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## Contextual Issues in Therapy for LGBT Individuals

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**“Contextual Issues in Therapy for LGBT Individuals” by Alana Malone (she/her)**

**ABSTRACT.** *This paper shall examine the contextual factors of therapy facing LGBT individuals in today's society. This paper shall define important terms, such as “homophobia” and “internalized homophobia,” as well as clarify the use of the acronym LGBT. This paper discusses factors such as legal discrimination, workplace discrimination, mental health, religious trauma, and relationship challenges that may be significant to therapists treating LGBT clients. Finally, this paper explores ways in which mental healthcare professionals can actively address these factors through individual/personal education as well as through systemic changes in professional education and training.*



**STUDENT BIO.** Alana Malone is a Marriage and Family Therapy Program first-year graduate student from McComb, MS. She is involved in the Marriage and Family Student Organization and is also a member of the American Association of Marriage and Family Therapy. They submitted their academic research paper titled "Contextual Issues in Therapy for LGBT Individuals" in the Healing and Empowerment category on Monday, February 7, 2022.

Contextual Issues in Therapy for LGBT Individuals

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FAM 602: Practice of Marriage and Family Therapy

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## LGBT Contextual Issues in Therapy

Although the world is a different place than it was 50, 20, or even just 6 years ago when gay marriage was legalized in the United States, there are still many issues of discrimination and stigma that members of the LGBT community face in their day to day lives, as well as lingering effects of historical misinformation and practice in healthcare. The contextual factors (mental health, daily living, and relationships) affecting LGBT individuals must be considered highly significant when a therapist is treating one of these clients. This paper will address not only the existence of these factors but also the ways in which mental healthcare professionals can actively address these issues, which includes not only individual education but systemic changes in professional education and training. For the sake of clarity, this paper shall use the abbreviation LGBT as a broad term to describe individuals who identify as lesbian, gay, bisexual, and transgender. Although the abbreviation LGBT has evolved to LGBTQIA+2S for the sake of inclusivity of other groups, this paper will only address issues facing LGBT individuals. In addition, many of these factors are intertwined but shall be discussed as separate factors for the sake of simplicity.

LGBT individuals have often been the target of discrimination and violence because of a type of prejudice called homophobia. "Homophobia can be expressed as fear and hate in regard to the sexual activities of LGBT individuals or as an irrational fear and displeasure resulting in physical and verbal abuse against LGBT individuals" (Yolaç & Meriç, 2020, p. 304). This prejudice can exist both at home, in the workplace, and in larger systems such as health care institutions and in the government. While healthcare may seem like a setting in which all are treated equal, this is not always the case due to many "conscience clauses" passed in the

United States after *Roe vs. Wade* (Berlinger, 2018). A conscience clause allows healthcare providers to refuse to treat a client due to “moral or other personal beliefs” (Berlinger, 2018). In fact, in mental healthcare there still remains the practice of conversion therapy, a practice in which the goal is “to change an individual’s sexual orientation, gender identity, or gender expression” (Candady, 2015). This practice, in which there is little research to prove its effectiveness (Candady, 2015), is still allowed for use with minors in thirty states and 49 states for adults (Movement Advancement Project, n.d.). In fact, this type of therapy can contribute to shame, guilt, and anxiety within these individuals (Fritz, 2016; McGeorge et al., 2013). Considering the devastating effects of being stigmatized by mental healthcare workers, it’s no wonder that an LGBT client may be at the very least hesitant to seek out therapy on their own terms, especially if they were forced as a minor to attend such a session. As a therapist, this historical experience, whether personal to our client or in a broader sense, is an important contextual factor to keep in mind when treating LGBT individuals as it may contribute to a sense of distrust or even fear.

In order to consider all contextual factors affecting LGBT individuals and to effectively treat them it is important that mental healthcare professionals understand that homosexuality and transgender are not mental illnesses, as has been stated by the American Psychiatric Association and World Health Organization (Boroughs et al. 2015; Fowlkes, 2020; Lyons, 1973). Also, per the APA, “same-sex attractions, feelings, and behavior are normal variants of human sexuality” (American Psychological Association, n.d.).

