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SEXUAL IDENTITY GROUP THERAPY

Анотація. *У статті представлений метод Терапії сексуальної ідентичності (ТСІ), підхід який використовується для допомоги людям, з сексуальним потягом до своєї статі. ТСІ – це клієнт-центрований підхід, який фокусується на стурбованості клієнта проблемою своєї сексуальної ідентичності та підкреслює необхідність розвинення навичок подолання стресу пов'язаного з цією проблемою та побудову соціальної підтримки. У статті представлений опис цього методу, його переваги над підходами реорієнтації та ствердужувальної чи афармативної терапії. Автори зосереджуються на застосуванні ТСІ в контексті групової терапії, особливостях скрінінгу членів групи, змісту групових зустрічей та постановці терапевтичних цілей. Особлива увага також приділяється проблемам, з якими може зіткнутися терапевт при застосуванні цього методу в терапії.*

Ключові слова: *Терапія сексуальної ідентичності (ТСІ), статева ідентичність, потяг до своєї статі, групова терапія, терапія, ЛГБТ*

Аннотация. *В статье представлен метод Терапии сексуальной идентичности (ТСИ), подход, используемый для помощи людям, с сексуальным влечением к своему полу. ТСИ – это клиент-центрированный подход, который фокусируется на обеспокоенности клиента проблемой своей сексуальной идентичности и подчеркивает необходимость развития навыков преодоления стресса, связанного с этой проблемой и построение социальной поддержки. В статье представлено описание этого метода, его преимущества над подходами реориентации и утвердительной или афармативной терапий. Авторы сосредотачивают внимание на применении ТСИ в контексте групповой терапии, особенностях отбора членов группы, содержании групповых встреч и постановке терапевтических целей. Особое внимание также уделяется проблемам, с которыми может столкнуться терапевт при применении этого метода в терапии.*

Ключевые слова: *Терапия сексуальной идентичности (ТСИ), половая идентичность, влечение к своему полу, групповая терапия, терапия, ЛГБТ*

Abstract. *In this article the authors discuss Sexual Identity Therapy (SIT) approach that is utilized in helping people with same-sex attractions. SIT is a client-centered, identity-focused approach to sexual identity concerns that also emphasizes healthy coping and social support. The authors give the description of this method, its benefits over reorientation and affirmative approaches and specifically concentrate on its application within the group therapy context. Screening, content, and treatment goals are discussed. A special consideration is given to challenges that the therapist might face in applying this method in therapy.*

Key words: *Sexual Identity Therapy (SIT), sexual identity, same-sex attraction, group therapy, therapy, LGBT*

The Problem. Therapists are often challenged with finding most efficient way to help their clients with the concerns about their same-sex attractions. Historically there have been two approaches in the United States that are utilized to help those who experience same-sex attractions: reorientation and affirmative therapy, both of which have rigid outcome goals. Predictably, the reorientation therapy was significantly criticized by the American therapeutic community for its attempts to help clients change their sexual orientation, while affirmative therapy is criticized by the American Christian community for its attempt to challenge conservative client values. Therefore, it is important to offer clinicians another approach that could serve as an alternative method of help to clients with same-sex attractions and allow for sensitivity towards forming individualized goals and respect towards the hierarchy of personal values. In addition, the isolation and loneliness of individuals facing same-sex attractions are well documented. Therefore, it is appropriate to consider group therapy context for these individuals to ensure their therapeutic support and interactions within their peer group.

The Object of the Study: method of psychological help to individuals with same-sex attractions concerns.

The Subject of the Study: benefits, challenges, and applications of the Sexual Identity Therapy in the group context with individuals who navigate sexual identity concerns.

The Purpose of the Study: present Sexual Identity Therapy in a group context, an alternative method of

therapy that is sensitive towards individual client goals and personal value system.

The Main Section. Sexual Identity Therapy (SIT) is a client-centered, identity-focused approach to sexual identity concerns that also emphasizes healthy coping and social support [1; 2]. When discussing sexual identity, we are referring to the labels people use to think about themselves and present themselves to others. Sexual identity can be private, how you think of yourself internally, or public, how you might label or present to others, or how others might describe you. Common sexual identity labels used by people today include gay, straight, bi, bi-curious, lesbian, questioning, and queer.

