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Sexual and Gender Diversity in Psychotherapy and Counseling

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Abstract
Counseling and therapy in the context of multiple sexualities and genders are of paramount importance, as sexuality is a fundamental need, and gender can be a central, lifelong component of identity and personality development. This qualitative study explored perspectives on sexual and gender diversity in psychotherapy and counseling through an expert discussion with sixteen counselors and therapists in the fall of 2024. Data was analyzed using qualitative content analysis according to Kuckartz and Rädiker (2022). Results showed a growing recognition of sexual and gender diversity as a normative aspect of human identity, with affirmative therapy gaining importance in promoting acceptance and reducing psychological distress. The study highlighted the challenges of implementing inclusive therapeutic practices due to political and cultural influences, particularly in regions where LGBTQ+ rights are less accepted. It also emphasized the need for intercultural competence in psychotherapy, as professionals must navigate diverse cultural and religious values regarding non-heteronormative identities. The minority stress model was discussed as a valuable framework for understanding the stressors affecting sexual and gender-diverse individuals in therapy.

Keywords: Sexual and gender diversity; Minority stress model; Depathologization; Affirmative therapy; Intercultural competencies.

Introduction

The great importance of sexuality can also be inferred from the fact that sexuality is recognized as a human right and, as an essential component of human social life, makes a decisive contribution to physical and emotional well-being (Clausen, 2013; Clausen & Herrath, 2013; Puschke, 2017; Walter, 1996). There are connections between love, relationships and sexuality as well as health, life satisfaction and quality of life (Bach & Böhmer, 2011; Bauer et al, 2016; Buddeberg, 2005; Denney & Quadagno, 1992; Fahrenberg et al, 2000; Gewirtz-Meydan et al, 2019; Kolland & Rosenmayr, 2006; Meudt, 2012; Öffentliches Gesundheitsportal Österreichs; Sydow, 1994; Zimbardo et al, 2016).

According to Schmidt (2004, 2012) sexual development and sexual socialization take place primarily in non-sexual areas - i.e. through experiences that are not sexual in the narrower sense. Schneider et al. (2020) explain that these "sexual" experiences are part of every child's history of needs, body, relationships and gender from an early age. Sexual development cannot therefore be separated from other segments of human development (e.g. physical development, cognitive development, moral development, etc.) (Stang & Ondrejtschak, accepted). Sexual problems in children and adolescents (as well as adults) can be caused by biological, psychological and social factors: e.g. developmental deficits/conflicts, trauma, interaction experiences, etc. (Resch, 2005; Rose et al., 2018).

The formation of an overall identity, of which sexual identity is a component, can also be seen as a developmental milestone. Social interaction and partnership relationships also appear to be linked to mental health (Stang, Köllner et al., 2024). In the interaction of biological, psychological and/or sociological processes, challenges in the context of sexuality and gender can also lead to mental disorders in the systemic sense of "communication problems" inside and outside the subject (intrapersonal and interpersonal communication problems) (Schweitzer & Schlippe, 2015, p. 17). In this disorder area, for example, psychological and behavioral problems with sexual development and orientation (F66) can be differentiated according to the ICD-10.

The sexual maturation disorder (F66.0) is characterized, for example, by the fact that "the person concerned [...] suffers from uncertainty about their gender identity or sexual orientation, with anxiety or depression. This usually occurs in adolescents who are not sure about their homosexual, heterosexual or bisexual orientation; or in people who, after a period of seemingly stable sexual orientation, often in a long-lasting relationship, experience a change in their sexual orientation" (Bundesinstitut für Arzneimittel und Medizinprodukte [BfArM].

