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Obstacles and Challenges in Counselling Gays and Lesbians in Malaysia

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Abstract

Counselling service is regarded as a fundamental service essential for the human beings to achieve their goals. As professionals, counsellors may face difficulties in addressing professional issues and ethical dilemmas in their professional practice to handle sexuality cases. This study is conducted to achieve the main objective of addressing counsellor's obstacles and challenges in counselling gay and lesbian clients in Malaysia. In order to obtain the information, this study used in-depth interview method through a purposive sampling technique. The study involved eight study participants consisting registered counsellors that have conducted counselling sessions with gay and lesbian clients. The data were analysed by studying the transcription of recording interview and identifying the themes emerged based on the objective of the study. The findings demonstrated five emerging themes pertaining to the obstacles and challenges of counsellors in counselling gay and lesbian clients: (i) expertise limitation (ii) transparency issue, (iii) client's referred issues, (iv) counsellor's value and (v) the absence of reference model. The results of this study are expected to provide knowledge and understanding to all parties on gay and lesbian issues in Malaysia, thus helping counsellors to understand, be more prepared and improve counselling services in a better and competent way. In conclusion, such studies

were further elaborated in detail on the specific way of handling and guiding gay and lesbian counselling to be a source of reference to other counsellors.

Keywords: Counselling, Obstacle, Challenge, Gay & Lesbian

Introduction

Counsellors face many problems and pressures in their daily lives. As counsellors, they may face the challenges of addressing personal expectations and their responsibilities in life, work, family and society. As professionals, counsellors may face difficulties in dealing with professional issues and ethical dilemmas in their professional practice such as countertransference and conflict value. This had raised the issues on efficiency of various cultures of assumptions and lack of training. It is a lack of training in handling counselling cases especially in isolated ones such as sexuality cases involving gay and lesbian (Rafidah Aga, 2017)

Gay and lesbian issues exist in the Malaysian society, but these minorities are ignored and left alone to solve their own problems without the support from the community (Meriam, 2001). This was also supported by a recent study stating that those involved in the gay and lesbian world have a higher tendency towards mental health problems, psychological disorders and suicide attempts than young people among heterosexuals due to lack of moral support from the surrounding community especially from family members (Ahmad et al., 2015; Mustanki et al., 2010).

Therefore, issues related to sexuality have challenged counsellors to deal with gay and lesbian clients. This is because their issue is different from heterosexual clients. Today's counsellors' issues and challenges are broad-ranging. Based on previous studies, there are various issues that can be seen in the present situation, which are related to the counsellor's readiness and knowledge regarding gay and lesbian issues.

According to the previous study, the majority of counsellors are less prepared to accept these gay and lesbian clients especially those with little knowledge of this sexuality issue, which often reveal the lack of knowledge on gay and lesbian clients (Coyle et al., 1999; Galgut, 1999; Phillips et al., 2001; Evans 2003; Mair, 2003; Grove 2009). According to King & McKeown (2003), gay men and more than 40% of lesbian women have a negative perception towards unprofessional and parochial counsellors on sexuality issues (DOH 2006). A study by Bartlett et al. (2009) reported that 17% of counsellors tried helping these LGBT clients to reduce their emotional stress due to sexual behaviour while 4% reported that counsellors tried to change the sexual orientation of gay and lesbian clients to heterosexual (Bartlett et al., 2009). Counsellor should play an important role in sexuality issues. The matters involving values and issues in sexuality often cause counsellors to be in the wrong or uncomfortable situations especially in the cases of gay or lesbian issues as they cover the personal values and religious holdings of a counsellor. Sessions with this group often challenge the counsellors with strong traditional values. Gay, lesbian or transgender groups are the minorities that are often exposed to elements of discrimination by society. Counsellors who respond negatively to this issue have actually given their true personal value (Welfel, 2002).

Research Objective

This study specifically focuses on the main question that is to explore the obstacles and challenges faced by the counsellors. This is related to the challenges dealt by counsellors especially those involving sexuality specific to gay and lesbian clients.

