

## Lifting the veil: Experiences of gay men in a therapy group



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Group psychotherapy remains an under-utilised treatment modality in South Africa. Similarly, there is paucity of local research on sexual orientation and psychological well-being. This article attempts to make sense of the potential contribution of therapy groups not only to the lesbian, gay, bisexual, and transgender (LGBT) sector, but also to South African society more generally. Informed by a longitudinal study conducted between 1995 and 2003, this article evaluates whether a Gauteng-based therapy group that has been in existence since 1995 indeed meets the needs of its predominantly gay male members, has an impact on their well-being, and can be considered effective in empowering members to deal with various issues in their lives. The study employed a triangulation approach and combined both quantitative and qualitative methodologies. Results indicate that the therapy group, hosted under the auspices of the non-profit organisation, OUT LGBT Well-being, received high positive ratings from a purposive sample of 40 members who previously participated in the group. This study confirmed earlier findings that indicated that, due to marginalisation and the threat of discrimination, many gay individuals are prone to experiencing perceived rejection by society, self-devaluation, identity confusion, hiddenness and isolation, excessive self-reliance, lack of trust, control issues, and difficulties in familial interactions. Positive changes reported by participants as a result of their therapy group experience include increased self-acceptance and self-confidence, a heightened sense of identity, increased tolerance in relation to others, increased honesty including disclosure of sexual orientation, and social integration.

**Keywords:** coming out; gay men; group psychotherapy; Gay Affirmative Therapy; LGBT-related therapeutic themes; psychological well-being; sexual orientation

This group gave me the courage to stand up and claim the necessary space to tell others my own story, because I realised that what I have to say is also important – it was important for me and others to understand what it is that hurts me, makes me insecure and unhappy. (Anonymous, therapy group ex-member)

Often, when lesbian women and gay men keep their sexual orientation a secret, they experience diminished feelings of self-worth and increased feelings of guilt and anxiety. Mental health professionals are therefore of the opinion that disclosure of sexual orientation (also known as ‘coming out’) to significant others is a prerequisite for the development of a positive gay identity and the achievement of psychological wellness (APA, 2000; Coleman, 1982; Peterson, 1996).

It is well documented that non-disclosure of sexual orientation is undesirable (Hollander, 1989; Nel & Joubert, 1997; Pachankis & Goldfried, 2004). However, research indicates that disclosure of sexual orientation is no easy matter for lesbian and gay individuals who have realistic fears of discrimination and rejection should they lift the veil of secrecy under which they may have hidden for so long (Goldfried, 2001).

A crucial aspect of the lesbian and gay experience is the interaction between society’s rejection of a vital part of who gay people are (i.e., their sexual orientation) and the individual’s response to the rejection in terms of psychological difficulties (i.e., rejection of self, emotional contradictions, and ambivalence) (Nel & Joubert, 1997). Research indicates that many lesbian, gay, bisexual, and transgender (LGBT) individuals, at some point or other in their lives, experience perceived rejection by society, friends, and family. They might even at times reject themselves for who they are by virtue of their sexual orientation (APA, 2000; Goldfried, 2001; Pachankis & Goldfried, 2004; Peterson, 1996).

As the coming-out process involves risk, conflict, and anxiety, it is essential that lesbian women and gay men who experience related difficulties should receive assistance to accept their homosexuality<sup>1</sup> and to manage society’s reaction. Distressing emotions related to the coming-out process can be alleviated to a certain extent by, among others, the sharing and comparing of experiences with similar others within formalised group settings (Hollander, 1989).

Group work deals with personal, interpersonal, and social change and group therapy serves to promote healing within group members (Becker, 2005). Psychotherapeutic growth and development groups (also referred to as ‘therapy groups’) provide a forum in which members can explore their feelings, work through related processes, consolidate their sense of identity and self-worth, move toward fulfilling the roles they strive for, and find support in their journey towards self-realisation (Toy, 1991). The subsequent increase in self-esteem in turn empowers group members to risk possible negative consequences of breaking the code of silence.

The therapeutic value of groups is generally undisputed (Yalom, 1985), yet such groups are rarely initiated. Reasons vary, but include the reluctance of potential therapy group members to join due to fears of heightened vulnerability (Nuehring, Fein, & Tyler, 1974). A perception held by a significant proportion of health professionals worldwide is that

therapy groups are ‘superficial’, or ‘... second rate: only to be used if no individual therapy is available’ (Yalom, 1985, p. 515). Others consider group therapy notoriously difficult to sustain, as well as potentially ‘dangerous’ or damaging, due to the heightened feelings of exposure and vulnerability of participants. Anecdotal information obtained from collegial discussions suggests that preconceived negative ideas regarding therapy groups are similarly very prevalent in South Africa. An electronic search of articles in the *South African Journal of Psychology (SAJP)* bears testimony to the fact that very limited research is available regarding the use of group therapy as only three articles dealing with group therapy were published since 1987.

There is very little funding and support available in South Africa for research and education on sexuality issues and generally sexual therapy is only available to those who have the means to pay private practitioners (Francoeur, 2001). There are also very few research findings available regarding same-sex couple therapy (Spitalnick & McNair, 2005) and this, in part, is due to the fact that research before 1980 focused mainly on attempting to ‘convert’ homosexual behaviour to that of the mainstream (Sandfort & De Keizer, 2001). Homosexuality was declassified as a disorder by the American Psychiatric Association (APA) in 1973 (Shidlo & Schroeder, 2002) and it is only since 1975 that the APA encouraged professionals to work against the prevailing idea that homosexuality was ‘perverse’ (Goldfried, 2001).

