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**Theorising Lesbian and Gay Affirmative  
Psychotherapy: A Grounded Analysis.**

**Volume II: Appendices**

A thesis submitted for the degree of

Doctor of Counselling Psychology

By

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December 1999

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# APPENDICES

## Appendix A

### Demographic Questionnaires

**THERAPISTS' EXPERIENCES OF GAY AFFIRMATIVE PSYCHOTHERAPY:**  
**PILOT STUDY.**

Thank you for agreeing to participate in this research. I would like to get some basic information prior to the interview. The reason for this is that the information will show those who read the final report that I have been able to gain the views of a cross section of gay affirmative psychotherapists. The information that you give will never be used to identify you in any way because this research is entirely confidential. However, if you don't want to answer some of these questions, please don't feel you have to.

Please let me have this questionnaire back when we meet for the interview.

Once again, thank you for your co-operation.

---

1) How old are you? [     ]

2) What sex are you?

Male \_\_\_\_\_  
Female \_\_\_\_\_

3) What is your highest educational qualification?  
(Tick the appropriate answer)

None \_\_\_\_\_  
GCSE(s)/O-Level(s)/CSE(s) \_\_\_\_\_  
A-Levels \_\_\_\_\_  
Diploma (HND, SRN, etc.) \_\_\_\_\_  
Degree \_\_\_\_\_  
Postgraduate Degree/Diploma \_\_\_\_\_

4) Is your work as a therapist your only work?

Yes [   ] (Go to question 5)                      No [   ] (Go to part b)

b) What other work do you undertake?  
(Tick the appropriate answer)

Teaching \_\_\_\_\_  
Supervision \_\_\_\_\_  
Consultation \_\_\_\_\_  
Research \_\_\_\_\_  
Management \_\_\_\_\_  
Other (Please specify \_\_\_\_\_)



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**5) Where do you practice therapy?**

*(Tick appropriate answer)*

- Hospital setting \_\_\_\_\_
- Private Practice setting \_\_\_\_\_
- Student Counselling Service \_\_\_\_\_
- GP setting \_\_\_\_\_
- Other (*Please specify* \_\_\_\_\_)

**6) If you work within any sort of organisational setting, what is your rank within the organisation?**

*(Tick the appropriate answer)*

- Junior therapist \_\_\_\_\_
- Senior Therapist \_\_\_\_\_
- Head of service \_\_\_\_\_
- Honorary appointment \_\_\_\_\_
- Other (*Please specify* \_\_\_\_\_)

**7) What is your annual income?**

*(Tick the appropriate answer)*

- Up to £15k \_\_\_\_\_
- £15k--£25k \_\_\_\_\_
- £25k-£35k \_\_\_\_\_
- £35k-45k \_\_\_\_\_
- £45k-£55k \_\_\_\_\_
- £55k+ \_\_\_\_\_

**8) To which of the following ethnic groups would you say you belong?**

*(Tick the appropriate answer)*

- Bangladeshi \_\_\_\_\_
- Black (African) \_\_\_\_\_
- Black (Caribbean) \_\_\_\_\_
- Black (Other) \_\_\_\_\_
- Chinese \_\_\_\_\_
- Indian \_\_\_\_\_
- Pakistani \_\_\_\_\_
- White \_\_\_\_\_
- Other \_\_\_\_\_ (*Please specify* \_\_\_\_\_)

**9) Please state your city/county of residence \_\_\_\_\_**

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**10 a) How would you define your sexual identity?**

*(Tick the appropriate answer)*

- Heterosexual/Straight \_\_\_\_\_
- Homosexual/Gay/Lesbian \_\_\_\_\_
- Bisexual \_\_\_\_\_
- Other *(Please specify* \_\_\_\_\_ *)*

**b) It is known that, in terms of their sexual activity and feelings, some people are completely homosexual, some are completely heterosexual and others fall somewhere in the middle. So, in terms of what you *do*, how would you rate yourself in terms of your current sexual *activity*?**

*(Tick the appropriate answer)*

- Exclusively homosexual \_\_\_\_\_
- Mainly homosexual, with a small degree of heterosexuality \_\_\_\_\_
- Mainly homosexual, with a substantial degree of heterosexuality \_\_\_\_\_
- Equally homosexual and heterosexual \_\_\_\_\_
- Mainly heterosexual, with a substantial degree of homosexuality \_\_\_\_\_
- Mainly heterosexual but with a small degree of homosexuality \_\_\_\_\_
- Exclusively heterosexual \_\_\_\_\_

**c) Using the same scale, how would you rate yourself in terms of your current sexual *feelings*?**

*(Tick the appropriate answer)*

- Exclusively homosexual \_\_\_\_\_
- Mainly homosexual, with a small degree of heterosexuality \_\_\_\_\_
- Mainly homosexual but with a substantial degree of heterosexuality \_\_\_\_\_
- Equally homosexual and heterosexual \_\_\_\_\_
- Mainly heterosexual, with a substantial degree of homosexuality \_\_\_\_\_
- Mainly heterosexual but with a small degree of homosexuality \_\_\_\_\_
- Exclusively heterosexual \_\_\_\_\_

**11) What is your current *legal marital status*?**

*(Tick the appropriate answer)*

- Single \_\_\_\_\_
- Married \_\_\_\_\_
- Divorced/Separated \_\_\_\_\_

**12a) Have you been in psychotherapy yourself?**

Yes [ ] *(Please go to part b)*      No [ ] *(Please go to question 13)*

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**b) When did you have Psychotherapy?**

First therapy.	From (month/year)	_____ / _____
	Until (month/year)	_____ / _____
Second therapy.	From (month/year)	_____ / _____
	Until (month/year)	_____ / _____
Third Therapy.	From (month/year)	_____ / _____
	Until (month/year)	_____ / _____

*(If you have been in therapy more than three times, please supply the dates of subsequent experiences)*

**13 a) Are you accredited with one, or more, of the therapeutic professional bodies?**

Yes [   ] *(Please go to part b)*

No [   ] *(Please go to question 14)*

**b) Please indicate the professional body/bodies that has accredited you.**  
*(Tick the appropriate answer)*

BPS Division of Counselling Psychology \_\_\_\_\_

BPS Division of Clinical Psychology \_\_\_\_\_

United Kingdom Council for Psychotherapy \_\_\_\_\_

British Association for Counselling \_\_\_\_\_

Other *(Please specify* \_\_\_\_\_ *)*

**14) Length of time since accreditation?**

---

*(If you are accredited by more than one professional body, please give details of all accreditations)*

**15) What is your therapeutic orientation?**  
*(Tick the appropriate answer)*

Integrative/eclectic \_\_\_\_\_

Cognitive-Behavioural \_\_\_\_\_

Psychoanalytic/Psychodynamic \_\_\_\_\_

Humanistic \_\_\_\_\_

Existential-Phenomenological \_\_\_\_\_

Systemic \_\_\_\_\_

Other *(Please specify* \_\_\_\_\_ *)*

**16)Average length of therapy you provide?**

\_\_\_\_\_

**17) Preferred length of therapy that you provide? (Time limited, Open ended, etc)**

\_\_\_\_\_

**THANK YOU FOR YOUR CO-OPERATION.**

**CLIENTS' EXPERIENCES OF GAY AFFIRMATIVE PSYCHOTHERAPY: PILOT STUDY.**

Thank you for agreeing to participate in this research. I would like to get some basic information about you (such as your age, education and occupation), your experience of psychotherapy and your sexuality. The reason for this is that this information will show those that read the final report that I have been able to gain the views of a cross section of gay men in psychotherapy. The information that you give will never be used to identify you in any way because this research is entirely confidential. However, if you don't want to answer some of these questions, please don't feel you have to.

Please let me have this questionnaire back when we meet for the interview.

Once again, thank you for your co-operation.

---

**1) How old are you?            [       ]**

**2) What is your highest educational qualification?**  
*(Tick the appropriate answer)*

- None
- GCSE(s)/O-Level(s)/CSE(s)
- A-levels(s)
- Diploma (HND, SRN, etc.)
- Degree
- Postgraduate Degree/Diploma

**3) What is your current occupation? (or, if you are no longer working, what was your last occupation?)**

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**4) What is your annual income?**  
*(Tick the appropriate answer)*

- Up to £15k
- £15k--£25k
- £25k-£35k
- £35k-45k
- £45k-£55k
- £55k+

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**5) How would you define your ethnic identity?**  
*(Tick the appropriate answer)*

- Bangladeshi \_\_\_\_\_
- Black (African) \_\_\_\_\_
- Black (Caribbean) \_\_\_\_\_
- Black (Other) \_\_\_\_\_
- Chinese \_\_\_\_\_
- Indian \_\_\_\_\_
- Pakistani \_\_\_\_\_
- White \_\_\_\_\_
- Other \_\_\_\_\_ *(Please specify)* \_\_\_\_\_

**6) Please state your city/county of residence** \_\_\_\_\_

**7 a) It is known that, in terms of their sexual activity and feelings, some men are completely homosexual, some are completely heterosexual and others fall somewhere in the middle. So, in terms of what you *do*, how would you rate yourself in terms of your sexual *activity*?**  
*(Tick the appropriate answer)*

- Exclusively homosexual \_\_\_\_\_
- Mainly homosexual, with a small degree of heterosexuality \_\_\_\_\_
- Mainly homosexual, with a substantial degree of heterosexuality \_\_\_\_\_
- Equally homosexual and heterosexual \_\_\_\_\_
- Mainly heterosexual, with a substantial degree of homosexuality \_\_\_\_\_
- Mainly heterosexual but with a small degree of homosexuality \_\_\_\_\_
- Exclusively heterosexual \_\_\_\_\_

**b) Using the same scale, how would you rate yourself in terms of your sexual *feelings*?**  
*(Tick the appropriate answer)*

- Exclusively homosexual \_\_\_\_\_
- Mainly homosexual, with a small degree of heterosexuality \_\_\_\_\_
- Mainly homosexual but with a substantial degree of heterosexuality \_\_\_\_\_
- Equally homosexual and heterosexual \_\_\_\_\_
- Mainly heterosexual, with a substantial degree of homosexuality \_\_\_\_\_
- Mainly heterosexual but with a small degree of homosexuality \_\_\_\_\_
- Exclusively heterosexual \_\_\_\_\_

**8) What is your current *legal* marital status?**  
*(Tick the appropriate answer)*

- Single \_\_\_\_\_
- Married \_\_\_\_\_
- Divorced/Separated \_\_\_\_\_

**9 a) Do you have any children?**

*(Tick the appropriate answer)*

Yes \_\_\_\_\_ *(go to part b)*

No \_\_\_\_\_ *(go to question 10)*

**b) How many children do you have?**

[     ]

**10) How would you describe your current gay relationship status?**

*(Tick or write the appropriate answer)*

No regular partner \_\_\_\_\_

One partner only \_\_\_\_\_

One regular partner with casual partners also \_\_\_\_\_

More than one regular partner \_\_\_\_\_

More than one regular partner with casual partners also \_\_\_\_\_

Other *(Please specify)* \_\_\_\_\_

**11) At what point are you in Psychotherapy?**

*(Tick the appropriate answer)*

In the midst of, with no stated end \_\_\_\_\_

In the midst of, with a stated end \_\_\_\_\_

Approaching the end \_\_\_\_\_

Have completed therapy \_\_\_\_\_

**12) Where does/did your therapy occur?**

*(Tick appropriate answer)*

Hospital setting \_\_\_\_\_

Private Practice setting \_\_\_\_\_

Student Counselling Service \_\_\_\_\_

GP setting \_\_\_\_\_

Other \_\_\_\_\_ *(Please specify \_\_\_\_\_)*

**13 a) Is your therapist accredited with one of the professional bodies?**

Yes [   ] *(Please go to part b)*

No [   ] *(Please go to question 14)*

I don't know [   ] *(Please go to question 14)*

**b) Please indicate the professional body that has accredited your therapist.**

*(Tick the appropriate answer/s)*

- British Psychological Society \_\_\_\_\_
- United Kingdom Council for Psychotherapy \_\_\_\_\_
- British Association for Counselling \_\_\_\_\_
- Other \_\_\_\_\_ *(Please specify \_\_\_\_\_)*
- Do not know \_\_\_\_\_

**14) What is the therapeutic orientation of your therapist?**

*(Tick the appropriate answer)*

- Cognitive-Behavioural \_\_\_\_\_
- Psychoanalytic/Psychodynamic \_\_\_\_\_
- Humanistic \_\_\_\_\_
- Existential-Phenomenological \_\_\_\_\_
- Systemic \_\_\_\_\_
- Other \_\_\_\_\_ *(Please specify \_\_\_\_\_)*
- Do not know \_\_\_\_\_

**15) Why did you seek therapy initially?**

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**THANK YOU FOR YOUR CO-OPERATION.**

**Therapist's Self-Completion Questionnaire:**

In completing this questionnaire, please describe your experiences in as much detail as you feel able. If you need more space than is provided on the questionnaire form, please continue on the back of the sheets of paper indicating clearly which question your answer belongs to.

Please answer all questions that are relevant to you. I will assume that all questions that have not been answered were not relevant to you. If you encounter a question to which you feel an earlier answer applies, just note this and refer back to the earlier answer. Finally, if you find that some questions do not quite fit with your experiences, please ignore the question and simply write about your own experience.

**1) To put your experience of providing Gay Affirmative Therapy in context, please write about any training you had. Please consider the following questions/points and write about some of the questions below:**

(Which training did you do? Which professional body accredited your course? Which orientations did your course cover? Were your trainers were accredited by any of the professional bodies? Which ones? How long was your initial training? Did you have any particular expectations about what training might enable to offer lesbian and gay clients? How did you expect the training to treat issues of sexual identity? Do you know if your trainers were gay/lesbian or straight? Did this affect your training in relation to lesbian and gay issues at all? The main qualities of the training? How were these qualities conveyed?)



**2) What was most useful about your original training?**

**3) What role did the trainer's sexuality and gender have in this regard?**

**4) What was problematic or least useful?**

**5) What role did the trainer's sexuality and gender have in this regard?**

**6) Were lesbian and gay issues raised in your training? What did you think/feel about this?**

**Practice you didn't see as Gay Affirmative.**

**7) It would be useful if you could write about any period of your practice that you feel was not gay affirmative. In order to do this, please consider the following questions and write about them in the space below. (If you have always considered your practice as Gay Affirmative, please state this before moving to the next section).**

(Where did you practice? How long was this period of practice? What were your expectations of practice in relation to issues of sexual identity? What were your expectations with regard to lesbian or gay clients? What did you think you would achieve in relation to gay and lesbian clients? Which theoretical orientation/s was/were closest to your practice? If you were describing the qualities of your practice at that time, what would you say were the main qualities? [Any positive/negative qualities you can think of?] How were these qualities conveyed? )

**8) What was most useful about that period of your practice?**

**9) And what factor did the clients gender and sexuality play in this regard?**

**10) And your own gender and sexuality?**

**11) What was problematic about that period of your practice?**

**12) What factor did the clients gender and sexuality play in this regard?**

**13) And your own gender and sexuality?**

**14) Did you attend to lesbian/gay issues in your practice? If so, how? How do you think/feel about that?**

**Experience of Gay Affirmative Psychotherapy.**

**15) If you could now write about your practice that you do see as ‘gay affirmative’. It might be useful to consider the following questions.**

**(Do you work with men and women? Do you work with gay, lesbian and straight clients? Do you practice from one of the mainstream therapeutic orientations?**

**What would you say are your main qualities? [Any positive or negative, personal or professional qualities you can think of] How do you convey these?]**

**16) Please consider the questions below and address them if you have not done so above.**

**(In what type of setting does your practice take place? What sparked your conceptualisation of your practice as Gay Affirmative? What are your expectations in GAP as distinct from any other practice? (*in relation to assessment, practice, therapeutic goals, etc*), Where do you think these expectations come from?)**

**17) Do you raise issues of sexuality in the therapy?**

**17a) *[If Yes]*** (How do you do this? How do you deal with sexuality after that? How do you feel/think about that?)

**17b) *[If No]*** (Can you say a little about not raising these issues? Are they raised by clients at all? If so, how would you deal with these issues?)

**18) What is most useful to your clients about your practice?**

**19) Do you think that your sexuality plays any part in making the therapy beneficial? Or is this not an important issue?**

**19a) *[If Yes]***

**The fact of your sexual identity per se, or the fact that clients know your sexual identity? What difference do you think this makes?**

**20) Do you think that your gender plays any part in making the therapy beneficial for the client? Or is this not an important factor?**

**21) What are the limitations of working this way?**

**22) Do you think that your sexuality plays any part the limitation? Or is this not an important issue?**

**22a) *[If Yes]***

**The fact of your sexual identity per se, or the fact that clients know your sexual identity?**

**23) Do you think that your gender plays any part in limiting the therapy for the client? Or is this not an important factor? Please expand.**

**Definitions of Gay Affirmative Therapy.**

**24) Thinking of your experiences of Gay Affirmative, what would you say are the main qualities that would have to be present for therapy to be Gay Affirmative?**

**25) Why do you single these out?**

**26) What are the benefits for lesbians and gay men, of ensuring that those qualities are present in therapy?**

**27) And what qualities would prevent therapy from being Gay Affirmative?**

**28) What is it about these qualities that makes you single them out?**

**29) For lesbians and gay men who are receiving therapy, what might be the negative effects if those qualities weren't present in therapy?**

**Therapeutic Orientation.**

**30) In what way does your psychotherapeutic orientation assist and/or hinder you being a Gay Affirmative therapist?**

**31) Can you say something about how you see other models and their capacity to be 'gay affirmative'?**

**32) What about other models inherent problems in being 'gay affirmative'?**  
*(Psychoanalytic/Humanistic/Cognitive Behavioural/ Systemic/ Existential Phenomenological)*



**Matching.**

**33) Some people say that in Gay Affirmative therapy, it is important that the therapist is gay or lesbian, whereas other people say that there are sometimes advantages in gay men working with heterosexual therapists. What's your view on that?**

**34) What do you think the advantages/disadvantages might be in a client working with a therapist who is gay or lesbian themselves?**

**35) Do you think there are any advantages/disadvantages in being gay or lesbian yourself if you want to provide Gay Affirmative therapy?**

**36) Continuing with the same theme, in Gay Affirmative therapy do you think it is preferable, for instance, for a gay male client to work with a male therapist or a female therapist? Or do you think it doesn't matter, it depends on other factors?**

**37) Is there anything else about your practice of Gay Affirmative therapy that would be useful for me to know about, but which I have not asked about? If so please use the space below.**

---

Thank you for taking part in this research. This is likely to be submitted after the end of 1998, or early 1999, and at that time I would be happy to offer you a summary. If you would like to receive such a summary, please could you fill your name and address out in full below.

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**Clients Self Completion Questionnaire.**

In completing this questionnaire, please describe your experiences in as much detail as you feel able. If you need more space than is provided on the questionnaire form, please continue on the back of the sheets of paper indicating clearly which question your answer belongs to.

Please answer all questions that are relevant to you. I will assume that all questions that have not been answered were not relevant to you. If you encounter a question to which you feel an earlier answer applies, just note this and refer back to the earlier answer. Finally, if you find that some questions do not quite fit with your experiences, please ignore the question and simply write about your own experience.

**Experiences of Non-Affirmative Therapy:**

- 1. Have you had any experiences of therapy, *before* you first received what you felt was a sensitive, gay affirmative therapy?**

*[If No] go to next question.*

***[If Yes ] Please write about it below. In writing please consider some of the following questions.***

- Why did you seek therapy that time?, i.e what difficulties did you have and why did you choose to enter into therapy at *that* particular time?
  
- How did you find your therapist?

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- In which sort of setting did your therapy take place? (e.g, Hospital, private practice, voluntary sector?)
  
- How long did you receive therapy for on this occasion?  
\_\_\_\_\_ years \_\_\_\_\_ months
  
- On going into therapy that time, what did you expect it to be like?
  
- How did you expect to be treated by the therapist?
  
- What did you expect/hope you would achieve?
  
- Where do you think these expectations/hopes came from?
- Was your therapist male or female? \_\_\_\_\_ male \_\_\_\_\_ female
  
- Do you know if they were gay/lesbian or heterosexual?  
\_\_\_\_\_Y \_\_\_\_\_N \_\_\_\_\_ Don't know  
If Yes, how did you know?
  
- Do you know if your therapist was accredited by one of the professional bodies?  
\_\_\_\_\_Y \_\_\_\_\_N \_\_\_\_\_ Don't know  
If Yes, Which one?
  
- Which therapeutic approach did your therapist use at that time?

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- How do you know that?
  
- If you were describing your therapist's qualities to your friends, what would you say were their main qualities? [Any positive/negative qualities you can think of?]

**Positive:**

---

---

**Negative:**

---

---

- How did they convey these qualities
  
- How did that make you feel

### 1. Was your sexuality raised during the therapy?

*[If Yes ]*

- How was it raised?
  
- How did you feel about that?
  
- How was your sexuality dealt with after that?

- How did you feel about that?
- What do you think your therapist's attitude was towards your sexuality?
- What makes you say that?

**3) Did you find that experience of therapy useful?**

*[If useful]*

- In what ways was it useful?
- What was it that helped make it useful?
- Do you think the fact that your therapist was gay/lesbian/heterosexual played any part in making the therapy beneficial for you, or was this not an important factor?
- *[If Yes]*
- Do you think their sexuality per se made a difference? Or was it the fact that you knew their sexual identity?
- What difference do you think this made?

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- Do you think the fact that your therapist was male/female played any part in making the therapy beneficial for you, or was this not an important factor?
- *[If Yes]*
- What difference do you think this made?

### *[If no]*

- Why do you think it wasn't useful for you?
  
- Do you think the fact that the therapist was gay/lesbian/heterosexual played any part in making the therapy less beneficial than it might have been for you, or was this not an important factor?

### *[If Yes]*

- Do you think their sexuality per se made a difference? Or was it the fact that you knew their sexual identity?
  
- What difference do you think this made?
  
- Do you think that the fact that your therapist was male/female played any part in making the therapy less beneficial than it might have been for you, or was this not an important factor?

### *[If Yes]*

- What difference do you think it made?
- What, if anything, could have made the therapy more useful for you?

**Experiences of Gay Affirmative Therapy:**

**4) Turning now, to your (first) experience of Gay Affirmative Psychotherapy, tell me about your therapist.**

- Was your therapist male or female? \_\_\_\_\_male \_\_\_\_\_female
- Do you know if they were gay/lesbian or heterosexual?

- Do you know if a professional psychotherapeutic body accredited your therapist?  
\_\_\_\_\_Y \_\_\_\_\_N \_\_\_\_\_ Don't know

If Yes, Which one?

- Do you know which therapeutic approach your therapist used?  
\_\_\_\_\_Y \_\_\_\_\_N \_\_\_\_\_ Don't know

If Yes, Which one?

How do you know that?

**5) Why did you seek therapy that time?**

- How did you find your therapist this time?

- What type of setting did your therapy take place in?

- How long did you receive therapy for (on this occasion)?

\_\_\_\_\_ years \_\_\_\_\_ months



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- What were your expectations of therapy (this time)?
  
- What did you think it would be like?
  
- How did you expect the therapist would treat you?
  
- What did you expect you would achieve?
- Where do you think these expectations came from?
  
  
- If you have had previous experience of a non affirmative therapy, do you think your previous experience of therapy shaped your expectations in any way?
  
  
- In what way?
  
- If you were describing your therapist's qualities to your friends, what would you say were their main qualities? [Any positive or negative qualities you can think of?]

**Positive:**

---

---

**Negative:**

---

---

How did they convey these qualities?

- How did that make you feel

**6) Was your sexuality raised during the therapy?**

*[If Yes]*

- How was it raised?
- How did you feel about this?
- How was your sexuality dealt with after that? How did you feel about that?
- What do you think your therapist's attitude was towards your sexuality?
- What makes you say that?

**7) Did you find that experience of therapy useful?**

*[If Yes]*

- In what ways was it useful?
- What was it about it, do you think, that made it useful?
- Do you think the fact that your therapist was gay/lesbian/heterosexual played any part in making the therapy beneficial for you, or was this not an important factor?

***[If Yes]***

- Do you think their sexuality per se made a difference? Or was it the fact that you knew their sexual identity?
- What difference do you think this made?
- Do you think the fact that your therapist was male/female played any part in making the therapy beneficial for you, or was this not an important factor?

***[If Yes]***

- What difference do you think this made?

***[If the therapy wasn't useful]***

- Why do you think it wasn't useful for you?
- Do you think the fact that the therapist was gay/lesbian/heterosexual played any part in making the therapy less beneficial than it might have been for you, or was this not an important factor?

***[If Yes]***

- Do you think their sexuality per se made a difference? Or was it the fact that you knew their sexual identity?
- What difference do you think this made?

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- Do you think that the fact that your therapist was male/female played any part in making the therapy less beneficial than it might have been for you, or was this not an important factor?

*[If Yes]*

- What difference do you think it made?

- What, if anything, could have made the therapy more useful for you?

- Thinking of any other experiences of GAP, in what ways were they different to the experience you have just described?

*[Consider dimensions of difference, i.e. Type of problems addressed, therapist characteristics and qualities, therapeutic processes and evaluation]*

**Definitions of 'Gay Affirmative'**

- **Thinking of your experience of Gay Affirmative Psychotherapy, what would you say are the main qualities that would have to be present for therapy to be Gay affirmative?**
  
- **What is it about these qualities that makes you single them out?**
  
- **For lesbians and gay men who are receiving therapy, what are the benefits of ensuring that those qualities are present in therapy?**
  
- **And what qualities would prevent therapy from being Gay Affirmative?**
  
- **What is it about those qualities that make you single them out?**
  
- **For lesbians and gay men who are receiving therapy, what might be the negative effects if those qualities were present in therapy?**



**APPENDICES**

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- Is there anything else that you think it would be useful for me to know about your experience of Gay Affirmative therapy that I haven't asked about?

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Thank you for taking part in this research. This is likely to be submitted after the end of 1998, or early 1999, and at that time I would be happy to offer you a summary. If you would like to receive such a summary, please you fill your name and address out in full below.

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**Appendix B:**

**Call for participants - Posters**



### **Study of Gay Affirmative Psychotherapy:**

Martin Milton from the University of Surrey is undertaking research into the nature of Gay Affirmative Psychotherapy. While the term 'gay affirmative therapy' is frequently used, there is little research undertaken to clarify what this means, and what is particularly beneficial about such an approach to therapeutic work. It is hoped that this study will assist in clarifying some of the issues involved and I hope that you will feel able to participate.

I hope to interview two groups of people in the London and Guildford areas, who might be able to shed light on the experience of gay affirmative psychotherapy. These groups include:

- *Gay men who have been in psychotherapy for at least three months, where issues related to your sexuality were raised in a sensitive and productive manner, and*
- *Therapists who work from a gay affirmative stance.*

Those who volunteer will be interviewed at home or at a mutually suitable venue. Each interview will last for approximately an hour and will be fairly relaxed and informal. Names and addresses of volunteers are kept confidential.

The research will be of benefit to qualified therapists, those in training, and most importantly to clients in psychotherapy. It is also hoped that the volunteers will find the interview beneficial.

Martin Milton is a Chartered Counselling Psychologist. If you would like to participate, please contact him for further details on how to sign up. He can be reached on at the University of Surrey on:

- 01483-259199 (Tuesdays and Thursdays)
- 01483-259176 (Other days)
- email - [mmilton@psy.surrey.ac.uk](mailto:mmilton@psy.surrey.ac.uk)

**Study of Gay Affirmative Psychotherapy:**

Martin Milton from the University of Surrey is undertaking research into the nature of Gay Affirmative Psychotherapy. While the term 'gay affirmative therapy' is frequently used, there is little research undertaken to clarify what this means, and what is particularly beneficial about such an approach to therapeutic work. It is hoped that this study will assist in clarifying some of the issues involved and I hope that you will feel able to participate.

For the next wave of interviews, I hope to interview

*Lesbians who have been in psychotherapy for at least three months, where issues related to your sexuality were raised in a sensitive and productive manner,*

in the London and Guildford areas, who might be able to shed light on the experience of gay affirmative psychotherapy.

Those who volunteer will be interviewed at home or at a mutually suitable venue. Each interview will last for approximately an hour and will be fairly relaxed and informal. Names and addresses of participants are kept confidential.

The research will be of benefit to qualified therapists, those in training, and most importantly to clients in psychotherapy. It is also hoped that the volunteers will find the interview beneficial.

Martin Milton is a Chartered Counselling Psychologist and UKCP Registered Psychotherapist. If you would like to participate, please contact him for further details on how to sign up. He can be reached on at the University of Surrey on:

- 01483-259199 (Tuesdays and Thursdays)
- 01483-259176 (Other days)
- email - [mmilton@psy.surrey.ac.uk](mailto:mmilton@psy.surrey.ac.uk)

Appendix C:

Call for Participants - Letters

The Editor,  
*The Psychotherapist*,  
UK Council for Psychotherapy,  
167-9 Great Portland Street,  
London,  
W1N 5FB.

April 13<sup>th</sup>, 1997.

Dear Editor,

***RE: Letters Page.***

After having previously researched Psychologists' views on working with Lesbians and Gay Men, I am currently undertaking a qualitative research project to explore the nature of gay affirmative psychotherapy.

I am therefore looking to interview two groups of people in the London and Guildford areas. i.e.

- Gay Men who have been in therapy, and
- Psychotherapists who feel that they practice from a gay affirmative stance.

If you feel that you could assist in this research, please contact Martin Milton at the Psychology Department of the University of Surrey on 01483-259199 (on Tuesdays and Thursdays), or leave a message on 01483-259176.

With thanks,  
Yours sincerely,

***Martin Milton, CPsychol, AFBPsS***  
***Chartered Counselling Psychologist.***

Name

Date

Dear

***RE: Research into the Nature of Gay Affirmative Psychotherapy.***

Thank you for agreeing to take part in this research. As you know from our recent discussion, I am undertaking this research for my DPsych Degree. I hope to be able to outline some of the factors that therapists and lesbian and gay clients agree are useful aspects of therapy, as well as any that may be seen as unhelpful. Should the research highlight some useful ideas, I aim to disseminate the findings widely. In doing so I will make sure that all identifying names and locations are omitted so that the focus is on the ideas discussed, rather on the people I interviewed or who may have been mentioned in those interviews.

I am enclosing several papers for you. These include two consent form to be signed and returned, a questionnaire to record some demographic details, and a written version of the interview that I am undertaking with some participants. The questionnaire will ask about several areas. For therapists, these are your training experiences, experience of therapy *before* you conceptualised it as Gay Affirmative, and experiences *since*. For those who have experienced therapy as a client they will consider experiences of non-affirmative therapy, of gay affirmative therapy and your views on issues of 'matching'.

I hope that the completion of the questionnaire will be quite straightforward, but it may be useful to consider the following points before starting.

- It is often very useful if you are able to provide specific examples to highlight general ideas.
- Please feel free to respond to the questionnaire in as much detail as you feel would be helpful.
- It is often useful if you can provide a statement as to whether the idea you have discussed is based on written theory, discussion with others, your own 'hunches' or

clinical practice.

Although the questionnaire may appear to be long, you will find that not all of the questions will apply to you. Completing the questionnaire will therefore be less demanding than it might first appear. However, you might find that completing the questionnaire over several sittings may be less troublesome for you.

Thank you very much for your time and effort. Please do not hesitate to contact me should you want to clarify anything, or if there are any problems with the questionnaire that you encounter. I can be reached at (01483) 259176 on Tuesdays and Thursdays.

Yours sincerely,

Martin Milton.

## **Appendix D**

### **Consent Forms – Pilot study**

**Consent Form:**

The aim of this research is to investigate the experiences of two groups of people who can shed light on models of psychotherapy that are most beneficial to lesbians and gay men. I am interviewing lesbians and gay men who have been in psychotherapy and who feel that their sexuality has been an issue that has been attended to in a sensitive and appropriate manner, and therapists who work from a 'gay affirmative' stance.

When taking part in this research you will be asked to take part in an informal interview on your experience in this type of psychotherapy. The interview will be recorded on audio-tape, so that when the research is written up for publication, people's experiences can be cited directly. Naturally to protect confidentiality no identifying information (such as name, names of others mentioned, and locations) will be quoted. In making the transcriptions, your name will be replaced by a letter. Once transcribed the audio taped recordings will be destroyed.

If you have any questions so far, or feel that you would like to have further information about this research, please ask the researcher before reading on.

.....

Please read the following paragraph and if you are in agreement, sign where indicated.

*I acknowledge that I have read and understood the description of the research given above and what my participation in it will entail. I therefore consent to be interviewed about my experiences in psychotherapy, and how issues of sexuality are attended to. I also consent to an audiotape being made of this discussion and to all or parts of this recording being transcribed for the purposes of research and possible publication. I also understand that I may withdraw from the study at any time without giving a reason.*

**SIGNED:** ..... **DATE:**.....

*On behalf of all those involved in this research project, I undertake that, in respect of the audiotape made with the above participant, professional confidentiality will be ensured and that any use of audiotape or transcribed material from audiotapes will be for the purposes of research only. The anonymity of the above participant will be protected in any research publications..*

SIGNED: ..... DATE: .....



## Appendix E

### Consent Form- mailed questionnaire

**Consent Form: Self Completion Questionnaire**

The aim of this research is to investigate the experiences of two groups of people who can shed light on models of psychotherapy that are most beneficial to lesbians and gay men. I am therefore interviewing lesbians and gay men who have been in psychotherapy and who feel that their sexuality has been an issue that has been attended to in a sensitive and appropriate manner, and therapists who work from a 'gay affirmative' stance.

When taking part in this research you will be asked to complete a questionnaire on your experience in this type of psychotherapy. When the results are written up for publication, people's experiences will be cited directly. Naturally to protect confidentiality no identifying information (such as name, names of others mentioned, and locations) will be quoted. In using your responses your name will be replaced by a letter/pseudonym.

If you have any questions so far, or feel that you would like to have further information about this research, please ask the researcher before reading on.

.....

Please read the following paragraph and if you are in agreement, sign where indicated.

*I acknowledge that I have read and understood the description of the research given above and what my participation in it will entail. I therefore consent to complete the questionnaire about my experiences in psychotherapy, and how issues of sexuality are attended to. I also consent to this form being transcribed for the purposes of research and possible publication. I also understand that I may withdraw from the study at any time without giving a reason.*

**SIGNED:** ..... **DATE:**.....

*On behalf of all those involved in this research project, I undertake that, in respect of the questionnaire from the above participant, professional confidentiality will be ensured and that any use of this form will be for the purposes of research only. The anonymity of the above participant will be protected in any research publications..*

SIGNED: ..... DATE: .....

## Appendix F

### City University ethical approval forms

## Appendix G

### Interview Schedules – Pilot study

**Therapist's Interview Schedule: Pilot Study**

**Introduction:**

- Introduction of researcher,
- Explanation of research,
- What it will involve and why do it,
- Explanation and signing of consent form.
- Collect in written summary and demographic data form.

*[Switch on Audiotape].*

**Previous Experiences:**

1. To put your experience of providing Gay Affirmative Therapy in context, I'd like to ask you about any training you had, before you came to practice as a Gay Affirmative therapist.
  - What made you train as a therapist?
  - Why did you train when you did?
  - Where did your training take place?
  - How long was your initial training?
  - Did you have any particular expectations about what training might enable to offer lesbian and gay clients?
  - *[If Yes]* What were your expectations?
  - How did you expect the training to treat issues of sexual identity?
  - Do you know if your trainers were gay/lesbian or straight?
  - *[If Yes]* Did this affect your training in relation to lesbian and gay issues at all?
  - *[If Yes]* In what way?
  - Do you know if your trainers were accredited by any of the professional bodies?/Which ones?
  - Which professional body accredited your course?
  - Which orientations did your course cover?
  - If you were describing the course /trainers qualities, what would you say were the main qualities? *[Any positive/negative qualities you can think of?]*
  - How were these qualities conveyed? *[ask this in relation to each of the major qualities]*
  - How did these qualities affect your development as a therapist? *[Ask in relation to each of the major qualities]*
2. Can you think about what was most and least useful about your initial training?
  - a) What was most useful? *[Linking summary back to trainings positive qualities]*
    - Do you think the fact that your trainers were lesbian/gay/heterosexual play any part in the usefulness of the training? Or was this not an important factor?
    - *[If Yes]*
    - What difference do you think this made?
    - Do you think the fact that your trainers were male/female played any part in the usefulness of the training? Or was this not an important factor?

## APPENDICES

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- *[If Yes]*
- What difference do you think this made?

2b. What was problematic or least useful? *[If problematic]*

- Why do you think it was problematic/least useful to you?  
*[Linking summary back to the qualities of the training]*
- Do you think the fact that your trainers were lesbian/gay/heterosexual play any part in the lack of usefulness of the training? Or was this not an important factor?
- *[If Yes]*
- What difference do you think this made?
- Do you think the fact that your trainers were male/female played any part in the lack of usefulness of the training? Or was this not an important factor?
- *[If Yes]*
- What difference do you think this made?

3. Were lesbian and gay issues raised in your training?

*[If Yes]*

- How were they raised?
- How did you feel/think about that?
- How were lesbian and gay issues dealt with after that?
- How did you feel/think about that?
- What was the attitude of your training towards lesbian and gay sexuality?

*[If No]*

- At the time of your training, did you realise that these issues weren't raised?
- What did you think/feel about that?
- What would you have wanted in your training at that point?

3. Have you had further training?

*[If Yes]* Can you tell me what was most useful and what was problematic with that training?

*[See questions above]*

Can you describe how this training attended to lesbian and gay issues.

*[If No]*

- At the time of your training, did you realise that these issues weren't raised?
- What did you think/feel about that?
- What would you have wanted in your training at that point?

3. I'd now like to ask you about any experience of practice that you had, before you conceptualised your practice as Gay Affirmative.

- How long were you in practice before seeing yourself as Gay Affirmative?
- Where did you practice?
- How long was this period of practice?
- What were your expectations of practice in relation to issues of sexual identity?
- What were your expectations with regard to lesbian or gay clients?
- Where do you think these expectations came from?

## APPENDICES

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- What did you think you would achieve in relation to gay and lesbian clients?
  - Were your clients male or female?
  - Do you know if your clients were gay/lesbian or straight?
  - Which theoretical orientation/s was/were closest to your practice?
  - If you were describing the qualities of your practice at that time, what would you say were the main qualities? [Any positive/negative qualities you can think of?]
  - How were these qualities conveyed? *[ask this in relation to each of the major qualities]*
3. What was most useful about that period of your practice?
- *[Linking summary back to practices positive qualities]*
  - Do you think the fact that your clients were lesbian/gay/heterosexual play any part in the usefulness of that period? Or was this not an important factor?
  - *[If Yes]*
  - What difference do you think this made?
  - Do you think the fact that your clients were male/female played any part in the usefulness of the practice? Or was this not an important factor?
  - *[If Yes]*
  - What difference do you think this made?
- b) What was problematic about that period of your practice?
- [Linking summary back to the qualities of the practice]*
- Do you think the fact that your clients were lesbian/gay/heterosexual play any part in the lack of usefulness of that period of practice? Or was this not an important factor?
  - *[If Yes]*
  - What difference do you think this made?
  - Do you think the fact that your clients were male/female played any part in the lack of usefulness of the practice? Or was this not an important factor?
  - *[If Yes]*
  - What difference do you think this made?
3. Did you attend to lesbian/gay issues in your practice? *(Work with material related to sexual identity?)*
- [If Yes]*
- How were they raised?
  - What did you feel/think about that?
  - How were issues of sexuality dealt with after that?
  - What did you think/feel about that?

