Praxis Psy

Praxis Psy
Invierno 2023,
Nº39, 1 - 17.
ISSN 2735-695
10.32995/praxispsy.v24i39.233

Chilean Students and Psychotherapists' Beliefs And Prejudices Regarding Sexual and Gender Diversity

Creencias y prejuicios de estudiantes y psicoterapeutas chilenos acerca de la diversidad de género

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RECIBIDO: JULIO 2023 | PUBLICADO: JULIO 2023

Resumen

Antecedentes: Aunque las personas LGBT+ muestran altas tasas de uso de servicios de salud mental, la atención parece no satisfacer sus necesidades. Esto se debería a la falta de conocimiento de los profesionales sobre los aspectos únicos del desarrollo de la vida y salud mental, y la presencia inadvertida de prejuicios y actitudes negativas. **Objetivo:** Establecer la relación entre creencias, nivel de experiencia y competencias para trabajar con personas LGBT con presencia de prejuicio en estudiantes de psicología y psicoterapeutas. **Método:** 50 estudiantes de pregrado y 380 psicólogos de Chile respondieron una encuesta en línea compuesta por escalas que evaluaban prejuicios, creencias sobre la homosexualidad, bisexualidad y transexualidad y desarrollo de competencias clínicas. **Resultados:** Los participantes tenían más creencias psicosociales sobre el origen de la homosexualidad y bisexualidad en comparación con la transexualidad. Se observaron correlaciones positivas bajas entre años de práctica clínica y creencias psicológicas, y correlaciones negativas bajas entre creencias biológicas y psicológicas y nivel de preparación clínica para trabajar con personas LGBT. Los niveles más altos de creencias sobre la homosexualidad, bisexualidad y transexualidad se asociaron con actitudes más prejuiciosas. **Conclusiones:** Se aporta evidencia a favor de la relación entre prejuicio y creencias en clínicos experimentados y en estudiantes de psicología. También a mayor nivel de competencias clínicas para trabajar con personas LGBT, menor presencia de prejuicios.

Palabras claves: Competencias clínicas, LGBT+, Psicólogos, Psicoterapeutas, Estudiantes no graduados.

Abstract

Background: Although LGBT+ people show high rates of utilization of mental health services, psychotherapeutic care seems to fail to meet their specific needs. This is mainly due to professionals' lack of knowledge about the unique aspects of life development and mental health processes of LGBT+ people, as well as the inadvertent presence of prejudice and negative attitudes in psychotherapists. **Aim:** This study sought to establish the relationship between beliefs, level of experience, and competencies for working with LGBT people with the presence of prejudice in psychology students and psychotherapist practitioners. **Method:** 50 undergraduate students and 380 professional psychologists from Chile answered an online survey that was composed of scales that sought to assess prejudices, beliefs about homosexuality, bisexuality, and transsexuality and the development of clinical competencies. **Results:** Participants held more psychosocial beliefs about the origin of homosexuality and bisexuality when compared with transsexuality. Low positive correlations were observed between years of clinical practice and psychological beliefs, and low negative correlations between biological and psychological beliefs and level of clinical preparedness for working with LGBT people. Higher levels of beliefs about homosexuality, bisexuality, and transsexuality were associated with more prejudiced attitudes. **Conclusions:** This research provided evidence in favor of the relationship between prejudice and beliefs in both experienced clinicians and psychology students. It also showed that the higher the level of clinical competencies for working with patients of sexual and gender diversity, the lower the presence of prejudice.

Keywords: Clinical Competencies, LGBT+, Psychologists, Psychotherapists, Undergraduate Students.

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Praxis Psy
Invierno 2023,
Nº39, 1 - 17.
ISSN 2735-695
10.32995/praxispsy.v24i39.233

ANTECEDENTS

Overall and systematically, research has shown differences in terms of mental health between sexual minority individuals and their heterosexual and cisgender counterparts, which have been attributed, in turn, to the effects of stress-related to stigmatization based on gender identity and diverse sexual orientation (APA, 2021; Hatzenbuehler et al., 2013).

There is abundant evidence regarding the serious disparities in mental health that affect LGBT + people; these include increased frequency of mood and anxiety disorders, problematic alcohol and drug use, and higher rates of suicidal ideation and attempt (APA, 2021; IOM, 2011; King et al., 2008; Meyer et al., 2007; Strauss et al., 2020; Tomicic et al., 2016).

This suggests that LGBT people would seek psychiatric and psychological care at higher rates than their heterosexual and cisgender counterparts (McCann & Sharek, 2014; Platt et al., 2017; Steel et al., 2017). Consistently, literature from North America and some European countries shows that LGB people use mental health services more than heterosexual people. For example, in Canada, between 2003 and 2005, high rates of use of health services from different disciplines were reported in LGB individuals, showing an increase of more than 200% compared to heterosexual users (Tjepkema, 2008). Likewise, a study on the prevalence of mental health service use in the USA (Cochran et al., 2003) found that more than half of gay and bisexual men had sought some form of psychological or psychiatric treatment and in a higher proportion compared to heterosexual men. On the other hand, Platt et al. (2017) have noted that in the United States, the annual prevalence of consultation with a mental health professional is 18.91% for gays and lesbians and 25.97% for bisexuals. More recently, in a survey of LGBT+ people in Chile, Martínez et al. (2022) found that 64.4% of the participants had sought psychological treatment at some time.

