

# Chapter 9

## Psychology Training and Awareness of Heteronormativity. Understanding Emergent Strategies for LGBTQ+ Affirmative Care in Bogotá, Colombia



Reynel Alexander Chaparro and Javier Illidge

An extensive mental health research on LGBTQ+<sup>1</sup> issues emphasizes on stigma, discrimination, and minority stress, with the negative effect they have at the individual level on LGBT population (Moradi, 2016). From a positive mental health perspective, the effect of recognizing as LGBTQ+ has been emphasized due to its relationship with good physical and mental health, as well as community participation in social justice activism (Riggle et al., 2008; Rostosky et al., 2010). Analyses with a social emphasis are aware of the effect of heteronormativity<sup>2</sup> and its negative impact on health, while highlighting strategies of resistance to this oppressive system from LGBTQ+ people and communities (Prado & Chaparro, 2019).

Heteronormativity implies a way of understanding, and much of the knowledge is and has been heterocentric. Heteronormativity is linked with two central elements

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<sup>1</sup>Anachronic used to group lesbian, gay, bisexual, trans (and other denominations such as transvestite, transsexual, and transgender), queer, or sex and gender diverse identities that can include nonbinary people, + indicates that emerging identities are included, as well as orientations and identities that may not be under the anachronic LGBTQ (IPsyNet, 2018). LGBTQ+ has achieved a wide discursive synchrony and is easily identifiable, particularly in the political arena that involves affirmative actions of social inclusion and activism.

<sup>2</sup>Heteronormativity is an oppressive system in which the organization of the social world only recognizes or widely benefits heterosexuality, and an extensive comprehension includes cisnormativity for gender identity issues and gender essentialism. The impact of this structure extends to other social subsystems such as education and health, both help to naturalize the experience of heterosexuality in the relationships between people, groups, and communities. From queer theory, the emphasis on social oppression and the explicit naming of heteronormativity are emphasized to highlight the discrepancy, hierarchy, privilege, and polarity between heterosexuality and homosexuality (Warner, 1991; Seidman, 1991).

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R. A. Chaparro (✉)  
National University of Colombia, Bogotá, Colombia  
e-mail: [rachaparroc@unal.edu.co](mailto:rachaparroc@unal.edu.co)

J. Illidge  
National Pedagogic University, Bogotá, Colombia

of contemporary debate around LGBTQ+ mental health, the dichotomy in sexual essentialism and the sexual orientation, gender identity or gender expression change efforts (SOGIECE); both are linked to mental health practice and the application of psychological technologies (or that are masked in psychology) to direct people to a heterosexual essentialism as a valid, acceptable, and unique experience in sexuality (Diamond & Rosky, 2016). SOGIECE promotes harm, and some of its practices include torture (Bishop, 2019); hence it has been progressively banned in several parts of the world (ILGA & Mendos, 2020). SOGIECE are a mixture of strategies, some of them rebranding with a halo of sophisticated knowledge, in which negative behaviors and attitudes are aligned towards LGBTQ+ people, families, groups, and communities.

More than 50 years of affirmative LGBTQ+ psychological, medical, and social research (post Stonewall) are incorporated in affirmative psychological guidelines (APA, 2012a, b, 2015a, b), culturally competent (Martínez et al., 2018), adapted to local needs and languages (APPR, 2014; BPS, 2019; PSSA, 2017; APS, 2010; Vázquez-Rivera, 2019; UNODC, 2020), with a common ground in healthcare based on human rights perspective. However, new forms of pathologization still understand disparities in mental health reports of LGBTQ+ people as a confirmation of their maladjustment (see the review of this topic in Yang and Íñiguez-Rueda (2020) in Ibero-Latin American psychological research).

In Colombia, recent changes in psychological discourse on LGBTQ+ issues can be found in four different moments: first in the 1960s of the twentieth century oriented to the pathologization of homosexuality and transgender identities from the psychoanalytic perspective of that time (Restrepo et al., 2017); second in the 1970s and 1980s with psychosocial-sociocultural clinical sexology that included the first nonpathological studies of homosexuality (Giraldo, 1971) that was connected and influenced with medicine and sexology studies (Brigeiro & Facundo, 2013; Chaparro, 2021); a third moment comprised the 1990s and the beginning of the twenty-first century, with a first dissemination of the titles of the APA LGB guidelines (Ardila, 1998/2008); and finally in the last decade, an emerging and extensive research and participation of psychology that still needs to be comprised.

