Values vs ethics in counselling homosexual in africa assignment

Art & Culture

VALUES VERSUS ETHICS IN COUNSELLING HOMOSEXUAL DONE BY: SOUD TENGAH BA COUNSELLING MANCHESTER UNIVERSITY DATE: NOVEMBER 2010 1 TABLE OF CONTENTS Contents Page Introduction 3 Definitions 3 Origin of Homosexuality 4 Stages of Homosexuality 7 Counselling Homosexual 8 Conclusion 11 Bibliography 13 2 INTRODUCTION Homosexuality is an issue that has often been challenging to counsellors mainly due to lack of in depth information on the issues or personal values that majority of therapist hold dear to themselves.

Although counselling services has been rendered to this cluster of people there are number of issues which still emerge as a conflict to some counsellors. Core of this essay is try to find answers for counsellors who struggle in counselling homosexual due to their existing values versus counselling ethics. In addition this essay attempt to unravel some of definitions on sexuality; origin of homosexuality and stages of homosexuality. The essay will also give a personal conclusion on counselling homosexual in relation to individual values.

DEFINITIONS Sexual Orientation According to the American Psychological Association, (2008) sexual orientation is enduring and also refers to a person's sense of " personal and social identity on those attractions, behaviours expressing them, and membership in a community of others who share them. There are three main classification of sexual orientation: homosexual; heterosexual and bisexual. Homosexuality An attraction to and involvement with members of one's own sex, usually including sexual relations (Feltham & Dryden, 2004) Gay generally refers to male

homosexuality, and lesbian refers only to female homosexuality (Sanders & Kroll, 2000).

Heterosexual Is an enduring pattern of or disposition to experience sexual, affection, physical or romantic attractions primarily to persons of the opposite sex (American Psychological Association, 2008). Sexual orientation which one is attracted to involved with members of the opposite sex (Feltham & Dryden, 2004). 3 Bisexuality Bisexuality is sexual attitude and behaviour which is neither exclusively heterosexual nor exclusively homosexual. (Feltham & Dryden, 2004) Asexual People who have a distinct but not exclusive preference for one sex over the other may also identify themselves as bisexual. Bogaert, 2006) Homophobia According to Sanders and Kroll (2000) is an irrational fear, intolerance, or hatred of gay men and lesbians. Heterosexism Is defined as " a belief in the inherent superiority of one form of loving (male with female) over all others and thereby the right to cultural dominance" (Sanders & Kroll, 2000). ORIGIN OF HOMOSEXUALITY An indisputable and universal fact about humanity is that every-one owes their existence to the union between their father and mother. This forms the basis for the family, the social unit of society.

However, homosexual behaviour also has been known to be present in some societies throughout history in varying degrees of prevalence. According to Hubbard, (1993) over the past thirty years or so, such homosexuality behaviour has become increasingly mainstream and open. Varying theories that have been proposed to explain the genesis of homosexuality. However,

this essay will focus on brief description of four theories in order to demonstrate the different angles from which the topic has been tackled.

Psychoanalysis theory According to Freud (1953) believed that all humans were born bisexual in nature, and from this state, as a result of restriction in one direction or the other, both heterosexuality and homosexuality developed. He also made the distinction between two types of homosexual (or ‘ invert’) those who are like women, seeking masculine men, and others who seek feminine qualities in their partners. Some individuals may 4 display predominantly one type of inversion or the other, whereas others might display a certain amount of both types of inversion. Different causal factors were therefore suspected for the two.

Freud realised that the aetiology of homosexuality was complex, and suspected that “ the choice between ‘ innate’ and ‘ acquired’ is not an exclusive one, or . . . it does not cover all the issues involved” (Freud , 1953) In his teaching Freud, (1953) claimed that all homosexual men have unresolved pre-oedipal conflicts, that is, they did not successfully negotiate the separation-individuation phase of early childhood. In this way, early childhood stress leads to obligatory, exclusive homosexuality, whereas stress in the later oedipal phase leads to partial, non-obligatory homosexuality.

In 1973 the American Psychiatric Association decided to drop homosexuality (per se) from the diagnostic nomenclature. It should be noted that Freud himself had maintained that “ it is not scientifically feasible to draw a line of demarcation between what is psychically normal or abnormal; so that the distinction, in spite of its practical importance, possesses only a conventional

value. ” (Frediani, 2000) Many of the case studies described have looked for specific aspects in an individual’s environment during development which can lead to adult homosexuality.

