

Mental Health & Counselling

WEEK 6

Mental Health Foundation States (2020)

- ▶ Lesbian, gay, bisexual and/or transgender people may be more susceptible to mental health problems than heterosexual people due to a range of factors, including discrimination and inequalities. Positively,
- ▶ there is a growing acceptance of the LGBT community in the UK in recent years. However, there is a clear need for greater evidence on how impactful policies and practices can be effectively implemented to combat inequalities and disadvantage for the LGBT community.¹

Poorer Mental Health

- ▶ Evidence suggests people identifying as LGBT are at higher risk of experiencing poor mental health.²
- ▶ Members of the LGBT community are more likely to experience a range of mental health problems such as depression, suicidal thoughts, self-harm and alcohol and substance misuse.^{3,4,5}
- ▶ The higher prevalence of mental ill health among members of the LGBT community can be attributed to a range of factors such as discrimination, isolation and homophobia.⁶ This can lead to members of the LGBT community feeling dissatisfied with health services, with mental health services most often perceived to be discriminatory.¹

Greater Risk of Hate Crimes

- Members of the LGBT community are at a greater risk of experiencing hate crime compared to heterosexual people, with certain LGBT groups found to be at particular risk, including gay men, young people and those identifying as LGBT from black and ethnic minority groups.¹

Lower ratings of quality of life metrics

- Ratings of ONS quality of life metrics in 2015 (on life satisfaction, happiness and perception that things they do are worthwhile) are lower for members of the LGBT community than for heterosexual people.²

Resources for support

- [Albert Kennedy Trust](#) – supporting young LGBT people between 16 and 25 years old.
- [Gendered Intelligence](#) – working with the trans community and those who impact on trans lives with a particular focus on supporting young trans people under the age of 21.
- [Imaan](#) – the UK's leading LGBTQ Muslim charity.
- [Stonewall](#) and [LGBT Consortium](#) – services that enable you to find LGBT mental health services in your local area.
- What else?

Areas for consideration

- ▶ Research/facts and figures
- ▶ Ethics
- ▶ Training
- ▶ Models of intervention

LGBT young people not accepted by parents and caregivers

8 TIMES

More than 8 times as likely to have attempted suicide

6 TIMES

Nearly 6 times as likely to report high levels of depression

3 TIMES

More than 3 times as likely to use illegal drugs

3 TIMES

More than 3 times as likely to be at high risk for HIV and STDs

Significant research

- ▶ The response of mental health professionals to clients seeking help to change or redirect same-sex sexual orientation
- ▶ Annie Bartlett¹, Glenn Smith² and Michael King^{3*}
- ▶ BMC Psychiatry 2009, 9:11 doi:10.1186/1471-244X-9-11
- ▶ Published: 26 March 2009

► Background

- we know very little about mental health practitioners' views on treatments to change sexual orientation. Our aim was to survey a representative sample of professional members of the main United Kingdom psychotherapy and psychiatric organisations about their views and practices concerning such treatments.

Results

- Of 1848 practitioners contacted, 1404 questionnaires were returned and 1328 could be analysed.
- Although only 55 (4%) of therapists reported that they would attempt to change a client's sexual orientation if one consulted asking for such therapy.
- 222 (17%) reported having assisted at least one client/patient to reduce or change his or her homosexual or lesbian feelings.
- 413 patients were described by these 222 therapists:
- 213 (52%) were seen in private practice and 117 (28%) were not followed up beyond the period of treatment.
- Counselling was the commonest (64%) treatment offered and there was no sign of a decline in treatment in recent years. 159 (72%) of the 222 therapists who had provided such treatment considered that a service should be available for people who want to change their sexual orientation.
- Client/patient distress and client/patient autonomy were seen as reasons for intervention; therapists paid attention to religious, cultural and moral values causing internal conflict.

► Conclusion

- A significant minority of mental health professionals are attempting to help lesbian, gay and bisexual clients to become heterosexual. Given lack of evidence for the efficacy of such treatments, this is likely to be unwise or even harmful.