Despite health disparities among LGBT people and their high rates of mental health service use, psychological and psychotherapeutic care appears to fail to meet the specific needs of this population (Budge et al., 2017). For example, a study conducted in Australia, with 859 trans and gender-diverse youth, highlighted participants' reports of difficulties in finding mental health professionals with the expertise to address their needs (Strauss et al., 2020).

The results of an online survey conducted by Simeonov et al. (2011) revealed that more than 50% of LGB or trans-identified people did not have their mental health care needs satisfied and that trans people had stopped seeking services due to negative experiences.

At the level of psychological and psychotherapeutic care, studies point out that in addition to the scarce specialization in psychological work with LGBT people (Bidell, 2016; Cronin et al., 2021; Grant et al., 2011; Rutherford et al., 2012), therapists would hold prejudices and negative attitudes, which overtly or implicitly constitute barriers to the use of mental health services by people of diverse sexual orientation and gender identity (Bidell, 2016; Bidell & Stepleman, 2017).

Studies on attitudes toward sexual diversity of professionals working in the field of mental health suggest that psychotherapists inadvertently present social prejudices and psychological stigmatization in their work with sexual and gender diversity (Bowers et al., 2005; Kilgore et al., 2005; Levounis & Anson, 2014). These prejudices and negative attitudes toward LGBT people are often expressed implicitly and unconsciously by psychotherapists (Alessi et al., 2015). For example, LGBT patients have reported discrimination, hostility, and negative therapeutic experiences, describing subtle and covert experiences of microaggressions (Bowers et al., 2005; Greene, 2007; Israel et al., 2008; Shelton & Delgado-Romero, 2011). These microaggressions have the effect of exacerbating the internalized sexual stigma in LGBT patients; they can reduce the therapeutic exploration of a wide range of relevant experiences for patients and deepen and deepen patients' despair and depressive feelings (King et al., 2007; Shelton & Delgado-Romero, 2011). These effects can generate more psychological

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Invierno 2023,
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ISSN 2735-695
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damage and be even more destructive than the external and overt events of discrimination and stigmatization (Speight, 2007), especially because microaggressions come from psychotherapists to whom patients have come for psychological help and with whom they have established a relationship of trust (Shelton & Delgado-Romero, 2011).

Overall, discrimination due to sexual orientation and diverse gender identity may be present in psychotherapy with LGBT patients; these beliefs and attitudes are socially and culturally based, and they have a negative impact on the psychotherapeutic process. This constitutes another factor of mental health disparity in the area of sexual and gender diversity (Alessi et al., 2015; APA, 2021; Bidell & Stepelman, 2017; Hatznbuehler et al., 2013; Levouinis & Anson, 2014).

Beliefs and Prejudices of Psychotherapists towards Sexual and Gender Diversity and their Impact on Psychotherapy with LGBT Patients

For decades, the different models of clinical psychology coincided in sustaining a pathologizing vision of diverse sexuality, contributing to the installation of heteronormativity as a mental health ideal (Costa & Nardi, 2015). Many generations of psychologists and psychiatrists were trained under this vision and grew professionally with the beliefs and concepts promoted by such models. Thus, despite the progressive process of declassification of homosexuality as a psychopathological phenomenon, and that currently, most mental health professionals do not consider it as a disorder, these beliefs and prejudices involving stigmatizing attitudes towards sexual and gender diversity persist in them, often inadvertently. These are slow and difficult to eradicate because, in addition to being implicit, they are strongly rooted in specific moral and cultural orders such as for example, Catholicism, Christianity, and the conception of the traditional family predominant in Latin America and Chile. (Lingiardi et al., 2015; Meyer, 2003). For example, in a study carried out in Uruguay, psychology students presented moderate levels of prejudice and a tendency to distance themselves socially from homosexuals and trans people (Coppari et al., 2014). A study conducted in Puerto Rico found that about 20% of psychotherapists had moderate prejudice towards transgender people, that 43% of them reported moderate social distance with people with diverse gender identities, and that 7.3% considered it necessary to perform psychodiagnostic on trans patients (Francia-Martínez et al., 2017).

Lacerda et al. (2002) developed a model on the beliefs that people hold about the nature of homosexuality, which would be the base of the development of prejudice and negative attitudes towards diverse sexuality. In their research, Pereira and collaborators (Pereira et al., 2009; Pereira et al., 2011; Pereira et al., 2014) have observed that the biological and psychosocial beliefs of homosexuality are associated with subtle homophobia, while the incorporation of moral-ethical beliefs is associated with flagrant homophobia. In his study with a sample of psychologists and psychotherapists in Brazil, Bonamigo (2016) found that the presence of psychological beliefs about homosexuality, such as that it could be caused by perversion, by a poor resolution of conflicts with parental figures, or by experiences of sexual abuse in childhood, predicted higher levels of prejudice and homolesbotransphobic attitudes.

Culturally competent psychotherapy for LGBT patients

Levounis & Anson (2014) point out that erroneous beliefs and stereotypes are frequently present in psychotherapies with LGBT patients, which can be reinforced by both patients and their therapists. Thus, lack of specific training, lack of knowledge of LGBT culture and psychology, and poor self-awareness about one's own beliefs and attitudes toward people of sexual and gender diversity may result in treatments in which patients experience microaggressions; these

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may confirm their fears and mistrust of psychotherapy and increasing hopelessness about the help they may receive. In other cases, they may result in collusions between the therapist's biases and mistaken beliefs and the patient's internalized sexual stigma, deepening insecurities and anxieties about self (King et al., 2007).

