WORKING WITH HOMOSEXUAL CLIENTS:
Application of Solution-Focused Therapy

Husmiati

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Abstract

This article discusses the psychosocial problems dealt by gay, lesbian, and bisexual clients. Gay is an individual who has sex orientation to male, whereas lesbian is to female. Bisexual has both sex orientation towards male and female. This article also points out one approach called Solution-Focused Therapy (SFT) which can be applied in clinical practice. Working with SFT technique to homoerotic individual or group is significantly different to common people. Mental health experts such as social workers and clinical psychologists should have this understanding.

Keywords: Homosexuality, client, clinical practice, therapy, solution focused

Abstrak

Tulisan ini membincangkan masalah-psikososial yang dihadapi oleh klien gay, lesbian dan biseksual. Gay merupakan individu yang memiliki orientasi seksual terhadap lelaki lain, sedangkan lesbian perempuan adalah wanita yang memiliki orientasi seksual terhadap sesama perempuan, manakala biseksual merupakan individu yang memiliki orientasi seksual kedua-duanya baik kepada lelaki maupun perempuan. Tulisan ini menawarkan satu pendekatan atau teknik Solution-Focused Therapy (SFT) yang bisa digunakan dalam praktik dan intervensi klinisbagi klien gay, lesbian dan bisexual. Bekerja menggunakan teknik SFT dengan individu atau kelompok klien homoerotik adalah berbeda dengan SFT dengan orang awam pada umumnya. Para ahli dalam kesehatan mental termasuk pekerja sosial dan psikolog klinis perlu memiliki pemahaman dan kompetensi seperti ini agar mereka dapat melaksanakan praktik secara ilmiah dan bertanggungjawab

Kata Kunci: homoseksual, klient, praktek klinis, terapi, fokus solusi

Gay, lesbian and bisexual issues are seldom discussed in our country. This type of client has faced a lot of problems. They need professionals' help such as therapists, counselors, and social workers. In Western countries, this community has its own relationship even though its activity may be illegal. They have been a victim of violence, sexual violence, and discrimination by the society for a long time. This is the main reason why they need help from professionals' to make their life more meaningful. In this case, clinical counseling and therapy provides safer and more practical services to these clients (Barbara, 1981).

Gays are men who have sex orientation to another man and lesbians are women have sex orientation to another woman. Generally, primarily members of same sex have known this type of sexual orientation as homosexual. Bisexuality is alternately defined as either (1) being synonymous with homosexuality; (2) a distinct sexual orientation characterized by specific behaviors, beliefs, and actions; or (3) as a stage of transition from which an individual chooses either a homosexual or heterosexual orientation (Van Wormer, et al.,1999).

Psychosocial Problem

The sexual minority community has been facing a lot of problems. They have been discriminated, being a victim of domestic violence, facing problems to coming out to their peers, siblings, parent and also their children. *Substance abuse* is one of the major problems that gay, lesbian and bisexual clients face, especially the sexual minority youth. Sexual minority adolescents have the additional stress of coping with their sexual orientation in a society that is often homo-phobic and heterosexist. Thus, the origins of substance use and abuse in sexual minority teenagers may be linked with feeling of being marginalized by society, seeking relief for feelings of depression and isolation, or desiring alleviation of the chronic stress associated with being stigmatized both inter-personally and intrapersonally (Wodarski, 1998).

In a study by Kuss in 1988, lack of acceptance of one's sexual orientation was a critical factor in the development and maintenance of alcoholism. Sexual minority adolescents may be the most vulnerable victims to gay-related stressors because that may be the time of life when people first begin to question their sexual orientation and youth maybe (less)-equipped developmentally to handle the strain of being differences. Alternatively, sexual minority youth may use drugs or alcohol to be part of the gay and lesbian subculture, which in many localities may be organized around bars. Bars and clubs as the sole or major source of socializing with other gay men and lesbians may lead teens to begin using the alcohol that is readily available in these establishments. Sexual minority teens may use drugs and alcohol as tools to rationalize their same-sex feelings and behavior. Similarly, gay, lesbian, and bisexual teens may use substances to alleviate the anxiety they feel when in a gay or lesbian environment or situation. This mixing of sexual behavior and substance use may put teens in potentially dangerous situations in which they may be exposed to sexually transmitted diseases or nonconsensual sexual encounters (Fahrudin, 2001; Murphy, 2000).

Besides sexual minority youth, gay, lesbian and bisexual, adults also may use drugs and alcohol. According to a research in Hong Kong, gay men use *Ketamine*, the very popular pill among them at the gay bar, before having sexual intercourse with their partner.

