Psychiatr. Pol. 2015; 49(3): 585–597
PL ISSN 0033-2674 (PRINT), ISSN 2391-5854 (ONLINE)
www.psychiatriapolska.pl
DOI: http://dx.doi.org/10.12740/PP/36178

Psychotherapy of nonheterosexual people from the perspectives of therapists and patients – bilateral expectations and concerns

Grzegorz Iniewicz[1], Bartosz Grabski[2]

[1]Institute of Psychology, Jagiellonian University
Head: prof. dr hab. W. Łosiak

[2]Chair of Psychiatry, Jagiellonian University Medical College
Head: prof. dr hab. n. med. J.K. Gierowski

Summary

Aim. The aim of the study was to show the differences in declared therapeutic goals and priorities, and in concerns about the therapeutic process, between LGB (lesbians, gays and bisexual people) people and psychotherapists.

Methods. Participants from both groups fulfilled semi-structured questionnaire, which was anonymously available on-line through the link sent together with the invitation to participate in the study. LGB people were contacted through the biggest Internet site for non-heterosexual people in Poland. The invitation was also sent to the psychotherapists, members of the Polish Psychiatric Association. The questions and responses in both versions of the questionnaire were formulated in that way, so as to enable adequate comparisons.

Results. The two most important therapeutic goals for respondents in both groups were: help in the acceptance of sexual orientation and emotional support with the difficulties of living in a hostile environment. The most common concerns for LGB people were that psychotherapists might attempt to change their sexual orientation, whereas for psychotherapists, the most common concern was that they would be helpless in the face of the social situation of LGB people.

Conclusions. Psychotherapists and LGB people basically agreed upon the therapeutic aims of psychotherapy. The adverse social situation of non-heterosexual people in Poland is a source of their concerns about the psychotherapeutic relations. On the other side the concerns of psychotherapists seem to correspond to some degree with the concerns of LGB people. They both reflect the society, which still struggles with heterosexism and homophobia.

Key words: homosexuality, psychotherapists, psychotherapy

The study was not sponsored

Introduction

At present we observe a polarization of attitudes towards homosexuality in Poland. On the one hand, there is a growing number of formal organizations of LGB people that hold parades and offer assistance through support groups, workshops, and therapeutic help. On the other hand, considerable parts of the population are wary about, or even hostile towards, homosexually-oriented people.

According to a report from 2005–2006, 18% of gay respondents have experienced some kind of physical abuse (such as being jostled, hit or kicked) because of their sexual orientation and 51% have experienced psychological abuse (such as verbal aggression, humiliation, ridicule, or threats) [1]. This research was repeated five years later in 2010–2011 and showed a slight decrease in the number of people experiencing violence: 12% experienced physical and 44% psychological abuse, yet the figures remain high [2]. Data from another report showed similar results: physical abuse was experienced by 11% of LGB respondents and psychological abuse by 43% [3].

The legal safeguards available to LGB people in Poland are not as robust as those afforded by the regulations of other European countries. Protection for LGB people can be found only in the Labour Code and in the Constitution, although the latter makes no direct mention of sexual orientation. There is also no legal provision for civil union. This may lead to a kind of social "invisibility" of non-heterosexual people, their needs, and exposes them to stigmatization and violence, since they cannot appeal to social institutions, which may respond to these problems adequately.

These issues undoubtedly have a negative impact on the functioning and mental health of LGB people in Poland, as is suggested by Meyer's minority stress model, and confirmed by epidemiological data worldwide. The basic assumptions of the model is that stress 1) is not common i.e. is limited to minority group members; 2) is chronic, which is associated with the relative stability of social and cultural structures; and 3) has a social determinants, which means, that it is connected rather with the processes, institutions and social structures than with the individual characteristics of individuals or events in their life. Studies carried out under this model confirm the negative impact of the aforementioned factors on the health of LGB [4–8].

When LGB people experience stress, struggle with psychological problems, or suffer from a mental disorder, they will probably seek therapeutic help, which will mean they are confronted with the issue of choosing and contacting a therapist. The potential LGB client will then try to make a judgement about the therapist's attitude towards non-heterosexual orientation at the beginning of the therapy or even before it starts. LGB clients will also have to deal with their own fears and concerns regarding the therapist and the therapeutic relationship [9–11].