International organizations such as the World Health Organization (WHO) and the American Psychological Association (APA) agree on the great demand for education and training for the mental health care of LGBT people (APA, 2021; Bidell & Stepelman, 2017). This implies establishing adequate language to refer to the respective and specific issues of this population and ensuring the delivery of relevant, equitable and discrimination-free psychotherapeutic treatments. Thus, both clinical competency training (Bidell & Stepelman, 2017) and the generation of locally sensitive knowledge about mental health processes and psychotherapeutic experiences of LGBT patients (Boroughs et al., 2015) contribute to the development of culturally competent psychotherapy (APA, 2021). This requires from psychotherapists an understanding of the cultural influences that affect their abilities to provide appropriate care to patients belonging to a given culture (Boroughs et al., 2015, Martinez et al., 2018). In a systematic review with 31 studies on competencies for sexual and gender minority health care, it was concluded that approximately half of the studies used the Sexual Orientation Counselor Competency Scale (Bidell, 2017) that employs a notion of competency that includes knowledge, attitudes and skills (Wilsey et al., 2021). This is based on a tripartite model that considers three core domains that should be present as part of the clinical competencies of health professionals working with LGBT persons (Bidell, 2017; Sue et al., 1982). Thus, this model indicates that competent work with gender and sexual diversity patients requires therapists to (a) be aware of prejudices, biases and personal and social attitudes towards LGBT people, (b) develop appropriate experience and skills for effective work with LGBT patients and (c) have a basic knowledge of psychosocial and health aspects of LGBT people (Bidell, 2017; Sue et al., 1982).

This study

What has been pointed out so far supports the importance of investigating the beliefs, attitudes and biases towards LGBT people by psychotherapists and psychologists in training; the production of evidence and knowledge in this area allows supporting the development of strategies and specific training programs for a culturally sensitive and culturally competent psychological intervention and psychotherapy (Brooks & Inman, 2013; Godfrey et al., 2006; O'Hara et al., 2013).

In this framework, this study sought to establish the relationship between beliefs, level of experience, competencies for working with LGBT people and the presence of prejudice among psychology students and psychotherapist practitioners.

Hypotheses were established based on the beliefs of students and professional psychologists about sexual and gender diversity and their association with the level of prejudice towards LGBT people; likewise hypotheses were established regarding the relationship between professional experience and level of prejudice towards LGBT people, as well as on the relationship between training for clinical work with LGBT patients and level of prejudice. Overall, the presence of religious, ethical/moral, and psychological beliefs about the origin of sexual and gender diversity, greater professional experience, and a lower level of clinical competencies were expected to show an association with the presence of prejudice.

METHOD

Participants

The sample included 50 (11,63%) undergraduate students, 130 (30,23%) novice professionals, 120 (27,91%) experienced professional, 130 (30,23%) expert professionals from the three geographical macro-zones of Chile (North, Central, South) who

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participated in this research. The final sample was 430 participants, including 82 (19,067%) cisgender men and 348 (80,93%) cisgender women. Within the sample, 27 (6,27%) identified with a homosexual orientation, 14 (3,25%) with a bisexual orientation and 8 (1,86%) with some other category of sexual diversity. The mean age of the undergraduate students was 26,06 (Range: 22-53 SD: 5,63), for novice professionals the mean was 30,64, (range: 23-54; SD 6,15), for experienced professionals the mean was 34,59 (range: 29-52; SD 4,53) and for expert professionals 46,67 (range: 34-73; SD 8,63) . The sample was non-probabilistic, with participants being recruited through mass mailings, using the databases of research centers (MIDAP, CEPPS-UDP), the Faculty of Psychology UDP and social networks (FB and Twitter).

Participants were informed about the purposes of the research and consented to answer the online survey. This study was reviewed and approved by the Research Ethics Committee of the Universidad Diego Portales of Chile.

Instruments

SOCIODEMOGRAPHIC MEASURES

The participants answered sociodemographic questions on age, gender, sexual orientation, place of residence (regions of the national territory), religious practice or beliefs, and the highest level of education attained (undergraduate, masters, doctorate). In the case of professionals, questions were asked about the therapeutic approach, the age group of their patients and the health system in which they work (private system, public system, or both). In addition, a question on the number of years of clinical experience was added.

LEVEL OF PROFESSIONAL EXPERIENCE

To examine the hypothesis about the relationship between professional experience and level of prejudice towards LGBT people, a categorical variable called "level of professional experience" was constructed. For this, based on categorization as a student or professional psychologist and the number of years of clinical practice, four levels were defined for this variable: Undergraduate students, Novice Professional (graduates with 1 to 5 years of clinical practice), Experienced Professional (graduates with 6 to 10 years of clinical practice) and Expert Professional (graduates with 11 or more years of clinical practice).

CLINICAL COMPETENCIES FOR WORKING WITH LGBT PATIENTS

To explore the hypothesized relationship between training for clinical work with LGBT patients and the level of prejudice, the LGBT Clinical Competency Development Scale (LGBT-DOCSS, Bidell, 2017) was applied. This scale measures the level of clinical preparation, attitudes and basic knowledge about lesbian, gay, bisexual or transgender patients by clinicians and therapists. It is composed of 18 items rated on a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree) and is divided into three subscales. The clinical preparedness subscale considers seven items, such as "I would feel unprepared talking with LGBT clients/patients about issues related to their sexual orientation or gender identity." The attitude subscale is composed of seven items, such as "LGB individuals must be discreet about their sexual orientation around children". The knowledge subscale is composed of four items, such as "I am aware of institutional barriers that may inhibit transgender people using health care services." Higher scores are indicative of higher levels of clinical preparedness and rudimentary knowledge as well as less prejudicial attitudinal awareness regarding LGBT clients/patients.

