

***Response to Commentaries on The Case of Felix:
An Example of Gay-Affirmative, Cognitive-Behavioral Therapy***

**Key Facets in Felix's Case: The Therapist's Cultural Competency,
Masculine Socialization, and Sexual Orientation Stigma**

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ABSTRACT

Commentaries on the case of Felix (Glassgold, 2009) by Bedoya and Safren (2009) and Pachankis (2009) add importantly to a discussion of the key issues that Felix's case typifies. Specifically, the commentators, respectively, focus on key issues in Felix's case: the role of cultural competency in treating a case like Felix, who presents with a dual minority status of being Latino and gay; and the role of masculine socialization, sexual orientation stigma, and identity that play out in this type of client. Throughout my response to the commentaries, I keep in mind the interface of intrapsychic and social-cultural dynamics that are reflected in a case like Felix's.

Key words: gay; Latino; anxiety disorder; panic disorder; affirmative psychotherapy; cognitive-behavior therapy (CBT); evidence-based therapy; sexual orientation stigma

My goals in writing an article on cognitive behavioral therapy (CBT) with a Latino gay man was to provide a case example for clinicians and to stimulate discussion of two key issues. First, I wished to demonstrate the application of a lesbian, gay, bisexual, and transgendered (LGBT) affirmative model of treatment. This model focuses on the impact of stigma and minority stress on individual psychology, and is based on evidence drawn from decades of psychological research (Herek, 2009; Herek & Garnets, 2007). Second, I wanted to apply an empirically validated model of psychotherapy for anxiety—that of CBT—in a culturally sensitive manner. I am pleased that my colleagues have elaborated on these specific goals and their commentary enriches my original case discussion. In this response, I will build upon their insightful comments and briefly discuss the interaction of evidence-based practice and cultural diversity. I hope this entire discussion will be a source of both guidance and continuing discussion for clinicians.

BEDOYA AND SAFRAN ON CULTURAL COMPETENCY

Bedoya and Safren (2009) focus on the issue of cultural competence within cognitive behavior therapy (CBT) and evidence-based treatment (EBT), issues that will only become more important as psychology addresses the growing diversity of our worldwide community. Unfortunately, but not surprisingly, the evidence-base lags behind clinical need. Bedoya and Safren point to one glaring gap, the lack of methodologies to communicate how to adopt and implement EBT for specific diverse populations. In particular, there is a tremendous lack of research on the specific concerns of individuals who are both ethnic minority and sexual minority (see Harper, Jernewall, & Zea, 2004).

This highlights one of the important challenges for clinicians working with diverse populations: how to provide the best treatment when there is limited evidence regarding outcomes. This is particularly true for those practitioners who are seeing such cases in their offices and who want to utilize informed and evidence-based practices. The case of Felix was designed to provide guidance in meeting this challenge. The American Psychological Association's Policy on Evidence Based Practice (2006) and its Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual clients (2000) also are important resources for practitioners.

Additionally, the multiplicity of identity, experience, and humanity are intertwined in the intersection of cultural competence and evidence-based treatment (APA, 2000, 2002, 2005). Translating that complexity into treatment is where practitioners need to be thorough as well as nuanced. Felix, as with most of my clients, is a complex individual whose situation did not fit into a simple framework. With him, I needed multiple lenses to clarify my own view.

To address this dilemma—how to apply CBT to a dual ethnic minority and sexual minority client while recognizing the complexity and multiplicity—a broad view of the applicable evidence is important. I find that in the absence of direct research data, the burden falls on the practitioner to have a very wide knowledge of all the areas that may be pertinent in designing a treatment plan. It is essential to study the major issues in the lives of ethnic minority and LGBT individuals. In fact, without specific research on a population, the areas that practitioners are advised to explore expands. My case treatment tried to apply the most current information on LGBT lives, such as minority stress and the psychological burden of non-disclosure and hiding. This framework is consistent with the evidence of the last fifty years, which illustrates that while homosexuality is not mental illness, the pressure of stigma and discrimination can lead to negative health outcomes in some LGBT individuals (Herek, 2009; Meyer, 2003). I also applied the literature on the psychology of men together with issues specific to Latino men, such as assimilation and acculturation, and family allegiance balanced with individual identity men.

The commentators amplify these points and examine many of the relevant issues appropriate to Felix's case. For instance, Bedoya and Safren (2009) elaborate in a very helpful manner the aspects of Latino culture and identity that are vital in Felix's life. The importance of family to Felix and his fear of the impact of his disclosure on his relationship with his family was a crucial consideration in his hiding his sexual orientation. Additionally, the importance of

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family made his coming out to his family and becoming more authentic in his relationships with them crucial. In some literature on families and acceptance, gay and lesbian individuals are encouraged to distance from their families of origin, especially if these families are not accepting. However, for Latino gay men, bisexuals, and lesbians this would be counter-indicated by cultural norm, as family ties are a central part of identity. Fortunately, the therapeutic work Felix and I did was able to integrate both aspects of self into Felix's identity, and Felix's family was able to accept his sexual orientation.