One of the most significant contextual factors facing LGBT individuals is the way in which they often experience prejudice and discrimination within their own family of origin and

how this, therefore, affects those relationships (American Psychological Association, n.d.) as well as their own mental health. When LGBT individuals disclose their identity to their families of origin and receive a response of non-acceptance or even complete rejection, the effects can be catastrophic to the family unit as well as the individual (VanBergen & Love, 2021). In relation to the effects on the family, this negative reaction can create significant discord within the family (distrust from “keeping secrets”), anxiety to feeling as if the person they have known is a stranger, and isolation for the individual and family if they are in a community that would not accept this disclosure (whether social or religious community) (Crosbie-Burnett et al., 1996). The disclosure can even lead to completely severed family relational ties (Curry et al., 2017; Robinson, 2018; Ryan et al., 2010). This accounts for the fact that LGBT youth comprise approximately 40% of the youth homelessness population (Robinson, 2018). Therapists must consider this when assessing for the basic needs of an LGBT client.

LGBT individuals often fear these negative reactions from their family and therefore hide their identity for years, lending them to develop an internalized homophobia, defined as an LGBT person’s “direction of negative social attitudes toward the self [that can] lead to the rejection of one’s sexual orientation” (Frost & Meyer, 2009, p. 97; Yolaç & Meriç, 2020). The family’s reaction, or even the individual’s fear of an expected negative reaction, can lend itself to anxiety, shame, guilt, depression, substance abuse, and possible suicidal ideation for the individual (VanBergen & Love, 2021; Yolaç & Meriç, 2020). In contrast, when an individual’s family of origin responds to such disclosure with acceptance and support, it is correlated that this type of reaction “is associated with young adult positive outcomes (self-esteem, social

support, and general health) and is protective for negative health outcomes” (Ryan et al., 2010).

A related and important contextual factor for mental health professionals to take into consideration when treating LGBT individuals is the influence of religion and spirituality in these client’s lives. While some clients have found religion to be a positive support in their lives, this is not always the case for LGBT individuals, due to a history of having been stigmatized by many religious belief systems (Wood & Conley, 2014). They have experiences ranging from religious conversion therapy, spiritual neglect, and religious bullying (Wood & Conley, 2014). This may be even more traumatic if the individuals were previously welcomed within their religious community and then feel as if that relational bond was cut suddenly, along with their family of origin ties (Heiden-Rootes et al., 2018). This relation to religion and spirituality is important for a therapist to consider when discussing available support systems for these individuals as well as a history of traumatic experiences and relationships. The effects of this religious trauma can be long lasting, well into adulthood (Heiden-Rootes et al., 2018).

Another significant area of prejudice or discrimination for LGBT individuals is in the workplace (DeSouza et al., 2017; Naples, 2020). The Equality Act is a bill that has yet to be passed into law within the United States. This bill would “prohibit discrimination on the basis of sex, gender identity, and sexual orientation” (H.R. 5 – 117<sup>TH</sup> Congress, 2021). Until this bill becomes law, many LGBT individuals are still at risk for termination based solely upon their identity due to a lack of legal protections directly addressing this discrimination (Naples, 2020). In addition to lack of legal protections, LGBT individuals can face microaggressions from fellow employees in the workplace (DeSouza et al., 2017). While microaggressions such as use of

heteronormativity (the assumption that everyone is straight) may seem like a small transgression, lack of representation in the workplace can make LGBT individuals feel ostracized, another factor in the mental health crises that LGBT individuals face. This makes the workplace yet another significant area of life that may not be safe or comfortable, eliminating this possible supportive network for LGBT clients.

