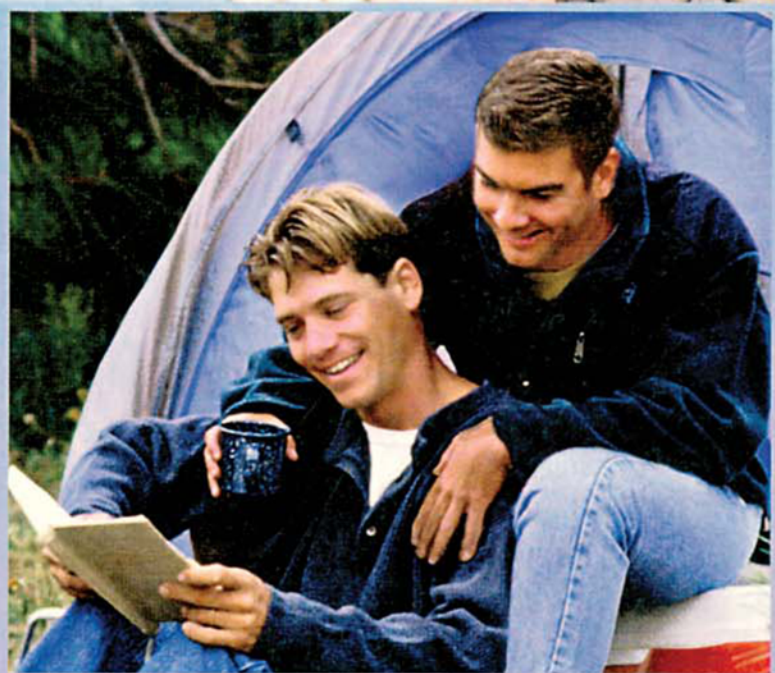
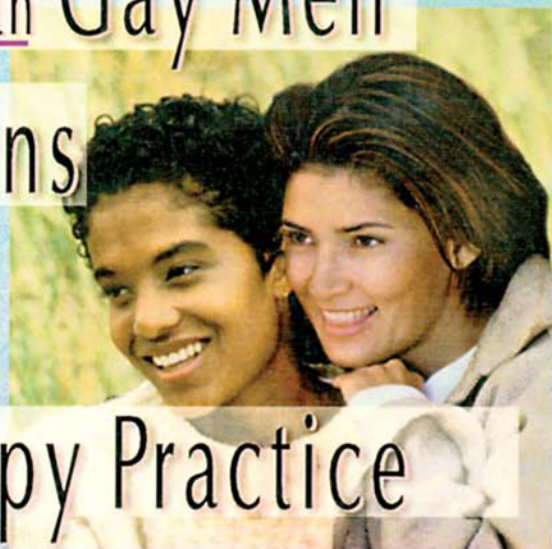


**W**orking with Gay Men  
and Lesbians  
in Private  
Psychotherapy Practice



Christopher J. Alexander, PhD  
**E D I T O R**

# **Working with Gay Men and Lesbians in Private Psychotherapy Practice**

*Working with Gay Men and Lesbians in Private Psychotherapy Practice* has been co-published as *Journal of Gay & Lesbian Social Services*, Volume 8, Number 4 1998.



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Christopher J. Alexander, PhD  
Editor

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**Christopher J. Alexander, PhD**, is a licensed clinical psychologist. He maintains private psychotherapy practices in Santa Fe, and Las Cruces, New Mexico. He is author of *Growth and Intimacy for Gay Men: A Workbook* and editor of *Gay and Lesbian Mental Health: A Sourcebook for Practitioners*, both published by The Haworth Press, Inc. Dr. Alexander is on the editorial board of the *Journal of Homosexuality* and Contributing Editor to the *Journal of Gay & Lesbian Social Services* (both Haworth Press journals).

Feedback regarding this book, as well as general questions on gay male mental health, may be directed to Dr. Alexander at 620-B West San Francisco Street, Santa Fe, NM 87501.



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## Foreword

Though it seems like only yesterday, it has been fifteen years since I opened my private practice with the intent of serving the mental health needs of the lesbian, gay, bisexual, and transgendered communities. A sampling of cases from my first six months in practice included several gay men attempting to overcome the psychological damage resulting from failed attempts at “reparative” therapy, a lesbian couple with two young children attempting to deal with issues of combined families, an African-American man who had been previously (and inappropriately) diagnosed as borderline because of his feelings of exclusion and anger at both the gay and African-American communities, and a number of lesbians and gay men ranging in age from adolescence to their sixties who were struggling with issues of coming out. These cases presented issues with which I had varying degrees of experience and familiarity. I felt even less grounded with the male-to-female transsexual requesting a psychological evaluation in prepara-

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Douglas C. Haldeman, PhD, is a Counseling Psychologist in private practice in Seattle, Washington. He is Clinical Professor of Psychology at the University of Washington and Clinical Instructor in the Counselor Preparation program at Seattle University. Dr. Haldeman is the author of numerous journal articles and book chapters on psychotherapy with lesbians, gay men, and bisexuals, and has written and lectured extensively on the implications of sexual orientation conversion therapies. He is co-author of the American Psychological Association’s policy on “Appropriate Therapeutic Responses to Sexual Orientation,” and is past chair of APA’s Committee on Lesbian, Gay and Bisexual Concerns, and Past President of APA’s Society for the Psychological Study of Lesbian, Gay and Bisexual Issues. He and his partner of twenty years reside in Seattle, and are breeders of many champion Samoyeds.

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tion for gender reassignment surgery, or with the bisexual man whose initial task with me was to discover whether or not I believed that bisexuality actually existed, or if I felt, as previous therapists had, that he was simply a gay man clutching the last vestiges of his denial.