### Experience of Gay Affirmative Psychotherapy.

3. Turning now, to your practice as a lesbian and gay affirmative therapist, what makes you see your practice in this way?
- [Make sure collect data on what sparked this conceptualisation]*
- When did you first see yourself in this way?
  - What sparked this conceptualisation?

- Where does your practice take place?
- How long have you practised from this perspective?
- What are your expectations in GAP as distinct from any other practice? *(in relation to assessment, practice, therapeutic goals, etc)*
- How would you expect to treat the client?
- What do you expect to achieve in GAP?
- Where do you think these expectations come from?
- Did your training and previous experience shape your expectations in any way?
- In what way?
  
- Do you work with men and women?
- Do you work with gay, lesbian and straight clients?
- Which Professional Body accredits you?
- As well as being a gay affirmative therapist, would you describe yourself as practising from one of the mainstream therapeutic orientations?
- If Yes, which one?
- If you were describing your qualities, what would you say were the main qualities? [Any positive or negative, personal or professional qualities you can think of]
- How do you convey these? *[Ask in relation to each of the major qualities]*

### 3. Do you raise issues of sexuality in the therapy?

#### a. *[If Yes]*

- How do you do this?
- How do you deal with sexuality after that?
- How do you feel/think about that?

#### b. *[If No]*

- Can you say a little about not raising these issues? (Rationale)
- Are they raised by clients at all?
- If so, how would you deal with these issues?

### 3. What is most useful to your clients about your practice?

- What is it about it that makes it useful?

*[Linking summary back to therapists positive qualities, if any, and therapeutic orientation]*

- Do you think that the fact that you are gay/lesbian/straight plays any part in making the therapy beneficial? Or is this not an important issue?

#### *[If Yes]*

- What difference do you think this makes?
- Do you think that the fact that you are male/female plays any part in making the therapy beneficial for the client? Or is this not an important factor?

#### *[If Yes]*

- What difference do you think it makes?

- What are the limitations of working this way?

*[Linking summary back to therapists negative qualities, if any, and therapeutic*



### *orientation]*

- Do you think that the fact that you are gay/lesbian/straight plays any part the limitation? Or is this not an important issue?

### *[If Yes]*

- What difference do you think this makes?
- Do you think that the fact that you are male/female plays any part in limiting the therapy for the client? Or is this not an important factor?

### *[If Yes]*

- What difference do you think it makes?

### *[If the participant has reported previous experiences of providing non-affirmative therapy]*

3. I'd like you to think about the experiences of training and previous practice that you described earlier. That seems to be quite a different experience from the one you've just described. Is that a fair assessment?
  - In your own words, could you summarise what the main differences were?

### Definitions of Gay Affirmative Therapy.

3. Thinking of your experiences of GAP, what would you say are the main qualities that would have to be present for therapy to be GAP?
  - What is it about these qualities that makes you single them out?
  - For lesbians and gay men who are receiving therapy, what are the benefits of ensuring that those qualities are present in therapy?

### 3. And what qualities would prevent therapy from being GAP?

- What is it about these qualities that makes you single them out?
- For lesbians and gay men who are receiving therapy, what might be the negative effects if those qualities weren't present in therapy?

### 3. Therapeutic Orientation.

- In what way does your psychotherapeutic orientation assist and/or hinder your being a GAP?
- Can you say something about how you see other models and their capacity to be 'gay affirmative'?
- What about other models inherent problems in being 'gay affirmative'?  
*(Psychoanalytic/Humanistic/Cognitive Behavioural/ Systemic/ Existential Phenomenological)*

### Matching.

3. Some people say that in GAP, it is important that the therapist is gay or lesbian, whereas other people say that there are sometimes advantages in gay men working with heterosexual therapists. What's your view on that?
  - What makes you say that?
  - What do you think the advantages might be in a client working with a therapist

## APPENDICES

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- who is gay or lesbian themselves? And what might the disadvantages be?
  - Do you think there are any advantages in being gay or lesbian yourself if you want to provide GAP? Or disadvantages?
3. Continuing with the same theme, in GAP do you think it is preferable for a gay male client to work with a male therapist or a female therapist? Or do you think it doesn't matter, it depends on other factors/
    - What makes you say that?

### Subsequent Non-Affirmative Therapy:

3. At the start I asked you if you'd had any experiences of non-affirmative therapy before you came to practise as a GA therapist. Moving now to the time since you've worked as a Gay Affirmative therapist, have you had any experiences where you felt your practice wasn't GAP?

#### *[If Yes]*

- What do you think meant that your practice wasn't Gay Affirmative at this time?
- What do you attribute this change to?
- Is this a total change?
- What was your expectation of therapy with lesbian and gay clients at that time?
- How would you label your practice now/during that period?
- What were the benefits of this way of working?
- And the limitations?

### Closing questions:

3. Is there anything else that you think it would be useful for me to know about your experience of GAP that I haven't asked about?
4. How has it felt to take part in this interview?
5. What, if anything was good about it?
6. Is there anything about it you didn't like, or which made you feel uncomfortable?

*[Switch off tape recorder]*

- Thanks for taking part.
- Reminder about the confidentiality procedures,
- Information on how they can obtain a summary of findings.

### Probes:

Could you say more about that?

Why do you think that was?

Could you give me an example of what you mean?

How does/did that make you feel?

**Client's Interview Schedule: Pilot Study.**

**Introduction:**

1. Introduction of researcher,
2. Explanation of research,
3. What it will involve,
4. Explanation and signing of consent form.
5. Give the participant the demographic questionnaire to complete
6. Set up audiotape equipment.
7. Collect in written summary and demographic data form.
8. Explanation of terms: therapy, gay affirmative (in a general sense only)

*[Switch on Audiotape].*

**Experiences of Non-Affirmative Therapy:**

1. To put your experience of gay affirmative therapy in context, I'd like to ask you about any other experiences you had of therapy, before you first received gay affirmative therapy.

*[If Yes – History of therapeutic involvement prior to receiving GAP, addressing the following issues in relation to each experience, or if the participant has had a lot of experience, in relation to what he considers to be the most significant experience]*

- Why did you seek therapy that time?
- Presenting problems and whatever sparked therapeutic involvement at that particular time.
- Where did your therapy take place?
- How long did you receive therapy for on this occasion?
- What were your expectations of therapy?
- What did you think it would be like?
- How did you expect to be treated by the therapist?
- What did you expect you would achieve?
- Where do you think these expectations came from?
- Was your therapist male or female?
- Do you know if they were gay/lesbian or heterosexual?
- Do you know if your therapist was accredited by one of the professional bodies?
- Which one?
- Do you know which therapeutic approach your therapist used?
- Which one?
- How do you know that?
- If you were describing your therapist's qualities to your friends, what would you say were their main qualities? [Any positive/negative qualities you can think of?]

## APPENDICES

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- How did they convey this? [*ask in relation to each of the major qualities identified*]
  - How did that make you feel? [*ask in relation to each of the major qualities identified*]
1. Could you describe how therapy was for you? [What makes you say that?]
  
  2. Was your sexuality raised during the therapy?  
[*If Yes* ]
    - How was it raised?
    - How did you feel about that?
    - How was your sexuality dealt with after that?
    - How did you feel about that?
    - What do you think your therapist's attitude was towards your sexuality?
    - What makes you say that?
1. How useful was that experience of therapy for you?
    - a) [*If useful*]
      - In what ways was it useful?
      - What was it about it, do you think, that made it useful? [*Linking summary back to therapists positive qualities, if any, and therapeutic approach*]
      - Do you think the fact that your therapist was gay/lesbian/heterosexual played any part in making the therapy beneficial for you, or was this not an important factor?
        - [*If Yes*]
        - What difference do you think this made?
      - Do you think the fact that your therapist was male/female played any part in making the therapy beneficial for you, or was this not an important factor?
        - [*If Yes*]
        - What difference do you think this made?
    - a) [*If not useful*]
      - Why do you think it wasn't useful for you?  
[*Linking summary back to therapists negative qualities, if any, and therapeutic approach*]
      - Do you think the fact that the therapist was gay/lesbian/heterosexual played any part in making the therapy less beneficial than it might have been for you, or was this not an important factor?
        - [*If Yes*]
        - What difference do you think this made?
      - Do you think that the fact that your therapist was male/female played any part in making the therapy less beneficial than it might have been for you, or was this not an important factor?
        - [*If Yes*]
        - What difference do you think it made?
        - What, if anything, could have made the therapy more useful for you?

### Experiences of Gay Affirmative Therapy:

1. Turning now, to your (first) experience of CAP, why did you seek therapy that time?

*[Make sure collect data on the presenting problem as well as what sparked therapeutic involvement at that particular time]*

- How did you find your therapist this time?
- Where did your therapy take place?
- How long did you receive therapy for (on this occasion)?
- What were your expectations of therapy (this time)?
- What did you think it would be like?
- How did you expect the therapist would treat you?
- What did you expect you would achieve?
- Where do you think these expectations came from?

*[If the participant has had previous experience of non-affirmative therapy, ask]*

- Do you think your previous experience of therapy shaped your expectations in any way?
- In what way?

- Was your therapist male or female?
- Do you know if they were gay/lesbian or heterosexual?
- Do you know if a professional psychotherapeutic body accredited your therapist?

Which one?

- Do you know which therapeutic approach your therapist used?

Which one?

How do you know that?

- If you were describing your therapist's qualities to your friends, what would you say were their main qualities? *[Any positive or negative qualities you can think of?]*
- How did they convey this? *[ask in relation to each of the major qualities identified]*
- How did that make you feel? *[ask in relation to each of the major qualities identified]*

1. Can you describe how the therapy was for you? *[What makes you say that?]*

2. Was your sexuality raised during the therapy?

*[If Yes]*

- How was it raised?
- How did you feel about this?
- How was your sexuality dealt with after that? How did you feel about that?
- What do you think your therapist's attitude was towards your sexuality?
- What makes you say that?

8. How useful was that experience of therapy for you?

a. *[If useful]*

- In what ways was it useful?

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- What was it about it, do you think, that made it useful?  
*[Linking summary back to therapists positive qualities, if any, and therapeutic approach]*
- Do you think the fact that your therapist was gay/lesbian/heterosexual played any part in making the therapy beneficial for you, or was this not an important factor?  
*[If Yes]*
- What difference do you think this made?
- Do you think the fact that your therapist was male/female played any part in making the therapy beneficial for you, or was this not an important factor?  
*[If Yes]*
- What difference do you think this made?

### b. *[If not useful]*

- Why do you think it wasn't useful for you?  
*[Linking summary back to therapists negative qualities, if any, and therapeutic approach]*
- Do you think the fact that the therapist was gay/lesbian/heterosexual played any part in making the therapy less beneficial than it might have been for you, or was this not an important factor?  
*[If Yes]*
- What difference do you think this made?
- Do you think that the fact that your therapist was male/female played any part in making the therapy less beneficial than it might have been for you, or was this not an important factor?  
*[If Yes]*
- What difference do you think it made?
- What, if anything, could have made the therapy more useful for you?

### *[If participant has reported previous experience of non affirmative therapy:]*

9. I'd like you to think about the experience of therapy you described earlier. That seems to have been quite a different experience from the one you've just described. Is that a fair assessment?

- In your own words could you summarise what the main differences were?

*If the participant has had more than one experience of GAP, go through the series of questions again.*

*If the participant has had so much experience that it would be onerous either identify what he considers to be a particularly positive experience and go through the questions in relation to that or ask:*

Thinking of your other experiences of GAP, in what ways were they different to the experience you have just described?

*[Prompt for dimensions of difference, i.e. presenting problems, therapist characteristics and qualities, therapeutic processes and evaluation]*

### Definitions of 'Gay Affirmative'

10. Thinking of your experience of GAP, what would you say are the main qualities that would have to be present for therapy to be GAP?
- What is it about these qualities that makes you single them out?

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- For lesbians and gay men who are receiving therapy, what are the benefits of ensuring that those qualities are present in therapy?
10. And what qualities would prevent therapy from being GAP?
- What is it about those qualities that make you single them out?
  - For lesbians and gay men who are receiving therapy, what might be the negative effects if those qualities were present in therapy?

### Matching:

10. Some people say that in GAP, it is important that the therapist is gay or lesbian, whereas other people say that there are sometimes advantages in gay men working with heterosexual therapists. What's your view on that?
- [What makes you say that?]
  - [What do you think the advantages might be in working with therapists who is gay or lesbian themselves? And what do you think might be the disadvantages?]
10. Continuing with the same theme, in GAP do you think it is preferable for a gay male client to work with a male therapist or a female therapist? Or do you think it doesn't matter or it depends on other factors?
- [What makes you say that?]

### Subsequent Non-Affirmative Therapy:

11. At the start I asked you if you'd had any experiences of non-affirmative therapy before you received any GAP. Moving now to the time since you've had GAP, have you had any experiences of non-affirmative therapy since then?
- [If yes, ask questions on pp1-2 and the comparison question on p3]*

### Closing questions:

12. Is there anything else that you think it would be useful for me to know about your experience of GAP that I haven't asked about?
13. How has it felt to take part in this interview?
14. What, if anything was good about it?
15. Is there anything about it you didn't like, or which made you feel uncomfortable?

*[Switch off tape recorder]*

- Thanks for taking part.
- Reminder about the confidentiality procedures,
- Information on how they can obtain a summary of findings.

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### Probes:

Could you say more about that?

Why do you think that was?

Could you give me an example of what you mean?

How does/did that make you feel?



**Appendix H**

**Interview Schedules – Main study**

**Therapist's Interview Schedule:**

**Introduction:**

- Introduction of researcher,
- Explanation of research and why do it,,
- What it will involve – a) Training experiences,
  - b) Experience prior to GAP,
  - a) GAP practice,
  - b) Feedback.
- Explanation and signing of consent form.
- Collect in written summary and demographic data form.

*[Switch on Audiotape].*

Just to confirm some contextual questions for the tape and so we can think about them later, I just want to note that on your self completion questionnaire you say that you are a \_\_\_\_\_ *[professional identity]*, trained at \_\_\_\_\_, on a course that took \_\_\_\_\_ years. You work in \_\_\_\_\_ *[Setting]*, you are a \_\_\_\_\_ *[sexual identity]* \_\_\_\_\_ *[gender]*, having been/not been in therapy. You are accredited by \_\_\_\_\_ *[professional body]* \_\_\_\_\_ *[years ago]*. You work from a \_\_\_\_\_ *[theoretical orientation]* and we made contact by way of \_\_\_\_\_

**Training:**

**1) To put your experience of providing Gay Affirmative Therapy in context, I'd like to ask you about any training you had, before you came to practice as a Gay Affirmative therapist.**

- What made you train as a therapist?
- Why did you train when you did?
- Where did your training take place?
- What training did you do?
- Which professional body accredited your course?
- Which orientations did your course cover?
- Do you know if your trainers were accredited by any of the professional bodies?/  
Which ones?
- How long was your initial training?
- Did you have any particular expectations about what training might enable to offer lesbian and gay clients?
- *[If Yes]* What were your expectations?
- How did you expect the training to treat issues of sexual identity?
- Do you know if your trainers were gay/lesbian or straight?
- *[If Yes]* Did this affect your training in relation to lesbian and gay issues at all?
- *[If Yes]* In what way?
- If you were describing the course /trainers qualities, what would you say were the main qualities? *[Any positive/negative qualities you can think of?]*

**Positive:**

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---

**Negative:**

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- How were these qualities conveyed? *[ask this in relation to each of the major*

*qualities]*

- How did these qualities affect your development as a therapist? *[Ask in relation to each of the major qualities]*

**2a) What was most useful about your original training?**

*[Linking summary back to trainings positive qualities]*

---

Do you think the fact that your trainers were lesbian/gay/heterosexual play any part in the usefulness of the training? Or was this not an important factor?

- *[If Yes]*
- Due to the nature of their sexuality or due to the fact that you knew about their sexual identity?
- What difference do you think this made?
- Do you think the fact that your trainers were male/female played any part in the usefulness of the training? Or was this not an important factor?
- *[If Yes]*
- What difference do you think this made?

**2b. What was problematic or least useful? *[If problematic]***

---

Why do you think it was problematic/least useful to you?

*[Linking summary back to the qualities of the training]*

- Do you think the fact that your trainers were lesbian/gay/heterosexual play any part in the lack of usefulness of the training? Or was this not an important factor?
- *[If Yes]*
- Due to the nature of their sexuality or due to the fact that you knew about their sexual identity?
- What difference do you think this made?
- Do you think the fact that your trainers were male/female played any part in the lack of usefulness of the training? Or was this not an important factor?
- *[If Yes]*

- What difference do you think this made?

**3) Were lesbian and gay issues raised in your training?**

*[If Yes]*

- How were they raised?
- How did you feel/think about that?
- How were lesbian and gay issues dealt with after that?
- How did you feel/think about that?
- What was the attitude of your training towards lesbian and gay sexuality?

*[If No]*

- At the time of your training, did you realise that these issues weren't raised?
- What did you think/feel about that?
- What would you have wanted in your training at that point?

**4) Have you had further training?**

*[If Yes]*

Can you tell me what was most useful and what was problematic with that training?

[See questions above]

Can you describe how this training attended to lesbian and gay issues.

*[If No]*

- At the time of your training, did you realise that these issues weren't raised?
- What did you think/feel about that?
- What would you have wanted in your training at that point?

**Practice you didn't see as GAP.**

5) I'd now like to ask you about any experience of practice that you had, before you conceptualised your practice as Gay Affirmative.

*[If None] Go to next question.*

*[If Yes]*

- How long were you in practice before seeing yourself as Gay Affirmative?
- Where did you practice?
- How long was this period of practice?
- What were your expectations of practice in relation to issues of sexual identity?
- What were your expectations with regard to lesbian or gay clients?
- Where do you think these expectations came from?
- What did you think you would achieve in relation to gay and lesbian clients?
- Were your clients male or female?
- Do you know if your clients were gay/lesbian or straight?
- Which theoretical orientation/s was/were closest to your practice?
- If you were describing the qualities of your practice at that time, what would you say were the main qualities? [Any positive/negative qualities you can think of?]

**Positive:** \_\_\_\_\_  
\_\_\_\_\_

**Negative:** \_\_\_\_\_  
\_\_\_\_\_

How were these qualities conveyed? *[ask this in relation to each of the major qualities]*

**6a) What was most useful about that period of your practice?**

---

---

*[Linking summary back to practices positive qualities]*

- Do you think the fact that your clients were lesbian/gay/heterosexual play any part in the usefulness of that period? Or was this not an important factor?
- *[If Yes]*
- What difference do you think this made?
- Do you think the fact that your clients were male/female played any part in the usefulness of the practice? Or was this not an important factor?
- *[If Yes]*
- What difference do you think this made?
- What role did your own sexuality play?

**a) What was problematic about that period of your practice?**

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---

*[Linking summary back to the qualities of the practice]*

- Do you think the fact that your clients were lesbian/gay/heterosexual play any part in the lack of usefulness of that period of practice? Or was this not an important factor?
- *[If Yes]*
- What difference do you think this made?
- Do you think the fact that your clients were male/female played any part in the lack of usefulness of the practice? Or was this not an important factor?
- *[If Yes]*
- What difference do you think this made?
- What role did your own sexuality play?

**7) Did you attend to lesbian/gay issues in your practice?**

*(Work with material related to sexual identity?)*

***[If Yes]***

- How were they raised?
- What did you feel/think about that?
- How were issues of sexuality dealt with after that?
- What did you think/feel about that?

**Experience of Gay Affirmative Psychotherapy.**

- Do you work with men and women?
- Do you work with gay, lesbian and straight clients?
- As well as being a gay affirmative therapist, would you describe yourself as practising from one of the mainstream therapeutic orientations?
- If Yes, which one?
- If you were describing your qualities, what would you say were the main qualities?  
[Any positive or negative, personal or professional qualities you can think of]

**Positive:** \_\_\_\_\_  
\_\_\_\_\_

**Negative:** \_\_\_\_\_  
\_\_\_\_\_

How do you convey these? *[Ask in relation to each of the major qualities]*

**8) Turning now, to your practice as a lesbian and gay affirmative therapist, what makes you see your practice in this way?**

*[Make sure collect data on what sparked this conceptualisation]*

- How long have you practised from this perspective?
- Where does your practice take place?
- When did you first see yourself in this way?
- What sparked this conceptualisation?
- What are your expectations in GAP as distinct from any other practice? *(in relation*



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*to assessment, practice, therapeutic goals, etc)*

**Assessment:** \_\_\_\_\_

**Practice:** \_\_\_\_\_

**Therapeutic goals:**

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How would you expect to treat the client?

- Where do you think these expectations come from?
- Did your training and previous experience shape your expectations in any way?
- In what way?

**9) Do you raise issues of sexuality in the therapy?**

*a. [If Yes]*

- How do you do this?
- How do you deal with sexuality after that?
- How do you feel/think about that?

*b. [If No]*

- Can you say a little about not raising these issues? (Rationale)
- Are they raised by clients at all?
- If so, how would you deal with these issues?

**10) What is most useful to your clients about your practice?**

---

What is it about it that makes it useful?

*[Linking summary back to therapists positive qualities, if any, and therapeutic orientation]*

- Do you think that the fact that you are gay/lesbian/straight plays any part in making the therapy beneficial? Or is this not an important issue?

*[If Yes]*

## APPENDICES

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- The fact of your sexual identity per se, or the fact that clients know your sexual identity?
- What difference do you think this makes?
- Do you think that the fact that you are male/female plays any part in making the therapy beneficial for the client? Or is this not an important factor?

*[If Yes]*

- What difference do you think it makes?

### 11) What are the limitations of working this way?

---

---

*[Linking summary back to therapists negative qualities, if any, and therapeutic orientation]*

- Do you think that the fact that you are gay/lesbian/straight plays any part the limitation? Or is this not an important issue?

*[If Yes]*

- The fact of your sexual identity per se, or the fact that clients know your sexual identity?
- What difference do you think this makes?
- Do you think that the fact that you are male/female plays any part in limiting the therapy for the client? Or is this not an important factor?

*[If Yes]*

- What difference do you think it makes?

### **Previous non-affirmative therapy.**

*[If the participant has reported previous experiences of providing non-affirmative therapy]*

I'd like you to think about the experiences of training and previous practice that you described earlier. That seems to be quite a different experience from the one you've just described. Is that a fair assessment?

- In your own words, could you summarise what the main differences were?

**Definitions of Gay Affirmative Therapy.**

**12) Thinking of your experiences of GAP, what would you say are the main qualities that would have to be present for therapy to be GAP?**

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Why do you single these out?

- What are the benefits for lesbians and gay men, of ensuring that those qualities are present in therapy?

**13) And what qualities would prevent therapy from being GAP?**

- What is it about these qualities that makes you single them out?
- For lesbians and gay men who are receiving therapy, what might be the negative effects if those qualities weren't present in therapy?

**Therapeutic Orientation.**

**14) In what way does your psychotherapeutic orientation assist and/or hinder your being a GAP?**

- Can you say something about how you see other models and their capacity to be 'gay affirmative'?
- What about other models inherent problems in being 'gay affirmative'?  
*(Psychoanalytic/Humanistic/Cognitive Behavioural/ Systemic/ Existential Phenomenological)*

**Matching.**

**15) Some people say that in GAP, it is important that the therapist is gay or lesbian, whereas other people say that there are sometimes advantages in gay men working with heterosexual therapists. What's your view on that?**

- What makes you say that?
  - What do you think the advantages might be in a client working with a therapist who is gay or lesbian themselves?
-

And what might the disadvantages be?

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- Do you think there are any advantages in being gay or lesbian yourself if you want to provide GAP?

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- Or disadvantages?

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---

**16) Continuing with the same theme, in GAP do you think it is preferable for a gay male client to work with a male therapist or a female therapist? Or do you think it doesn't matter, it depends on other factors?**

- What makes you say that?

**Subsequent Non-Affirmative Therapy:**

**17) At the start I asked you if you'd had any experiences of non-affirmative therapy before you came to practise as a GA therapist. Moving now to the time since you've worked as a Gay Affirmative therapist, have you had any experiences where you felt your practice wasn't GAP?**

***[If Yes]***

- What was it that meant that your practice wasn't Gay Affirmative at this time?
- What do you attribute this change to?

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- Is this a total change?
  - What was your expectation of therapy with lesbian and gay clients at that time?
  - How would you label your practice now/during that period?
  - What were the benefits of this way of working?
- 
- 

- And the limitations?
- 
- 

### Closing questions:

18) Is there anything else that you think it would be useful for me to know about your experience of GAP that I haven't asked about?

19) How has it felt to take part in this interview?

20) What, if anything was good about it?

21) Is there anything about it you didn't like, or which made you feel uncomfortable?

*[Switch off tape recorder]*

- Thanks for taking part.
- Reminder about the confidentiality procedures,
- Information on how they can obtain a summary of findings.
- Do you want me to send you a summary when its written?

### Probes:

Could you say more about that?

Why do you think that was?

Could you give me an example of what you mean?

How does/did that make you feel?

**Client's Interview Schedule.**

**Introduction:**

Introduction of researcher,  
Explanation of research,  
What it will involve,  
Explanation and signing of consent form.  
Give the participant the demographic questionnaire to complete  
Set up audiotape equipment.  
Collect in written summary and demographic data form.  
Explanation of terms: therapy, gay affirmative (in a general sense only)

*[Switch on Audiotape].*

Just so that I don't ask all of the questions on the self completion form again, I'll just confirm that, you are a \_\_\_\_\_ *[Profession]* , at \_\_\_\_\_ point in therapy at the moment. Your therapy occurs in the context of \_\_\_\_\_ and your therapist is working from a \_\_\_\_\_ perspective, and is accredited by \_\_\_\_\_.

**Experiences of Non-Affirmative Therapy:**

1. To put your experience of gay affirmative therapy in context, I'd like to ask you about any other experiences you had of therapy, before you first received gay affirmative therapy.

*[If No] go to next question.*

*[If Yes ]*

*– History of therapeutic involvement prior to receiving GAP, addressing the following issues in relation to each experience, or if the participant has had a lot of experience, in relation to what he considers to be the most significant experience]*

- Why did you seek therapy that time?, i.e. Presenting problems and whatever sparked therapeutic involvement at that particular time.
- Where did your therapy take place?
- How long did you receive therapy for on this occasion?
- What were your expectations of therapy?
- What did you think it would be like?
- How did you expect to be treated by the therapist?
- What did you expect you would achieve?
- Where do you think these expectations came from?
- Was your therapist male or female?
- Do you know if they were gay/lesbian or heterosexual?
- Do you know if your therapist was accredited by one of the professional bodies?
- Which one?
- Do you know which therapeutic approach your therapist used at that time?
- Which one?
- How do you know that?
- If you were describing your therapist's qualities to your friends, what would you say were their main qualities? [Any positive/negative qualities you can think of?]

**Positive:**

---

---

**Negative:**

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---

- How did they convey this? [*ask in relation to each of the major qualities identified*]
- How did that make you feel? [*ask in relation to each of the major qualities identified*]

**1. Was your sexuality raised during the therapy?**

*[If Yes ]*

- How was it raised?
- How did you feel about that?
- How was your sexuality dealt with after that?
- How did you feel about that?
- What do you think your therapist's attitude was towards your sexuality?
- What makes you say that?

**3) Did you find that experience of therapy useful?**

*[If useful]*

- In what ways was it useful?

---

What was it that helped make it useful? [*Linking summary back to therapists positive qualities, if any, and therapeutic approach*]

- Do you think the fact that your therapist was gay/lesbian/heterosexual played any part in making the therapy beneficial for you, or was this not an important factor?
- *[If Yes]*
- Do you think their sexuality per se made a difference? Or was it the fact that you knew their sexual identity?
- What difference do you think this made?
- Do you think the fact that your therapist was male/female played any part in making the therapy beneficial for you, or was this not an important factor?
- *[If Yes]*
- What difference do you think this made?



**[If no]**

- Why do you think it wasn't useful for you?
- 
- 

**[Linking summary back to therapists negative qualities, if any, and therapeutic approach]**

- Do you think the fact that the therapist was gay/lesbian/heterosexual played any part in making the therapy less beneficial than it might have been for you, or was this not an important factor?

**[If Yes]**

- Do you think their sexuality per se made a difference? Or was it the fact that you knew their sexual identity?
- What difference do you think this made?
- Do you think that the fact that your therapist was male/female played any part in making the therapy less beneficial than it might have been for you, or was this not an important factor?

**[If Yes]**

- What difference do you think it made?
- What, if anything, could have made the therapy more useful for you?

**Experiences of Gay Affirmative Therapy:**

**4) Turning now, to your (first) experience of GAP, tell me about your therapist.**

- Was your therapist male or female?
- Do you know if they were gay/lesbian or heterosexual?
- Do you know if a professional psychotherapeutic body accredited your therapist?

Which one?

- Do you know which therapeutic approach your therapist used?

Which one?

How do you know that?

**5) Why did you seek therapy that time?**

*[Make sure collect data on the presenting problem as well as what sparked therapeutic involvement at that particular time]*

- How did you find your therapist this time?
- What type of setting did your therapy take place in?
- How long did you receive therapy for (on this occasion)?
- What were your expectations of therapy (this time)?
- What did you think it would be like?
- How did you expect the therapist would treat you?
- What did you expect you would achieve?
- Where do you think these expectations came from?

*[If the participant has had previous experience of non-affirmative therapy, ask]*

- Do you think your previous experience of therapy shaped your expectations in any way?
- In what way?
  
- If you were describing your therapist's qualities to your friends, what would you say were their main qualities? [Any positive or negative qualities you can think of?]

**Positive:**

---

---

**Negative:**

---

---

How did they convey this? *[ask in relation to each of the major qualities identified]*

- How did that make you feel? *[ask in relation to each of the major qualities identified]*

**6) Was your sexuality raised during the therapy?**

*[If Yes]*

- How was it raised?
- How did you feel about this?

- How was your sexuality dealt with after that? How did you feel about that?
- What do you think your therapist's attitude was towards your sexuality?
- What makes you say that?

**7) Did you find that experience of therapy useful?**

*[If Yes]*

- In what ways was it useful?
- 

What was it about it, do you think, that made it useful?

---

---

*[Linking summary back to therapists positive qualities, if any, and therapeutic approach]*

- Do you think the fact that your therapist was gay/lesbian/heterosexual played any part in making the therapy beneficial for you, or was this not an important factor?

*[If Yes]*

- Do you think their sexuality per se made a difference? Or was it the fact that you knew their sexual identity?
- What difference do you think this made?
- Do you think the fact that your therapist was male/female played any part in making the therapy beneficial for you, or was this not an important factor?

*[If Yes]*

- What difference do you think this made?

*[If no]*

- Why do you think it wasn't useful for you?
- 
- 

*[Linking summary back to therapists negative qualities, if any, and therapeutic approach]*

- Do you think the fact that the therapist was gay/lesbian/heterosexual played any

part in making the therapy less beneficial than it might have been for you, or was this not an important factor?

*[If Yes]*

- Do you think their sexuality per se made a difference? Or was it the fact that you knew their sexual identity?
- What difference do you think this made?
- Do you think that the fact that your therapist was male/female played any part in making the therapy less beneficial than it might have been for you, or was this not an important factor?

*[If Yes]*

- What difference do you think it made?
- What, if anything, could have made the therapy more useful for you?

*[If participant has reported previous experience of non affirmative therapy:]*

1. I'd like you to think about the experience of therapy you described earlier. That seems to have been quite a different experience from the one you've just described. Is that a fair assessment?
  - In your own words could you summarise what the main differences were?

*If the participant has had more than one experience of GAP, go through the series of questions again.*

*If the participant has had so much experience that it would be onerous either identify what he considers to be a particularly positive experience and go through the questions in relation to that or ask:*

- Thinking of your other experiences of GAP, in what ways were they different to the experience you have just described?

*[Prompt for dimensions of difference, i.e. presenting problems, therapist characteristics and qualities, therapeutic processes and evaluation]*

### **Definitions of 'Gay Affirmative'**

1. Thinking of your experience of GAP, what would you say are the main qualities that would have to be present for therapy to be GAP?

- What is it about these qualities that makes you single them out?
  - For lesbians and gay men who are receiving therapy, what are the benefits of ensuring that those qualities are present in therapy?
1. **And what qualities would prevent therapy from being GAP?**
    - What is it about those qualities that make you single them out?
    - For lesbians and gay men who are receiving therapy, what might be the negative effects if those qualities were present in therapy?

**Matching:**

1. **Some people say that in GAP, it is important that the therapist is gay or lesbian, whereas other people say that there are sometimes advantages in gay men working with heterosexual therapists. What's your view on that?**
  - [What makes you say that?]
  - [What do you think the advantages might be in working with therapists who is gay or lesbian themselves? And what do you think might be the disadvantages?]
1. **Continuing with the same theme, in GAP do you think it is preferable for a gay male client to work with a male therapist or a female therapist? Or do you think it doesn't matter or it depends on other factors?**

[What makes you say that?]

**Subsequent Non-Affirmative Therapy:**

2. **At the start I asked you if you'd had any experiences of non-affirmative therapy before you received any GAP. Moving now to the time since you've had GAP, have you had any experiences of non-affirmative therapy since then?**

*[If yes, ask questions on pp1-2 and the comparison question on p3]*

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### Closing questions:

3. Is there anything else that you think it would be useful for me to know about your experience of GAP that I haven't asked about?
4. How has it felt to take part in this interview?
5. What, if anything was good about it?
6. Is there anything about it you didn't like, or which made you feel uncomfortable?

*[Switch off tape recorder]*

- Thanks for taking part.
- Reminder about the confidentiality procedures,
- Would you like a summary sent to you? \_\_\_\_\_

### Probes:

Could you say more about that?

Why do you think that was?

Could you give me an example of what you mean?

How does/did that make you feel?

## Appendix I

Extracts from the reflective journal.

### **Extract outlining the initial identification of potential difficulties.**

From p 19: Possible problems may include City University finding it difficult to value this research (topic or method) as has recently come up with KM (K&D), FM's struggle against any attempt to live without Cartesian Dualism, Our struggles to entertain the notion of intersubjectivity and the separate experiences of inner and outer worlds.

### **Extract outlining initial thoughts on clinical chapter.**

From p 20: To write up supervision activity I would need to:

- detail my supervision practice,
- outline existential-phenomenological principles – relational
- Use a 'case' to show 'how' I attend to political dimension – Non-Cartesian.
- Base on framework of ES' book???
- Need gay supervisee or gay client [of the supervisee].



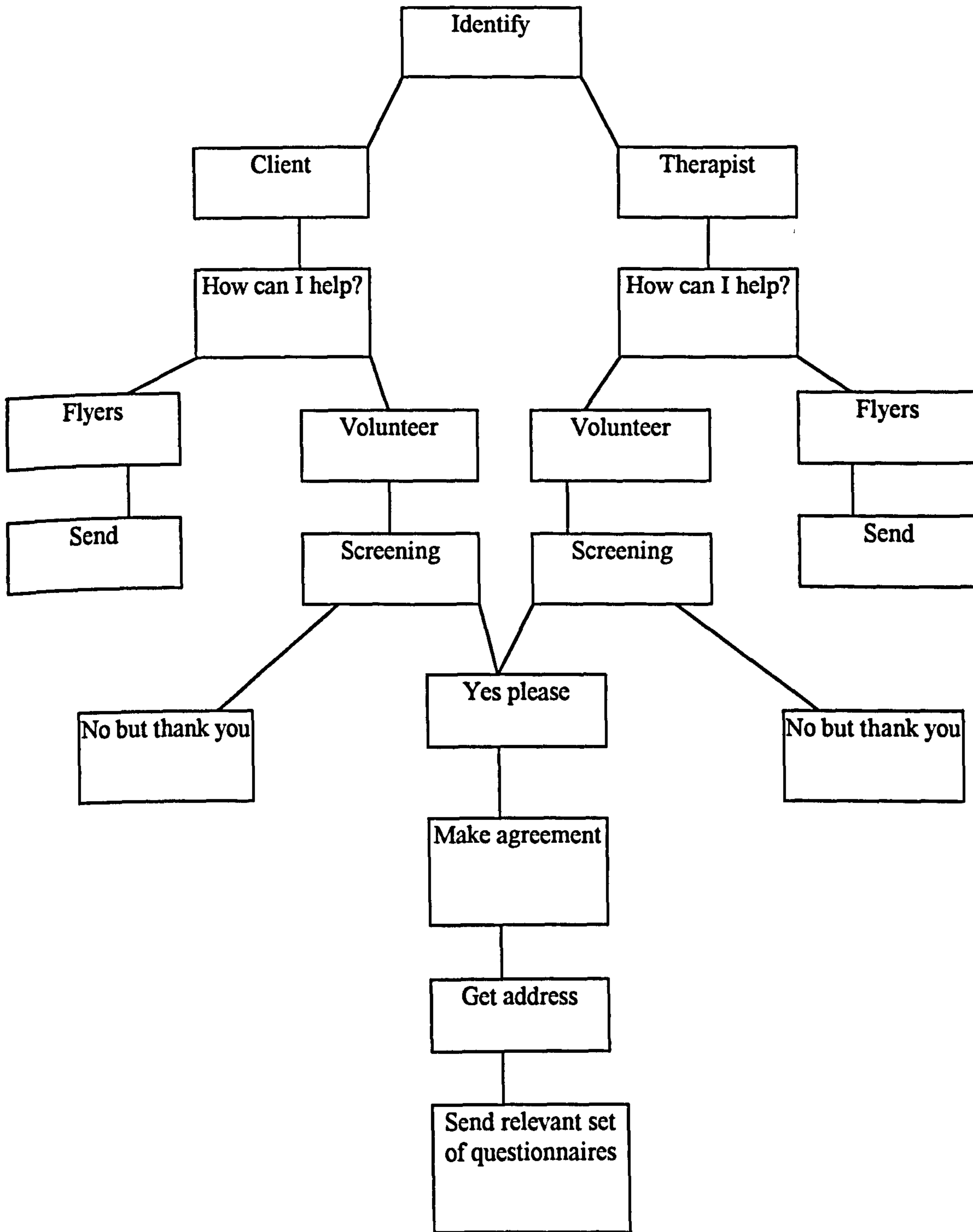
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**Extract considering the inclusion criteria for therapist research participants.**

Sample	
Therapists	
<u>Include</u>	<u>Exclude</u>
Qualified	Trainees
Accredited: BAC, UKCP, BPS	
Experienced	People without client experience
Different orientations	None
Various sexualities	None
Work with people for 3/12 or longer	<u>Only</u> brief focussed work
? Non-accredited counsellors	? Non-accredited counsellors

Process for responding to telephone calls from potential participants.