For the application in this study, the scale was adapted to the Spanish language by means of a translation and retranslation procedure carried out by native English and Spanish speakers. The level of reliability for this application was modest, with a Cronbach's alpha of α=0,67.

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BELIEFS ABOUT THE NATURE OF SEXUAL AND GENDER DIVERSITY

To evaluate the beliefs of undergraduate students and professional psychologists about sexual and gender diversity and their association with the level of prejudice towards LGBT people, the adaptation of the Scale of Beliefs about the Nature of Sexual Diversity and Gender (Lacerda et al., 2002) by Bonamigo (2016) was applied to evaluate these beliefs distinguishing homosexuality, bisexuality and transsexuality. This scale is based on a model that describes the implicit theories, in particular the psychological essentialism, that people hold about people with diverse sexual identities. Originally it was composed of 15 items rated on a 7-point Likert scale (1 = I totally disagree to 7 = I totally agree). All the items begin with the statement "The cause(s) of homosexuality [...]" and are followed by some explanation. In the adapted version of Bonamigo (2016), the word "homosexuality" was replaced by "bisexuality" and by "transsexuality", with which the items of the scale were triplicated (45 items in total). In the version of the scale adapted by Bonamigo (2016) and used in this study, the attributions of causality with respect to sexual or gender diversity are organized into biological beliefs (caused by hormonal dysfunctions, hereditary problems, problems of improper formation during the gestational period), religious beliefs (caused by lack of obedience to the word of God, by lack of religious faith characteristic of many societies, by spiritual weakness to resist temptations), ethical-moral beliefs (caused by lack of respect for the norms that regulate sexual behavior, by alteration of the subject's moral values, by lack of character), psychological beliefs (it is caused by the perversion of normal behavior, unsatisfactory conflict resolution with parental figures, and sexual abuse in childhood) and psychosocial beliefs (it is caused by the preference of the person for their sexual orientation, the way the identity of the person is formed or with the cultural practices of each society).

For the application in this study, the scale was adapted to the Spanish language through the procedure of translation and retranslation by native Portuguese and Spanish speakers. The level of reliability for this application was high with a Cronbach's alpha of α=0.88 for the whole scale and moderate for each one of the subscales: homosexuality (0.67), bisexuality (0.65) and transsexuality (0.65).

PREJUDICE AGAINST SEXUAL AND GENDER DIVERSITY

To assess the level of prejudice against sexual and gender diversity, the revised version of the Gender and Sexual Diversity Prejudice Scale (SPSGD-RV) developed by Costa et al. (2016) was used. This single-factor scale is composed of 18 items corresponding to assertions that account for prejudice in terms of gender and sexual orientation; the scale measures the degree of agreement. For example, "Male homosexuality is a perversion", "I do not trust lesbians", "I would not feel comfortable consulting a homosexual physician".

For the application of the scale in this study, the original 7-point Likert scale was changed to a 4-point scale from 1 "strongly disagree" to 4 "strongly agree". Higher scores mean higher levels of prejudice. In addition, it was adapted to the Spanish language using a translation and retranslation procedure performed by native English and Spanish speakers. The level of reliability of the SPSGD-RV for this application was high, with a Cronbach's alpha of α=0.83.

Procedures

The survey was applied through the Survey Monkey online platform. In its structure, the survey consisted of two parts. First, an introductory part included ethical informed consent and questions on sociodemographic information. The second part of the survey was composed of the scales that sought to assess prejudices, beliefs and development of competencies.

In relation to the analysis, Pearson correlation was performed between age and prejudice and years of clinical practice, clinical preparedness, attitudes, knowledge and prejudice. In addition, an ANOVA

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was carried out between the nature of the beliefs (biological, religious, ethical/moral, psychological and psychosocial) and the object of beliefs, specifically homosexuality, bisexuality and transsexuality. Bonferroni post-hoc was performed and Eta-squared was performed to measure effect size. ANOVAs were also performed between the professional levels and the nature of the beliefs separated by topic (homosexuals, bisexuals and transsexuals). These also used Bonferroni post-hoc and Eta squared for effect size. In addition, Pearson correlations were performed between clinical competences (preparedness, attitudes, and knowledge) and the nature of beliefs per group.

RESULTS

First, considering the complete sample (students and professionals at all levels of training), Pearson correlations were performed between the prejudice and mean age. There was a non-significant Pearson correlation between those two variables (r=0,08, p=0,08). Then, correlations were performed between years of clinical practice, clinical preparedness, attitudes, knowledge, and prejudices (Table 1). The table shows low positive correlations between years of clinical practice and clinical preparation. The more years of clinical practice, the greater the clinical experience with this population. In addition, it shows a low to moderate positive correlation between knowledge and years of clinical practice, as well as correlations between the level of prejudice and all variables besides the years of clinical practice. There was a low positive correlation between prejudice and clinical preparedness, a low negative correlation between prejudice and knowledge, and a positive high correlation between prejudice and attitudes.

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Table 1.