Changes oriented to increase LGBTQ+ affirmative practice and training happened in the last 50 years. Psychology professional training in Colombia is completed in 5 years average, so there are at least ten cohorts of psychologist in which training is mixed from pathologization to more affirmative positions.

These changes in the understanding of LGBTQ+ issues in psychology are intertwined with violence (Colombia Diversa, 2005, 2008, 2014; Lleras & Noguera, 2011; Albarracín & Rivera, 2013) and positive social changes in recognition of LGBTQ+ rights in Latin America (Chaux et al., 2021), Colombia (Ministerio del Interior, 2016) and Bogotá (Agreement 371, 2009; Decree 149, 2012; Decree 608, 2007). Likewise, the participation and visibility of activists oriented to promote social changes, with adherence to human rights perspectives, are part of the favorable reaction of psychological institutions in different parts of the world to be inclusive/affirmative in LGBTQ+ issues (Horne et al., 2019), as well as university efforts

to be in synchrony with these changes in psychology training and education (Garrido et al., 2021).

The role of training in psychology is important in the middle of these changing contexts towards LGBTQ+ issues, since specific knowledge about human sexuality is assumed with implications for mental health practice. With this in mind, we wonder about how was psychology professional training and education on LGBTQ+ mental health issues. A qualitative perspective approach was selected to address this issue in our proximal context, Bogotá.

## 9.1 Methodological Procedures

With data of an extensive research on mental healthcare providers and LGBTQ+ issues (reviewed by the Research Ethics Review Committee of vice dean of research and extension of the Faculty of Human Sciences of the National University of Colombia), we selected 27 interviews of psychologist (ages between 27 and 65,  $M = 36$ ,  $SD = 9.31$ ) who met the following criteria: (a) a completed bachelor's (professional studies) in psychology with postgraduate studies in psychotherapy, health-related issues, psychosocial intervention, or community social psychology<sup>3</sup> and (b) at least 1 year full-time work experience as a psychologist in mental healthcare scenarios. The sample comprised 12 women and 15 men; 13 self-recognized as heterosexual (10 women/3 men) and 14 in other identities (2 women/12 men; 10 gay, 1 lesbian, 2 gender fluid/different from heteronormative and 1 none). Participants were selected from a call for research which included universities recognized and approved by the Ministry of National Education that offer a degree in psychology involved the Colombian Association of Schools of Psychology (Asociación Colombiana de Facultades de Psicología ASCOFAPSI) database; specific professional groups in the call included Bogotá network of counselling teachers, LGBT Community Centers, as well as social media groups related with psychology and mental health in Bogotá. All participants were provided with a written introduction to the study, including the informed consent form. The informed consent form was reviewed with the first author and signed before the interview began. The first author conducted in-depth interviews<sup>4</sup> lasting a total of 48 h. We focus on the topic "construction as a professional in psychology who specializes in mental health," who questioned main aspects of training and education with

<sup>3</sup>The specificity on this postgraduate emphasis is based on Colombian College of Psychologist and nationwide health psychologist practice regulations, Law 1616 of 2013.

<sup>4</sup>Interviews were carried out in different contexts facilitating the decisions and convenience of the participants, which included a room in the Psychological Attention Service of the National University of Colombia, private offices, a private room in a public library, and participants/researcher homes. In all contexts, privacy and comfort were guaranteed to promote dialogue, motivating examples of experiences in specific situations, identifying actions, feelings, and attitudes in each case. All the interviews were conducted between June and July 2017.

emphasis on LGBTQ+ issues. The interviews were transcribed and later reviewed by two judges who contrasted the correspondence and accuracy between audio and transcription.

Interviews were analyzed using two lexicographic techniques with IRaMuTeQ software,<sup>5</sup> the descending hierarchical classification (DHC) and the correspondence factor analysis (CFA). DHC and CFA are in the level of content analysis and categorical recognition (Chartier & Meunier, 2011).

IRaMuTeQ allows the distinction of classes of words that represent forms of a speech on a certain topic. These classes are made up of the grouping of the general corpus that contains the texts (e.g., the number of participants in each group) according to the predetermined topic that needs to be analyzed, in this case construction as a professional in psychology who specializes in mental health. The segments of text (ST) is a delimitation made by the software based on the size of the corpus, i.e., the higher the percentage of use of the ST, the greater the inference capacity of the information in the analyses carried out.