Such reports have commonly found one or more of the following factors to be unusual in some respect in the childhood of homosexuals: parental hopes before birth for a child of the other sex; difficulties at birth; slight anatomical differences between identical twins leading to a special attachment of one child or the other to their mother; parental attitude toward the role of the individual child, disclosed through the naming of the child; the position of the father in the family; strength of the relationship between father and child; competition for the affections of the mother; and, a ‘ twinning reaction’ or mutual dependence between twins, especially noticeable in identical pairs (Frediani, 2000) Genetic theory According to Kallmann (1952), reported a one hundred percent concordance in identical twins for homosexuality, and only twelve percent concordance in fraternal twins (identical twins result from a fertilised egg splitting in half and each half continues to grow as an embryo.

Thus, the identical twins have an identical genetic code. Fraternal twins do not have identical genetic codes as each twin arises from different fertilised eggs). Subsequent studies have failed to repeat Kallman’s findings. Kallman later 5 himself postulated that this impressive concordance was an artefact due to the fact his sample was largely drawn from mentally ill, institutionalized patients (Kallaman, 1952). In summary, it is difficult to reach conclusions from twin studies published to date. Most studies have a small

sample size and/or contain technical flaws in study design and methodology. Some studies suggest a genetic basis, while others do not.

As Byne and Parsons (1993) what is intriguing in twin studies that have been published is the large proportion of identical twins that are discordant for homosexuality despite sharing not only their genes but also their prenatal and familial environments. Hormonal Studies There is also a popular belief that sexual preference is determined by hormone levels. Ellis and Ames (1987) have proposed gestational neurohormonal theory of human sexual orientation, which deals with the genesis of heterosexuality as well as homosexuality. They propose that sexual orientation is primarily determined by the degree to which the nervous system is exposed to testosterone, estradiol, and to certain other sex hormones while neuro-organization is taking place, predominantly between the middle of the second and the end of the fifth month of gestation.

According to this theory, “ complex combinations of genetic, hormonal, neurological, and environmental factors operating prior to birth largely determine what an individual’s (adult) sexual orientation will be. ” This theory makes many testable predictions, e. g. that homosexuality should primarily be a male phenomenon, that homosexuals should have higher frequencies of other sexual inversions than heterosexuals, that relationships between parents and homosexual offspring may be strained and/or assume some cross-sex characteristics, and that homosexuality should reflect a significant degree of heritability (as hormone production and action is under

significant genetic control). Such predictions seem to agree with previous research and general intuitions regarding homosexuality.

Support for the gestational neurohormonal theory includes a recent study (LeVay, 1991) which reported a difference in hypothalamic structure between heterosexual and homosexual men, although Ellis and Ames warn that several decades of intense, further research may be required to adequately test the theory. 6 Neuro-anatomic Studies In 1991, a report was published claiming that an area of the hypothalamus known as INAH3 is smaller in homosexual men and heterosexual women (LeVay, 1991). The report received immense media coverage. The study was conducted on brain tissues from cadavers Included were nineteen homosexuals, sixteen presumed heterosexual men, and six presumed heterosexual women. A number of factors make interpretation of the study difficult. Sexual histories were inadequate and a significant proportion of the subjects were presumed to have a certain orientation.

All of the homosexuals died of AIDS, while only six of the presumed heterosexual men group died of AIDS. One can propose a hypothesis that the human immuno-deficiency virus (HIV) could affect brain tissue including the hypothalamus, and since reduced testosterone (a male hormone) has been documented to occur in patients with AIDS, this may be one of the mechanisms. Certain medications like antifungal administered for the treatment of infections can affect the hypothalamic-pituitary axis, but inadequate medical information is supplied in the study. Heterosexuals with

AIDS often receive inferior medical care than homosexuals with AIDS as they more often are intra-venous drug users.

This may also affect the results of the study, as the heterosexuals with AIDS may have had a different disease course and died at an early stage of infection (Byne and Parsons, 1993). Moreover, the area of the hypothalamus in question was larger in some of the homosexuals than in many of the heterosexuals, and smaller in some of the heterosexuals than many of the homosexuals. Hence, one cannot determine someone's sexual preferences by looking at his/her hypothalamus (Hubbard and Wald 1993). The claim that homosexuality is a biologically predetermined characteristic, and homosexuals are " born that way" stands on flimsy genetic, hormonal and neuroanatomic evidence.