Correlation between years of clinical practice, clinical competencies with LGBT patients and prejudice

Variable		1	2	3	4	5
1. Years of clinical practice	n	—				
	Pearson's r	—				
2. Clinical preparedness	n	364	—			
	Pearson's r	.17	—			
3. Attitudes	n	364	377	—		
	Pearson's r	.00	-.05	—		
4. Knowledge	n	364	377	377	—	
	Pearson's r	.07	.24*	.33	—	
5. Prejudice	n	414	377	377	377	—
	Pearson's r	.01	.20*	.69*	-.10*	—

Note: * p < .05

Then, ANOVAS were performed to compare the averages of the different sets of beliefs about the nature of homosexuality, bisexuality and transsexuality. The entire sample was also considered in this analysis, regardless of the level of professional experience (see Table 2). Statistically significant differences were observed in the means between biological, psychological and psychosocial beliefs. The Bonferroni post hoc test showed that participants hold more biological beliefs about transsexuality (p< .001), followed by bisexuality (p< .001) and finally fewer biological beliefs associated with homosexuality (p=0.03). In relation to psychological beliefs, no differences were observed between homosexuality and bisexuality (p=0.49), however, participants hold more psychological beliefs about transsexuality when compared to both homosexuality (p< .01) and bisexuality (p< .01). A similar pattern was observed for the case of psychosocial beliefs. There were no differences when comparing homosexuality and bisexuality (p=1); however, participants hold more psychosocial beliefs about the origin of homosexuality and bisexuality when compared with transsexuality (both p<0.01).

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Table 2.

Different beliefs about the origins of homosexuality, bisexuality and transsexuality

The causes of the .... are related to beliefs... n=394	Homosexuality M (SD)	Bisexuality M (SD)	Transsexuality M (SD)	Anova's F	η2
Biological	1.44 (.77)	1.45 (.77)	1.62 (.97)	40.55*	.09
Religious	1.05 (.37)	1.05 (.37)	1.05 (.36)	.13	0
Ethical/Moral	1.06 (.33)	1.08 (.37)	1.06 (.32)	2.76	0
Psychological	1.71 (.96)	1.65 (.92)	2.63 (1.10)	366.69*	.48
Psychosocial	3.77 (1.61)	3.77 (1.60)	2.68 (1.15)	439.42*	.53

Note: * < .05

Tables 3, 4 and 5 report ANOVA comparing the level of beliefs about the origins of homosexuality, bisexuality and transsexuality at different levels of professional experience. In addition, correlations are presented between these beliefs with the level of prejudice and clinical competencies -clinical preparedness, attitudes and knowledge-, independent of professional experience.

Table 3 shows statistically significant differences between the levels of moral-ethical and psychological beliefs about the cause of homosexuality. The Bonferroni post hoc test showed differences between expert professionals and undergraduate students (p=0.04); the latter hold lower levels of ethical-moral beliefs than the former. Regarding psychological beliefs, the post hoc test showed differences between participants with novice professionals and expert professionals (p=0.01), the latter presenting a higher level of this type of belief.

In addition, regardless of the level of professional experience correlations were observed between prejudice and biological, religious and ethical/moral beliefs; the correlations were positive, low and moderate, respectively. There also was a high positive correlation between prejudice and psychological beliefs. On the other hand, low negative correlations were observed between biological and psychological beliefs and the level of clinical preparedness for working with LGBT people. In addition, all types of beliefs showed a positive correlation with the attitude subscale, meaning that the presence of a higher level of beliefs about the origins of homosexuality is associated with more prejudiced attitudes. These correlations are particularly high for the case of ethical/moral and psychological beliefs.

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Table 3.

Beliefs regarding homosexuality, correlation with level of professional experience, prejudice and clinical competences

	Level of Professional Experience							Clinical Competences		
The origins of HOMOSEXUALITY are related with beliefs...	Undergraduate Student M (SD) n=43	Novel Professional M (SD) n=114	Experienced Professional M (SD) n=113	Expert Professional M (SD) n=125	Anova's F	η2	Prejudice n=395	Preparedness n=377	Attitude n=377	Knowlege n=377
Biological	1.38 (.76)	1.35 (.57)	1.48 (.81)	1.54 (.89)	1.42	.01	.28*	-.13*	.23*	-.01
Religious	1.16 (.77)	1.03 (.26)	1.06 (.36)	1.02 (.22)	1.55	.02	.29*	-.03	.43*	-.04
Ethical/Moral	1.17 (.66)	1.02 (.14)	1.11 (.41)	1.02 (.11)	4.04*	.03	.46*	-.04	.64*	-.07
Psychological	1.51 (.97)	1.5 (.71)	1.79 (1.13)	1.89 (.94)	4.18*	.03	.63*	-.15*	.59*	-.03
Psychosocial	3.96 (1.63)	3.7 (1.64)	3.76 (1.56)	3.77 (1.64)	0.27	.02	.04	-.07	.11*	-.06

Note: * < 0.05

In relation to beliefs about bisexuality, the ANOVA analysis showed significant differences also for ethical/moral and psychological beliefs (Table 4). As in the previous analysis, post hoc tests showed differences between undergraduate students and expert professionals (p=0.03) and between novice professionals and expert professionals (p<0.01) in ethical/moral and psychological beliefs respectively. In the case of ethical/moral beliefs, undergraduate students presented slightly higher scores, while in psychological beliefs expert professionals showed slightly higher scores. In addition, regardless of the level of professional experience, positive correlations were found between prejudice and all beliefs about the origins of bisexuality except psychosocial ones; moderate and high correlations were observed for ethical/moral and psychological beliefs, respectively. Negative and low correlations were observed for both psychological and biological beliefs with the level of clinical preparedness. Finally, as in the case of homosexuality, all types of beliefs about bisexuality showed a positive correlation with the attitude subscale; this association is particularly high for ethical/moral and psychological beliefs.