SIT is not tied to any specific theoretical orientation. The general approach is to provide assessment, informed consent, psychotherapy, and to end at what is referred to as **congruence** [3]. The psychotherapy aspect of SIT could be done in cognitive-behavioral, narrative, psychodynamic, or another theoretical approach, provided that the end goal or outcome of therapy is personal congruence. As we will discuss in this article, congruence refers to aligning one's identity and behavior with one's beliefs and values (or vice versa).

The approach taken in SIT is based on several lines of research on the formation of sexual identity among people who are religious [4; 5; 6]. After studying the experiences of religious sexual minorities and how they made sense of their same-sex sexuality in light of their faith, we looked at how therapy might provide a setting in which people take seriously both their religious identity and their sexual identity and find a way to navigate points of conflict that may exist until they land at a place of personal congruence, so that they live and form an identity that is in keeping with their beliefs and values.

Group therapy, as practiced within the SIT framework, emphasizes the ways in which people think about their same-sex sexuality in light of the culture within which they live and their personal or religious beliefs and values [2]. The way people think about their same-sex sexuality can be informed by the stories people write about people navigating this terrain [7]. Some stories can be helpful and encouraging; other stories can be unhelpful and quite upsetting. Different stories can establish expectations for how a person is to live his or her life. While sometimes these stories can be helpful, many times these stories can make navigating sexual identity concerns remarkably difficult. Common experiences of sexual minorities include feelings of shame and isolation when these problem stories are present.

Group therapy can help an individual identify these stories, of which there may be many, and reflect on what is helpful or unhelpful about them. After identifying these dominant stories, an individual can begin to write their own story. Thus, what becomes especially important prior to beginning group therapy is identifying *what is causing one's concerns*, or the conflict that they wish to discuss in group therapy. Over time, individuals in group can work together to develop a story about themselves that is more accurate and meaningful, a story in keeping with their individual beliefs and values. Any story clients write about themselves can be supported by others around them, especially those who share their beliefs and values and way of understanding them. This is essentially where social support becomes important. Group therapy allows individuals to be attentive to the importance of building a social network outside of group, so that the support within group can be materialized in concrete relationships outside of group as well.

In considering the background to the development of an SIT approach to group therapy for those who experience same-sex sexuality, there are two contrasting approaches that preceded it in the United States. These include sexual orientation change efforts (SOCE) and gay affirmative therapy. Most professional organizations within the United States have moved away from and have become increasingly critical of SOCE, which has as its goal, a fixed outcome of sexual orientation change. Said another way, the goal is often that one's experience of same-sex attraction would cease, or at least decrease significantly in intensity. At the same time, the goal is often that one's experience of opposite-sex attraction would increase, and that one would be able to enter into opposite-sex romantic relationships. This fixed outcome persists whether services are provided via professional therapy or ministry. Ministry groups have become more prominent in providing this type of care, in part because homosexuality is no longer viewed as a mental illness by major mental health organizations, such as the American Psychological Association and the American Psychiatric Association. There have been particular concerns raised about providing such services to minors, considering negative consequences that are evident in the literature related to SOCE.

An alternative to SOCE is gay affirmative therapy. Gay affirmative therapy often also has a fixed outcome, the integration of same-sex sexuality into a public gay identity and corresponding same-sex sexual relationships. There is not necessarily a protocol for accomplishing this; rather, it indicates a lens through which people view being gay and what is in the best interest of the gay person. There has been an emerging tension between gay affirmative therapy and traditional religious beliefs and values regarding sexuality and sexual behavior.

It is precisely out of this emerging tension that SIT was developed as an alternative approach to therapy. In 2009, the APA task force report on *appropriate therapeutic responses to sexual orientation* recognized that some people are not determined to be a good fit for gay affirmative therapy [8]. For example, a person could have personal or religious beliefs and values that preclude them from participating in gay affirmative therapy. Their beliefs and values may conflict with the notion that being gay encompasses their identity, or dictates their sexual behaviors. These individuals would

be better served by models of therapy that are client-centered and identity-focused, emphasizing social support and healthy coping while allowing the person to explore potential conflicts between their sexual and religious identity. Toward that end, SIT does not have a fixed outcome in view for one's sexual identity or for what it means to achieve congruence in light of one's beliefs and values. Also, models of care for mental health concerns are moving toward evidence-based practice. It is important to realize that there are no well-designed outcome studies that address sexual identity concerns–whether SOCE, gay affirmative, or client-affirmative/sexual identity approaches, including SIT group.

