Mary was a virgin and Joseph was a donor: Exploring the experience of therapists who have worked with sexual minorities in Ireland

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Declaration

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of MSc in Integrative Counselling and Psychology, is entirely my own work and has not been taken from the work of others, save and to the extent that such work had been cited and acknowledged within the text of my work.

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Abstract

Much of the research exploring psychotherapy work with sexual minorities (SM) tends to focus on clients' outcomes or working practices used by the therapists, with little attention given to the personal experiences of psychotherapists who are working with sexual minorities. There is also evidence in the literature review that prejudice, bias, and lack of multicultural diverse approach in therapeutic work with sexual minorities influence working alliance.

This present research aims to capture the experiences of psychotherapists in a qualitative approach by using thematic analysis. Eight participants who had experience in working with sexual minorities were interviewed by use of semi-structured interview. Thematic analysis of the data identified five themes: training, skills, transpersonal aspects of the therapeutic relationship, challenges, and reflection for positive change in psychotherapy. The overall finding of this research was that the therapist who works in humanistic modality has to resource additional training after graduation, as they find their core training an insufficient source of practical and theoretical knowledge to work with sexual minorities. Personal life experience and self-reflective therapy were linked with the ability to create an open-minded transpersonal relationship with the client. Involvement with heteronormative social structures, lack of practical and theoretical knowledge to work with sexual minorities was identified as challenging. The findings of the present research suggest that psychotherapy theory need to be updated to fully embrace cultural and social changes. Further research may bring more understanding into the ways that modern psychotherapy is addressing work with sexual minorities by using a combination of qualitative and quantitative methodologies.

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Chapter 1: Introduction

1.1 Background to the research

Research has demonstrated that sexual minority (SM) clients are more likely to seek emotional support than heterosexual clients (Platt et al., 2018; Ross et al., 2018). At the same time, theory and practice in psychotherapy is influenced by heteronormative culture and society (Inglis, 2005; Altman, 1972). Over the years, there is more understanding about social and cultural diversity within cultural competence of psychotherapists (Crisp, 2006). Both of those aspects are transparent in the research by acknowledging growing awareness about the importance of sexuality in psychotherapy training (Mollen et al., 2020). Humanistic psychotherapy was described as most desired by the clients among other therapeutic modalities and used by the therapists (McGeough and Aguilera, 2020; Jonson, 2012). The therapeutic relationship, working alliance, and transpersonal connection created in a safe space is the foundation for therapeutic work (Clarkson, 2003). While there had been a considerable amount of research addressing SM experience in psychotherapy and therapist attitudes, biases, challenges, and training choices there is limited understanding of the lived experience of working therapeutically with SM. This present study aims to explore phenomenologically the experiences of psychotherapist in working with sexual minorities in Ireland, creating an accurate and ecologically valid picture of present dynamics in the everyday practice of psychotherapists working with SM. Currently, there is very little knowledge about the experiences of challenges that psychotherapists face in therapeutic work with SMs and ways how psychotherapists are seeking support in their practice.

1.2 Research question and aims

The research question of this thesis is as follows: What is the experience of therapists who are working (or have worked) with sexual minorities in Ireland?

The research title is as follows: *Mary was a virgin and Joseph was a donor: Exploring the experience of therapists who have worked with sexual minorities in Ireland.*

The following aims will be looked at:

- Look at the extent to which psychotherapy is influenced by heteronormative theory.
- Reflect on the extent to which the formal psychotherapeutic training is preparing psychotherapists to work with SMs.
- Explore challenges that psychotherapists face in therapeutic work with SMs.
- Explore areas that psychotherapists feel need to be addressed in psychotherapy.
- Create an open space for dialogue and debate concerning working with SMs in the context of changes in law, society, and culture.
- Contribute to academic research in psychotherapy in the area of working with SMs.
- Give an accurate and ecologically valid picture of present dynamics in the everyday practice of psychotherapists working with SMs.

1.3 Thesis Outline

Following the brief introduction of the research topic, Chapter 2 provides a critical review of the literature review integrating social and cultural aspects with humanistic components of therapeutic work with sexual minorities. Chapter 3 provides a detailed account of the methodology used, as well as ethical considerations and data analysis. The findings are then presented in Chapter 4, with Chapter 5 linking analysis of the data with the literature reviewed in chapter 2. Finally, Chapter 6 discusses the limitations of the research and implications for the psychotherapy field, as well as suggestions for further research in the area of SMs.

Chapter 2: Literature Review

2.1 Introduction

This chapter is a critical review of the literature relating to the experiences of psychotherapists working with SMs. It begins with a brief exploration of the Irish context of psychotherapists working with SMs, where brief cultural and social changes are discussed. This is followed by the most recent research on psychotherapy work with SMs, from the client perspective. Humanistic modality is then discussed in relation to psychotherapeutic components of the therapeutic relationship. This is followed by reflecting on the theoretical background by presenting research linking therapeutic training with the therapists' experience of working with SMs. Furthermore, the efficiency of therapeutic skills and approaches used while working with SMs are discussed. Finally, the broader cultural context is explored.

2.2 SM in psychotherapy and the Irish context

It is beyond the scope of this research to reflect fully on the history of SMs and cultural change. However, the researcher will endeavor to highlight the significance of its cultural, religious, and historical context (Inglis, 2005; Altman, 1972) while exploring the experiences of psychotherapists working with SMs. Sexuality and gender were previously explored in psychotherapy, focusing on so-called dysfunctional behaviours. Looking back on the history of psychotherapy, this process would have reflected the perception of sexuality and gender in society at the time. Hence, it was focused on curing deviations of sexual orientation and gender dysfunctional behaviours. Thus, psychotherapeutic theory and therapy skills were based on the heteronormative assumption of the norm, echoing the social environment of the accepted norm of binary gender and heterosexual approach to sexuality in general (Bell and Binnie, 2000).

In Ireland, it was illegal to be a homosexual until 1993, when Dáil Éireann passed a Bill decriminalising homosexuality (Rose, 1994). In 2010, lesbian and gay relationships were legally recognised by civil partnerships. Since the equality referendum in 2015, Irish law has regulated SM rights by the Marriage Act, Children and Family Relationship Act and Gender Recognition Act (Weeks, 2016). Changes in legal status and the need to vote publicly on the

referendum was a parallel process to the social and cultural changes within the Irish heteronormative society.

The findings of a qualitative study carried out by McKearney (2019), which looked at the experiences of 44 gay men in Britain and Ireland, highlighted the crucial role of SM campaigns in giving a voice to the LGBTQI community. In addition, there is recognition that SM groups and movements went through a change, from liberationists-queer-radical approaches, to normalising-sexual citizenship radical attitudes. Kenny-Denneny in 2001 carried out the first and largest research study of its time in Ireland and further afield, into the topic of homophobic and heterosexist attitudes amongst counsellors & psychotherapists in Ireland, including Northern Ireland. The results found that 38% of participants showed either very high or high/moderate levels of homophobia & heterosexism, with 62% showing low/no levels. It is interesting to note that this percentage of 62% is the same number of people who voted YES for Marriage Equality in Ireland nearly 15 years later in 2015. Furthermore, of concern is the fact that only 16% of the participants had awareness of their own bias. As such, 22% of the counsellors & psychotherapists who took part in the study were practising completely unaware of their heterosexist & homophobic attitudes and prejudice.

The above shows that counsellors & psychotherapists are equally susceptible to being homophobic & heterosexist, just like the general population, which is of particular concern for their LGBTQIAP+ clients. Indeed, it is important to note that all components of becoming a psychotherapist (personal process, theoretical background, skills and the individual therapist's way of being and thinking) echo personal and social changes that they individually experienced.

2.3 Psychotherapeutic work with sexual minorities

Even though the present research focuses on the therapists' experiences in working with SMs, the researcher feels that it is important to present, not only the voice of the therapists, but also the voice of the clients. This is because therapist experiences in working with SMs are actively co-created with the client (Clarkson, 2003). For example, Mac Cann and Danika Sharek (2014) presented a survey of lesbian, gay, bisexual, and transgender experiences of mental health services in Ireland. They used a mixed-method design to identify best practices in mental health and to address the areas that were lacking in meeting the needs of the LGBT community. Quantitative results revealed that 64% of participants felt a lack of basic

knowledge about issues related to LGBT, with 43% feeling that practitioners were unresponsive to their individual needs. Regarding qualitative methods, researchers were aiming to expand on the understanding of LGBT needs and to improve mental health services with regard to SMs. In relation to this, analyses revealed the themes of, promoting, accepting, positive staff attitudes; recognizing LGBT identities; providing treatment options, and increasing awareness of LGBT issues. Participants associated positive experiences based on knowledge, understanding, respect, and open mind approach. In evaluating this research, it is important to note that, even though the research aimed to create a reflection for practitioners in mental health, they did not address specific areas of how to bring about positive change. There was also a lack of acknowledgement for therapist experience and an exploration of the co-creation of the therapeutic relationship.

In addition, Mac Cann and Danika Sharek (2014) conducted an additional study to explore further experiences of attending mental health support in Ireland by sexual minorities. Thematic analysis revealed that participants had difficulties with accessing services. Their treatment choices were limited or pre-assumed to be related to their sexuality. Indeed, they found mental health services lacking a human touch. In contrast, participants felt great support from outside sources such as their family, friends, and work environment. As in the previously mentioned study, positive experiences were connected with being seen as a person rather than as a patient. Participants also reported they experienced a holistic approach in various mental health services, and this was seen as positive and desirable for the future. These findings may be seen as a resource for therapeutic feedback that is usually not part of the working alliance (Clarkson, 2003). However, a lack of reflection about how the psychotherapist is experiencing the same relationship and the impact it may have on the working alliance was, again, missing.

King (2015) conducted a review of various studies with regard to therapist attitudes toward sexual minority clients. Participants stated that asking the heterosexual therapist to reflect on their heteronormative way of perceiving the clients and expanding their understanding of LGBT lived experiences were important components of positive attitudes towards their therapeutic process. For example, the gay-affirmative approach in psychotherapy was reported by Johnson (2012) as culturally embracing knowledge and skills in practical psychotherapy. In addition, Johnson (2012) quoted several research examples where gay affirmative therapy was found as therapeutically helpful to emotional wellbeing and it enabled healing through positive re-experiencing in the therapeutic relationship.

2.4 Psychotherapy – ways of working

2.4.1 Humanistic training

Carl Rogers is, not only a revolutionary initiator of change in psychotherapy from authoritative psychoanalysis into empathic equality of being in the therapeutic relationship, but is also a pioneer in highlighting the significance of research in psychotherapy. For example, Rogers, Roback, McKee and Calhoun (1976) conducted a literature review in relation to group treatment of homosexuals. They aimed to challenge the existing presumption that homosexual clients not intending to change their sexual orientation would resign from participation in group therapy as a result of experiencing hostility and rejection from heterosexual members of the group. Rogers et al. (1976) found that homosexual clients who were treated in mostly heterosexual groups were no more likely to terminate treatment prematurely than their heterosexual or homosexual clients treated in homosexual group therapy. In 2021, it may be striking to look back and to see the founder of humanistic psychotherapy aiming to explore the efficiency of the use of group therapy to treat homosexuality. This study addresses the effectiveness of group therapy rather than the question of whether homosexual orientation needs psychotherapeutic treatment.

However, it is interesting to notice that Rogers was conducting the research and challenging the social stigma that existed in psychotherapy at the time in the 1940's. Gendlin (1988), one year after Rogers' death, wrote an interesting testimonial of Rogers' impact on psychotherapy:

> …in 1945, Blacks, women, gay people, and others felt helped at the Counseling Center because these therapists knew that every client had to teach them a new world…These therapists never forced a policy on a client. They would not coerce a woman to stay in a marriage, as the psychoanalysts then did. Nor would they decide what another person's sexuality should be. To therapists trained by Rogers, it was obvious that every person is at the directing centre of life. (Gendlin, 1988, p. 128).

There are two interesting aspects to be noted here. First, the therapists' need to stay humble and open-minded to the wisdom that is coming from the client. This is a co-creative relationship where the client can 'teach' the therapist a new dimension of empathy. Second, the respect of individual choices that the client is making with regard their own sexuality. Perhaps the most important reflection from Roger's work is that the psychotherapy field needs to constantly review, readapt, and engage in research in psychotherapy, aiming to

challenge existing stereotypes. This is done by conducting research and allowing for the voice of the clients to be heard.