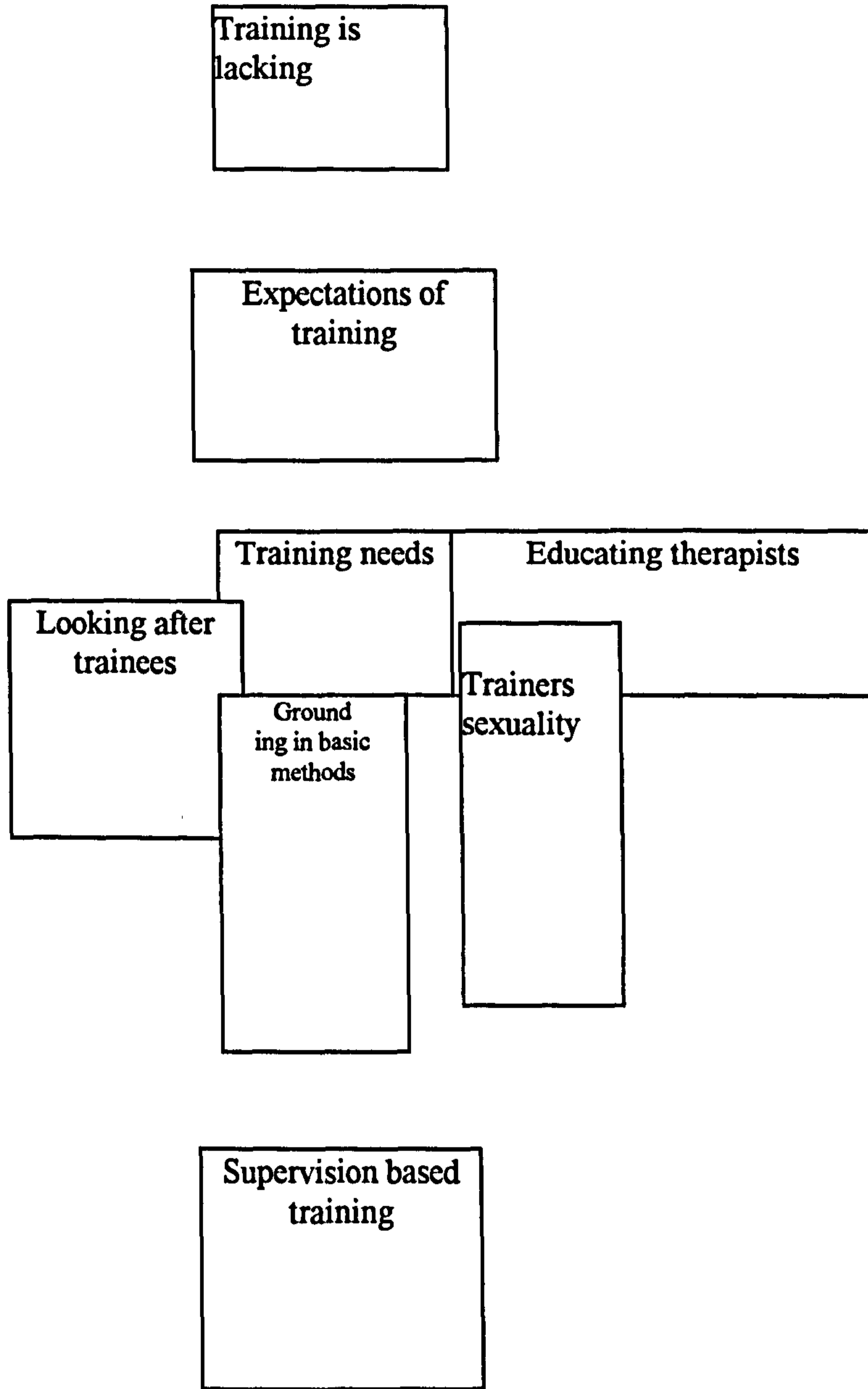


**Extract regarding the choice of meanings and examples.**

- Ignoring incomplete meanings?
- Trying to see the most significant aspect
  - Conviction in interview
  - Links to other parts of the interview
  - Re: Therapy
  - Individual therapy
  - Gay affirmative psychotherapy and clinical effectiveness
- Justify taking therapist and client      ——— Therapist = theory – Head  
  
Client – emotionally powerful -  
heart  
  
|  
Integrated approach

Example of one of the original clusters.

Aspects of training which impact on gay affirmative psychotherapy



**Example of a definition.**

Pathologising: A stance taken which looks at homosexuality as problematic in a number of ways – either as the cause of the person’s difficulties, or as the outcome of problematic personal/familial characteristics. Evidenced by way of therapists encouragement to keep it hidden, seeing it as a joke, or reading ‘more’ into it.

## Appendix J

### Initial themes from preliminary coding

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### Initial Themes from first coding; as of May 1<sup>st</sup>, 1998. (S=13)

1. Destiny
2. Curiosity
3. No expectations
4. Personal Responsibility/search
5. Woolly liberal
6. Heterosexual vicarious interest
7. Isolation
8. Fight to be 'normal'
9. Pathologising
10. Looking after trainees
11. Grounding in basic methods
12. Personal development
13. Training was lacking
14. Tuned in trainees
15. Knowledge of issues
16. Emotional experience
17. Sensitive? Or Careful?
18. Identification
19. Context
20. Personal identity
21. Political
22. Non-pathologising
23. Professional identity
24. 'Out' as therapist
25. Shorthand
26. Therapist self disclosure
27. Realisation of GAP
28. Discussion
29. Beneficial outcomes
30. Gay Affirmative Psychotherapy
31. Theory
32. Therapists' sexuality
33. Censorship
34. Training needs
35. Anger towards straight people
36. Expectations of process
37. Negative view of the therapist
38. Interpretation
39. Therapists' qualities
40. Experience of therapy
41. Understanding
42. Tentativeness
43. Relationship
44. Conviction
45. Perspectives
46. Topics in therapy
47. Heterosexual's eye view

48. Difference
49. Straight therapists' views of gay experience
50. Responses to inaccurate perception
51. Therapists' gender
52. Therapist as representing parent of the same gender
53. Sexual feelings
54. Educating therapists
55. Initial hopes
56. Expectation of therapist
57. Benefit
58. Introduction of sexuality
59. Linking
60. Uncertainty
61. Withholding information
62. Therapist representing parent of the other gender
63. Not necessarily foregrounding sexuality
64. Detriment
65. Straight therapist
66. Therapists therapy
67. Change
68. Quality of the therapy
69. Universal methodology
70. Discomfort of others
71. Trainers pathologising
72. Being gay is a physical thing
73. Trainers sexuality
74. Leaving therapy.
75. 'Out' as trainee
76. Own views undermine theory
77. Similarity between therapist and client
78. Therapist leading therapy \*
79. Meaning
80. Boundaries
81. Evidence
82. Life outside of therapy challenges pathologising
83. Clarification
84. Expectation of clients
85. Anxiety about talking to a gay therapist
86. Social contact
87. Difficulties for the gay therapist
88. Difficulties for Gay affirmative therapy.
89. Bracketing
90. Specific focus
91. Therapists insecurity
92. Security ?+
93. Balance
94. Brutal techniques X
95. Bystanding
96. Silence X



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97. Gay male therapist
98. Assuming you know
99. Sexual feelings with gay male therapist ?#
100. Choosing a therapist
101. Expected result of therapy
102. Good yet difficult
103. Developing trust
104. Asking the therapist
105. Conveying qualities
106. Therapist copes with the overwhelming
107. Focus on the therapeutic relationship
108. Willing to talk about sexuality
109. Positive attitude towards homosexuality
110. Homophobia and the problems it causes
111. Damage to the client
112. Human condition
113. Product of a training
114. Impact of the history of the mental health professions
115. Supervision based trainings
116. Sexual identity and presenting problems
117. Assessment
- 118..
119. The needs of the client
120. Knowing yourself
121. Stage of gay development
122. Diversity of experience
123. Non gay affirmative psychotherapy
124. Cognitive therapy
125. Psychoanalysis @
126. Humanistic therapy
127. The client decides \*
128. Taking charge/influencing the surrounding milieu
129. Choice of job making up for what was lacking in training
130. Therapists' are responsible for their use of theory.
131. Expectations of training
132. Self questioning by gay affirmative therapists
133. Pathologising language
134. Coming out in therapy
135. Breaking confidentiality
136. The therapists asks about sexuality
137. Homophobic conditioning
138. Keeping sexuality from the therapist
139. Waste of time/Issues of worth
- 140..
141. Sadness on ending
142. Length of therapy
143. Therapists' values
144. Female therapists
145. Male therapists

146. Being overtly positive
147. Emotion about poor training
148. Emotion about 'blank screen'
149. Feelings about being closeted in therapy
150. Understanding the client in context
151. Contexts affect access to therapy
152. Problematics of theory without context
153. Not seeing homosexuality as problematic
154. Challenging negative views of the past
155. Therapeutic goals
156. Therapist as representing outside world
157. Therapists sexuality should not be an issue
158. Relationships as a topic in therapy
159. Sexual behaviour as a topic in therapy.
160. Open relationships as a topic in therapy
161. Aspects of the process which are perceived as beneficial
162. Gender of the therapist can be beneficial
163. Gay trainee has to carry 'gay' issue
164. Questioning how the course relates to the lives of lesbians and gay men
165. Good training
166. Isolating 'issues' to teach on
167. Lack of diversity amongst trainees
168. Useful to have gay trainees
169. Lack of trust in straight trainees
170. Problems with the term – gay affirmative psychotherapy
171. Differences between working with lesbians and gay men
172. Limits of competence
173. Absence in the counselling literature
174. Sociological literature
175. Sexuality as an 'issue'
176. Limitations within a counselling framework
177. Lesbian therapist
178. Need from therapist
179. Non straight therapist
180. Being with the client
181. Feedback without criticism
182. 'Sexuality' has multiple meanings
183. Giving voice is beneficial
184. Therapists experience of working with lesbians and gay men – or lack of it
185. Advantages in having a straight therapist
- 186..
187. Gestalt therapy
188. Flexibility
189. Acceptance of the client
190. Interest
191. The use of humour
192. The pain of silenced identities
193. Gender is not an issue in GAP
194. Gender is an important issue in GAP

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195. Uncertainty about the role of the therapists' gender
196. Changing sexual identity
197. Assumptions about straight therapists
198. Finding it difficult to talk to a straight therapist
199. You don't have to be gay (to provide GAP)
200. Dangers of working with a straight therapist
201. Not accepting official versions of the 'Truth'
202. Clinical Psychology is about pathology
203. Therapists have a responsibility to gain the experience they lack
204. Aversion therapy
205. Gay people didn't come into therapy
206. Changing political climate influences access to therapy
207. Contexts affects the clinical practice
208. Exclusion from analytic training based on gay sexuality @
209. Prevailing views influence interpretation/practice of therapy
- 210..
211. Advantages of working with a gay therapist
212. Place of natural skills in training
213. Things to do
214. Things to not do
215. Sense of self as a therapist
216. Formulation
217. Collaboration between therapist and client
218. Promotion of stereotypes of gay homogeneity
219. Overt rejection of theories of homosexuality
220. Model something positive about being gay
221. Being authentic
222. How a psychodynamic approach assists GAP @
223. The meaning of homosexuality
224. How a psychodynamic approach hinders GAP @
225. Dilemmas for a psychodynamic GA therapist. @
226. Therapist as a stranger
227. Ignoring homosexuality isn't helpful
228. Getting something from psychoanalytic psychotherapy in spite of the therapy/therapist @
229. Validation of sexual identity
230. Safety in Therapy ?+
231. Difficult to be angry with the therapist
232. Sensitive to the non-understanding Other
233. View of Freud @
234. Therapist as advocate
235. Therapist representing organisation/school of thought
236. Jungian therapy
237. Clients' invest a lot in therapy
238. Responds speedily
239. Consistent and reliable
240. Eclecticism is an aid to GAP
241. Taking risks can be beneficial
242. Sexual interest from the client towards the therapist. ?#

Appendix K

Final themes.

## APPENDICES

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### Themes. (S=31) Sample completely coded.

1. Destiny
2. Curiosity
3. No expectations
4. *Personal Responsibility/search*
5. Woolly liberal
6. Heterosexual vicarious interest
7. Isolation
8. Fight to be 'normal'
9. Pathologising
10. Looking after trainees
11. Grounding in basic methods
12. Personal development
13. Training was lacking
14. Tuned in trainees
15. *Knowledge of issues*
16. *Emotional experience*
17. Sensitive? Or Careful?
18. Identification
19. Context
20. Personal identity
21. Political
22. *Non-pathologising*
23. Professional identity

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24. *'Out' as therapist*
25. Shorthand
26. *Therapist self disclosure*
27. Realisation of LGAP
28. Discussion
29. Beneficial outcomes
30. *Lesbian and Gay Affirmative Psychotherapy*
31. *Theory*
32. *Therapists' sexuality*
33. Censorship
34. Training needs
35. Anger towards heterosexual people
36. Expectations of process
37. Negative view of the therapist
38. Interpretation
39. Therapists' qualities
40. Experience of therapy
41. Understanding
42. Tentativeness
43. Relationship
44. Conviction
45. Perspectives
46. *Topics in therapy*
47. Heterosexual's eye view

- 48. Difference
- 49. Heterosexual therapists' views of lesbian and gay experience
- 50. Responses to inaccurate perception
- 51. *Therapists' gender*
- 52. Therapist as representing parent of the same gender
- 53. Sexual feelings
- 54. Educating therapists
- 55. Initial hopes
- 56. Expectation of therapist
- 57. Benefit
- 58. *Introduction of sexuality*
- 59. Linking
- 60. Uncertainty
- 61. Withholding information
- 62. Therapist representing parent of the other gender
- 63. Not necessarily foregrounding sexuality
- 64. Detriment
- 65. *Heterosexual therapist*
- 66. Therapists therapy
- 67. Change
- 68. Quality of the therapy
- 69. Universal methodology
- 70. Discomfort of others
- 71. Trainers pathologising

72. Being lesbian and gay is a physical thing
73. Trainers sexuality
74. Leaving therapy.
75. 'Out' as trainee
76. Own views undermine theory
77. Similarity between therapist and client
78. Therapist leading therapy
79. Meaning
80. Boundaries
81. Evidence
82. Life outside of therapy challenges pathologising
83. Clarification
84. Expectation of clients
85. Anxiety about talking to a lesbian or gay therapist
86. Social contact
87. Difficulties for the lesbian or gay therapist
88. Difficulties for Lesbian and Gay affirmative therapy.
89. Bracketing
90. Specific focus
91. Therapists insecurity
92. Security
93. Balance
94. Brutal techniques
95. Bystanding



96. Silence

97. Gay male therapist

98. Assuming you know

99. Sexual feelings with gay male therapist

100. Choosing a therapist

101. Expected result of therapy

102. Good yet difficult

103. Developing trust

104. Asking the therapist

105. Conveying qualities

106. Therapist copes with the overwhelming

107. Focus on the therapeutic relationship

108. Willing to talk about sexuality

*109. Positive attitude towards lesbian and gay sexuality*

110. Homophobia/anti-lesbian and gay prejudice and the problems it causes

111. Damage to the client

112. Human condition

113. Product of a training

114. Impact of the history of the mental health professions

115. Supervision based trainings

116. Sexual identity and presenting problems

117. Assessment

118..

119. The needs of the client

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- 120. Knowing yourself
- 121. Stage of lesbian and gay development
- 122. Diversity of experience
- 123. Non lesbian and gay affirmative psychotherapy
- 124. Cognitive therapy
- 125. Psychoanalysis*
- 126. Humanistic therapy
- 127. The client decides
- 128. Taking charge/influencing the surrounding milieu
- 129. Choice of job making up for what was lacking in training
- 130. Therapists' are responsible for their use of theory.
- 131. Expectations of training
- 132. Self questioning by lesbian and gay affirmative therapists
- 133. Pathologising language
- 134. Coming out in therapy
- 135. Breaking confidentiality
- 136. The therapists asks about sexuality
- 137. Homophobic/anti-lesbian and gay prejudice conditioning
- 138. Keeping sexuality from the therapist
- 139. Waste of time/Issues of worth
- 140..
- 141. Sadness on ending
- 142. Length of therapy
- 143. Therapists' values

144. Female therapists

145. Male therapists

*146. Being overtly positive*

147. Emotion about poor training

148. Emotion about 'blank screen'

149. Feelings about being closeted in therapy

150. Understanding the client in context

151. Contexts affect access to therapy

152. Problematics of theory without context

153. Not seeing lesbian and gay sexuality as problematic

154. Challenging negative views of the past

155. Therapeutic goals

156. Therapist as representing outside world

157. Therapists sexuality should not be an issue

158. Relationships as a topic in therapy

159. Sexual behaviour as a topic in therapy.

160. Open relationships as a topic in therapy

161. Aspects of the process which are perceived as beneficial

162. Gender of the therapist can be beneficial

163. Lesbian or Gay trainee has to carry 'gay' issue

164. Questioning how the course relates to the lives of lesbians and gay men

165. Good training

166. Isolating 'issues' to teach on

167. Lack of diversity amongst trainees

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- 168. Useful to have lesbian or gay male trainees
- 169. Lack of trust in heterosexual trainees
- 170. Problems with the term – gay affirmative psychotherapy
- 171. Differences between working with lesbians and gay men
- 172. Limits of competence
- 173. Absence in the counselling literature
- 174. Sociological literature
- 175. Sexuality as an 'issue'
- 176. Limitations within a counselling framework
- 177. Lesbian therapist
- 178. Need from therapist
- 179. Non heterosexual therapist
- 180. Being with the client
- 181. Feedback without criticism
- 182. 'Sexuality' has multiple meanings
- 183. Giving voice is beneficial
- 184. Therapists experience of working with lesbians and gay men – or lack of it
- 185. Advantages in having a heterosexual therapist
- 186..
- 187. Gestalt therapy
- 188. Flexibility
- 189. Acceptance of the client
- 190. Interest
- 191. The use of humour

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- 192. The pain of silenced identities
- 193. Gender is not an issue in LGAP
- 194. Gender is an important issue in LGAP
- 195. Uncertainty about the role of the therapists' gender
- 196. Changing sexual identity
- 197. Assumptions about heterosexual therapists
- 198. Finding it difficult to talk to a heterosexual therapist
- 199. You don't have to be gay (to provide LGAP)
- 200. Dangers of working with a heterosexual therapist
- 201. Not accepting official versions of the 'Truth'
- 202. Clinical Psychology is about pathology
- 203. Therapists have a responsibility to gain the experience they lack
- 204. Aversion therapy
- 205. Lesbian and Gay people didn't come into therapy
- 206. Changing political climate influences access to therapy
- 207. Contexts affects the clinical practice
- 208. Exclusion from analytic training based on lesbian and gay sexuality (Pathologising)
- 209. Prevailing views influence interpretation/practice of therapy
- 210..
- 211. Advantages of working with a lesbian or gay therapist
- 212. Place of natural skills in training
- 213. Things to do
- 214. Things to not do
- 215. Sense of self as a therapist

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216. Formulation

217. Collaboration between therapist and client

218. Promotion of stereotypes of lesbian and gay homogeneity

219. Overt rejection of theories of lesbian and gay sexuality

220. Model something positive about being lesbian or gay

221. Being authentic

222. How a psychodynamic approach assists LGAP

223. The meaning of lesbian and gay sexuality

224. How a psychodynamic approach hinders LGAP

225. Dilemmas for a psychodynamic LGA therapist.

226. Therapist as a stranger

227. Ignoring lesbian and gay sexuality isn't helpful

228. Getting something from psychoanalytic psychotherapy in spite of the  
therapy/therapist

229. Validation of sexual identity

230. Safety in Therapy

231. Difficult to be angry with the therapist

232. Sensitive to the non-understanding Other

233. View of Freud

234. Therapist as advocate

235. Therapist representing organisation/school of thought

236. Jungian therapy

237. Clients' invest a lot in therapy

238. Responds speedily

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239. Consistent and reliable

240. Eclecticism is an aid to LGAP

241. Taking risks can be beneficial

242. Sexual interest from the client towards the therapist.

243. Pathologising as ... questioning the importance of lesbian or gay sexual identity

244. Seeing the need to voice lesbian or gay experience as pathological

245. Seeing lesbian and gay sexuality as a perversion

246. Not taking lesbian or gay sexuality seriously

247. Seeing lesbian or gay sexuality as a result of difficulties is pathologising

248. Seeing aspects of lesbian/gay culture as individual pathology is pathologising

249. Useful to recognise the problems lesbians and gay men face

250. Useful to recognise the diversity of experience

251. Useful to be aware of the clients' sexual orientation

252. Useful to have personal knowledge

253. Difficulties arise when professionals don't know

254. Useful to recognise the impacts lesbian and gay sexuality has for the individual

255. Useful sources of knowledge

256. Clients can be secure if I know what they are talking about

257. Therapists experience therapy as emotional

258. Clients experience therapy as emotional

259. Ways that therapists come out to clients

260. Clients want out therapists

261. Lesbian or Gay therapists have to be out to provide LGAP

262. Concern, that by being out, difference is excluded from the therapy

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**263.Limited or no self disclosure**

**264.Self disclosure is a useful part of LGAP**

**265.Telling gay clients about the therapists heterosexuality**

**266.Beneficial outcomes = an improved relationship with self**

**267.Beneficial outcome = an improved ability to relate to others**

**268.Reduction in symptoms as a beneficial outcome**

**269.Beneficial outcome = a more positive view of lesbian and gay sexuality**

**270.Beneficial outcome = awareness of positive possibilities**

**271.Openness**

**272.LGAP as non discriminatory, good practice**

**273.Critical and reflective stance to theory**

**274.Reflecting on practice in theoretical terms**

**275.NLP**

**276.Scepticism about feminist theories to understand gay experience**

**277.Its easier for lesbian/gay therapists to provide LGAP**

**278.The presenting issue determines the relevance of the therapists sexuality**

**279.Clients wonder about the therapists sexuality**

**280.Ranking according to gender and sexuality**

**281.Assuming that the therapist is heterosexual**

**282.Sexuality as an issue/non issue at the same time**

**283.Rooting the clients' sexuality in the rest of the clients' life/ history/ relationships**

**284.Family issues as topics in therapy**

**285.Sexuality as a topic in therapy**

**286.LGA therapists are quite delicate**



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287.LGA therapists don't impose norms

288.LGA therapists are non judgemental

289.LGA therapists are warm

290.LGA therapists are challenging

291.Anxieties that heterosexual therapists can't understand gay experience

292.Signs of understanding

293.Difference between lesbian/gay and heterosexual people

294.Difference between lesbian or gay therapist and lesbian or gay client

295.Therapy should relish difference

296.The way that therapists introduce sexuality into sessions

297.The way that clients introduce sexuality into sessions

298.The way that either therapist or client can introduce sexuality

299.The therapist holds a positive attitude to lesbian and gay sexuality

300.The client develops a positive attitude towards lesbian and gay sexuality

301.The way therapists convey a positive attitude to lesbian and gay sexuality

302.Psychoanalytic theory is homophobic/anti-lesbian and gay prejudice

303.Difficult experiences of psychoanalytic psychotherapy (for the client)

304.Being Out and psychoanalytic in orientation is difficult

305.The 'christian' view is damaging

306.Impact of overemphasising sexuality

307.Impact of being understood

308.Asking questions when the therapist doesn't understand.

309.Therapists gender is a matter of personal preference.

310.Presenting problems

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**311.Private practice**

**312.Affirming of the person**

**313.Personal attributes are more important than the sexual orientation of the therapist**

**314.The way that structures allow the client to come out.**

**315.Experience of coming out to the therapist**

**316..**

**317.Working with ‘coming out’**

**318.Race and culture in GAP**

**319.Useful aspects of training**

**320.Existential-phenomenological therapy is lesbian and gay affirmative.**

**321.I like working with lesbians and gay men**

**322.Reflexivity in psychoanalysis is very difficult**

**323.Choices and identity development**

**324.Limits to employment**

**325.Being silenced by the authority of employers**

**326.Psychoanalysis sees attention to political dimensions as taking away from the  
purity of the process.**

**327.Responsibility of courses to consider lesbian and gay man’s experiences.**

**328.The silencing of lesbian and gay sexuality Vs Not voicing heterosexual sexuality**

**329..**

**330.Characteristics of lesbian and gay male clients**

**331.How being out helps**

**332.Affirmative language**

**333.Thinking about self disclosure**

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334. Biological determinism

335. Economics

336. Systemic orientation

337. It is more difficult for heterosexual therapists to be LGA than it is for lesbian and gay therapists.

338..

339. Technique is impersonal

340. Silencing of lesbian and gay sexuality

341. Clients introduce sexuality into their therapy early on

342. Psychoanalytic relationship is unequal and unfair

343. Problematic assumptions about gender roles pathologise clients

344. Its good to be creative

345. Lesbian and gay affirmative therapists shouldn't be too protective

346. Ambivalence about focus on the individual and lack of attention to context

347. Self disclosure by therapists is almost inevitable

348. You can be Lesbian and Gay affirmative and not lesbian and gay parent affirmative

349. Therapists provide better therapeutic relationships after lesbian and gay affirmative therapy

350. Is a pathologising stance based on fear in the therapist?

351. When therapists are fearful

352. The therapist has to know the possibility of their own ability for same sex attractions

353. Genetic bisexuality

354. Rigidity of lesbian and gay affirmative stance

- 355. Sexual transference between lesbians and gay men**
- 356. Clients should have the choice of therapist**
- 357. Breaking the silence**
- 358. Training should provide ...**
- 359. Silencing is a form of anti-lesbian and gay prejudice**
- 360. Results of the gap in training**
- 361. Contextual difficulties for lesbian and gay affirmative psychotherapists**
- 362. Non affirmative supervision**
- 363. Reflexivity has to be developed**
- 364. Lesbian and gay therapists' dilemmas about reactions to lesbian and gay affirmative work**
- 365. The way that structures limit the possibility of coming out**
- 366. Allow the client to tell their story**
- 367. Deconstruction in therapy**
- 368. Position of the therapist**
- 369. Family therapy considerations**
- 370. Normalising interventions**
- 371. Check out own assumptions**
- 372. Lesbian and gay therapists may have a detrimental affect on heterosexual clients**
- 373. Shared reality**
- 374. Lesbian and gay rights**
- 375. Awareness of range of models**
- 376. Postmodernism**
- 377. Multiple voices**

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- 378. Refuse to agree to change sexual orientation
- 379. Psychoanalysis privileges heterosexuality
- 380..
- 381. The family may limit reference to sexuality.
- 382. The most important thing is that the client feels comfortable with the therapist.
- 383. Explaining rationale for interventions
- 384. Affirming of anger
- 385. Learning about minorities
- 386. What training shouldn't do
- 387. Its important for the therapist to be lesbian or gay if that is important to the client.
- 388. Advantages of the term – Lesbian and gay affirmative therapy.
- 389. Introjection of trainers qualities.
- 390. Unknowing
- 391. Homophobia/anti lesbian and gay prejudice may go underground on liberal courses.
- 392. Adherence to sex roles
- 393. Explore each persons unique experience
- 394. Psychology is heterosexist
- 395. Relationship between model and practitioner
- 396. Giving emotion back safely
- 397. Integration of the client
- 398. Good endings
- 399. A degree of pain is positive
- 400. A struggle ensues if the therapist demands the 'good enough homosexual'

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401. The therapist remains with you through out the process – difficult bits and all

402..

403. Separating sexuality and personality

404. Sexual identity alone will be too narrow a focus.

405..

406. Disclosure is risky for clients

407. Clients expect therapists to be cautious

408. The therapist draws on life experience

409. Tactileness

410. Inclusive language

411. Rationale for therapy changes over time

412. Religion pathologises

413. Integrative psychotherapy

414. Manifestations of internalised homophobia.

415. Therapeutic orientation isn't important

416. The way structures encourage coming out

417. Mentor

418. Hiding without pronouns

419. The way in which the therapist is open about their sexuality

420. When therapists deny/hide their sexuality

421. Psychosynthesis

422. Link between Jewish and lesbian and gay experiences of oppression

423. Impact of trainings which are lacking

424. Link between experience of race and experience of sexuality

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425. Lesbian and gay relationships are identified only in their sexual aspects

426. It is the oppressors responsibility

427. Attempts to 'cure' homosexuality currently occur.

428. Self disclosure lessens the power

429. Anxious about getting lost in therapy

430. The therapist is independent of the life context

431. Ordinary-ness

432. Starting sessions

433. Reassuring characteristics

434. Lack of reflection on personal attitudes

435. It feels like it comes from me

436. Thinking

437. Exploring the tensions for certain sexualities

438. The way lesbian and gay sexuality is silenced

439. The results of silencing

440. Trainers' qualities

APPENDIX L

Three examples of therapists transcripts



**Ben : T1**

**M: Right, ... OK before asking you about your practice as a gay affirmative therapist can we go back to, before that, to put things in context and go back to your training? Umm, ... first of all what made you train?**

**B: Um, .. gosh, ... well originally I was supposed to go into medicine as many people are, in terms of helping professions, ... um, ... and that was really with a view to doing psychiatry more than anything you know, to learn about root canal work, I think that's often the case with clinical psychology and I applied for the Hull course, which was at the time a 6 year integrated course, and it still is to an extent , ..um and I just applied for it and got onto it, ... so it's a first degree and then going straight into a Masters programme but there being an overlap of clinical training,..**

**M: Right, ...**

**B: ... and so that's how I ended up as a psychologist, ...**

**M: Right, ... and the Why? ....**

**B: I think usually I respond to why with notions of curiosity and wanting to learn about yourself and so I think that's pretty standard reasons, ...**

**M: OK, ... and why when you did? ... How come you went into training at that time, when you did?**

**B: Um, ... well it's a good question, I think a lot, you know there was a degree of intention that summed up, falls into the case of applying from school and with ideas of, with ideas that this is what I'd like to do, and then ending up getting on a course, and then I think as I was doing my first degree part of it then kind of formed ideas of why I was there, so it was kind of a little bit in reverse, to what most peoples experiences were, where they were in perhaps a number of different um ... allied jobs , I don't know Mental Health nursing, or um... voluntary work, or whatever, or you know, coming out of a fairly non allied job, in the City or something, and then deciding this is what they actually wanted to do, ...**

**M: So was the course that you decided before you actually went on, that you would do this 6 year integrated course, or was it that you would go and do your Bachelors and then during that time you could opt in?**

**B: It was very much, ... doing the course, ...ah, you know obviously there was, ... I mean I think I was committed enough to take that on, but um, ... I don't think the reasons why I was doing it had**

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kind of been thought through, or crystalised at that point, but as I was going through the course those reasons became much more apparent, and clearly I had some notions that this is what I wanted to do.

M: Right, ..Right, ... Um, as you were going into training did you have any clear expectations about what the training would offer lesbians and gay men?

B: I didn't have any expectations, I didn't think it would offer me specifically, anything really, and that I would find those things out for myself, as was, ... pretty much the same way that my life has been, [XXX] sort of search out stuff rather than have it provided for, ...

M: Right ... OK, ...and what about in order to help you provide to lesbians and gay men? Did you have any expectations of the course?

B: No, none,.

M: Right, ...so it wasn't a particular issue?

B: Oh, it was an issue but I didn't, I don't think I was particularly looking for the course to deal with any of those issues, it wasn't what I'd expect the course to have provided, not necessarily what I would have wanted them to provide but I actually didn't expect them to, ...

M: So is that a case of you had expectations that they wouldn't provide it? Or that there wasn't an expectation there?

B: I just had expectations that they wouldn't provide it, and as its simply been my experience, ... to date in all sorts of different areas of my life that people didn't provide, for lesbians and gay men, ...

M: Right, ...OK, ... um, do you know about the sexuality of your trainers?

B: [laughing], ... I had ideas around the sexuality of my trainers more than particular, ...

M: Was it left as an idea? Or was it ...

B: Ahh, well obviously in 6 years you get to know these people fairly well, ...my experience generally of, ... until ...really until coming to London I was in Brighton, before and then Hull previously , ... that's where I trained,

M: Hmm, ..

B: Um, well there were a number of different people that were often involved in training, who seemed to have some very woolly notion , kind of liberal notions of sort of fluid sexuality, rather than necessarily um .. identity you would take on, ..so, .. you know, ... the kind of notion that everybody's bisexual in a sense, but we make choices, you know, those, .. what I would call, the woolly liberal

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stance and I came across a number of particularly men who were obviously vicariously interested in my sexuality, .. um and ... took a great deal of interest in gay issues, ... and who I felt were um, .. not altogether sorted, and um, ... around sexuality,

M: But it was assumptive rather than people being out, or ..

B: Absolutely, absolutely, ...

M: Did that affect your training in any way?

B: Yes, I suppose it did,

M: In what way?

B: um, ... .. I think in the sense that I had to really fight for issues to do with my sexuality not becoming pathologised, I think, um and particularly where I was seen as the only out gay man on the course, at that time there were a few other men who came out as the course ... proceeded in other years, um, ... and yeah, I definitely felt quite isolated, and things that were part and parcel of the gay identity or culture were often seen as perhaps ... problems that were inherent in me, ... like the need to talk about being gay, or the need to raise gay issues in the context of any subject that was being presented, ... on the course,

M: Right, so that was problematised?

B: It was seen as me working through my own issues, which may or may not have been true but it was seen as more problematic than it should be, ...

M: Right, ... Were your trainers accredited by any professional bodies?

B: Oh, yes, the course was accredited by the BPS

*M: Right they were all Chartered Psychologists,*

B: They were all Chartered, ...

M: OK, ... which theoretical orientations did your course cover?

B: Um, predominantly Cognitive Behavioural, again we had to fight for, to include any analytic, or psychodynamic perspectives, ... they were all from the Manchester Behavioural School, or um from the Maudsley, that's where they originated.

M: If you could describe either the course or your trainers qualities, what would you say were their main qualities? And I mean either positive or negative qualities?

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B: ... .. Um, I think generally they did try to look after us, it was a small course and the academic director was quite a mother hen, and they did sort of make sure that we were well provided for in terms of support um, .. and in terms of access to them, ... I mean that was probably one of the main qualities,... though they were very rigid in their therapeutic stance, and if anything I think that's their failing, that's something, ... although I have returned to many of the things I was taught and explored on the course, I think that was, for most of us, I think as soon as we qualified we all went off in quite disparate directions seeking out the things that we hadn't found , ...

M: Right, ...

B: um, on the course, ...

M: So in terms of your development as a therapist, how do you think ... what role did the course have in your development as a therapist? Considering what you've said about it so far.

B: I think in terms of a very positive approach or perspective on the course, I think that because of its therapeutic stance and because of its very traditional um, ... it was almost medical but quite traditional, um, ... orientation, I think it did give us all a very good grounding in very basic methods, and so that the harder psychological aspects, but, ...ah, ... I think in many ways it didn't focus necessarily on issues of personal development, um... and I think that those did come later, ...

M: and are you referring to ... in terms of helping clients with personal development or as a therapist?

B: Primarily in helping clients, yeah, ... but in terms of understanding yourself, the more process based .... Excuse the word, ...

M: But in some ways you ended up wanting it and going off and looking for it elsewhere?

B: Absolutely, yeah, ... yeah, ...

M: So what do you think it was about the course that was most useful, ... are you saying that it was the good grounding?

B: Hmm, ..

M: that was most useful?

B: Hmm, ... but also qualifying, it got us qualified and I think certainly for me, I could then start to do other things, um, ... in the context of my work, ...

M: Right, ... and the fact that your, that you made assumptions about sexuality, that it wasn't out there, did that have a bearing either way, on you deeming the course either useful or not?

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B: I think, ... I definitely look back on it as lacking, but not just in terms of issues of sexuality, you know they were mainly my issues if you like, things that I was particularly interested in, um, ...but I think in lots of other ways, for other people on the course also, ... they were very poor at a number of other issues that were around, ... being a therapist, and surviving being a therapist, developing as a therapist, ... I don't think it really set the foundations for that, ... it set the foundations in terms of skills and knowledge, ... but not in terms of those, you know, more ongoing um ... personal growth, ... and um ... so its not just confined to sexuality, ...

M: So in a sense that was just one aspect of, ...

B: That was one aspect of something that was lacking,

M: Right, ...

B: I know of courses where the opposite is true, um... where in terms of knowledge and skill, people are fairly weak, but in terms of issues around personal growth, ...um, supervision, group work and all of those kinds of issues, ... that they um, ... that that is particular focussed upon,

M: Right, ...speculating now about how that affected, .. you know you have said that your own interest in gay and lesbian issues were addressed on your own, .. for somebody who didn't, coming out of your course, ... do you think the course would have prepared them well for working with lesbian and gay clients?

B: Uh No, ... I don't think so, ... .. I think maybe in terms of ... in terms of the issues that would be important, and um ... just speaking from my own year group, I mean I think that everybody was very much tuned into the important issues around um ... lesbians and gay men, ... or having the right approach, .. or the right attitude if you can call it that, ..

M: Uh hm, ...

B: Um, .. yes, .. so in terms of their own personal politics they would have been able to approach those issues, but whether they would have been aware of the variety of issues, No I don't think so, ... ..

M: Right, ... and to what degree would that be either to do with those people anyway, or the fact that there was an out gay man in the group? And how much is it to do with the course? Providing that environment?

B: I think just the people themselves, ... with a .. smattering of my influence,... so if you like, I mean there was another one of my peers who had a gay brother, ... so it was kind of a mixture of those two things, ...

M; So while ... while the group may have had good attitudes, or I don't know, ..

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B: Its hard to know what to call them, yeah, ..

*M: things coming from other areas of their lives as well,*

B: Yeah, ..

M: OK, .. Right, ...

B: I can imagine other people not having the first idea of where to begin,

M: Right, ... so I'm not sure then whether lesbian or gay issues were raised in your training? And if they were, how they were? I seem to know about how people might react, ..

B: If they were it was sort of indirectly, or because at times I pushed those issues, I mean I also had an interest within HIV and so, obviously those issues came up in terms of my research or my thesis, or whatever, .. those issues were raised or discussed, ... um but never as a component, ... I do remember one quite appalling lecture, I mean all of our sexual health lectures were just dreadful, I mean I have no idea why those people were doing it at all, ... um ... it was coming from a very pathological stance, ... and I remember in that lecture being so stunned, just so shocked by it, that I wasn't able to respond ...

M: Did anybody else?

B: Yeah, I think everyone else responded with disgust, and ... it was almost sort of [XXX], just to sort of register our disapproval, ...

M: Right, ..

B: Which was a very influential person who'd been involved in the course very early on, ... ..

M: And after that, how were lesbian and gay issues dealt with? The same way that it was generally coming from the trainees perspective?

B: I think after that people were a little bit more sensitive, ... ..

M: and who are you talking about? The course, or...

B: The course yeah, .....

M: Right, would it be hard then to say what the trainings attitude was towards lesbian and gay sexuality? It sounds like it changed.

B: ... .. I always felt that they whole attitude was a little bit underhand and uh, ... it was always just, things were never talked about openly, um ... and in terms of becoming more sensitive, I think that

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the course just tended to be a bit more careful about what it said rather than actually discuss something, ... underlying issues, ... you know what I mean, ... people then thought it was a bit of a hot topic, and maybe you just ...

M: be careful, ....

B: Be very careful and say the right thing than actually openly and honestly discuss some of the issues, ...

M: Right, ... Right, so, ... an underhand attitude, ...

B: Hmm,

M: Right, ...

B: Maybe that's not the best word to use,

M: It sort of describes what it was like? Have you gone on and done any further training?

B: Not really formal training, ... I then went into HIV work, and I think a lot of that was to make up for what I hadn't had, in terms of exploring particularly gay mens issues, [XXX], psychotherapy, ...

M: What was useful about that? And what was problematic about whatever you went through then?

B: What was problematic was that it was terrifying, to .. to be dealing with gay mens issues straight and full on, particularly in the context of HIV, and uh, ... just being very unequipped to do it, ... so I think what was problematic as well was ... well, my, the departments ... quite justified caution in terms of issues of identification for me with men that I was working with, and whether I'd be able to survive that, ... um also, Brighton, the geographical area is quite small and very concentrated and so there were concerns about the possible cross over of work and my personal life, or my personal life and my work, ... Which again was an issue that needed to be managed, so I think that my employers were very aware of those issues and I think initially um, were a little bit ... too careful, .. but I think, again I experienced problems around being pathologised, around raising issues um ... but at least then these issues were openly discussed, in peer supervision groups which the Adult department ran, um ... or within my own supervision, or within issues issues generally, to do with lesbians and gay men as I think they are seen as a bit of a flag waver, but then ... um, ...the lesbian psychologist joined and another gay psychologist joined the department and I think then they saw, that if anything, they waved their flags um.. more furiously and at a higher level than even I did, ... and could see that that wasn't necessarily something that was inherent in me [XXX] putting gay issues on the agenda, ..or ...

M: Until that point it sounds like both your training and then work ... are, ... you bore, ... you had to take a lot of initiative to get .. these issues addressed, both for others but also for yourself?