Methods

We aimed to determine whether the expectations and concerns of LGB clients and psychotherapists are similar or different in the context of a therapeutic relationship. The study design comprised the administration of a semi-structured questionnaire to

the members of one group made up of LGB people and one group made up of therapists, using the Google Docs Spreadsheet application. The questionnaire consisted of 7 questions. The questions and answers in both versions of the questionnaire (i.e., for each group), were designed to correspond to one another as far as possible to facilitate comparison. Identical questions were posed on opinions on: the associations of the experienced psychological problems with sexual orientation (question 1), the extent to which the emotional problems of LGB people should be related to their sexual orientation in the therapeutic process (question 2), the most important goals of therapy with LGB people (question 3), the significance of a therapist's sexual orientation (question 5) and their transparency on this point for therapeutic work with LGB clients (question 6) and the nature of homosexual orientation (question 7). One question differed across the two groups in terms of the answers that could be provided; the question about the concerns of both groups about their contact when looking for or offering therapy (question 4). The answers to two questions (1 and 2) consisted in rating the given statements on a four-point continuum (from a score of 1 to indicate "I totally disagree" to a score of 4 to indicate "I totally agree"). When answering three questions (3, 4 and 7) the respondents could indicate maximum 3 answers out of seven possible. The answers to two other questions (5 and 6) consisted of choosing one possible option.

Additionally the respondents from both groups were asked to supply the basic demographic data, and information concerning: in the psychotherapeutic group: their sexual orientation (assessed by the means of self-identification), the therapeutic school with which they identified, the duration of working as a therapist and the experience of psychotherapeutic work with a non-heterosexual person; and in the LGB group: their sexual orientation (assessed by the means of self-identification), the question of coming-out process and utilizing psychotherapy in their lives.

The respondents were recruited using a mailing lists of LGB people from the most popular Polish gay web site (www.queer.pl, formerly: www.innastrona.pl[1]).The mental health professionals (certified psychotherapists and in-training psychotherapists) were recruited via the Polish Psychiatric Association. The research was supported by the Board of the Scientific Section of Psychotherapy and the Board of the Scientific Section of Family Therapy of the Polish Psychiatric Association[2].

Material

The group of therapists consisted of 198 respondents with a mean age of 39.5 years (SD = 10.5). Women constituted the majority (81.31%) of the sample. A proportion of 86.88% of the total psychotherapist sample declared themselves to be heterosexual, 3.53% bisexual, 5.05% homosexual, and there is no data for the remaining 4.54%. An interesting pattern emerged when the sexual orientation of the psychotherapist

[1] The authors of the study would like to thank www.queer.pl for the help in conducting the study

[2] The authors of the study would like to also thank Boards of the Scientific Section of Psychotherapy and the Scientific Section of Family Therapy of the Polish Psychiatric Association for the help in conducting the study.

was compared to their gender; 91.3% of female therapists identified themselves as heterosexual, while only 67.57% of males did so. Also, 18.92% of the male subgroup identified themselves as homosexual, while only 1.86% women did so. Bisexuality was declared by 3.1% of the female and 5.4% of the male participants.

The psychotherapists were also asked to indicate their theoretical background. Several paradigms were indicated: psychodynamic – 66.67%, systemic – 61.83%, cognitive – 23.12%, behavioural – 13.98%, humanistic – 13.44%, psychoanalytic – 5.38%, and Gestalt – 3.23%. The psychotherapists were allowed to declare as many options as necessary to reflect their theoretical influences. They were also asked if they had ever worked with a LGB person psychotherapeutically. Nearly a quarter, 22.73%, had never worked with an LGB person.

The LGB group consisted of 2773 respondents with a mean age of 22.4 (SD = 5.5). Female respondents constituted 60.66% of the sample. Out of the total LGB group, 75.55% declared a homosexual orientation and 24.45% a bisexual orientation. Of the women in the LGB group, 67.06% identified themselves as homosexual and 32.94% as bisexual, while in men the figures were 88.63% and 11.37%, respectively.

Results

We present the results of the research by analysing, in consecutive order, the answers to each question posed in the questionnaire.

Question 1

Both groups were asked to rate the following statement on a four-point continuum (from a score of 1 to indicate "I totally disagree" to a score of 4 to indicate "I totally agree"): "I believe that the psychological problems of LGB people are related to their sexual orientation." LGB people and psychotherapists did not differ from each other on this variable scoring, respectively, 2.08 (SD = 0.84) and 2.17 (SD = 0.69) points on the continuum ($t = -1.51$; $df = 2969$; $p = 0.130$; $\eta^2 < 0.001$), i.e., closest to the answer "I rather disagree."