In 1955, Carl Rogers recorded an interview with Mr Lin exploring his frustration with homosexual tendencies. In this session, he fully embraced the person-centred core condition and held a nonjudgmental safe space for the client (Rogers, 1951). In reflection, after the session, Rogers commented on the therapeutic process by recognizing that homosexuality was just a presenting problem. In this example, homosexuality was seen as a socially and culturally constructed label. He stressed the importance of a safe therapeutic relationship as a holding space for the client to explore the deeper meaning of his individual, contextual lived experiences. This enables the client to self-explore, find his own meaning, and go deeper within to realize that the problem was within himself rather than with homosexuality.

2.5 Working alliance – transpersonal aspects of the therapeutic relationship

Clarkson (2003) describes a working alliance 'as the part of the client – psychotherapist relationship that enables the client and therapist to work together even when the patient or client is experiencing strong desires to the contrary' (p.237). Consequently, unconscious transferencial and contertransferencial aspects of the therapeutic rupture can be used as reparative healing aspects of the therapeutic relationship. This dynamic brings a change from object relationship to person-to-person relationship, where co-creation of the working alliance moves towards 'transpersonal relationship as the timeless facet of the psychotherapeutic relationship, which is impossible to describe but refers to the spiritual dimension of the healing relationship' (p.237).

Budge, Israel, and Merrill (2017) identified the importance of the measurement of the working alliance in psychotherapy research. Their view was limited to the practical aspects of 'how' to apply measurement, rather than on 'what' aspects of the working alliance were beneficial for the overall therapeutic relationship. Mohr, Fuertes and Stracuzzi (2015) argued that SM clients who experienced microaggressions from past therapists may be hindered in their relationships with future therapists. In addition, therapists may experience transference and countertransference and this may affect the working alliance positively or negatively. Drinane, Roberts, Winderman, Freeman and Wang (2021) conducted a study to explore the association between sexual orientation and the therapy outcome between therapists. They compared overall differences between sexual minorities and heterosexual clients, with regard to pre-therapy and post-therapy emotional wellbeing. Results revealed that there was

no ‘significant variability in the associations between sexual orientation and post-therapy well-being or life functioning. Evaluation of the above research highlighted two interesting points. First, that sexual orientation does not determine negative outcomes from the therapeutic process. Second, that the outcome of the positive therapeutic process is determined by the influence of the identity that therapists hold themselves. However, the above is limited to a comparison between heterosexual and SM outcomes in therapy. As such, an exploration of specific aspects of therapist influence and how they affect the therapeutic space were not discussed.

McPherson and Alan Stuart (2000) conducted a qualitative study using a narrative inquiry approach to explore the effect on humanistic counsellors and psychotherapists when their sexual orientation was discovered and introduced into the therapeutic relationship by their clients. The findings revealed that all participants highlighted the importance of the foundation of the therapeutic relationship in their disclosure to the clients. In addition, the participants noticed that the process of self-disclosure was triggering countertransference and projections, in relation to the coming-out process. At the same time, participants commented on their self-awareness in two aspects. First, internal bias or unconscious homophobia, which was present regardless of their homosexuality. Due to the cultural and social dependency on a heteronormative upbringing, such experiences would shape their relationship with the self. Second, personal self-awareness and personal process in relation to feeling shame from identifying with SMs. Thus, it is the ‘skill’ of the psychotherapist to continue the personal therapeutic process, to create self-awareness, that determines the success of the outcome, not the rationale for disclosure (Hanson, 2005). This research indicates that the therapist brings into the process all parts of themselves and the personal internal process that comes with it. Likewise, it creates an awareness that internal conflict with self-acceptance or the feeling of shame in relation to one’s sexual orientation is present in the therapeutic space with the client, even if they are not verbally named. The biggest limitation of the above research, however, was that there was no deeper reflection about specific aspects of the co-creation of the therapeutic alliance. Furthermore, the transpersonal aspects of the therapeutic relationship were not addressed. In addition, the implications of the therapists’ experience of working with SMs were not discussed.

Anderson Bautista Hope (2019) conducted a national survey exploring therapeutic alliance, cultural competence, and minority status in the premature termination of the therapeutic process. Results indicated that, being a woman, identifying as a sexual minority, and having

a therapist low in perceived multicultural competence were associated with an increased risk of premature termination (p.7). In addition, premature termination of the therapeutic process was related to a weak working alliance. Unfortunately, there were no specific indicators that contributed to the lack of working alliance development, besides a lack of a culturally diverse approach. Data were analysed quantitatively, thus the individual clients' deeper experience of working alliances were not taken into consideration, nor was there any consideration for how to address or assess co-creating dynamics in the working alliance. There are also transpersonal aspects of the working alliance that were not included in the survey. However, the research did recognise that the therapist benefitted from diverse multicultural training while working with SMs.

2.6 Psychotherapeutic theory in relation to SM

2.6.1 Training

The formation of a hypothesis in psychotherapy is an important part of the therapeutic process. The knowledge available throughout official psychotherapeutic programmes of becoming a psychotherapist is based on heteronormative theory. There are several theories such as those of Freud (1897, 1905,1915,1918,1924) or Bowlby (1988) to cite here to support the above claim. However, it is beyond the scope of this study to present all theories related to psychology or psychotherapy in order to offer evidence for the presence of heteronormative theory. Instead, the researcher aims to stress the contextual influence that training and practical skills-set may have on psychotherapists' experiences of working with SMs. However, it is important to make a distinction between making an argument about psychotherapy in this study and exploring the experiences of a psychotherapist who has worked with SMs. It is important to note that psychotherapists are trained in heteronormative theory, thus its skill-set is based on theory embodied in heteronormative dynamics of emotional relationships. For example, in relation to classical psychoanalytic concepts in working with male same-sex parents, Geva Shenkham (2016) re-examined psychoanalytic theory. She quoted various theorists like Freud (1905) and his Oedipus complex, Melanie Klein (1961) and the theory of combined-parent figure, Fromm's (1956) distinction between motherly love and fatherly love in 1956, and Winnicotts' (1956) good enough mothering. Shenkham built on the discussion as to what extent those theories are still valid in today's psychotherapy, exploring the postmodern change from the late 1990s that redefined basic concepts like gender definition and family conception of parental roles, as well as definitions of both mother and father.

Lingiardi and Carone (2019) challenged the traditional 'Oedipus complex' and suggested instead the concept of Oedipal competitivity, which is not related to the parent's gender or sexuality. Instead, authors suggested that child developmental pathways are a dynamic between their own pre-oedipal and oedipal levels, and that their parents' internalisation of oedipal characteristics were not related or determined by gender or sexual orientation. The language can be reconstructed to keep the meaning of the theory and the theory can be readjusted to fit into changing needs of evolving constellations in same-sex families. The author suggested that, when a psychotherapist is working with a sexual minority using conservative theory, then, as a result, the client's therapeutic process does not fully embrace positive therapeutic change. As a result, two questions arise. First, what is the experience of psychotherapists who have worked with SMs after receiving their formal training based around the heteronormative theory? Second, how do training providers integrate classical psychotherapy concepts with new reconceptualisations of traditional views? Cerbone (2017) highlights the critical role of the therapists' attitudes while working with SMs, especially when the therapist is out of their own emotional comfort. Furthermore, uncomfortable, or unfamiliar feelings in the therapist can result from the judgement of sexual behavior or the gender-related emotional process. Cerbone (2017) invites us to consider and question what is normative and what is normal, then. In his view, normal is healthy and should reflect social, cultural changes and legal changes in the ways SMs are perceived. As such, there is a need to re-address and redefine the diagnostics manual for sexual disorders that do not reflect cultural and social changes.

The Sexuality Information and Education Council of the United States define training in sexuality as 'a lifelong process of acquiring information and forming attitudes, beliefs, and values about such important topics as identity, relationships, and intimacy' (SIECUS, Guidelines, 2004, p.13). Hertlein, Weeks and Sendak (2009) present the view that over the years there was a growing awareness about the significance of sexuality components in training. In the above research, the therapists' comfort with their own sexuality was one of the most important foundational aspects to work with sexuality in therapy. In addition, Zimmerman (2012) argued that therapists need to be actively engaged in self-reflection and open-minded, especially in relation to challenging personal heterocentric biases they may hold. It was noted by several studies and publications (Graham et al., 2012; Phillips & Fischer, 1998) that psychotherapists described their training courses as insufficient in addressing sexuality. As a result, they felt inadequate to work with sexuality in therapy. They also reported that their training was limited, in that its understanding of sexuality was mostly

in relation to dysfunctional behaviours. Miller and Byers (2010) stated in their findings that one-third of clinical and counselling psychologists decided to attend graduate courses on human sexuality. Recently, Swislow (2016) found that the clinical psychology faculty demonstrated significantly more knowledge and understanding of sexual problems than health sexuality. These results are consistent with the trends of seeing sexuality as a dysfunction in professional training (Miller & Byers, 2010; Wiederman & Sansone, 1999). At the same time, it is important to note that the majority (90%) of participants recognised sexuality as an important aspect of emotional well being. Swislow (2016) reported that psychotherapists feel a lack of competence while working with SMs or sexually related areas of emotional wellbeing. In addition, having inadequate skills and being unprepared theoretically and practically after the core training to work with sexual minorities were reported by psychotherapists taking part in both Logie et al. (2015) and Roberts' (2019) research.

Mollen, Burnes, Lee and Abbott (2020) conducted a survey to explore specific areas of the 80 doctoral training programs in counselling psychology that address sexuality-related subjects. They found that none of the training courses provided extensive and complex details on sexuality. The areas most frequently discussed included: 94% sexual orientation, forms of intimacy, 76.3%, interesting identities, 94.7%, sexual trauma and abuse, 71.1%, and sexual development across the lifespan, 68.4%. The researchers identified areas of training that were addressed the: sex therapy, 13.2%, sexual self-efficacy, 2.6%, reproductive aspects of sexual development and sexual health, such as pregnancy, 10.5%, childbirth, 7.9%, and pregnancy termination/abortion, 10.5%, human sexuality research methods, 13.2% and all surveyed forms of sexual expression including swinging, 13.2%, kink, 15.8%, BDSM 15.8%, tantra, 2.6%, sex work, 5.3%, pornography use, 7.9%, and sex toys, 5.3%. In addition, 71.1% of participants identified their program's incorporation of sexuality-related topics in the training as average or comparable to other programs. Only 13.2% of participants reported that they believed their program was above average. Interestingly, 15.8% of participants considered their program's incorporation to be poor, while 78.9% of participants identified training in sexuality as ranging from important to essential.

In the next phase of the above research, free-response analyses were conducted to allow for open-ended responses to the areas not covered in the questionnaire. Inductive thematic analysis identified the following themes across participant answers: Training restrictions and

limitations were forced by the work environment, training provider, institutional choice that was made for them, and APA requirements to maintain accreditation. Thus, the inclusion of more complex and integrative human sexuality training was seen as limited and restricted in the programs. Some participants also commented on the lack of faculty support for requiring a course addressing sexuality or courses not being available. In addition, some participants said that the areas of training addressed on the questionnaire were indicated as a joint reflection on core training and additional training. The biggest limitation in this research was the lack of consideration on how the training was delivered, in addition to specific modules of sexuality and what learning styles were applied to those training. In addition, the questionnaire did not include a personal therapeutic process that was carried out by the participants or self-reflection about gender, sexual identity, or general sexual wellbeing. Logie, Bogo, & Katz (2015) and Roberts (2019) reported in their studies that less than half of service providers reported feeling incompetent when working with sexual minority clients, especially in the 'coming out' process.