Methodology

This study used a qualitative approach in the case study involving in-depth interviews with semi-structured interview protocols. Case studies are more specific, in-depth and comprehensive on the issues studied for each study sample (Fidel, 1984). The sampling was then used to interview counsellors identified by the researcher with information on the handling of counselling sessions on gay and lesbian clients. Sampling was intended to interview counsellors who met three sampling criteria: (i) registered counsellors with practicing certificates (ii) counsellors with more than three years of counselling experience and (iii) counsellors who have been conducting sessions with gay and lesbian clients. The study involved eight participants, all of them have conducted several gay and lesbian cases as well as handling more than 5 or 6 sessions with clients. The participants are also registered counsellors under the Counsellor's Board (Malaysia) and have a valid practice certificate. The number of respondents is sufficient to obtain rich data for a qualitative study (Hill et al., 1997).

The analysis of this study was done through the process of data preparation to be interpreted. The data categorised into related themes was used to interpret the data obtained into purposeful information. The process of analysing this data was conducted using the Nvivo 11 method, which corresponds to Glasne & Peshkin (1992)'s view that computer software can help researchers using qualitative methods to effectively organise, analyse and store data. Similarly, this program can help researchers to work systematically.

This study emphasises certain steps in analysing data codes in a free and dependent modes (Dini Farhana, 2016; Glaser & Strauss 1967). Therefore, certain themes and codes were given to all relevant information and analysed based on the data collected in regards to the objective of the study. Finally, analysis was conducted with the theme of semi-structured interviews based on the objective of the study, which is to observe the counsellor's readiness and understanding of gay or lesbian clients. All of the themes were presented at their best and can be interpreted using a narrative approach in the declaration of all highlighted issues (Suriati & Colonius, 2008).

Findings and Discussion

The results of the study were summarised to specific themes and codes based on the objective of the study in expressing the perspective of this issue as a whole. Based on the findings from in-depth interview, there were five key challenges faced by counsellors in managing gay and lesbian clients. Among these challenges are (i) limitations of counsellors, (ii) client with feelings for the counsellor, (iii) client issues referred, (iv) values and (v) the absence of reference model.

The names of the participants were not mentioned in this study, but the researchers were replaced by the name of the study participants 1 (PK1) and the participants of the study 2

(PK2) and so forth. This was made to maintain research ethics that research participants' information should be protected (Cresswell, 2005).

Limitation of Counsellors

This limitation refers to the limiting expertise of the counsellors to conduct sessions with gay and lesbian clients, which involves the jurisdiction beyond that of the counsellor and also refers to lacking in knowledge on gay and lesbian issues. All of the respondents said they had limitations in conducting counselling sessions. This was related to the limitations of counsellor's expertise. This limitation occurs if a counsellor is not an expert especially in knowledge that is beyond his or her knowledge as the counsellor. For example, a client having HIV or erectile dysfunction may have no expertise in religion, which is not within the knowledge of counsellor.

When it is related to illness, sex and religious treatment, a counsellor must consult the experts or refer them to others. For example, PK5 stated that he referred clients to religious alternative way of treatment with his own client's request and approval to change. This counsellor then referred the client to a more qualified person since he has no expertise and deep knowledge of religion and treatment. PK5 also revealed that his responsibility is limited to only as a counsellor and carry out counselling work; he said this because the treatments conducted by *ustaz* (Muslim religious figure) require a long time,

The client's requirement is referred to related people based on the issue; for instance, the client was in need of (alternative) treatment so I refer them based on the client's own consent. I will monitor the client during the process of the treatment, even if I do not monitor it at all, the client will report to me. For example, *ustaz* who handle the cases of gay or lesbian clients who want to change, have to stay there until they recover with the willingness of their own clients. I am not reaching that level because I'm a counsellor that only explores the client's problem and do the activities performed in counselling sessions, as we counsellors cannot monitor our clients all the time (PK5)