A consistent and reproducible biologic difference has yet to be demonstrated (Demeter et al, 1988) STAGES OF HOMOSEXUALITY Stages of Homosexuality For counsellor who sexuality is an issue, understanding stages of homosexuality is even more important. Cass (1979) lists six stages that many homosexuals go through when dealing with their own sexual orientation. The basic model that Cass has proposed includes: 7 ? Identity Confusion ??? In this stage, individuals begin to wonder if they may be homosexual. They may consider the possibility, or reject it. If they choose to consider the possibility, they will move to the second stage. ? Identity Comparison ??? Here, individuals may begin looking at others and comparing themselves to homosexuals and non homosexuals in the surrounding

environment. At this point, individuals may make contact with another homosexual person. ?

Identity Tolerance ??? Individuals are becoming increasingly committed to the homosexual identity and may seek out more and more homosexual contacts. The self-image is still one of merely " tolerating" the homosexuality, rather than embracing it. ? Identity Acceptance ??? At this point, a more positive view of homosexuality begins to develop. Individuals may feel they fit into the homosexual society. However, they will generally attempt to " pass" for heterosexual, and self-disclosure will be limited. ? Identity Pride ??? Individuals in this stage characteristically feel a great deal of pride about their homosexuality. They will identify strongly with other homosexuals and feel anger at the way society treats homosexuals as a whole.

They are often very conspicuous in their sexuality. ? Identity Synthesis ??? Finally, the influence of positive non homosexuals helps individuals become aware that all heterosexuals are not bad. At this point, they may feel " settled in" to their identity, neither ashamed of it nor needing to " flaunt" it. (Cass, 1984). COUNSELLING HOMOSEXUAL Ethical and Value Issues It will be a suicidal to this essay, to focus on ethics versus values in counselling a homosexual and not focus on religion. From a historical perspective, religion has been in existence as long as civilization. For many centuries, it was central to the function of society, in day to day, as well as political life.

Religion invokes a feeling of respect of something greater than yourself, which is central in guiding your life. Sample the two largest religion globally,

Christianity and Islam on the beliefs they hold on homosexual (Harvey, 2000). Christianity believes; ??? Leviticus. 18: 22, “ You shall not lie with a male as one lies with a female; it is an abomination”. 8 ??? 1 Leviticus. 20: 13, “ If there is a man who lies with a male as those who lie with a woman, both of them have committed a detestable act; they shall surely be put to death. Their blood guiltiness is upon them” ??? 1 Corinthians. 6: 9-10, “ Or do you not know that the unrighteous shall not inherit the kingdom of God?

Do not be deceived; neither fornicators, nor idolaters, nor adulterers, nor effeminate, nor homosexuals, nor thieves, nor the covetous, nor drunkards, nor revilers, nor swindlers, shall inherit the kingdom of God. ” While the Islamic faith believes; ??? “ We also sent Lut : He said to his people : “ Do ye commit lewdness such as no people in creation (ever) committed before you? For ye practice your lusts on men in preference to women: ye are indeed a people transgressing beyond bounds. ” Qur’an 7: 80-81 ??? ??? “ What! Of all creatures do ye come unto the males, and leave the wives your Lord created for you? Nay, but ye are forward folk. ” Qur’an 26: 165 The Prophet (saws) said:” May Allah curse him who does that Lot’s people did. (Ibn Hibban, authentic) Religious and cultural beliefs, for many represent deeply held convictions about choice and approaches to life that go beyond simple preferences. These beliefs reflect value sets that are at the core of one’s being, and the fear that the higher authority is key to determining how a person’s life turns out, it is also cause for concern in doing anything against the principles dictated by the set of beliefs that a person is following. Being brought up in a Muslim family background, where Islamic teachings and values are practiced, and modelled in the teachings that carry over

weight to secular institutions, I have found it difficult for me to downplay the teaching of Islamic religion on homosexuality.