BACP Statement of ethical practice Sept 2012

- ▶ The British Association for Counselling & Psychotherapy (BACP) is dedicated to social diversity, equality and inclusivity of treatment without discrimination of any kind.
- ▶ BACP opposes any psychological treatment such as 'reparative' or 'conversion' therapy which is based upon the assumption that homosexuality is a mental disorder, or based on the premise that the client/patient should change his/her sexuality.

- ▶ What if people want to use their 'autonomy' to change?

Cont.

- ▶ A recent research review (King, et al 2007) showed that those who do not identify as heterosexual may be misunderstood by some therapists, who see the client/patient's sexuality as the root cause of their presenting issue.
- ▶ The ability to appreciate differences between people, to commit to equality of opportunity, and to avoid discrimination against people or groups contrary to their legitimate personal or social circumstances, is central to ethical and professional practice (BACP 2010 2018) , Ethical Framework).
- ▶ What does the BPS say?

Cont.

- BACP believes that socially inclusive, non-judgemental attitudes to people who identify across the diverse range of human sexualities will have positive consequences for those individuals, as well as for the wider society in which they live. There is no scientific, rational or ethical reason to treat people who identify within a range of human sexualities any differently from those who identify solely as heterosexual.

This perspective clashes with traditional views of sexual orientation as a stable and fixed trait. But that view is based on research conducted almost entirely on men. Diamond is the first to study a large group of women over time. She has tracked one hundred women for more than ten years as they have emerged from adolescence into adulthood. She summarizes their experiences and reviews research ranging from the psychology of love to the biology of sex differences. *Sexual Fluidity* offers moving first-person accounts of women falling in and out of love with men or women at different times in their lives. For some, gender becomes irrelevant: "I fall in love with the person, not the gender," say some respondents. *Sexual Fluidity* offers a new understanding of women's sexuality—and of the central importance of love.

UKPC

- **26 May 2009**
- The United Kingdom Council for Psychotherapy (UKCP) and *Pink Therapy* are deeply concerned about the research by Professor Michael King of University College Hospital which demonstrates that 17% of psychotherapists and counsellors have been willing to help gay and lesbian clients eliminate their homosexuality.
- "These alarming figures confirm our view that more training opportunities are needed to ensure that psychotherapists and counsellors can respond appropriately to people who are distressed about some aspect of their sexuality."

- ▶ Davies added: "The data presented by Professor King clearly demonstrates a training need for therapists to update their knowledge in this area. Most therapy training programmes pay scant attention to sexual diversity if it's covered at all: this is perhaps how we've got into this situation with therapists thinking they can cure homosexual feelings."

Pink Therapy

- ▶ Gay affirmative practice is relatively new to the literature in Britain. The
- ▶ ground-breaking series of Pink Therapy books (Davies and Neal 1996,
- ▶ 2000 and Neal and Davies 2000a) have provided a major contribution to
- ▶ this field locally.

- ▶ Maylon originally described gay affirmative therapy in
- ▶ 1982;
- ▶ ... it represents a special range of psychological knowledge which
- ▶ challenges the traditional view that homosexual desire and fixed
- ▶ homosexual orientations are pathological. ... This approach regards
- ▶ homophobia, as opposed to homosexuality, as a major pathological
- ▶ variable in the development of certain symptomatic conditions among
- ▶ gay men. (p69)

- ▶ I believe that where gay affirmative practice does happen it is largely by accident or through the efforts of practitioners to apply humanist value systems thoroughly in their work.

- ▶ Gay affirmative practice is not the sole province of the lesbian or gay practitioner. The key element is how individual practitioners, including
- ▶ supervisors, address their own attitudes towards (homo)sexuality. Even people who identify as homosexual may develop behavioural, cognitive and emotional responses which are not affirmative, because of the generalised forces at work.

- ▶ This is a political argument, in the sense that politics has to do with how
- ▶ people experience their selves in the world. This to me is the fundamental
- ▶ business of psychotherapy and counselling. To paraphrase Denny in
- ▶ 'Gay Politics: Sixteen Propositions' (1984: 409):
- ▶ 'Therapeutic endeavour must begin with and remain loyal to our primary experience of ourselves and the world or it degenerates into nonsense, the making of idle theory of which there is no end (and consequently, no seriousness).'