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B: Umm Hmm, ... Yeah, it was a great struggle for me as well , because I wasn't, ... here I was being told by these more experienced, um, therapists and people who were more senior in the sense that, in fact I was having, I had to look at myself quite carefully, and ask myself if in fact I was working through personal issues in a very public way, .... By putting things on the agenda, you know, ... could I have done it in a more reasonable way?

M: How do you feel about that?

B: Um, I feel pissed off about that at times, ... and I ... particularly, when, you know later on, a year, 18 months into the job the other psychologists arrived, .. and ...um ... were quote/unquote worse than me, um...

M: Who quoted that?

B: I quote that, just to kind of, ... in a sense in the way that they saw it, and they, you know, they firmly believe in shoving it down peoples throats, and why not? I don't think they were much more radical um, ... so, ... things changed a lot but I felt that, ... I felt that um, ... ultimately I felt rather pushed out of that particular focus, but that was fine, but I think I had to struggle and question myself much more than I really should have had to in the first place, ...

M: So they are some of the things that were problematic about it, ...has anything through that process turned out to be beneficial for you? Or useful?

B: Oh, yes, enormously, yeah, ... and I think uh, ... astronomical spurt in personal growth and being able to work through a huge number of issues myself, I mean, in one way, um, ... and in terms of understanding gay men, and to a lesser extent, but to some extent, lesbians, .... And their context in terms of psychology and the problems they are presenting to services, um, ... both in the context of HIV and in the context of sexual health more generally, which is generally where people are coming in, ... are accessing services, .. I mean yeah, in the four years, ... you know where I started and where I am now, is you know, two entirely different places, ...

M: OK, great, ... and finally before moving onto gay affirmative practice, was there a time with your practice where you didn't conceptualise it as gay affirmative?

B: Yeah, I think for the first couple of years I wasn't quite sure what it was that I was trying to practice, ...

*M: Right, so what was that practice like? That's distinct from what we'll talk about in a minute?*

*What did it used to be like when you weren't sure what it was?*



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B: I think I was just, ... I was trying to gain as much information as I could, or trying to gain as much con... perspective and context as I could, to understand what it was that particular individuals were experiencing as opposed to what a number of individuals were all experiencing, and ... not seeing things necessarily as inherently problematic for them, and I think the HIV work helped, because .... Most of the time you are getting perfectly OK people coming along for ...um ... services because they are living in extraordinary circumstances, and I think that kind of notion , that way of seeing their difficulties within an appropriate context if you like, sort of typical reactions to um, stressful situations rather than atypical reactions as we have been trained, you know ... unusual behaviours, um, ... unusual thinking, ....um because of something inherent in the individual, ... I think, ... you know the more kind of psycho-social context then, really helps to see other um ... gay related issues like that, and I think that just after a couple of years you begin to see particular patterns, particular problems ...

M: Right, ... and you could make that ... judgement or that assessment , with reference to the context more than you would have done originally?

B: Yeah, rather than focussing necessarily on an individual living somehow, ... something related to him, in terms of his background or his development, so its kind of like a whole switch in thinking, from as I said earlier the course is very traditional and didn't really include a lot of psycho-social issues

M: Right, ... so in that period, where you were still figuring this out, or in the early days, ... what your expectation have been, ... a client comes in as a gay man, or a lesbian, what would your expectation have been in working with him?

B: ... .. in what sense? ...

M: I'm trying to get a sense, before we go on and explore assumptions about working with gay men from a gay affirmative stance, what they might have been then, .... ..

B: I think before I really developed a more gay affirmative stance, I think I probably had a very individual context, where I would be looking for particular problems or particular issues in their development rather than looking more externally, to other factors , than trying to place them in context of their lives or in context of historical events, physical events, .... ..

M: And you mentioned just now that um, the training was so traditional , would that be where those expectations come from? Or would there be other areas, of expectations that you look at people as individuals, you look for their behaviour, ... would that have come from other areas as well?

B: ... yeah, I think that, you do, you know we are in society, you know society does tend to see people as problematic, you know as problematic individuals, rather than as looking at it um, .. wider social issues, I think also, ...

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M: When you say Society are you talking about the general Society? Or the BPS?

B: ...General society, ... having really got much clue about what the BPS think about many things, ... um, ... I think also as psychologists theres also a pressure to work very individually rather than to challenge systems, ...um to put the onus of responsibility to change on an individual, whereas working within the HIV services we did, just part of the time individual work , but a lot of work, working with the individuals working in the organisation, the clinic, the ward, and also wider contexts, wider consultation to, um, .. policy making bodies, working groups, ... so that had much more of a flavour of HIV as a kind of, existing in an um, ... social contexts, and a political context as well as just the individual, ..

M: Right, ... did you see both men and women during that period?

B: Uh, yeah,

M: And um ... would it be the case that generally you knew their sexual orientation or that would be an occasional thing?

B: Um, ... almost all the time I would know their sexual orientation, ... I always thought that was an important part, .. also I think because the sexual health/HIV work, that was kind of something you needed to get access to, ..

M: and ... did you work with people of diverse sexual orientations, or was it predominantly, ...

B: Predominantly gay men, gay and bisexual men, ... um, ... that's the nature of HIV in Brighton, ...

M: Which theoretical orientation was closest to your practice?

B: Dare I say none? [laughing] ...

M: I suppose you can

B: Um, .. um gosh, ... ... I think um that cognitive work, is, and in terms of schematic work is something that I was exploring then, and in terms of my supervision um ... how we worked was a lot more with the notion of psychodynamic work and process driven work, and actually done through supervision, and that in parody is very individualistic as well, and so even in supervision I thought it was important to introduce other notions to my straight, but woolly liberal supervisor, with his view of a fluid bisexual um ... sort of stance that everyone has different feelings um ... and that I didn't agree with necessarily, ..

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M: Right, and that's what you meant about coming up against people with that stance

B: Yeah, yeah, in psychology, ... and to me that's a cop out, um ... it is a ... he was a white heterosexual middle class man, as far as I was concerned um, who took some sort of vicarious pleasure out of stressing issues around the gay community, ... this as far as he was concerned was satisfying that part of him, meeting those, .. he had an unhealthy interest as far as I was concerned,

M: OK,

B: and I mean it reflected the debate that goes on, I suppose, the integrationists versus the isolationist perspectives, in the gay community,

M: Hmm

B: you know, the Virtually Normal, versus the sort of Outrage , and he was in the Virtually Normal, in terms that it didn't really matter who people saw, .. heterosexual, gay, .. .

M: Going back to you though, if you had to describe the qualities of your practice at the time, what qualities would characterise it? And again feel free to mention both positive and negative qualities.

B: ... .. um ... .. I think that the first thing, was offering, really offering people for the first time in that particular area a gay therapist, ... and whether that's necessarily a quality or just a fact I'm not sure, but .. um .. that seemed to be very important for people, the fact

M: So you would be out to your clients?

B: Mmm, ... well, .. I'd be quietly out in a sense because people I knew, in HIV people tended to assume that you're gay unless you prove otherwise, ... um and then it became known that there was a gay therapist in town, and so in a sense there were other pressures to not advertise that so widely just for sheer numbers ...

M: Mmm.

B: and how they accessed the service, ...

M: OK, but I suppose in terms of the qualities ... I'd like to tease out, ... are you saying that it was a quality that you were gay, ... to provide a therapy regardless of whether the clients knew or did it also become a quality that they were aware that their therapist was gay?

B: I think that they were aware and I was prepared to discuss that with them, or to include that in some way.

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M: Right, ...

B: That was dangerous, ... in a sense because then you had to be very aware of it, there were a lot of assumptions that were then made about what you did know about their lives, um... or their own experiences, and that what you experienced was almost identical, but nevertheless it did mean that it was something that could be opened up, both by myself or by them,

*M: Right,*

B: and I think there was just a .... I think for most people there was just more of a sense of confidence that they wouldn't have to, either they wouldn't have to explain things over and over again, or that there was a number of different things that just wouldn't be problematised, you know in a sense, like ... um ... non exclusive relationships, ... like ... particularly around sexual activity, but also just an understanding that you knew what they were talking about, ... um ...

M: Any qualities of your practice at the time that ... more negative, I mean negatives a bit strong, but you know, either were negative or that you've changed deliberately or ... ..

B: ... I think that I would have, ... I would talk much less about myself now, than I would then, um ... but maybe because I'm a little bit more confident and not having to validate myself ... I'm already quite secure, ... .. yeah well, apart from the more obvious things like I'm a bit of a better therapist just because of the practice,

M: Right, ... OK .. and problematic areas about that time seem to be obviously being a novice and being less confident, two, there may, .. there were issues needing management about how you .. manage the boundaries in such a small community, hmm, ... and you said something about ... I don't know if I'm putting too strong a label on this, but earlier you were suggesting that um, ... but seeing people in so much of an individual context, and seeing their problems attached to that, would that be fair to say that that was one of the problematic

B: Hmm, .. yes, partly where I was coming from and also in terms of my training,

M: Yeah, ..

B: You know, just a realisation that people experienced difficulties... not necessarily because of there was anything wrong with them, ...

M: Right, ... OK, at that time, ... how would issues of sexuality have come in? Can you just clarify that? Would it be you raising them? The client raising them? Or was it because of the context?

B: Because of the context, I think and also inevitably because of the contract at the beginning of the work , that there were a number of different things that needed to be raised, um .. particularly because

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of where I was living um ... I would explain, .. I wouldn't necessarily explain that I was gay, out and out, but I would say, it is possible that you may see me around in different locations, how do you want to deal with that? ... um, because if you disclose your status by default just as you become known as ... he works at the clinic, or whatever, so people either knew beforehand and there was a choice of different people they could see, ... but if they requested to see a gay man, then ...

M: then in the actual therapy, how would sexual issues be addressed there? ... .. More predominantly by you? By the client? Or...

B: I think in terms of assessment there would, .. I would make sure I covered that part of their lives, if it wasn't already part of the presenting problem, but so frequently it was part of the presenting problem particularly in that context of work, although relationships, .. and , and .. I was also doing some sexual dysfunction work, ... and there it is obviously the main focus of the work...

*M: So in a sense the presenting problem, allowed you to discuss it, ..*

B: Yeah, I very rarely felt it was difficult to access it,

*M: Right,*

B: and if I did it was kind of interesting that I was finding it difficult, ..

M: Right, .. OK, if we can turn now more to your practice as a gay affirmative therapist, .. do you know what sparked this conceptualisation? When did you think, yes, this fits with how I work, ...

B: No, ... sorry, ... apart from what I was describing earlier just to, .. you know, a gradual realisation and accumulation of experience, ... and of seeing different people and realising there were so many common themes, particularly my interest in schema based work, cognitive based work, so many similar thinking patterns, ... um and particularly as a novice kind of, ... you know, on occasion ... saying things like, do you sometimes think this, ... and then they'd say Yeah, and I'd think OOOhhh, ... God, I hope, ... and then beginning to realise that people shared very common thoughts about themselves in similar contexts and then you actually, ... sitting down with somebody and ...almost kind of, in some ways, ...and you have to be very careful, but sometimes you just be almost invited to predict their development really from what they're ...um ... from what problems they are presenting to you and the way in which they're thinking could almost sort of ...[XXX] ...particular events or particular experiences ...

M: So something about whats been useful... .. you put it quite nicely earlier so its on the tape, but um, ... something about .... Finding ways to know the individual as well as knowing groups of individuals,

B: Hmm, .

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*M: and that that ... complements each other, and that's something that's there in your work now,*

B: Mm, hm, ...

*M: that when you think schematically or theoretically its still in context,*

B: Mmm,

M: and that's a big move from where you started off, ..

B: absolutely, yeah,

*M: thinking individually,*

B: Yeah,

M: OK, now in terms of your practice is this where you practice [Hospital setting / inner city]

B: This is where I practice

M: and the service is, is it an HIV service?

B: HIV/Mental Health ...

M: Um ... what would your assumptions be now, working as a gay affirmative therapist?... what assumptions would you have that would be distinct from ... any other sort of practice? ...

B: Assumptions that I would have?

M: Hmm ... .. maybe in relation to assessment, practice, therapeutic goals, therapeutic orientations, .... What makes you distinctive?

B: Well, I suppose what I'd like to say, I'd like to think that I would know what I was talking about, um ... or I'd have a certain amount of confidence in the, ... to say to people that um ... they could legitimately and securely talk to me about the various aspects of ... their day to day lives, ... that um ... they would find very difficult talking to other people about, and often don't, ... for example I had a chap yesterday who'd been seen by two counsellors, two women, I don't know whether they were straight or not, um... and also by a psychiatrist, ... and um, also a woman, and he'd had just felt that he could not talk to anyone else about other issues, ... issues other than his health or how he was feeling generally, or work and that there was a whole other side to his emotional life and sexual life that he just wasn't able to explore and also around his own identity, I think, ... part of what I do is virtually make that a request for people to talk to me about that, to try and ..

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M: How? How do you do that?

B: ... gosh, I don't know, ... um ... I think by listening to what it is that they're not telling me, and ... and highlighting that with them, saying there seems to be a whole aspect that you're not talking to me about, that you find difficult to talk about, what would help you ... in terms about it, ... what would you need to know about me? Um, ... and then they say, just because you're a man or because you're a gay man, or you're a positive gay man, or whatever, that would help, and then we , then I suppose I would try and discuss that with them, ... um and I have no problems in saying that I am a gay man, um ... [XXX] ...

M: Great,...

B: So I am fairly direct about it,

*M: Right, very upfront,*

B: Yeah ...

M: Is there anything that you would hope to achieve in gay affirmative therapy that might not be an achievement/goal ... if you weren't working in such a way?... ..

B: Well, I don't think there are any different outcomes of ... everybody would want to be working in a ... um ... I suppose ethical, professional and thorough and ... with good practice and I think that working with, ... particularly working with gay men um ... that that's ... one of [XXX] is gay affirmative therapy and that is comprehensive or ignore, or doesn't um .. pathologise ah, very important aspects of peoples lives,

*M: Right,*

B: So no, not in terms of outcome but I think, certainly in terms of theoretical perspective...

M: Right, ... so its not an expectation of them, its an expectation of providing, ... being clearer on what good ethical practice is, ..

B: Hmm,

M: Right, OK, in this setting do you work with both men and women?

B: Yeah,

M: gays, lesbian and straight, bisexual people?

B: I come across very few lesbians, or people I am aware are lesbian, I think that's probably because HIV work, um .... I come across ...um ...

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*M: Right hold that thought.. [changing the tape] ... there you go,*

**B: I come across less gay men than I used to um just because of the patterns of HIV in this particular area where ...um... we get a lot of sub-saharan africans ...um ... so we are quite associated with the Hemophilia unit at the Hospital, so ... but certainly a good proportion of ... are gay men ...**

*M: You already said that you are accredited by the BPS, Yes,*

**B: Yes,**

**M: Um .. originally when I asked you about therapeutic orientation you asked if you could say none, what about now? Are you aligned with a therapeutic orientation?**

**B: [Laughing] ... I sometimes tend to practice a lot more cognitively than I ... than I care to admit, and I ... I'd like to think I'm a little more process sort of [XXX] ... but I think in my supervision I tend to understand whats going on in terms of context, or my work in more of a [XXX] tighter supervision, but in fact, I think in HIV work we try to be very pragmatic ,**

**M: Right, ... so in what way do you think an eclectic or a cognitive orientation, .. does either of those assist or hinder you being a gay affirmative therapist? ... ..**

**B: Certainly I think a strict analytical approach is ...[XXX] gay affirmative practices,**

**M: I'm sorry are what?**

**B: Are the opposite of gay affirmative practice, .. at times, some... some of the reports that you read from the dynamic psychotherapists um ... I read one recently where this guy was fairly ambivalent about his sexuality because of his mother, ... and I can't remember what her formulation was , but it was something, he was passive sexually because he was frightened of being devoured this transference mother figure, .. and I really didn't have a clue what she was talking about, um.. and that to me felt, especially in the context of this guy following a lack of understanding of context of gay relationships or himself in the context of being gay ... um, tying it in with some sort of devouring mother figure really wasn't 100% convinced about it, so yes, those types of approaches can be very ... problematic and uh, ... I , in a way over the discussion that's going on around psychoanalysis and ... trying to use like feminist theories to understand gay experience and gay development, ... and I'm not convinced by the arguments although I am interested in what's going on, ... and I think um ... most of, ... a lot of other approaches, can certainly be used in a, in a sort of very tailored way to to... assist gay affirmative work, ... its only when you understand it, ... I mean, I think in gay affirmative work we come in terms of say, difficult uh ... thinking patterns ...um you know, and how that can inform us in terms of challenging, you know looking for evidence, and challenging the way that we work cognitively um ... I think it can be used very effectively, ... but not necessarily coming from a stand point where you have got something wrong, you've got some thinking wrong and that's your**



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fault, you've got some, there is some thinking that's difficult, that isn't necessarily true, or isn't necessarily realistic, because of these other events, because of these experiences you've had, the way that you collect information or process the information, ..

M: and when you talk about tailoring it, it sounds like theres a responsibility on the therapist to be ...

B: Absolutely, ..

*M: Knowledgeable, ... about some of these things,*

B: Yes,

M: ... again I'm pushing this a little bit further than you have taken it, ... are you then, would you agree or disagree or have another opinion, on, that, in a sense some of these other approaches, eclectic or cognitive approach aren't inherently anti-gay or anything, its up to the therapist to use it appropriately? Or are there problems inherent in that model?

B: I think there are problems inherent in any model that you just apply without um ... thinking about other factors, factors outside the person, um... and ... no not necessarily in theory, ... theres an ... I think any model that is used exclusively and without making reference to other factors is always problematic, ...

*M: Right, ..again about context,*

B: Yes, in terms of being a very individualised perspective ...

M: OK, ... anything you want to say about humanistic or systemic or other approaches? ... ..  
...

B: Um, .. I don't particularly work in a systemic way, there are members of the team who use um, systemic work and try to apply it to HIV but they do tend to apply more traditional set ups, with traditional couples and ... families, ... so no not in particular, ...

*M: Right,*

B: I don't think there are any particular problems in any of those models, ...

M: Right so again if any of those were problematic it would be because it wasn't being applied to the context of the client?

B: I think so, ... Yeah, ... like I was saying, systemic work if it was done in a family type approach, and only looking at traditional family rather than ..

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*M: the real family,*

B: the family of choice, yeah, ...I suppose,

M: Great OK, thanks, ... so you've moved on now, you can conceptualise your work as gay affirmative, what is it that's particularly distinctive? Is it anything other than what you've already talked about? .... ... that makes it particularly useful? or distinct from your work earlier? Or have we covered it all? ... ..

B: I think we've covered it, I think, I mean, I found this interview actually quite difficult to actually try and put into words what it is, I think I am trying to do, or where I'm coming from, and I think it is just bringing other perspectives, or normalising peoples experiences, if you can call it that.

*M: A ha,*

B: Its very, ... I think... I think its very difficult because the words we use and the way that we are thinking, and are trained in , ... also reveals, .. you know in terms of 'not normal' or 'not pathologising' or 'psycho-social context', ... it all feels very clinical and theoretical

*M: Hmm,*

B: Rather than just understanding peoples experiences so .. trying to, within the context of psychology, trying to explain gay affirmative work is quite hard, ..

*M: OK, so ... you've made a distinction between in the context of psychology and in your work,*

B: Hmm

M: You explained that you've been out both in terms of training and in your work as a practitioner

B: Hmm

M: ... how important is that to being a gay affirmative therapist? Can you be a gay affirmative therapist if you're not out? Can you be a gay affirmative therapist if you're not gay? ...

B: Wow, .. [laughing] ... um... ... .. that, I mean I would answer that question depending on how I'm feeling really, and about how I don't know, how militant or how upset about something I might be, um ... I think it is possible to be a gay affirmative therapist without being gay, ... um but for some reason I don't think its possible to be a gay affirmative therapist if you're gay and not out, ... I think that's probably more of a , you know, coming more from personal experience, ... I can't see how you can be a gay affirmative therapist, if you are also gay and not out. Or not willing to be out if its appropriate, ..

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M: Right, OK, ... ..

B: You know I think also, not everybody coming for services is particularly out or together about their sexuality and that can be very intimidating, ... um and they may chose not to see somebody who is themselves gay, ... um for whatever reasons, um, .... But would still want to see somebody that was, who wouldn't necessarily feel that they would have to explain ...

*M: OK, .. so in a sense, the point you made about being knowledgeable about the clients world, that is possible if you are not gay?*

B: I think so yes,

*M: OK thanks,*

B: Yes, its not that difficult really, ...

M: Right, .. um .. ... .. what are the benefits for gay men, receiving gay affirmative therapy? Or the dangers if they don't receive it?...

B: I certainly, .. certainly from my experience there are a lot of dangers of not receiving having a gay affirmative approach, um ... theres certainly some of the men I have seen who have been through, either as teenagers or as adults, experiences where they have just not been able to talk about, or not felt able to talk about the actual difficulties, the root of their problems, whether that's in terms of sexual functioning, in terms of relationships um ... or where they have , they've censored it a great deal ...

M: and whats problematic about that?

B: Whats problematic about that is that it just ignores it, a whole area of their lives is, .. neglects a whole area of their lives which may in fact where a lot of problems, a lot of difficulties lie, .... Um and so in the end they just sort of end up doing it, if the therapist wants them to do it, or they perceive it that way, ... [XXX] ... um, you know, they never actually explore whats going on in the rest of their lives, ...

M: Fine, ... and whats bad about that?

B: ... .. well, whats bad about that, ..

*M: I have ideas, but I need you to day them,*

B: Yes, ... whats bad about that is its not an open and honest exchange and its not, the therapist is basically not seeing whats going on and uh, .. they're not able to fully ... um ... explore the range of experiences and ... just gets neglected, ... I think the answers are obvious,... um, and the other

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extreme where I can think of one particular chap who at 14 was sent to see an educational psychologist, and he saw this educational psychologist on and off for three years, um ... and never was able to discuss the root cause of some of his difficulties at school which was about bullying because he was gay, ... because his educational psychologist, as he saw it, was linked to the school and would then tell his parents and he would be out, ..

*M: in more ways than one,*

B: Mmm ... outed yeah... and that was really what was at the root of his problems and that I think happens quite often, ...and does a lot of harm, ... Not all people, .. I mean that's more just kind of um, ... neglect, where people have actually had ... a chap who I'm seeing at the moment, where he's experienced aversion therapy, when he was about 18, and so ... .... Enormously damaging, ...

*M: In what way?*

B: Um, ... within his own context, in a sense that there are a number of very individual factors about his situation, about his development as a child where um, .. it absolutely reinforced for him his lack of worth, lack of identity, ..

*M: So its not just that its neglectful or if doesn't provide, it actually*

B: It can actually damage, enormously,.. yes, and you can, ... damage by ... by ... you know, next week I have a chap who was seen by ... has been seen by a couple of people and is, you know, desperately in need of some help, um ... but is so, .. is very fearful of coming, as his previous experiences have been in one way a very prescriptive approach and he couldn't talk about some of his experiences, and one of those experiences was where he was 18, at 18 he had a boyfriend and the boyfriend drowned and no one knew ...

**[Tape changes]**

*M: I mean, reinforcement of distressing, .. I mean its not only not helping it, its actually reinforcing*

B: Yeah, and that was a very, I'm sure she was a very good counsellor, ... but and when he did actually pluck up the courage to ask her whether she was gay or had anything to with gay men, she then spent the rest of the session exploring that, why that was important for him, but not in a way that he felt was um, ... enabling or empowering or open, he felt that it was, ... I mean whether this was just his perspective or not, I'm not sure, but he felt he was being criticised for having asked that question, or that it was a problem that he'd asked that question, ... and so he subsequently, the planned sessions for the rest of that contract, um ... he felt he just wasn't able to keep them, he just felt too upset about it, um ... pathologised for having asked that question, ... quite cruel really,

*M: OK, we're coming to the end now of things that I want to ask, but is there anything else that I've*

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*not asked about that you think is important about your experience of gay affirmative therapy?*

B: Um, .. I don't know, we sort of covered some of the issues around managing your own personal experience, I think that those are very difficult issues, and um, I think certainly there's a need for good supervision and training um ... and that's both for people who wouldn't necessarily identify themselves as gay or lesbian or bisexual or whatever, um ... and that's ... the training does involve discussion of gay culture, understanding of history and understanding of social context, ... um not just a kind of gay men are repressed you know, and isn't it awful for them, um ... and then within that being able to discuss the various mental health needs which are different with somebody, ... in many ways than with other groups, ... and more kind of, are being able to, more kind of openly to, be able to discuss that rather than the kind of prevailing attitude that, I think is also around amongst gay men, where as if you are not quite a full shilling in some ways then that's indicative of why you are gay, ... you know, that's problematic,

*M: Whats a full shilling?*

B: Not all there, you know that very, kind of mainstream view that you've got to be totally together, totally out and totally sorted for fear that there's, that you're not and that's why you're gay,

*M: Right, ...*

B: I don't know if you've come across them,

*M: Yeah, .. that if you weren't mad, or whatever the word you choose, then you wouldn't be gay,*

B: Hmm, ... and I think also for gay therapists themselves, I think there needs to be, I think good supervision is very important, I think there are a lot of problems ... we live in ... as I said before there seems to be common experiences, Hmm, ... you know, you've gone over that ground again and again and again, ... sometimes that can be hard for you, [XXX]...

*M: That's sort of takes us onto another dimension of this that ... actually getting good supervision, um, ... [XXX] ... yeah, that's a whole different..*

B: A whole different ball game,

*M: It is isn't it, ... OK how has it felt to take part in the interview?*

B: Uh, ... I found it very hard, um .. I think probably because I never really discussed my work with anyone else in this sett... in this context, ... or really tried to explain just what I do, ...

*M: When you say hard, ... upsetting type hard or ...*

B: Oh, No, ...no, ...not upsetting hard, difficult to put into words hard, ...

*M: Right, ...*

**B: and also I**

*M: Is that anything to do with the interview? Did you find the interview too unstructured? Or unclear? Or is it because you've not done it before?*

**B: Oh, I'm not sure, ... no, I don't think there's been anything that unclear, .. I didn't expect to be talking about my training so much, and I tend to leave all that behind, ... no I think the interview is fine, I think it's just that I ... you know, when it comes down to conceptualising what you do, and why you do what you do, I think that's probably true of for most people,**

*M: Yes,*

**B: certainly , trying to describe what gay affirmative therapy is, .. and also I think it's a very personal experience, it's something you kind of, you just sort of know, ...what it is that you're doing, ...then, and sometimes there's a shared, ... that shared experience with the person that you're seeing, which is why, I think good supervision is very important to make sure that that doesn't become an assumption or ... become very blurred, or you will need to be met,..**

**M: OK, ... that's it...**

T2: Dean-s

Only the salient parts of this interview are transcribed directly. Indicators used include: ...=silence in the interview, [...] = conversation that was not transcribed.

M: [Description of the interview] and part of the interview is about any practice before you conceptualised it, as Gay affirmative, [...]

D: I'm not sure that's possible, ... .. if you think about therapy in its widest sense, I came out ... when I was 20, but I guess I'd known about being gay since I was about 14, ... I suppose I didn't have any ideas or thoughts or desires to have any kind of therapy, before I came out so I have got no experience of being a therapist or having any kind of therapy or counselling without myself being a gay man, knowing myself.

M: The implication is what? That as a gay man you would naturally provide Gay affirmative therapy?

D: Mmm, or personal affirmative therapy of which being gay is a part, I have straight clients as well, ... [...] I suppose I've seen, when I was involved in the Catholic Church early on, [...] confession is the nearest [...] I came to counselling [...] in that situation [...] ... I knew [...] not to mention it.... ..

M: Can you give me some general ideas about at which point you came to train and why?

D: Lots of things [...] ... ever since I started to read, ... my father worked as a designer of satellites, a Chartered Engineer [...] so science fiction has always been around [...] and that has always led me on to the belief that things could change and be different [...] I got involved in visiting old people on a [...] project at school, that led me on to [...] doing Nightline, in fact the first year, I was asked to do it, [...] I went on various training courses, and so I suppose experience of counselling in the widest sense was at college, came to that through that belief about things being different and changing, ... making the best of things, and coupled with my own change.

M: What then drew you to therapy?

D: part of it's away and part of it's towards. I moved away from the science bit because it's more sterile, they created for themselves this mechanical universe, where there wasn't any place for human feelings, or and what drew me towards the counselling side of things was the involvement with Nightline, and seeing how you can have an affect not only on myself, but a positive effect on other people as well. Then in fact my partner, when we got together, he got to a stage when we needed some therapy, and I was working [...] and a colleague there introduced me to this NLP therapist, my

partner went for therapy there, and I went at the early stages as well, seeing how that particular school of therapy was very codified and gave practical, concrete skills and experiences and how to change things [...] Metaphors for people break down very quickly but there are still some useful things there about debugging the software that people use. [...] the fact that I was different, [...] there was ways of understanding the structure of how I understand the world

**M:** How do you mean you were different?

**D:** Being gay... and also I've always been tall, so I've always stood out, [...] so you have to have other strategies and being violent was never me [...]

**M:** [...]

**D:** In a sense change is here, change happens, [...] so there are two things, you can either go with it and make the most of it, massage it, make the most of it, and make it positive or you can hold still and get broken by it.

*M: About your training,*

**D:** I've done two major one's, which is the practitioner and the Master practitioner,

**M:** Both within [...] NLP

**D:** Yes, ...

**M:** Where does that training happen?

**D:** The problem with NLP at the moment is that is [...] peripatetic, it moves around in the sense that they are still trying to get buildings together, so it actually took place in the Hospital, just down the road here,

**M:** How long were those two trainings?

**D:** Two periods of 6 months, one in 1991 and one in 1995. And there were 5 blocks of full time ... one week modules

**M:** [...] what did you know about what it would offer therapists and gay and lesbian clients?

**D:** I didn't make the distinction [...] any therapy is only as good as the person who is [...] providing it, [...] so if you are a good mechanic it doesn't matter if you have a Rolls Royce or a mini, you can do the best for those two vehicles and it's the same with therapy, the thing that drew me to NLP was not so much whether it was going to be gay friendly or not, because I knew it was and I knew it wasn't, because its in the hands of the people who are actually using it, through experience [...] and seeing



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people work in training with NLP and my own therapy, [...] its title is the study of the structure of subjective experience, so all the information that I need comes from my client [...] and NLP is about matching [...] eliciting the information from them, finding out what they want, and then making the necessary changes so they can achieve what they want,

**M:** I'm not sure whether you had no expectations about how the training would be or whether you expected that it wouldn't be an issue?

**D:** Oh, I expected it would be an issue because I guess its gonna be an issue everywhere I go, being gay, [...] I went to a conference [...] to find out who best to train with and the first thing was I wanted a health basis as I worked in the NHS [...] I saw a number of trainers who, three things really, there are either flag wavers, isn't NLP wonderful, [...], they didn't talk about crystals but they could have done, its not mumbo jumbo, but it's the straight equivalent of the 'and now the wonderful assistant [...] who is dressed in not very much to divert your attention while the magician is doing something else [...], and there were other people there who were into business and selling and it wasn't about the end product, it was about money and they would do anything, I suspect, to remove people from their cash, and the third one, which I found was about health development and growth, so that people would be more able to live more effectively,

**M:** [...]

**D:** These are the people who, in the early 80's, [...] were the NLP training scheme [..... ... ...]

**M:** So how did you think being gay was going to be an issue? [...]

**D:** In the practitioner course, a week we did ran over Valentines day, and my partner, as he does every year sent me some flowers, and ... the people there didn't know how to deal with it, here was a man in their course, who having been sent flowers by another guy, and he wasn't embarrassed about it, and he wasn't apologising about it, and a lot of them either ignored it, and in NLP that's a [...] "I can't cope with something, I 'm not even going to pretend its there", others were interested but didn't understand. If there was anybody hostile then they didn't talk to me or I didn't pick it up, but clearly they were uncomfortable

**M:** and how did the trainer deal with sexuality issues?

**D:** He was fine, he was great, he even asked to have the flowers here, 'so we can enjoy them'.

**M:** [...]

**D:** However, [...] there was a guy [...] who developed a process called time line therapy, [... ... ...] one of the things he said about AIDS was that maybe [...] in order to cure yourself of AIDS,

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you've got to stop being gay, because he saw being gay as being a purely physical activity, [...] I said what did he mean by that? And they didn't know as they hadn't challenged him on that.

M: [...]

D: [... ...] and I said 'as a gay man' [...] and I could see people being uncomfortable with that, and he wasn't very comfortable with that either, and he moved on to something else, so yeah, NLP just is, its just a process, it's the way its handled that's important

M: Did you know about your trainers sexuality?

D: He talked about his girlfriend and his marriage, ... one presumes from that, but I wouldn't presume, I haven't ever asked if he's had a gay affair ... he didn't choose to divulge or share any gay sensibility in that sense

M: Did that affect the training in any way?

D: ... ... yes it must have [...]

M: [...]

D: I think sexuality is neutral again, its more [...] whether [...] its about being secure in your sexuality, [... ... ..] but he did say once, he did ask a gay guy to dance on one event which caused a great deal of problems for people to see their trainer ... having that contact, private contact, with somebody in that kind of setting, wasn't something they were, because the other people had put their trainer in a particular kind of box, and he wasn't behaving in that way and they had problems with it.

M: [... ... ..] and all your trainers were accredited by

D: The Association for NLP

*M: Is that a UKCP,*

D: It is part of it, I'm going through that process to get UKCP registered [...]

M: Was it exclusively to that model you studied? Or were you also exposed

D: I went to a Jungian therapist for 5 sessions and if I'd wanted to massage my therapists ego, trail along on her coat tails, I would still be going along there, but she would keep dragging me back to her way of thinking, so I stopped

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**M:** [...] Can you describe your trainers qualities?

**D:** ...friendly, open, ...[...] secure,

[... ... Dean went on to describe in some detail an exercise that had been done regarding love and sex, he brought 'Raunch' into the debate, and felt it was different to the 'safe' view of the other participants... .. ]

so the criteria of being in balance is actually, the friendliness, the security, I suppose also the ability to want to go out on a bit of an edge, ... so to want to take risks, ...

*M: How were those qualities put across?*

**D:** [...] In the content of the course, although I think most people who have been going through NLP in the last [...] have been white middle class, heterosexual, people and there's been no talk in the Newsletters, [...] the sex has always been there but its always been underground, theres a few exercises [... .. ]

*M: So what did you mean when you said the course content?*

**D:** the course content I suppose, because its about health and its about, content leaks into things like death, it goes onto [...] but the area it never goes into, unless somebody else mentions it, and then only as far as [...] is sexuality, I think because most of the people have been white, middle class and heterosexual, I think there are huge assumptions going on there, and its not until I stand up and say 'I'm a gay man' or 'Being gay is a part of who I am and quite frankly what you've been talking about is crap' [...] 'Why have you suddenly abandoned all your NLP presuppositions and allowed your bigotry to take over?' [...]

*M: Some of these qualities are in course content, [...] some of the areas they didn't touch*

**D:** Yes, I think that's because of the assumptions they made about the people who were coming on to the course,

*M: So what was most beneficial about the training?*

**D:** I think the structure, ... [...] the idea of taking all the emotions, the learning and the beliefs, the way I live my life, actually understanding why I've come to where I am, and how I can dump the negative crap from the past, understand how I have dumped [...] without even realising it and plan for the future. So a lot of therapists I have spoken to, counsellors, on the training [...] they fall short of saying here are the techniques you can learn and build upon, that'll actually build upon, or help you reconstruct, or help you understand what's going on , or help you to help your client understand what's going on

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*M: [...]*

**D:** That's the core [...] thing I like about NLP its that ...

*M: Did [your trainers sexual orientation] have any impact on whether your training was useful or not?*

**D:** I suspect it would, if he was a gay man [...] that would have made it almost perfect, but there are crappy gay trainers out there, I am quite sure,

*M: [...] practice before being gay affirmative, you mentioned before,*

**D:** Yes, its always been there [...] half of me [...] in the Catholic Church in confession and clearly that wasn't gay affirmative, and [...] so I hid it, so that's the only experience and so I suppose is why, what I learned from that is its not healthy to hide it

*M: [...] and in your practice as a therapist you've always been gay affirmative?*

**D:** Oh yeah,

*M: Do you see men and women?*

**D:** Yeah,

*M: Gay, straight, lesbians, bisexual?*

**D:** I've never seen a lesbian client, but all the others yeah, ...

*M: What explains that?*

**D:** It's a case of whether my name or advertising has really reached out to people, [...] some lesbians may prefer to go to women only [...] its not an audience I've actually targeted, ... maybe I should do, ...

*M: You've talked a lot about NLP already, are you a text book practitioner? Or have you developed it your own way? [...]*

**D:** No, ... I cannot do it, I've got some NLP books here that I dip into occasionally, but I find that the best way is to practice um ... I'm just about to start a series of [...] looking at aspects of NLP [...] its by actually doing the stuff, by actually experiencing it I learn the best and the books are just there to [...] re-experience the exercises the things that we did then [...]

*M: So there's a high experiential content*

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D: [...] Oh yeah, ... it doesn't say that you have to be in therapy to go on the course, I do have great problems with Metanoia and a few others who say you have to be in therapy once a week for a small course, because I would guess that you get people turning up to their therapist saying 'well here I am', chatting for an hour and then going away again [...] the course now developing for September for NLP psychotherapy because it costs

*M: As distinct from the training you went on?*

D: Well, No, its really taking the therapeutic, the therapy part, taking to the UKCP, the BAC and pulled them all together so its focussing purely on work as a psychotherapist, whereas the course that I went on was much more generically,[...] supervising the same work, so we weren't expected to have clients on the course that I went on, but you will be expected to do client work and work within the field of therapy and counselling outside of NLP in this new course that starting up.

*M; So you didn't have to have clients for the course you went on?*

D: Yeah, [...] because its so new, people come on these courses from various backgrounds , about half were like me wanting to be counsellors or psychotherapists [...]

*M: and so where do you get supervision from?*

D: My supervisor is a non NLP therapist who I've known for some time and is a gay man, and we spoke about the fact that he wasn't, and he is learning NLP, but the fun thing is, and the tortuous thing for me [...] is him saying 'What's the benefit?', 'Why do you do this? Why do you do that?' so I have to go back to basics and explain to him

[... ... Dean then described in depth an exercise regarding the thinking behind interventions... ... ]

*M: If we can target more explicitly on your practice as a gay affirmative therapist. You are currently working in a private practice setting?*

D: Yeah

*M: You've worked in other settings?*

D: Yes, but not as a therapist

[... Long description of previous jobs and new possibilities in the NHS ...]

*M: [...] so when you are practicing as a gay affirmative therapist, what makes that different from another NLP therapist or another kind of therapist?*

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D: If a client needs to talk about issues about [...] sexual practices, about having sex in cottages or public places or back room bars [...] then my view is I have some experience of some of those things but it's a question of where that fits in with that person, um ... the person will know that I have some experience, or some background to that

*M: How will they know that?*

D: I will tell them, or they will come to me through adverts in Gay Times or whatever, ...

*M: [...]*

D: [...] a straight female friend of mine asked me was I going to change the photo thing we've got in the bathroom, [...] she said some clients might not like it, and I said that's an issue to be dealt with isn't it, but it needs to be somewhere that its an OK thing to talk about, an issue to be discussed, and clients also will hedge around the issue, [...] clients don't always know what they want, they sometimes have to be lead, and the skill is leading just enough, they are sometimes when I will say to clients, [...] what are you pissing around at? Are we talking here about sex? Are we talking about politics?

*M: And you will be the one to initiate?*

D: If necessary, yeah, [...] if you are saying you were raped, then what actually happened? Are we talking penetration? Or not? Are we talking abuse or not? Its about relieving them of the anxiety, the guilt, the pain or whatever, ...

