

## Homosexuality and Homophobia - Beyond The Hype Applied Psychotherapeutic Issues for Counsellors Conference Summary

### Clarence Singam: Gay Science - Beyond The Hype

As the first session of the day, three questions needed to be answered in order to lay the groundwork for the rest of the conference:

1. Is there a biological basis for sexual orientation?
2. Is homosexuality a mental disorder?
3. Can homosexuals change orientation?

Reviewed were studies concerning twins who are gay, noting that in three separate studies, the incidence of homosexuality in identical twins is consistently higher than the incidence of homosexuality in non-identical twins. This clearly indicates that something genetic was occurring in the formation of sexual orientation. Similarly, the fact that there was a higher percentage of gay people who were left-handed compared to heterosexuals again indicates that there may be early neurodevelopmental origins for sexual orientation.

Evelyn Hooker's ground-breaking study which revealed that homosexuality per se is not a mental disorder led to the removal of homosexuality as a mental disorder in areas such as USA, UK, Canada, Europe, Hong Kong, Taiwan, China, Thailand etc. While it is true that the prevalence of depressions, anxiety and attempted suicides is higher in gay populations, studies have shown that this is due to the stresses gay people face living in a negative, heteronormative society. Studies have shown that as gay people receive more acceptance, the incidence of these psychological problems drop dramatically.

Finally, two studies were compared. The first study by Robert Spitzer noted that a small percentage of gay people who are highly motivated to change their orientation are able to do so. He emphasised however that this is rare and should not be used as evidence to recommend that homosexuals should change. The other study by Ariel Shidio found that the majority of the people who had undergone reparative or similar therapies to change sexual orientation become psychologically injured.

The session ended with the question that given these scientific findings, what would the appropriate ethical stance be for counsellors and teachers in Singapore.

### Samuel Lee: Process in the Psychotherapeutic Encounter

This eventful talk ranged from myriad areas, starting with definitions of terminology employed in the talk (e.g. homosexuality, transvestitism, transsexualism etc.), milestones and theories on homosexuality, focus on the individual, the process of coming to terms with their own sexualities, and ending with the therapeutic challenge involved. One such therapy is the gay affirmative therapy which aims to assist men and women to accept their homosexuality and not regard it as a disorder - that their sexuality is an equally positive experience and expression to heterosexual identity. The other is reparative therapy which assists clients to change from homosexuality towards heterosexuality. The challenge is on how counsellors respond to a gay/lesbian client. Participants were urged to reflect on their own views on the issue of homosexuality in order to successfully aid clients to make informed decisions. It is important to realize that there are NO simple, straightforward answers, formulas, quick-fix solutions or steps out of a sexual identity crisis. Making simplistic assumptions must be avoided as each and every individual may have his/her own opinion on this issue.

### Vera Handojo: Ethical Issues In Counselling Gays and Lesbians

This talk which generated much discussion included some exercises for participants to become more

sensitive to the ethical issues involved in counselling gay men and women. This included viewing counselling gay men and women as a cross cultural counselling encounter, becoming more aware of our own unconscious homophobic and heterosexist assumptions/prejudices. The talk also encouraged participants not to view homosexuality as a monolithic phenomenon but to recognise the diversity that exists within gay populations e.g. age, potential disability, ethnicity and youth issues. It was also emphasized that counsellors needed to be vigilant against the view that homosexuality is in itself a mental disorder since it is a view that has been found to be unsound by established research.

### C. Ching: Psychotherapeutic Issues in Gay Identity Development

The objectives of this session were to provide counsellors and teachers with a framework for working with gay clients and students who are maturing towards an integrated gay identity as well as to provide the context for the breakout small group interaction with the gay and lesbian informants.

Gay identity development is characterized by four factors:

- (1) Resolving confusion over sexual orientation by helping clients come to terms with both their behaviour and identity. Some might be comfortable about their behaviour but not their identity, and vice versa. More severe cases are those who cannot reconcile both behaviour and identity.
- (2) Habituation to homosexuality through contact and disclosure. The former refers to meeting other gay/lesbian people (say a support group), and the latter refers to self-awareness and coming out of the closet. These actions/steps would allow the client to develop and experience his/her gay/lesbian identity more fruitfully and holistically.
- (3) Working through internalised homophobia schema. Society would have impacted a confused client with an internalised hatred of homosexuality (i.e. oneself), resulting in self-shame, insecurity, low self-esteem, inferiority complex etc., and a general sense of being unloved. It is thus necessary to overcome these negativities.
- (4) Integration of homosexual identity by resolving overcompensation and the resultant anger which the individual feels as reaction against societal homophobia.