2.7 Therapeutic Skills and Approaches used in working with SM

Corey (2017) describes a number of theories, modalities, and practices for counselling and psychotherapy, where sexuality is marginalized to the exploration of gender roles in social identities, with only a brief mention of homosexual orientation. Ross et al. (2018) conducted a meta-analysis of 52 studies and concluded that sexual minority individuals experience higher rates of depression and anxiety than their heterosexual counterparts. Furthermore, Platt et al. (2018) argued that there is a higher rate of SM clients that are seeking emotional support in psychotherapy than heteronormative clients. McGeough and Aguilera (2020) conducted a review of the existing research and publications concerning approaches used in psychotherapy to treat depression and anxiety among SMs. Analysis revealed that the following therapeutic modalities were used by practitioners in working with SM clients. A protocol-based approach focusing on cognitive-behaviour therapy, gay affirmative therapy, cultural competence, psychodynamic and humanistic. The above review mainly focuses on cognitive behavioural modalities, with limited recognition of significance for client-therapist relationships. Harrison (2000) presented an interesting review of the gay affirmative therapy literature. He found a number of themes: requiring the therapist to challenge a pathological view of homosexuality, a focus on the meaning of individualised lived experience, developing knowledge appropriate to working with gay clients, and integrating all the above into their therapy approach embodied in the therapeutic relationship. A relationship-based

approach within cultural competence was described by Crisp (2006) as shifting emphasis from the content of the therapy to the therapist's personal approach. Cultural competence is seen in this context as gaining practical knowledge of a lived shared experience from SM communities. Thus, direct involvement with the SM community would be seen as learning through being around people who identify as SMs. It is interesting to notice that McGeough and Aguilera (2020) offered the following conclusion to their review.

> The assumption made in adapted models that clients want to focus on their sexual orientations in therapy may be experienced as microaggressive for some clients, but for other clients, a curriculum that focuses on these challenges may be helpful and normalizing of their struggles and lived experiences. Supporting sexual minority clients is not merely about the development of interventions that address the needs of sexual minority clients generally, but it is also about matching individual clients to the best possible intervention to address their unique needs (p. 15)

Moreover, Pepping, Lyons and Morris (2018) examined the effectiveness of training in affirmative psychotherapy relating to LGBT with 96 mental health practitioners. Therapists showed improvement in knowledge, skills, and empathic understanding of experience related to SMs. In addition, therapists also indicated a significant decline in their homonegativity and trans negativity attitudes in a therapeutic relationship with SM clients. Interestingly, at the same time, it was suggested that personal beliefs and value systems did not influence the positive impact of the training on working practice.

2.8 Cultural Significance and Self Awareness

Several studies conducted by Cohen (2016), Millard (2017), Shiner et al. (2017) mainly focus on gender, sexual orientation, or class, but they also raise the need for a debate around how culture is conceptualized in psychotherapy. A deeper understanding of the culture, social norms in relation to gender, and SMs should be an active part of both therapists and clients' cultural values and contexts.

Lee, Greenblatt, Hu (2021) presented a review of 80 empirical studies on cross-cultural psychotherapy since 1980. The review revealed that therapists find critical reflections challenging, especially when concerning personal biases. Furthermore, it was highlighted that turning a blind eye in psychotherapy to challenges imposed by self engagement in critical self-awareness may have harmful effects on clients and the therapeutic relationship. The biggest limitation of the above review was the lack of reflection about specific aspects of what components contribute to the therapist's ability to critically think. The question remains how therapists may engage and what resources are needed to support therapists in

discovering their socio-cultural biases. Moreover, cultural dynamics in co-creating therapeutic relationships with the client may have a positive influence on strengthening the therapeutic relationship and working alliance. Understanding cultural conflicts can have positive repairing alliances in cross-cultural practices, bringing about positive change in psychotherapy training, research, and practice. One of the most interesting implications for practice, training, and research is the significance of therapists' self-awareness and critical reflection. Furthermore, therapists need to be actively involved in the continuance of personal development in order to be able to self-reflect on any personal and cultural bias they hold.

2.9 Conclusion

In light of the above literature review, we can see there is a growing awareness in the psychotherapy field about the importance of sexuality in the training curriculum. Although research in the area of humanistic psychotherapy offers great insides into the therapeutic relationship and working alliance, a greater understanding of specific components that the psychotherapist brings in working with sexual minorities is very limited. In fact, the literature presented above actively calls for further exploration of theory and practice in working with SMs. In addition, very little research was conducted in Ireland that took into consideration the experiences of psychotherapists working with SM. It is anticipated that this research project will contribute to helping to fill this gap within the consideration of the limitations of the sample size. Let us look now at the methodology of this current research.

Chapter 3: Methodology

This chapter outlines the methodology used to explore the experience of psychotherapists working with sexual minorities. It will show in detail the entire process of the research in the relevant sections below.

3.1 Research approach

The qualitative method was chosen for the research design because it has capacity to explore lived experiences in social, cultural, and historical contexts. An ontological approach guided the design of the research and the methodology (Crotty, 1998). Ontology, in this context, is seen as a study of being and reflecting lived reality. Furthermore, a phenomenological approach will fully embrace the accuracy of essential meaning coming from lived experience (Becker, 1992). This created a space for each of the participants to tell the story of their personal experience of working with sexual minorities.

For validity and credibility purposes, it is important to acknowledge the limitation of qualitative research. First, the findings cannot be generalised to the whole population (Willing, 2013). Second, participants and the researcher are vulnerable to the personal bias. Measures taken to limit the impact of personal bias will be discussed below in the relevant sections.

3.2 Reflexive awareness

The importance of self-reflexivity, especially in qualitative research, is widely acknowledged (Finlay, 2011; Richards, 2006). Self-reflexive analysis in this research was conducted with the understanding that the researcher had personal experience of working with people in the SM community. In addition, the researcher had a positive and negative experience of personal psychotherapy. In addition, the researcher had direct experience of working with the clients sharing their positive and negative experiences of psychotherapy. For the purpose of reflexive awareness throughout the research process, the researcher used a journal, personal psychotherapy, and supervision. This expanded the capacity to be self-aware of any personal assumptions and biases in this research project.

3.3 Research Design

The research was carried out using individual in-depth interviews with psychotherapists who have experience of working with sexual minorities. The interviews were semi-structured to create ecological validity for the experience of psychotherapists in working in this area. Braun and Clarke (2013) argued that the biggest limitation of thematic analysis is the lack of in-depth exploration of the methodology.

3.3.1 Inclusion Criteria

The criteria for participation in the research were as follows:

- be a qualified and fully accredited psychotherapist
- have experience in working with sexual minorities
- be a fully accredited member of Irish Association of Humanistic and Integrative Psychotherapists AHIP, Irish Association of Counselling and Psychotherapy IACP or any other professional accrediting association in Ireland that is linked with psychotherapy and counselling.

Interestingly, all participants who volunteered to participate in the research had a humanistic background.

3.3.2 Participant Recruitment

The process of participant recruitment was done in two phases. Phase one was conducted in relation to the original research title: 'Mary was a virgin and Joseph was a donor: Exploring the experience of therapy for biological and non-biological lesbian mothers'. The Ethics Committee did not approve the research involving non-professional participants. The recommendation was made to change participant profiles to professional therapists. Therefore, the research question was changed to: 'Mary was a virgin and Joseph was a donor: Exploring the experience of therapy for women in Ireland who are both psychotherapists and lesbian mothers'.

The call for participants was distributed electronically through IHAIP and IACP via newsletter and noticeboards several times over the three months. The researcher also asked the Turning Point Institute to directly email all postgraduate students. Due to lack of response, the email was re-sent on a few occasions throughout the three months. The researcher reached out to Irish organisations directly supporting sexual minorities. They

were not prepared to circulate the call for the participants however, as they were conducting their own research. Some organisations showed interest in the study, but they were not prepared to support this research, as they were conducting research at PhD level. Some organisations also felt that their priority is to protect the identity of their members. Thus, for ethical reasons, the names of organisations are not mentioned. The researcher reached out to the psychotherapy centres focusing their work on the support for sexual minorities. My call for participants was circulated in their networks of contacts. As a result of another three-month intense search for participants, one participant volunteered to take part in the interview.

3.3.3 Second phase

The research question was changed as the result of unofficial feedback highlighting the complexity of anonymity. There was a general sense of being unable to openly talk about the experience in psychotherapy by a SM psychotherapist, as they would be easy to identify by their colleagues.

With the change in research question, as seen above, the research changes the intention from exploring psychotherapy through lenses of the client identifying with SM to the experience of psychotherapists working with SMs. Ethical approval was granted on this basis. The new call for participants was circulated in all mentioned above channels. As a result, one participant volunteered to take part in the research. After a month of another unsuccessful advertisement, the researcher decided to reach out directly to people working for various organisations and psychotherapy centres. This was accomplished by directly emailing people working in the centres or messaging members of organisations on LinkedIn. The response was much more positive and another seven participants volunteered to participate in the study. Nine psychotherapists originally volunteered to participate in the research. Each participant's name was changed to protect their identity. However, one participant decided to withdraw from the participation after an initial conversation over the phone, leaving eight in total in the final data gathered.

3.4 Interview Schedule

The interviews were semi-structured and focused on two aspects. First, internal ability to be self-aware throughout the interview about personal bias. Second, to create an open space for the participant by asking open questions. There was no set structure for the questions for each interview. At the beginning of the interview, all participants were asked the same

question – *What are your experiences of working with sexual minorities?* Following this question, each participant explored their individual experiences. A copy of the interview schedule is attached to the end of this document as an Appendix.

3.5 Data collection

In the brief conversation over the phone or Zoom, I explained the nature of the study, procedure, and informed consent (see Appendix). This process facilitated the creation of the report before the interview. It also gave space to the participant to reflect fully and make an informed choice to participate in the research. Informed consent was sent by email. Each participant agreed to participate in the research. The participants were given the choice of conducting the interview in person or on Zoom. Seven interviews were conducted on Zoom and one interview was conducted in person. Interviews were voice recorded on Olympus Digital Voice Recorder (model VN-711PC). The original data sound was transferred and encrypted to the researcher's computer. Data were deleted from the recording device and the laptop after compiling the interview transcripts. Mind boards from each interview were encrypted and kept on the laptop that was only accessible to the researcher. For credibility and validation purposes, each participant received via email an individual mind board with the themes.

3.6 Thematic Analysis (TA)

The researcher chose thematic analysis because its underlying philosophy mirrors the aim of the current research. The method of analysing inferences of heteronormative theories in working with SMs needs to be done within the realisation that the method itself needs to have 'theoretical freedom' (Braun and Clarke, 2006, p. 78). Thus, it creates an open space rather than imposing a fixed theoretical framework. Therefore, it allows the data to emerge and flow from the participants' lived experiences. Thematic analysis holds an authentic approach to qualitative research by addressing researcher bias and the impact that it creates. Braun and Clark (2006) suggest that the researcher needs to acknowledge their own theoretical positions and values to qualitative research. Furthermore, the researcher was aware that she had chosen deliberately thematic analysis to create ecologically valid results. TA offered the researcher the ability to explore data beyond its semantic level, to uncover transpersonal aspects of the therapeutic relationship, underlying ideas, assumptions, concepts, and ideologies. For this research, interviews were interpreted by the use of mind

boards. This method examines the pattern in the data both from a top-down and bottom-up approach (Boyatzis, 1998; Hayes, 1997).

A major critique of TA is the lack of precise guidelines to analyse the data that may create a chaotic space of including irrelevant material (Antaki et al., 2003). Having said that, the validity and credibility of the data analysis were checked with each participant before analysing the data further. Individual mind boards from each interview were emailed to each participant to check if data interpretation reflected the participants' opinions.

3.7 Data Analysis

Braun and Clark (2006) argued that to conduct successful TA, it is crucial to clearly state the aims and objectives of the research. The identification of themes was conducted based on the researcher's judgment of data and its relevance to the general research question (Burr, 1995). The overall aim of the methodology was to identify repeated patterns beyond their semantic meaning. Thus, these repeated patterns assisted the researcher's understanding in moving towards discovering underlying assumptions, concepts, and ideologies that represent the participants' individual meaning of lived experiences (Braun and Clarke, 2006).

The analysis was conducted in a recursive or reiterative process, involving reflective and analytical writing throughout the method procedure (Lapadat and Lindsay, 1999). Non-verbal communications with participants were noted straight after the interviews and later transcribed. Data analysis for identification of themes and sub-themes was based on Braun and Clarke's (2006, p. 87) six-phase coding process:

Phase 1

The recorded interviews were typed by the researcher to familiarise herself with the content and to begin the process of searching for patterns of shared meaning. The process of coding involved reading the data and listening to the recordings to ensure the accuracy of the transcripts.