Self-help groups for lesbian and gay people, which have been initiated and developed since 1976, tend to focus on aiding the individual to break ‘... the social isolation and secrecy associated with homosexual life-styles’ (Lenihan, 1985, p. 730). The goal of such groups is not to change sexual orientation but to achieve a level of personal adjustment for group members (Lenihan, 1985).

Conflicting findings abound regarding the question as to whether LGBT clients prefer LGBT therapists. Results of some studies find there is a preference for a therapist of the same orientation (Liddle, 1997), while others indicate that the effectiveness of a therapist is not dependent on their sexual orientation but that it is more important to be affirming of lesbian/gay individuals (Burckell & Goldfried, 2006; Liddle, 1996). ‘Good practice’ when dealing with LGBT clients includes neither avoiding sexual orientation issues nor focusing solely on this factor when the client does not see it as pertinent to his or her problem. Inappropriate practice includes assuming that a client is heterosexual, indicating that a gay or lesbian identity is bad or inferior, and a lack of knowledge of issues of concern to LGBT clients (APA, 2000; Liddle, 1996).

According to a survey carried out by Liddle (1997), gay men and lesbian women chose an LGBT therapist 41 per cent of the time. Furthermore, gay men tended to choose gay or bisexual male therapists while lesbian women tended to prefer lesbian or bisexual women therapists. Due to their general experience of rejection and discrimination, many gay men feel vulnerable and alone and they therefore have a strong need for a sense of connection with their therapist (Kronner, 2005). As a role model, and through self-disclosure, a gay

male therapist can guide and support his client in the socialisation process necessary to become an adult within the gay community (Kooden, 1994).

A large number of mental health professionals and other service providers lack knowledge and expertise in dealing with sexual orientation-related issues in an affirmative manner. A search of South African journals similarly indicates the paucity in local research on sexual orientation and LGBT (also known as 'Gay') Affirmative Therapy, as no articles dealing with this subject were found in an electronic search of the Index of South African Periodicals and South African Studies databases. A basic premise of Gay Affirmative Therapy is that homosexuality is a normal variation in human sexuality and is not pathological (APA, 2000; GLBTQ Social Sciences, 2006). In all probability, many psychologists see individual LGBT clients in their practices, but very few specialise in working with issues related to sexual orientation. In a study examining the doctoral training experience of counselling and clinical psychology graduate students, Phillips and Fischer (1998) found that the majority of the respondents felt that their training and course work did not adequately prepare them to deal with lesbian and gay issues. Although many mental health professions indicate their support for LGBT issues, LGBT-related literature is not yet sufficiently incorporated into the mainstream and so remains largely unread by the majority of professionals (Goldfried, 2001). At present, there are not enough sufficiently trained professionals to provide the mental health services required by the LGBT community (Burckell & Goldfried, 2006).

A preliminary, participatory observation research study was conducted by two of the authors in 1996 to determine the psychological implications for participants of non-acceptance of sexual orientation. The therapy group was in the early stages of development. Reporting on the findings, the authors described events from an ecosystemic perspective and provided a contextual understanding of prejudice and discrimination because of sexual orientation, including heterosexism and homo-prejudice (Nel & Joubert, 1997). Of importance is that these authors also indicated the implications of the aforementioned marginalisation and discrimination regarding patterns of behaviour and psychological well-being of therapy group participants.

In 2003, Nel and Joubert initiated a follow-up study related to their group work. This article provides an overview of the methodology and findings of the 2003 study on the impact and effectiveness of the therapy group. However, before doing so, the article broadly reflects on sexuality-related attitudes and trends within the South African society, as well as the therapy group and the organisation OUT LGBT Well-being, which hosts the group.

## **SEX AND SECRECY: THE SOUTH AFRICAN WAY**

This article partially deals with the dis-ease and distress related to sexual orientation of participants in a therapy group. From an ecosystemic perspective, dis-ease is seen as a system characteristic, even though it is eventually expressed through individual experience. System characteristics contribute to an individual's experience of distress (Marshall, 1986).

Lesbian and gay individuals are embedded in a social system, and their distress regarding sexual orientation, as described in the introduction above, is an aspect of the system as a whole and cannot singularly be attributed to any part thereof, such as the predisposing psychological traits of an individual alone. In many cultures and communities, sexuality is a highly value-laden terrain and most societies attempt to control the sexual behaviour of their members in some way (Goodwach, 2005).

Historically, South Africa is notorious for having been a particularly repressive society (Nel, 2005b; Seedat, Duncan, & Lazarus, 2001). Until the early 1990s, there was also a strong emphasis on restriction, with several laws regulating sexual behaviour, such as the prohibition on sex across the colour line, the criminalisation of sex between men until as recently as 1996, and the laws against all forms of pornography (Nel, 2005b; Potgieter, 1997). Sex work is still illegal. Sex-related issues still mostly elicit strong (negative) emotional responses, including feelings of guilt or shame, and more often than not sex is considered 'private' and 'personal' and '... not to be discussed'. To varying degrees, all societies worldwide view the sexual behaviours of others in strict and rigid terms of 'rightness' or 'wrongness', and those behaviours departing from the norm are severely criticised. For these reasons, sexuality has more often than not been veiled in secrecy.

On the rare occasion when sexuality issues are addressed in professional contexts or in public forums in South Africa, it is often from a heterosexist (Potgieter, 1997), and, until recently, also a patriarchal perspective (De la Rey & Eagle, 1997). As with racism and sexism, prejudice and discrimination because of sexual orientation are rife in South Africa (Nel & Joubert, 1997). LGBT individuals face much oppression, marginalisation, and discrimination because of their sexual orientation. Much of this discrimination is perpetuated through prejudice, stereotypes, and misinformation about the LGBT community (Peterson, 1996). Patriarchy is of particular importance regarding sexual orientation as it places lesbian women under a double burden of discrimination, both as women and as lesbians. Patriarchy is also particularly vicious towards gay males who pose a strong subversive threat to the patriarchal ideals of aggression and dominance (Nel & Joubert, 1997).

