male experience and identity.

Bisexual identity development was not documented professionally until Fritz Klein's *The Bisexual Option* in 1993, and Martin Weinberg, Colin Williams, and Douglas Pryor's *Dual Attraction: Understanding Bisexuality* in 1994.

Professional writings that depathologize transgender identity development have only become available within recent years. These include Mildred Brown's *True Selves* (1996), Gianna Israel's *Transgender Care* (1998), Randi Ettner's *Gender Loving Care* (1999), and Arlene Istar Lev's *Transgender Emergence* (2004). Affirmative psychological models of bisexual and transgender psychotherapy are still rare, and clinical models continue overwhelmingly to emphasize psychopathology.

### **Conclusion**

Within a postmodern worldview, gay affirmative therapy may appear to be an historic relic that was once necessary to counterbalance the homophobia of the extant therapeutic systems. Certainly, a more contemporary glbtq affirmative therapy needs to have a broader understanding of sex and gender identity development within a cross cultural context, and to recognize the numerous pathways and outcomes for healthy human psychosexual identity formation.

Although the term "gay affirmative" does not do justice to the wide array of sexual and gender identities and sexual minority communities included under the banner of glbtq identity, the basic need for psychotherapeutic models that embrace and support diverse sexual expressions remains urgent. Gay affirmative psychotherapy created the necessary foundation: a therapeutic model that viewed same-sex identity and relationships as potentially healthy and natural.

The work to depathologize bisexuality and gender-variant identities continues, but would not be possible without the existence of gay affirmative psychotherapy. Given the power mental health institutions have wielded over the lives of glbtq people, it is doubtful that many legal rights--domestic partnership benefits, gay marriage, same-sex adoption--would have been granted to a population deemed mentally ill.

It is to be noted, however, that there are still researchers and clinicians such as Irving Bieber, Joseph Nicolosi, Charles Socarides, and organizations such as the National Association for the Research and Therapy of Homosexuality [NARTH] that still view homosexuality as psychopathology and are opposed to gay affirmative psychotherapy models.

Moreover, gay affirmative psychotherapy has not yet been fully integrated within the psychological or social work professions, and even those psychotherapists who profess to be accepting often lack in-depth education on the psychosocial issues and needs of glbtq people.

Nevertheless, glbtq affirmative models of therapy are accepted today within the mainstream of helping professions, and have the institutional support of most major professional organizations, including the

American Psychological Association, the American Psychiatric Association, and the National Association of Social Workers, which have all developed strong policy statements depathologizing homosexuality and supporting same-sex relationships and gay families.

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