In DHC, ST are classified according to their respective vocabularies and are subdivided according to the frequency of their reduced forms in matrices that cross the information through  $X^2$  (for a detailed statistic based on lexicographic procedures, see Chartier & Meunier, 2011). DHC dendrogram illustrates the relationships between the classes (grouping of the general corpus containing the texts) with the percentage value distributed for each one; IRaMuTeQ also shows prominent ST of each class (Camargo & Justo, 2013). In CFA, the information is presented on a factorial diagram, allowing contextualization between classes and detailed analysis according to the theoretical background of each research (Reinert, 1990).

The naming of the classes was carried out through an open coding inductive analysis procedure (Strauss, 1987), reading ST from DHC associated with each class. In this process, the ST that referred to similar topics were selected and grouped into subcategories that together comprised a general category. Class nomination procedure was evaluated by reading the most representative ST throughout deliberative dialogue between the authors in 24 all-day meetings along 1 year, reviewing content and meaning of each category with contrast and content-analytic summary strategies (Miles et al., 2014).

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<sup>5</sup>Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires; <http://www.iramuteq.org/>). IRaMuTeQ is free open-source software that uses Python programming language (<http://www.python.org>) and R statistics (<http://www.r-project.org>). IRaMuTeQ uses the same algorithm of ALCESTE (Analyse Lexicale par Contexte d'un Ensemble de Segments de Texte) that was developed by Reinert (1990), to perform lexical analyses (or text statistics) of the content of large volumes of written information, reducing the complexity of text sets with a short description of their characteristics and allowing the construction of indicators (Bauer, 2008).

## 9.2 Findings

### *DHC from Heterosexual Group*

The general corpus was made up of 13 texts, separated into 484 text segments (ST), with a use of 381 ST (78.72%). 16,643 occurrences emerged (i.e., words or simple linguistic forms), being 2481 different words. The analyzed content was categorized into five classes (see Fig. 9.1).

Five classes are organized into two complementary groups. On the one hand, in classes 5 and 2, there is an awareness of inequality in terms of visibility of different sexualities in a heteronormed context; on the other hand, classes 4 and 3 are grouped into a broad concept of vocational decisions that, together with class 1, complement a predominantly heterocentered topic oriented to education and training. Characteristics of each class are described with excerpts contextualized from prominent ST.

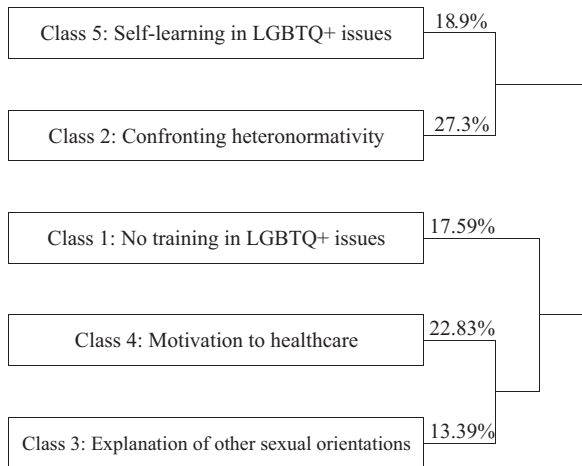
#### **Class 5: Self-Learning in LGBTQ+ Issues**

Topics related to the experience of confrontation and self-learning on LGBTQ+ issues are noted, all of them presented in training and practice without having previously explored or discussed these topics.

*At school we are five friends, and two of them are gay, but they kept it secret all the time, instead I came here to the university and I see that they are people who no longer have a problem with that.*

In training, LGBTQ+ issues are invisible or are left to personal criteria to handle clinical cases.

**Fig. 9.1** Dendrogram DHC in heterosexual group



*What differences do I have on this? How does it affect my work? What would I do differently if this client, in the case of LGBTI clients, if this client was not LGTBI, would I treat them differently? They have anything different?*

There is a logical chain in the lack of training and discussion on these topics in training and the need to confront individually the ethical dilemmas that could arise or personal conflicts when addressing and trying to understand LGBTQ+ issues.

*No, either, it's not that I really feel we could even say it was a taboo topic that you could imagine asking yourself the question of, this is a problem of acceptance. The moment they are accepted, all those problems are over, and they (university teachers) did not name it, it did not appear, and no work was done on it.*

Self-learning is based on the demands of the context (the client is just there in consultation) and the evaluation of the experience in this situation. In some cases the experience is remembered distally, since LGBTQ+ issues are outside of the heterosexual experience.