In addition to awareness and education of contextual factors facing LGBT youth and individuals, therapists must also be mindful of contextual factors facing LGBT clients as they seek out romantic relationships and create families of their own. One such factor is the challenge faced by LGBT individuals as they seek to form their own families. Although attitudes and laws are constantly evolving in the way of adoption by LGBT individuals, homophobic attitudes and policies still exist (Farr, 2016; Robinson, 2018; Roumpi et al., 2019). This limits the availability of agencies and adoption professionals that LGBT members can utilize when creating their families. Alternative means to creating families, such as assisted reproductive technologies, can mean a lengthier and more costly process to creating a family, due to legal battles surrounding “conscience clauses” (Roumpi et al., 2019). Having to navigate ignorance or possible prejudice and discrimination of healthcare workers and agencies, whom hold the key to creating families for these individuals, can cause a great deal of anxiety or even marital distress for LGBT couples and families. Again, this is a key factor to be considered by therapists seeing these clients (Brummett, 2018; Naples, 2020).

Another possible familial issue facing LGBT individuals that therapist must be aware of is the prevalence for abuse and domestic violence in same-sex couples. Types of abuse include familiar forms, such as physical violence, as well as mental and emotional abuse uncommon to



heterosexual relationships, such as “outing” a partner or continuously questioning a partner’s identity with the requirement of “proving” it (Cuevas et al., 2016). “Unlike heterosexuals, LGBT relationships are not commonly discussed or portrayed in many societal arenas, including the media, church, or even family histories” (Cuevas et al., 2016). While domestic violence in terms of “a man should not hit a woman” is a common discussion, there is little mainstream attention given to when that abuse comes at the hand of a same-sex partner (Cuevas et al., 2016). In addition, domestic violence services are often focused on heterosexual relationships and these services may be uneducated on the issues facing LGBT individuals (Pope et al., 2014). This makes understanding that abuse is occurring difficult, and fear of facing homophobia if they do seek help, a legitimate fear for many (Cuevas et al., 2016; Pope et al., 2014). In order to treat LGBT individuals with this contextual factor in mind therapists must be aware of and assess for this issue of safety for their clients.

All of the contextual factors discussed here pertaining to stigma, prejudice, and discrimination for LGBT individuals means these individuals can experience significant and increased mental health issues. Rejection from one’s family of origin (VanBergen & Love, 2021) and possible homelessness as a result (Ryan et al., 2010), workplace discrimination or termination (DeSouza et al., 2017), religious trauma (Heiden-Rootes et al., 2018; Wood & Conley, 2014), and isolation due to these discrimination as well as unaddressed relational abuse (Cuevas et al., 2016; Pope et al., 2014) are all proven factors of increased mental health concerns such as anxiety, depression, substance abuse, low self-esteem, internalized homophobia, and increased suicidal ideation (Frost & Meyer, 2009; VanBergen & Love, 2021;

Yolaç & Meriç, 2020). Being aware and educated around the effects of these contextual factors is of the utmost importance for mental health professionals when treating LGBT clients.

Mental health professionals may wonder how they can ensure cultural competence when it comes to treating LGBT individuals if they themselves do not identify as such; however, there is a plethora of research to support and provide ideas for support for these clients. “Godfrey et al. (2006) explained that to work effectively with LGB clients, therapists need to possess knowledge about their own comfort level, biases, values, and prejudices about sexual orientation.” (Rock et al., 2010). In addition to work and education surrounding their own individual beliefs, biases, and lack of knowledge around the issues facing LGBT clients, mental health professionals are challenged to make systemic change in their field.

“School psychologists have been charged with serving as “allies” for the LGBT community by, for instance, providing school-wide training on how to intervene and stop LGBT discrimination, bias, and harassment; collecting information about and building relationships with local organizations who address the needs of LGBT individuals” (Arora et al., 2016, p. 723).

In the therapy room, therapists can work to overcome the implicit and explicit presence of exclusion of LGBT individuals and families (“couples have been historically presumed to be heterosexual and cisgender male or female”) (Arora et al., 2016).

In working to include LGBT issues in the education and training for mental healthcare professionals it gives these professionals the tools to not only help their clients but to also improve retention rate (Pantalone, 2015). There is much work to be done, including development of theoretical frameworks pertaining to LGBT individuals and families (Few-Demo

et al., 2016), but if the education, training, and continued research and field development can be achieved it will allow therapists to fulfill their promise of providing services in which they are competent, in which they are respectful of the persons with whom they are working, and in which they promote healing and well-being.

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