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Table 4.

Beliefs regarding bisexuality, correlation with level of professional experience, prejudice and clinical competences

	Level of Professional Experience							Clinical Competences		
The origins of BISEXUALITY are related with beliefs	Undergraduate Student M (SD) n=43	Novel Professional M (SD) n=114	Experienced Professional M (SD) n=113	Expert Professional M (SD) n=125	Anova's F	η2	Prejudice n=395	Preparedness n=377	Attitude n=377	Knowlege n=377
Biological	1.29 (.63)	1.3 (.52)	1.43 (.78)	1.45 (.74)	1.35	.01	.26*	-.12*	.24*	.00
Religious	1.18 (.80)	1.03 (.26)	1.06 (.36)	1.02 (.21)	2.12	.02	.29*	-.07	.42*	-.03
Ethical/Moral	1.2 (.69)	1.04 (.23)	1.13 (.46)	1.02 (.13)	3.83*	.03	.46*	-.05	.62*	-.08
Psychological	1.47 (.89)	1.44 (.72)	1.73 (1.05)	1.83 (.93)	4.57*	.03	.62*	-.14*	.58*	-.02
Psychosocial	4.05 (1.63)	3.7 (1.57)	3.72 (1.57)	3.78 (1.64)	.56	0	.06	-.05	.12*	.06

Note: * < 0.05

Finally, Table 5 shows the level of beliefs in the case of transsexuality. The ANOVA analysis only shows a difference in the level of professional experience concerning ethical/moral beliefs. The post hoc test indicates that differences are found between undergraduate students and novice professionals (p<0.01), between undergraduate students and expert professionals (p<0.01), and between novice professionals and experienced professionals (p=0.03). Regardless of the level of professional experience, positive correlations were observed between prejudice and all types of beliefs about the origins of transsexuality, with the strongest correlation in the case of ethical/moral beliefs.

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Nº39, 1 - 17.
ISSN 2735-695
10.32995/praxispsy.v24i39.233

Table 5.

Beliefs regarding transsexuality, correlation with level of professional experience, prejudice and clinical competences

	Level of Professional Experience							Clinical Competences		
The origins of transexuality are related to beliefs...	Undergraduate Student M (SD) n=43	Novel Professional M (SD) n=114	Experienced Professional M (SD) n=113	Expert Professional M (SD) n=125	Anova's F	η2	Prejudice n=395	Preparedness n=377	Attitude n=377	Knowlege n=377
Biological	1.45 (.91)	1.52 (.87)	1.66 (.94)	1.74 (1.10)	1.60	.07	.25*	-.12*	,20*	.06
Religious	1.13 (.77)	1.01 (.06)	1.07 (.37)	1.03 (.27)	1.58	.01	.24*	.02	.45*	-.02
Ethical/Moral	1.2 (.60)	1.01 (.06)	1.12 (.43)	1.02 (.13)	6.12*	.04	.40*	-.04	.62*	-.04
Psychological	2.55 (.95)	2.51 (.99)	2.76 (1.23)	2.65 (1.13)	1.11	.06	.26*	-.13*	.31*	-.01
Psychosocial	2.91 (1.23)	2.54 (1.13)	2.64 (1.18)	2.76 (1.11)	1.45	.07	.13*	-.05	.18*	.04

Note: * < 0.05

In addition, low negative correlations were observed between biological and psychologic beliefs and the level of clinical preparedness. Correlations were observed between all types of beliefs about transsexuality and attitude; this association is particularly high in the case of ethical/moral beliefs.

Discussion

This study aimed to focus on the role of training and experience for a clinical psychology practice free of discrimination and bias towards LGBT people. Specifically, we expected to observe a relationship between beliefs, attitudes, and clinical competencies with biases toward sexual and gender diversity in psychotherapists and psychology undergraduate students. Overall, this research provides evidence in favor of the relationship between prejudice and beliefs in both professional clinicians and psychology students. It also shows that the higher the level of clinical competencies for working with patients of sexual and gender diversity - expressed in preparedness, attitudes, and knowledge - the lower the presence of prejudice. The participants presented low average scores in all beliefs, meaning low levels of psychological essentialisms. This could suggest the effect of changes at a societal level rather than an effect of training and professional experience in decreasing beliefs that could result in a bias.

Even so, in relation to the differences in beliefs according to the level of professional experience regarding homosexuality and bisexuality, the participants with more years of experience presented higher levels of psychological beliefs; and in the case of homosexuality, undergraduate students presented lower levels of ethical/moral beliefs, but more ethical/moral beliefs with respect to bisexual and trans people. These differences in the case of those professionals with more years of experience and for more recently visible categories of sexual diversity -bisexuality and transsexuality-, probably express transition processes of training in clinical psychology. Clinical training used to be loaded with pathologizing categories of sexual and gender diversity that came

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from the first versions of the diagnostic classification systems of APA and WHO; however, now there has been a transition to training which is progressively more influenced by changes in the diagnostic systems as well as social views on sexuality, gender and feministic perspectives

As expected, ethical/moral beliefs and psychological beliefs are those that showed the strongest association with prejudice towards sexual and gender diversity. This has already been observed in other studies, such as those developed by Bonamigo (2016) and Pereira et al. (2009). The aforementioned suggests that in the training of psychologists and psychotherapists, special attention should be paid to explicitly work on and deconstruct beliefs related to sexual and gender diversity that are at the base of prejudices that could directly impact clinical practice. However, a recent study that reviewed the training programs of six important schools of psychology in Chile found not only an absence of content related to sexual and gender diversity, but also a scarce approach to general sexuality issues (Concha, 2021). This example shows that even experience and knowledge on these topics seem to depend more on the influence of societal changes in individuals than on the formal education of our discipline. Moreover, these social changes seem to have had no effect at the level of the institutions in charge of incorporating them into the development of the discipline and professional practice of psychology.