Question 2

As above, both groups were asked to rate a statement about the significance of relating all the psychological problems of LGB clients to their sexual orientation when looking for, or offering, professional help. The groups slightly differed ($p < 0.001$), with the LGB group agreed more that all problems should be related to sexual orientation (1.59; SD = 0.81) than the psychotherapists (1.38; SD = 1.38), but the effect size ($\eta^2 = 0.004$) suggests that this result is trivial, lacks practical importance, and may be attributable to the high number of people in the sample. All in all, respondents from both groups tended to disagree rather than agree with this statement.

Question 3

We also asked both groups about the most important issues to address in the therapeutic process with LGB people (Table1). Respondents could mark more than one answer. While the psychotherapists more often saw a need to help a client to determine their own sexual orientation (67.17 vs. 41.80%; $p < 0.001$; $\chi^2(1) = 48.42$; *phi* = 0.128), LBG people more often placed importance on receiving help with the coming-out process (50.67 vs. 26.77%; $p < 0.001$; $\chi^2(1) = 42.24$; *phi* = -0.119) and receiving information about sexual orientation (20.12 vs. 12.12%; $p = 0.006$; $\chi^2(1) = 7.51$; *phi* = -0.050).

Table 1. **The most important issues in therapeutic work with LGB people, according to psychotherapists and LGB people**

	Group				Total		$\chi^2(1)$	p	phi
	Psychotherapist		LGB						
	N	%	N	%	N	%			
Help in acceptance of sexual orientation	118	59.60	1798	64.84	1916	64.49	2.22	0.136	-0.027
Help in determination of sexual orientation	133	67.17	1159	41.80	1292	43.49	48.42	< 0.001	0.128
Help in coming-out process	53	26.77	1405	50.67	1458	49.07	42.24	< 0.001	-0.119
Emotional support concerning life in hostile environment	132	66.67	1961	70.72	2093	70.45	1.46	0.227	-0.022
Help in changing sexual orientation	2	1.01	38	1.37	40	1.35	0.18	0.671	-0.008
Education about sexual orientation	24	12.12	558	20.12	582	19.59	7.51	0.006	-0.050

Question 4

We also compared the concerns that respondents have about bilateral contact. We allowed respondents to select more than one response to this question. The results for both groups are presented in Tables 2 and 3.

Table 2. **Responses to the question: "My concerns as a psychotherapist at first contact with LGB people who visit me with problems of a psychological character are…" in order of frequency, in the psychotherapist group**

Responses	No	%
I will be helpless when faced with the social situation of an LGB person	82	41.41
I will not find an adequate way of solving the patient's problem	51	25.76
I will be helpless when faced with the patient's problems	46	23.23
I will have professional dilemmas concerning the patient's will to change his/her sexual orientation	34	17.17
I will not understand the specificity of the patient's problems	29	14.65
I will be confronted with my own sexuality	28	14.14
I will have ethical dilemmas concerning the patient's will to change his/her sexual orientation	28	14.14
I will experience erotic fantasies concerning the patient	8	4.04
I will be accused by the patient of homophobia	5	2.53
I will be accused by the patient of lack of competence	0	0.00

Table 3. **Responses to the question: "My concerns when looking for a therapeutic help in managing problems of psychological character are…" in order of frequency, in the LGB group**

Responses	No	%
The psychotherapist will make explicit or implicit attempts to change my sexual orientation	963	34.73
The psychotherapist will not understand my problems	819	29.53
I will experience rejection and hostility from the psychotherapist	752	27.12
I don't have any concerns	743	26.79
The psychotherapist will avoid issues concerning my sexual orientation, which do have an influence on my mood and my functioning	694	25.03
The psychotherapist will assess my problems from the perspective of my sexual orientation	80	2.88

Question 5

Although more LGB people than psychotherapists thought that it would be helpful for the psychotherapist's sexual orientation to be homosexual (13.13% vs. 0.51%) or bisexual (9.05% vs. 1.52%), the majority in both groups stated that the sexual orientation of the psychotherapist was irrelevant (75.95% and 93.43% for LGB people and psychotherapists, respectively, $\chi^2(3) = 49.99$; $p < 0.001$; Cramer's V: 0.130) (Figure 1).