The introduction of ICD-11 led to the exclusion of F66 diagnoses (Marchewka et al., 2023). The main reasons for this were insufficient validity and critically assessed usefulness (Cochran et al., 2014; Klein et al., 2016). The F66s are also said to be potentially discriminatory and pathologizing, as they do not pathologize sexual orientations, but are associated with sexual orientations (Cochran et al., 2014; Klein et al., 2016; Marchewka et al., 2023). In addition, the ICD's basic descriptive orientation is contradicted by the listing of diagnoses that are operationalized in a more etiological way. The ICD-11 therefore assigns a diagnosis according to the predominant symptoms, e.g. anxious or depressive, and not in an etiological sense. Other disorder spectra are also related to sexuality and gender. Etiological explanations for problems related to sexual and

gender norm variants, especially non-heteronormative identities, can be found in the minority stress model, among others, as part of a multimodal approach. The "minority stress model" (Meyer, 2003) differentiates between four minority stressors: experiences of prejudice (discrimination, violence), rejection sensitivity, concealment and internalized homonegativity. Sattler (2018) suggested excluding the concealment of sexual orientation from the group of minority stressors.

"On the other hand, group-related and individual coping variables as well as social support should not be regarded as moderators of the model. On the other hand, (e) social support should be classified as a direct predictor of a lower number of psychological symptoms. Finally, in the adapted minority stress model, (g) mental state symptoms should be included as an additional criterion alongside (f) psychological symptoms" (Sattler, 2018, p. 35).

The history of people from the spectrum of sexual and gender diversity has always been marked by devaluation, discrimination, persecution and marginalization. For many centuries, homosexual people were considered "sinful" and were punished and socially ostracized because of their sexual orientation. Paragraph 175 of the German Criminal Code, which criminalized sexual acts between men, led to the conviction of an estimated 140,000 men (Bundesstiftung Magnus Hirschfeld [BMH], 2012; Grziwotz, 2012; Schlunck, 2024). These sentences often meant not only a prison sentence, but also the loss of a livelihood and social isolation.

Under the National Socialists, around 15,000 homosexual men were deported to concentration camps, abused and many of them died. Despite this terrible past, it took until 1994 for Paragraph 175 to be completely abolished. It was not until 2017 that those convicted under this paragraph were rehabilitated by the German Bundestag and received compensation (Antidiskriminierungsstelle des Bundes).

However, discrimination and persecution were not only limited to the legal level in contemporary history. For a long time, medicine and psychology also supported the devaluation of homosexual and transgender people by classifying homosexuality and transidentity as an illness. It was not until 1992 that homosexuality was removed from the World Health Organization's catalog. It was only with the ICD-11 that trans identity was depathologized.

Great progress has been made in recent decades (Stang, Greßmann et al., 2024). The social acceptance of homosexuality and the legal equality of homosexual and bisexual people have increased: the Civil Partnership Act was introduced in 2001 and finally the right to marriage for people of the same sex in 2017.

Despite these successes, there is still discrimination and anti-queer violence, which has even increased in recent years. In 2022, 1,005 crimes against people based on their sexual orientation were recorded, including 227 violent crimes (Statista Research Department, 2024). In 2023, 1,499 crimes against people based on their sexual orientation were recorded, including 288 violent crimes (Statista Research Department, 2024). The number of unreported cases of such crimes is considerably higher.

Current estimates generally assume that around 9 million people, i.e. 11% of the German federal population, are from the queer spectrum (LGBTQIA+) (Universität Witten/Herdecke, 2024). The need for counseling in the context of diverse sexualities and genders can be identified as high not only based on these statistics. There are both historical grievances and aspects of the present, systemic, structural and individual, which highlight different needs for advice and educational opportunities for people.

People from the sexual and gender diversity spectrum often experience specific challenges that are based on stress factors according to the minority stress model. Studies indicate that these individuals have a higher risk of mental health problems, such as depressive disorders, anxiety disorders or suicidal tendencies (Budge, 2013; Hatzenbuehler, 2009). The need for therapy and counseling can therefore be regarded as fundamentally higher than for heteronormative people, even if there is no causal link to non-heteronormative identity. Therapy and counseling should therefore be aimed at coping with minority stress. To this end, an affirmative and supportive therapy and counseling environment should be created that validates and strengthens the client's identity (Austin & Craig, 2015; Göth & Kohn, 2014).