Overall the results indicate an association between negative attitudes and the presence of all types of beliefs, including essentialist beliefs based on stereotypical assumptions, and the acquisition of clinical competencies for working with LGBT patients; those competencies iclude clinical preparedness and knowledge. On the contrary, it was observed that a higher level of clinical preparation was associated with a lower presence of biological and psychological beliefs about sexual and gender diversity. These results strengthen the importance of the training provided by the clinical practice to reduce the presence of beliefs that have been shown to be associated with prejudice.

Because the survey was disseminated on social networks, these results may have limitations. One of them refers to a self-selection bias of the participants who could have responded, due to affinity with LGBT issues. On the other hand, although the measurement of essentialisms about sexual and gender diversity may constitute a proxy for the detection of implicit bias, to date there are no instruments that allow for their reliable detection.

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REFERENCES

Allesi, E., Dillon, F., & Kim, H. (2015). Determinants of lesbian and gay affirmative practice among heterosexual therapists. *Psychotherapy, 52*(3), 298-307. doi: 10.1037/a0038580

APA. (2021). Guidelines for Psychological Practice with Sexual Minority Persons. Retrieved from www.apa.org/about/policy/psychological-practice-sexual-minority-persons.pdf

Bidell, M. & Stepleman, L. (2017). An interdisciplinary approach to lesbian, gay, bisexual and transgender clinical competence, professional training, and ethical care: Introduction to special issue. *Journal of homosexuality, 64* (10), 1305-1329. doi: 10.1080/00918369.2017.1321360

Bidell, M. P. (2016). Mind our professional gaps: Competent lesbian, gay, bisexual, and transgender mental health services. *Counselling Psychology Review, 31*, 67-76 DOI:10.53841/bpscpr.2016.31.1.67

Bonamigo, I. (2016). *Precoinceto contra Diversidade Sexual e de Genero e Práctica Clínica em Psicología*. (Dissertação para a obtenção do título de Mestre em Psicologia Clínica do Programa de Pós-Graduação Psicologia) Universidade do Vale do Rio dos Sinos – UNISINOS

Boroughs, M., Bedoya, A., O´Cleirigh, C., & Safren, S. (2015). Toward Defining, Measuring, and Evaluating LGBT Cultural Competence for Psychologists. *Journal of Clinical Psychology, 22*(2), 151-171. DOI: 10.1111/cpsp.12098

Bowers, R., Plummer, D., & Minichiello, V. (2005). Homophobia in counseling practice. *International Journal for the Advancement of Counselling, 27*, 471–489. doi:10.1007/s10447-005-8207-7

Brooks, L.M., & Inman, A.G. (2013) Bisexual Counseling Competence: Investigating the Role of Attitudes and Empathy. *Journal of LGBT Issues in Counseling, 7* (1), 65-86, DOI: 10.1080/15538605.2013.756366

Budge, S., Israel, T, & Merrill, C. (2017). Improving the Lives of Sexual and Gender Minorities: The Promise of Psychotherapy Research. *Journal of Counseling Psychology, 64* (4), 376–384. DOI:10.1037/cou0000215

Concha, F. (2021, agosto). ¿Qué nos enseñan sobre diversidad sexual y de género en la carrera de psicología?: Un análisis cualitativo. *Primer Encuentro de la Red Latinoamericana para la Investigación en Psicoterapia y en Salud Mental en Diversidad Sexual y de Género, Santiago de Chile*

Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of psychiatric disorders, psychological distress, and treatment utilization among lesbian, gay, and bisexual individuals in a sample of the U. S. population. *Journal of Consulting and Clinical Psychology, 71*, 53-61. doi: 10.1037//0022-006x.71.1.53

Coppari; N., Arcondo, G., Bagnoli, L., Chaves, M., Corvalán, M., Enciso, A., Melgarejo, K., & Rodríguez, X. (2014). Prejuicio y distancia social hacia la homosexualidad en universitarios de psicología de Paraguay. *Salud & Sociedad, 5* (3), 240 – 252. https://www.redalyc.org/pdf/4397/439742476001.pdf

Costa, A. & Nardi, H. (2015). Homofobia e preconceito contra diversidade sexual: Debate conceitual. *Temas de Psicología, 23* (3), 715-726. http://dx.doi.org/10.9788/TP2015.3-15

Praxis Psy
Invierno 2023,
Nº39, 1 - 17.
ISSN 2735-695
10.32995/praxispsy.v24i39.233

Costa, A., Machado, W., Bandeira, D., & Nardi, H. (2016). Validation study of The Revised Version of the Scale of Prejudice against Sexual and Gender Diversity in Brazil. *Journal of Homosexuality, 63*(11), 1446-63. doi: 10.1080/00918369.2016.1222829