As in other cultures, heterosexism (the attitude that views heterosexuality as the only acceptable, normal pattern for human relationships) is yet another characteristic of contemporary South African culture (Hattingh, 2005). Homo-prejudice (more commonly known as homophobia), which is the irrational fear, contempt, and hatred of lesbian women and gay men, is another issue that the South African LGBT community has to contend with (Du Plessis, 1999; Hattingh, 2005). Internalised homo-prejudice (i.e., the internalisation of negative attitudes and feelings toward homosexuality on the part of gay men and lesbian women) has also been found to be prevalent in many LGBT persons (Isaacs & McKendrick, 1992; Nel, 2005a).

Ironically, South Africa has one of the most progressive constitutions in the world (Du Plessis, 1999; Potgieter, 1997), which specifically outlaws discrimination on the grounds of sexual orientation, among other personal attributes. The inclusion of the sexual

orientation clause in the Constitution does not, however, imply that all are in agreement with what non-discrimination on the grounds of sexual orientation means in practice. The constitutional guarantee of non-discrimination also does not imply that the struggle to establish equality for LGBT individuals in South Africa is over. Many laws still have to be reformed, while to date only a small minority of progressive employers have eradicated practices discriminating on the grounds of sexual orientation in the workplace or have extended employment benefits to same-sex partnerships (Nel, 2005b).

If the availability and strength of so-called natural social support systems (i.e., supportive families, LGBT-friendly neighbourhoods, churches and other places of worship, and community-based service organisations) are an indication of how empowered a community is, then the 'general wellness', and 'services' pages of the LGBT media tell a sad story about the South African LGBT community. While the bar and club culture (primarily catering for the needs of white men) is rather well developed in the major cities (especially Cape Town, Johannesburg, and Pretoria), social support (except to a certain extent within the religious communities), is sorely lacking in comparison to what is available for LGBT individuals in many developed countries. Very few spaces are available in which LGBT people can reflect on their experiences, raise awareness, or learn new skills relating to struggles with their sexual orientation. There are only three non-profit organisations (NPOs) in the country that focus on service delivery in the field of LGBT health (i.e., with an understanding that mental and physical health are interrelated). These are OUT (see the next section), Triangle Project (which is an NPO situated in Cape Town, Western Cape) and the Durban Lesbian & Gay Community and Health Centre (Durban, KwaZulu-Natal).

## **THE OUT LGBT WELL-BEING PSYCHOTHERAPEUTIC GROWTH AND DEVELOPMENT GROUP**

In June 1995, Nel and Joubert began a psychotherapeutic growth and development group (hereafter referred to as the 'therapy group') for gay men and lesbian women in response to the dire need for spaces in which reflection and awareness raising around LGBT-related psycho-social issues could occur. This was in their capacity as volunteer clinical psychologists for a local community-based organisation, the Gay and Lesbian Organisation of Pretoria (GLO-P). In response to changing needs, and to enhance capacity for service delivery, OUT LGBT Well-being (also known as OUT<sup>2</sup>) replaced GLO-P in 2000 and registered as a provincial, fully-fledged NPO with salaried staff, although still assisted by volunteers.

The therapy group was formed mainly to deal with issues directly related to lesbian and gay life, such as coming out, identity, and relationships (Nel & Nel, 1995). For many years, it remained the only group of its kind in South Africa. The effectiveness of the initial therapy group was never evaluated. However, the group continued unchanged

during the GLO-P/OUT period of transition, celebrated its tenth anniversary in 2005, and is still co-facilitated by Nel and Joubert.

Initially the therapy group met in Pretoria once a week for 90 minutes and every person joining the group was requested to make a commitment to attend for at least six weeks. In the tradition of group therapy (Yalom, 1985), screening interviews with potential new members were instituted from the outset, aimed at assessing their needs and suitability to benefit from the group experience, while also determining whether their joining would benefit the existing group members. Generally, some members joined the group as they were unsure of their own sexual orientation, others joined because they were struggling with the process of coming out, some were experiencing relationship difficulties, and still others were interested in working with peers on gay lifestyle issues.

Following the intake of new members, the group was closed for a period of at least four weeks, implying that no one was to leave or join during that period. Within the first year, it already became clear that more time was required for safety to be created, relationships to be developed, and group dynamics to unfold. The time commitment was thus increased to at least ten sessions over 20 weeks with a session of 90 minutes conducted every second week. Similarly, the period for which the group was closed was increased to eight sessions (over 16 weeks).

Based on accepted therapeutic principles, the ideal group size is a minimum of five and a maximum of nine members. However, since its inception, on average the group mostly operates with four to seven members. Over a period of eight years, no more than five potential members were turned away. Reasons for disqualifying these individuals, among others, include having a relationship with an existing group member, unrealistic expectations, and an inability to commit to the group process. Costs to participate in the group process have always been kept to a minimum and are well below the recommended rates for group therapy. If an individual is unable to afford the rates, the rates are waived and this has therefore never been an excluding factor. While members initially often only stayed for the required ten sessions or slightly more, in recent years it has become the norm for members to remain in the group on average for one to three years.