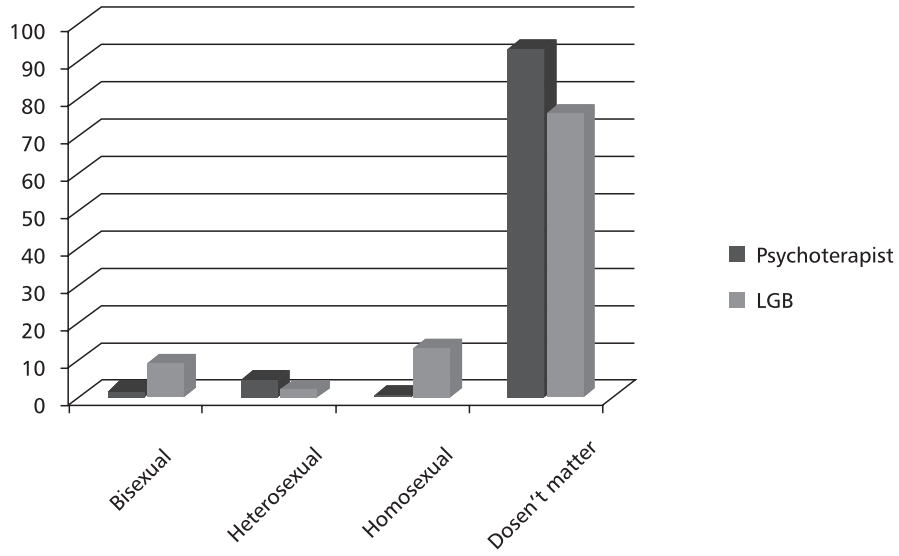

Figure 1. **Responses to the question: "It would be most helpful for the psychotherapy if psychotherapist's sexual orientation to be…"**

Question 6

More psychotherapists than LGB people think that the sexual orientation of the psychotherapist should not be known to the patient (38.89% vs. 9.16%) to better facilitate the psychotherapeutic process, but as many as 27.84% of LGB clients said that they would find it helpful to know the sexual orientation of a psychotherapist. Almost half of the psychotherapists (44.44%) and the majority of LGB clients (63.00%) stated that the sexual orientation of the psychotherapist was irrelevant. ($\chi^2(2) = 165.42$; $p < 0.001$; Cramer's V: 0.236) (Figure 2).

Question 7

The next question concerned the beliefs and opinions of both groups about the nature of sexual orientation. Interestingly, statistically significant differences were observed in several items (Table 4). The LGB group significantly more often than the psychotherapist group considered homosexual orientation as the "correct developmental variant" (57.63% vs. 45.96%; p = 0.001; $\chi^2(1) = 10.26$; *phi* = -0.059). On the other hand, the psychotherapist group more often than the LGB group believed that homosexual orientation is "a correct, although not optimal, developmental variant" (34.34% vs. 27.62%; p = 0.042; $\chi^2(1) = 4.13$; *phi* = 0.037).

The most prominent difference was found in relation to the belief that homosexual orientation is an "incorrect developmental variant"; 21.21% of psychotherapists

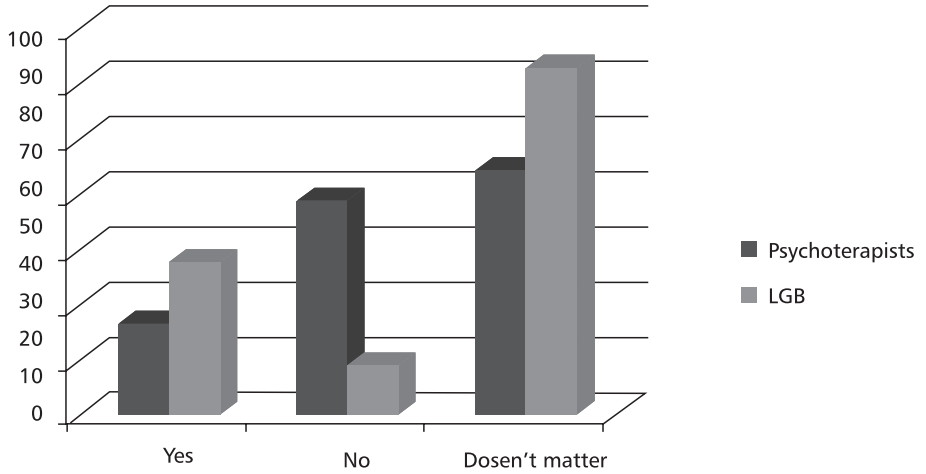

Figure 2. **Responses to the question if the sexual orientation of the psychotherapist should be known to the patient**