What is also interesting about Felix's case is that he most likely would not have mentioned sexual orientation and ethnicity as notable aspects of self. Many of the crucial elements of Latino identity, the image of masculinity, and the importance of family were so embedded in Felix's life that he would not have thought them noteworthy. It is then incumbent on the provider to consider these themes without making the client feel stereotyped.

PACHANKIS ON MASCULINE IDENTITY, STIGMA, AND AUTHENTICITY

Gay men struggle with the key stigma of sexual orientation and its interrelation with masculine identity. In his commentary, Pachankis (2009) discusses the importance of the stigma of gender-nonconformity in masculine identity and development. Fortunately, masculine socialization and identity are finally receiving the attention they so much deserve in the psychology of men literature (Szymanski & Carr, 2008). The role of these issues is complex, especially for individuals who are gender-conforming as well as gender-non-conforming. Although Pachankis focuses on gender non-conformity in gay men, Felix was gender-conforming, yet he struggled with the intersection of masculinity and gay identities. Felix was gender-conforming in behaviors and interests and was strongly identified with the masculine role. In addition, he did not report shame or difficulty with gender-non-conforming behaviors, which he did not evidence. However, much of his stress and anxiety were derived from the stigma surrounding his sexual orientation and the inconsistency between male homosexuality and traditional definitions of masculinity (Mankowski, 2000).

Pachankis (2007) has done a great deal of research on the impact of stigma on the psychology of lesbian, gay, and bisexual clients. His work emphasizes the negative impact of stigma and its central role in individuals' hiding their sexual orientation. An understanding of these factors can guide our conceptualization of our clients' characteristic assumptions and behavior patterns. Felix's preoccupation with hiding his sexual orientation came from his worries regarding the inconsistency between his very masculine profession and masculinity. For Felix the stigma surrounding his sexual orientation led to hiding, as a function of its inconsistency with the masculine identity and career he had chosen. Felix's non-disclosure of his sexual orientation, his negative expectations about the impact of disclosing this orientation, and his ongoing use of impression management strategies were ways to cope with minority stress.

Building upon the concept of stigma, Pachankis (2009) illustrates how hidden stigma has such a destructive impact on the self and can cause symptoms. Understanding this unique aspect of gay, lesbian and bisexual lives—the possibility of hiding one's sexual orientation—is crucial

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in treatment of individuals like Felix who have not disclosed their orientation. This growing understanding of the impact of discrimination, stigma, and minority status remains an important area for researchers, and it is also a crucial issue for clinicians.

In a related way, there is the issue of the limitations of current diagnosis. The DSM-IV's (American Psychiatric Association, 2000) intrapsychically focused classification scheme for anxiety disorders may not quite fit the clinically significant stigma and distress of sexual minority clients coping with discrimination and the coming out process. This is a hindrance in diagnosis and conceptualization as there are sociological aspects of reality that must be considered as part of diagnosis. Felix's symptoms probably did not exactly fit typical panic disorder, nor did my conceptualization. However, I believe that some diagnostic flexibility is essential if we are to integrate multicultural awareness into treatment. Oftentimes the clinician is better served with a non-DSM-IV framework, such as one of minority stress (e.g. Herek; 2009; Meyer, 2003).

Pachankis makes a very interesting comment on how CBT can increase authenticity, usually envisioned as a more person-centered concept and goal (Rogers, 1961). Authenticity is not usually associated with CBT. However, I agree with Pachankis that greater authenticity, wholeness, and integrity were outcomes of my treatment with Felix. I believe that this type of result is often the outcome of a variety of modalities and theoretical systems. Psychotherapy generally teaches self-awareness and strives to provide strategies for patients to integrate their emotions and cognitions into a framework for living with greater freedom and authenticity. CBT does this specifically by its ability first, to free a client from limiting cognitions and behaviors, and second, to add concrete tools and skills to the client's repertoire for achieving personally central goals in the client's life. Additionally, the ultimate outcome in Felix's case had to do with Felix. It was his strengths, motivation, and integrity that determined the positive outcome, and it was his sense of integrity that helped him strive for greater authenticity.

In sum, Berdoya and Safran (2009) and Pachankis (2009) present a very informative discussion of Felix's case study by elaborating on some of its key elements: cultural diversity, evidence-based issues, cultural competency, masculine identity, and the impact of stigma. Their comments make this group of papers a rich description of key issues in the treatment of a Latino gay man who struggled to integrate his sexual orientation into his life in an authentic and empowering manner.

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