The group therapists operate according to accepted therapeutic principles that establish trust, such as setting of norms and confidentiality and privacy agreements (Lenihan, 1985). Furthermore, the therapeutic frame has always prioritised the creation of a sense of containment in the group. This includes ensuring the long-term commitment of the therapists and their consistent availability, as well as the consistent availability of the venue. Also in the tradition of group therapy (Johnson & Johnson, 1994; Yalom, 1985), the group process is governed by a set of ground rules. Primarily determined by the group and agreed to by all members, the aim of these ground rules is to create an environment of trust and freedom of expression. On joining the group, the members therefore enter into a contract with each other. This contract addresses, among others, issues of punctuality, attendance, confidentiality, not socialising with group members outside the group, and timely notice of absence or intended termination.

From the outset, the therapy group has been managed in a non-directive psychotherapeutic style – it is not tightly facilitated or structured, and the focus is on allowing group members to raise their own issues. A non-directive approach implies tracking rather than leading the group. At times, however, the therapists use known group therapeutic interventions to achieve specific objectives, such as to instil trust (e.g., the trust-fall and trust-walk exercise), to encourage disclosure (e.g., sharing of genograms and family tree), or to assist in developing skills of providing and receiving feedback (e.g., the metaphor exercise) (Johnson & Johnson, 1994; Yalom, 1985).

The group was formed (and widely advertised) as non-discriminatory and open for anyone to join, irrespective of, among others, race or sex. Referrals to the group come via the private practices of either of the group therapists, in response to advertisements in the LGBT media, or from the OUT Telephonic Counselling and Information Line. Essentially, however, people self-select to join the group and the only common denominator among members is their sexual orientation. In the light of this, it is interesting to note that, with 45 group members over the eight years from 1995 to March 2003, there have been only two female participants. In addition, with the exception of two black individuals (one male and one female) and two Indian men, all group members have been male, white, well educated and of middle-income level, and mostly 30 years of age and older.

The skewed participant profile has resulted in much speculation (and raised the awareness of the group therapists and also of OUT) regarding the ‘politics of access’, the legacy of the system of apartheid, and other forms of discrimination and inequality, including patriarchy and subsequent disempowerment, as well as the possible impact of the race and sex of the two white male therapists. Despite advertisements about the therapy group being placed in brochures and magazines aimed also at black and coloured LGBT people, the trend of mainly white male applicants persists. Hypothetically, this could be due in part to the presence of the white male group therapists.

It is also interesting to note that, while initially based in Pretoria, more than 75 per cent of participants travelled from Johannesburg to attend the group. To accommodate participants, the group relocated to Johannesburg in 1999 and more or less at the same time evolved to become an exclusively gay men’s group, focusing on issues pertaining to the experiences of men.

Several authors (Foster, Freeman, & Pillay, 1997; Perkel, 1988; Rock & Hamber, 1994) argue that mental ill-health in South Africa is strongly linked to our history of structural inequalities and the effects of an ideology of apartheid, patriarchy, and other forms of oppression. Learnt helplessness, dependency on the state to provide, and an external locus of control are characteristic of this type of society. In addition, there is a reluctance of the South African public in general to use counselling/therapeutic services (Perkel, 1988), possibly resulting from fears of heightened vulnerability. These factors may, in part, explain the relatively small number of 45 participants over the eight-year span.

Taking these factors into account, the group therapists were of the opinion that there was a need to evaluate whether the group was relevant and whether it was achieving what it set out to

do. While believing in what they were doing and having a sense that informal feedback from the group generally confirmed that the group made a difference in the lives of members, it was, however, decided that a more formal evaluation was required. The research on which this article reports was therefore initiated with the main purpose of determining whether the group had any impact on the lives of members in a sustained way. It was expected that the resultant findings would lead to increased insight and a deeper understanding of what does, and does not, work in such groups, which could inform the formation of future therapy groups.

## **METHOD**

In 2003, in an attempt to lift the veil and to raise awareness of the important potential contribution of therapy groups within the LGBT sector, and also more generally, Nel and Joubert conducted a follow-up study related to their group work. The second author rendered research assistance as part of her internship for the Master's Degree in Research Psychology at the Unisa Centre for Applied Psychology. The aims of this study were to:

- (a) evaluate whether the therapy group that at that point had been in existence for eight years, indeed met the needs of participants, had an impact on their well-being, and could be considered effective in empowering its participants to deal with various issues relevant to their lives; and
- (b) obtain feedback from participants regarding ways of ensuring the continuation and improvement of this group, the only of its kind within the LGBT sector, and the possible formation of further groups.

The study employed a triangulation approach and combined quantitative and qualitative methods. First, a 28-item postal questionnaire was completed by a purposive sample of the LGBT individuals who attended the OUT support group during the period 1995 to 2003. Although 45 members attended the therapy group, five members were excluded from the 2003 study. These five were active group members at the time of the study and it was felt that participation in the study could negatively impact on their individual therapeutic processes and also on the group process. Thereafter, the findings of the survey were integrated with themes emerging from a follow-up focus group discussion and the results of the previous therapy group-related study conducted by Nel and Joubert (1997).

## **Sample**

Since its founding in 1995, until March 2003, 45 members have attended the therapy group and 40 of those members were part of the purposive sample. The founding of the group preceded the existence of cellular telephones and email, which made it more difficult to trace some of the early members. The therapists made an active attempt to trace all 40 ex-group members between March and May 2003, but only 17 individuals could be located.

Many ex-members were found to have relocated, some had emigrated, and at least one had since died. The remaining 17 were telephonically contacted by the therapists to inform them of the study and its objectives and to request their participation in the cause of improving future groups. The voluntary nature of their participation in completing the questionnaire, as well as in attending the focus group, was explained, as was the role of the second author. This author was never involved in facilitating the group and was thus unknown to members who used to attend the group. In addition, this researcher was heterosexual, and it was essential that participants were aware of this fact so that they could voice any discomfiture that they may have experienced over this fact. All participants were given the opportunity to express their discomfort or views in regard to a possible breach of confidentiality by including her in the research team, but none noted their objection.