► Olivier Cormier-Olaño and Dominic Davies

► Gender and Sexual Diversity Therapy (GSDT)

Gender and Sexual diversities

► This chapter will focus on working with gender and sexual diversities (GSD). This is a more inclusive term for the more traditionally used LGBT (IQ) (lesbian, gay, bisexual, transgender/sexual, intersex, questioning). It encompasses a wider range of gender and sexual diversity identities including, but not restricted to, people who either engage in Kink/BDSM (bondage, dominance, discipline, submission, sadism and masochism) practices or lifestyle – irrespective of sexual orientation (Langdridge and Barker 2007) - as well as people who may identify anywhere across the gender spectrum and not simply intersex or transgender.

► Gender and sexual diversities (GSD) are also opening up the debate on different possibilities in relationships such as asexuality (Rothblum and Brehony 1993) and celibacy or polyamory, swingers and other forms of consensual non-monogamy (Barker and Langdridge 2010).

Gender and Sexual Diversity Therapy

- ▶ Gender and Sexual Diversity Therapy (GSDT) is a recent and deliberate move away from
- ▶ Gay Affirmative Therapy (GAT) to encompass and support all forms, aspects and issues around gender and sexual diversities. It is a trans-theoretical approach where all theoretical models (Psychodynamic, Humanistic, Behavioural) can operate within their central organising principles and tenets (Davies and Neal 2000).

- ▶ The name Gay Affirmative Therapy was problematic in a number of ways. On a political level
- ▶ it may appear to exclude (amongst others) lesbians and bisexuals or the gender-variant. It also
- ▶ ignores subcultures and groups where opposite sex attractions are present (kink, fetishism, swingers, etc...).
- ▶ Finally the concept of "gay affirmation" implies an agenda for clients' selfactualisation.

- ▶ Gender and Sexual Diversity Therapy is cognisant of the social context in which gender and sexual diversities live as well as the particular concerns of each individual. It works with the hypervigilance and consequences of living within a society which is biased towards heteronormativity and binary conception of gender. It helps clients understand their experiences and the impact of external oppressions, how they are internalised and a range of issues specific to these populations and communities. It stresses the need for clients to self define and for developing personally relevant values and moral codes.

- ▶ GSDT good practice requires a thorough working through of the therapist's prejudices around sex and gender and a minimum knowledge of how these diversities live, not only in a western, heteronormative and patriarchal society but also in different settings around the world.

Shame

- ▶ For some clients coming into therapy and speaking about their intimate self(s) can be shaming enough, in addition, clients may also have experienced what has deep described as a 'toxic shame', the

Dearing and Tangney (2011)

- ▶ The authors identify a significant range potential impacts which can often mask the root of shame, such as: low self-esteem, depression, suicidal ideation, anxiety, eating disorders, substance abuse (p.6), and interestingly, comment that 'with respect to interpersonal functioning, shame diminishes empathy (via heightened self-focus) and increases angry, hostile, or aggressive behaviour' (p.6). Significantly the authors conclude that shame is ubiquitous in therapy – from the vulnerability of the client, and also when therapists face uncertainty in their work and their inevitable limitations (pp. 375-377).

Hypervigilance

- ▶ This phenomenon to have two aspects: hypervigilance of the external world, and self-vigilance of the internal world.

Resilience

- ▶ Greenberg and Iwakabe (2011), when considering working with shame suggest that therapists work with the client, not merely to reduce shame, but to transform it, this is in line with the work suggested by Davies and Neil. They suggest that the therapist works to mobilise the resources of the client.

▶ GAY AFFIRMATIVE PRACTICE

- ▶ Graham Perlmari
- ▶ Published in C. Lago and B. Smith (eds) Anti-Discriminatory Counselling Practice, London: Sage, 2003 pp50-61.
- ▶ Davies & Neil Pink Therapy

Lisa Diamond: Sexual Fluidity - 2008

- Is love "blind" when it comes to gender? For women, it just might be. This unsettling and original book offers a radical new understanding of the context-dependent nature of female sexuality. **Lisa M. Diamond** argues that for some women, love and desire are not rigidly heterosexual or homosexual but fluid, changing as women move through the stages of life, various social groups, and, most important, different love relationships.