Phase 2

Coding was conducted manually by highlighting general emerging ideas and senses from the data. The context of the code was kept for validity purposes (Bryman, 2016). All inconsistencies and contradictions between and within codes were noted.

Phase 3

Mind maps were created from data collected and colour coded, to analyse and establish specific sub-themes and themes related to the research question. This phase aimed to discover the main themes and sub-themes. Themes that did not belong to any group of sub-themes were collected in a separate file (For a sample of a mindmap, see Appendix). Within the ethical guidelines of this research, the actual content of the mind board from all interviews are not included in this research to protect participants' anonymity.

Phase 4

The researcher's own theoretical and analytical approach was noted in her research journal to keep an accurate representation of emerging central concepts of shared meaning. The researcher's role in knowledge production was analysed and included in the results section. The researcher was self-observing and self-analysing her own verbal and non-verbal process in the interviews throughout these phases of analysis.

Phase 5

In-depth analyses of the meaning of each theme were linked with the research question. Final titles were created for each theme in order to capture the precise meaning of the theme. To reinforce the credibility of the study, the results of the data analysis were presented to the participants to assess the adequacy of the process in reflecting their experience (Creswell, 1998). For validity purposes, the main thematic mind boards were read by the supervisor. This was to make sure that codes and themes reflect the data accurately and reflect the contextual meaning of the participants' lived experiences (Morrow and Smith, 2000).

Phase 6

This involved final analysis and the writing up of the report.

3.8 Evaluation of the quality of research

The subjective nature of qualitative research in psychotherapy created an academic debate about their validity and quality (Sanders and Wilkins, 2016). For example, Finlay (2011) assessed research validity according to four criteria: rigour, resonance, relevance, and reflexibility. In the context of the present research, rigour would be understood as establishing a clear methodology procedure and smooth management of the research

process. In the context of using thematic analysis and research findings, it takes into consideration the researcher's active role in the interpretation and analysis of the data. In addition, the rigour of present research is also assessed through congruence between overall research findings and evidence from the data analysis.

Relevance would be assessed by the extent to which current findings add to the knowledge that already exists in relation to working with SMs. Resonance criteria would be understood as creating a debate about the challenges that the psychotherapy field is facing in theoretical and practical complexities. Furthermore, resonance criteria would have implications for the practitioner and the client. Reflexibility concerning making a conscious choice by the research of thematic analysis would review, assess, and explore researcher and participants' bias in the entire process of the research.

3.9 Ethical considerations

The project proposal for the present study was guided by the Code of Research Conduct of University College Cork (2020) as well as ethical principles of the European Association of Psychotherapy (EAP) (2002) , IAHIP (2017), and IACP (2017). TPI Research Ethics Committee approved the research based on the change in the participants' research profile, as mentioned earlier. There were two changes made based on ethical considerations that the Ethics Committee suggested, which are mentioned earlier. The guidelines of researching in cultural, social diversity and with areas of vulnerability of people's life presented in Ethical Guidelines for Researching in Psychotherapy and Counselling were followed (Bond, 2004).

The researcher applied the above ethical framework throughout individual stages of the research process. The methodology design embraced the participants' emotional wellbeing, right to withdraw, and safety around data storage. Ethical considerations were embedded in the findings section by carefully considering participants' anonymity. This was done by changing names and excluding any data that potentially could identify the participants. Due to the sensitive nature of data relating to the process involving a third party in a confidential therapeutic space, all data that could potentially identify the client were omitted in findings. Participants' names were replaced by different names not reflecting their identity. Furthermore, the researcher decided not to include the original mind board with themes to protect participants' identity and some aspects of confidential therapeutic work.

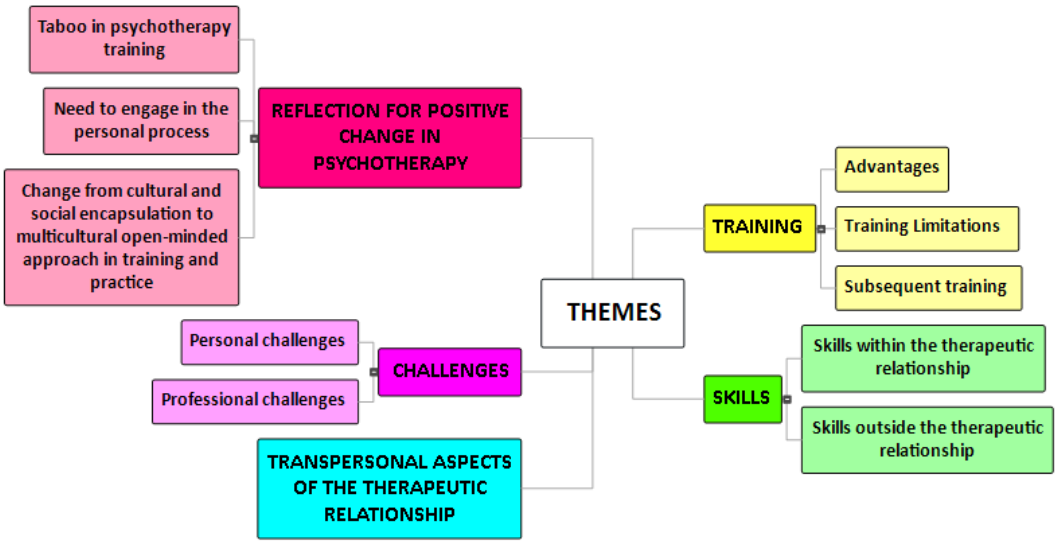
In the process of participant recruitment, the researcher focused on the transparency of the interview process. The information sheet was done in plain language and included a clear statement that participants had the right to withdraw at any stage of the research process. The researcher spoke on the phone with all participants after sending information and consent sheets. This allowed the participant to ask questions before giving consent to take part. One volunteer resigned from participation in the study after an initial conversation before the interview. However, this person had a willingness to share personal resources in the area of SMs for the literature review.

Although professional psychotherapists took part in the research, and they had the capacity to emotionally self-resource, distress protocol was implemented (see Appendix) for participants safeguarding. For example, if the participant became emotionally distressed or upset during the interview process, the researcher would pause or stop the interview to ensure emotional safety. After all of the safety criteria were successfully met and the consent form returned, the researcher began the process of interviewing and data analysis. Finally, participants were fully debriefed after the interview and any questions concerning the research process were addressed. All documents were stored in a safe location with no access to third parties. All digital data were securely encrypted on a laptop that was only accessible by the researcher.

Chapter 4: Findings

4.1 Introduction

The aim of this research is to explore the experiences of psychotherapists who have worked with sexual minorities. A thematic analysis of the data was conducted to investigate patterns and themes that emerge. Mind boards are commonly used in thematic analysis to navigate patterns across the data (Braun and Clarke, 2006). Five themes and sub-themes are presented in the mind board below. To protect the identity of the participants, their names were changed.



4.2 Thematic Analysis

4.2.1 Theme 1 - Training

Sub theme: Advantages

Each participant talked about their experiences in relation to both core training and subsequent training. They focused on the exploration of the advantages and disadvantages of the theory and skills included in the overall teaching programme.

All participants shared the view that the Humanistic approach and working alliance are the universal frameworks to use when working with sexual minorities. Humanistic core

conditions were described as essential in building a therapeutic relationship and emotional safety with the client.

Ronan stated that his training gave him a very formal and academic way to know the definitions related to sexual and gender identity. The focus was on the ability to define and identify various pronouns related to gender or sexual identity. However, he said that the biggest advantage of his training was the ability to self-reflect:

> I suppose what the training did give me was this idea to try to self-reflect.

Patricia spoke about the powerful experience of student group therapy as part of her psychotherapy training. For her, as a gay student, she highlighted the importance of the personal processes around shame, social and cultural stigma.

> A big part of my core training was group therapy… So it's not in the theory and stuff, but a lot around shame and stigma and what we have gone through as children, and teenagers. Your own stuff comes up in the group.

Similarly, Ronan shared his experience during the student group therapy. He made a prejudicial comment towards the student who was gay. He was surprised that no one in the group picked it up and, more importantly, that none of the tutors noticed it either.

> So I was unconscious, prejudicial blocked… No one caught it. I caught it, felt bad about it…But that was missed in training. Gender rubbish coming out of me ...A homosexual man is not a man...That needs to be explored. I could be sitting with clients.

Another participant, Kate, said that she was fully self-aware because she was 'struggling unconsciously' with her own sexual identity. She noticed that, when she fully accepted and embraced her sexuality, 'doors opened'. Suddenly, as a result, the clients were bringing sexuality into the session.

Julia focused on fully embracing the advantages of the humanistic framework and highlighting the importance of communication in her work.

> That we look at how everybody is communicating, and we try and help the parents, for instance, to look at what's trying to be communicated rather than how to be communicated. And so everybody is hearing and listening to each other because it doesn't really matter about the sexual orientation.

Sub-theme: Training Limitations

Jodi stated that her core training did not address sexuality and gender-related experiences sufficiently:

> I trained 20 years ago. Sexuality I don't even remember really being on the training concourses or discussed really in any way.

Kate noted:

> …During my training in the 90s, sexuality wasn't on the curriculum training as a psychotherapist… And I would imagine the training that was done in 2010 onwards, that there's training in relation to sexuality or working with minority groups.

Alice shared her experiences of attending the training.

> I am just completing a master's with child and adolescent and there's nothing…I am working with a lot of adolescents. Sexual orientation, gender identity is something that comes up. For nearly every one of them, because a lot of self-discovery and kind of finding self is going on and there was nothing in the training about that. And I raised it and I was actually told in a lecture; this isn't really the place to discuss this. And one of my colleagues on my course said 'How could a teen or child know any of that?'…And the lecturer said, well, you know, this isn't really the time and the place to discuss this…people were agreeing, these are experienced therapists working with teenagers…' 'And I said nothing because it wasn't safe for me. And in that moment in the class, I shut down…There was a threat of judgement. There was a threat of criticism. There was a threat of being pushed to the outside

Jody, Patricia, Joanna, Derek, and Kate said that their core training did not have anything specific on working with sexuality, with the exception of small parts related to legal, developmental, or dysfunctional behaviours regarding gender or sexuality. At the same time,

those participants were talking about the richness of sexually or gender-related emotional experiences that their clients have. Patricia noted:

> A majority of the clients that I see in the school, are coming with the sort of sexual orientation issues…There's a lot more sexual activity with young people, irrespective of orientation or identity.

Derek noted:

> …I noticed over the years of working with teenagers and some of the children, there were a lot of psychosexual presentations none of the training covered that. Training to work with children, covert sexual trauma. But it doesn't include the more nuance of a child acting out sexually on the other child, transgender sexuality, people whose sexual preference is outside of what we call the norm.

Ronan also shared his personal experience of attending lectures about gender. He felt 'like an absolute idiot', adding: 'I was very uneducated in the trans area. So I was completely illiterate as a student therapist. The competency approach was, I don't think, particularly helpful because it was pointing towards articles and reading'. He highlighted that he 'felt culturally encapsulated in his binary ways of looking at sexuality and gender.' He highlighted that the training did not address 'individual aspects' of lived experiences of people identifying with sexual minorities. Indeed, there was a sense that 'sex was a taboo in the training'

Ronan felt 'inadequate, illiterate and limited after graduation to work with clients representing sexual minorities.' However, 'the biggest limitation was lack of social and cultural aspects in the general sense of the training'.

Sub-theme: Subsequent training

Patricia talked about her experience of 'attending a workshop about working with SMs'' in two ways. First, before she came out as gay herself, she 'felt the stress of being identified as a gay therapist' in front of her colleagues, where she 'felt exposed and insecure'. And second, after her 'personal process of identifying as gay.' Patricia said that she noticed 'division about how to work with human and how to work with human gay.'

Derek said that he was ‘unable to find the training in Ireland that would address psychosexual behaviours’ and he is ‘currently attending the training course in UK.’ He said that this specific training made him ‘realise complexities of how people present themselves in cultural context.’