Prejudices and personal biases should be reflected by counselors to ensure non-discriminatory and respectful interaction based on a gender-sensitive and "queer-sensitive" attitude (Piontek, 2017). Supervision and further training are also essential to ensure a high quality of interventions (Israel et al., 2008). A well-founded and reflective therapy and counseling practice on sexual and gender diversity issues can mitigate the negative effects of minority stress and improve well-being.

The development of psychiatry and psychology in relation to sexual and gender diversity has historically been characterized by a profound shift from pathologization to depathologization, which is closely linked to social, cultural and political factors. This is particularly evident in international diagnostic manuals such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the *International Classification of Diseases* (ICD). Over the course of time, the classifications and norms regarding sexual and gender diversity have changed fundamentally. Today, sexual and gender diversity is increasingly seen as a normative variety, but social attitudes, political influences and cultural differences influence perception and therapeutic treatment worldwide. The resulting challenges require intercultural competencies from psychotherapists working in a globalized and diversified context.

In the early history of psychiatry and psychology, sexual and gender diversity was often pathologized. Homosexuality and trans identity were long considered mental illnesses and were listed as such in diagnostic manuals such as the DSM and the ICD. The first version of the DSM in 1952 listed homosexuality as a mental disorder, as well as gender incongruence, which was seen as an expression of a personality disorder. This view was strongly influenced by contemporary moral and religious norms and was supported by scientific theories such as psychoanalysis, which viewed non-heteronormative and non-binary identities as deviations from "normal" development.

In the 1970s, however, a comprehensive reassessment of these classifications began. Prompted by the civil rights movements and the increasing social acceptance of sexual diversity in many Western countries, homosexuality was removed from the DSM-

III in 1973, a milestone in the history of depathologization. The deletion from the ICD followed in 1992 in the tenth edition (ICD-10), which was an internationally recognized confirmation. The process of depathologization continued in the following years and resulted in a similar approach to trans* identities, which are no longer listed as a "mental disorder" in the ICD-11 published in 2018, but as "gender incongruence" under a new chapter for sexual health. These changes reflect a shift towards a less stigmatizing and normative-based view of gender and sexual diversity in psychiatry and psychology.

The research question to which this article is dedicated is to what extent contemporary psychotherapy and counselling can be characterized under the new paradigm of sexual and gender diversity.

Methodology

A qualitative study with an explorative cross-sectional design was conducted to answer the research question. To collect data, an expert discussion was held in an expert commission with 16 counselors and therapists in the fall of 2024 (Mey & Mruck, 2010). The discussion was transcribed and summarized via qualitative content analysis according to Kuckartz and Rädiker (2022) evaluated. According to the self-assessment of the Joint Ethics Committee of Bavarian Universities (GEHB, 2022), no risks or harm to the participants were to be expected during the survey. No patients were included in the study; instead, the general population was selected as the target group. The research project considered the basic ethical principles of the German Society of Psychology (DGPs) and the Professional Association of German Psychologists (BDP) and was conducted in accordance with the Declaration of Helsinki. In addition, the study was pre-registered according to the "as predicted" guidelines (www.aspredicted.org, 19665).

Results

According to expert opinion, sexual and gender diversity is increasingly viewed as the norm in today's psychotherapy and counseling. This perspective is based on the understanding that sexual orientation and gender identity are neither signs of mental illness nor pathological conditions but are considered natural variations of human identity.

Norm diversity of sexual orientations and gender identities

The World Health Organization (WHO) and leading psychological societies, including the American Psychological Association (APA), emphasize the need to recognize the diversity of human sexuality and gender identity and to avoid stigmatization in psychotherapeutic contexts. In line with this approach, affirmative therapy and counseling, which views sexual and gender diversity as positive aspects of a person's identity and specifically promotes support and acceptance, has gained in importance. The aim of this therapy method is to overcome prejudices and social rejection and to reduce associated psychological stress such as anxiety, depression and feelings of inferiority. In this context, it is important to adapt the therapeutic concepts to the individual reality of life and the specific needs of the client, as a standardized pathologization of sexual and gender diversity is neither justified nor therapeutically useful.