The ex-members were assured of total confidentiality and anonymity, and were encouraged to be open and honest in their feedback. Their permission was also sought to disseminate the research results to the academic community. Although all of the 17 members contacted agreed to participate, only 15 individuals eventually responded by completing the questionnaire.

A demographic profile of the participants is provided in Table 1. Of the 15 participants, fewer than 20% (3) were under 30 years of age at the time of the research, while 47% (7) were 39 years and older.

**Table 1.** Demographic profile of respondents

<b>Total number of respondents</b>		15
<b>Gender</b>	Male	14
	Female	1
<b>Race</b>	White	13
	Black	2
<b>Current age</b>	25–31	3
	32–38	5
	39–45	4
	46–65	3
<b>Current level of education</b>	Diploma	5
	Degree	2
	Honours degree	2
	MA/MSc	2
	PhD/doctoral degree	3
	Other	1
<b>Current occupation</b>	Medical doctor	2
	Manager	3
	Business person	3
	Retired	1
	Student	1
	Other	5

As can be seen from Table 1, one participant was a black female and one was a black male. While responses of the black and/or female participants were not dissimilar to those of some male, and/or white participants, it may be more accurate to infer that the results primarily reflect white men's experiences of the group. The majority of participants (66.6%) had at least one degree, while 47% (7) held post-graduate qualifications. Occupations ranged from medical specialist to student to pensioner.

## Questionnaire

As it was felt that a focused questionnaire would elicit specific information from participants regarding their experience of the group, a questionnaire was specially developed. The 28-item questionnaire consisted of both quantitative and qualitative sections, and a biographical section dealt with issues pertaining to gender, age, occupation, and level of education. The quantitative section consisted of 14 closed items that were rated on a Likert scale with five possible responses ranging from 'Agree completely' to 'Disagree completely'. These included items such as:

- The support group was a positive experience for me.
- The group met all my expectations.
- My perceptions of myself have changed since my group participation.

The qualitative section of the evaluation questionnaire consisted of 10 open-ended questions such as:

- What part of the group experience did you least enjoy?
- What were the most significant and important aspects of the group experience that were meaningful to you?
- If you came out to more people after the group participation, what were your experiences?'

## Data gathering

The second author managed the research administration, including the dispatch, follow-up, and receipt of the questionnaires. The questionnaire was sent to the 17 individuals either via fax or via email. Initially, there were difficulties in getting some of the participants to respond to the questionnaire, despite their initial agreement to participate. Those participants who attended the focus group (see below) hypothesised that the main reason for this reluctance may relate to the fact that the period when they attended the therapy group was a 'time zone that was wrapped' and they had now moved on with their lives. Responding to the questionnaire may have caused conflict and anxiety in some of the participants who now had to deal with difficult emotions and memories again. After several prompts and follow-ups, 15 ex-members returned the questionnaire, giving a response rate of 83 per cent. It is possible that individuals who feel positive about their experience in the group were more likely to respond to the questionnaire than those who have negative

feelings about their group experience. This 'self-selection' of participants could have had a biasing effect on the overall results and is noted as one of the limitations of this study.

### **Focus group discussion**

Possibly as a result of memories of heightened feelings of exposure and vulnerability during group therapy, only three of the fifteen individuals who returned their completed questionnaires attended the voluntary focus group conducted in Johannesburg on 10 May 2003 as a follow-up to the initial questionnaire completion. Reasons given for the inability to attend were short notice, prior commitments, and travel difficulties for Pretoria-based individuals. The reflections of these three participants are nonetheless deemed very useful in clarifying certain of the research questions and responses.

### **Data analysis**

Included in the analyses were data obtained from the responses to the questionnaire, reflections from the participants in the focus group, and therapists' participant observations over a period of eight years. Descriptive statistics were derived from the closed questions, while the open-ended questions were qualitatively analysed and thematically coded to extract the most prominent themes.

## **RESULTS**

As indicated in Table 2, the overall results of the research into the effectiveness of the therapy group were encouraging, and the majority of the 15 respondents rated most of the issues in a positive manner.

Almost all the participants (93%) agreed that the therapy group had been a positive experience for them, of which 53% (8) agreed completely. Only one participant remained neutral. The therapy group was assessed as beneficial and helpful by 88.8% (13) of the participants and, of that number, 53% (8) found it extremely beneficial. All but one participant felt that they had learnt a lot from the group experience. Sixty-six per cent (10) of the participants felt the group met all their expectations. However, only 26% (4) agreed completely, which may suggest that the others have certain reservations. Four participants (27%) remained neutral, and one participant felt that the group had not met all his expectations. Nevertheless, all participants agreed that they would encourage others to join a similar group.

All of the participants agreed that the therapists were professional, motivated, and supportive. Of these, 73% (11) agreed completely. Again, all (100%) agreed that the openly gay therapists contributed to their feelings of being accepted. Of these, 53% (8) agreed completely. This finding is supportive of international research with regard to the role of

the gay male therapist as an agent of socialisation (Kooden, 1994; Kronner, 2005; Liddle, 1997).