To facilitate interaction during the session by having a smaller number of participants in each session, Clarence Singam conducted a parallel workshop focusing on gay identity development from an existential-humanistic perspective. This is an area which represents his interest in integrating traditional gay identity development models with post-modernist perspectives. His model of gay identity development focused on the identity development as an interactive process between the gay individual with the communities s/he lives in, the cultural meta-narratives that dominate her/his life and the fact that humans are embodied beings whose experiences are mediated through our bodies. His talk was illustrated with anonymous illustrations from his counselling experience.

### Breakout Session

For many participants, the most enlightening portion of the whole conference was the interactive group sharing. It was through this session that participants got to talk and understand the real-life experiences of real gay people. Each group had at least one gay man and one lesbian woman sharing to the group about their coming out stories, the rejection faced at school, work or home, the initial inner conflict and struggle, and other encounters that have affected their life. Open sharing of such was something commendable and enriching for many participants who might be hearing such stories for the first time. There were no reservations, no barriers between participants and gay and lesbian informants. The only shortfall, if any, was time constraint. Below is a description of one such particular group interaction as related by a gay informant:

"In the small group of about 8 teachers and counsellors, 2 gay and lesbian informants shared about their journey as a lesbian woman and a gay man who was also Muslim. Listening to the personal yet respectful questions posed, one realised how rare such an opportunity exists for a straight person to ask a homosexual person questions or doubts in a non-counselling setting. Both informants responded articulately and frankly about how and when they realised their true inclination, what it meant to them, and how they dealt with the negativity from their family when they were outed. Both also talked about their dreams of being in long-lasting relationships. At the end of the session, a counsellor told me as we walked towards the lecture hall: "It's so easy for a woman to relate to a gay man! I really enjoyed the session." I smiled and replied: "So did I, so did I. ""

### Prof George Bishop: Homophobia: The Psychology of Prejudice - How It Develops and its Effects on Straights, Gays and Lesbians

Homophobia refers to negative attitudes towards gays, lesbians and bisexuals. It is best seen as a prejudice that, while it may contain grains of truth, is fundamentally inaccurate and demeaning to gay people. This talk examined the nature of those attitudes, their sources, and how they affect both gay people and society in general. Among the effects were those related to self-esteem, relationships, and health. The talk concluded by addressing what can be done to deal with homophobia.

### Assoc Prof Roy Chan: Homonegativity and its STD Implications: Safer Sex Info Every Counsellor Should Know

An overview of the modes of HIV transmission through unsafe sexual practices and the respective level of risks involved was given. Highlighted was the outreach programme undertaken by Action for AIDS (AFA) in Singapore to increase HIV/AIDS awareness amongst sexually active gay men, and to encourage the adoption of risk reduction measures in sexual activities. The results of a survey on the sexual behaviour of men who have sex with other men in Singapore were also presented.

### Anthony Yeo and Juliana Toh: Systemic Therapy with Gay/Lesbian Individuals and Couples

Dealing with the way one approaches gay/lesbian clients, this talk focused on systemic thinking which contain certain ideas about the way counsellors may view human experience characterised by 6 factors:

- (1) Context - where behaviour is context-based and that context often influences behaviour and the interpretation of behaviour.
- (2) Communication - we believe that all behaviour communicates something and that we need to appreciate how people communicate. Communication also helps a gay person to come out to oneself and engage in self-disclosure. In the process, this may lead to congruence between one's beliefs, feelings and behaviour. Communication also involves adopting use of language that is neutral and tentative, e.g. talking about a person's partner than assuming a man has a girlfriend or a woman a boyfriend.
- (3) Connection - we look for connections in human experience and relationship. People live in a web of relationship and are connected in some way to someone else, or something else. What we are is also influenced by our connection with others.
- (4) Complexity - a systems view adopts a multiple-perspective, meaning that there are many ways to view human behaviour and experience. We have different points of view because we have different viewing points. So we do not adopt a simplistic view of life and it helps acknowledge that we may not all agree on what is the truth as what we see is only from our point of view. Just as the issue of gays and lesbians. No one has the absolute truth about such a sexual

- (5) Curiosity - suggests that we adopt a position of "not knowing". So we become curious in seeking to know what people are feeling and thinking to understand them from their perspective.
- (6) Co-evolving - a counselling relationship is one where we are constantly co-evolving the process as well co-evolving ways to solve problems.

#### Panel Discussion

The conference ended with a panel discussion. One poignant issue discussed included a teacher's dilemma in working with a gay student particularly in trying to balance the interests of the school, the parents and the welfare of the student. Other issues touched upon included the need not to stereotype our students and clients, deconstructing issues so that we do not approach issues merely as gay or lesbian issues but recognise that issues are often made up of many strands many of which have nothing to do with sexuality per se, the need to encourage responsible behaviour in students whether straight or gay and the need for counsellors to appreciate that their of viewpoints of the client's issues may not be the only valid viewpoint.