Political and cultural influences

Although the scientific position of many Western countries recognizes sexual and gender diversity as a normative variety, social acceptance and legal regulations around the world remain highly variable due to political and cultural influences, among other things. In some countries, such as most of the European Union, Canada and some parts of the USA, there is a progressive attitude that is expressed in anti-discrimination legislation and broad public acceptance of LGBTQ+ rights. These circumstances favor the implementation of affirmative and inclusive approaches to therapy and counseling that accept sexual and gender diversity as a social reality.

In contrast, there are many countries in which homosexuality and trans identity continue to be legally or morally condemned. As a result, not only are the individuals concerned exposed to considerable social and psychological stress and still experience discrimination today, but psychotherapists and counselors who advocate affirmative approaches can also be under pressure. These social and cultural influences contribute to the fact that psychotherapeutic and counseling work in relation to sexual and gender diversity is not only more difficult in some regions, but in some cases endangered. Both clients and professionals can have their own negative expectations and fears regarding diversity due to negative external influences. Particularly challenging are situations in which legal regulations and social norms undermine the affirmative approach of psychotherapy and counseling and can put professionals in an ethical conflict situation.

Challenges and competencies in psychotherapy and counseling

International psychotherapy and counseling face the challenge of developing and applying intercultural competencies to do justice to different social and cultural conditions. Intercultural competence involves understanding and sensitivity to different cultural and religious norms, which often have a profound impact on the perception and acceptance of sexual and gender diversity. Psychotherapists working in an intercultural setting need to consider cultural values and norms as well as potential prejudices of clients and their environment. Such competence is particularly important when treating and counselling clients from cultures where non-heteronormative and non-binary identities are highly stigmatized. Psychotherapists and counselors must be able to create a respectful and supportive space without ignoring the cultural values of their clients, which requires a high degree of ethical reflection and situational sensitivity. It is also necessary to be able to take the perspective of internalized homophobia and transphobia, which can be related to cultural, religious and political socialization. In addition, the training of international standards and the acquisition of future skills as well as further training opportunities for professionals are required to ensure appropriate and culturally sensitive treatment that minimizes discrimination and stigmatization.

Discussion

The minority stress model provides a valuable theoretical framework for understanding the specific counseling and therapy needs of people with sexual and gender diversity. The results of the expert discussion point in the direction of the stressors described in the model. Stigmatization, discrimination and social exclusion can be associated with sexual and gender diversity. Stressors that can influence mental health and well-being in this context are (1) experienced discrimination and prejudice, (2) expectations and fears of future discrimination and (3) internal homophobia or transphobic attitudes (Meyer, 2017; Stang, Greßmann et al., 2024).

Summary and outlook

Psychotherapists and counselors who focus on sexualities and genders are crucial, as sexuality can be a profound need and human right, as well as a central part of human identity. Despite legal and societal advances in dealing with sexual and gender diversity, there is still a significant need for counseling, including to provide support for individual development and minority stress. The development of psychiatry and psychology regarding sexual and gender diversity shows a clear trend from pathologization to acceptance and recognition as a norm variety. While historical classifications and diagnoses in the DSM and ICD pathologized non-heteronormative and non-binary identities, the view has changed today. However, political and cultural influences remain a significant challenge as social acceptance continues to vary around the world. For psychotherapists and counselors, this means that they need to develop and apply intercultural competencies and future skills to meet the diverse needs and experiences of their clients. Inclusive and affirmative psychotherapy is an important step towards a depathologized and human-centered therapeutic practice that respects and values both cultural differences and individual identities.

Conflict of interest

The authors declare that there is no conflict of interest.

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