**Table 2.** Participants' responses to effectiveness of therapy group ( $n = 15$ )

	Disagree completely	Disagree	Neutral	Agree	Agree completely
1. The support group was a positive experience for me	-	-	1	6	8
2. I found it beneficial and helpful	-	-	2	5	8
3. I learned a lot from the experience	-	1	-	6	8
4. The group met all my expectations	-	1	4	6	4
5. I would encourage others to join	-	-	-	6	9
6. The support group influenced me to come out to more people than before	-	4	-	5	6
7. My relationships have improved as a consequence of my group experience	-	4	1	6	4
8. My perceptions of myself have changed as a result of my group participation	1	1	3	3	7
9. The openly gay facilitators contributed to my feelings of being accepted	-	-	-	7	8
10. The facilitators were professional, motivated and supportive	-	-	-	4	11
11. Group members were supportive and encouraging	-	1	1	8	5
12. There have been positive significant changes in my life due to the group experience	-	2	2	3	8
13. The group helped me in many aspects of my life	-	2	3	2	8
14. Initially I feared joining the group would make me feel exposed and vulnerable	2	3	2	4	4

The majority of the participants had been in individual therapy at some stage and felt that there is a place and need for both individual and group therapy. Some participants indicated that it is not always necessary to analyse oneself in the group and to 'pack yourself out on the table'. It was generally felt that individual therapy is more intense and self-focused while the group experience emphasises interaction, disclosure, and feedback, which can

at times provoke anxiety. In this regard, the finding that 53% (8) of participants initially feared that joining the group would make them feel exposed and vulnerable is significant. However, the benefits of group interaction were felt to be positive and necessary. One participant felt that individual therapy was more beneficial and another felt that he could not have achieved what he did in terms of personal growth without the group.

The overall results were gleaned from the questionnaire, from focus group responses, and from therapists' participant observations. These results indicate that, in general, the significant impact of the group on the lives of the members may be grouped into three interconnected areas: first, the actual therapeutic processes that occur within the group; second, personal changes within the individual; and third, the impact on interpersonal relationships outside of the group. Each of these areas is discussed in more detail below.

### **Therapeutic processes and resulting changes within the group**

Group processes highlighted as therapeutic by the research participants are the following: the establishment of feelings of safety and security; a sense of normalisation; self-affirming experiences; developing a sense of belonging; and learning.

#### ***Safety and security***

Provision of a 'safe place' in which members can release emotions, deal with stress, and confront feelings of helplessness is one of the goals of all types of support groups (Becker, 2005). A number of participants highlighted the importance of safety and security that in all probability may be considered an essential condition within the group that allows the other processes to occur. It is possible that this issue is of particular importance in group work, when issues of secrecy and rejection are paramount. The importance of this is shown by the vulnerability to exposure, which a number of participants expressed by stating that they least enjoyed '... having to expose deeply personal aspects of myself'. The sense of trust and security generated in the group was expressed through responses stating that significant and important aspects of the group experience were '... meeting people ... who could be trusted', and '... sharing feelings in a safe environment'.

A number of participants highlighted the importance of the group as being a safe place where possible changes to behaviour can be put to the test as well as the importance of group support, whereas, in the outside world, rejection occurred. Individuals who experience a sense of affiliation to a group, which is confidential and therapeutic, have the opportunity to '... practice the steps of coming out before enacting them in the real world' (Lenihan, 1985, p. 732). In the current study, individuals were at various levels of 'outness'. For example, some members were out to close friends, while others were out to family and friends but not colleagues.

It is likely that the importance of trust and security is felt especially strongly by the participants of the group, considering the general gay experience of rejection. This group,

being self-selected, would possibly have felt particularly vulnerable, hence their joining the group.

### **Normalisation**

One of the advantages of group therapy over individual therapy for gay individuals is the fact that they get exposure to a wide assortment of gay role models with whom they can identify, with a resulting decrease in a sense of isolation (Lenihan, 1985). As a result of feeling abnormal and rejected – and often internalising this rejection – many of the group members highlighted the processes that occurred in the group that led to a sense of normalisation. No fewer than 66 per cent (10) of the research participants responded positively to the statement: *My perceptions of myself have changed since my group participation*. One participant said the aspect he liked most of the group was ‘... tremendous relief at realising how normal I [am]’.

The importance of this process of normalisation relates to the issues highlighted above regarding the experience many lesbian and gay individuals have of accepting and internalising the perceived view that homosexuality is abnormal and immoral. One participant pointed to the importance of receiving affirmation and encouragement from the group and another to being able to interact with others who were also unsure of their sexual orientation. When individuals are part of a group where sexual orientation is accepted as ‘given’, they can cease perceiving adjustment issues as a symptom of their ‘illness’ and instead can view them as manageable problems that can be solved (Lenihan, 1985).

### **Self-affirmation**

The process of normalisation appears to occur together with a sense of affirmation by other group members. Many gay individuals who have previously felt socially isolated experience the acceptance within a support group as particularly powerful and, as a result, the ensuing group cohesion tends to develop rapidly (Lenihan, 1985).

This process is clearly important for individuals who have experienced a sense of rejection. The value of acceptance was confirmed specifically by one participant who indicated that the aspect he liked the most was ‘receiving affirmation and encouragement’. Other participants expressed similar sentiments, and one member commented that growth and change were unique and differed for each member, as the group was ‘not a *wors* (sausage) machine that turns everyone out the same at the other end’.