The overarching goal of SIT groups is to help clients experience greater **congruence**, which is defined as the ability to live and form an identity in ways that are consistent with client beliefs and values. Additional goals of this approach vary considerably from person to person, based on their own goals at the start of group therapy. They can range based on the particular themes of focus in any particular therapy group, but have included (1) identifying and treating any co-occurring concerns, such as depression or anxiety; (2) exploring sexual and religious identity conflicts; (3) recognizing and giving weight to the different aspect of your identity in a manner that facilitates congruence; (4) identifying and writing storylines that reflect congruence; (5) identifying and practicing healthy coping activities; (6) disclosing same-sex sexuality to family and/or others; and (7) improving family relationships that may have been strained through the process of disclosure of same-sex sexuality.

Nevertheless, not all individuals are a good candidate for SIT groups. All those who have participated in SIT groups are over the age of 18, identify as Christians, and endorse some level of current same-sex attraction. Secondarily, those who experience a conflict due to their sexual identity as it relates to their religious identity are good candidates for SIT groups. Not every person who experiences same-sex attraction finds this experience to be troubling, concerning, or conflicting. The common factors for those attending SIT groups is a sexual identity conflict that they hope to use group to explore. These initial considerations must be emphasized, as screening is an important part of preparing to run SIT groups.

With regards to the screening process for the group, it is important to develop a method of screening, which entails gathering particular information from those who express interest in an SIT group. The screening provides an opportunity for individuals to be informed prior to making a commitment to the group about the nature of the group, what group leaders expect from members and what members can expect from leaders. It is helpful to establish a point of contact, typically one of the co-leaders of the group to conduct the pre-group screening. It has been important to cover several topics within the screener, including the topic of the group, what makes the group unique, the fact that there will be a co-leader,

that the group will include men and women, which can often be surprising for some individuals we screen, considering the nature of the topic.

Group rules are another aspect of screening. Within the screening, the importance of attendance to group, respect within group, establishing of appropriate goals, and confidentiality. Respect in group highlights how to handle conflicts that come up. Within screening, specific and attainable goals are developed. These goals allow more clarity on whether or not an individual is a good fit for the current group being offered. For instance, if an individual is seeking to change their sexual orientation as a result of treatment, a discussion can be had about determining whether a ministry group is a better fit. We have found that it is important to have group members share goals with one another in the initial group meeting, in order to provide accountability and allow the group process to facilitate the attainment of these. During the initial meeting confidentiality is explained, which is the same as it would be in individual therapy, although we cannot guarantee that other group members will respect confidentiality. Finally, as a part of screening, we have found it helpful to ask individuals what concerns they may have with being in group. Common questions pertain to confidentiality and discouraging forming friendships outside of group with group members.

There are some contraindications for SIT groups, which are screened for prior to inviting individuals to join an SIT group. In addition to sexual identity concerns, many people navigating sexual identity questions discuss other, co-occurring issues. These concerns vary considerably, but have included depressed mood, anxiety, and relationship/family conflicts. During the initial screening, it is important to identify and address these concerns. This is helpful in considering whether an individual who is looking to make decisions regarding their sexual identity is able to do so. Often one is best able to make these decisions not out of a depression but out of a normal emotional state. It is important to discuss in the initial screener whether or not the client would be open to participating in individual therapy concurrently with group therapy. Group therapy serves as an augment to the work of individual therapy. Even if a client is not currently in need of individual therapy, we would ask clients to agree to participate in individual therapy in the future, in the event that it was indicated.

Along with this, another important topic to address through screening is whether an individual is in a current crisis. We have screened people who are in active distress, and have made appropriate referrals to crisis services or individual therapy in those cases. At the same time, individual therapy is ideal even if a person is not in crisis. Either way, we would want to know if this person has had individual or group therapy experiences in the past or currently. Other red flags that contraindicate participation in therapy may include recent suicide attempts, trauma, or other crises that may

inhibit their ability to participate in group at the time. Even if individuals we screen decide that the group we are currently offering is not a good fit, we have sometimes recommended they pursue individual therapy with someone to address any co-occurring issues that become evident during the screener.

There are two relevant components in SIT Group. This group is both content and process-oriented. There are elements of teaching and psycho-education which are unique to those we offer through our Institute for the Study of Sexual Identity (ISSI). This is a distinguishing factor of this therapy group from support or process groups, per se. We often utilize the research we have conducted on those who have navigated these sexual identity conflicts [4; 5]. Common topics that could be covered in the content portion of groups may include exploring questions related to what causes sexual orientation, research findings on attempts to change orientation, sexual identity development and milestone events in the formation of a gay identity, meaning making, and attributions.