## **Class 2: Confronting Heteronormativity**

LGBTQ+ issues are understood as a sexual need-oriented part of the sexual act, but little seems to be expressed in other components oriented to the establishment of links and broader experiences of sexuality. Heterosexuality is thought in binary as an implicit norm that permeates the lack of training (heterosexism largely monopolizes sexuality issues when they are scarcely addressed) and experiences. The need to do something in practice triggered approaches to LGBTQ+ issues, such as search for complementary training or ways to understanding in a heterocentric perspective.

*I don't know anything about this. I don't know what a homosexual couple will be like. I don't know anything about this, and well, at the end it is not different. This is a couple relationship, it is a couple relationship and that's it.*

*What happens is that if it is not that they talk to you about sexuality (in training), but sexuality is always framed between a man and a woman in the university.*

There are several distal experiences. They never had or have experienced a sexual orientation other than heterosexual. Some anecdotes are from other people, and LGBTQ+ issues are thought from that "other" experiences; LGBTQ+ knowledge seems distant.

## **Class 1: No Training in LGBTQ+ Issues**

There is a tendency to select specificity in training and education with general interests in techniques and epistemologies (cognitive, behavioral, psychoanalysis, psychodynamic, sexology).

*Interviewer: (...) in your clinical practices, did the (LGBTQ+) topic appear?*

*R: Never, ever, in my internship (...) during a year of systemic psychology, no, I never had a case of a couple with a sexual orientation different from mine, and I never heard any case from another colleague.*

When LGBTQ+ experiences are distal, these issues are not delved into.

#### **Class 4: Motivation to Healthcare**

In this class an emphasis is seen on the component associated with vocational decisions, the motivation to help and listen to others, as well as the comparison of the expectations of training and the reality they had to live in.

*Universities really have these curricula, that is, with (my current) experience, I realize, hey no! Many things were missing, right? I wanted to see the whole issue of sexuality.*

Sexuality issues were present or absent in some experiences.

#### **Class 3: Explanation of Other Sexual Orientations**

In this class other sexual orientations are presented in context, and there is a concern about that. The explanations from training and education generate an idea of other sexual orientations from a psychological point of view, which are understood as predominantly history-centered approaches that link LGBTQ+ with pathology. Or that they are presented without further reflection.

*(Talking about homosexuality in psychopathology and psychoanalysis courses) "Well, I don't know, I remember that, but it's something like it already exists, nobody touches it, nobody looks at it, nobody talks about it, that's all."*

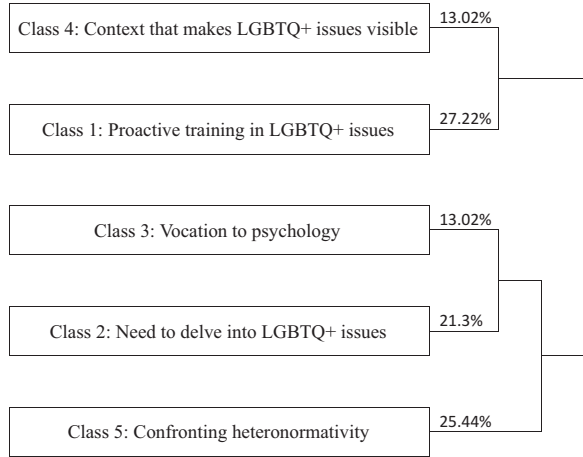
### ***CFA from Heterosexual Group***

Classes 5 (purple) and 3 (green) are shown to be interrelated considering their related content, since reflection on the explanation of other sexual orientations goes hand in hand with self-learning strategies. On the other hand, the location at the extremes of classes 2 (gray) and 4 (blue) shows the separation between the motivations to care that are present in the vocational issues, and having to confront heterosexism, this distance can be understood as something unexpected to resolve during the training and that were not expected in professional expectations. The four grouped classes show a continuum from a cognitive predominance (more reflective) in classes 3 and 4 towards a more practical orientation (do something) in classes 2 and 5. On the other hand, the isolation of class 1 (red) shows the specificity in which the lack of training is separated, especially in specific training that appears at the extreme (psychoanalytic, psychodynamic, systemic) (see Fig. 9.2).





**Fig. 9.3** Dendrogram DHC in LGQ+ group



**Class 4: Context that Makes LGBTQ+ Issues Visible**

The experiences included personal changes in openness when speaking, discussing, and establishing new spaces for socialization and encounter of LGBTQ+, which go through this period of anonymity, closet, and openness in the midst of a context that is contrasted between violence and social changes oriented to new ways to understand sexual/gender expressions and identities. The sensitivity to injustice, violence, and social changes are mediated by firsthand experiences.