*M: [...]*

D: Actually I think it's a part of therapeutic work, and really [...] the therapists sexuality shouldn't be an issue really, but there [... ...story about a course he ran ... .. ] if they are good therapists it shouldn't matter? Even if someone was to come to you and say they've murdered four people, [...] you have ways and structures for dealing with that, [... .. ] Ideally it shouldn't matter, [... story about a course his supervisor ran ... .. ]

*M: [...] in some ways I'm hearing this as in some ways, Gay affirmative practice is nothing more than good practice*

D: Should be yeah, absolutely, ...

*M: So in relation to assessment, therapeutic goals, [...]*

D: Its about health, and if your idea of healthy is you want to vote conservative, and get married, and not have sex before you get married and find the right woman [...] well, we'll look at that and see

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what it actually means, and if you're idea of being healthy is to screw around in leather bars of Berlin and America, and that's your way of getting off, then we'll look at that as well, ...

*M: Where did that understanding come from?*

**D:** [...] I don't think there was any Road to Damascus change, I couldn't look down my time line, my past and say, that's when it happened. But I think it was almost like a rolling snowball [...] I was in a family of five children, I was number 4, a lot of pressures that were on my brothers and sisters weren't actually on me [... ... Story's about his childhood and his family... ...] There are still boundaries, if you sit there and after the session you tell me you killed three people, then my response is I will have to call the police about it, if you tell me that you are now going to go off and commit suicide, then I'll say the same thing, so there clearly are boundaries [... ... ], also being given the message that gay men are perverts, I couldn't see it, I couldn't find the evidence for it, especially within me, and I think being tall people tend to put me in the position of being leader, [... ...] and I'm a gay man, [...] one of the most useful parts I think I saw was 'The naked civil servant' and whatever I think, and you think or whatever about Quentin Crisp and the things he did, and the man was a performer, he still was one person who said I have value and I'm going to be who I am no matter what, and that was a good lesson to learn, ...so I can't say [... ...]

*M: [...] something there about not being able to pathologise [...]*

**D:** No I couldn't see it, It was negative, it was harmful and it wasn't me ... I couldn't see the evidence,

*M: Can we go back to issues around sexuality, [...] how do clients raise it if you don't?*

**D:** Oh, well a client phoned me up the other week, a gay man wanted to come, [... ...] and two months later he has come back and wanted to talk about his own internalised homophobia, and his own cottaging experiences and how he feels about those, and other people have spoken about it in that they believe they were raped, ... and there its quite clear, and two of my heterosexual clients have had problems in their sex lives with their wives, their partners, largely because one of them wasn't giving out any information at all [...] and the other guy was behaving like an 18 year old, and my question to him was who wants to have sex with a kid? Who wants to have a mature sexual relationship with a child?

*M: [...] something about being very upfront about it?*

**D:** Clarity [...] is this a problem? A number of times I've gone down a road on an issue and suddenly I've thought, hang on a minute, and come back and said, is this, whatever this is, actually an issue? Is it actually an issue? Is it a problem, because you know, we've worked on it for the last 20 minutes and

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I've suddenly got lost, you know what is the problem actually? Sometimes it is and sometimes it isn't or sometimes it is, [...]

*M: [...]*

D: [...] sometimes its useful to identify fairly explicitly those different parts, [...] parts re-integration is one of the standard NLP [...] technique [...] I've had young and old, I've had inexperienced and not experienced parts of you, fear, parts that are old and parts that are young, I've never yet had a gay, non gay part in any of my clients, I've never yet had someone say the gay part of me, I actually don't like and don't want, I want to get rid [...] 9 times out of 10 I've found sexuality isn't the actual issue, its about self confidence, self esteem, [...] once you resolve those then the hold thing [XXX]

*M: So if you were to speak as one of your clients, what is most useful about your practice?*

D: [...] resolution I hope, ... they come here and they feel negative somewhere and they go away with a more positive .... [...] I guess its useful to actually be able to dump and say I think I got a lot off my chest I wanted to say, [...] now I've been able to speak about it, but the extra bit is actually to go back, so that when they go back they're still not being raped, so they can understand what happened, they can stop blaming themselves, I can give them structure so they can understand, so they can identify what they need to learn in that event, they can rerun that event with that new learning, get rid of whatever the negative is, the guilt, the pain whatever, so that when they remember it, it isn't leading them, they've moved from, in effect from being raped to [...] so they can be in control, so their past events aren't controlling their present and their future lives,

*M: [...]*

D: and something they can actually use in the future, so I hate the idea of going to therapy once a week for 19, 20 years or whatever, not enough depends on the ... so if you come along, you were raped its still hanging over you, if you can walk out of this room and it is no longer hanging over you, you understand it, that you are in control of it, so the next time somebody actually comes along [...] whereby rape may happen, you're in a position to get yourself out of that position safely, ... ..

*M: What is in you, as opposed to NLP, that would make your clients note that resolution is one of the things that happens?*

D: I suppose its my beliefs that I want to sort it out, I don't see my clients coming to me, for tea and comfort, my belief is that there is a better way for them to live, for them to be, and that's what I want to help achieve, ... ..

*M: [...] a polarity between being client centred and clients needing to be lead?*



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D: How is that not being client centred? ... a person comes to you, a person comes to the mechanic again with a car and you know that you've got to change those brake pads and you know that they can't afford it, and so you tell them you've got to spend £200 changing the break pads or the car is not leaving the garage, now if I have a client who comes and I know clearly that their not, for whatever reason, resolving an issue, [...] and I will ask them what their belief is about what the resolution of that problem is going to do for them, ...

M: [...]

D: [...] if I get lost, I'll say look [XXX] here, [...] but if people continually avoid a question or an area then I'll go back and say [...] 'what are you trying to achieve here?' [...] if it's not a problem for you then lets forget about it and move on, if they are then lets get on with it now, ... [...]

M: [...]

D: and in doing that [...] I see more important issues coming out, because you travel down a line and the distraction isn't there, [...]

M: [...] *What do you think your clients would say about the place of your own sexuality in their therapy?*

D: Through clients that phone me up through [...] I talk about my 'husband' whenever it is appropriate to [...] neither of them have reacted particularly, I mean they keep coming back, that's one evidence criteria if nothing else, the gay clients, some of them have actually said that they prefer to speak to someone who is gay so they can talk about cottaging and fisting and all the other sexual activities, and about the mental anguish about being in the closet and having one life at work and one life at home, so its not just the physical sex they find it easier to talk about, but also the other background experience, being able to talk about um, [XXX], they don't have to talk about what its like to be in the closet, other than their own experiences, [...] and unsafe sex especially, in fact one client did say that he wasn't sure about me being gay was a positive or negative thing about this issue, and I said what issue, he said unsafe sex, and because he felt he might get more negative feeling from a gay man when he admitted having unsafe sex [...] so it can work the other way

M: [...] *{and what about gender?}*

D: I don't know, the only woman who I've got, who is an Afro-Caribbean women, is a friend actually, someone I've known for a number of years, and the only issue we had was how would our therapeutic relationship affect our friendship and we talked through that and organised some boundaries and we're working quite well, [...] I haven't actually met a client [... ... story about a therapist meeting a client in a backroom... ...] I haven't had that experience yet, but it'll happen at some stage, I meet people working in the NHS, there's a couple of people who I ... contracted services with who I also

met in a backroom, ... [...] my expectation is that clients would recognise me rather than the other way around, [...] what I say to clients is that if we meet socially its entirely up to you, I won't ignore you but I won't actually say anything unless you do first, because only you will know if it is appropriate for people to know that you know me, ...

*M: Are there any draw backs to practice as a gay affirmative therapist and being gay yourself?*

D: ... .. I suppose [...] ...if I get blinded to doing the best for my clients because their gay, I'm attracted to one client but he's straight and that's alright [...]

*M: [...] any drawbacks?*

D: I don't think so, I suppose I could assume too much, its possible that because he's gay and I'm gay then I'm going to assume that our background might be similar, um so I do tend to check out always, with any client, whether what I'm assuming is actually right, um .... Drawback might be that the client might also make assumptions about me, and talk in shorthand, so I've got to be aware of that and make sure that the clarity remains there, being attracted to clients is not a particularly gay issue, it's a client -therapist issue across the board, and that's only an issue if it becomes an issue, it gets in the way, so for me I don't think there is, if we're talking generically, generally then the issue may be lack of clarity because they go to the same clubs or they have similar experiences might take that assumption too far, but one might argue that too much [XXX], too much checking out, its checks and balances ...[...] another thing is that gay clients might assume that there are no boundaries, they might assume that whatever they do is going to be found acceptable, and there's going to be no judgement made, and whereas I [XXX] there is still boundaries of behaviour whether someone's gay or not, which are unhelpful [...]

*M: [...]*

D: [...] just because my client is gay doesn't necessarily mean he's going to share the same experiences or things that I've got, so I've got to be a bit careful I guess and that's where the clarity and checking out comes in, to make sure that I'm being led, up to a point, until I'm clear there is a route to be taken to good health

*M: [...]*

D: No I think its about therapy, I mean if you have two white, heterosexual middle class women, one therapist, one client, they might assume because of what they see in front of them is part of themselves that they have lots of things in common, [...]

*M: Moving from your experience to the generic. What are the main qualities that need to be present for any therapy to be gay affirmative?*

D: Open and non-judgemental, I guess, ... a belief is that there's a person who needs help, ...

*M: [...]*

D: ... because [...] for good communication there has to be open and clear channels of communication, and so if I'm uncomfortable, lets presume that I'm a therapist who's married with two kids and had some gay sex a few years ago, and there's a bit of me worrying about the AIDS bit, and there's this man comes in who's also married with two kids and it turns out he also had gay sex and is worried about that, if I'm working through all that then its going to clog my communication with this client, ... and [...] how is it going to colour my assumptions about this client [...] it needs to be put aside in order that I can pick out the useful bits, not usefully good bits, it could be painful [...]

*M: [...] and how do clients benefit?*

D: They benefit [...] because what they are learning is very specific, um a lot of what we learn is lumped together [...] so if you are in front of a therapist who says, we'll talk about the issues with your brother or your sister in a minute, I want to hone in on the issue of [XXX] because you've mentioned it [XXX] and we'll work out how [...] so its seperating things out, [... ... NLP theory, being specific ... ... ]

*M: What qualities would prevent a therapy from being gay affirmative?*

D: The therapists own particular confusions and fears, fear largely I'd have to say, also bigotry and prejudice [...] bigotry and prejudice are large words but actually they are clouds if you like, I suspect that what's under the bigotry or prejudice, is a fear, an insecurity,

*M: and if the therapist is fearful, the effect on gay men in therapy?*

D: [...] it'll reinforce their own fears, their own concerns or their own negative views of themselves because [...] they'll say, [..] I think I'm a gay man, or I had this sexual experience and what their therapist is going to show to them is all their own fears, no matter how strongly they try to hide them [...] it ain't gonna work, unless a therapist will say actually I can't deal with that, this is my stuff and then refer them on which [...] at one level someone is paying you for a service and you're giving them the opposite, [...] what this other therapist is doing is actually adding to it, have some more problems, here, ...

*M: [...] health and ethics*

D: Yeah, absolutely, at its base level it's a transaction [... ... narrative about being clear that respecting the client doesn't necessarily entail accepting that specific behaviours are good or healthy ... ...]

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*M: In what way does your therapeutic orientation assist or hinder you being a gay affirmative therapist?*

**D:** Actually it doesn't hinder at all, [...] it assists by making things flow that much easier, it makes those channels of communication much more open, [... ..], maybe the answer to all of that is about security, if the therapist is insecure, [...] then that's gonna come across and its gonna teach clients that there are problems and there are issues [... ..] I think security comes in with clarity anyway, ...[...]

*M: Can you say something about how you see other models [XXX] and their capacity to be gay affirmative or the problems they may face in being gay affirmative?*

**D:** my experience in Jungian therapy, and again with all these things it depends on the practitioner, I could, when she said, 'tell me your dreams' [...] suppose I said to her that my dream was about being screwed by 5 guys in a disused warehouse, [...] and if she'd said, 'Oh that's interesting, just wait a second, why a disused warehouse?' 'What does it actually mean?' and the rest of it, that would've been fine, and if she said, 'That's not a good place to have sex, is it?' Then ... its in the hands of the practitioner, ... [... .. narrative about the Freud scandal... ..] how much Freud was putting into all these things, how much of these clients he was making up, how much of his own stuff was going in, ... [... .. narrative about therapists sitting in silence (?to compensate?)... ..] that couldn't be gay affirmative, it couldn't even be healthy affirmative, because you've got this person in front of you, or behind you or wherever, desperately trying to sort out their issues and you're just standing back letting them flail around ... [...] ... and some of the behavioural stuff, if you hate spiders then just have spiders all over you then you'll get used to it, ... if you hate dirt then go and clean a toilet with bare hands, I mean ... it just seems a very painful way of doing things, brutal way of doing things, ...

*M: and is that to do with the therapist or theory?*

**D:** I suppose it has to be a bit of both, ... particularly the bystanding one, has to be the theory, because the whole philosophy is doing it, don't infect your clients with any of your own stuff, just deal with what they have [... .. conversations with other therapists about philosophy and they this is the focus rather on what they are trying to do... ..]

*M: and this is something about holding any one school too rigidly?*

**D:** Hmm, Yes, OK I call myself an NLP therapist, but NLP developed from looking at [... several different origins, and the relationship between practice and theory ...]

*M: Is there anything else that would be useful for me to know about your experience of gay affirmative therapy that we've not talked about already?*

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D: I suppose the question that we had earlier on about the therapist being secure, [XXX], you cannot be a gay affirmative therapist if you are not gay affirmative, ...[XXX] which brings in a lot of honesty, .. and yes, from that don't assume that your gay clients have a problem with being gay, ... my AIDS clients have, over the year, have very little issues with AIDS, they've made peace with their lives and [XXX] and its their own issues with self confidence and all the rest of it, their own issues about death, ... so it's a question about looking behind, what's the presenting issue? ... out of all my gay clients at the moment, only one of them has an issue with being gay, ...

### T3-Jack

1. M: OK, the first area I'd like to think about is your training, ... um, just to put me in context, if you could just fill me in on what you did, when you did it, so that I can ...
2. J: I did a three year Doctoral clinical psychology course, ...from 1993 and finished in 1996, ...
3. M: Right, and your dissertation was in 'The Psychologist', I think, mentioned, there, ...
4. J: Should have been, ... Yeah, Yeah, ...
5. M: Right, which ...
6. J: It was in Oxford, ...
7. M: Why did you train when you did?
8. J: Huh, (laughing) ... um, I trained basically as soon as I could get on a course after my degree  
....
9. M: What was there to laugh about?
10. J: ... .. I'm not sure, ... No I was just thinking, you know, there wasn't a kind of positive choice to start then, it was more like
11. M: when it came up
12. J: Yeah, ... [XXX]
13. M: and why? What made you choose clinical psychology?
14. J: ... a variety of reasons including ... interest in people, um .... ... .. thought it would be interesting, thought it would be um, ... fulfilling career, ...um ... thought it would teach me about other people, about the human condition, um ... oh, I also think it was about a degree of personal growth, ... ..as well as all the naughty ones like status, and ... [laughing] ...
15. M: Did you have any expectations before you went on the course what the training might enable you to offer lesbians and gay men?
16. J: No, ...

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17. M: Did you have any expectations about how the training should treat those issues? ... ..
18. J: I think I expected it to be kind of ... very, ... fairly liberal, but not particularly well thought out, does that make sense, ...they'd not be particularly be gay affirmative, but not to be, ... but to be quite politically correct and therefore not stereotyping, ...
19. M: Where do you think that expectation came from? ...
20. J: Partly from like their equal opportunities policy, ... the Oxford one stated, ... it was equal opportunities for um ... gay people, um .. the Health service culture is fairly liberal, ... pretty explicit liberal, ...
21. M: and you knew this before training?
22. J: Yeah, .. cos I'd worked in the NHS for two years before this ... as an assistant psychologist, ...
23. M: OK, good, ... do you know the sexual orientation of your trainers?
24. J: Yeah, ...
25. M: And ...
26. J: Well, pretty much, ...[laughing]
27. M: [XXX] ... well what does that mean?
28. J: There was ... people were, .. I knew their sexuality ... the ones that didn't explicitly declare it, I assumed that they were straight and [XXX] .. and one lesbian, ... who I knew was a lesbian ..
29. M: Because she explicitly stated it or somehow you knew some other way?
30. J: Through the grapevine, ..
31. M: *Through the grapevine,*
32. J: and then kind of ... confirmed ... by her explicitly stating it ...
33. M: so some of it was by assumption and some of it was ... explicit, .. do you think that that had, ... that the sexuality had any bearing on um ... how the course treated lesbian and gay issues, ...  
... ..
34. J: Ummmm ... .. see this person joined when I was 18 months into the course, ... and I'm not sure, ... in the two years you don't really, ... in the first year you get a lot more teaching and its

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more kind of ... whatever, and so ... and then in the year when she would have had an impact, I wouldn't be a recipient of that,...

35. M: You have immediately gone on to talk about her impact on iy, .. what about the impact of the sexualities of the other trainers? Or are you saying that if lesbian and gay issues were going to be attended to it would come from the lesbian trainer?
36. J: Hmm ...
37. M: *nodding enthusiastically,*
38. J: [laughing] ... I'm sorry, yeah that was a nod, .. yeah it would come from her, ... rather than ..yeah, ..
39. M: And were all the trainers accredited through the BPS or through other bodies as well? Or were they not accredited?
40. J: They would all be accredited through the BPS, all the courses are ... but then you do have others come along to do a lecture and things like that, .. but, ..yeah, sorry, I'm getting really waffly, ...[XXX] ... I'll try and be more succinct, yeah they were, ...
41. M: They were, ... and the course was BPS recognised?
42. J: Yeah, ...
43. M: What theoretical orientations did the course cover?
44. J: Um, ... Cognitive Behavioural , ... nod towards psychodynamic, ..
45. M: Sorry?
46. J: Nod towards psychodynamic,
47. M: a nod towards ... psychodynamic
48. J: Yeah, ... and quite a few others, ...systemic, nod towards systemic, ... it tried to give quite a ... the main two were cognitive behavioural and psychodynamic, with a [XXX] ...
49. M: *When you think about either the course or the trainers, what do you think the main qualities are? And these can be either positive or negative ones?*
50. J: ... .. in regards to what?
51. M: ... .. anything that impacted your experience in your training, ... some people say, um ...



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they listened a lot, ... others say they didn't listen so much but they provided a really welcoming place and that was important, ...

52. J: sure, ... .. I'd say it was quite a, .. it was the sort of place that ... where you tended to, all keep your heads down a bit, .. so ...

53. M: What does that mean?

54. J: Quite kind of ... I suppose a power position, but I don't think it was particularly supportive, I think it was quite rigorous, and quite sort of .. um .. quite a difficult stressful training, .. I had quite an easy ride, but I think some people, some people definitely had a harder time, ... and it tends to be quite dominating of your life, so ... the amount of time and the type of structure, and things like that, ... maybe it was quite a structured three years, ..

55. M: a full time ..

56. J: Yeah,

57. M: so thinking about a couple of those, it had a feel of having your head down, ... how was that put across? How did you know that that ... why did you think that people responded in that way?

58. J: I think it was just a lot of work, having to do academic work, and then clinical work, having to do research, .. all at the same time, ... and also my course changed from being a Diploma/Masters to being a Doctorate, and then we got whipped up in a lot of the Doctorate type anxiety, ... nobody really knew what it was, and then it was this mythical kind of Doctoral standard that you had to now attain, and things like that,... so it was quite a peculiar year,

59. *M: Right,*

60. J: as well,

61. M: Right, so it wouldn't be in that regard it wouldn't be an asset or a failure, ... it was that transition from one thing to another ... .. Right, ... what was most and least useful about your training? Start with most useful,

62. J: ... .. I don't know how to answer these questions, ... [laughing], ... what was most useful, ... the ...breadth of experience and ... breadth of experience going across the three years in quite a protected environment, ... ..

63. M: and just now you talked about it in terms of it being stressful, ...

64. J: Yeah, ... [XXX] ... it was both, quite protected and quite stressful, ... school is quite protected and quite stressful, ... .. it was a definite institution, ... ..

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65. M: Do you think the fact, ...

66. J: I didn't answer the least useful, ...

67. M: Oh, OK, ...

68. J: [laughing] ...

69. M: I was going to come onto that and move on, but OK, ...

70. J: [XXX] ...

71. M: well lets stay with that, the least useful is in your mind, ...lets stay with that, ...

72. J: least useful, um ... .. I think the kind of the .. level of ... the ...constant assessment was least useful, so the constant, I don't know, having to perform at a certain level, ... ..

73. M: [XXX]... was that affected by the change at all?

74. F; Yeah, ...

75. M: so ... most useful its that you got so much experience, the breadth, and least useful was the constant assessment, and this sense of having to perform ... which again sounds ... quite paradoxical, ... gotta keep your head down, but at the same time you've got to perform, ...at the same time, ...

76. J: ... .. I don't really see it as paradoxical, ... as, you know, saying you gotta work hard, you gotta churn out the stuff, you gotta be ... excellent in all three areas although you're doing them all at the same time, ... trying to have a life at the same time, so ... it's a tough three years, but at the end of it you look back and you think, Wow, its good I did a lot and got a breadth of experience, ...

77. M: Maybe I'm not sure what you meant by 'head down', ...

78. J: Head down where, you don't have personal problems, ... don't have a nervous breakdown, .. that sort of thing, ...keep ... they used to liken it to a hurdle race, where you sort of have to run and then you have to leap the hurdles, and then if you knocked one hurdle down, because they, ... something was messing up in your private life, then you know, it would be like you've knocked one over and that makes it harder, so you knock another one down and it makes it even harder, and it kind of feels like that happened to a couple of people,

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79. M: Right, ...
80. J: Whereas I kind of ... jumped along with my head down, ...
81. M: and it was the keeping your head down that allowed you to carry on jumping, ...
82. J: I think so, .. [laughing] but not entirely, ...
83. M: OK, but anyway, ...
84. J: Yeah, yeah ...
85. M: If that's important we can come back to it, ...
86. J: sure,
87. M: So in terms of what was useful and what wasn't useful, ... does the fact that either ... that you knew about your trainers sexuality or the fact of their sexuality itself – did that have a role in making it useful or not? ... ..
88. J: Can you say that again?... I'm formulating an answer, but, ... knowing my trainers sexuality ...
89. M: I'm making a distinction between, ... and I'm asking two questions, ... does the sexual identity of the trainers have any influence on how useful the training was? And then in addition to that, does your knowledge about their sexual identity, ... that's something distinct from their sexuality per se? Did either of those things have a role in what was useful? or did it have nothing to do with it? Or was it something else?
90. J: .. I think it was quite irrelevant to the most useful and least useful part, but it felt more kind of ... cos I had the impression that the course was quite kind of trying to churn out, quite a product which was quite middle class, ... heterosexual, stable, you know this sort of, ... product, which is quite ... and so but then, when ... say someone in say a position of power, was a lesbian, came a long then it felt well, it was getting a bit more acknowledgement of diversity, ... but she was still there, she was still correctly academically rigorous, ...
91. M: Hmm
92. J: so she actually added to a lot of the stress because she, because of her academic and research excellence, which she was of am particular ... now this is all down to individuals and this is not ... really that helpful, is it?
93. M: I don't know about that? I mean, that's a question for you, does an individual make a change

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in a course and does that have an impact that's beneficial or unbeneficial or .. does it have to be wider than an individual? ,, in your experience? ... ..

94. J: I think having a gay person in a position of power meant that I felt more ... more sort of ... or less under threat, ... less potentially under threat, ....

95. M: Right and that was both , .. that was due to the fact that she was a lesbian or that you knew she was a lesbian? ...

96. J: That I knew,

97. M: Can I ask you to expand a little on ... that, on the one hand, ... what did the course do to let you know that they were churning out this middle class, heterosexual product?

98. J: Well, ... I don't think they did anything, I think that was just the sort of ... .. slight impression from ... clinical psychology as a whole, I mean I think of things like going along to the Tavistock and they have like all the clinical psychologists, on the wall and there is an identified product, which is kind of, late 20s, early 30s, white woman with a brown bob, there is a kind of product which is very conventional, ... .. and the course kind of ... don't know [laughing], ... I'm terribly paranoid, ... um and I should say that I think a friend of mine who is mixed race felt , you know, ... and the environment as well , Oxford is very white, very middle class ... .. I mean I think, their talking of professionalism and the profession, ... and um ... professional people are a certain way, ...um, ...

99. M: Are we coming down to their class, background, sexuality, ...

100.J: Yeah, ..

101.M: can you say a bit about that sense of potentially being under threat? ...

102.J: I think that knowing the history of like ... mental health professions and [XXX] the whole issue of homosexuality, ... the history of that, .. there are still a lot of institutions that ... institutions where it's a bar to being a trainee, and I think its ... .. it has been seen as a potentially ... difficult .. or disqualifying .. or ... ..

103.M: Now did you experience that because as you say, theres this history that's known about? Or did you feel it in relation to the course itself?

104.J: I think, ... absolutely nothing explicit, ... but a kind of, ... an implicit thing, so lets say, ... you talk about gay issues in like sex therapy, and in HIV, and that's the only time its really touched, ...

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105.M: Right, ... .. the impression I get, and I just want to check that I'm not interpreting it in a way that's not accurate, but it seems like part of what's led to that experience is the lack of experience of diversity, ... so that all the images of clinical psychologists is this late 20s, early 30s, woman with a brown bob, ... the history that you talk of, and then the only hearing about gay issues in those seminars, .. it wasn't anywhere else?

106.J: No, ...

*107.M: and that's equally in relation to [XXX] ... .. that's a question,*

108.J: ... any profession is a middle class profession, not necessarily from origin, but when you are doing it, ... then, ... what was the question, ...

109.M: I don't know, the sort of images, the sort of issues, when they were discussed, ... it sounds that with the gay issues they only came in certain areas, but class issues only came in certain areas,

110.J: Yeah, ...

111.M: alright, ... .. I haven't asked you about the gender of your trainers, did the gender of the trainers have any impact on your training?

112.J: ... .. No, ... ..

*113.M: Can we move onto ... .. when lesbian and gay issues were raised, can you tell me a bit about how they were raised?*

114.J: sure, ... in part of the two or three days on HIV, there was like an hours lecture on homosexuality, which ... was kind of trying to bring a kind of political awareness ... a higher ... showing people a [XXX] for example, ... [laughing] ... I'm kind of talking about people, you know, ... gay culture, gay male culture really, ...

115.M: all in one hour?

116.J: [nodding] ... and in sex therapy ... I was actually quite appalled as it was like 'Oh, and ...', there was no acknowledgement of difference, it was 'Oh, its probably just the same', ... there were no differences, ...

117.M: so when it was raised as something to learn about , it was in limited time or at other points it was an explicit statement that no differences [XXX], ... what did you think about that?

118.J: ... .. that last bit? I thought it was very bad, I thought it was ignorant, ... and it was ill informed, ..

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119.M: What would you have preferred?

120.J: ... .. if you, ... .. um ... its really to cover it in like, lifespan development, and ... a more kind of like all the way through type of way, ... not just, you know, ... to have it all the way through, and not to just have it as an addendum or a special interest... and not to have ... just to be a bit more, ... .. up to date, ... .. and not say things like, that show a very dated position, .... Saying theres no difference, people are still people, ... theres no acknowledgement that there are differences, and there are subcultural differences, ... as the research shows that, ..

121.M: Right, ... so being up to date and .. it being way more evident,?

122.J: Yeah,

123.M: and is what you feel now? Or is this what you felt at the time of your training?

124.J: Yeah, it was at the time as well,

125.M: Have you done any other training?

126.J: Yeah,

127.M: Contrasting that, how ... were gay and lesbian issues evident in that training?

128.J: Kind of training in specific models, which ... I'm not sure how possible it would have been so ... .. I mean they weren't expressly mentioned, but they weren't particularly relevant, ...

129.M: OK, ... so what was the training?

130.J: like, Systemic therapy course, a cognitive analytical course, ... .. they weren't either raised or not raised, it depends on bringing along cases, and cases weren't ... you know it wasn't really an issue, it was not an issue, it wasn't covered up, or not not covered up, ...does that make sense? ...

*131.M: Right,*

132.J: It was just looked at if it was there, ... it wasn't, ... [XXX]

133.M: Right, ... it sounds like it was training that was much more practitioner based

134.J: Sure,

135.M: with supervision to it, ...so it came up when it was relevant, ... how do you feel about that?

136.J: Fine, ...

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137.M: Um, ... anything else you want to say about your training in relation to gay and lesbian issues?

138.J: [Laughing] ... No,

139.M: OK, um, ... have you had any period of practice before you conceptualised it as gay affirmative? Or any practice that isn't gay affirmative?

140.J: Not really, no, ...

141.M: you are embedded in what you see as gay affirmative therapy

142.J: Yeah,

143.M: and you always have been?

144.J: Yeah,..

145.M: so turning now to practice as a gay affirmative therapist, what is it that makes you see your practice in this way?

146.J: I think its um ... acknowledging, you know, ... um where its relevant, where sexuality is relevant or where, or when the client brings it, I discuss it in a non negative way, ... a non pathologising way, and using my knowledge of developmental models, gay subculture, gay experiences, ... you know that kind of ... my neutral point of view, ..... and where a client doesn't bring it then, suggesting the impact that sexu, .. their own sexuality, plus catharis/reaction, sexuality may play a part in their difficulties, ... does that make sense?

147.M: I just wanna make sure, the first part, that last part of what you are saying is when a client doesn't bring it, but you feel that it might somehow be, ... can you unpack that for me a bit?

148.J: Sure, I think that, you kind of see so much 'gay neutral' therapy, that I practice, the gay affirmative practice is to actually try and ... kind of ... suggest it or search for what the impact might ... um ...

149.M: And when you say search for it, what would lead you to search for it?

150.J: ... people with low self esteem, people with social lacking in confidence, social insecurity, those type of things, ... um ... [XXX]

151.M: *Right, .. and when you say this is what the client hasn't brought, does this mean they're not saying 'I've got low self esteem and its related to my being gay', ... or if they just had low self*

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*esteem and you had no idea of their sexual orientation, would it still be something you'd be searching for?*

152.J: I think, .. I would ask everyone, ... or pretty much everyone what their sexual identity was, ...

153.M: *Right, so that's part of your practice, ... with most people you would make a point to ask,*

154.J: Yes,

155.M: when and how?

156.J: during assessment, first sexual experience, current sexual partner, you know, whats going on in your life,

157.M: Right, ...OK ... brilliant thanks, ... um ... just some contextual things, ... the setting that you work in is NHS,

158.J: Yeah,

159.M: General adult?

160.J: Primarily HIV/GUM, and general and .. general medicine, cardiology, epilepsy, .. but slightly over half is HIV, ...

161.M: *Right, ...in relation to things like, different parts of your work, ... practice, treatment goals, assessment, ... what would your expectations be of gay affirmative therapy if you didn't conceptualise therapy as that?*

162.J: [laughing] ... um ... .. I think that there , in gay affirmative therapy a goal would be a reduction in a sense of stigma, a sense of shame, ... would be attached to alternative sexuality, and a non gay affirmative therapy, would be either an ignoring or a pathologising or stigmatising therapy ...

163.M: and what would that mean about your expectations in practice?

164.J: ... .. what would I expect to see? How would I know when I had reached those goals?

165.M: *Mmm,*

166.J: Um ... I think people kind of ... .. higher self esteem, a greater self acceptance, a ... greater acceptance of other gay men, or other lesbian women., ... and um more of a kind of awareness of diversity rather than using the stereotypes, images, or ... models to discuss other people and sexuality, ...



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167.M: and would that be in therapy with gay clients or therapy with clients of diverse sexual identities? gay, bisexual, straight clients?

168.J: ... I think it would be more ... .. I think that would be ... I think that last bit about trying to get people to see ... to accept, ... I'd do with everyone, whether it be women's roles, men's roles, straight/gay roles, but I think it would be more relevant, have more of a ... be more of a treatment goal with ... the gay clients... .. because I'd expect that would be more of an issue ... ..

169.M: Right, ..

170.J: But I'd like people to ... people to examine their ...kind of ... construct of what their identity was, .. about what being a man meant, what being a straight man meant, about what sort of, ... a married straight man would be, ...

*171.M: So in a way it sounds like your practice might be ... somewhat similar across clients,*

172.J: sure but...

173.M: but more of an emphasis, ... when you say more of an issue, is that related to what the client brings in as normal?

174.J: I think so yeah, ... ..

175.M: Did your training and any previous experience shape your expectations about working in this way?

176.J: ... .. I think my training does as its trying to get people [XXX] I think um, ... I think to try and get you to increase peoples insight into what they are doing and what they are about, ... and their beliefs and their mindset, so that was, ... marries quite nicely with that, ... personal experience, ... .. [laughing]...

177.M: Do you work with men and women?

178.J: Yeh,

179.M: and clients who are gay, lesbian, bisexual and straight?

180.J: Sure,

181.M: Um, .... Do you practice from one theoretical orientation?

182.J: Primarily cognitive behavioural I suppose, ... yeh, primarily cognitive, ...

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183.M: ... .. and as a therapist what do you think your main qualities are?

184.J: um ... I think a um ... an intelligent interest .. um ... .. accepting, sound, non judgement,  
... .. I suppose the effective use of humour, ... ..

185.M: so how as a client, how would I experience them?

186.J: [laughing] tautologically by how, by how I behave, by the questions I ask, by ... my non verbal  
communication, ..

187.M: Can you give me some examples?

188.J: [laughing] ... .. for each one? Or for?...

*189.M: for any that you can,*

190.J: Right, ... I mean, an example is how you link experiences to what you know, [XXX] and  
understanding them, and pick up on what people say, and [XXX], ... and that sort of thing,

191.M: Right, but not a sort of recipe?

192.J: No, ... [XXX] hopefully shows that you're ... listening and understanding

193.M: would that be any different to what any cognitive therapist would do, ...

194.J: I think I'm a bit less, ... I think I allow people a bit more space, than a real full on, agenda,  
complete by the by, type cognitive therapist, ...

195.M: What do you think most useful to your clients in what you do?

196.J: ... .. I don't think I could generalise, I think different clients take different things, I think  
some people find ... specific techniques, or specific skills helpful, whereas other people, they sort  
of need the space to talk and have a sort of non judgemental space, ... ..

*197.M: Right so ... its akin to what you talked about earlier,*

198.J: Yeh, ... am I speaking too generally? Its hard to, ... you're asking very general questions, ....

199.M: Uhm, .. but wanting as well if theres anything there that we can be more specific about, ... but  
sometimes no, if you can't do that, then no, ...I mean there are the specifics aound, how might  
you let someone know that you have a non judgemental attitude, .. If you have a specific example,  
there great, but if not, ...that's fine, ...have I asked you about your own sexuality?

200.J: Yeah, ...

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201.M: whats your sexual identity?

202.J: Gay, .. gay man,

203.M: Right, um, .. do you think the fact that you are gay plays any part in making your provision of therapy beneficial to clients? ...

204.J: ... .. yes, .. [laughing] ...

205.M: Now we could do with a specific, in what way do you think it had an impact, or it may help make therapy beneficial?

206.J: I think because it means that you examine your own identity, what you do and why you do it, and ... and you have more of a subcultural knowledge, ... and generally a better person [laughing] ...

207.M: *I like this, ..so as a gay man,*

208.J: [laughing]

209.M: you're a better person? therefore a better therapist?

210.J: yeh, ...

211.M: and the fact that you're male, do you think that's an important factor in making your therapy beneficial?

212.J: ... .. umm ... only when the client, ... yeh, ... part of ... it would have to depend on the client, if someone had no experience with forming a good relationship with a male then your maleness is important, ... but I don't think, .. I definitely think it has impact, but I wouldn't necessarily say a beneficial one, I'd just say an impact, ...

213.M: OK, .... Are there any limitations to working in a gay affirmative way?

214.J: .. ... .. what do you mean by limitations?... whats the down side? Whats the negative? ...

215.M: *Hmm,*

216.J: um .. ... .. I think the things you have to watch again are ... .. um .. ... coming to, having your own agenda, forcing an agenda and not listening to whats actually going on, but using your own kind of unexamined ... .... Stereotypical thinking or mindset or prejudices ... ..

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217.M: Right, so how is that, [XXX] as a gay man you are a thoughtful, reflective person anyway? ...

218.J: I think, ... that you can be ... you can think that you are more thoughtful and more self reflective than you actually are and ... that you're .. that you're ... you accept a new set of prejudices and stereotypes, ... by rejecting what was there, maybe just as restrictive ... ... [XXX]...by perhaps a [XXX] ...

219.M: Right OK... because that's what I wanted to clarify, ... so I don't go away with a .... In one respect you are saying that the fact you are gay means ... that in a sense that in itself can have a beneficial effect for the client because ... its got links with being more thoughtful or having experience of the gay subculture, ... you are also raising now, this idea that ... we might not be as thoughtful as we think we are, or we might take on a whole nother agenda,... Right, and so, ...[XXX] but if we take that agenda or don't actually think about it then that can be one of the limitations,

220.J: Yeh, ...

221.M: *Right, ... .. so to move on, ...you mention specifically the experience of the subculture, how important is that for the gay affirmative therapist? What if you're a gay man who doesn't read Boyz, or who doesn't live in the subculture, ...*

222.J: then I don't think, ... I think it doesn't matter necessarily, but you have to look at why, ... why aren't you doing that? Why are you doing that? What choices you make, what choices you've rejected, ... lifestyles you've rejected and why, ... ..

223.M: Right, ..

224.J: that sounds a little bit [XXX] as well

225.M; OK, ...

226.J: I think what I am saying is just because you think you 've got it all sorted out because you are openly gay, you're parents know you're gay, and your living in Earls Court and you shave your head, you know, ... that... can be very positive, ... if you are in a stage in your gay development and you have to be aware of that and don't think you can just understand what somebody, .. a rural gay experience, or a black gay experience, or ... do you see what I mean?

227.M: Hmm, ..

228.J: and um... if you have experience of a certain subgroup of your clients ... from first hand experience, ...

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229.M: Right, can we move onto a definition of gay affirmative therapy, ... what are the main qualities that would have to be present for a therapy to be gay affirmative?

230.J: Right, ... it would have to be non pathologising , so ... its not seeing being gay as a result of mental illness or mental ill health or developmental processes going wrong, it should be seen as ah ... as ah ... alternative and valid and ... a different rather, .. different but equal, ... not different but superior or different but inferior, um .... You have to ... .... Have an awareness, or be explicit that it has an impact, sexuality has an impact , that its not just, ... oh, we're all the same, that there is a difference and you'' have to have knowledge about what those differences are ...

231.M: and what are you referring to when you talk of those differences?

232.J: um, gay relationships, issues of monogamy and non monogamy, ... um ... etc, ... ..

233.M: For gay men who receive therapy like this, ... what are the benefits?

234.J: ... .. a ... an avoidance of a potentially very negative event, ... which is if you go to a therapist who is homophobic that can be extremely damaging, ... so thats the kind of benefit, in that something bad hasn't happened, ...

235.M: Right, ...

236.J: and ... also, something positive can happen with greater self acceptance, a ... um .. freeing up of ... shame or distress, around sexual identity, ... ..

237.M: and when you say, that it could be an avoidance of ...a bad thing happening ... .. what sort of bad experience are you talking about?

238.J: ... if he's told that being gay, ... you know the stigmatising thing, like you are a case of immature development or you'll never have [XXX] or attempts are made to change their sexual orientation or where every problem is linked with sexual orientation rather than other issues, ..

