Impacts of Affirmative Therapy and Person-Centered Approaches on LBGTQ Populations

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Abstract. With the information provided by the Association for the Development of Person-Centered Counseling Approach conference, in addition to lectures and teachings of psychotherapists researchers using Carl Rogers perspectives; I will identify the overlapping person-centered themes, approaches and application necessary to successfully work with the LBGTQ population. As a member of the LBGTQ community, I will share my own opinion and experiences with this therapeutic approach to exemplify its impact on my view of the therapeutic community’s use of Affirmative Therapy, as well as explain the benefits for future use serving the LBGTQ population.

Keywords: 19 Propositions, Affirmative Therapy, and LBGTQ, Person-Centered

Introduction

As a current counselor and student at Kutztown University, I have been able to develop a deeper appreciation and understanding of person-centered therapy and psychotherapeutic approaches on the Lesbian, Bisexual, Gay, Transgender, or Questioning (LBGTQ) population after attending the Association for the Development of the Person Centered Approach or the ADPCA conference this semester. One particular conference lecture on Using Person-Centered Approach with LBGTQ Adolescent Clients given by Fatemeh Dehghan Manshadi (2019), focused on encouraging the counselor to provide the client with the three core conditions, known as unconditional positive regard, empathy, and therapeutic companionship (congruence) when exploring their sexuality (Manshadi, 2019). Once these core conditions are established within the

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therapeutic relationship, psychotherapy techniques found in Affirmative Therapy can be introduced. Coincidentally, these conditions nicely overlap with Rogers’s theory of the 19 propositions of self-realization. This lecture inspired me to continue to educate myself on how this approach can benefit the LBGTQ population and encourage healthy therapeutic change within these clients. Afterward, I collected information from articles and books that offered data on Affirmative Therapy and provided suggestions on how the person-centered model could be integrated within this approach for a stronger theoretical application when working with LBGTQ clients.

**Person Centered Approaches and Affirmative Therapy**

The LBGTQ lecture by Manshadi (2019) defined the discovery and exploration of one’s sexuality in six distinct phases including 1) Identity confusion, 2) compared heterosexual identity, 3) identity tolerance, 4) sexuality insight, 5) pride for their homosexual identity, and lastly 6) self-actualization. She states that the counselor’s job is to encourage trust, build equality through unconditional positive regard, and develop empathy. The creation of a safe atmosphere in which the client works through the six phases of their sexual identity distinction is the counselor’s most important task (Manshadi, 2019). This belief reinforces the foundational teachings of the person-centered approach where the client is ultimately responsible for directing the therapy session (Rogers, 1957).

Again, we can see the importance of the person-centered approaches taught by Rogers in another psychotherapeutic approach known as Affirmative Therapy. Recommendations for the use of this psychotherapeutic approach echo many of Rogers’ ideas. One research article by Hinrichs and Donaldson, (2017) expresses that Affirmative Therapy is used to advocate and validate the self-identity and sexuality of the client. Naturally, this outcome cannot be properly achieved without the use of Rogers’ six core conditions. The research based off the Affirmative approach states that the counselor should use techniques such as active listening, healthy expressions of human connection, and enhance the therapeutic relationship by understanding the sexism, biases and discrimination the LBGTQ population might experience (Hinrichs & Donaldson, 2017). Thus far, we have seen how Affirmative Therapy utilizes the basic principles of Rogers’ person-centered approach and will next explore the incorporation of Rogers’ 19 propositions into the application of Affirmative Therapy.

**Rogers’ 19 Propositions and Affirmative Therapy**

When comparing Rogers’ 19 propositions and Affirmative Therapy, the similarities regarding client change are front and center. The most
vibrant similarity that is found in both the basic idea of Affirmative Therapy and the 19 propositions is the goal of helping the client reach their full potential and develop a deeper understanding of the self (Rogers, 1951). Collectively, the 19 propositions and Affirmative Therapy also promote clients to reach an understanding of external and internal values, world perception, experiences, and bring awareness to incongruences in their lives (Rogers, 1951). The combined efforts of the client and counselor to work on these 19 propositions through a person-centered approach are also encouraged within the Affirmative Therapy model. The Affirmative approach will encourage the client to question their personal attitudes and beliefs regarding sexuality, gender, spiritual connections, defining their own resilience, and question pervious world perceptions regarding homosexuality. The blend of these approaches will inspire increased self-worth in the client, and also promote diversity and understanding in the client’s worldview. The hope is that these changes support the client’s acceptance of their sexual identity and foster development of pride surrounding it (Hinrichs & Donaldson, 2017).

Affirmative Therapy focuses on the growth and development of a client’s understanding of sexual identity, and, like the person-centered approach, supports a holistic view of understanding human connection (Hinrichs & Donaldson, 2017). Through the 19 propositions, clients are encouraged and challenged to reevaluate their external and internal perspectives on sexual identity and orientation. This is where the application of Rogerian techniques can take root within Affirmative Therapy. Researchers suggest that Affirmative Therapy tools and techniques are great ways to assess individuals struggling with their sexuality or gender orientation. However, focusing solely on the exploration of sexual identity can be limiting to the client’s overall therapeutic experience (Moradi & Budge, 2018). Researchers Moradi and Budge (2018) highlight the importance of recognizing the multiple dimensions of this experience. These authors urge the therapist to give a client ample space to describe themselves beyond predetermined categorizations of sexual identity, attraction, or behavior (Moradi & Budge, 2018). By maintaining the Rogerian perspective, therapists can provide an enriched experience where clients understand how their sexuality fits into a holistic and compassionate view of the self.