### **Belonging**

‘Group membership, acceptance and approval are of the utmost importance in the individual’s developmental sequence’ (Yalom, 1985, p. 51). One of the processes in the

group indicated by the research participants as important to them could be termed the *development of a sense of belonging*. Social isolation and a sense of being alone in the world is often a problem for individuals struggling to come to terms with their sexual orientation (Isaac & McKendrick, 1992; Kooden, 1994). In the group, the members are provided with an opportunity to interact with other people who face the same or similar issues, who have the same sexual urges, and who experience the world in similar ways. While gay men and lesbian women may accept the dominant culture within which they live, they may often still feel ‘... outside the mainstream’ (Lewis, Derlega, Berndt, Morris, & Rose, 2001, p. 64). A sense of belonging allows them to change their perception from that of being an outsider to one of being part of a minority group and obtaining a sense of solidarity and support from this minority group. Comments made by research participants indicated the importance of this process, and one participant stated that he most enjoyed ‘... developing a personal sense of group identity’. As group members’ sense of belonging grew, so did a sense of identification with the gay community. It seems that the group functioned as a bridge into the wider gay community for some participants. For example, one individual became a volunteer as a coordinator for the Gay and Lesbian Archives (GALA), which is an organisation dedicated to recording LGBT cultural history. This individual also joined The Organisation for Gay Sports (TOGS). Another participant became a telephonic counsellor for OUT LGBT Well-being.

### **Learning**

Reflected in the responses of various group members, one participant commented that it was interesting to ‘... see things from another perspective’, and another stated that the group experience ‘... increases awareness of the issues of others’.

### **Personal change**

The processes discussed above appeared to result in a number of significant changes highlighted by the research participants. These changes relate strongly to the difficulties experienced by many lesbian and gay people as discussed above. Sixty-six per cent (10) of the participants agreed that their perceptions of themselves changed during the group participation. In addition, 73% (11) of the participants felt that there had also been positive significant changes in their lives due to the group experience, and the majority of participants (66%) (10) felt that the group had helped them in many aspects of their lives. The group experience enables members to come to the realisation that it is not necessary to ‘... be chained to past visions of themselves’ (Corey, 1999, p. 6). Personal changes include increased self-acceptance, increased confidence, strengthened identity, and greater tolerance of others.

### **Self-acceptance**

The development of self-acceptance is often primarily achieved by contact with others who share one's sexual orientation, and it helps in establishing a positive gay identity (Elizur & Ziv, 2001). A number of participants pointed to an increase in self-acceptance and indicated an accompanying decrease in self-loathing and guilt, an increase in self-esteem, and the development of a more positive outlook in interactions with the world. Individuals who have greater levels of self-esteem and self-acceptance appear to be more willing to accept the possible negative results of disclosure (Maguen, Floyd, Bakeman, & Armistead, 2002). One participant commented that he felt he now had developed '... acceptance of [my] gay identity'. These changes may possibly be considered as related to the group processes discussed above, which normalised the experience of the members, the affirmation that they received from the therapists and other members, and the sense of belonging that developed.

The importance of these processes ought to be seen in the context of the previous sense of rejection and feelings of being 'abnormal' and 'perverted'. It is clear that the process of self-acceptance relates to the development of a strategy where the received view of society is rejected and the individual starts to define him- or herself in opposition to that received view (Joubert, 1998).

### **Confidence**

It is likely that, in many cases, a feeling of rejection makes it difficult for someone to act with confidence. This is especially true where the belief is that this rejection is a result of being regarded as abnormal or immoral. Many individuals attempting to cope with an emerging homosexual identity experience high levels of internal conflict and fear '... being seen or exposed as undesirable in the eyes of others' (Allen & Oelson, 1999, p. 34). The increase in confidence after attending the group is shown in comments by participants who point to less fear of disclosure and an increase in the ability to come out to people and to handle the possible rejection. This also appears to be accompanied by a change in the individual's general perspective on the world, which is referred to as being 'more realistic' and 'more positive'.

### **Identity**

According to Elizur and Ziv (2001, p. 127), it is generally assumed that gay identities develop '... as individuals work through conflicts and stresses that are related to their sexual orientation'. As indicated above, changes in a sense of identity come about through processes such as a decline in a sense of rejection, a greater acceptance of self, and the development of a feeling of belonging often accompanied by a greater identification with the gay community. It is a change in identity from seeing oneself as despised and rejected to seeing oneself as normal, and possibly later to pride in being part of the so-called gay

community. One participant reflected feelings of other group members by stating that he now felt ‘... gay people have a “normal” place in society’.

### ***Tolerance of others***

One effect of a positive group experience is that members develop the ability to establish meaningful relationships and learn to accept themselves and others (Corey, 1999). In the current study, one of the changes that occurred was a greater acceptance of others and an increased awareness of their pain. One participant commented that the most important thing he learned from the group experience was ‘... acceptance and the ability to listen without judgment’, and another noted that there is a great need for future support groups as there is ‘... a huge, silent group of anguished people out there’. It is probable that the process of accepting oneself, of having views expressed that are different from one’s own in a safe environment, and of witnessing the pain that others experience leads to a greater awareness of the diversity of human experience, which in turn leads to a greater tolerance of others.

### **Changes in interpersonal relationships outside the group**

Before joining a gay therapy group, many gay individuals display a fear or avoidance of relationships or intimacy. Trusting relationships develop within a safe group environment that can encourage participants to attempt to develop more meaningful relationships outside the group (Lenihan, 1985). The changes that occurred within the individual group members translated into changes in their relationships with others. It is probable that the decline in the sense of rejection, the acquired sense of normalisation, the increase in self-esteem, the increase in self-confidence, and other processes discussed above all lead to an improvement in interpersonal relationships. A significant part of this relates to the coming-out process of being willing and able to disclose sexual orientation as appropriate. As discussed above, it is probable that denying or hiding sexual orientation negatively impacts on interpersonal relationships. Being part of a group, which allows a greater acceptance and openness regarding sexual orientation, leads to a greater openness in relationships specifically about homosexual orientation and also probably to openness in general. Sixty-six per cent (10) of the research participants agreed that their relationships had improved as a consequence of the group experience. Some of the changes in interpersonal relationships that seemed to occur as a result of the group experience are increased honesty, increased disclosure, and increased social integration.