*..., from there the study began to take shape, the claim for rights. I think that ..., when people began to come out of the closet, one of the most repressive governments in that sense was the government of Turbay Ayala. The army and the police entered the bars, mistreating people, beating them, etc.; when the Gaviria government came, the situation changed a bit, in the sense of openness.*

**Class 1: Proactive Training in LGBTQ+ Issues**

Facing the lack of specific training in LGBTQ+ issues, proactive strategies of research, training, self-training, and establishment of study groups end up becoming spaces for activism and intervention. These strategies make their way from individual and collective motivations where they are recognized positive models (openly gay), as well as different experiences from anonymity, from the closet, and the effect of heterosexism.

*Rubén Ardila had groups, here there were homosexuality study groups, and that's when it arose, that's when the magazine Ventana Gay emerged, which was about topics, precisely about topics..., from there the study began to take shape, the claim for rights (...) at the University (...) movements began to take shape, for example, the Beloved Disciple.<sup>6</sup>*

<sup>6</sup>A faith-based organization to LGBQ+ people in Bogotá

### **Class 3: Vocation to Psychology**

Vocational decisions and the definition of psychology as a career include the recognition of heterocentrism in training and, therefore, the search for affirmative knowledge on one's own.

*Yes, psychology at the University (...) at the time that I studied they had a great difficulty about those issues of sexuality, if you wanted to see them (in Psychology) you had to self-taught. Well, you had ... in clinical psychology you also had to train yourself.*

### **Class 2: Need to Delve into LGBTQ+ Issues**

In this class, a reflection about what is spoken and taught in LGBTQ+ issues is noted. The decisions and vocational emphasis in some cases show the need to deepen these issues, to question the heterocentered education and training that negatively presented LGBTQ+ people.

*I fought a lot with psychoanalysis, because I thought that psychoanalysis did not provide the tools that were needed to understand diversity, and it seemed to me that this psychoanalytic training contradicted a lot what I was hearing in (LGBTQ+ University) support groups*

### **Class 5: Confronting Heteronormativity**

Training and education in LGBTQ+ issues are not addressed and those of sexuality are heterocentric. The reflection on the invisibility of LGBTQ+ issues motivates the proposal of spaces for their study and specific research, particularly in mental health.

*Because most of the work with mental health, it's like that issue couldn't be articulated, it wasn't recognized that this is part of, normal development, the sphere of the possibilities that people can have as a human being, it is not recognized.*

*... Well, I was developing several related (LGBTQ+) research topics, then it was a well-positioned topic, well recognized, as a necessity, recognized the issue of social stigmatization that had to be move forward, investigate it, show it what it was like.*

### ***CFA from LGQ+ Group***

Classes 2 (gray) and 3 (green) are combined because vocation to psychology is closely linked to the need to delve into LGBTQ+ issues. This need for deepening is contrasted with class 1 (red) where this specific and self-taught training is located. Classes 4 (blue) and 5 (violet) are opposites, since the confrontation with heterosexism is more to specific actions oriented, while the experiences and thinking about the visibility have a more reflective component (see Fig. 9.4).



conceptions of the structures of care (mainly a feminine characteristic) and stereotypes associated with gender and sexualities that are present in the profession.

In this sense, it is relevant to have two groups of analysis according to their own identity location, since sexual orientation of psychologist is understood as fixed (generally and implicitly located from heterosexuality) and sexual orientation of the clients are in the process of construction, revelation, or facing the dynamics and effects of institutional heterosexism. Clients are the object of discussions, reflections, and applications of theoretical/practical knowledge of sexualities, but this does not occur in the opposite way.

This assumption, in essence heterocentric, ignores the diverse experiences from psychologist who are also affected by the same heteronormative context, which makes them reflect based on experiences of prejudice and discrimination and act on this institutionalized heterocentrism. Not recognizing LGBTQ+ as something typical of the professional field, of those of us who are part of psychology, is to maintain and perpetuate an explicit heterocentrism through invisibility processes.

As identity mediates in social relationships and allows people to engage with their social world (according to their knowledge of themselves, others, and relational dynamics), identity is linked to action and participation (Andreouli & Chrysoschoou, 2015) from content markers that will be different in people participation in social life.

From the methodology we used, this work contributes to show how an identity positioning marks similarities and differences through two meaning configurations.

We understand identity location as a way in which participants think the effects of the heteronormativity system, that is, in what way do you belong/participate or not in different ways in the heteronormativity system on a personal and professional level.