Application of Affirmative Therapy with Rogerian Techniques

In the book Affirmative Counseling with LBGTQ plus people, authors Ginicola, Smith & Filmore (2017) discuss how Affirmative Therapy is not a specific treatment protocol but rather a collection of collaborating
ideas that focus on awareness, support, oppression, and privileges LBGTQ people might experience. The Affirmative ideas addressed with clients can be broken down into six categories including 1) understanding self-awareness and identity, 2) understanding cultural competency, 3) shame and guilt, 4) spirituality education, and 5) self-advocacy (Ginicola et al., 2017). It is through steps 1, 3, and 5 where I can see person center therapy being best utilized and the six core conditions being implemented into a client’s treatment. It is here that counselors can guide clients through an intimate experience of unconditional positive regard and empathy. Counselors should exhibit understanding when exploring a client’s struggle with shame, guilt or incongruencies that relate to bias in sexuality issues. Only then can clients see the counselor’s unconditional positive regard or acceptance of their experiences. This atmosphere will likely be motivating for the client’s self-advocacy of their sexual identity or orientation.

Once this congruency and relationship is cemented between the counselor and client, the counselor can educate the client on Rogers’ 19 propositions and explain ways in which they can be manifested into the client’s own reality, behaviors and experiences, in-order to address inconsistency or anxiety regarding sexuality. Once the counselor has walked the client through the 19 propositions, the client has reached their goal of adopting a newly-structured and valued perspective of their world. They are reassured of their own self-identity and feel more centered when confronted with societal biases, stereotyping, and disordered thinking. Lastly, it is important to note that Affirmative Therapy provides multiple assessment tools to help clients achieve congruency throughout this process. Researchers Moradi and Budge (2018) have several assessment tools that address client’s self-efficacy, attitudes, and false beliefs and behaviors towards LBGTQ topics. Through these steps and perspectives, it is clear that the fundamental tenets of Rogerian theory are at the heart of Affirmative Therapy. With continued research and application, Affirmative Therapy theory can develop from its current infancy, into a broad contribution to the field of counseling.

**Future Direction**

The future of Affirmative Therapy is still widely undetermined. Researchers Moradi and Budge (2018) urge the importance of developing more research with underexamined LBGTQ populations. They conclude that a meta-analysis of their research using Affirmative Therapy assessment tools shows a high concentration of cisgender male with HIV as the basis of their study. They acknowledged the lack of women, transgender individuals, and openly gay individuals partaking in their research and
encourage that research teams develop new strategies to provide more diversity in future studies (Moradi & Budge, 2018).

As stated earlier in Affirmative counseling with LBGTQ plus people, author Ginicola et al., (2017) expressed that the major critique of Affirmative Therapy is that it does not yet have a concrete identity within the counseling field and that it needs a solid foundation of research to do so. There are countless examples of the benefit of Affirmative Therapy and its measurement tools for clients to develop more self-empowerment provided by Moradi and Budge (2018). Their meta-analysis, however, highlights their awareness of the limitations of sexual identity liberation provided by this theory. To create lasting change, we must first educate and encourage counselors to become more aware of cultural competency regarding LBGTQ client issues. The ADPCA conference was a fantastic resource for education as it provided its attendees with an introduction to Affirmative Therapy through the lens of the widely used person centered approach. The ADPCA conference, however, cannot be the only way to cultivate interest and expansion of this theory. Perhaps conducting research on specific LBGTQ populations such as those struggling with addiction, family, or mental health issues can help strengthen the validity of this theory.

In my experience with the research presented on Affirmative Therapy, and maintaining the foundation provided by Carl Rogers, I was able to witness for the first time at the ADPCA conference at Kutztown University a successful therapeutic model for the LBGTQ population. This community has been widely misunderstood and ignored for far too long. This experience provided me with an optimistic view for this theory’s future contribution to the field of counseling. As a member of the LBGTQ population, this is the type of therapeutic approach I feel would have benefited me when I was discovering and processing my own sexuality. My experience at the ADPCA conference was not only refreshing, but it also instilled in me a long-awaited hope that LBGTQ individuals will be better served in the mental health field going forward. It was the innovative ideas of Carl Rogers and his influence on Affirmative Therapy that I have to thank for that.

Conclusions

Throughout human history, minority populations have struggled to gain a voice and the LBGTQ population is no different. Only through the evolution of our own diversity have we managed to help such populations feel included and understood. It is in a combination of Carl Rogers’ person centered ideas that other psychotherapeutic modules such as Affirmative
Therapy can grow in order to serve individuals who struggle with the sigma and discrimination attached to homosexuality. Both Person Centered Therapy and Affirmative Therapy have done what most other popular therapy modules have failed to do, which is given the client a voice. The client can now express their therapeutic needs in a safe environment where they are free from judgment, experience empathy in their struggles, and receive guidance to blossom into the best versions of themselves. Thanks to the ADPCA conference, there is proof that progress for diversity in the field of counseling is obtainable. My hope is that with the seeds Carl Rogers has planted with his 19 propositions and six core conditions, we can see the therapeutic field grow and expand beyond Affirmative Therapy to provide future clients with an accepting and holistic worldview.
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References