This was also supported by PK3 who refers clients to the Islamic treatment centre as they require more in-depth information on religion that the counsellor does not have. Before referring the clients to a religious office, this counsellor continued to conduct three counselling sessions to explore clients' issues. After knowing the clients' main problem, the counsellor tells the clients to go to the religious office since it is beyond the field of counsellor's area of expertise. The statement can be observed below;

Actually, in my first case that I referred to the Islamic treatment centre, I requested the client to go there because it has something to do with my limit as a counsellor since it concerns religious matter. Another client of mine, he was having a non-Muslim spouse and he himself has not prayed at all. In fact, he was not sure whether he had converted to other religion and was heavily affected and confused by his current condition because he was afraid he had been in the state of apostasy. So, I have to referred him to religious office (PK3)

According to PK2, the limitation of this expertise is caused by the client with bipolar problems or mental health illness. Therefore, this case should be referred to a specialist physician on mental health. This means that a counsellor should know a little bit about psychology and mental health. This field should be emphasised so that counsellors are more prepared and knowledgeable when dealing with such cases;

That's the time when my client came, he said he had a bipolar problem. So I told him that this thing was out of my field, so I referred him to the hospital so that the doctor can diagnose it right to him with bipolar problems (PK2)

The same situation was experienced by PK14 who stated that his client had an erectile dysfunction. This was caused by the same-gender sex that he had before marriage. This was a challenge for the counsellor as he claimed that he can handle the situation if the issue was related to sexuality alone, but not when it comes to dysfunctional of sexual organs where it is certainly beyond his limitation of knowledge.

Her husband's genital does not erect except when he was with a man. This suggests that he was not sexually interested with his wife. As for this case, I will refer to Dr Ismail Tambi, he is a specialist especially to man-related illness so that he can provide medical prescriptions to the client (PK14)

It was apparent based on the above statement that as a counsellor, he has limitations in conducting counselling sessions with gay and lesbian clients similar to counsellors with no knowledge of sexuality. Most counsellors have specialised expertise in certain areas such as marriage counselling or group counselling. The client's compatibility issues will result in the counsellor being unable to provide the best service to address the client's problems (Childress, 2000; Manhal-Baugus, 2001; Sampson et al., 1997). The figure below displays the results of data analysis on the limitations of expertise for counsellors covering skill limits and beyond their scope of expertise.

Clients who Have Feelings for Counsellors' Issues

The second constraint faced by counsellors is the issue of transparency where the lesbian and gay clients have feelings for the counsellors and cause discomfort to them when conducting counselling sessions. This issue occurs in counselling session, as stated by PK1 that his utmost concern is the transference in counselling sessions, which was during the session, he asked his client to list the characteristics of the desired man. It turned out that the characteristics had similarities with the counsellor;

The constraint I concern about was the issue of transference, when a second client had me asked the client to list the features of man he likes; my client told me whose face like this and his body (refers to the counsellor), then I will ask the clients "are you okay with me. I asked him so that there was no issue of transference issue happening in the session

[PK1]

For PK4, she referred her client to another counsellor because her client tried to touch her in the session at the same time because her client was lesbian. After the incident, the

counsellor was traumatised to accept lesbian clients and that is an enormous challenge that had taken place for her;

Only two sessions were held because after that the client was referred to another counsellor. She tried to hold me. After that incident I was traumatised to have lesbian clients in the session

[PK4]

Therefore, the constraint faced by the counsellor was that the client has feeling towards the counsellor causing her to be traumatised to conduct the session, which has been already stated in the Code of Ethics of counsellor in (A.9.5) where a counsellor cannot interact or having non-professional relationship (romantic relationship), which refers to client-counsellor romantic relationship, ex-client, or having interactions with family members of the client unless if the interaction may benefit the client. When a counsellor received a case like this, he or she needs to end the session and hand over this session to others; if the counsellor still continues the session, it might not be performed properly.