Furthermore, gay, lesbian and bisexual youth may have dealt with harassment and victimization both at home and at school and as a stigmatized minority groups are ongoing and systematic oppressions. Substance abuse is disproportionately evident in many minority groups.For example, Native Americans, who are subjected to such oppression. Besides, coming out is another problem that the gay, lesbian and bisexual clients must face. But this issue most probably happens to those who are gay men or lesbian. A gay, lesbian and bisexual client may feel ashamed, sad and guilty because of their sexual orientation. Actually the main purpose of coming out is to hoping for honesty and closeness. It becomes a problem when the clients have problem to come out such as they feel ashamed, depressed, sad and many others that can stop them to coming out to their siblings, parents, and to the community. Despite the strong likelihood of disapproval, survey by Bryant & Demian (1994) suggests that 60-77% of gay men and lesbians decide to come out to their parents (Fahrudin, 2004). Many coming-out gay men and lesbians hope to increase the closeness and honesty in their relationships with their parents, siblings and also their friends.

Coming out has been defined as the simplest as the realization of a person gay and lesbian sexual orientation and the subsequent dis-closure of that orientation to others. King cite by Fahrudin (2001) defines this process as disclosing someone and there are several stages in this process. The first stage is admitting oneself that one has a homosexual

orientation. Some of the researchers believe that sexual orientation is established at very young ages such as 6 years old. In this process, self -recognizing is often a very confusing and anxiety-producing discovery. Some do not recognize their sexual orientation until well into adolescent or later. Many people have a negative opinion of this sexual orientation; so recognizing one is a homosexual is always a lonely and painful experience. Actually, coming out is a process to help the sexual minority to disclose their sexual orientations to others. But, it becomes a problem when these sexual minorities have been discriminated, isolated, or even being bullied by those heterosexual members.

According to LaSala (2000), coming out is good for gay, lesbian and their relationships, but disclosure to parents is often the most stressful experience a gay person faces. Parents have been found to react with shock, guilt, anger, embarrassment, and rejection when they learn that their children are homosexual or bisexual. But the coming out process (self-identification of a lesbian, gay, or bisexual identity and disclosure to family, friends, co-workers, and others) will be experienced differently based upon the individual's characteristics. The developmental tasks of the coming out process identified by many theorists that include transforming a societal stigmatized identity into a positive identity; exploring and socializing in the gay community; disclosing to others; managing one's identity in a heterosexist environment; and building a family and community for support.

Homophobia is another problem emerges among this sexual minority, especially those gay and lesbian clients. Homophobia is an irrational fear of homosexuality and some researchers prefer to use the term of antigay prejudice, and this issue is also defined as the fear or hatred of lesbians and gay men. Studies find that among males, homophobic views are greater in men with stereotypic male gender role attitudes; a religious fundamentalist attitude, little education or those regard homosexuality as a choice (Fahrudin, 2004; 2002).

Why do some people have such *fear of and hostility* towards homosexuals? Some clinical social workers believe that homophobia stems from self-righteousness in which homosexual are perceived as contemptible threats to the moral universe. Heterosexual males generally have much more hostile attitudes toward homosexual males than they do toward homosexual females. This is because many sexually explicit male-oriented magazines regularly devote several pages to female-on-female sexual activity and female homosexual sex scenes is often shown in hard-core porno films made for male heterosexual audiences. This shows that heterosexual males find lesbianism is highly erotic and this has improved their attitudes towards lesbians. So, the homosexual adults and adolescents face especially difficult struggles for self-esteem, emotional security, and a sense of caring community. Even well-meaning, supportive persons may be unaware of their homophobic beliefs and practices. Solely due to their sexual orientation, these sexual minorities experience physical and verbal assault. According to Gibson et al. (Muller & Hartman, 1998), 45% of gay male teens and 20% of lesbian teens report that they have experienced verbal and physical assaults in high school and 28% of gay male youth have dropped out of school and abandoned their educational and career goals because of the discomfort they have experienced in school.

Besides *alienation from their family*, the sexual minority also faces a lot of problems in their career. The choice of a suitable career has important considerations for gay and lesbian couples. A lesbian may realize at an early age, she will not ever depend on a man's salary. Therefore, they choose a traditionally male-dominated profession in order to maximize her earning potential. Because women are still not

widely accepted in male-dominated fields, lesbians who choose these occupations may be discriminated. Similarly, gay men may choose careers that traditionally female-dominated profession in order to escape discrimination. This is because many gay men belief that heterosexual women are more supportive compare to the heterosexual men.