($p < 0.001$; $\chi^2(1) = 184.74$; *phi* = 0.249) expressed this opinion, while only 2.42% of LGB group held this view. Other statistically significant differences were revealed in relation to whether sexual orientation was regarded as a "question of fashion", with psychotherapists more often than LGB people agreeing with this view, and whether sexual orientation was seen a "question of choice", with LGB people more often agreeing with this statement than the psychotherapists. However, both groups agreed that sexual orientation is neither a mental disorder nor a disease or deviation.

Table 4. **Responses to the question: "Homosexual orientation is…" in both groups**

Answer	Group				Total		$\chi^2(1)$	p	phi
	Psychotherapist		LGB						
	N	%	N	%	N	%			
Correct developmental variant	91	45.96	1598	57.63	1689	56.85	10.26	0.001	-0.059
Correct, although not optimal developmental variant	68	34.34	766	27.62	834	28.07	4.13	0.042	0.037
Correct, although adverse developmental variant	43	21.72	527	19.00	570	19.19	0.88	0.349	0.017

table continued on the next page

Incorrect developmental variant	42	21.21	67	2.42	109	3.67	184.74	< 0.001	0.249
Mental disorder	7	3.54	42	1.51	49	1.65	4.65	0.031	0.041
Disease	0	0.00	9	0.32	9	0.30	0.65	0.422	-0.015
Sexual deviation (perversion)	3	1.52	32	1.15	35	1.18	0.21	0.649	0.008
A matter of fashion	16	8.08	106	3.82	122	4.11	8.51	0.004	0.054
A matter of choice	25	12.63	584	21.06	609	20.50	8.07	0.005	-0.052

Discussion of the results and conclusions

The results of our analysis of the first statement: "I believe that the psychological problems of LGB people are related to their sexual orientation" indicate that both groups share a balanced and moderate belief about the role of sexual orientation in producing psychological problems. Although there is little convincing evidence that sexual orientation per se might be related to the experience of psychological problems (e.g., via functional, metabolic, or anatomical differences) we cannot completely rule out this possibility. Minority stress, on the other hand, can be specific to sexual orientation and appears to be related to psychological problems in LGB people. However, on the basis of the statement that was presented to respondents in the questionnaire, we were unable to fully discern which kind of relation between psychological problems and sexual orientation the respondents may have meant.

Data in previous studies does not support the idea that all psychological problems of LGB patients should be related to their sexual orientation or addressed as such in psychotherapy [12, 13]. However, this notion was common and drove clinical practice among professionals at a time when non-heterosexual orientation was commonly considered a psychopathology. Today, the attribution of adverse life experiences to homosexual orientation is considered to be one of the adverse consequences of the so-called conversive or reparative therapies [14, 15] that were practised previously[3]. Again, in response to question 2, both therapists and LGB people, although slightly different in their opinions, showed what one might term a "more up to date" knowledge of this subject matter.

Psychotherapists more often than LGB people indicate that providing help in determining the patient's sexual orientation is the most important issue when working with LGB clients. On the other hand, LGB people more often than therapists indicate that receiving help in the coming-out process and receiving education about

[3] This conduct should be considered as unethical and unjustified in the face of current knowledge and standards of care (see also: [16]).

sexual orientation are the most important issues. These differences might reflect the tendency of Polish psychotherapists to overestimate LGB clients' sense of confusion and helplessness about their sexual identity, which runs counter to the way that LGB clients expect to be supported in the difficult coming-out process and their need to receive education from a professional about sexual orientation. The latter might reflect the situation of a subgroup of LGB clients whose contact with a psychotherapist takes place at the time of acknowledging homosexual or bisexual identity. However, the majority of respondents in both groups believe that emotional support to cope with the difficulties of living in a hostile environment and help in the client's acceptance of sexual orientation are the most important goals in therapeutic work with LGB people.

That helplessness in the face of the social situation of LGB people is the most common concern (40%) among psychotherapists indicates that social situation is still thought to be an adverse and difficult condition that it is not possible to modify and that is a major factor in the problems of LGB people. Through this view, psychotherapists are referring to the characteristics of minority stress, although it is not clear if this is intentional. From this point of view, the main problems of LGB people are regarded as being caused by social processes and/or structures that are both unique to LGB people and chronic.