Client Issues Referred

A client's referred issue means that he is referred to by a counsellor due to the limitation of the counsellor's expertise or is referred by the family or partner because of the client's problem. While the client is referred to by others, the counsellor will help him to attain understanding of his behaviour and responsibility for his or her behaviour as well as self-control before the problem becomes complicated even though it may take a long time to build rapport with clients (Salleh Lebar, 1993). This statement was stated by four respondents showing the difficulty faced by the counsellors with clients referred by others. The difficulty of this referred client causes the session to be distracted and cannot run smoothly.

We will refer a client to other counsellors when he or she becomes difficult to be handled. For example, when the referred client is silent, having difficulties to tell about themselves. It's normal for a session which is supposed to take about 45 minutes but only lasts for half an hour or 15 minutes. We understand that the client is probably adapting and takes time to comfortably talk to us

(PK4)

According to PK7, clients who come voluntarily are much easier than those as a referred clients, which will take a long time for counsellors to understand the problem of gay and lesbian.

As for my clients who come voluntarily, it was easier for us to help them, but if the clients are referred, it is a bit difficult and takes time to understand them. The referred clients will be hesitant to tell the story because they know they are the ones in trouble

(PK7)

PK8 said that referred clients are difficult to be handled and counsellors need to play an important role and cannot punish them as in “..the counselor must play a role, we cannot judge him”. This statement illustrates the situations whereby the clients who were referred are more difficult than those who come voluntarily. In some cases, a counsellor is incapable of providing the appropriate assistance to the client (Salleh Lebar, 1993).

The Value Issues That Make Counsellors in Dilemma

Each individual has his or her own personal values influencing them in the process of helping others such as attitude and feeling about the specific types of individuals and groups, acceptable and unacceptable things; these are the things that are important in making choices (Brown & Willaim 2003). The values hold by the counsellor are different with those of the client; even though the counsellor accepts the client unconditionally, the counsellor still cannot escape with the fact that religious-wise, homosexual is indeed a wrong practice. However, they do not put this value in the session. The findings illustrated that eight counsellors have constraints in terms of value because the value of each counsellor is the different than the client. For PK2, the gay and lesbian issues are a bit difficult to face compared to other issues because they violated the values he holds as Muslims. Counselling sessions can be well conducted if counsellors have experience in handling sessions involving gay and lesbian cases;

It's a bit difficult for me because it violates our own values, especially if the client is a Muslim. It's difficult to handle unless if we have a lot of experience (PK2)

According to PK3 and PK6, the value of the client cannot be forcefully changed because it concerns instincts and feelings. This suggests that even though counsellors can conduct the sessions with their gay and lesbian clients, deep inside their heart, they feel guilty.

If the client is a Muslim, I have the value of being a Muslim, he may not, he probably does not mind, like...who cares all, this is myself, people do not understand my love

(PK3 / PK6)

Although counsellors have such a feeling, they do not show negative facial expressions to clients and accept gay and lesbian clients like regular clients. This suggests that counsellors are professional when dealing with clients.

I will feel guilty but I did not show the client of my reaction, because if I show it, then the client does not believe me and the session will be affected. Counsellors have to regard the client just like any other regular clients (PK6)

PK6's statement was also supported by PK5 who said after facing gay or lesbian clients, he felt something was not right. Although PK5 has guilty feeling of accepting gay and lesbian clients, he does not make it an issue for a session with gay and lesbian clients since it is the counsellor's responsibility.

My constraint as a counsellor is that little feeling in my heart wondering why these people do not feel any guilt in doing this. Isn't it sinful? But I'm not raising this issue because counsellors too are ordinary people (PK5)

Hence, from the explanation above, it can be summarised that to run the session smoothly, the counsellors should separate their values with their clients and still continue the session as they feel it is their obligation to do so. According to Corey et al. (2011), counsellors need to accept the diversity of value systems held by others. In other words, they need to receive and serve others with humanitarian feelings (Othman, 2000; Sapora et. al 2002). This does not mean that counsellors are forced to sacrifice their value and accept the value of others, but is a fact that something good for someone may not be for others and vice versa.