Besides, these sexual minorities, especially both gay and lesbian must decide whether to work in a setting where sexual orientation must be *hidden or to self-disclose and risk for discrimination*. For example, many gay men and lesbians remain "closeted" in such fields such as teaching, child care, and child psychology. This is because of the widespread belief that they recruit children to same-sex life style or that they are more prone to molest the children. They also do get the support or assistance that they require because of their sexual orientation is not validated by the society. Other problems that this sexual minority community must face are loneliness and isolation. They often find themselves alienated, alone, and withdrawn especially to the adolescent. For adolescents, they are outsiders in their school and home communities at a time in their lives when social connections are vital for healthy development. In their isolation, gay youth suffer the effects of low self-esteem, identity conflicts, and guilt (Muller & Hartman, 1998). When homosexual adolescents cannot turn to their parents or community institutions for validation or support, the results are devastating. Gay, lesbian, and bisexual adolescents often isolate themselves because of a realistic fear of rejection and harm. They struggle to adjust to a socially stigmatized role.

The identity issue is another problem that emerges in the life of the sexual minority. For the sexual minority youth, for example, they need peers group's acceptance and interaction. The process of identity formation is greatly complicated by homosexuality (Muller & Hartman, 1998). With few role models and few, if any, organized social outlets, this adjustment is often fraught with guilt, shame, and intense loneliness (Muller & Hartman, 1998). Interaction with peers is curtailed by the homosexual's perceived need for secrecy.

Being a victim of domestic violence is another crisis that emerges in these sexual minorities life, especially to the lesbians and bisexual women. Some researchers believe that they become a victim of domestic violence. For the bisexual women, they have been battered by another woman, by calling their sexually degrading name and continually threaten about their sexual orientation. The bisexual women are constantly being accused of having affair with both men and women. Verbal abuse is one of the violence that the bisexual women face. For some bisexual women, these tactics are particularly devastating because internalized shame may include shame about relationship with both men and women. In addition, bisexual women may experience the traditional tactic of batterers, such as eating and sleeping disruption, property destruction and physical violence (Gochros & Schiltz, 1973).

Lastly, the major problem that emerges in their life is AIDS. Although AIDS is prevalent in many communities, it has been popularly-associated with gay men. If their testresult for HIV ispositive, not only are they devastated by knowledge of the decease, but they feel the need for renewed secrecy in the workplace or with extended family members. An initial response of depression, fear and angry permeate the relationship. Although gay men may be limiting the members of partners with them whom they have sex for fear of contracting the AIDS virus, previous relationships may resurface as topics of conservations between the members of the couple. It is noteworthy that lesbians are currently one of the lowest risk groups.

Solution-Focused Therapy (SFT)

SFT is an approach to psychotherapy based on solution-building rather than problem-solving.

Solution-focused practice is short-term approach to clinical intervention in which therapist and client attend to *solutions* or *exceptions* to problems more than to problems themselves (Corcoran, 2000; DeJong & Berg, 2002). Its focus is on helping clients identify and amplify their strengths and resources toward the goal of finding solutions to presenting problems (Walsh, 2006). It also explores current resources and future hopes rather than present problems and past causes and typically involves only three to five sessions. It has great value as a preliminary and often has sufficient intervention and can be used safely as an adjunct to other treatments. SFT also begins as a problem-focused alternative to family and marital psychotherapy but evolves into a solution-focused method that is frequently focused upon individuals (Nunnally, 1993; Maguire, 2002).

Developed at the Brief Family Therapy Center, Milwaukee (de Shazer *et al*, 1986), it has originated in an interest in the inconsistencies to be found in problem behavior. From this has come the central notion of 'exceptions': however serious, fixed or chronic the problem there are always exceptions and these exceptions contain the seeds of the client's own solution. The founders of the Milwaukee team, de Shazer (1988, 1994) and Berg & Miller (1992), have also interested in determining the goals of therapy so that they and their clients would have known when it has become time to end! They have found that the clearer a client has about his or her goals, the more likely it has that they have been achieved. Finding ways to elicit and describe future goals become a pillar of solution-focused brief therapy. Since its origins in the mid-1980s, solution-focused therapy has proved to be an effective intervention across the whole range of problem presentations. Early studies (de Shazer, 1988; Miller *et al*, 1996) show similar outcomes irrespective of the presenting problem. In the UK, Lethem (1994) has written on her work with women and children, Hawkes *et al* (1998) and MacDonald (1994, 1997) on adult mental health, Rhodes and Ajmal (1995) on work in schools, Jacob (2001) on eating disorders, O'Connell (1998) on counseling and Sharry (2001) on group work.