### ***Increased honesty***

A number of participants indicated that the group experience allowed them to be more honest in their relationships in the sense of being more able and willing to show their ‘true

self'. One individual who was already out said that he now felt he '... was much more myself' and another pointed to his increased ability to '... handle my gay identity in the workplace'.

### ***Increased disclosure***

Of the 73 per cent (11) who felt the therapy group influenced their decision to come out to other people, 40 per cent (6) strongly agreed. In general, those who disagreed with this statement were already out, so it was not an issue in their lives. The sense of shame regarding sexuality and therefore the need for it to be kept a secret and hidden is accompanied by a number of psychological difficulties, both on a personal level and within relationships. When gay individuals deny, reject, or devalue a significant part of their being, they often experience resultant difficulties regarding self-esteem (Brown, 1989). Further negative consequences of this self-rejection include diminished feelings of self-confidence and concomitant difficulties with relationships, which often lead to social isolation (Coleman, 1982) and a general sense of hopelessness and despair.

A large part of the group process addresses this issue in a number of different ways, allowing the group member to handle the issue of disclosure in a more rational way. As a result of this process, group members in the current study felt more confident that they had developed a greater ability to handle rejection due to an increase in their personal strength. They also felt that the group would provide support when rejection did occur and enjoyed resultant improvement in interpersonal relationships. One participant noted that the most significant aspect of the group experience for him was '... the ability to come out and integrate with gay groups'. A number of participants also indicated that they were surprised at how little rejection they did experience when they finally disclosed their sexual orientation to friends and family.

### ***Increased social integration***

As discussed above, one of the problems experienced by many gay people is that of social isolation. The positive changes in interpersonal relationships appear to have had the effect of reducing this difficulty with an accompanying increase in social contact and the development of a wider social circle. It is probable that a recursive process occurs, which involves greater social confidence, surprise at the lack of rejection when disclosing, and increased social contact. The group processes may be seen as providing the initial impetus through focus on the issue, greater ability to risk the disclosure through the normalisation and increased self-esteem and confidence, and the support when rejection does occur. One participant also pointed to the cognitive input with regard to social interaction and stated that he now had '... better and more honest relationships'.

## CONCLUSION

There appears to be a recursive relationship between the above three areas. Therapeutic group processes relate to personal changes that, in turn, bring about shifts in relationships. The personal changes feed back into the group processes as individual members change. Similarly, interpersonal changes bring about shifts in the personal position and in the group processes. Of interest was the view of one participant who remarked: 'What happened in the group was more important than what was said in the group'. This view suggests that the process as well as the content provides the major impact on group participation.

Overall, the OUT therapy group received high positive ratings from research participants who responded to the questionnaire and attended the focus group. Therefore, the conclusion reached is that the therapy group fulfilled its original function to deal with various issues relating to gay lives and that the group is therefore successful. Criticism received was generally positive and will contribute to the success of future therapy groups.

The apparent success of the OUT therapy group suggests that therapy groups have an important contribution to make to the LGBT sector and also within mental health service provision more generally. Most participants in the OUT therapy group felt it enriched their lives in a meaningful way, allowed them to deal with rejection, and led to self-discovery and empowerment. Most participants attested to the worth of group psychotherapy and felt that there was a need for extensive marketing to ensure that many 'silent, anguished people' (as one of the participants articulated it) could also benefit from the experience.

The experience of the OUT therapy group may also be useful in deepening understanding of LGBT-related therapeutic issues. The issue of secrecy in the sense of hiding sexual orientation is crucial in the development of a number of psychological difficulties, including difficulties with self-esteem and self-worth, isolation, difficulties with accepting support, high levels of behavioural control, and an accompanying loss of spontaneity leading to relationship difficulties. It appears that the perceived rejection of gay sexual orientation by society leads many individuals with homosexual aspects to their sexuality to employ strategies that require them to maintain a veil of secrecy around their sexuality. To a major extent, the value of the group process lies in the abilities that are developed. These abilities allow group members to move out of this secrecy, to confront and come to terms with their sexuality, and to start addressing the psychological difficulties that they experience.

Beyond the analysis of the issues and themes raised in the group, of interest in the context of sex and secrecy are the issues that, until 2003, had never been discussed in the group. Although they are not part of this research project and the dynamics of the group, which have since changed, it may be of interest to explore the issues that may have been taboo for the group. Considering that the primary common denominator for joining the group is sexual orientation, the authors found it strange that sex or sexual behaviour was almost never a topic of discussion in the group. Sexual interactions often reflect general interpersonal interactions and it would be expected that group members would raise these

issues within the group, especially as some of the group members, as part of their process of coming out, were starting to explore their sexuality.

It may be equally interesting to investigate why the therapy group continues to attract predominantly white males and almost exclusively attracts males of a higher socio-economic standing. For now, the potential contribution of therapy groups to a broader, more representative constituency – that is, lesbian women, black gay men, and persons from under-resourced communities – remains unanswered.

## NOTES

1. 'Homosexuality', generally viewed as a medicalised term, is used to indicate primary sexual and affectional orientation to persons of the same sex. 'Lesbian' and 'gay', respectively, are used to indicate female and male homosexual individuals who accept their sexual orientation, identify with the lesbian and gay community, and define themselves in terms of that community.
2. 'OUT', in OUT LGBT Well-being, makes reference to being 'out of the closet', and the name of the organisation signifies the importance of disclosure of sexual orientation for the well-being of lesbian, gay, bisexual, and transgender people.

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