What is noted in the content of the classes is the insertion/proximity or not to a recognized oppressive system. The identity (the self) is the known or unknown object; it is the object of knowledge, the object/subject that has experienced social changes at the individual and group level. Their own sexuality reflection put possibilities and limitations that each group has in making more global, interactive, and complex readings in their own professional participation. Sexuality approached from its identity positioning has the particularity of being a reflective referent for contextual aspects in conditions of well-being at the individual, social, professional, and cultural level.

Professional identity in psychology, specifically in mental health area, is the shared characteristic that all the participants highlight in vocational motivations oriented towards mental health and care of others. On the professional identity, there is a wide synchrony.

The main implication about the macro-identity category at the professional level, that is, psychology professionals with a specialization in mental health, is the contextual demanding change on knowledge and practices between LGBTQ+ affirmative and ECOSIG extremes. At the identity level of a group immersed in a

professional subgroup, there are interesting implications in the way they question heteronormativity, with or without personal implications.

LQ+ psychologist have something to say from a clearly identified places, and these places have the potential to be affirmative actions, synchronized with more macro perspectives of social action such as human rights and sensitive ethics, oriented to care and not harm.

Although heteronormativity is recognized and questioned, it is the position outside heterosexuality that marks differences in specific actions that impact knowledge and practice, which emerge and synchronize/form a link with contextual aspects that facilitate/forge a change. All this when healthcare and the vocation move towards mental health, the well-being of others is a value (shared elements of professional representation). In this sense, when the shared feeling of belonging to a group becomes politicized and becomes a cause, a motive for collective action, commitment to the cause is the source of political activism (Parales, 2020).

Different actions and forms of LGBTQ+ activism have been understood as negative in professional fields, but nonaction translates into heteronormative inertia and, ultimately, negligence or a clear action to harm in some cases. The claims to discard these active positions as a central element of advocacy and to promote a positive change on dignified conditions and well-being of vulnerable people, groups, and communities are apparently one of the axes of debate in which several tensions circulate (and will circulate) about affirmative/non-pathologizing actions (training and practices). In this sense, we highlight that this study shows the possibilities of influence of a group in the implementation of professional changes, insofar as issues of affirmative actions towards diverse sexualities are addressed. According to Parales (2020), minority influence increases when the majority lack reference groups and the minority can provide frameworks for interpretation and action. This minority group is framed in the consciousness of oppressive conditions and their personal commitment mediated by self-recognized positioning, in this case their sexual identity self-location.

## 9.4 Recommendations

Psychology must go from reactive to a proactive role in training and education in LGBTQ+ issues. An affirmative LGBTQ+ perspective needs to resolve that education and training gap since several cohorts of psychologists have had to respond in different ways (in some cases precariously) to this specific lack of training and education. A change in the way in which LGBTQ+ issues are understood in Colombian psychology is an increasing demand from the context including the professional psychologist working in mental health.

Professional LGBTQ+ education and training in three core components are suggested: (1) LGBTQ+ psychological information is updated and accessible in which pathology and deficit perspective of vulnerable groups are not reproduced. This information is found in specialized guidelines developed from different

international, regional, local, and theoretically specific contexts (e.g., see Cuevas (2020) for particular guidelines in systemic clinical training); (2) inclusion of community-based LGBTQ+ perspectives, which strengthen the link between psychology, community, and society, as well as professional perspectives reinforced by their work within the realities of local LGBTQ+ people, groups, and communities (see, Garrido et al., 2021); and (3) reflect on personal, group, and institutional effects of the heteronormative/cisnormative systems with the inclusion of specific actions oriented to curricula and research. These actions can be combined in a transversal (with links with other health professions such as medicine, nursing, and those socially oriented such as gender studies, sociology, education, and anthropology) and specific way (in educational emphasis such social, clinical, and health psychology) in which the different members of the university (students, teachers, administrative) participate articulated with the main components of the universities (teaching, research, and impact on the community) (see Garrido et al., 2021).

Those three suggested core components have the potential to highlight Colombian psychology (as science and profession) to social changes that contribute positively to health and well-being of specific communities and general population.

Finally, this research has the particularity to combine lexicographic techniques and deep analysis of qualitative information. As a characteristic of qualitative studies with wide and dense information to analyze, complementary strategies are suggested that can capture other elements that may be outside the initial statistical grouping that is done through the DHC. Infrequent, novel themes and actions may be part of complementary elements that could not be captured through the methodology we used in this study. Also, LBTQ+ need to be studied with a purposeful sampling to have a more comprehensive/specific understanding of their experiences.

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