SFT does not represent a single theoretical perspective, but is a model of practice that draws from theories in clinical practice, sociology and philosophy. This model is clearly oriented toward the future, much more so than most of the practice theories discussed so far (Walsh, 2006). Solution-Focus Therapy (SFT) practice works routinely with all age groups and problems, including gay, lesbian and bisexual problems, students, child abuse and family breakdown, homelessness, drug use, relationship problems and the more intractable psychiatric problems. Solution-focused therapy is an approach to psychotherapy based on solution-building rather than problem-solving. It explores current resources and fu-ture hopes rather than present problems and past causes and typically involves only three to five sessions. It has a great value as a pre-liminary and is often sufficient intervention and can be used safely as an adjunct to other treatments.

A number of therapies have been invented or applied to help them. One of the therapies that have been applied by the social workers or therapist to help them is SFT. SFT is a short time, time sensitive, cost-effective, abbreviated, strategic, intermittent, episodic, limited goal, serial and short time therapy (Curven et al., 2000). SFT can be applied to the issue of coming out with gay and lesbian clients.
SFT uses some techniques that have been adopted from other approaches to help this sexual minority clients. One of the techniques is role play. Dunne (1987) found that eight sessions of role playing in small group of gay father to be highly useful with the issue of coming out to their children. In the six month follow-up of the seven participants in this study, 2 were able to voluntarily tell their children about their sexual orientation. One

was confronted about his sexuality and found that this group participation had made this confrontation easier for him. For the remaining 4 participants, 1 planned to disclose his sexual identity in the near future, 2 of them thought that the time was not opportune, and the last 1 felt no need to tell his children because they had been told by their mother.

Solution-Focused Family Counseling also helps the gay, lesbian and bisexual clients to overcome the 18 stereotypes that affect them. By helping them, the counselor also can benefit because he or she can understand the stereotypes that they face in the couple and family relationship as they affect the healthy family functions (Muller & Hartman, 1998). For example, mutual sharing group is one of the most suitable group members who faced problems such as depressed because of being isolated. Mutual sharing group members consist of those who have the same problem. The goal of this group is to be supportive and it is experienced through members by sharing their stories and experience and through listening and caring for each other. For example, a group of bisexual women can form a mutual sharing group to share their stories of being abuse by men and other heterosexual members. As being discussed before, these sexual minorities client has being isolated by their peers, siblings, parents and even the whole society because of their sexual orientation. So, they feel lonely and depressed after being isolated, discriminated and even being abused by their parents. So in the mutual sharing group, a bisexual male can be more relaxed and released because he knows that he is not the only one that being a victim of abuse or discriminate by his family and other heterosexual peers.

The main reason that these sexual minorities need to be in a group is in spite of their large numbers--estimated to be at 10% of the general population--and their high risk for early death and isolation, few groups of young people have been so ignored as sexual minority youth (Muller & Hartman, 1998). Struggling to accept and integrate their sexual identity into their lives, gay students are more likely than other youth to attempt suicide, to abuse drugs and alcohol, to contract sexually transmitted diseases, to run away, and to experience family conflict and academic problems (Muller & Hartman, 1998). The certainty of ridicule, couple with fear of attack, make school a fearful place for these teens, resulting in frequent absence and academic failure (Muller & Hartman, 1998).

Besides SFT, family therapy also has been practiced in order to help the sexual minority clients in their family issues such as coming out to parents, siblings and family members. In family therapy, the therapist or social worker needs to recognize that although many lesbians and gays are estranged from their families of origin, roles acquired in these families reemerge in other social relationships, and that those roles need examining. Many adult homosexual marry and produce offspring, thereby creating families of their own. The family therapist must investigate these newly created family systems. By providing family therapy to the gay, lesbian and bisexual clients, the counselor, psychologist or social worker can help their client to come out to their parents, sibling and others family members.

For coming example, the family work in coming out to children, these cases usually focus on the parents' ability to communicate clearly their reasons for agreeing to or initiating the dissolution of their marriage if, in fact, either decision has been made. Both parents and children usually require help in understanding one another's reactions and in expressing their love directly. Sometimes, behaving in typically preadolescent or adolescent ways, the children attempt to make use of this newly disclosed information by either acting out or attempting to manipulate in some way. For instance, the counselor work includes that with families in which the children focus on the parents' homosexuality

in an attempt to divert attention from behavioral problems that predate their parents' coming out. In such instances, the skilled family therapist helps the family to view the behavior as manipulative and to separate the content of the parents' sexuality from the real issues to be resolved.

CONCLUSION

Gay, lesbian and bisexual clients have been facing a lot of problems in their life. A social workers or psychosocial therapists should be ready to face these sexual minority clients and also should develop more acceptance and understanding if social workers want to help them. They should be aware of the behavior of these clients in the therapy and counseling sessions and providing them a helpful hand because there are no other options for them to seek help except from professional helper. Not only the social workers, counselors and teachers also need to help them if they face problems in school and not discriminate them because of their sexual orientation.

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