Absence of Reference Model Related to Gay and Lesbian Counselling

Lastly, the challenge faced by counsellors is the unavailability of reference model in handling counselling sessions with gay and lesbian clients in Malaysia. This reference model has no specific guidelines to do so. As the result, counsellors conduct counselling sessions just like cases with other clients due to the lack of information regarding strategies in dealing with cases involving sexuality problems. According to PK1, these guidelines are important to counsellors for them to perform better in their sessions because the case involving gay and lesbian is not a common case like others.

My other challenge is that I only have a session with them in general just like any other cases even though this kind of case is more serious in nature because I don't have a specific guideline for it (PK2)

This was in line with the statement by PK12, which emphasised on having a guideline for counsellors for such cases. These guidelines are related to the handling of gay and lesbian cases and they should be published like the DSM IV book, which provides counsellors with reference for psychological treatment to mental health and depression.

For me, there is no such a thing in Malaysia. Serious cases should be handled with guidelines so that they will be a reference for future cases. For example, in the psychological book for anxiety, the book is made based on DSM IV, there is detailed definition for depression including loss of appetite and feeling of despair as the characteristic (PK4)

In order to enhance the counsellor's competency in addressing challenges faced by gay and lesbian cases, counsellors in Malaysia should be given comprehensive disclosure in relation to such cases. Hence, most of the counsellor stated that these gay and lesbian cases are classified and are among the serious ones to be handled. Although these cases should be given particular attention to counsellors in Malaysia, the exposure in the forms of seminars or even special courses for sexuality cases is scarce compared to other cases.

(The organisation of such event is very little. This issue is crucial but less to be focused on. I went to workshops at UTM and UITM that are related to this issue as it is necessary to get the views of experts and very important to understand this issue; however, such workshops are hard to find. At our level, these LGBT clients are not being addressed enough even though we know that the group exists (PK3)

The same matter was acknowledged by PK12 revealing that the seminars on LGBT are conducted twice a year with the courses focusing on mental health.

There are also seminars related to LGBT once or twice a year. Even so, the seminars are more focused on disorders like schizophrenia that we already know about (PK12)

Apart from that, according to PK13, the organised seminars and workshops only discuss gay and lesbian concepts, but not comprehensive enough especially about handling counselling sessions on sexuality cases. The importance of such an organisation for that particular event is to guide the counsellors to conduct their sessions well. These courses should emphasise gay and lesbian counselling, emotional and psychological handling as well as background. These matters are important to be emphasised on counsellors so they are better prepared to deal with sexuality cases.

I once went to the ministry's sexuality seminars, but the input they gave was just on the surface level, which is general; what gay is, what lesbian is. So it's not a specific way to handle sessions with them (PK5)

Therefore, the American Psychological Association (APA) had published guidelines for Gay, Lesbian, and Bisexual clients counselling (APA, 2000). The purpose of this guideline is to facilitate counsellors to make reference for ways of handling gay and lesbian clients. This guideline was developed by APA and the Lesbian, Gay, and Bisexual Committee contained in the APA Ethics Principles on Psychologists and the Code of Ethics (APA, 2005). Hence, counsellors need to understand that homosexuality is not a mental illness and competent counsellors must be able to understand the issues in the therapeutic atmosphere so that they not affect the quality of counselling sessions.

Conclusion

In conclusion, based on the findings of the study, it is clear that there are many challenges faced by the counsellors in handling cases involving sexuality. These sexually-related cases are not easy for counsellors to handle since they involve instincts and human feelings. Therefore, counsellors need training and expertise to handle gay and lesbian clients. These expertise and training are much needed so that counsellors can further strengthen their skills and knowledge to deal with this type of cases.

In order to deal with gay and lesbian issues, counsellors need to be more prepared and open-minded. These challenges can be handled by counsellors if they can enhance their competency in terms of experience, knowledge and specific skills involving sexuality issues by gay and lesbian clients. Early exposure is needed by increasing the organisation of seminars so that counsellors can handle these contemporary issues.

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