Ronan said that he ‘felt that the weight was off his shoulders’ when he was doing his subsequent training. He felt ‘safe to explore own prejudice, identity’ and to do his personal process’. He especially highlighted his ‘positive experience of the deep self-exploratory process of personal identity in social context during the subsequent training.’Adding that ‘I felt completely different. It was amazing. I started to talk about myself, my name and my ancestors’.

4.2.2 Theme 2 - Skills

When asked where the participants get practical skills from, despite the limitations of core training, all participants talked about their personal and professional experiences in two areas: skills within the therapeutic relationship and skills outside the therapeutic relationship.

Sub-theme: Skills within the therapeutic relationship

Ronan said that emotional safety in a therapeutic relationship is a ‘holding space to enter unspoken taboo’. Similarly, Alice said that her ‘role is to hold therapeutic space for the client and trust the process. ‘The client knows the answers’ and to ‘trust the clients' wisdom’.

In addition Jody, Alice, Ronan , and Kate said that they aim to meet the clients where they are at, with Jody talking about ‘learning from the clients’. Julia focused on communication, which for her was defined as narrowing down to ‘what is trying to be communicated’ rather than ‘how it is trying to be communicated’. Ronan highlighted that the clients ‘should not educate the therapist’ and Alice stated that the ‘therapist should learn from the self-reflective process about work they did with the client’.

Sub-theme Skills outside the therapeutic relationship

Derek and Alice said that they have a ‘deep understanding of human suffering’ because they ‘sat with their own suffering’. Indeed, Alice said ‘personal experience gives me a level of empathy.’ Alice quoted one of her clients, stating: ‘I came with anxiety and

different kinds of issues. But underlying those was the kind of experiences that I've had around my sexual orientation. Once I brought that into the room, the atmosphere changed.'

Alice noticed in her client work 'they got the real sense that they felt like they were the problem and…they were the issue and that had added to their anxiety. And then there is a block in the room you know, it became a bit in the middle and they ended up then breaking off that therapeutic relationship and moving on to somebody else.'Alice also shared her opinion about the significance of continuance of personal therapy while working as a psychotherapist to create an ability to self reflect and expand self-awareness.

> …It comes back to that piece of personal work that people need to do. It's not about supervision or how many Continuing Personal Development (CPD) courses you attend, but it's about that level of personal work. That you're working on yourself all the time because that's what makes a good therapist. I could do a million CPD courses and have no level of awareness and insight and consciousness.'

Skills came naturally as a result of being engaged in participants private lives with people with SM. For example Jody attended 'lots of events in terms of the local LGBT group where I probably get more of mine understanding.' Joanna added that her 'life experience' of 'being around gay people and diversity' all her life gave her capacity 'to be open minded'.

Joanna in her exploration of skills reflected on personal growing up in an 'open-minded family', having 'SMs as friends all my life'. Jody shared her experience of being a mother in an open-minded family, where 'talks about sexuality and gender were always very welcome'. Jody also said that her 'empathy, unconditional positive regard, respect and general understanding evolved' when her close family member 'was exploring sexual identity'. Jody said that she is also actively involved in the 'local LGBTQ community', and this gives her 'brother understanding and familiarity with clients experience.' In addition, Ronan said that he enjoyed getting involved with the 'organisations supporting and promoting diversity'.

4.2.3 Theme 3 - Transpersonal aspects of the therapeutic relationship

Transpersonal energy in the therapeutic relationship was experienced in various ways by the participants. For example, Ronan said that the 'clients felt safe to disclose and explore their own sexuality because they felt my own openness'. Derek gave an example of working with a male client who was a very well known 'public figure' that was looking for a therapist who

is a gay man. In this case, the client was able to ‘came out’, despite being very much ‘petrified to come out’ as a gay man.

> ‘There was a rainbow flag in the room and he couldn't say the words, but he said the problems about ‘that’ and he pointed to the flag. He saw the flag. So it was a safe space for him to say what he needed to say.
> I think it's all about allowing the other person to be themselves and to bring who I am. This intentional therapeutic use of self, to be in relationship with the client.’

For Ronan ‘working with intuition and with unspoken in the room’ are the key aspects of the co-creation of the transpersonal therapeutic space. Ronan said that clients were searching for ‘transpersonal aspects in me. Someone who gets it what is it like’. Alice had similar experiences with the clients. For example one of her female clients said in the session ‘my girlfriend and then she paused’ and ‘I knew that the pause was for her to measure my reaction. I didn't make an expression that made it unsafe for her. But that's because of who I am. So, again, it goes back to that internal piece. Who we are as individuals.’

Jody’s said that on a few occasions the client ‘coming out as gay is not a big deal’ for her as she has ‘full acceptance and respect for the client’s sexuality’. Jody said that for her is something ‘normal and natural’. However, the client was ‘not happy with her reaction’ and ‘expecting a different reaction’. Thus, Jody said that it created a ‘therapeutic rupture’ that she ‘used to work therapeutically with the client.’

Kate was exploring her personal journey of ‘late realisation’ that she is gay. Kate noticed that within all ‘those years of professional practice I was rarely meeting with sexuality in the room.’ In contrast, she highlighted that when she discovered her own sexuality, suddenly clients started to talk and explore their sexuality in a therapeutic space with her too. Kate summarised her process of self-discovery by stating that ‘you can only bring your clients to the places you have been yourself.’

Patricia reflected on her personal process and the impact of the therapeutic use of self in professional work with SMs. Patricia was exploring the impact of who she is, ‘on the therapeutic space’ while working with ‘adolescent boys’. She noticed that the ‘majority of adolescent clients that are coming for the therapy are related to their sexual orientation.’ Patricia was wondering if those ‘teenage boys are coming because I am gay’, even though she is ‘not officially disclosing sexual orientation.’ She said that ‘it may create a safe space for them’ and that she is ‘astonished with the number of clients who self disclose’ to her in therapy. On the other side, she said that ‘maybe it is only transference,’ and they are coming

'because perhaps they are more likely to seek support than their heterosexual friends'. Joanna added that the 'clients can read therapists' internal attitudes'.

4.2.4 Theme 4 – Challenges

Across all seven interviews, there were two main areas of challenges creating two sub-themes.

Sub theme 1: Personal challenges

Ronan talked about his experience of 'personal block' that was coming from internal 'pre concepts and stereotypes' while working with a 'dominatrix'. He also said that he felt 'inadequate, illiterate uncomfortable with lack of understanding', regarding SMs, 'especially at the beginning of his practice as a psychotherapist.' Similarly, Joanna shared that when she finished her 'training I may have felt inadequate at the time. I needed something that could give me some directions'.

All participants said that they experienced helplessness and frustration in relation to the client's negative experience of living in a heteronormative society and cultural structure.

On this, Joanna stated:

> 'I find it quite surprising that it is still happening and that terror is there. From a cultural unconscious point of view, I suppose I find it shocking that there's so much stigma around that difference. So I struggle with not being direct about it. Sometimes it's hard to sit with that piece because I suppose I'm part of the Irish collective culture.'

Patricia talked about 'fear of being branded as a gay therapist' and wondered whether 'self-disclosure' would be beneficial for the therapeutic alliance. Patricia also said that 'there is still a bit of shame and stigma in society around being gay' and for this reason, she is not disclosing her sexual orientation in her working environment. Alice shared her 'frustration, shock, irritation, sadness, disbelief and anger' while hearing 'clients negative experiences in previous therapy.' While Joanna talked about 'feeling collective responsibility when the clients were sharing their negative experiences related to homophobic abuse.'

Sub theme 2: Professional challenges

Working with the clients who were wounded in previous therapy was experienced by Derek as 'being extra mindful of the client's process'. Ronan noticed the 'pressure of creating

positive re-experience in the present therapeutic relationship'. Joanna felt 'challenged when the parents were expecting conversion therapy to fix the sexual orientation of their child' from homosexual to heterosexual. Ronan shared that occasionally 'people are making enquiries as part of priest recommendation to reach out for support and change their sexual orientation'.

Derek said that 'working with erotic transference' was 'challenging at the beginning.' Another challenge was parking one's opinions, as described by Joanna. For example, she found it especially challenging holding in her personal views 'in relation to the gender transition for young children. Bearing in mind that the parents would feel judged around that already.'

Jody explored her sense of 'challenges while working with the clients who are in a relationship with a partner that is going through a sex change.' Another aspect of consideration discussed by Ronan was regarding his skills to 'park judgement' and 'personal opinion about culturally-based decisions'. For instance, Ronan discussed the 'cultural context of the client's coming out in the therapy as homosexual.' He said 'who I am to make this judgement about the clients' decision to go back to the 'homeland' and engage in a heterosexual relationship while being a lesbian.' The experience of 'anger and frustration' was described by Ronan in relation to the psychotherapy field. Alice felt shocked and in disbelief by witnessing homophobia and hearing clients' negative experience in therapy. Alice stated:

> 'How is this still happening in 2021. How is that attitude there, kids and teenagers don't know their gender identity or their sexual orientation. Like what the fuck (whispered). How is it that adults who are going to be working with these teens can have that attitude and think that? And that is deemed to be OK.'

Throughout the analysis, there was a particular pattern of experiencing challenges in working with clients under 18. For example, Joanna said that she is 'meeting with lack of understanding in parents where the parents were trying to enforce making their child straight in therapy'. This was 'particularly challenging when the teenager wanted to explore sexuality and the parents had financial power over the decision to discontinue the therapy'.

'Use of correct pronouns' was experienced as difficult at times by Jody. Julia said that even though she finds it difficult to 'keep up with all pronoun changes' she always focuses on 'communication with the client around getting it right and correcting' when she gets it

wrong. Ethics were explored in great detail by Joanna in the context of her work with underage clients. For Jody working with the 'elephant in the room', especially during a 'joined session with the parents who feel very uncomfortable about sex in general' while their 'teenage child has a broad complex understanding of their sexuality and are not being supported by parents' was challenging. Joanna in a similar context added that 'being part of this conflict is exhausting and challenging' for the therapist.

4.2.5 Theme 5 – Reflection for positive change in psychotherapy

Sub-theme: Taboo in psychotherapy training

Ronan said that the 'psychotherapy training needs an update' and that the psychological and psychotherapeutic theories need to be reviewed in the context of the social and cultural reality of 2021. Derek expressed a similar view and said that 'sexuality and gender are being seen as part of the integrated experiences that human being has rather than a separate part of dysfunctional behaviour.' Furthermore, Ronan said that 'it is the responsibility of the training providers, not a student to create coherent training programme'. Ronan gave an example of the humanistic reading list he was given as a student, where 'there was nothing on race, sexuality or culture'. In addition, Derek said that 'theory is outdated and is not reflecting social and economic changes of the present time we are living in'. Ronan shared this view:

> these clients are presenting with much more diversity than some of these theorists would have ever, maybe even worked with. Some of them are probably nearly 100 years old. We're talking about a century of stuff. Now, if we become very rigid around Freud or Rogers or Pavlov, Winnicott or Ellis or whoever it is, we may actually find that we are culturally encapsulated.

Joanna said that psychotherapy 'should challenge stereotypes' that were created in psychotherapy over the years in relation to sexuality. Ronan suggested 'active learning from working experience and allowing one to learn from the mistakes.' He added that it is important 'not assuming that the client will teach me but to learn from working experience and my own research.'

Julia said that 'people finish their courses now and they can't listen, they don't have listening skills'. Julia highlighted the importance of focusing 'on what is trying to be communicated rather than how it is trying to be communicated'.

The second aspect is related to experiential part of the training being delivered through having lived experience of involvement with the SM community.

Ronan highlighted ‘direct experience with the SM community as an essential part of the training’. Alice said that ‘you can’t learn the sense of living in minority from books, it needs to be experiential’. She said that ‘training providers should include direct involvement with SM community’. Similarly, Patricia said that the change in ‘psychology and psychotherapy needs to happen on the level of shared experience’.

Sub-theme: Need to engage in the personal process

‘The importance of personal psychotherapy while in training’ was highlighted by Ronan. He added that ‘cultural and social lived experience will enable to create a safe therapeutic relationship and working alliance.’ Joana highlighted that ‘becoming self-aware about own biases and prejudices coming from personal family upbringing’ need to be included as a part of the personal therapy while in training.