I came to private practice with life experience as a gay man, but also having done a pre-doctoral internship at an l/g/b/t community mental health agency, and a dissertation (much to the consternation of some of my committee members) on the social and psychological effects of sexual dysfunction in gay men. Nevertheless, in 1983, the current fountain of relevant information for practitioners working with l/g/b/t individuals was but a trickle. With some client populations, and with some issues, I felt myself to be on less than terra firma with regard to scope of practice issues. Nevertheless, I remember wondering, "If I do not see this individual, who will?," fully aware that many presenting for therapy at that time were attempting to undo the damage done by previous treatments.

There was one core certainty in 1983, however, which remains unchanged today: that same-gender sexual orientation in and of itself does not constitute a form of mental illness, nor a predisposition to social or psychological maladaptation, nor a diminishment in role competence as a spouse, parent, worker, friend, or family member. The scientific database supporting the decision of the major mental health organizations to remove homosexuality from its previously inappropriate inclusion in the taxonomy of mental illnesses has only grown in the past twenty-five years. There are still, of course, fringe coalitions of professionals, supported by the political far right and Christian fundamentalists, who would attempt to persuade society that same-gender sexual orientation is an illness which is freely chosen from life's behavioral menu. Nevertheless, from the standpoint of organized mental health, the issue has long been settled.

So if we do not treat same-gender sexual orientation as an illness, how do we respond therapeutically? The first evidence of bias in psychotherapy with lesbians and gay men came in a 1991 report by the American Psychological Association's Committee on Lesbian and Gay Concerns. This report revealed a wide range of therapeutic practice with lesbian and gay psychotherapy clients, and suggested a number of themes reflective of both inappropriate and exemplary practice.

As a clinical instructor responsible for educating graduate students and interns on issues pertinent to assessment and intervention with

l/g/b clients, I have found this document to be an invaluable resource. Moreover, it serves as the foundation upon which the APA's Society for the Psychological Study of Lesbian, Gay and Bisexual Issues (Division 44) and the Committee on Lesbian, Gay and Bisexual Concerns are developing guidelines for assessment, training, and psychotherapy with l/g/b clients. This important work will provide much-needed content with respect to the question of what constitutes competent clinical practice with these populations, and will serve l/g/b and non-l/g/b practitioners alike, as well as those who train them. We are, after all, more likely than our heterosexual counterparts to seek the services of a psychotherapist. We inhabit urban areas, many of which are blessed with a plethora of "out" practitioners, and rural areas in which there may be no l/g/b practitioners, or even individuals with any training in this area at all. It is therefore incumbent upon all clinicians to have at least some passing familiarity with our issues.

Editor Christopher Alexander, in his paper "Treatment Planning for Gay and Lesbian Clients," outlines a practical guide for the planning and treatment of l/g/b clients. In addition to those issues common to the process of treatment planning with non-gay clients, Alexander points out the questions unique to treatment planning with lesbians and gay men: Does the therapist disclose her/his own sexual orientation? How does the therapist assess the client's concerns about the process of therapy in general, and/or the therapist's view of and expertise in sexual orientation issues? How does the therapist address the degree to which internalized stigma about sexual orientation may impact the client's ability to set, or work toward, goals of a personal or professional nature? Alexander also addresses the special complexities introduced into psychotherapy by managed care. Confidentiality issues are especially relevant here, as are the variability in managed care companies ensuring of l/g/b-sensitive practitioners' inclusion on their panels.

There are numerous issues relevant for practitioners working with l/g/b clients which are not covered by practice guidelines. Many of these issues are embedded in theoretical concerns, or in the social phenomenology of the therapy process and its uniquenesses with l/g/b clients of all ethnic identities and family configurations, and the special features of l/g/b communities. As such, there may be few definitive answers; nonetheless, it is important that we be aware of the

questions involved, their complexities, and the fact that as our field changes, so do the questions.

One needs only to read Joel Frost's comprehensive review and recommendations for "Staying Current with Gay and Lesbian Research and Practice Knowledge" to get a sense of the tremendous growth in our field. Frost addresses developments in theoretical understanding of sexual orientation, and provides a wealth of literature for resource information. The review includes references on a variety of other content areas, including HIV/AIDS, internalized shame and homophobia, lesbian/gay couples, and aging. Further, Frost offers the practitioner specific professional and community-based resources.

Early work in our field was affected by some of the same research biases that permeate mainstream psychological study: that what is relevant to the lives of affluent white gay men is not necessarily applicable to lesbians, bisexual men and bisexual women, and all ethnic minority l/g/b individuals. One important objective of l/g/b-affirmative psychology has been to disseminate accurate information about sexual orientation, and the normative life experiences of l/g/b individuals, to society at large. But if we are to do this, we must first understand each other, and the multiple identities inherent in all l/g/b communities.

To this end, this collection includes an important and thoughtful reflection by Richard Rodriguez on "Clinical and Practical Considerations in Private Practice with Lesbians and Gay Men of Color." Rodriguez raises a number of important considerations in a heretofore understudied area. The interface of clinical issues in psychotherapy, such as coming out, multiple identity and gender role, and issues particular to culture and ethnicity, such as language, cultural implications of multiple identity and identity development, spirituality, gender roles, and the multiplicity of sources of oppression, must be carefully considered by the therapist seeking to work competently and ethically with l/g/b clients of color. To the untrained or insensitive non-minority practitioner, normative responses to any of these issues may be incorrectly perceived as evidence of personality pathology. Practitioners, particularly those working without direct connection to academic settings, need to appreciate and understand these concerns, along with the context of class and racism in which ethnic minority clients' therapeutic issues are invariably embedded.

Rodriguez also raises the question of boundary issues as they apply