The most common concern of LGB people is that the psychotherapist will make explicit or implicit attempts to change their sexual orientation. This may reflect the level of minority stress in this group and their expectations of societal rejection or hostility. However, this fear does not seem to be justified in light of the fact that only a small proportion (1.01%) of the psychotherapists indicated that they felt that changing the sexual orientation of the patient would be the most important issue in the therapeutic process.

Nevertheless, almost one third of LGB clients were afraid of being rejected or of being confronted with hostility when meeting a psychotherapist. When seen alongside the concern of psychotherapists that they will be helpless in the face of the social situation of LGB patients, these fears could indirectly express the magnitude of social stigma and the related minority stress of LGB people in Polish society. The concern of LGB people that they will not be understood by a psychotherapist and the concerns of therapists that they will not be able to solve their patient's problems seem to complement one another.

Although the majority of respondents in both groups believe that the sexual orientation of the therapist does not play a crucial role in therapy, LGB people more often think that it is helpful when the psychotherapist's sexual orientation is homosexual or bisexual. This might mean that LGB people expect either better understanding or less hostility from a homosexual or bisexual psychotherapist. On the other hand, some psychotherapists may feel that a heterosexual psychotherapist could either deliver a more objective perspective on the social situation of LGB patients or a corrective emotional experience from the relation with a majority representative [17, 18]. Moreover, psychotherapists more often than LGB people believe that the sexual orientation of the psychotherapist should not be known to the patient. This difference may be a reflection of theoretical rationale (e.g., the importance of frustration, neutrality and

non-transparency of a psychotherapist) or a result of a defensive attitude on the part of the psychotherapist. Some LGB patients may expect this kind of transparency simply because of their fear of rejection or their desire for knowledge about possible confounding factors that may arise in the therapeutic process.

The answers that respondents provided concerning the nature of homosexuality are surprising. It is striking both that there is a high percentage of psychotherapists who believe that homosexuality is an incorrect developmental variant, and that there are any psychotherapists at all who would treat homosexuality as a mental disorder. This raises the question: from where psychotherapists derive their knowledge of homosexuality and whether this is based on scientific research or instead reflects prevailing opinions on homosexuality in Polish society, or has an ideological or religious bias.

Before we present some final conclusions, we discuss the limitations of the present study, which should be considered before claims can be made about the generalizability of the results to the total psychotherapist and LGB populations. First, this was an Internet study and this could have influenced the participation of both groups. For example, in the LGB group the Internet-based methodology may have promoted the participation of individuals who are younger in age, have a higher education level, live in urban areas, and represent a subgroup of LGB people who are more advanced in the process of non-heterosexual identity development and who, to some degree, participate (at least on-line) in gay community life. This may have left a subgroup of those who are not or are less "out", more isolated and stressed or, on the other hand, those who are fully adjusted to their environment and live stable harmonic lives outside real and virtual gay communities. Hence, the specific needs, expectations, beliefs, and concerns of these subgroups may differ from the general LGB population. Also, the Internet-based methodology may have limited the participation of older psychotherapists.

The other limitations are: 1) a lack of data about people who decided not to participate in the study in both groups; 2) the Polish Psychiatric Association mailing list of accredited psychotherapists did not allow the participation of other groups of professionals accredited by other major therapeutic associations.

Despite the above limitations, this study has several major advantages: 1) the fairly large sample sizes; 2) total anonymity of the participants; 3) the simplicity, clarity, and shortness of the questionnaires; and 4) the complementarity of the questions in the two questionnaires, all of which could have enhanced the validity of the results. Moreover, the present study appears to be the first to directly compare the attitudes and expectations of LGB people with those of psychotherapists in Poland.

We would now like to draw some final conclusions. From our study, the adverse social situation of LGB people in Poland is the source of the concerns they have about psychotherapeutic relationships. The concerns of psychotherapists, which seem to some extent to complement the concerns of LGB people, confirm this general picture of a society still struggling with the consequences of heterosexism and homophobia. Despite the fact that psychotherapist and LGB people seem rather to agree on the goals their set before psychotherapy, it is still important that both trainee and qualified psychotherapists undergo training to gain insight into majority stress and the specific needs of the LGB population that need to be addressed in psychotherapy. Our research

suggests that heteronormativity in general, and the relative invisibility of the LGB population, should also be a focus of professional training. Trainees and experienced practitioners alike should continually be encouraged to revise, expand, and update their knowledge on homosexuality and bisexuality.