Furthermore, Alice stated:

> CPR, continuous personal reflection it's about that level of conscious awareness and insight into you and who you are, what's going on for you. But if you're being triggered but you're not even aware of it, I think that's where the issues and the challenges arise in the therapy room.

Ronan has seen the process of personal work as a ‘challenge for our own understanding and what prejudice we bring into thinking and speaking about sexuality’. Derek added that this ‘creates self-reflection and self-awareness in the therapeutic space. Resulting in the ability to create a non-judgmental safe space for the clients to fully explore sexuality.’

Sub-theme: Change from cultural and social encapsulation to multicultural open-minded approach in training and practice

Ronan explored various ways of ‘cultural and social encapsulation.’ He acknowledges that ‘Ireland has changed. But I don't know if psychotherapy is reflecting the change.’ Introduction into the core training aspects of culture and social context was seen by Ronan as ‘essential’. For example, he said that ‘humanistic approach is valid but needs to be incorporated into broad cultural context.’

Patricia acknowledged ‘that despite the referendum it may be still very difficult to live as a gay in Irish society’. Derek said ‘heterosexual assumption of the coming out experience is fundamentally different from the experience of a gay person coming out.’ He also highlighted the importance of ‘inclusion of the broad perspective in the child development. Starting from pre-birth, until now focusing on the individualised experience of what it is like to have experience of growing up in this social, cultural, and individually experienced environment. Shifting from collective theory in psychotherapy into individually lived experience in a collective society.’

Joanna said that ‘Sex is not talked about in Catholic Ireland’, with Patricia adding:

> ‘Even though Ireland has changed a lot, I'm still very struck by the challenges of this young man anyway. And for lots of young people, for example, he would be in a Catholic school, and his parents are actually very progressive, and they're very supportive. He told one friend of his recently that he was gay, but he's terrified, absolutely terrified of letting people know.

Patricia also added that there are still ‘teachers and young people in his class who are saying that God believes that it's a sin to be gay and that it's wrong. And he's terrified of the backlash’.

Alice sees the ‘bias in psychotherapist attitudes’ as a ‘social problem that is bigger than therapeutic space’. Ronan presented his broad view about ‘the need to change from cultural encapsulation into working from multicultural orientation.’ The change from ‘self-actualisation to coactualisation.’ He elaborated on ‘multicultural orientation’ containing ‘three pillars: humility, the comfort and the opportunity’ that he is using in therapeutic work. His approach is changing ‘cultural blindness into acknowledgement individual experience related to culturally embedded sexuality.’

The next chapter will discuss the analysis of the findings in the context of the relevant research and publication of the literature review.

Chapter 5: Discussion

5.1 Introduction

This chapter is a discussion of the analysis of the five themes presented in Chapter 4 in relation to the literature reviewed in Chapter 2 relating to psychotherapists' experiences in working with SMs.

5.2 Discussion

5.2.1 Training

This research showed that all eight participants used a humanistic approach in working with SMs. This corresponds with research indicating that there is a link between the clients' association between a positive experience and an open-minded non-judgemental approach. For example, research by Mac Cann and Sharek (2014) and Johnson (2012) highlighted that SM clients responded well and sought out humanistic person-centred therapy, with McGeough and Aguilera (2020) showing that a protocol-based approach, focusing on cognitive behaviour therapy, was commonly used by therapists. The importance of humanistic approach was highlighted by Julia in her way of working with SMs. She said that it is a 'particular modality that I choose' because 'sexual orientation does not really matter for me, I will listen to the struggle what is like to feel alive'.

The components of the core training available presently are limited to a competency-based approach. Ronan felt that the 'competency- based approach' was not 'particularly helpful because it was pointing towards articles and reading'. The areas covered in the training focus on the aspects of trauma, abuse, dysfunctional behaviours, definitions of gender, and sexuality. Derek found this especially 'limiting to see sexuality through dysfunctional behaviour.' The holistic, integrative aspects of sexuality as a positive aspect of emotional well being were not included in any of the training programs. For example, Derek said that he 'felt lack of specified knowledge' and he 'think that whole lifespan has such a huge influence on how we experience the world'. A similar refection was presented in the analysis of Mollen, Burnes, Lee and Abbott (2020). Indeed, the research of MacCann and Sharek (2015) showed that clients felt that psychotherapists were insufficient in the understanding of LGBT issues, and also lacking in an individualised approach and general human touch.

An important finding of this present research is that the personal experience with sexual self-awareness of the psychotherapist determines the willingness to engage in the training. For example, Patricia said 'I specifically signed up to go to the LGBT workshop because at the time I thought that I may be gay'. Jody said that she is always 'open to attend the SM training' because she 'would like to have deeper understanding of what is going on' for her gay family member. In addition, the more self-acceptance of one's own sexuality there is in the student therapist, the less stress there is in attending the training. This was present in Patricia's interview when she said 'it was a big deal for me before I came out' but 'I was very comfortable to disclose that I am gay in the training when I was openly gay'. Addressing sexuality in the training carried out in Ireland was experienced as feeling threatened. For example, Alice said that she 'felt fear to be pushed outside, silenced, dismissed and being criticised', with Patricia 'judged, stressed to being exposed as a SM'. There was also a sense of feeling uneducated and illiterate during the competency-based approach. This experience was described for example by Ronan in his experience of his core training. In contrast, the experience of the postgraduate SM training done in the UK was described as liberating, whereby the course providers were open to exploring sexuality with the student. Similarly, Swislow (2016), Logie et al. (2015), and Roberts (2019) noticed that feeling lack of competence inadequate to work with SMs was experienced post-training by their participants.

The research of Mollen, Burnes, Lee and Abbott (2020) reported a lack of faculty support in student curiosity and willingness to explore sexuality. The present study also shows that students have a willingness and realisation about the importance of SM training. Thus, regardless of their negative experiences in core training, they choose to engage in subsequent training. Ronan said that he 'felt safe to self-explore and expand practical and theoretical skills in working with SMs'. Indeed, the present research found that participants experience very little educational support from their training providers, with Joanna stating that she 'needed to engage in self resourcing by reaching out to colleagues, additional courses, workshops or getting skills from life experience and personal processes'. This can also be seen in research by Mac Cann and Sharek (2015), where clients of psychotherapists found more support from their family, friends, and environmental networks than from the mental health practitioners.

Joanna, Patricia, Derek, Alice, Julia, and Jody had experiences of working with underage SMs. Alice noted the 'experience of the training' was that teenagers 'don't have an

understanding of their sexuality'. Thus, there were therapists who would not have experience in working with SMs and may not see the need to include topics relating to sexuality in the child and adolescence training. Furthermore, therapists' attitudes and feeling out of personal comfort zones, not only influences the outcome of therapy and working alliance, as suggested by this research and Cerone (2017), but also indicated that similar dynamics may be present in components of the training program. Furthermore, this may explain the inconsistency in participants' experience between attending the core training and not exploring SM issues sufficiently, in comparison to their positive experience of attending additional postgraduate training. This may support the idea of Anderson (1986) and Hertlein, Weeks and Sendak (2009), that the therapists' personal process with sexuality provides them with the ability to engage in the training and to create a safe space for the client to talk about sexuality.

5.2.2 Skills

This research shows that, regardless of lack of specific training psychotherapists have extensive experience in working with SMs. Interestingly, the foundation for the therapeutic work is grounded in the therapeutic relationship that is co-created with the client. This view was strongly emphasised by Jody in her approach in working with SMs. Psychotherapists are co-creating working alliances with respect for the client, congruence, authenticity, empathy, and active listening. In this way, they create a safe space for the client to explore unspoken taboos. For Ronan, Derek, and Alice, the safety of the therapeutic alliance was seen as a holding space for entering unspoken challenging experiences. This is congruent with Clarkson's (2003) idea about working alliance and the significance of the therapeutic relationship.

Another implication of the findings was that empathy and unconditional positive regard need to be embodied within the social, cultural, and individualised context of clients' lived experiences. Ronan and Derek focused on 'multicultural orientation in working with SMs. Ronan' and they both emphasised the significance of respect and acceptance of clients' choices, especially concerning cultural differences. Transference, projections, and countertransference processes are strongly dependent on the therapists' self-awareness and ability to tune into the client process. This is congruent with the work of Clarkson (2003) who argued that transference and countertransference aspects of the therapeutic rupture can be used as a positive re-experience in therapy. Furthermore, Clarkson (2003) describes transpersonal energy as 'spiritual dimension of the healing relationship' (p.237). Another

example of research which shows the therapist's ability to use transference and countertransference and how it may impact working alliance positively or negatively was a study by Mohr, Fuertes and Stracuzzi (2015). Derek gave an interesting example of a 'gay flag' being present in his therapy room that gave a sense of 'safety' to the client to 'come out as gay in the therapy'.

Another interesting finding was that therapeutic ruptures in the relationships are usually caused by a lack of formal knowledge; for example, about gender pronouns or heteronormative structures. Graham et al. (2012) argued that psychotherapists described their training as insufficiently addressing sexuality. In this present study, Julia said that in her work she is aware that 'my ego needs to go out, it is ok to make a mistake'. Thus, reparative aspects of the ruptures are done by the therapist dropping their ego and admitting their mistake and lack of knowledge. Julia said that it is 'ok not to know' and Jody stated that she has a willingness to 'find out' and do the 'research in SMs area'. Clarksons (2003) argued that therapeutic use of the self is done by working with transference and countertransference. Therapists are actively engaged in self resourcing and researching areas of lack of competence. This is done outside of the therapeutic relationship. Reaching out to personal networks of colleagues to explore sexuality, reflecting on personal open-minded upbringing, engagement with SMs in the private lives, attending additional workshops, and most importantly, making a conscious choice to get involved with SMs through active engagement in organisations, communities, and events created by SMs. Regarding self-resourcing, Alice said that her 'empathy' comes from the 'deep understanding of human suffering' through 'sitting with her own suffering'. Alice introduced a concept of 'continuous personal development' as 'self-reflective therapeutic process', which in her view is essential to work as a psychotherapist. Similarly, Zimmerman (2012) argued that therapists need to engage with self-reflection in therapy and to have an open minded approach. Jody said that her open-minded approach comes from having experience in her private life with 'gay people'. Ronan said that he has 'broad, multicultural orientation' in working with SMs as a result of 'active involvement with organisations representing diversity.' This finding is important, as it shows that 'clients should not educate the therapist', as noted by Ronan. Instead, the therapist learns through engaging in the self-reflecting process through empathy in the relationship with the client. There is research that clearly states that a lack of self-awareness has a negative impact on the therapeutic process (Drinane et al., 2021). The skill of working with sexuality comes also from the personal emotional processing that therapists engage in with their emotional suffering. The important

implication of this finding is that the lack of self-awareness and unaddressed emotions of the therapist may result in therapy breaking down. The holding space of non-judgemental safe energy in the humanistic relationship comes from the internal therapeutic process of the therapist, and not from formal theoretical training. The above is also supported in findings from Hertlein, Weeks and Sendak (2009), as well as Zimmerman (2012).

5.2.3 Transpersonal Experience

This present study indicates that there is something beyond the theory and skills in psychotherapists experienced in working with SMs. Alice suggested that 'body language indicates unconsciously an open-minded approach'. Findings of this present research suggest that transpersonal energy is created within the therapists' internal process which is then felt by the client in the relationship. As a therapist, we bring our life stories. This present study also found that transpersonal energy in the therapeutic relationship facilitates a safe holding space for the client to explore the unspoken taboo of sexuality. The analysis shows that the therapists' openness to sexuality made the client feel safe to open up and explore personal struggles. Kate explored her personal journey of coming out late as gay. She said that when she discovered her own sexuality 'suddenly clients started to talk and explore sexuality in the session'. At the same time, there was a realisation that therapists who have limited capacity to explore personal sexuality do not have the capacity to explore sexuality with the client. Drinane et al. (2021) found that positive therapeutic process is determined by the influence of the identity that therapist hold themselves. Furthermore, therapist attitudes may influence therapeutic outcome differently based on clients' sexual orientation.