239.M: and what would be ... for the client, ... what would make that a bad experience?

240.J: because, ... it would increase their ... attempts to change sexual orientation don't work, ... um and so therefore you'd get a horrible experience from that, ...

241.M: Just because it doesn't work, does that mean ,... its going to be a horrible experience?

242.J: Because ... well it's a waste of time and it confirms all your own sort of sense of shame and low self esteem, ... pathology and it makes it worse because it you tried to change and you can't, ...so its kind of focussed on the wrong thing, ... ..

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243.M: Partly, I just need you to say these things so I can use them, I can't just go away and say I think you mean this or that

244.J: Right, am I ... somehow providing that?

245.M: Yeah, ...yes, ... um ... what qualities do you think would prevent a therapy being gay affirmative?

246.J: what qualities? ... things such as rigid models, ...a view of normality, um .. abnormality, ... ... being homophobic, ... being judgemental, having ... stereotyped views, um ... having little experience of gay and lesbian and bisexual and transgender people ... professionally, personally or whatever, ...

247.M: and when you think about the qualities that you've said either need to be there or would be damaging if they were there, what is it that makes you single these out?

248.J: ... ... again, tautological, because they are the ones that come to mind, they are the ones that I think are important, .. [XXX] ...

249.M: Just because they come to mind, not because they are .... Not that if I asked you another day, another time, you might not think of these ones?

250.J: I mean, I think really just the idea of non judgemental, [XXX] is a tenet, a central pillarstone of helping ...

*251.M: Right,*

252.J: and ... then I think the idea of abnormal/normal and [XXX] classification is where mistakes have been made in the past, ... so they've become historical in fact, but they've moved...

253.M: and they might come up again if I asked you another time?

254.J: Yes, ...

255.M: and that's because one's a central tenet of helping and one's about we've got evidence to say that it's a problem,

256.J: Yeh, ... OK thank you, [laughing]

257.M: well, I just hope ...moving to therapeutic orientation again, in what way does the cognitive orientation assist or hinder being a gay affirmative therapist?

258.J: I think it assists because it has a pretty much a value neutral, pragmatic rather than a dogmatic stance, ... and because it doesn't have much to say about early developmental processes, ...

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259.M: and hinders?

260.J: ... .. I think it can ...ohh ...take less, .. I think clumsily done it can not take into account environmental influences , ... individualised what's going on, blames the stress on the ... the individuals belief structure, ...

261.M: ... what hinders is if you do it clumsy? That's more down to the practitioner?

262.J: Sure, ... but theres a , ... I mean the fact of therapy, or one to one, ...therapy is that some, ... you know that's where the problem lies, ... its ... that can be that, as you know the implicit message, ...

263.M: Just by doing it in the one to one ...

264.J: Yeh,

265.M: Hmm, ...

266.J: But that would be my criticism of most therapies, that it ... ..

267.M: Right, OK, ... Can you say something about how you see other therapeutic models?

268.J: Sure, I think psychoanalysis, or classical psychoanalysis has quite a homophobic history, um ... and that's still very evident in what's going on ... teaching, ...so I think there are gay affirmative practitioners that ... .. that's still, ... they've still got a long way to go, ...and you can have a very bad experience, ...

269.M: Can you say a bit more about, ... you've mentioned classical psychoanalysis, and you've mentioned the practitioner , ...

270.J: Sure, ...

271.M: Can you just unpack that a little, what's your thoughts on psychoanalytic theory being able to be gay affirmative? And psychoanalytic practitioners being able to be gay affirmative?

272.J: Right, ... well the theory has been ... kind of not gay affirmative, its talked in terms of perversions or immature sexual development, and things going wrong, so that could be changed by asking different questions, ... such as .. um.. or by not taking a pathological stance, ... not taking that correct development is heterosexual, ... and therefore why is it that some people deviate, ...

273.M: Hmm, that's the theory, ...what's your view on a psychoanalytic practitioners ability to be gay affirmative?

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274.J: It depends on the person... [laughing] ..it can be a block, because the weight of history, and the knowledge base, is then ... .. it takes some extra effort or an extra struggle to provide the balance to become involved, to question, ... ..

275.M: Right, and if they manage that, do they remain psychoanalytic practitioners?

276.J: Yes, ... [laughing], ..

277.M: any other models that you can comment on?

278.J: I think Rogerian, Humanist, Existential lend itself very much to gay affirmative stance, um ... ideas of kind of fulfilling your human potential, um ... being a whole person, and getting back to active listening ... ground, ... a fertile ground for gay affirmative practice, ...

279.M: Are there any problems in those models?

280.J: ... .. again historically there's been ... problems but not to the same level, ... come from a more sort of modern tradition and liberal tradition,

281.M: Right, ...OK, ... moving on to , ... some people say that in gay affirmative therapy the therapist has to be gay or lesbian, others say that there's an advantage in the therapist being heterosexual. What's your view on this?

282.J: ... .. I think its potentially an advantage because you have that kind of first hand experience, but ... you know my stance could be that it's a disadvantage because it could allow you to have your own set of prejudices or your own kind of ... .. dogma, .. you know, ... whereas a straight person, ... .. if you're a fully evolved straight person then ... you can be as good a therap ... a good straight therapist, may be a much better gay affirmative therapist than a bad gay affirmative therapist, ...

283.M: and if you are ranking them like that, where would the goog gay therapist come?

284.J: I'd say, ...

285. [Interrupted by patient at the door]

286.M: *Back to the ranking of the good gay affirmative therapist, ...*

287.J: ... .. it um ... compared to say the best straight therapist and the best gay therapist? .. I'd say it would be equal, but I'd say it would be more likely that more gay people, gay therapists were good enough to cross that threshold, it would be easier, ...



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288.M: because?

289.J: ... because they're gay, ...[laughing]

290.M: and what about their being gay?

291.J: So they've gone through a process of sort of self ... they've had to sort of, they've dealt with their own sexuality, their own sexual identity, their own ... sexual formulation, they've thought about the issues and they've experienced the distress,

292.M: Right, ...OK, thanks, ... and continuing the same theme in gay affirmative therapy do you think its preferable for a gay male to see a male therapist? A female therapist? Or doesn't it matter?

293.J: ...it doesn't matter, ...

294.M: What makes you say that?

295.J: ... because .. there are ... you know , ... because the question is too general, it depends on what issues the issues for client were, and they get, they'd get certain things from seeing a male therapist that they wouldn't get from seeing a female therapist, but those things may not be, ... depending on whether those things were an issue for them, ... then, and they could negotiate that issue in therapy, then that would be better to have a male therapist, but a blanket statement like .. a man is better than a woman, is ...

296.M: and that's what you said earlier

297.J: Pretty much a good therapist is better than a male and bad therapist, or a female bad therapist,

298.M: *Right, that sort of brings us to the end of the questions I want to put to you,*

299.J: Phew! .. [laughing]

300.M: is there anything else you want to say about your experience of gay affirmative therapy that I haven't asked about?

301.J: ... .. No, I think I've tried to sort of, .. say as much as I can,

302.M: OK, thanks, ... whats it been like to take part in this interview?

303.J: ... I think um, its been fine, you know, its been hard to answer questions, partly because I'm so waffly, but the questions are very general and so when asked a general question,. I immediately think of counter examples and ... and why such and such doesn't hold in every case, I think if it

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was me I'd have found me a bit of a nightmare, I also felt that ... I could trot out a party line and um .. so run off lots of articulate phrases, ... but they wouldn't have necessarily been very true, ...

304.M: Do you think that's what you've done?

305.J: I've tried not to, ...

306.M: Right, ... um, is there anything you really didn't like about it?

307.J: ... ... No not really, ...

308.M: OK, thank you so much for taking part ....

309. [Tape ends]

## Appendix M

Three examples of client transcripts.

**ADAM :C1**

*1 M: Can I start by asking if you've had experiences other than this therapy? Any therapy other than*

*2 the one that you are in.*

**3 A: Well, at the moment, I'm actually in another one, ... I don't know if that, ... a group therapy**

**4 M: Right, ...**

**5 A: and previous to my four years of one to one therapy, I went to a couple of one day or two day,**

**6 intensive group workshops, ... Psychosynthesis, ... That's it.**

**7 M: Right, ... but not a major one to one therapy before the one that you are in now?**

**8 A: No**

**9 M: That gets rid of page one then ... I know that you wrote it down just now, but can you say what  
it 10 was that took you into therapy this time?**

**11 A: Umm, It was really going on these couple of workshops, ... where I firstly became aware for the  
12 first time of how angry I felt about straight people, in general, ... Not being aware that I felt so**

**13 resentful of their normality ... or whatever. You know that I had my gay issue, ... and they didn't.**

**14 M: And you were angry that they weren't aware of their difference?**

**15 A: I just became aware for the first time of how angry I felt, I mean actually, I think, I think that it  
16 tweaked my inferiority ... If I was with a straight person, I think I felt, I actually felt I would most  
17 probably be judged. ... so there was that, and also I became aware of how, of how, I was so fearful  
18 of any kind of conflict, that I thought it stopped me from doing anything that was dangerous or**

**19 challenging.**

**20 M: What made you think that therapy would be the place to take that? What was it about the**

**21 workshops that made you think "Oh, I'll take that to therapy"?**

**22 A: Well, I suppose that those things had come up, had even crossed my mind before ... I mean I,**

**23 I'd sort of, I think I'd known they'd been there but I'd never been in a situation where I'd thought  
24 "Ah? There's actually stuff going on there" ... and it was very much a thing, they said, "Well, you**

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25 can take that to therapy if you want to”, and I thought to myself “Well I could”, I wasn’t driven to  
it 26 which is part of the reason I’m leaving therapy, Its more that I thought, “Well, I can either just  
27 tootle along through life like this, or I can actually look at this and maybe do something different  
28 with my life”

29 M: So, you weren’t driven to it, it was more of a considered choice?

30 A: Yeah, I think it was. Yeah,

31 M: *It felt like something you wanted to do,*

32 A: Yeah, it was something I wanted to do, I also had nagging doubts of, “Oh, navel gazing”, you

33 know the english, tack with the ‘oh you can’t possibly do that, it’s a terribly self indulgent waste of  
34 time’.

35 M: What was it then that made the point that meant you could choose to go with what you wanted  
to 36 do, rather than go with the the whole, I won’t do it as its just navel gazing?

37 A: Well, maybe it was my attitude of mind, but I say, if you’re going to do something, do it. Don’t  
38 ... think too much about it. If it feels right, if I, if I think to much about it I never do it. I have to  
go 39 with it. And that was the situation was, I followed up on, that I thought ‘Its good to know what  
the 40 situation is whether I go for it or not’. And I spoke to whoever it was at the Psychosynthesis  
and

41 they said ‘you can come along’, and I thought ‘well I will’ so it was really, ..

42 M: Right, so you didn’t do much of the navel gazing stuff, ..

43 A: No

44 M: *or the worrying about... OK. What, ... You said it was with the Psychosynthesis people, how*

45 *did you find your therapist, what made you, ...*

46 A: It was because I was doing voluntary work for the Immune Development Trust, they put on

47 various one day workshops on this that and the other, and when I first started with them, I  
justticked

48 everything,

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49 M: *Right,*

50 A: that was available,

51 M: *Yeah,*

52 A: and one of them was this workshop with the psychosynthesis counsellor as it happened to be,

53 that's who they had, ... so I came to it, not by intention ...

54 M: *so you're saying that just because it was them that did the first workshop, they answered the*

55 *questions, you went in that direction?*

56 A: Yeah, ... also at the time, I was Umm, ... I was given the impression that psychosynthesis had a

57 sort of what I thought of as a box of tricks at getting under the surface. That they had techniques,

58 like we did visualisation, drawing and things that weren't just intellectual , trying to talk my way

59 into something cos I think I knew instinctively then that that's the way I stop getting in touch with

60 anything, ... its my capacity to talk about things,

61 M: *Right so there was an apparent box of tricks that was gonna help you get around that?*

62 A: Yeah.

63 M: Whereabouts did your therapy take place?

64 A: In umm, ... Umm, ...I've forgotten the name of the place, its, ... umm, ... Its South, .. South

65 West London, ... In someones home, .. do you mean where in London?

66 M: *No, I was thinking more about like, as you say,*

67 A: OK, no, it was in private practice, in her home, ... in her living room.

68 M: Right and its always been there has it?

69 A: Ah, Yeah,

70 M: This is the therapy that you're ending or coming out of now?

71 A: Yeah,

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72 M: How long have you been for?

73 A: four and a half years

74 M: *It sounds like you almost fell into it, found it by accident? It was serendipitous,*

75 A: Yeah,

76 M: that all these things happened. Thinking about that then, what was your expectation about going 77 into therapy? What were these box of tricks going to do?

78 A: I think, ... umm... one of the things I thought they were going to do is that I felt ... intuitively  
, 79 well, I have a feeling, I had a feeling about myself, that as whatever I looked like on the outside,  
I 80 was actually quite a cold fish on the inside, ... didn't have good feelings about anything. Ahh ...  
81[XXX] I kind of on the outside I looked like I did, and I just knew that if I even kind of went down  
a 82 bit and looked at some of the things, how kind of big and dangerous they seemed, ... and I felt  
these 83 box of tricks would actually lead me down to my kind of vital life, ...

84 M: So what was that part of you that was hard to get in touch with?

85 A: My feelings really,

86 M: Feelings, and it was quite vital

87 A: I mean quite full of life rather than essential

88 M: Oh, right... So what did you think it would be like?

89 A: What was my fantasy?

90 M: *Yeah, ... before you actually got into therapy, what were you thinking, Now I've made up my*

*91 mind, now I'm going along, it'll be like? ...*

92 A: My fantasy was that at sometime I would have this incredible experience where I would almost  
93 go mad with the intensity of it, ... and even at one point in therapy ... I can't swear that this is  
what 94 I formulated before I went to the first session, it was a while ago, but anyway near the  
beginning I 95 even said to my brother, because I mean, well, we have a history of mental illness in  
my family,

96 and I said to my oldest brother, if it looks like I'm going over the edge, whatever you do, don't get,  
97 don't get me locked away, I'm going to therapy, you know, I'm getting in touch with my feelings,  
98 and I think I had a very strong feeling, when I, when I got a bit in touch with what I thought was

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99 more maybe real about me, because ... for me, I mean I was working at the café and people's idea  
100 of me, like when I used to run a café, and when I said look I'm leaving, they said we'll sort

101 something out so you can stay, because they thought I enjoyed it that much. I was pissed off up to  
102 the [XXX] with it, I didn't, .. nobody saw that, they just saw me smiling .. and I think behind that  
I 103 felt like shit, and I mean M, well my partner would say, you know be able to say, you know, that  
104 I'd had these , these chunks of, not terribly long, maybe three or four weeks with just feeling like  
105 everything was pointless. But I would actually go, I could still function, I would still go out, and  
106 yet inside I would , well I'd know they were there, but there'd be a feeling at the time of just

107 everything being completely blank, and .., meaningless..

108 M: Somehow you thought therapy was gonna make it a lot more ... intense

109 A: I thought

*110 M: a lot more emotional, a lot more intense,*

111 A: I thought therapy would make me feel better about those periods ... gosh, I'd forgotten about  
112 them

*113 M: Right,*

114 A: I really don't ... rarely have them .....Yeah, so Yes, I think that, I think that must have  
115 been also a factor , ... which...

**116 Telephone rings,**

117 A: let me just put the answerphone on.. It still talks unfortunately though, its not completely silent  
118 ...

*119 M: Oh, so if that's what you thought therapy was going to be like, what it was going to do, did  
you 120 have any ides of what it was going to be like in the room? What it was going to be like to  
enter that 121 room and what was going to happen then? ... .. Maybe how you would be treated  
by your*

*122 therapist? What your role was gonna be?*

123 A: I thought it would have elements in it that I'd experienced over that weckend, that was what I  
124 expected over those two workshops, that umm, I'd be invited to have a gestalt or whatever they  
125 call it, and be invited to get into contact with how I really am, that they would ways and means of  
126 digging down into a far more emotionally lively place than I normally existed in ...



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127 M: Can you say a bit more about that? What would the invitation be like?

128 A: That I don't think I particularly knew about, what I knew was that in the group work umm, ...

I 129 can only remember one but there must have been others where we kind of did a visualisation ,  
and 130 went in a house and wandered round, Yeah, and we were told to go and wander round, went

131 upstairs, went downstairs, and I didn't know what the implication of all this was, so I just said

132 what I saw ... and then afterwards you know, interpret it at an angle, what this particular house

133 might mean, begin to get a [XXX..XXX..XXX] ...

134 M: Just bringing this out, and correct me where I'm not right, but in a sense there's an invitation,

135 the picture seems to have been you'd be invited to look at different things or go different places

136 and somebody would be there in quite a, .. with an ability to guide you at times, .. as well.

137 A: That's right, ..well to umm, to to, play the necessary tricks to get round my guards, that was  
my 138 fantasy about what therapy would be like.

139 M: They had to be quite tricky then!

140 A: Tricky,

141 M: OK, where do you think all those expectations came from? The ones that you have mentioned?

142 A: Well I think the reason I chose that, ... well not, ..well they came from that weekend. I had no

143 umm, those two weekends, that's where, that's where the expectations arose from.

144 M: So for you, that seemed quite important then, the expectation of therapy was very much based

145 on those two weekends.

146 A: Oh, completely that's why, if I hadn't have had the weekends I wouldn't have considered  
going 147 to therapy anyway.

148 M: Right... how long was the gap between the weekends and therapy? Was it a very quick thing..

149 A: No, I suppose it would've been quite a long gap, shall we say from the autumn to the New  
Year, 150 maybe something like that, maybe.

151 M: Right, .. OK. You've mentioned that your therapist is female.

152 A: Yeah,

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153 M: Do you know if she's lesbian or heterosexual?

154 A: She's heterosexual

155 M: You do know ...I'll come back to those on a minute. You know that she's fully qualified within 156 ... Psychosynthesis.

157 A: When I first went to her she was a final year student

*158 M: Right, but now she's fully qualified,*

159 A: Yeah,

160 M What do, ... So you know what approach she uses, what does that mean to you when you are in 161 there? I mean I know that you've used that term to describe to me what's going on, but when you're 162 in there how do you know she's a psychosynthesis therapist?

163 A: she never bloody says what she feels like, ... Well, she's always reflecting back, .. or she used 164 to all the time, you know, if I said something about her, this is most probably not the answer your 165 looking for, but if I said something about what I thought about her she would just turn it right

166 around, like always, like a machine, you know. I'd complain in the end, you know, that I felt I was 167 being 'techniqued'. And then I'd say something and she'd say, well what, you know, why do you 168 think you feel that, You know or something like that and there was to some extent ... an element of 169 formula about some of the things she did [XXX XXX XXX] I felt,

170 M: And you feel that that goes along with that approach?

171 A: No not necessarily, oh I think she was still in her third year, and she was still trying to work

172 [XXX] she sort of said that

*173 M: Anything else that, you would say about your therapist is .... You can tell that she's a*

*174 psychosynthesis therapist and not something else because she's like this?*

175 A: I haven't had experience of other therapies, which makes, which makes, which means I couldn't 176 really make the

*177 M: fine,*

178 A: But, it's like how did you feel like that? That was like a classic, she always used to say, How do 179 you feel right now?, what's going on right now?, was .. and that I kinda [XXX] something, I'm

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180 sure its not exclusive

181 M: OK, ... if when, you may have done this, but when you were talking to your friends about your  
182 therapist, what qualities would you mention? Positive or negative ones.

183 A: about the therapist?

184 M: Hmm, ..... what qualities come to mind then, ..

185 A: I don't think I talked very much about her, .... In a way I'm not that interested, ... ..

*186 M: OK,*

187 A: No hold on, I've gotta think what qualities she's got. ... she says, well, one of the qualities

188 she's got is that she's really delicate.. like I could damage her. ... I know that that's the

189 transference, but there you go, It's a feeling, ...

190 M: And would you see that as a positive quality or a negative one?

191 A: Well, ... you know for me I think it might put me off, whatever I feel, like I've upset her. But,

192 ... but if she were a man, I mean, she is a woman, .. If she were a man, however, ... obviously, I

193 connect some of the stuff to my mom. Well, I do, and that's an element of that. I must be careful

194 what I say. Because if I upset her she might not be able to ...

195 M: You're saying that, and you've also mentioned the word transference, are you suggesting that

196 your therapist is delicate, or that you see your therapist as delicate?

197 A: Well, that's the, .. I do see ...she, she kind of emotes, and has emotional experience sometimes

198 on a par, she'll sometimes get quite watery eyed, you know, and she says, Oh I really feel for you,

199 and I know she's sort of having that experience. Even sometimes when I tell a story and I don't

200 really feel anything, and she like, gets like gets all teary eyed,, now I sort of understand that, but

201 one of my reactions is Oh God, don't get upset. Don't get upset.

*202 M: Right,*

203 A: So it all must, might be counterproductive, on the other hand, maybe its that is what I'm going

204 to better just to accept that's what I'm going to ... that's a part of my fantasy.

205 M: OK, ... Can you put an emotion to it, I'm going to ask you to do what she asks you to do, can

206 you put an emotion to it now? So when you see her emotional reaction, you see this delicatness,

207 whats the emotion you would end up feeling?

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208 A: We talking about now or then? ... I mean, now I ,

209 M: [XXX XXX XXX]

210 A: Well, now you see, it's a bit of a different kettle of fish

211 M: *Oh right, ..OK,*

212 A: Yes, so maybe Yes, I'm confusing the issue, I mean, initially for a long time, I mean, I don't  
213 know how long, I really have felt, you know, Oh my God, whereas now , either she doesn't do it  
214 as much or ... .. Well, I could be going into less hot water, especially now we're winding

215 down. But it doesn't, doesn't stir me up. But when, talking specifically, Yeah OK, talking about  
216 what we were talking about, then there might be an anxiety and I must try and pacify, make sure  
217 she's alright, that's my feeling. [XXX ...XXX...XXX...] Don't be upset

218 M: Right, any other qualities that ... now you say your in a different position with her, now when  
219 you look back, say somebody said to you, I need a therapist, whats yours like? What other  
qualities 220 would you pass on? Tell people about? Anything else [XXX...XXX...] .... ..

221 A: Leaps from my heart? I think she's most probably quite good, ... .. She doesn't [XXX ...  
222 XXX ...] a she doesn't miss the point that much, which I have a bit of experience of with  
another, 223 ..with this other therapist, group therapy, where sometimes he misses the point... she  
doesn't fo 224 that and she's also very open to if she makes a kind of Oh, is that about that, I feel able  
to say, Oh, 225 no I feel that's about that.

226 M: OK, so she doesn't miss the point and the way she shows this is actually by sharing a  
comment, 227 or she'll, ..

228 A: No, she'll, ... on the whole she's pretty, she's pretty, she seems to be spot on , but the point is  
if 229 she makes a point and I think she's wide of the mark

230 M: *Yeah,*

231 A: She's very open, and I feel able to say, Oh I feel its about that. And she'll go, Oh, Oh Yeah,  
232 maybe , ...or whatever. Its not that she makes out, what do they call that? ... Fancy word for an  
233 observation, an insight, you know and I've just got to go Oh Really, You know, I don't, that is  
not 234 how she works,

235 M: Right, so theres some flexibility there, she's not forcing

236 A: Very flexible,

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237 M: *a perspective on you,*

238 A: Yes,

239 M: *Different perspectives are allowed,*

240 A: Yeah,

241 M: *and they can be amended,*

242 A: And she only seems to be giving her angle, not as, not as a sort of a , ... I wish I could

243 remember the word, but its not as a Bang! She throws it into the pot. You know,

244 M: Not a concrete [XXX]

245 A: OHH, you know, she throws it into the pot, and she'll see whether I go, you know, Yeah, Oh

246 Yeah, that's important

247 M: do you think that's important?

248 A: Oh, I do Yeah, Because if, what's the point, even if she was completely right, I don't see much

249 point in the sense of [XXX ... XXX ...XXX] ... Are you with me?

250 M: *Yeah,*

251 A: You know she might hit the nail on the head. You know there's that, .. I mean I heard a story

252 about the guy who went and told the therapist his dream, you know, and the therapist said that's

to 253 do with so and so, you know, ... you know, so what? ... You know Ha, Ha, Ha, Because he just

254 blundered in,

255 M: [XXX ...XXX ...XXX ...]

256 A: I know, But whats, ... so I mean with her, you know, and she would make you know, ...

257 actually I've gone to far in saying that, because there would be, she wouldn't, shes not completely

258 woolly, like she would always go on about our relationship, and I would maintain we didn't have

259 one, there was no relationship, and she didn't just go, , Well OK, theres no relationship, you

know, 260 it was a, wasn't like that,

261 M: *Right so it wasn't,*

262 A: Wasn't like that,

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263 M: *Right, it wasn't,*

264 A: She would then use it, you know, ... Oh, as far as you are concerned, we don't have a

265 relationship, so she wouldn't just abandon the whole notion, ...

266 M: *Right,*

267 A: So,

268 M: There was some sort of flexibility in it, she doesn't miss the point, she gives her perspective,  
269 she's open to that being questioned and changed, and she's open to holding that even if you've  
got 270 a different one.

271 A: Yes, she is, ...

272 M: Right, ... and the way you're describing it, I mean, and your smiling quite a lot, its as if  
you're 273 saying they've been quite important, that its been an important part of therapy? ... Am I  
stating 274 that too strongly?

275 A: No, all of those have been an important part of therapy.

276 M: *OK,*

277 A: Also I have to, I suppose I have to say she's very affirmative, when I think about it. Very

278 affirming ...

279 M: And how?

280 A: Well, a lot of, theres been a whole section of therapy, maybe a core element, which relates to  
281 my self and my partner. And, if you like, the, the, [XXX]

282 M: *OK,*

283 A: Hmm, OK, really has let it be known that she, well that she doesn't take that view. At every  
284 opportunity. Theres been an attempt to get me into, where I'm not just saying things as my father  
285 did, Bringing me around to a position where I can actually say, Oh No, You know, Its just a side  
286 of me, You know, ... I'm alright, I'm not just a complete lost cause.

287 M: *Right,*

288 A: And we'll, ... and theres been, sort of, working away at that ... you know, for quite a long

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289 time, against complete opposition.

290 M: *Right,*

291 A: Where I'd be completely, really on my dad's side, in some way,

292 M: So in a sense this is one area where she wasn't, what you said just now, she wasn't completely

293 woolly,

295 294 A: No,

296 M: she had the view, which was an affirming one, that there was something alright about you.

She 297 would hold that even when you couldn't see it.

298 A: Yeah, ... .. Yeah, when I think what I'm saying

299 M: Where you aware that she was doing it?

300 A: What I'm saying about interpretations is rather , than maybe I've just said something and she  
301 might then go, AAHH so, ... she wouldn't do it that much, but she might try, I don't know , You  
302 just felt really like X, Y and Z, and then I might say, No, ... Oh Yeah, ... or No, and that's  
where 303 she'd be very open to suggestion, whereas, with these more basic motions ... she would  
hold onto 304 them.

305 M: What was it like for you then? What did it feel like when she was holding onto this view, ...  
306 this affirming view, and it was something you weren't seeing at the time. So you are sat there  
and 307 your therapist is affirming you and your, you're not, What was that like?

308 A: Well, I just think [XXX XXX ...] ... .. Cos I had moved, maybe even quite recently  
and 309 theres still a voice in me saying, Well you're only just made of shit, ... All these voices come  
in, 310 ... which is just my dad really, he's a real, .. he's very nice, but it's a [XXX...XXX] ..... And  
I 311 think maybe Yes, she, ... I would be maybe AAGGHH, dear God, and she'd be, ...

312 M: *So that's what was happening , was that difficult or did you just, dismiss it? Or did you get*

313 *cross, or did you give a reaction to it, or not?*

314 N: Umm ... I don't think it was that so much that made me angry, ... .. I'm actually, ... I

315 can't really hardly remember, ...

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316 M: OK, ... What did make you angry about her?

317 A: Well, she did, sometimes I just felt, that, you know, she took that relationship thing [XXX...XXX...XXX] You're NOT a friend ...and Uh, well I would protest strongly, that we didn't have a relationship, and also I would get angry that I felt that she was techniquing me, that she was a complete closed book. And, ... she would just turn everything around, ...

M: How do you mean a closed book?

A: Well, I wouldn't find out anything about her, or even how she would have felt about things,

M: and so by not hearing about her, or getting her, ... any disclosure from her it felt as though she was techniquing you?

A: Yeah,... Everything was just turned round, So I'd ask her an absolute direct question, and now I can't, ... I could imagine I would ask her well, like, aren't you upset? I mean you look upset, you know or whatever, you know, ... Oh I can't remember, but stuff like that, and I'd be 'Oh, fucking hell', ....

M: OK, ... can we move on to the area of sexuality, was that raised at all in your therapy?

A: Well, it *must* have been, .. I mean right near the beginning I said, I'm gay, and where are you on that? And she said, well my brothers gay, ... [XXX]

M: Right, so you raised the issue?

A: Yeah, ...I think I must have taken along the thing about how outraged and angry I was becoming, ... to one of these group sessions,

M You said the therapist was heterosexual, yeah?

A: Yeah,

M: Right, ... so you were angry with heterosexual people, that was one of the issues you thought you'd explore in therapy. What took you to a straight woman then?

A: Well, it was logistics to some extent, I rung up, I rung the people at whatsit, and I said, cos I was absolutley skint, I wanted a student, could you dig me one out? So I didn't give it a lot of consideration if it was a man or a woman, straight or gay,

M; that wasn't one of your questions at all?

A: No, ... I was, .. you know, I was concerned, if it had turned out she'd been a real homophobe of any description, it would have just come unstuck.



M: OK, what about other times in therapy, it seems like its not actually been a major, ... you know every time I've asked you about that you've said, 'Must have been', 'Must have been', It seems like almost, I'm just checking this out, but it seems like it wasn't a major theme that had a lot of attention a lot of the time.

A:, Well, I think, ... I got slightly nervous when I read {XXX} and I thought, Hmm, maybe I'm not the right person for this sort of study, but it does seem to me that if you're gay and you go to therapy, and the therapist isn't really in tune with gay culture, clearly there's going to be an unsticking happen, and I did have that experience when, .. I mean I have an open relationship, .... And her interp..., and she somewhere down the line had an interpretation about what that meant, about our relationship and then rightly or wrongly I had the feeling that its something to do with ... a heterosexuals eye view of what an ideal relationship should be. So without getting into a politically correct or incorrect discussion about it my basic feeling was that I, well personally I am not sure, that the world is quite the same for a gay couple as it is for a straight couple. And that I think, polygamy in straight relationships may, for all sorts of reasons, may be more problematic than in gay relationships. That it may actually carry less significance in a gay relationship.

M: So what happened in therapy about that?

A: Well, it came up at one time, I can't remember but, I can remember it would have been something about how I had an open relationship and I then at one point, I think I got a vibe that her feeling was that our relationship was insubstantial. That it was weak, that it needed to be propped up by affairs outside of the relationship.

M: What effect did that have on the therapy then?

A: Well, I think it just came up once and I can't remember whether I ... .. took it head on or not, ... I think I most probably complained , ... she must have said something to indicate that this, that this indicated a lack of relationship, and I think I would've at least gone as far as complaining about, well, I don't know, that's the feeling I have about the whole thing. ... .. And then I think it just got left behind, ... didn't come up again.

M: Do you think, ... I'm at risk of putting another slant on this myself, but do you think , what was it that meant it got left? That whatever you were talking about wasn't that significant and didn't need going back to? Or was it, did it mean that there was now a difficulty in the relationship that meant you couldn't discuss it any more?

A: Well, in a sense it was a difficulty in the relationship, because my viewpoint, isn't , is {XXX} I'm certain, would not all agree with my slant, it could be seen as misogynist or I don't know what. Well, I've increasingly come to the view that what's right for the straight, ... Well, ... I think I have a view that men attach less emotion, or can attach less emotion to sex, and that to some extent a fuck is just a

fuck. And from what I can work out from my girlfriends that's not always, so much the case with women. But they might be more emotionally attached which makes open relationships more complicated for women than for men, ... I don't know if it's a stereotype, but even amongst gay men and lesbian couples I don't know, .. but I have, I've, You know, I met a couple of friends a few weeks ago and they, the guy wants the relationship to be open, his girlfriend wants the relationship to be closed. They were kinda like, ... and you know I had said, an open relationship, yeah, why not, ... monogamy has got more to do with insecurity about your partner, than you know, anything else, ... you know, ... and be spouting off, and I kind of then, became kinda awkward, this was a kinda genuine serious situation where this couple were on the verge of breaking up, and I kinda thought, look this is my perspective, in my world, and it doesn't necessarily, ... I can't just dump it on this straight couple,

M: My question now is, is that how it felt in therapy? I can't dump this on my therapist?

A: I think, applying it to therapy, I think I thought, am I going to go into trying to legitimise the openness ... of what, of men in gay relationships, .. in polygamous relationships? Screwing around, ... and I think there was, I think maybe I just ... [XXX XXX XXX] maybe there was a gap there, and maybe in the back of my mind I did feel .... I think it was just a little bit put on the back burner. ...

M: If that wasn't there it would still have gone to the back burner naturally, or it might have stayed...

A: If what wasn't there?

*M: The gap, that you were talking about between yourself and the therapist,*

A: Within this topic, ... when we spoke about my partner, you know, could my partner be a source of um, .. I mean he was always, ... it wasn't like we got into a big thing about may he be a source of genuine love, and you know emotional fulfilment, ... it was always that he may be one source of that, so we didn't go too deeply into it, .. I mean, we just sort of left the nitty gritty of the relationship,

*M: OK,*

A: Mind you, it hasn't occurred to me whether that was good or bad, or what that meant

M: Right, OK, You've talked quite a bit about your therapist, what do you think her attitude was towards or is, towards your sexuality?

A: MY strong feeling was that her attitude was that she was talking to a human being, who was trying to be in relationship with people, a human being set in a network of relationships, relationship with friends, parents, lover, other people and that was what was important and that the cultural thing of that I was gay or straight, was there, she kinda knew about it, but wasn't ... what was the question you asked? I feel I'm answering, a different question...

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M: Her attitude

A: Yeah, that's right, her attitude was that, I felt very much that I wasn't being spoken to as a gay man, I was being spoken to, to me

M: Right, ... OK, and you've also explained why you say that, the perspective she seems to have taken about the network of relationships

A: She never voiced it like that, but if I imagine it, .. I mean that's how I see it,

M: OK, ... can we move onto the concept of, .. I mean do you think of therapy in terms of usefulness? It was useful to me? Or it wasn't useful to me?

A: Uh, Yes

M: And would you say it was useful or not?

A: Yes, .. up to a point,

M: In what way?

A: On a very practical level, it has been useful in that my um, I'm much more emotionally balanced than I was, before, when I first went out with my current partner, 6 years ago, I mean his friends when they first met me, were concerned cos if they'd catch me on a bad day, about this asshole who just wouldn't talk to anyone, ... which may have been due to stuff going on, ... also stuff going on, I'd just broken up, it was a difficult year, but... yeah, why am I talking so much? The fact of the matter is that on that level, it was useful, in that I rarely go into a major decline. But it was also useful in other ways in that it shone a light on why I feel about myself, to some extent what I feel and what my real, what my real upbringing was about, and then before, ... I read a book by, I think it was Alice Miller, theres that story of the gifted child, you know where she said that if people can't remember about their childhood then they were most probably unhappy [XXX] ... but I've come round to her point of view, I think I have a very different perspective on my relationship with my mom, and dad and school life than I did 4 years ago, which generated a lot of feelings, ..

M: and you see it in terms of that being useful?

A: I suppose that useful then becomes a value judgement,

M: OK, so what was it about those things? Or what helped those things happen? About her? Was it her delicateness? Was it the fact that she didn't miss the point? Was it the fact that she could be flexible? Was it the fact that she was quite affirming? Or was it something else? What allowed those valuable things to happen?

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A: Well I wonder if it was something else, I wonder if it was that she had a model of the world that was different to what I had, or that when she looked at me she saw something different, than I saw, and over that period of time, ... and then I just thought it was normal, to be farmed off to school as a weekly boarder, you know, from the age of 6 and a half, I thought it was normal to be put with [XXX] yeah, and just be terrorised, I just thought that was ordinary, you know. My mom, ... you know, ... locked away once in a while. It was just life. I mean my dad, you know, being all nice and then exploding like a volcano, you know, .. for no particularly good reason, you know, I thought that was normal.

M: *So that was your model of the world,*

A: That was my model of the world, .. you know, and I realise that its not normal, I realise that everyone has funny backgrounds ... but ... yeah, fuck! And so, .... I've forgotten what the question was again, whether, .. what was it about her, yeah,

M: and the effect, you were saying that the effect of her having a different model to you, was of real importance,

A: Well, .. she must have looked at it and thought, No, that's not, ... no, I don't know really

M: OK

A: I must know, I must know the answer to that mustn't I?

M: *I don't know,*

A; But its something about that,

M: OK, .. what, I'll ask you again, I know I asked the question earlier, do you think the gender or the sexuality of your therapist had any part in this,

A: Yes, must have done,

M: What part must it have had?

A: Well, if it had been a man, I would've had a very different relationship, because, ... I might have had more of a relationship, and then, this, my experience to some extent with the male therapist in the group work, that I am far more antagonistic and critical of the therapist .... Which, .. that's something about me and my father

M: Uh hm, ... so is the gender or the sexuality of the therapist?... what are you saying, that theres something particularly important about it? Or Yes, it would have been different?

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A: Oh, I think its important,

M: Yeah

A: But I mean, ... I think it depends, ... what I've had is four years therapy with a woman, ..

M: *Uh hm,*

A: which I think has been in some ways difficult, because, I was probably in a relationship with my mum, in a funny way, its partly my fault, with my dad because I couldn't get into a close relationship with my mum, [XXX] ... and my therapist was always keen about the relationship we had , and I would say No, it wasn't a relationship, .. which in a way is what I feel about my mom, I like her, and she's my mom and stuff, ... with my dad I mean at least in my soul I feel, you know, angry, you know and whatever, You know theres something going on down there,

M: Theres a passion there

A: Theres a kind of, .. oh you fucking ass hole, but that means, ... and maybe with my mom, going back , most probably way back when, that's all been completely, ... you know, and can you be angry with someone because of something that's out of their control? So I mean, if I had a therapy with a man, it would be a more intense relationship there, and also maybe because I'm gay, regardless of whether he was actually gay or not, ... it would be a disaster having therapy with a handsome young man, I should imagine,

M: Why?

A: Because the transference would be an absolute nightmare,

M: What do you mean?

A: Well, ... my view of what sexy, is ... its about a fantasy about goodness and beauty, its kind of wrapped up in quite a strange way, if I find someone a turn on, its because I find, .. I don't exactly think oh they're a pure human being, theres something that kinda being angelic and stuff in the fantasy, you know, ... if I had some beautiful, young, angelic therapist who was gay, Christ knows what would happen,... Well, maybe, ... I don't know what would happen , I think I would end up being very you know, what is it, you know, I think I'd end up being persecuting, I think I'd end up thinking 'Oh, well, what a fucking asshole' or, I can just imagine it being ,.... I wouldn't be at all keen

M: Right, I get , I was thinking it sounds like while its not been a central concept for you, the fact that your therapist was a woman, has somehow made it way less intense, and somehow way less fraught, ... that was a word you used earlier,

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A: fraught, yes, ... that's not necessarily good, I think we basically had a real block and that's part of it,

M: Part of... what?

A: part of the fact, most probably, that the relationship has not been particularly intense, and I mean, I had some very strange experiences with her, I mean a couple of times, we've got into a moment of like silence and I've looked at her and thought 'you've got such incredibly powerful ... [XXX]' maybe for a second or so, [XXX], you know absolutely terrifying power, ... its happened about twice,

M: What sort of things?