References

1. Abramowicz M. *Sytuacja społeczna osób biseksualnych i homoseksualnych w Polsce. Raport za lata 2005 i 2006*. Warsaw: Campaign Against Homophobia and Lambda Warsaw; 2007.
2. Abramowicz M. *Sytuacja społeczna osób bi- i homoseksualnych. Analiza danych z badania ankietowego*. In: Makuchowska M. ed. *Sytuacja społeczna osób biseksualnych i homoseksualnych w Polsce. Raport za lata 2010 i 2011*. Warsaw: Campaign Against Homophobia and Lambda Warsaw; 2012. p. 11–106.
3. Krzemiński I. *Naznaczeni. Mniejszości seksualne w Polsce. Raport 2008*. Warszawa: Insitute of Sociology at the University of Warsaw; 2009.
4. Meyer IH. *Minority stress and mental health in gay men*. In: Garnets LD, Kimmel DC. ed. *Psychological perspectives on lesbian, gay, and bisexual experiences*. New York: Columbia University Press; 2003. p. 699–731.
5. Meyer IH. *Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence*. Psychol. Bull. 2003; 5: 674–697.
6. Kertzner RM, Meyer IH, Frost DM, Stirratt MJ. *Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity*. Am. J. Orthopsychiatry 2009; 79: 500–510.
7. Iniewicz G, Grabski B, Mijas M. *Zdrowie psychiczne osób homoseksualnych i biseksualnych – rola stresu mniejszościowego*. Psychiatr. Pol. 2012; 46(4): 649–663.
8. Iniewicz G. *Stres mniejszościowy u osób biseksualnych i homoseksualnych. W poszukiwaniu czynników ryzyka i czynników chroniących*. Krakow: Jagiellonian University Press; 2015 (in press).
9. Davison GC. *Conceptual and ethical issues in therapy for psychological problems of gay men, lesbians, and bisexuals*. J. Clin. Psychol. 2001; 57(5): 695–704.
10. Matthews CR. *Affirmative lesbian, gay and bisexual counseling with all clients*. In: Bieschke KJ, Perez RM, DeBord KA. ed. *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients*. Second Edition. Washington: American Psychological Association; 2007. p. 201–219.
11. Morrow SL. *First do no harm: therapist issues in psychotherapy with lesbian, gay, and bisexual clients*. In: Perez RM, DeBord KA, Bieschke KJ. ed. *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients*. Washington: American Psychological Association; 2000. p. 137–156.
12. American Psychological Association. *APA Guidelines for psychological practice with lesbian, gay, and bisexual clients*. http://www.apa.org/pi/lgbt/resources/guidelines.aspx [retrieved: 10.04.2015].
13. Bartlett A, King M, Phillips P. *Straight talking: an investigation of the attitudes and practice of psychoanalysts and psychotherapists in relation to gays and lesbians*. Br. J. Psychiatry 2001; 179: 545–549.
14. Haldeman DC. *Gay rights, patients' rights: the implications of sexual orientation conversion therapy*. Prof. Psychol. Res. Pr. 2002; 33: 260–264.

15. Shildo A, Shroeder M. *Changing sexual orientation: a consumers' report*. Prof. Psychol. Res. Pr. 2002; 33: 249–259.
16. Iniewicz G, Bąk D. *Psychoterapia osób LGB – od terapii konwersyjnych do terapii wykorzystujących teorię queer*. In: Iniewicz G, Mijas M, Grabski B. ed. *Wprowadzenie do psychologii LGB*. Wroclaw: Continuo publishing house; 2012. p. 309–336.
17. Moran MR. *Effects of sexual orientation similarity and counselor experience level on gay men's and lesbians' perceptions of counselors*. J. Couns. Psychology 1992; 2: 247–251.
18. Davies D. *Towards a model of gay affirmative therapy*. In: Davies D, Neal C. ed. *Pink Therapy: a guide for counsellors and therapists working with lesbian, gay and bisexual people*. Buckingham: Open University Press; 1996. p. 24–40

Address: Grzegorz Iniewicz
Institute of Psychology, Jagiellonian University
30-060 Kraków, Ingardena Street 6