Transpersonal aspects of therapy can be a felt experience by the therapist. For example, Patricia 'felt the excitement, sense of shared experiences, positive curiosity, intuition, feeling familiarity and normality before the session '. Alice highlighted 'unconscious expression through body language' and Derek made 'conscious choices about the design' of the environment or even personal appearances. Transpersonal unconscious communication goes beyond verbal expression and it fully embraces therapists' value system, personality traits, and personal therapeutic work. McPherson and Stuart (2000) found that humanistic psychotherapists who disclosed their sexual orientation to the clients felt that it was facilitated by use of co-created transpersonal working alliance that felt safe. In addition, Hanson (2005) argued that the therapist brings all parts of himself to the co-creative relationship. Thus, the ability to work with sexuality comes from internal self-acceptance. In the present study, Joana said that 'clients can read internal attitudes of the therapist' and

that a ‘lack of self-awareness can have a negative influence on therapeutic alliance’, unless the therapist ‘does their own work.’ The present research, not only supports Clarksons’ (2003) spiritual aspects of transpersonal energy of therapeutic relationship, but also expands on an understanding of its significance in working with SMs.

5.2.4 Challenges

In keeping with the findings of Graham et al. (2012) and Philip and Fischer (1998), this present research found that the period of engagement with the clients after graduation was experienced as challenging. Ronan said that he ‘felt uncomfortable, inadequate, and illiterate to work with SMs.’ He was also aware of his ‘personal judgment, pre-conceptions, and stereotypes’. Feeling incompetent to work with SMs especially in relation to coming out process was found in Logie, Bogo and Katz (2015) and Roberts’ (2019) research. Another challenge centred around the ability to keep in personal opinions and judgement regarding clients’ choices, especially around child sex change. Those feelings were experienced as a ‘personal block’ by Joanna. There was also a sense of ‘collective responsibility for social and cultural homophobia’ experienced by the client, which was especially apparent in the interview with Jody. Furthermore, this research found that psychotherapists have experience of the client seeking a healing space after a negative experience in past therapies. For example, Patricia said that she is ‘extra careful’ when she knows that she is working with a client who had ‘negative experience’ in the past in the therapy.

Ross et al. (2008) found that there is a higher rate of SM clients seeking psychotherapy in comparison to heterosexual clients. At the same time, the research done by Mac Cann and Sharek (2015) shows that clients are seeking an open-minded therapist. Thus, therapists in the present research would have an awareness of clients’ negative experiences in past therapy. Another implication of this dynamic is the internal conflict that therapists experience regarding self-disclosure of sexual orientation in the working environment. Psychotherapists experience hesitation which is caused by feeling social stigma. In the present research, Patricia experienced ‘shame’ and choose not to disclose her sexuality in the wider context of the working environment. At the same time, within the co-created safety of therapeutic relationship, they are much more likely to self disclose in the therapeutic relationship. Derek said that he is ‘open to some clients about his sexual orientation’ especially when they are specifically ‘seeking to work with a gay therapist.’ This is a similar experience to the finding of McPherson and Stuart (2000).

5.2.5 Positive change

The results of this present research indicate the need for a change in psychotherapy relating to theory and skills. There was a significant debate in the interviews about incongruence between theory and reality, whereby theory needed to be updated in a holistic and integrative way. For example, Ronan said that the theory taught in the training is 'outdated'. Otherwise, 'old concepts' that were once valid become a working structure that 'does not meet clients' needs in therapy today'. Derek added that 'culture and social context should be introduced to each modality'. 'The responsibility of delivering and selecting a theoretical framework lies within the training provider' in Ronan's opinion. As such, it was not the students' responsibility to seek out more training after attending training already, especially while already working with SMs. Shenkham (2016) in her re-examination of classical concepts in psychotherapy noticed that the majority of the concepts area were outdated.

Self-awareness is crucial to learning from mistakes. It is interesting to notice that the analysis showed that Alice, Ronan, Patricia, Derek in this research said that their core training emphasised becoming self-aware through therapy in the training. While other participants, Jody, Joanna, Kate, Julia had the same acknowledgement of the significance of self-awareness they experienced the process of becoming self-aware outside of the training. King (2015) noticed that the ability to self-reflect about personal attitudes and biases that therapists hold towards LGBTQ clients expanded their capacity to shape positive attitudes towards homosexual clients.

Ronan said that 'the clients are not in therapy to teach the therapist', instead the therapist should be involved actively in learning from a lived experience in being around SMs. Similarly, the co-creation of the therapeutic relationship can be used as a learning platform from reflection done outside the working alliance. Harrison (2000) found that focusing in training on the meaning of individualised lived experience develops knowledge and skills to work with SMs. The results of this present research are also strongly linked with the Rogerian (1951) idea that theory in therapeutic training should be in the background. The results of this present study show that personal self-awareness born through personal reflection and the therapeutic process is necessary to work as a psychotherapist, enabling one to recognise personal triggers for prejudice while working with SMs. As a consequence, this will decrease microaggressions in therapy. Kenny-Denneny in 2001 found that only 16% of the participants had awareness of their own bias. Thus, 22% of the counsellors &

psychotherapists who took part in the study were practising completely unaware of their heterosexist & homophobic attitudes and prejudice.

This present research shows the therapists working with SMs are updating existing modalities in psychotherapy that are outdated but were taught in their training. This integrative process of including cultural and social change needs to be reflected in updating therapeutic theory and skills. Ronan shared his opinion that 'theories were built within the social and cultural context' and they need to 'evolve with the changes' occurring. Crisp (2006) discussed the concept of cultural competence as gaining practical knowledge of lived shared experiences from communities identifying with SMs. Therapists in their work with SMs are incredibly creative. They recreate and reshape existing outdated theory to be able to apply its core aspects in working with SMs. This is done by using a multicultural approach. For example, Ronan said that he is 'using three pillars in his multicultural orientation…humility, comfort and the opportunity'. As discussed above, self-awareness of their personal, cultural, and social upbringing was worked out through the personal process. This expanded their capacity to place the clients' emotional process through lenses of individual cultural and social context. The concept of broad inclusion of cultural aspects was discussed in the studies of Cohen (2016), Millard (2017), and Shiner et al. (2017), which suggest a necessity for deeper understanding of the culture and social norms in relation to SMs. These studies also stress that cultural approaches should be taken into consideration in co-creative relationships between therapists' cultural self-awareness and the clients' background. The experiences of the therapist in this present research clearly shows that the idea of self-actualisation (Rogers, 1951) was not used but instead a multicultural approach of holistic inclusion of all areas of lived experiences was explored in therapy with SMs. Ronan describes his idea of shifting from self-actualisation to co actualisation as moving from self-actualisation towards the importance of well-functioning relationships with others. Lee, Greenblatt and Hu (2021) found that therapists had difficulties with critical reflection in cross cultural therapy, especially when concerning personal bias. This present study found that therapists bring a multicultural approach in working with SMs to remove cultural blindness experienced by the clients. Cultural blindness was defined by Ronan as 'ignorance' to recognise individual lived experiences within the culture and heteronormative society. This was also expressed in the studies done by Cohen (2016), Millard (2017), and Shiner et al. (2017). If the theories were built in the social context they should evolve with time and context but this is only possible when there is critical positive thinking. For example, Pepping, Lyons and Morris (2018) found that as a result of gay affirmative ethos in the

training, therapists showed improvement in knowledge, skills, and empathic understanding towards SMs. These authors also suggested that the previous personal beliefs and value system of therapists did not influence the positive impact of the training.

Chapter 6: Conclusion

6.1 Conclusion

The research question of present research was as follows: *What is the experience of therapists who are working (or have worked) with sexual minorities in Ireland?*

This research achieved its aims by contributed to the existing literature in therapeutic work with sexual minorities. This study was able to conclude that humanistic modality was used by all participants in the integrated way with the deep process of self-reflection and self-awareness. This study highlighted the significance of personal therapy during psychotherapy training and while working professionally with SM clients. In addition, this research also highlighted factors of the transpersonal spiritual aspects of therapeutic relationships in the context of therapeutic emotional healing while working with SMs. Emphasizing that those aspects cannot be learned but, instead, they are clusters of personal life experience, personal reflection, and acceptance of one's own sexuality by the therapist. Interestingly, all participants felt that additional training was needed while working with SMs. This research also shows psychotherapist training needs to be reviewed on an ongoing basis to update changes in research area and fully integrate with social and cultural changes. This study also identified challenges that psychotherapists may face in training and practice. There is a potential for those findings to contribute to shaping psychotherapist training by acknowledging the significance between theoretical and experiential learning in a way that will be of benefit in co-creating therapeutic relationships.

6.2 Strengths and limitations of this research

The strengths and limitations of this research will be evaluated according to the four criteria proposed by Finlay (2011): rigour, relevance, resonance, and reflexivity. In terms of rigour, the research was carried out using thematic analysis (Braun and Clarke, 2006, 2013, 2019). Ethical considerations were taken at each individual stage of the research.

The relevance of the findings of this research is that they contribute to existing knowledge by highlighting the unspoken experiences of psychotherapists, linking their personal experience and skills in providing a professional therapeutic alliance with the client. The resonance criteria of this research in relation to feeling 'touched by the findings' (Finlay,

2011, p. 265) is present in the researcher herself, especially throughout the process of analyzing the meaning of the felt experience of the participants. Finally, in evaluation reflexivity, the researcher is fully aware of the presence of personal bias. This process enabled the researcher to deepen the extent of critical evaluation about the personal and professional energy that she is bringing into working with SMs.

This research accomplishes its goal, which was to explore the experiences of psychotherapists working with SMs in light of underlying implications for the general field of psychotherapy. This was facilitated by reflective use of thematic analysis leading to analyses of the data and emergence of themes and subthemes. The biggest limitation of the research is that the findings cannot be generalised to a larger population due to the small sample size. Another limitation is that all participants have links with humanistic practice, limiting exploring experiences for working with other psychotherapeutic modalities. In addition, this research did not take the sexuality of the participant into consideration. Sexuality was mentioned by the participants throughout the interviews, but it was not a part of the criteria for inclusion for interviews. Personal life experience, educational experience, and work experience were also not taken into consideration while considering participant profiles.

6.3 Implications for the field of psychotherapy

The implication of this research will be discussed in relation to each theme: training, skills, challenges, transpersonal aspects of the therapeutic relationship and reflection for positive change in psychotherapy. Regarding the training, this research found that integrating theoretical knowledge about SMs with experiential learning would be most desired by the psychotherapist. In addition, the curriculum needs to be updated and the recent research in the field needs to be included in the training program. Inclusion of the group process in the training would expand the capacity of self-awareness and personal processes with one's own sexuality.

Considering therapeutic skills, this research found that engagement in reflective practice after the process with the clients involved practical learning with regard to developing therapeutic skills. It is important to highlight that in this context, learning does not come from the client in the sense that the client is educating the therapist. Instead, the therapist is reflecting back on the process that happened throughout the session and is learning from self-reflection. This has implications and highlights the importance of attending supervision and personal therapy on regular basis.

Transpersonal aspects of the therapeutic relationships have implications on the significance of personal therapeutic process that is essential for psychotherapist and with feeling comfortable with one's own sexuality in the relationship. Psychotherapy is an isolating profession where the therapist does not have a lot of contact between the sessions with their colleagues. Networking through work, group supervision or professional associations would create a support for professional and personal challenges they encounter while working with SMs. Finally, the participants themselves presented their views about how to create a positive change for psychotherapy where addressing sexuality taboo and updating heteronormative theory by including social and cultural impacts would be beneficial for practical work with the clients.

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Appendices

Appendix 1: Advertisement for Research Participants

Turning Point™ Institute

23 Herbert Street, Dublin 2, Ireland | t. +353 (0)1 280 1603 t. +353 (0)1 280 1094 | e. admin@turningpoint.ie w. www.turningpoint.ie

20.07.2021

Dear Colleague

I am writing to invite your participation in my research study entitled:

Mary was a virgin and Joseph was a donor: Exploring the experience of therapists who have worked with sexual minorities in Ireland.

I am doing this research as a part of my thesis for an MSc in Humanistic and Integrative Counselling and Psychotherapy in Turning Point Institute (TPI) which is validated by University College Cork (UCC). The MSc requires the completion of a research study relating to psychotherapy.

The purpose of this study is to explore the experiences of a therapist who have worked with sexual minorities.

If you are a fully accredited psychotherapist, who worked with sexual minorities you are very welcome to contact me.