A: Incredible love and desire, ... just so amazing and then absolutely out of the [XXX], and after it happened one time, I even started saying to people, 'Oh, you know', not relating it to that experience I'd had but , in casual conversations I'd say 'Oh, you know, I wonder if I'm more straight than I really think I am' and turning it into a sexual sort of thing, ... and I mean also, there would be an attending powerful sexual feeling there, and I just, whatever all that was about, has not been addressed in, .. you know, we've attempted , but whatever that feelings are has not been addressed, cos I've hidden them away,

M: Right, ...

A: But that wouldn't have happened with a man, No, something else would've happened.

M: Right, ... [XXX] taking you back to that question on the form, how to answer the question about your sexuality, and that theres an aspect which doesn't quite fit in, and when it does, your not sure what to do with it,

A: what are we talking about, ... my life or my therapy?

M: *Desire for women,*

A: Oh, in my life I have a small element, I mean I kinda just look at it, like a percentage, you know, people are 80% this and 20% that, and normally if they're that they um, just stick with the one, you know, lots of straight guys will have a percentage of gayness in them, which they never have to worry about, and its exactly the same with gay people, well, one might, once in a blue moon, it happens to a lot, ... once in a blue moon you think 'OH!' but its so irrelevant, its just goes, I mean I had a sexual relationship with a girl when I cam, when I was, ... actually I never fucked with a woman untill I came out as a gay man, ...for one reason or another, ... and uh, .. it was not actually a relationship, it was a casual sex relationship with this woman, and one day, we were going to have sex and I just didn't get a hard on, which in those days was unheard of, and that was it, I said, 'fuck it, the games over'. But I enjoyed it while it lasted, so theres a small element, whatever figure you want to put on it

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that's heterosexual, ... what was going on with the therapist in those intense moments was I think I chose to sexualise as I do so many things, but that's not actually ...

M: What do you mean in terms of chose to sexualise it? Because the way you described it just now, I got , .. it was almost like it was very sudden, unexpected, and then you chose to stop. Now you're saying there was almost a choice in the sexualise...

A: No I think in, post the event, I talked to people, I didn't talk directly about the event, but the experience I had I chose to talk in terms of 'maybe I'm more straight than I think, ... maybe I fancy women', I just talked about it on that level, I didn't talk about it on the level of maybe I had some very powerful feelings towards maybe my mother, my therapist, which I was unwilling to experience because I'd feel completely overwhelmed, that was the truth, .. and included with all the hard stuff, ..the whole, .., the groin stuff came with it, but what I chose to notice was that I did also feel very sexually attracted towards her, but it was much more, ... it wasn't just like 'phwoah, I fancy you' it was 'Woommph, good grief',

M: Right, ... and theres something there about ... going back to the process of therapy, haeres something about, Yes, theres a conscious rational element, theres a conscious choice element in it, but theres another aspect of it that what happens in therapy, having an impact on life and its not just a conscious 'I will do this , that or the other', its almost that things happen, rather than just thinking 'I talked to my therapist about my mother' or ' I had feelings towards my therapist' it would come out almost as if the therapy thing didn't happen? It wouldn't

A: You're saying that things in life would happen, but would be ... I'm not sure what you're saying.

M: Right, what I'm trying to get a sense of is , what you were saying about the particular context, or the specific context was, what happened between yourself and your therapist

A: Hm,

M: *The way it got carried over was questions about you in relation to everyone else,*

A: Yeah,

M: It was almost like ... and at the time, it wasn't necessarily a conscious thing, 'Oh, I won't think about it in terms of my therapist' or ...

A: Oh, I see what you mean, No I knew it was about my therapist, I chose just not to mention it,

M: *It was conscious,*

A: It was conscious,

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**M:** You were aware, that you were, ...

**A:** So its not, ... now, obviously there may be unconscious events, but if they're unconscious I don't know about them, so I'm not saying that's not possible, but I mean if you look at the relationship with my father, ... then its not that I go to therapy and we come to the conclusion in the therapy that my father is X, Y, Z and that's what I go out and say something to him, .. its not how its happened, ....

**M:** *Umm, Umm,*

**A:** but my relationship to my father has changed, a lot of its buckled, a lot of its just not said, ... I mean its my experience, my relationship with my father, that I havn't chosen really, to confront prolonged, [XXX] but ... there I have feelings about my family which I know its because I've been in therapy and I most probably [XXX] ..

**M:** So therapy has made you aware of them ... you end up with a far greater choice in what to do about them?

**A:** But I also, am having experiences that I otherwise wouldn't have had, emotions about I mean, ... I mean there was a whole incident with my mother where I wanted her to support me a little bit more about going to a wedding of my cousin, .. I was invited to a wedding of my cousin, I said its about time that my partner came along to one of these family affairs, I think its crazy, you know we've been going out now for three years, look into it, ... and the upshot was that they wouldn't invite him, now I was clearly fucked off that,

**M:** *Hmm,*

**A:** my aunt felt that, but I was angry at my mom just for not pulling her finger out a little bit more, but that was, I felt angry and I was angry, it wasn't that I felt, 'Oh, I've done this stuff in therapy therefore my mom should be doing .. ' or whatever, but it was as a result of therapy,

**M:** So a very clear result was that you are feeling more spontaneous, and you are feeling it rather than having to think it,

**A:** Yes, ... that is absolutely true, and I think that's very lucky,

**M:** *OK,*

**A:** And also the feelings are not that, ... that strong feelings need not destroy everything, which is a real lesson from my upbringing , ... that feelings always seemed destructive,

**M:** *Right,*



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**A:** I mean, my mom, when she had strong feelings would get sectioned, because they would be actually manic, ... my father when he had strong feelings just went and did his, ... nothing good ever came out of them, he'd just, you know, smash something, and storm around, slam doors, and make...

**M:** a bit like your anxieties before going into therapy, when you said about talking to your brother, and saying theres an anxiety about what I'm gonna feel, and,

**A:** Yeah, ..

*M: and don't worry, I'm in therapy and its being attended to,*

**A:** well, yeah, and that was one of the fantasies, that is exactly right, one of the fantasies I had about therapy, was that the result was, I would have these enormous cataclysmic feelings

*M: Right,*

**A:** that might be quite destructive, and I kinda thought, they'd also be good but that's been the main thing, ... one thing I've got out of therapy, is that you can actually have quite a ding dong with someone and come out with a better relationship, you know, its, it runs counter to my family experience,

*M: Right,*

**A:** come out with a stronger and better relationship having had a blazing row with someone ... if one, if its not just intentionally destructive, if you have your heart in the right place, that's what I'm, .. that's something, I've got from therapy.

**M:** Right, OK, .. a little lost in my questions here, ... so found it again, so thinking about all the things you've been talking about, you know, therapys been quite powerful for you ... what will you say are the main qualities that need to be present in therapy before it can be considered gay affirmative ... therapy?

**A:** ... .. well my, obviously its different for everyone, and this is very much my own perspective, but ... I don't think I could stand something that was 'As a gay man this, as a gay man that', ... I, my feeling, is that therapy ... .. the therapist needs to accept you, and its not not like as, you know, 'I love you , even though you are a gay person' or whatever, not that kind of crap, ... its that in some senses, ..in one way, it is a non issue, in another way it has to be an issue that the therapist is in tune with the gay culture, .. I think if they're not in tune with the gay culture, it's a disaster, cos they are just going to come out with things they think are quite regular and pith, a bit like the thing about the open

*M: Relationship,*

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A: Yeah, ... so yeah, OK, for me on the one hand the therapist has to be very in tune with the gay culture,

*M: Right,*

A: and with general gay sensibilities, so that they don't find themselves automatically, or unintentionally imposing certain norms, who might think 'hold on, I'm in an alien environment'

*M: Right,*

A: I mean they might be talking to a gay person who mixes mainly with gay people, like me,

*M: Right,*

A: But, even though all that is in place, it isn't rattled around, that actually they're dealing with me, that a therapist is dealing me as a human being and what's going on,

M: You haven't used these words, but it's almost like you seem to be saying it has to be central but it can be irrelevant at the same time....

A: Yeah, ... well, I mean I think it's most probably not central, well, it, I suppose, ... It's like a prerequisite,

*M: OK, a foundation,*

A: I think, .. I mean it would be like, ... it would be like a woman going to a therapist and the therapist not having got their mind around [XXX] issues for women or something, ... You'd just think, 'Hold on, this person is living in the 1920s or something', .. it's just like you have to be with it, and I think there, you know that would be absolutely essential, but for me it doesn't mean that the person would have to be gay, at all, ...

*M: as long as they,*

A: I think they'd have to have, for some reason have had their finger in the gay scene somehow,

*M: Right,*

A: I mean my therapist had a brother who was gay and maybe ... maybe that by a process of osmosis she kind of, ... I don't know what the relationship was or when that was but, I think, if they just have, you know, they had hung out in the sticks, and you know, had never met any gay people, I think they could find themselves coming unstuck,

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M: and what would the impact of that coming unstuck be, do you think?

A: Alienation from your therapist,

M: Right, ... .... And any idea what the impact of that might be on gay men in therapy?

A: I should think you'd pack it in, I mean [XXX] ... I find myself getting into the debate, into debates, which weren't important to me, but were important to my therapist, .... Like the open relationship stuff, ... maybe it is, very important and something I should look at, but I don't think it is actually,

*M: Right,*

A: but it ... a therapist who wasn't in tune with my sort of lifestyle might actually think it was quite central, and that I was unable to commit ....

**[Tape changes- Adam goes to the toilet]**

M: I've forgotten where you were, ...

A: so where were we? ... having a therapist,

M: being able, ... in a sense you were saying that one of the qualities that would prevent a therapy being gay affirmative would be that they were out of tune with gay culture

A: Yeah,

M: That gay men in therapy might then end up feeling quite alienated, one of the impacts of that might be that they might quit therapy,

A: Yeah,

M: anything else? The impact of the therapist who is out of touch?

A: Yes, I think it would throw, for me, it would throw me back into confusion and a conflict with ... I mean, you'd have to fucking well, the conflict, the basic conflict that there inevitably is with society in your bloody therapy group, in the therapy session, ... which is something that to some extent didn't come up, but I mean, there is a lot of bad feeling about gay people,

*M: Yeah,*

A: um, .. which isn't necessarily justified, its not necessarily because gay people are bad, its just the way the culture is, now, to have to be stuck right in the middle of that in your bloody therapy group,

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would be like a lot of white noise, ... going and regoing through the experience of being, you know, in a non affirming culture, couldn't see it, you know, being at all valuable,

M: Are you saying it wouldn't be valuable or are you saying it would be harmful?

A: I think it would be harmful, ....

M: In what way? Can you take that further?

A: Yeah, Lets say basically, less now, but basically we live in a culture that says 'you're crap'

*M: Yeah,*

A: Now that's something we have to live with, and with a bit of luck tease out, and say well actually I'm not crap, that's, this is just the way the world works , that a lot of people say that, just because a lot of people say that doesn't mean the majority's right.

*M: Right,*

A: and that might be something, ... I mean that's where I'm moving myself I have to accept that there are all sorts of views, but it doesn't necessarily mean that they're right, just because they're loud or because they're numerous, ... now if I went to therapy that would be one of the things I would be hoping therapy would help me with, to come to a sense of my own sense worth regardless of maybe antagonistic noises outside, if I went to therapy and it , if that was actually one environment that said 'you're a faggot anyway, that's part of your problems' or was unself affirming, um, ... it would harming, it would be completely damaging, ....

M: In what way?

A: because it would reinforce, .. I'm stating the obvious, but it would reinforce the negative impressions I may be getting about myself ,

M: and what impact would that have on you?

A: I think it would at the very least, concretise, or keep in place a low self esteem,

*M: and at the worst,*

A: it would make me feel worse and worse about myself, because I would actually have gone to see someone who I might think I respect, and they, you know, ... at least in culture we can self preservate by saying 'those fucking homophobes' or however it is we try to reduce the impact of what people say, if you go to a therapist, and you assume you hope you are going to respect and have some time for, otherwise you wouldn't go to them, and they go and do exactly the same thing, that could actually

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make you think, could make me feel, 'Oh, yeah, they're right, I am a faggot, I mean its not natural, anyway' or however it is, one has to , ... what one comes up with,

*M: Right, so it actually exacerbates the problem rather than ...*

*A: exactly, ...*

*M: You mentioned something else just now as well, something about the effect of teaching the therapist, or ... if they are out of tune with gay culture you might end up in lots of debates,*

*A: Yes,*

*M: which sounds almost like you are saying that you are ending up having to paint the picture for them, or fill them in*

*A: Well, I went to the clap clinic about a private problem, and the doctor hadn't heard, didn't know what a cock ring was, ... well, this related to what I had gone about, ...well, that's not, well, that's ridiculous in a way, I'm just gonna have to go at some point to another doctor, I mean, if he doesn't even know what that is, its just, I mean we talked about cock rings, .. I thought it might good for premature ejaculation, ...and that is an example, ... the doctor cannot possible give me assistance if he doesn't even know what a cock ring is, I mean given that we were dealing with hard ons and stuff like that, and the therapist well, ... you can see the point of trying to convince your therapist,*

*M: Same question really, so are you saying that theres no point or that it'll be damaging?*

*A: Well I think it'll be damaging cos uh, ... that is not, well I'm kinda getting a bit, .. I just can't imagine a situation where the tables would be turned and I would be trying to induct or educate my therapist, ...*

*M: Alright, thank you, ... Um, ... again this is something we talked about a couple of times already, but some people say for gay affirmative therapy, they say more strongly than you have so far, they say that its important that the therapist is gay, ... or lesbian, other people say that there is sometimes an advantage in making sure that gay men work with heterosexual therapists, ... those are the two extremes, whats your view ,*

*A: Well one obvious view is that ah, if, ... uh, part of what you are doing in therapy is working with my relationship with my mother and father, ... um, ... it may be handy that the therapist is heterosexual, ... you know, if part of what is going on there is exploring my relationship with my therapist, ... aka my mother or father, ... when I was, ... if I was having therapy with a gay man, I think, I think yes, I would prefer to have therapy with a straight man for that reason, ...*

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M: Whats that reason?

A: that reason being, I think I do transfer a lot onto ... I mean this male therapist I see in the group, if he was a gay man, he'd be throwing me off my transference as my dads not gay, ... as he's straight,

M: And you're saying that the transference is really beneficial thing?

A: Yeah, .. well, I mean, Yeah, ...well, it's a way of...

M: Right, ... and that if you knew your therapist was gay you wouldn't be able to have the same transference?

A: I wonder, ... I 'm just, I'm just, ... I mean I don't know, but I just do wonder what kind of relationship would I have, ... with a gay therapist,

M: So, would you phrase anything in terms of advantage with working with a gay man because, or more of a disadvantage of working with a gay man, because, ....

A: Yeah, ..

M: Or can you only leave it as I don't know?

A: I No I could say the definite advantage of working with a gay man, would be that ... with a bit of luck, he'd be more in tune with all the nuances, .. or a lot of the nuances of the gay culture, which would mean he would be able to read what I said, vis a vis my cultural life, my social life correctly, I mean not make misinterpretations ... that would be a definite advantage, it might mean, that I might be able to go into things more, ... sexual things, be able to go into a lot more than I feel you would, .... I feel like he'd be more in tune, ..

M: OK,

A: Where as I've been a little bit cautious going into too much graphic details about sex with my therapist, ... so that's the advantage, ... the disadvantage, I don't know, is ... uh, ... I go to therapy and I think its all about dealing with the world out there, whats my relationship to the wider world, my relationship to the gay world actually is quite good, its quite relaxed, it's the world out there, its maybe their fault, it could be very valuable to have a straight person who is on my side, it could actually help with my relationship with the world out there, rather than being with another guy who is in the same boat as me, ...having therapy together, to try and sort out about that world, ...does that make sense,

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M: Yeah, ..yeah, ...and disadvantages? You mentioned advantages about

A: That was meant to be a disadvantage, ... the fact that if I was working with a gay man we'd both, we wouldn't, .. I couldn't see him as being a very positive image of the wider culture,

M: OK, but instead it was phrased as if there is an advantage in working with a straight man

A: Yeah, but the disadvantage is you would loose out on that, ... you might, I mean I don't know, ...

M: OK, .... Continuing on with the same theme, what about gender? Do you think its preferable for a gay man to work with a male therapist or a female therapist?

A: I've got a feeling it may depend on whats going on for them,

M: What do you mean?

A: why they're going and I'm not sure that, ...

M: OK, and what, ... OK, and whats that feeling then? If they were going with ... what?

A: I mean I have a prejudice here, ... I can't imagine, .. the least helpful I could imagine would be going to see a lesbian, ...cos that would be the least connections, ... with a straight woman, the thing about the culture and the mother, and with a straight man the culture and the father, the gay man the gay culture, the value of that, with the lesbian, maybe the gay culture, but I don't know..... ..

*M: OK, so its not just wrapped up in gender, ... its gender and sexuality? .... On the premise of it ... because of what you see is how well in tune they would be? Or how well they would represent different aspects of the world that you have a relationship with, ...*

A: Yeah,

M: and a lesbian therapist would be unlike a lot of the world you are related to, ...

A: well, ...that's straight forward prejudice ... but ... it is assuming that everyone acts to type, ... no it not, its ... that would just be my prejudice , again is all I can say, ... I don't know that that would be true, ... I mean if my therapist, and you see I've never thought about it, lets say she was gay, .. actually come to think of it, I might be already more relaxed, ... I havn't really thought about it, but I hear her husband banging around in the back sometimes, ...

M: How do you know its her husband rather than a girlfriend?

A: yeah, ...oh yeah, I do,

M: Right, ..

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**A:** and that is a thought actually, .. I might take that with me, ...maybe its because I've never really thought about it, ...cos a lesbian woman, most probably would be in tune .... They would be in tune with being a lesbian woman actually which is most probably more about ostracism than being a gay man, ... and that , ... yes, that might be valuable.

**M:** *OK,*

**A:** So yeah, I don't really, ... I suppose I've had some thoughts but not something I would [XXX]

**M:** Alright, ... we've not talked about the group at all, and I don't intend to as this has taken so long, ...Is there anything though, ... any sort of, after what we've talked about now, any thing that would be useful to say briefly about it?

**A:** About group work?

**M:** *Hmm, ... or your experience in the group,*

**A:** the ... to me the advantage of the group work is that I'm working with a lot of people in the same position as me, therefore my anxieties about 'I can't have a relationship with the therapist because we,.. they are the therapist and I am the client ', don't actually apply to the people with me and I feel that we can have a relationship with them, and that's been very valuable even though I've only done it for a little bite sized bit.

**M:** Very recently?

**A:** Just the beginning of the year and I'm actually stopping that as well,

**M:** And would you term that a gay affirmative therapy? Or a non affirmative therapy? Or would you call it something else?

**A:** I think it most probably is gay affirmative, three of us are gay in the group, but we just march on with everyone else, and we're all human beings together, ... I think that's very affirmative, I think that's what I, .. that's whats clear to me, that's what is affirmative, having a lot of gay men around, if ones feeling very vulnerable maybe affirmative to support each other, but if one isn't feeling too vulnerable, theres greater support in being in a mixed group I think, where you're just another human being and we've all got the same issues, .... [XXX] The fact that one is in a mixed group representative of the wider society and not, clearly theres no prejudice against you, you're all just talking about your feelings, and its apparent in the group that everyone has their issues and similar and different, and its not 'Oh, the gay guys have their issues', you know my issues aren't necessarily the same as the other gay guys, there with someone elses, they have an issue like mine too, its not because he's gay or he's straight, or woman, you know, that seems to me much more affirmative if ...



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M: Again, its about 'in tune' ness

A: Yeah, ....

M: and people representing differing things you're in relation to, different parts of the world that you're in relationship to,

A: Yeah,

M: They seem to be the two things that you've pulled out, or the themes that have come out most strongly, , in tuneness and people representing different parts of the world that you relate to,

A: Yes,

M: OK, is there anything else that you feel it would be useful for me to know about your experience of gay affirmative therapy that we havn't talked about yet?

A: No, I don't think so,

M: Whats it been like to talk about it?

A: Well, its been very valuable cos I'm finishing this therapy, and actually I'm finishing next week and so to go back over it, and to think what has been the value ...whats been the value of it, its what we've been meaning, .. in theory its what we've been doing for months, doing a review, ... that's what we've done here in practice really, ...

M: OK, ..

A: and I think that's been a ... been very good, and to see actually that it has,... that things have happened over the four years, ... I mean I did know, but actually to go back over some of the things, that in fact I'd completely forgotten about these blank points

M: *Hmm, Hmm,*

A: .... Is odd, I mean I forgot them today, another day, you know, last week I might have remembered them , [XXX]

M: OK, .. so anything about it that was uncomfortable?

A: The one thing, the two things that made me feel uncomfortable was a) it just occurred to me I might have somehow, .. chosen myself and not been an appropriate candidate, and so a slight anxiety, but ... you might have come all this way and thought 'Oh, but this doesn't fit in', and the other thing is that I know I talk a lot and I knew it would go on longer than the intended ...

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M: [Laughing] ... and I do have 5 pages of questions here, so, ... and that made you feel uncomfortable that it went on longer than I said it would,

A: well, .. it just makes me feel a little uncomfortable that you gonna have reams of tape, .. I mean not, .. I mean that's, I suppose that's your problem,

M: Yeah, and that's good!

A: But yeah a little .. and especially coupled with the idea 'Oh, God I think I can use this', ..

M: Right, .... OK, brilliant, I shall now switch it off, ....

**C2-Kyle**

This transcript is not complete. The sign ... indicates that material has been omitted, comments that are repetitive, fillers such as 'You know', etc.

The tape begins somewhat into the tape when K is describing expectations of therapy before he began seeing his therapist.

**M: so clinical, stand-offish, professional, ...somehow suggesting distance,**

**K: Yes,**

**M: and what was the attitude that you thought this therapist would have?**

**K: ... .. [XXX] I suppose just to get me better, to make me better, to take me out of depression, to make me happier, to help me deal with my life, all those sort of things, ... um ... and doing that very much as analysing, very cold, matter of factly, looking at where I was at, you know, looking at my problems like that**

**M: again, what did you think you'd achieve,?**

**K: I thought I'd be happier, and the things that were preoccupying me and making me feel very depressed, suicidal and stuff like that, they're the circumstantial sort of things, you know they'd change anyway, the thought of my feelings around dealing with certain issues, ... I thought ... my therapist would make those change, ... ..**

**M: The therapist would be responsible for doing it?**

**K: Yeah, ...basically, I think that's how I thought,**

**M: Where do you think those expectations came from?**

**K: .... .... ... they came from me, they came from my sense of not owning my own ... whatever, life really, you know, passing that responsibility on, but also I think, um ... the publicity and media stuff around therapy and the ideas ... whether from the media, or ... from the way I was brought up, ... whatever, ...my preconceptions about therapy, ...**

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M: partly it was your own ideas, but they were also similar to ideas out there in the media

K: Just society at large about what therapy is about, you know, ....

M: .... A year and a half ago you started the group therapy, could you say a little bit along the same lines, about what your expectations were about a group before you went into it,?

K: That was quite different, because it was after seeing my therapist for about a year and a half, ... and he was the one that was recommending me to go in the group, because obviously he was facilitating it, and before that he had given me some sort of feedback about what the group would entail, you know the odd snippet, so I think my expectations were quite different, ... so I knew what therapy entailed, you know a lot of work on my part basically, so I thought that's what would be involved there, but I was also very fearful .... Of going into a group, very fearful, .

M: You expected what?

K: I think I expected, Oh, God, .... I am going into a group of people and ... I'm going to feel really vulnerable, really exposed, .. I'm going to be cross examined by all these different people, and they're going to be ... having all these wild assumptions and laughing, ... so it felt quite, a lot of fear there,

*M: Did you feel your therapist would treat you any differently?*

K: ... .. I still expected the same relationship we had in the one to one therapy, .... Still be quite, in some way, focussed on me quite a bit, so it was quite a shock when I went in [laughing] ... and also it was funny, ... in the one to one, I still had that slight image of him being quite a cold professional and its taken a long time for that to change and shift, but I still had that image of him there and when I first saw him in the group ... it was really different, it was ...almost like seeing a friend ... I remember that shifting image ... when he was there in the group, it wasn't like he was a cold professional, it was almost like seeing a friend, ... ..

M: You mentioned the cold professional image being there before you entered therapy, is that how you experienced the therapy as well?

K: .. sort of cold, professional and detached?

M: Hmm

K: Um, ... yeah, ...I'd say it was .... .... There was a shift in how I thought about him in that group and ... there was a split really, ...how I saw him in the group and how I saw him in the one to one, ...

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M: What were you hoping to achieve in the group?

K: Actually I wasn't entirely sure what I wanted to achieve in the group, actually it was really weird, ...it felt like I was going under the recommendation of my therapist, you know 'This will be good for you' kind of stuff, ... so I went there, thinking ... I do have problems in large groups, .... And ... maybe this'll help with those sorts of issues, ... ..

M: ... .. Your therapist is male and a gay man?

K: Yes, ...

*M: and accredited by,*

K: UKCP and BAC, ... ..

M: Do you know the therapeutic approach...?

K: Person centred/psychodynamic?

M: How do you know that?

K: He's told me

M: If that word wasn't there, ... how would you describe what goes on in the room? Or what therapy is about?

K: ... one to one or the group?

M: One to one?

K: ... .. basically you sit in a room, you've got a space just for you, where someone can focus on you, ... you get a chance to air any problems you are having, but also to ... you look back at your, whats happened in your history basically, your childhood and stuff, and see how a lot of that ... influences the way you are today and the way you react to certain situations and people, and things like that, ... .... It just makes you more aware, its not about solving your problems, ... ..

M: and the group?

K: ... pretty much the same but more people [laughing], ...

M: You mentioned space, how is that affected by having more space?

K: Sometimes it feels like you have less space, ... you have to share it with people, so you've got to ... take, not equal share, but know there's other people coming in and they have their stuff to present ...

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you also want to present your stuff, and sometimes ... some of the people are taking more of the limelight ... .. sometimes it can feel like you've got tons of space, if everyone is focussing on you it can feel like you've got 6 therapists all focussing on you, ...

M: ... .. individual therapy is about a consistent space that provides a focus on you, it seems more negotiable and fluid in the group, but within the group the work you do can often be about reflecting on yourself? Two different ways of getting the same result, ...

K: ... .. Yeah, ...

M: So what has your therapist got to do with all that?

K: ... .. I think, ... its like he's facilitating you through a journey, ... like a guide, so its like you're walking along with a blindfold on, and he's making you aware of the obstacles on your path, ... .. so sometimes he can be your eyes for you, ... ..

M: and do you find the therapist qualities are the same for either experience?

K: sometimes ... .. you do feel left alone with your stuff, but that's also part of that process, and sometimes it feels like that more in the group, ... .. you've been left alone, you've been ignored, ... .. sometimes that's a way of helping you to find your own way, ... .. sometimes like talking in a group can be really difficult, and like sometimes its like wanting the therapist to come and say 'Well, have you got anything to say?', you know, bring you into the group, and sometimes that can go for like weeks and you don't say very much, and because the therapist doesn't say that, but by pushing yourself more and making ... and exploring in the one to one, why you are finding it difficult to talk .... And suddenly you start talking more, ... you are doing it yourself, but the therapist is making you more aware of it, or sometimes leaving you alone to struggle with it yourself and then do it yourself ... ..

M: What is it that the therapist actually does ... .. that portrays his task to you? ... ..

K: ... .. I suppose its when he is analytical, when he has seen something you've said, or a way you've acted in the group ... and he's seen it and sometimes he's seen behind it .... And he brings forward a suggestion or asks a question, ... when he does that, and he makes you aware of what might be behind that, what might be going on in your unconscious basically, ... .. also allowing, ... giving you the space as well to free associate and stuff, ... come up with stuff yourself, and explanations yourself, ... continually probing, asking the right questions really,...

M: *Would you make a distinction between the individual and the group?*

K: I'd say they are in both, but in the group you've got other people ... .. doing that as well, ... they are all acting as therapist ... as well, obviously they haven't had the training or the schools of

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thoughts and stuff and that's where he would come in, ... by offering alternative suggestions that they might not be able to think of, ...

*M: ... .. anything that the other group members do that's particularly useful?*

**K:** ... .. sometimes its just being there, sometimes if you've said something that's particularly painful, or um difficult to talk about, sometimes its just the fact that they are there, that's helpful, ... sometimes it doesn't feel it at the time, sometimes it feels like ... .. again I'm being ignored, or they're not listening, ... but when they're there the next week and you do talk about it, and you realise they were there, they did listen, because they can repeat back exactly what you said, ... that's helpful, and also when they say stuff like 'I understand' or they've been through similar things, or that must be painful, ... sometimes these affirming statements, sometimes that's useful as well, that's something that the therapist doesn't do, ...

**M:** ... The presence of the other ... is stronger in the group experience than in the individual

**K:** I think that's also to do with ... sitting facing people in the group, whereas in the one to one I'm lying down on the couch, ... and he's behind me, ...

**M:** ... Issues around sexuality, has this ever been discussed in individual therapy?

**K:** Yes, it comes up,

**M:** How does it come up?

**K:** Um ... .. its usually when I'm having problems with dealing with certain aspects of my sexuality, or there's been relationship issues, or there's been something around ... whatever, finding someone else attractive or even him attractive, or things like that ... ..

**M:** How or who would raised it then?

**K:** Its probably more than him

**M:** Can you give an example of how you might bring it up?

**K:** ... .. It might start off with something like 'I met this really nice bloke over the weekend', ... 'Got off with him', ... and that would facilitate talking about ... sexuality, ... sometimes it can be something seemingly detached, like talking about my mother or something, and talking about how that affects my sexuality and other things, and then, maybe then he'd bring it up or ...

**M:** ... You may bring it up in different ways, maybe the content of the week, once you've brought the material in, he might focus on that whereas if you hadn't he might not do?

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**K:** ... .. That almost sounds like whatever I bring up, he'll bring down to sexuality, and he doesn't do that, ... but sometimes where there does seem to be a connection and maybe I'm not seeing it, ... or I've said something that triggers a connection with something I've said previously, ... or there just is a link, and maybe I'll even bring it up or he'll bring it up, ...

**M:** So you tend to talk about things related to sexuality more than he might do, initially, but once you've brought the material up, where it seems relevant to whatever you're talking about he's quite happy to make links or talk about it with you?

**K:** Hmm,

**M:** You said just now, I made it sound like your therapist would be taking everything down to your sexuality, ... .. what's your thought if therapists do that?

**K:** ... .. I think ... if I say a relationship hasn't gone well, sometimes I'll put it down to the fact that I'm gay, It's the fact that I'm gay ... that it didn't do well, ... homosexuality is faulty, and all that and I'll put it down to my sexuality, ... if the therapist did that as well he'd be affirming that as well, he'd be affirming the negative attitude that I was having towards my sexuality, and seeing everything, all my problems and everything based on my sexuality, sort of affirming those negative attitudes I hold, but that doesn't happen with this therapist, he'll actually say, ... whatever, but it won't be related to my sexuality, it'll be related to other things, ... other relationships that have happened in my past ... not specifically my sexuality

**M:** and which of those two options would you value more than the other?

**K:** The approach that my therapist has now,

**M:** ... .. some new questions, ... is there anything else your therapist does that is particularly valuable?

**K:** ... he lets me decide, ... when I first started seeing him I didn't know if he was straight or gay, and a lot of time I did assume he was straight, ... but later on I found out he was gay, but he left me with that sort of ambiguity or uncertainty, ... and it was looking at what my projections would be, ... what if he were straight, what if he were gay? ... and what that meant to me, ...and that was really helpful because when I did find out he was gay I had a shift, you know, Oh right, I thought he was straight, ... all those assumptions, and instead he's gay and that was quite positive,

**M:** Can you say why?

**K:** ... because if I held, 'Oh he's sorted' or 'He's sitting here', 'He's got this sort of job' 'The way he's questioning me', 'The way he's not focussing on my sexuality or whatever' 'Or is focussing at different times', all lead me to the assumption he was straight, therefore I held these negative



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attitudes about being gay ... by not telling me either way, they could be worked with to an extent, ... until I found out for myself, or until he told me further along the line, ... that was helpful,

M: You think that wouldn't have happened if you'd known upfront?

K: No, because I wouldn't have had to work it out myself, look at my own attitudes and assumptions

M: ... ..

K: Painful, but useful, ...

M: ... in what ways was it useful? Does it link at all with the hopes you had when you first went into therapy?

K: ... I suppose so, I didn't make the link at the time, ... .. it was giving me a more positive attitude towards homosexuality, or being gay ... although its difficult to say that, its like saying theres a cut off point there's an end point and then ... it was all sorted, its not, it's a continual process and I still have days when I'm up and down about all different issues, ... .. but it probably did give me more positive aspects of being gay where there weren't before and it probably did help me more with my own identity, ... issues about my own sexuality, but then that did shift over time when I explored other aspects ...

M: ... .. How much does this have to do with the fact he was a guide, professionally distant, at times he would leave you alone?

K: It encompasses all that, but letting me find the way he is guiding me ... I'm still finding the way, he's just giving me certain signs or certain markers along the way, so it does fit in with all that, 'cos I've still got to work it out for myself, ... the markers would be the ....

**[Tape changed]**

M: The markers would be the things he came up with, I'm wondering if he picked them out of the air, if it was what he'd seen you do, whether it was something he read, ... where this guidance came from?

K: I think all of those ... .. at first I thought this cool detached and professional was all to do with what he'd read, his schooling and things like that, but a lot of it, was to do with ... the associations with what I was saying and what he knew about me before and the relationship we had built up together, ...

M: ... .. Does the fact that your therapist is gay play any part in making the therapy useful for you?

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K: We actually explored that issue when I didn't know his sexuality, ... .... If I knew he was gay, would that detract from everything he was then saying? ... I thought, 'Yeah, because then you'd be biased', ... you'd be saying 'Gay is wonderful, Gay is ... fabulous and all this', ... but then when I did think he was straight and then found out he was gay, that then made me think its probably nothing to do with his sexuality ... .. his sexuality has a certain influence but because I'm the one being, ... in therapy, is the focus, doesn't have enough, ... doesn't play as big a part, his sexuality, its more to do with mine because I'm the focus, ...

M: ... .. is your gay therapist able to provide something particular because he is gay?

K: ... again I used to think that would've influenced some aspect, you know he would have been biased towards giving me this more affirmative, 'Being gay's fabulous', ... but I think now that I know his sexuality, now that I know he's gay, I could probably say, the therapy he gives would be the same as a therapist whose straight, so no it doesn't really influence because its looking at me and what I feel, and think, ... my associations as well, ...

M: Does the role of his sexuality have any difference in the group and in the individual setting?

K: ... .. again, No, in that sense therapy is therapy, the therapy he practices individually is quite similar to the one he practices in the group, therefore his sexuality doesn't come into play either, ...

M: ...Has his gender been particularly helpful? Made it a struggle? Or has it had no influence?

K: I think gender is a big one, for me anyway, ... that's led to countless projections and transferences and things like that, that's had a big part to play, his gender, if he was a wo, .. a female therapist, I think that would have been a different kettle of fish for me, ... I think because a lot of the time I do project my father onto him, and obviously with a female I would be projecting my mother onto him, her, .. .but then again funnily enough I have also projected my mother onto him and the group, ... maybe it wouldn't have as much influence as I think, maybe its just more visible

M: and your talking from not having had the experience of a female therapist as well, ...Is the group gender mixed or is it all men,?

K: There's 4 other men and there's one woman and the therapist and me,

M: so thinking about that, does the gender mix highlight the usefulness of other sex...

K: Yeah, it has been really useful having a woman in the group, because again unfortunately for her, we do project a lot of our attitudes and assumptions and ... feelings towards women, our mother, our sister relationships ... its facilitated that, its been very useful, ....

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*M: ... .. so what are the main qualities that a therapist needs to have to be gay affirmative?*

**K: ... .. I don't think it would be that the therapist would have to be gay themselves, ... I think its about offering a space, its about guiding, and letting the person make their own associations, their own assumptions, their own .... Working things out for themselves, but being their to offer the markers or the probes or the questions,... .. and letting the person work it out for themselves, ... ..**

*M: Why single those out?*

**K: ... I suppose because that's what's been useful to me, ... I was going to say as well that its not about relating everything to sexuality as well, so a problem is a problem, ... ..**

*M: and what sort of qualities would prevent a therapy from being gay affirmative?*

**K: I suppose it would be the opposite to what I've said, it would be like putting everything to sexuality, all problems, anything you were presenting would be to do with your sexuality, ... .. and also what is bad for therapy full stop, that would be offering your suggestions, your interpretations all the time, not letting the person come up with their own stuff, not letting them find their own way, ... .. I think it would reinforce certain attitudes towards their sexuality, ... I did have negative attitudes towards sexuality and I worked those through, through trying to work out my therapists sexual orientation,. If he wasn't like that, he told me, was quite blatant, he said it was something that needed to be changed, or a problem, it would just be affirming everything I already felt, all my negative reactions, ... ..**

*M: ... .. [what's your stance on the argument that gay men should work with gay therapists, or should work with straight therapists]?*

**K: ... .. I suppose again it about challenging assumptions, if he were straight I'd be assuming that he was automatically against me, .... .. if he was affirmative and he was straight, he would be challenging that assumption I had about straight men, ... if my therapist turned out to be straight and not gay, and was till practicing exactly the same therapy as my therapist practices, but he was straight it would be challenging my assumptions of what it means to be a straight man, ... ..**

*M: so your saying that as long as the core qualities are provided...*

**K: ... it doesn't matter what the orientation of the therapist is?**

*M: Do you think that therapists are able to provide those for gay men equally? Regardless of orientation?*

K: Should be able to ... I mean if they are practicing their therapy effectively, ... ..  
... .. You could be straight and have explored yourself in your own therapy whilst becoming a therapist, issues around your feelings around ... sexually towards men and women and differences and explored your own sexuality, but still remain straight and in that sense I think you would still be OK, in the same way as someone who had come to the conclusion they were gay ... .. so in that sense I don't think there is a gut reaction 'Oh I wonder if he's straight, if he is he'll be instantly against me' ... .. Personally, for me and observing the group, its been very beneficial having a male therapist,

*M: Is the group made up of all gay people?*

K: Gay or bisexual, there's no straight people in the group, ... it wasn't set up as a gay group, its just worked out that way, ... .. it probably is to do with a lot of other factors, but it has been beneficial for me to see a male therapist because of my relationship with my father, I've been able to work out those sort of issues with my therapist because he's male and because of the projections that sort of brings up, ... it probably would be beneficial but in a different way, but because I've never had a female therapist, I don't know, it would still be beneficial because I would be projecting something of my mother and I'd be working that out ... ..

*M: Anything else that would be useful for me to know?*

K: ... .. nothing comes to mind, ... its just the fact that I don't really make the distinction of gay affirmative within the therapy I'm in at the moment, so therefore ... to me its just therapy and I'm dealing with a lot of different issues within that, and its not focussed on my sexuality or my therapists sexuality, but that is a part ...

*M: It seems to be important that it doesn't have that label, that it hasn't become the centre?*

K: Yeah definitely,

*M: That its good therapy as opposed to forefronting the gay affirmativeness of it*

K: Yeah definitely, its given equal status to other stuff ... ..

Ewen: C3

**[The first half of this interview was not picked up on either tape recorder- I missed out on his discussion of what made his first therapy difficult. From memory it was because she didn't engage actively (psychodynamic model), that the relationship between them never developed, ...]**

*M: Was it always you that raised your sexuality as an issue?*

E: With the first therapist?