I wonder, am I to be valueless as counsellors at the same time try to empower clients to develop and practice values of their choice as long as there is no harm to self or others? For long I have been struggling to counsel a client who subscribe to homosexual as his sexual orientation. Am also not sure for how long will I be referring clients who are homosexual or is it ethical right to keep on refer homosexual on the basis of conflicting with my values? 9 Working with lesbian and gay men often presents a challenge to counsellors who hold traditional values. Even counsellors who accept same-sex relationships intellectually may reject them emotionally. Counsellors who have negative reactions to homosexual are more likely to impose their own values (Buhrke & Douce 1991).

However the ethical codes of American Counselling Association(ACA), American Psychological Association (APA)and National Association of Social Workers(NASW) clearly states that discrimination on the basis of minority status-be it race, ethnicity, gender, or sexual orientation ??? is unethical and acceptable (Buhrke & Douce 1991) While am still pondering in my role as a counsellor, actively attempt to understand the origin of homosexuality, stages in involves and diverse cultural backgrounds of the clients I serve. Of course, counsellors can, and should, seek to understand all forms of diversity. However, there is a difference between understanding and agreeing with something or someone. If counsellors’ convictions leave them disagreeing with the basic beliefs of their clients to the point where being

therapeutic is in question, then should they avoid these relationships? To disregard one's religious influences would be demonstrating a lack of self respect ??? the very thing counsellors try to help clients maintain and build upon? Am also wondering whether a given counsellor should counsel any and every client? I tend to believe we all have biases.

Sometimes a personal bias, religious or otherwise, would prevent a counsellor from providing the high quality, neutral service that fully respects the client and the client's right to selfdetermination. In my opinion to demand that counsellors always be neutral regardless of their biases and convictions is to demand superhuman abilities. According to Hermann and Herlihy (2006) justice involves awareness of counsellors own values, attitudes, beliefs, and behaviours and avoid imposing values that are inconsistent with the counselling goals. It is also noted in the ACA codes that another way for counsellors to both avoid imposing values and to respect client diversity is to make appropriate referrals if necessary.

The Code addresses this by stating that " if counsellors determine an inability to be of professional assistance to clients, they avoid entering or continuing professional relationships" (ACA, 2005, A. 11. b). If counsellors discover conflicts in values that are likely to cause harm to clients or hinder their therapeutic effectiveness, then they should " terminate the counselling relationship when it becomes 10 reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counselling" (ACA, 2005, A. 11. c). In reference to ACA (2005)

Beneficence is the primary responsibility of counsellors to respect the dignity and to promote the welfare of clients.

Nonmaleficence means avoiding doing harm, which includes refraining from actions that risk hurting clients, either intentionally or unintentionally. While Autonomy entails acknowledging the right of another to choose and act in accordance with his or her wishes and the professional behaves in a way that enables this right of another person. Despite the codes emphasis on, counsellor's awareness of the intimacy responsibilities inherent in the counselling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients. However one will only respect the dignity and promote the welfare f clients when we are aware of our own limitations not when we eliminate our own values. What is truly important is that we treat everyone with respect and understanding, even those with whom we may not agree. That is the spirit behind the Code. However, to " treat with respect" by counselling clients with whom our values conflict would increase the likelihood of our doing harm. Yet, Hermann and Herlihy cite Remley and Herlihy (2005) when stating that " if a counsellor's values were so strong that he or she could not counsel clients with differing beliefs, we would be concerned that the counsellor is not well-suited for the counselling profession".

However such generalization is likely to scare many counsellors including myself from the profession who could otherwise be competent with many populations rather than forcing them to suppress their religious beliefs lest they be accused of being judgmental. Conclusion In writing this essay I

studied both schools of thought in-depth, on the origin of homosexuality and religious values that some counsellors subscribed to and I firmly conclude that, there is no clear evidence yet as to origin of homosexuality. While I am not neglecting existing theories, I feel the main concern as a practising counsellor would to focus on self awareness and respect to others without losing his own identity or values. 11 Finally, in my research for this essay I tend to agree with the following recommendations by Feltham & Horton, (2000) for counsellors unable to compromise their religiously based moral values.

Training workshops, which include didactic presentation about lesbian, gay and bisexual psychology including the various models of coming out Personal therapy and self awareness work to explore some of the histories in some depth, with therapists who have themselves done the required work: supervision with lesbian, gay and bisexual therapist on client work. Spending time with lesbian, gay and bisexual people at work and in recreation Personal contacts through genuine friendships have been demonstrated to be powerful ways of changing opinions and behaviours. (Although this could certainly be understood as replacing one set of values with another) 12

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