If you would like to take part, you will be invited to participate in a one-to-one interview that will be voice-recorded, and take about one hour. The interview will be recorded in a mutually agreed-upon safe and convenient place.

Your participation is voluntary, and I would like to assure you that your safety, anonymity and protection is my priority, subject to the usual limitations in terms of legal obligations.

If you would like to take part or would like more information about this study, please contact me directly.

I am looking forward to meeting you and hearing about your experience of psychotherapy in this context.

With positive energy.

Justine Hajduk

117108640@umail.ucc.ie

Appendix 2: Participant Information Sheet

Information Sheet

Thank you for expressing interest in taking part in this study. Please take a moment to read carefully the following information about this study. Having read all information please feel free to ask additional questions. I hope this will help to make an informed decision about your participation in the study.

Research Title:

Mary was a virgin and Joseph was a donor: Exploring the experience of therapists who have worked with sexual minorities in Ireland.

So, what are these studies?

This research project will explore the lived experience of psychotherapists who had the experience of working with sexual minorities in Ireland.

Taking a qualitative approach, the research will focus on the practicalities and reality of applying psychotherapeutic skills and theory during the therapeutic relationship with the client.

There are two major aims to explore this research. Firstly, to validate and give voice to the psychotherapists to express their experience of providing therapeutic relationships to sexual minority clients. Secondly, to reflect on the heteronormative theory in psychotherapy and its effect on the therapeutic process.

These studies are conducted as a part of the completion of an MSc in Integrative Counselling and Psychotherapy for Turning Point Institute and University College Cork.

What would you need to do as a participant?

You need to be a fully qualified and accredited psychotherapist who had experience working with sexual minorities.

You will be asked to participate in the interview which will address the research questions and then expand by use of open-ended questions. The interview will take around one hour. I am going to use a voice recorder to audio record our conversation. The interviews will be conducted either in person or online depending on your preference to stay safe in response to the ongoing Coronavirus pandemic. In the case of an online interview, the researcher will ask for a quick chat to assess technical issues that may arise during the interview. The interviews will be arranged at a time suitable for you. You can withdraw from the research before, during and after the interviews without giving any explanation or reason.

What are the benefits of taking part in the study?

The creation of a broader understanding of the skills and theory involved in working with sexual minorities. This will create an additional resource for practitioner psychotherapists to understand and readjust the theoretical framework while working with sexual minorities.

How will your identity be protected?

Your identity will not be disclosed to anybody. All information that you provide during the interview that potentially could make you identifiable will be changed. All quotes, if used, will be anonymous. I am going to keep your contact details coded on my secure file to provide you with a copy of the transcript. All data relating to you in the research that will be published will be available for you to review and make sure that you feel that your identity is protected. Only in the case of receiving a mandate from a court of law/freedom of information request or if you will disclosure of harm to a child or concern for your safety or others, your personal data would need to be disclosed. The recording will be stored safely during the research process. The recording will be stored in an encrypted and password-protected file. The researcher will be the only person having the access to the device. The recordings will be deleted after being transcribed and stored securely. Written notes or printed data will be stored separately and will only be accessible to the researcher. After completion of the research project, the data will be stored securely for ten years then destroyed.

Do you have to take part in the research?

No, your participation is voluntary.

You may withdraw from the Research Study at any point. You can also decline to answer the question. Most importantly you do not need to explain your decision to refuse participation or answer the question. You can withdraw from the research during the participation or at any point after the interviews will be conducted.

What if you have additional questions that you wish to ask after this initial meeting?

Please, contact me directly, 117108640@umail.ucc.ie

Justine Hajduk

What if you are not happy or have concerns with the process of the research?

You can contact the TPI MSc Programme Director, Turning Point Institute, 23 Herbert Street, Dublin 2. Phone: 01- 2801603. Email: admin@tpti.ie

Appendix 3: Informed Consent Form

Mary was a virgin and Joseph was a donor, Exploring the experience of therapists who have worked with sexual minorities in Ireland.

TPI supervisor: **Dr Anne O' Connor**

Researcher: **Justyna Hajduk**

Clarification of the purpose of the research

This research project will explore the experience of therapists working with sexual minorities in Ireland. In-depth semi-structured interviews will be conducted lasting around one hour. However, the time of the interview will depend on the flow of the conversation and participants needs. Meaning that it can be shorter or longer if the participant will need more or less time.

This research project seeks to allow the voices of a psychotherapist to explore realistic practicalities of their work with sexual minorities.

Those studies are conducted as a part of the completion of MSc in Integrative Counselling and Psychotherapy for Turning Point Institute and University College Cork.

Confirmation of requirements as highlighted in the Information Sheet:

<u>Participant – please complete the following (Circle Yes or No for each question)</u>

I have read the Information Sheet (or had it read to me) *Yes* ☐ ☐

No ☐ ☐

I understand the information provided *Yes* ☐ ☐

No

I have had an opportunity to ask questions and discuss this study

Yes *No*

I have received satisfactory answers to all my questions *Yes* ☐ ☐

No

I am aware that my interview will be audio-recorded ☐ ☐

Yes *No*

Copies of the completed thesis will be held at Turning Point Institute and University College Cork libraries.

Confirmation that involvement in the Research Study is voluntary

Advice as to arrangements to be made to protect the confidentiality of data, including that confidentiality of information provided is subject to legal limitations.

The purpose of this Informed Consent Form is twofold, firstly to ensure that confidentiality and anonymity will be maintained and secondly no response will relate to any individual participant.

I am going to make sure that none of the specific information given in the interviews possibly leading to identifying the identity will be used.

Signature:

I have read and understood the information in this form. My questions and concerns have been answered by the researcher(s), and I have a copy of this consent form. I understand that my participation is voluntary and that I may withdraw from the study at any time without penalty. Therefore, I consent to take part in this research project.

Participant's Signature: _____

Name in Block Capitals: _____

Witness: _____

Date: _____

Appendix 4: Interview Schedule

Interview schedule

Stage 1. Arrival and introduction

I will establish the rapport by welcoming the participants. I will keep professional but casual energy to diminish power relationship.

I will thank the participant for the time and willingness to participate in this research.

Throughout the interview, I will make sure that the participant is emotionally and physically feeling well, and all needs (i.e. water) are meet.

I will explain to the participant that towards the end of the interview I will dedicate the time to debrief.

Stage 2.

Introducing the research

The information sheet and consent form that was sent via email will be discussed in detail. All questions that participants may have will be welcomed and answered.

I will inform the participant that this interview is a mirror reflection of their experience as a client in psychotherapy and for this reason, the content of things they wish to disclose is purely their choice.

I will inform the participant that regardless of questions asked if they feel that there is something in their experiences that thy would like to talk about they are welcome to do so.

I will inform the participant that their identity and the content of this interview will be anonymous and securely protected. Their identity will not be disclosed.

I will explain all technical aspects of devices used and present in the room.

I will remind the participant that they can stop or withdraw from the interview at any time without giving any reason or explanation.

I will ask the participant to take the moment and reflect in their own pace about the informed sheet and consent form and sign if they are prepared to do so.

I will ask for the participants permission to start the interview.

Stage 3. Beginning the interview.

Because in the first phase of the process I will aim to build the rapport in this stage I will begin the interview with the research questions. This stage will be individually adjusted to each participant depending on working alliance dynamics.

How do you experience working with SM?

I will intend to summarise what the participants said and explore the experience behind the story.

For example, I heard you saying that you did not have any modules on sexuality during your training, what was it like for you to start working with SM as a postgraduate student?

Or

I heard that you choose additional training, specific to explore sexuality what was it like to attend this course?

Stage 4. During the interview.

The interview will follow natural flow of the conversation. The main aim will be to ask questions expanding areas of experiential factors. For example

Tell me more about ….?

What do you mean by that?

How did that influence you?

How did you feel?

What did you think?

Could you describe in more detail?

What is the meaning in this for you?

How did that effect you?

Stage 5. Ending the interview.

I will give a notice about approaching the end of the interview. I will ask if the participant would like to share their thoughts or feelings from attending the interview.

I will inform that the interview ended and ask if the participant would like to change or add something before I stop the recording.

Stage 6. After the interview.

I will express my gratitude to the participant for her attendance in the study.

I will ask the participant if she has any questions or needs some clarification.

I will discuss the mutual ways that both parties can be contacted if needed.

I will ask about how is the participant feeling right now and discuss any support that the participant may need before entering the outside world.

Appendix 5: Certificate of Ethical Approval

Turning Point™ Institute

TPI Research Ethics Committee

CERTIFICATE OF APPROVAL

Programme Title:

MSc in Integrative Counselling and Psychotherapy

Project Title:

Mary was a virgin and Joseph was a donor: Exploring the experience of therapy for women in Ireland who are both psychotherapists and lesbian mothers.

Name of Researcher:

Justyna Hajduk

Supervisor:

Dr Anne O'Connor

This project has been approved by the Research Ethics Committee at Turning Point™ Institute for the period: Academic year 2020 – 2021.

Signature:

Barry Coughlan

Chair of TPI Research Ethics Committee

Date: 22/02/21

Appendix 6: Risk Protocol

Two levels of risk were taken into consideration throughout the research. The first relates to safeguarding the research process and the data collected. Second, protection of participants anonymity and emotional wellbeing. Also, the researcher herself made a consideration for addressing emotional support when feeling distressed and emotionally triggered.

1. Data Protection

- Interviews were voice recorded on Olympus Digital Voice Recorder (model VN-711PC) instead of the phone. This will protect the data from being accessed via online sources.
- The researcher transferred the data into the personal laptop (Lenovo Yoga C740) that was password protected and accessible only to the researcher. Then original recordings were permanently deleted from the Digital Voice Recorder.
- All voice files were encrypted by the use of 7- Zip software. Then transferred to the memory stick and locked in the cabinet.
- Recorded interviews were transcribed into the World documents and encrypted using 7-zip software. Then transferred to the memory stick that was kept in the locked cabinet that was only accessible to the researcher. No data was stored on the laptop at this stage.
- For the purpose of the analysis process, some parts of the transcripts of the interview were printed. Those hard copies of the transcripts and notes of the interviews were securely stored in the locked cabinet in the room that is only accessible to the researcher.
- The voice recordings will be permanently deleted under the direction of the Turning Point Institute MSc Programme Direction and a Confirmation of Data Destruction will be filled after a full assessment of the research by the examiners.
- All hard copy of data including interviews transcripts, notes and data analysis will be stored for a period of 10 years as stated in the UCC Code of Research Conduct (2020). After this period all data will be destroyed under the supervision of the Turning Point Institute MSc Programme Director and a Confirmation of Data Destruction form will be completed.

2. Protection of the research participants.

2.1 Confidentiality and Anonymity

- Participants names were changed to protect their identity.
- Researcher decided to expand on the protection of participants and their clients that were mentioned in the interviews. Researcher decided not to include the mainboard from individual interviews and specific analysis in the research.
- Electronically signed Informed Consent Forms will be printed and securely stored in the locked cabinet accessible only to the researcher. All electronic data including @ will be deleted permanently.

2.2 Distress Protocol

- In case of the participant, feels triggered emotionally, upset or overwhelmed the researcher will pause the interview and give the space to the participant to recover. The researcher will remind the participant about the possibility to withdraw from the research at any stage.
- The interview will be continued after the sing of the distress only in case of participant willingness.
- As participants are trained psychotherapists which have already established a network of emotional support for example in personal therapy, the researcher will explore the support that each participant may need after the interview.
- In case of the participant becoming emotionally distressed and in need of a psychotherapeutic session. The researcher will offer, to arrange a session with a fully accredited psychotherapist to provide further support. The fee for the therapeutic process will be covered by the researcher.
- After each interview researcher will invite the participant to check-in how do they feel and what do they need to close the process of the interview.

3. Safeguarding of the researcher

- Researcher established before the research process support network including a personal psychotherapist, research supervisor and support from the colleges who are engaged in the research process relating to psychotherapy.
- Throughout the research, the researcher is dedicating self-reflection space in the research diary to be able to reflect on emotional impact.

- The researcher will actively engage in self-care and balance between the intensity of the research and the peaceful space of emotional recovery.
- In case the researcher will become distressed throughout the interview, she will inform the participant and pause the interview to self-resource into a peaceful space within to continue.