With regard to particular interventions, SIT groups have incorporated themes over 10-15 weeks at a time. These themes have included reducing shame, exploring one's emotional experience of God (or God-image), identifying problem narratives and writing counter-narratives, healthy coping, and so on. For example, with an emphasis on narrative, SIT groups can explore the challenges that have arisen out of the current stories that have been written about people who experience same-sex attraction. These stories may come from their faith community (e.g., "being gay is an abomination"-themed narratives) or they may come from the popular culture (e.g., the celebration of a gay identity narrative) and may be in conflict with the person's beliefs and values. We help group members identify different, problem stories or narratives, identify how those stories impacted them, and begin to explore possible counter-narratives that reflect congruence (for more on narrative SIT, see Yarhouse, 2008 [7]).

Group therapy time is conducted in one hour and a half. Check-in is an important time which gives individuals an opportunity to identify their current thoughts and feelings as they come into group that week. If they need time to process particular events from their week, they are encouraged to consider what would be helpful to receive from the group that week. This is especially important if they are experiencing distress that would distract from being present in the group that day. Because many of our clients have not been in groups before, setting this time up for them has been helpful. There are also homework assignments that may be utilized, so that individuals can use time throughout the week to consider elements of what is being explored in therapy.

Challenges that have emerged include heterogeneity in group, specifically with regard to differing spiritual beliefs or moral convictions surrounding the morality of same-sex sexual relationships and behaviors [9]. Especially since the topic of same-sex marriage has emerged in broader cultural debates, clients can bring with them strong convictions which can lead to conflict. The formation of "sides" can threaten cohesion. This makes it important to protect those clients who may be feeling attacked in group, and to prime group members that SIT group is not a place to be characterized by confrontation or religious debates. Rather, it is a place where each person could navigate their own journey, making meaning out of their experiences in such a way that they discover congruence. Congruence may not look the same for each person. This is precisely the tension clients and group leaders are invited into in SIT groups.

Outcome. SIT group therapy is a unique alternative to both reorientation therapy and gay affirmative therapy. It is a client-centered, identity-focused approach that underscores healthy coping and social support. SIT itself can be offered from any number of theoretical orientations, provided there is assessment and informed consent, as well as an endpoint or goal of personal congruence. In group format, SIT can be challenging insofar as different group members may have different expectations of what congruence means to them. At the same time, SIT in the context of group can be deeply rewarding. It is in this context that participants are often finding for the first time a safe place to explore questions related to both their sexual identity and their religious identity.

REFERENCES

1. Throckmorton, W., & Yarhouse, M.A. (2011). *Sexual Identity Therapy*. In T. Clinton & R. Hawkins, Popular encyclopedia of Christian counseling. Eugene, OR: Harvest House.

2. Yarhouse, M.A., & Beckstead, A.L. (2011). Utilizing group therapy to navigate and resolve sexual orientation and religious conflicts. *Counseling and Values, 56* (1-2), 96-120.

3. Throckmorton, W., & Yarhouse, M. A. (2006). Sexual Identity Therapy: Practice framework for managing sexual identity conflicts. Retrieved from https://sitframework.com/wp-content/uploads/2009/07/sexualidentitytherapyframeworkfinal.pdf

4. Yarhouse, M. A., Stratton, S. P., Dean, J. B., & Brooke, H. L. (2009). Listening to sexual minorities on Christian college campuses. *Journal of Psychology and Theology, 37* (2), 96-113.

5. Yarhouse, M. A., & Tan, E. S. N. (2004). *Sexual identity synthesis: Attributions, Meaning-Making, and the Search for Congruence.* Lanham, MD: University Press of America.

6. Stratton, S. P., Dean, J. B., Yarhouse, M. A., & Lastoria, M. (2013). Sexual minorities in faith-based education: A national survey of attitudes, milestones, identity, and religiosity. *Journal of Psychology and Theology, 41_(1), 3-23.*

7. Yarhouse, M. A. (2008). Narrative sexual identity therapy. *American Journal of Family Therapy, 36,* 1-15.

8. APA. (2009, August). A*ppropriate therapeutic responses to sexual orientation* [task force report]. Available at http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf

9. Yarhouse, M. A., & Brooke, H. L. (2006, July). Running a sexual identity therapy group. *The Group Psychologist, 16* (2), 21-22.