*M: Yes,*

E: Sometimes I would raise it as an issue but other times ... .. she wouldn't really, oh, ... I guess thinking back, ... maybe, she didn't raise it as a main and/or serious issue, but she sometimes referred to my sexuality,

*M: Right, and how would she do that?*

E: Umm, basically if we were discussing things, or if I were talking to her about things of, or if I was talking to her about things, um, about my parents ... um, she would just sometimes say things along the lines of 'Do you think your parents are disappointed about your sexual orientation?', um... things like that from what I remember,

*M: and how? ... did you feel about that sort of thing once she said that?*

E: I just interpreted it, that that maybe she was trying to suggest that maybe my parents were disappointed because I was gay and it was just sometimes almost like having a negative opinion about somebody's sexual orientation reconfirmed and it, in a way, ..

*M: Can I just make sure I got that? Who did it feel like was confirming whose negative ...*

E: It felt like she was confirming either one or both my parents disappointment about it,

*M: So it felt like she was also seeing it as a negative then?*

E: Hmm,

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*M: Is that what you are saying?*

E: Mmm, ... that is obviously only a personal interpretation of it, maybe because I didn't really understand the method of therapy that she was using

*M: OK, but what's important for me in this interview is finding out what it was like,*

E: Uhm, ..

*M: Right, ... um, ... so what did you think overall? What did you think your therapist's attitude was towards your sexuality?*

E: ... .. either basically, it was something that I should keep hidden, or that maybe she thought it was something that quite, maybe quite amusing, or just a bit of a joke, ...um something, ... maybe that's best not discussed, ... again, that is only my personal interpretation, ...

*M: OK, and what made you see it that way?*

E: Basically, I would imagine at the end of the day, because I didn't really understand sometimes why I was in the sessions with her, because she said so little, ... it was like, ... I just felt that she wasn't helping me at all and because I didn't understand it, which obviously exacerbated that, that it, what was I doing there? Um ... .. I'm sorry, I'm having trouble remembering sessions, ... with her, I guess maybe because , ...I used to find some of them so upsetting, I've just tried to, to blank it out from my memory

*M: OK,*

E: Umm, .. ...

*M: OK, you sort of moved into the next ... question that I had really, in terms of why you think it wasn't useful. From what I can gather, you're saying, what you found, ... and I'd like you to add to this or correct me if I haven't got it quite right,*

E: Uhmm, ..

*M: But one, you couldn't understand how it might be helping, it was too, ... not enough was said, ...*

E: Uhmm,

*M: ... you didn't feel, ... um ... you felt that ... .. aspects of yourself, could be, she might be thinking they should be kept hidden, they were funny, or that they shouldn't be discussed, ...*

E: Uh hm, ...

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*M: ...and they were all things that made you think that therapy, that therapy, wasn't useful?*

E: Uh hm, ...

*M: And they also seemed to be linked to how you found the therapist, silent, cold, accusing, ...*

E: I can see her, thinking back now, I can see her sitting there in the room, in the apartment where she lives, ... God yes, she used to sit in, and I remember this very ... high backed, straight backed armchair, and she used to sit there and just stare very, very matter of factly, and coldly, I guess that's what my mother does sometimes, ... any way, sorry about that

*M: Do you think, ... the fact that your therapist was heterosexual played any part in the therapy being unhelpful, or not that useful?*

E: No, I don't ... I don't think her being presumably heterosexual, I had a problem with, the only ...

*M: Right, ... actually there's two takes on this, there's one how you found her being heterosexual,*

E: Well, as far as I know she is, ...

*M: Right and so we'll go with that understanding, knowing it's not necessarily the case, ... So one there's what you thought about her sexuality, ... what I am also asking is, ... do you think that as a heterosexual woman, that played any part in her being silent, cold, accusing?*

E: Oh, dear, that's a toughie, ... possibly, possibly, ... I'm not sure, ... I'm sorry I'm not being helpful on some of these answers,

*M: They're not cut and dried things are they? I'm not asking easy questions, ... do you think the fact that she was a female played any part in making it less beneficial?*

E: Not as far as I know, ... No,

*M: To you that's not an important factor, whereas sexuality, ... may or may not be, you're not really*

E: Possibly, it's possible, ...

*M: Right, ... OK*

E: One um ... one problem I remember I had for a while, I remember going out for maybe a few years ago with a friend of mine, one Saturday evening and we met a friend of his and this friend of his that we met, had a friend with him, another friend with him, I remember a man who is a psychotherapist, a gay male psychotherapist and I just remember talking to him, asking him one or two, questions about psychotherapy and things like that and answers that I didn't really understand, and I remember him being very patronising in one or two comments that he made, which I think at the end of the day

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could have been jokes, but I didn't, I didn't find them very funny, ah, and I have to admit, I've often been rather fearful of seeing a gay male therapist as well, which, ah, ... I don't know, I think that if I had to see a male therapist and a female therapist, I think I would opt for a female therapist, rather than a male, I know that that sounds very ... very crass maybe in some ways, but um ...

*M: What would, ... what is, ... what, .. hang on, ... You said that a couple of times now, can you say what it is that would make you feel uncomfortable with a gay male therapist? Are you saying a male therapist or*

E: Particularly a gay male therapist,

*M: What would be uncomfortable about that for you?*

E: Um ... .. what would be uncomfortable? I remember one or two comments the guy made, I found quite patronising, but sometimes, I sometimes wonder , and again this may sound very crass, but I have sometime been rather fearful um ... of seeing a gay male therapist because he ... obviously is the same gender as me, and the same sexual orientation and it would almost be ... .. as if it is too near the knuckle, for want of a better word, ... It would almost be like 'Yes, I know how you feel about your sexuality, or fears you have about your sexuality because I am myself', um ... that sometimes I think had been a bit of a problem that I've had,

*M: So when you are saying, near the knuckle, you're not referring necessarily to the possibility of it feeling too sexual?*

E: Uh hm, ... well , there is that too it as well, which is, yeah, there is, there is that to it as well, I think,

*M: So there is that, but you're also talking about it may feel like, for want of a better word, that assumptions were made that he knew what you felt, just by being,*

E: gay himself

*M: a gay man,*

E: Uh hm, .. again maybe that could be completely wrong, but that is how sometimes I have felt, ah, because, also, ah, a guy I wouldn't exactly call him, I've known him for several years, so I'd say he was more of an acquaintance than a friend, he's more of a friend of a friend of mine, and he trained to be a therapist and he is a gay man, ... and I remember once asking him about therapy, and ... I just felt he was saying 'Oh, yes, well basically you're just being a bit of a pissy drama queen and fussing over nothing'. I mean he didn't say that in those exact words, but that's how it came across and I did want to say to him, 'Well, if you're trying to be a little bit facetious here, then look at yourself, because you're a gay man, as well', It's just the way it sometimes comes across, ...



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*M: Right, so you've mentioned now two gay male therapists*

E: Uh hm,

*M: One you felt patronised by, the other one one called you 'being a pissy drama queen'*

E: Mmm ... and its almost like he was saying, 'Ha ha, Well, I know, I know how you feel dear, pat pat, I know how you feel because I am ... of the same persuasion myself' and it just came across as being, being quite sarcastic, but also that sometimes they could possibly be a little unprofessional as well, ...

*M: In what way?*

E: Um, ... that if they had a client who was a gay man, they would maybe, feel that they have an edge on how they feel, because they were of the same sexual orientation themselves,

*M: Right, ... so the assumption of, just because someones sexuality is the same as theirs, thinking that they know what's going on for that person,*

E: Hmm, ...

*M: That makes you feel uncomfortable and you see it as being quite unprofessional*

E: Uh hmm,... that is how it could be deemed sometimes, ... and also because I think, um if I was to see um, ... a therapist ah, a gay male therapist on a long term basis, as I have done with my current therapist, the sexual side of it, I think, if anything arose there could possibly be a problem, because I do know of a man who I haven't seen for maybe 3 or 4 years now, um .. he's an Italian guy who's lived in London for many years, and has been in therapy for many years because um ... oh different things, ... that have happened in his family when he lived in Italy and also his father was murdered, he was shot, his father was shot, ... he was a policeman, um ... this happened many, many years ago, and this guy was in therapy with a gay male therapist and ended up having an affair with the therapist, when he told, I remember when he told me I ... was just aghast, and I said 'You did what?', you know, and apparently something had started, um ...

*M: and that would be something that you ... would be fearful of with a gay male therapist, yourself?*

E: Uh hm, ..

*M: Ok, you mentioned your current therapist just now, can we turn to look at that experience of therapy then, .... What was it that, similar sort of questions, but this time about the current therapist, ... what was it that brought you to therapy this time?*

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E: Um ... I think that because for me personally I still hadn't understood ... um certain aspects of my life and how bad and depressed I sometimes felt about myself, and also because I felt quite disgruntled and exasperated at the experience I had within the groups, the group therapy sessions and also with the first therapist, .. and basically seeing this one, was ah, .. a final last ditch attempt, because I really was, after finishing therapy with the first one, I was becoming quite concerned that I'd been in therapy for a period of time that I had and I didn't feel that it had made any difference at all, and I was beginning to despair quite a bit about it,

*M: When you say despair, are you talking about depression?*

E: Uh hm, ... and also because basically I felt that I had failed in therapy, as well, .. um.

*M: Right,*

E: That it hadn't really, or either hadn't really dealt with it, or really achieved anything at all, ...

*M: Right so, in a sense, you ended up feeling depressed and despairing, and what sparked the current involvement, was this still not being alright but also this sense of 'I want to give it one last go'*

E: Uh hm,

*M: Right, ... OK how did you find her?*

E: Her name was on a list of counsellors and therapists that I applied for from the BAC, I tried contacting them and they sent a list of therapists ah, ... who live in the area that I used to live, because I used to live in the part of town where the therapist lives, ... and I remember just, basically just picking a couple of names, two or three names off this list, um ... and I remember speaking to my partner about it, and saying 'Which one should I choose? How do you know which person to choose?' ah and he helped me basically just pick out a couple of names, and I remember the first therapist I phoned, I remember his voice on the telephone, it sounds very ridiculous, but he sounded very much like Vincent Price, the actor Vincent Price, and there was just something, ... and I just said to my partner, 'No, I couldn't ... couldn't go to see him'

*M: Right,*

E: And then I said to him, basically I just think I should forget the whole idea of going back to therapy, because how do you know is the right therapist? And who isn't? and he said, if you have a few sessions with a therapist, you should know then hopefully, by then whether you'll get on with him or her. Um , ... and the second name I picked from the list was the current therapists, and I called her and made an appointment to see her

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*M: So, you found her through the BAC and then by testing it out, ...*

E: Uh hmm,

*M: Is the therapy there in a private practice setting?*

E: Yes, its in her house, ... Uh hmm

*M: Right, ... and you said you've been with her for 3 and a half years?*

E: It must be at least three and if not a little bit over

*M: Uh hmm, ... so after having the group experience and the individual experience what were your expectations of therapy this time?*

E: ... um my expectations were initially this is my third and last chance and if this doesn't work, forget it, and maybe you do, maybe I would have to go to the GP and just say, could I have some medication because of depression, and other problems as well, um ... .. initially my expectations about therapy with her were very, very little because of what happened in the group sessions and in the 1 to 1 sessions, um ... I didn't expect a great deal from it initially, I guess because I was unfortunately quite depressed at the time and so I thought if you don't expect too much then if nothing very much happens then you maybe won't be quite as disappointed as you were before

*M: Hmm*

E: but after quite a few sessions with her, um ... .. it went, they went fairly well, um they were still quite difficult sometimes, i.e. I mean difficult for me to talk about things with her because I guess you have to get used to being in a different setting with another therapist. Having been with her for quite a few sessions, I was beginning to feel a little more hopeful that maybe it would be different this time, but I was still very cautious about it

*M: Right, so even cautious about having expectations, ...*

E: Hmm

*M: Right, ... so what did you think it would be like? Are you saying you thought it would be the same as it was with the other woman? Or are you saying you didn't know what it would be like? Or are you saying something else?*

E: Um, ... initially I wasn't, I wasn't expecting a lot and wasn't quite sure what it would be like, but then having had a few sessions with her, I could see fairly easily that she was very different to the other one, and that she did actually ask quite a lot of questions, ... and she would actually stop me mid sentence and ask me to re-explain something if she didn't, if she didn't quite understand what I

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was getting at, um and likewise if she said something to me that I didn't understand I found it very easy to stop her and say 'I'm sorry I didn't understand, would you go over that again, would you explain it in more detail',

M: So once you'd had a few sessions, in a sense you warmed up to it and began to get an idea of what it might be like?

E: Uh hmm, ...

*M: and it sounds as if you are saying it was quite different to the previous therapy,*

E: very different, ...

*M: Much more interactive,*

E: Uh hmm,

M: You were talking about the other one in a sense being quite one way, you would talk and she would listen,

E: Uh hmm,

M: Whereas the current one, you're saying was much more interactive and the freedom to talk to each other,

E: Yes,

*M: Right, is there any other way that you think that, ... do you think your previous experience of therapy stopped you having expectations for when you first saw this therapist?*

E: I guess so, Uh hmm, .. because in the group therapy sessions I've nine times out of ten didn't want to talk and when it came to my turn to talk I would just say I'm fine, everything's OK, very often it wasn't but I would just lie um ... I just didn't want to talk about things that were um .. painful in front of people who were ... basically strangers to me uh ... and I remember becoming quite upset in one session, um, when one lady who I still have very occasional contact with on the telephone or by letter, we were always told that we shouldn't but we did, um ... I remember that in when session she described how she was sexually abused by her father when she was a child, on eof the other 'patients' as it were in the group sniggered and thought it was quite amusing, and I remember stopping her and really shouting at him, because I just thought it was so ... insensitive and unkind of him to laugh for whatever reason that he did,

*M: Hmm,*

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E: Umm, and that for me, well that finished it, I just didn't didn't want to talk anymore,

M: So both in the group and with the first therapist it was difficult to talk

E: Uh hm,

M: But while it was , while it has still been difficult at times to talk with your current therapist, somehow ... it sounds like its been a lot easier

E: Oh, definitely, very much so

M: Right, OK so we know that your current therapist is female,... do you know her sexuality?

E: ah, I've never asked her, I've never , I've never wanted to ask my um therapists sexuality because I don't know if a patient is allowed to ask his or her therapist whether he or she is gay, straight bisexual, asexual or whatever,

M: Right ... so you?

E: Are clients allowed to ask their therapists that? Or ... you're allowed to ask but your therapist, he or she doesn't have to answer? Or ... or I don't know?

M: I suppose you work it out, ... there's no rule that says client's can't ask, it's in the, how you are with each other

E: Ah right

M: And ... yeah , I mean ... I suppose people can handle it differently, but yeah there's nothing stopping client's asking

E: Oh, so I remember once asking the Dr who ran the group therapy sessions, I remember asking him a personal, well, ... personal in quotes, it wasn't like anything to do with his sex life or anything like that, and I remember he said I will be away on holiday for two or three weeks and he obviously had to tell the group the days he would be away, and I remember just saying to him, may I ask where you're going on holiday, you know meaning like whether it was a domestic holiday or abroad, I said may I ask where you're going on holiday and he said sharply, 'No, you may not'. Oh, right, OK, so

M: You've taken that to mean that you're not allowed to?

E: Yes,

M: *Uh hm,*

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E: But he was, ... I don't know, obviously, different psychiatrists, therapists have different ways of working,

M: Hmm

E: But I remember that, just asking where he was going for a holiday and he said 'No, you may not'

M: OK, so you've taken that and you've not asked your current therapist and therefore um ... therefore your therapists sexuality isn't known at this point?

E: No, ... well, I'd imagine she is in maybe late 40's, early ... Oh, obviously you've met her haven't you, you know her,

*M: Uh hmm,*

E: I don't know how old she is, maybe late 40's? ... .. I don't know, late 40's, early 50's possibly, I might be insulting her here because I don't know her age, I know she has two daughters, I remember she told me she has two daughters, I remember asking her things like that,

M: Right

E: She has two daughters, I know that

M: I suppose I'm not actually too worried about the factual stuff, more about your experience of being there, so just to clarify that, its not been something you've discussed and clarified, ... I'm not saying you need to or don't need to, but its not bee something you've clarified

E: I've wanted to ask her on occasions, but I've been rather fearful in case she thinks I'm being a little bit intrusive, too intrusive or stepping over the line, um ... no I have wanted to ask her on several occasions

*M: OK,*

E: Umm, but have just been fearful of asking, maybe I shouldn't be fearful of asking, I thought that it was somewhat impertinent, or I felt that she would feel that I was being intrusive, maybe one day I will have the courage to ask her and ..

*M: OK,*

E: No and again, all human beings I guess make assumptions, and I imagine for some reason that she is divorced, .. I don't know why, I just somehow seem to think she lives in the house where she does on her own, um, again, maybe that's completely incorrect, um, ... she could be a single parent, she could be could be a widow, she could be a lesbian mother whatever, I don't know, ...

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M: OK, We'll probably come back to, ... I will come back to that a little later, um ... in one shape or form, ... I haven't looked at your form yet, but you do know that she's accredited by the professional bodies yeah?

E: Uh hmm,

M: Which ones did you say?

E: ah ... it's the British Psychological Society and also she's an accredited counsellor with the Association of Humanistic Psychology Practitioners ... oh and she is also a member of the BAC, yeah, ... and the British Institute for Integrative Psychotherapy, ...

M: Right,

E: Sorry I had to bring that down, it is a leaflet she gave me, I couldn't remember, its just a leaflet she gave me

M: OK,

E: Quite recently

M: Do you know which therapeutic approach she uses?

E: ah, I ticked them on the list, its cognitive and behavioural, and there's another one I ticked as well,

M: OK, ...How do you know those?

E: Oh, only because she told me [laughing], sorry I must sound like an awful fraud, maybe you thought I would know an awful lot about it, but I'm afraid I don't,

M: No, ... I think its something we do, we um ... as therapists sometimes we end up assuming its blatantly obvious and um ... the reality is that people don't necessarily know,

E: Uh hmm,

M: Means ...

E: Unfortunately when they've been explained to me in the past, even what the difference is between a counsellor, a psychiatrist and psychologist, when differences have been explained I don't, I'm afraid, really understand them very easily, ...

M: OK, If she hadn't have explained , ... you wouldn't have known the words for it then?

E: No not really, No,

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M: OK, No worries, ... again I asked this question regarding the previous therapist, if you were describing this therapists qualities, both positive or negative ones, what would you say about her?

E: Ah positive ones, quite a few about her, she comes across as being a very warm person and I would imagine if you were a personal friend of hers or a colleague, she would be quite easy to talk to, um, the type of person that would never....

M: But as a client though, you find her warm

E: Yeah, ...

M: Are you saying you find her easy to talk to?

E: Yes, uh mm.

M: OK

E: Maybe the first few sessions were difficult, but then obviously she was a total stranger to me and vice versa, so maybe it was difficult then, but No, after a few sessions I found it fairly easy to talk to her

M: OK, ... what other qualities?

E: Ohh, she seems a lot more interested in her clients, or me as a client, um .. in problems I've discussed with her, and different doubts, fears and worries, etc, ... .. um ... .. oh dear, ... she seems to be very understanding when you explain to her how you feel, she seems to be able to pick it up very quickly, ... um .. whereas with the other one, if you said something to her I felt that you could almost hear her saying in her own mind 'Oh really', but with this one, no I couldn't ever imagine that she would ever be like that,

M: OK

E: Umm, ... ..

M: You've said all positive one's there. Any negative ones?

E: Trying to think of some, ... .. could we maybe come back to that? I'm , I can't think of any off the top of my head

M: OK, ... Can you expand a little and tell me how she conveys those qualities? How, how she puts across that she's warm, how

E: Oh, first one, sorry, is her facial expressions,



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*M: Uh huh,*

E: It's the first thing I noticed about her, I think that first, her facial expressions, she has a very expressive face, and I'm still trying to describe her to you as if you've never met her, and obviously you have,

M: Yeah

E: But her

M: In a sense I'm glad you are because that's what I need really to get your experience of it, as if, as if, ... forget I know her, ...

E: No her facial expressions I think were the things I noticed first about her, when you tell her, when you talk to her about things, whether they be things that make you happy or sad, or things that hack you to shreds inside or whatever, ... you know that is something that had always stuck in my mind, ...her facial expressions,

M: Right

E: And I think also her body language seems very warm and open, the way she sits, normally there are two sofa's in the room, .. her house I guess is laid out a little like this one, same layout but much bigger, and the wall is gone here, but she has a curtain here and you always go into the room at the back of the house, so I guess the other one is like her sitting room where she goes when she's not working,

*M: Uh hmm,*

E: But there's two sofa's in the room and she always sits on the sofa on one side, and the client or clients, sit on the sofa opposite her, ... just the body language, the way she sits, um ... on the sofa it seems very natural, the other one always sat very upright and very rigid, rather like a victorian school marm, or mistress or whatever,

M: OK, so through the facial expression and through the body language

E: uh hmm.

M: she's able to convey this warmth, the fact that she's open to you talking to her, that she's interested in you, and you can also pick up that she pretty quickly understands

E: Uh hmm, she seems to , or my interpretations are that some sessions in particular when I've seen her, especially when I first started to see her, um some of the sessions were very heavy and for me very upsetting, um ... I was always afraid of bursting into tears in front of her when having to speak

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to her about certain things that were very upsetting, I usually managed to hold them back, but once or twice when I didn't she didn't seem perturbed at all ,

M: Right

E: Whereas I always imagined that if you did that with the other one, it would have, she would have still sat there very stony faced,

M: OK, so how does it make you feel that this one wasn't perturbed in that instance?

E: Quite surprised, I think initially quite ... quite surprised, um ...

M: Was that a good surprised? A bad surprised?

E: No a good surprised, ... I remember once, when I was discussing something with her, ... it uh, ... I don't remember the exact question I wanted to ask her, but I remember saying to her afterwards, I've been worried about asking you that question in case you would be annoyed, and then I almost expected her to shout at me, and ... she said to me 'What ever made you think I would shout at you? Like I would tell you off as it were?' and I said to her that's what my mother always used to do, and very often my father and ... she said, quite categorically, 'Well, I'm not. Am I?' she said, 'I'm not either of your parents?', and she said 'I'm not here to sit in judgement of you, or to scold you like a naughty child, who, I don't know, has just broken a tea cup or something', ... um ... and I remember coming out of that sessions still being quite surprised that she didn't get annoyed or angry or shout at me or something

M: So another way that she conveyed these qualities is by actually talking about ... when she was talking about, what it was like between you , whereas you're saying, ... that's distinct from the other therapist who you felt was too distant or wouldn't respond, or if the response was to become more distant

E: Uh hmm,

M: This therapist's response was to actually talk about it and become

E: Yes,

M: Open about it and ...

E: Yes,

M: How else did you feel when ... when you felt she was warm, when you felt you could talk to her, when you felt she was interested, understanding, .... What did those things make you feel?

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E: ... .. that it wasn't, for the want of a better word, a crime to talk about feelings, whether they be good or bad. Um ... that she was a person I could talk to and I knew that she would be objective about it, um .. it made me feel a lot more open within myself about myself, um ... .. and that I'm not quite so, ... um ... quick to hold back on speaking my mind, ... now, which I think ... is a good thing, ...

M: OK,

E: Sorry, I don't know if I've answered that question, correctly, or helpfully enough,

M: No, its useful I think, ... We talked about, .. with the first therapist and I'd like to talk about it now with this therapist, has your sexuality been discussed within this therapy?

E: Yes, it has,

M: How did that come about?

E: um ... I guess I've raised it in one of the initial sessions I had with her um ...because of problems I was having with a colleague at work, in the department where I used to work, um ...because I changed jobs within the company where I work, um ... and I had been having problems in the past with an ex-colleague, um .. i.e. problems to do with sexuality, because he's very homophobic, ... um, but looking at it now, I wouldn't be surprised if he is gay himself anyway, but at the end of the day, that isn't my business, I guess, ... but ah, I remember discussing problems I'd had at work um ... with an ex-colleague because of my sexuality

M: Umm,

E: um ... and she was quite open and ready to talk about my sexuality, if there were any problems there, I never found it difficult to talk about homosexuality with her, whether it be to do with me personally or with the subject, excuse me, in general...

M: Mmm, OK, and after that how was your sexuality dealt with? You're syaing that the first time it was you that raised it. After that?

E: In what respect?

M: With the other therapist you said that um, I think that at times you raised it but there were times when she would say things like 'Well do you feel that your parents were disappointed?', so she'd come up with a comment about relating to sexuality. I was wondering whether its always been you that's raised it with this therapist or whether there are times that it came up differently?

E: ... of dear, um ... .. I would imagine it would be more often than not its been me that's raised it in whatever context, but I mean if she feels the need to refer to it because of a problem or whatever, or

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within a particular setting she would refer to it herself, ... um ... .. I can't think of any ... of any definite or concrete areas where she would refer to it directly,

M: OK,

E: I've spoken to her about problems I've had within a personal relationship, which she obviously knows is with another man, um ... .. but oh, .. apart from that .... ..

M: So in some ways you seem to be saying two things, one, that its actually hard to remember exactly when it came up,

E: uh hmm

M: via her, ..but also she's quite happy to talk about it where ... and I don't know if I'm putting words in your mouth here, but where its relevant, either because you brought it up, or because it seems related to whatever else you are talking about, so in a sense, ... does that quite catch it?

E: Yeah, Uh hmm, .. sorry I'm not being very clear on some of these answers, its just that ... sometimes I just have difficulty in remembering just how she refers to it,

M: Right, and these are questions that I want answers to, its not that you go around knowing what I want to know,

E: Uh hmm,

M: So what would you say your therapist's attitude is towards your sexuality?

E: Oh she always comes across as being very positive about it ...

M: and why do you say that?

E: um ... in the sense that if we have to discuss anything to do with my sexuality, its done on a par, on a level, as anything else would be, it doesn't seem to be something that has to be discussed, ... in a broader context, ...um that my sexuality is one issue , or one area of my life and its, its completely separate from everything else,

M: You're saying that's not what its like?

E: Yeah that's right

M: *Its one a par with everything else, its not made as a special,*

E: its , its, its part of the whole spectrum ,... of things

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M: Right, ...

E: You know she's never made .....

*Tape is blank for this next section of the interview!!!!*

E: ...problems that I've had within my family, ..um... she's never made my sexuality an issue, that your family did this to you because you're gay, or whatever, No, she's never done that,

M: Right, ... OK, you described quite categorically that you felt the previous therapist wasn't useful, would you say this therapy has been useful?

E: Uhm, ...I think so, Uhm, ..

*M: In what way?*

E: um ... .. first and foremost I think that the depression has gone, that seems to have gone a great deal, ... that I can notice a lot, that has gone, which is ah, ... I still get my off days

*M: Hmm,*

E: but then I guess most human beings do,

*M: Mmm, Mmm,*

E: Um .. ... they're what my partner often refers to as my Victor Meldrew days if I get really cross about something, but that is just being cross or angry about something, I think is, rather different to being depressed

*M: Right, ... yeah,*

E: No, the depression, knock on wood, that seems to have gone, as a massive thunder storm brings it back tonight, ... No, please God it won't, but , No, that definitely seems to have gone

M: So what do you think it was specifically about this therapy that has helped make it useful? Helped make the depression go?

E: I think because she was more, for the want of a better word, ... um searching and inquisitive about it, she would ask questions rather than just make statements, or sit there very stony faced and not say very much, ..

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M: So in a sense you're going back to some of her qualities that you mentioned earlier

E: Yeah, ... she, she asked questions, ... um, she would ask things about my family, and um, why do you think they did this or did that? Or said this of that? Um, do you think its because this or what do you think? She would ask questions

*M: Right,*

E: Umm

M: OK, ... so you've linked it back to um ... her qualities as a person, what about the therapeutic approach?

E: I guess that has a lot to do with it as well, ... I, ... I guess it does, ... again, I wish I knew more about them, i.e. the explanation,

M: Uhm, ..

E: of different

M: Do you think it might do but you're not sure what?

E: Probably not sure that I would understand it, if I had a book that said, chapter by chapter, this therapy, chapter one is behavioural therapy, chapter two is another type of therapy, I sometimes wish that you could, were able to buy a book, ...ah, that said, could basically just explain it in layman's terms

*M: Right,*

E: Um, ...

M: OK, but what you're saying, and I think is quite useful to hear is that, um, ... even though, that may be important, ... but you don't know, like all the ins and outs of it, ...

E: Uhm, ..

*M: It has been useful and particularly because of the therapist has been with you,*

E: Uhm,

M: Do you think the fact that you don't, haven't talked about your therapists sexuality, that you assume her to be heterosexual probably, do you think that's played an important part in therapy being useful? Or do you think its not been an issue?

E: ... .. um ... .. oh dear, I don't think its been an issue as far as I'm aware, ... um ... .. if I were to ask, as I said I made an assumption, ... and it could be wrong and it could be right, who knows? I made an assumption that she is heterosexual but if I asked her, um ,... what is her sexual orientation and she said she was a lesbian, I can't imagine it would make me feel any different towards her, or within the therapy context of the sessions I have with her, ...

M: OK

E: I don't imagine what difference it would make

*M: OK, and the fact that she's a woman? Has that been part of what's made it useful? Or do you think ... that's not been particularly relevant?*

E: Sometimes I think it has been relevant, but then the other therapist was obviously a woman and I couldn't get on with her at all, and I have often been fearful, as I said ah, earlier, of being in therapy sessions with a gay man, but maybe again that could be completely wrong, because you can obviously get gay male therapists who you can relate to and some that you can't

*M: Right,*

E: As you can with female therapists

*M: Right, so its not something with a categorical answer to,*

E: No,

*M: It may have been important, sometimes its felt important,*

E: Mmm, ... but then again at the end of the day, I guess as long as you get on with the therapist, that's all that really matters, whoever he or she may be

*M: OK, ... so it sounds like its been a very different experience to the previous therapy,*

E: Mmm, very much so.

M: In your own words can you summarise what the main difference was?

E: ... .. um ... .. the main difference was going to a therapist where you could feel that things were beginning to improve, ... um ... there's certain areas of my life that I've still, ... as certain as I can be need to be discussed, um with her, that I've still haven't resolved yet in my own mind, but maybe that could take many years, maybe just another few months, who knows?

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M: uh hmm, ...

E: Um ... ..

*M: So one of the main differences is ... that you've got a hope that you will be able to talk about things?*

E: uh hmm, ...

*M: With her,*

E: uh hmm,

M: and another difference is that it actually feels like things are beginning to improve

E: Uh hmm, ... maybe I've been too impatient and expected uh, ... a change bigger than can be expected over the period of time that I've been with her, because of problems that I've had which have basically been there, all of my life, from birth, ... um because of what happened in my family between my parents, ... um ... its something, I've never been allowed to forget, uh, .. and something that my mother has never been allowed to forget, its something that will always be there, the clock, obviously, no one can ever turn the clock back, what happened has happened and its , but what happened was quite a big thing I guess, in the era when it happened and because of that, my parents have always sought to have each other to shout about it, and also extended family became involved and its something that used to trouble me a lot, but now I just think I've been able hopefully, to let it go and if other people can't then obviously they're holding on to it for their own reasons

*M: Right, ... and you're talking about it,*

E: Hmm,

M: OK, ... can I move on now to, I suppose the core of the research really, this definition of what is gay affirmative,

E: Uh hmm,

M: What in your opinion, there's no right or wrong to this, ... in your opinion what do you think are the main qualities that need to be present before a therapy can be seen to be gay affirmative? To be sensitive to gay peoples needs in therapy?

E: ...oh dear, ... um ... .. yes that's, God, that's a bit of a tough one I'm afraid, ... um ... I guess the first thing that springs to mind is that whoever the therapist is, who the client sees is um .. maybe if they're aware of how deep homosexuality can affect a person's standing within the family, ...within the family standing, if somebody is from a very religious family for example, and



sadly, as far as I'm aware most religions are quite homophobic, um ... if the therapist is aware of the problems people can face because of er, ... family, religious beliefs or um ... dear me, ... different cultural attitudes to homosexuality, obviously some are very accepting and open about it and some are very, some are very homophobic ... um ... I guess an understanding of problems that people can have at work in the workplace because of homophobia, which can trouble people as it has done for me in the past, ...thankfully it doesn't any more, and ...

M: so both ones are about its very useful if the therapist is aware ...

E: Mmm,

M: ... of some of the issues that... some of the difficulties ... that being gay can ... some of the difficulties in being gay in a context that are homophobic?

E: Mmm, Yeah, ..

M: Its important that the therapist has got a , it's one of the main, .... Um .. qualities of importance

E: Yeah,

M: What are the benefits for the client if this is a part of the therapy?

E: I would imagine initially, that it would make it easier for the client, whoever he or she may be, to talk about their sexuality and any of their own personal fears and doubts they may have about it, ... um ... problems um, as I said with regards um ... ... family, I just, dear me, I um ... ... sorry maybe I should have thought more about things that might come up in this session before you arrived, ... um .. maybe, I don't know, ... ... I just think that if a therapist has a good understanding of problems that could face, i.e. lesbians or gay men, ...

M: somehow that would make ...

E: Makes people I would imagine more, more ready to talk, about homophobia within the family, within the workplace, it makes people bring it more out into the open, i.e. the client to bring it more out in the open rather than tending to skirt around the issue of sexuality,

M: OK,

E: When it could be presenting them with fairly big problems, ...

M: OK, what qualities do you think, would prevent therapy being useful to gay men?

E: What would prevent it being useful? ah ... ... cor, um ... ... Um, .... Not exactly sure I'm afraid, what would prevent it being useful? um ... ... maybe if the therapist didn't bring the issue

of sexuality up at all or they brought it up very little and it was always left to the client to raise that particular issue, maybe if the therapist, his or herself had a problem, ... um with regards to talking openly or freely about a client's sexuality, .. I don't know if that happens very often, ... um, but maybe some therapists do have a problem referring to their client's homosexuality, ...

M: and what do you think the negative, if that was the case and, ... what do you think the negative effect of that would be?

E: That it would basically, for the client, it would make him or her, ... more reluctant than they could be already to talk about sexuality, in whatever context he or she wants to talk to the therapist about um .... If somebody, for example, is well maybe, is still not open about his or her sexuality, and is still uncertain whether to talk about coming out as it were, um it could make them more fearful about doing so, ...in whatever context, whether the workplace, the family, um ... more so I guess if the person is married, if it's a gay man, or a gay woman, and if he or she is gay and has been pushed into an arranged marriage, or has got married, for the sake of keeping everyone happy except his or her self, um ... maybe ..

M: OK, so ... it seems like one of the crucial elements in this is how comfortable the therapist is ...

E: Uh hmm

*M: ... with these issues, in order to, and that then will either you think, make it beneficial experience in being able to talk about these things or not, ..*

E: Uh hmm, ..

*M: In effect it would sort of encourage, or allow things to be discussed or shut them down,*

E: Uh hmm, ..

M: Right, OK, .. if we can widen it out, you've talked about your own experience and preference for um ... a therapist of certain genders or sexual orientations, ... widening it out, do you think there's a particular gender or orientation that's best for gay men to work with?

E: ... again I guess it depends on the individual concerned, some gay men may feel very uncomfortable talking to a heterosexual therapist, whether the therapist be male or female, ... um, ....  
... again, I guess, a lot of it, thinking on discussions this evening, I guess a lot of it depends on the individual, whether he or she feels comfortable about speaking to a heterosexual or a homosexual person, ...

M: OK, so individual factors are particularly important, ...OK, alright, the last few questions, Is there anything else that, you wanna go back to? Or it would be useful for me to know about your experience

of gay affirmative therapy, and that we've not already talked about?

E: ... .. do I, I can't think of anything, ... of the top of my head,

M: *OK,*

E: ... dear, dear, dear, ...

M: There doesn't have to be I just wanted to make sure there was a space that if you felt there was something that was important and I hadn't picked up on, you had a chance to say, ...

E: ... .. um, No I, .. well I think the only thing that does come to mind is what I've just said, ... is, ... basically at the end of the day I guess, if somebody, ah, if he or she feels they need to go to a therapist for whatever problems they have, ... um maybe, if the client has never been in therapy before at all, if he or she has an assessment session as I did, initially, maybe they should be able to speak more freely, to the , the um, the referral person, whoever, that they are having problems with their sexuality, and that maybe, if they could ensure that they are referred to a person who has no qualms talking to a client about his or her sexuality,

M: *Right,*

E: Umm. ... thinking about it maybe I should have done that, maybe I should have uh, on the subject of my own sexuality, maybe, I should have spoken to the clinical psychiatrist who I initially saw more about that but didn't,

M: Mmm, OK, but its often very hard at the first meeting, as you say, with a stranger to launch into all this, but as you say it might be something to think about, ... OK, how has it felt to take part in this interview?

E: Quite OK actually, a lot easier than I thought it would be, I was expecting it to be quite difficult, although saying that I don't think I've answered some of the questions very well, ... I have some, certain questions, I've had to think quite a bit about the answers, and how to phrase them

M: Don't worry about that, I mean there's lots and lots of really useful stuff here, and no one is ever going to answer every question as fully as every other question, but I mean you've given me lots and lots, I think its going to be really useful,

E: Mmmm,

M: So don't worry about that

E: Well, I hope so, anyway, I hope its been constructive for you as well, to come out this evening

M: About the interview, was there anything you felt was particularly good about it?

E: um, .... .. I guess its structured in quite a definite way, which is a good thing, where certain areas are dealt with um almost chapter by chapter, I think that makes it a lot easier,

M: Right, ..

E: Rather than I thought it would be, ..

M: You felt it was easier by doing it that way?

E: Yes, ...

M: Right, ... Was there anything about it you didn't like? Or you ended up feeling uncomfortable about?

E: No, not particularly, No, ... um , just a bit nervous of speaking when there's a dictaphone running at all, but that's just a personal thing I have about them, and that's because I never, that's because whenever I hear my voice, if its played back on a machine like, for example when I bought the answer machine there it had a pre-recorded message on it, which I didn't like the sound of, so I flipped the cassette and put my own message on it, and you play it back and how my voice sounds on a cassette isn't at all how it sounds when I hear myself speak, it sounds very different, and I don't know why, ... I think 'God, is that how my voice really sounds?'

*M: Right,*

E: That's always astounds me how different it sounds

*M: Yes, ...I'm also getting used to them, They didn't, I mean, you seemed to be able to talk,*

E: Uh hmm, ..

*M: Brilliant, OK, that's it, over,*

E: I wanted to ask a personal question, but should I ask when you've switched the machine off? Or, because its, I don't know if its to do with the interview or not?

M: Well, lets leave it on, and if its not, I don't need to..

E: You can erase it

*M: Yeah,*

E: Are you gay yourself? Or not?

*M: Yeah,*

E: You are, ah right, I didn't know whether to ask that or not, see I should be able to ask you and, .. that's what I should have done with my therapist, see I wanted to ask for that in the past, or about whether she's married or whatever, but I don't know, I've never known whether to ask or not?

M: Right, would it have made a difference if you'd known before the interview? I mean, you've talked about it might be difficult to be in therapy with a gay man, would it have made a difference if you'd asked and known at the beginning?

E: I would have been fearful about speaking to you, I think had I have known before hand, but then having spoken to you without knowing, I think its made it easier, but now thankfully, I've felt comfortable enough, I hope, to ask you a personal question about yourself, and you've answered honestly and said 'Yes', and No it hasn't bothered me at all, ... I mean I haven't suddenly wanted the floor to open up, 'Oh God, I've been speaking to a gay person, and oh ...' and hide, No,

*M: Right,*

E: But just, I guess, a couple of experiences I've had with gay, with gay people who are therapists in the past

M: Right, yeah

E: have come across very ... in a very ... strange manner for want of a better word, .. but with you, No it hasn't done at all, ...

*M: Alright,*

E: OK, ..

*M: Let me just turn all these off, ...*