Cronin, T., Pepping, C., Halford, K. & Lyons, A. (2021). Mental health help-seeking and barriers to service access among lesbian, gay, and bisexual Australians. *Australian Psychologist, 56*:1, 46-60. DOI: 10.1080/00050067.2021.1890981

Francia-Martínez, M., Esteban, C., & Lespier, Z. (2017) Actitudes, conocimiento y distancia social de psicoterapeutas con la comunidad transgénero y transexual. *Revista Puertorriqueña de Psicología, 28* (1), 98-113. https://www.redalyc.org/pdf/2332/233255999007.pdf

Godfrey, K., Haddock, S. A., Fisher, A., & Lund, L. (2006). Essential components of curricula for preparing therapists to work effectively with lesbian, gay, and bisexual client: A delphi study. *Journal of Marital and Family Therapy, 32*, 491–504. DOI: 10.1111/j.1752-0606.2006.tb01623.x

Grant, J., Mottet, L., Tanis, J., Harrison, J., Herman, J., Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force. https://www.thetaskforce.org/app/uploads/2019/07/ntds_full.pdf

Greene, B. (2007). Delivering ethical psychological services to lesbian, gay, and bisexual clients. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with les- bian, gay, bisexual, and transgender clients* (pp. 181–199). American Psychological Association

Hatzenbuehler, M., Phelan, J., & Link, B. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health, 103*(5), 813-821. doi: 10.2105/AJPH.2012.301069

Institute of Medicine (IOM). (2011). *The health of lesbian, gay, bisexual, and transgender people: Building fundation for better understanding*. National Academies Press

Israel, T., Gorcheva, R., Walther, W. A., Sulzner, J. M., & Cohen, J. (2008). Therapists' helpful and unhelpful situations with LGBT clients: An exploratory study. *Professional Psychology: Research and Practice, 39*, 361–368. https://doi.org/10.1037/0735-7028.39.3.361

Kilgore, H., Sideman, L., Amin, K., Baca, L., & Bohanske, B. (2005). Psychologists' attitudes and therapeutic approaches toward gay, lesbian, and bisexual issues continue to improve: An update. *Psychotherapy: Theory, Research, Practice, Training, 42*, 395–400. https://doi.org/10.1037/0033-3204.42.3.395

King, M., Semlyen, J., & Tai, S.S. (2008). A systematic review of mental disorder, suicide, and deliberated self-harm in lesbian, gay, and bisexual people. *BMC Psychiatry, 8*, 70-87. doi:10.1186/1471-244X-8-70

Lacerda, M., Pereira, C., & Camino, L. (2002). Um estudo sobre as formas de preconceito contra homossexuais na perspectiva das representações sociais. *Psicologia: Reflexão e Crítica, 15*(1), 165-178. https://doi.org/10.1590/S0102-79722002000100018

Praxis Psy
Invierno 2023,
Nº39, 1 - 17.
ISSN 2735-695
10.32995/praxispsy.v24i39.233

Levounis, P., & Anson A.J. (2014). Identidade sexual no relacionamento entre terapeuta e paciente. En P. Levounis, J. Drescher, & M. E. Barber (Eds.), O *libro de clínicos* LGBT (pp. 89-99). Artmed

Lingiardi, V., Nardelli, N., & Drescher, J. (2015) New Italian lesbian, gay and bisexual psychotherapy guidelines: A review. *International Review of Psychiatry, 27*(5), 405-415. doi: 10.3109/09540261.2015.1064875

Martínez, C., Tomicic, A., Gálvez, C., Rodriguez, J., Rosenbaum, C., & Aguayo, F. (2018). *Psicoterapia Culturalmente Competente para el Trabajo con Pacientes LGBT+: Una guía para psicoterapeutas y profesionales de la salud mental*. CEPPS-UDP & Fondo Canadiense para Iniciativas Locales (CFLI-2017-STAGO-0002). https://cepps.udp.cl/wp-content/uploads/2018/05/GuaLGBT2018_FinalDigital.pdf

McCann, E., & Sharek, D. (2014). Survey of lesbian, gay, bisexual, and transgender people's experiences of mental health services in Ireland. International Journal of Mental Health Nursing, 23(2), 118–127. https://doi.org/10.1111/ inm.12018

Meyer, I., (2003). Prejudice, social stress and mental health in lesbian, gay and bisexual population: conceptual issues and research evidence. *Psychological Bulletin, 129* (5), 674-697. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2072932/pdf/nihms32623.pdf

Meyer, I., Dietrich, J. & Schwartz, S. (2007). Lifetime prevalence of mental disorders and suicide attempts in diverse lesbian, gay, and bisexual populations. *Research and Practice, 97*(11), 9-11. doi: 10.2105/AJPH.2006.096826

O'Hara, C., Dispenza, F., Brack,G., & Blood, R.(2013) The Preparedness of Counselors in Training to Work with Transgender Clients: A Mixed Methods Investigation. *Journal of LGBT Issues in Counseling, 7*, 236–256. https://doi.org/10.1080/15538605.2013.812929

Pereira, A. S., Alfaia, A. J. B., Souza, L. E. C., & Lima, T. J. S. (2014). Preconceito contra homossexuais no contexto do futebol. *Psicologia & Sociedade, 26*,737-745. https://doi.org/10.1590/S0102-71822014000300022

Pereira, A., Monteiro, M. B., & Camino, L. (2009). Estudo da validação das escalas de crenças sobre a natureza da homossexualidade e de preconceito contra homossexuais. *Laboratório de Psicologia, 7*(1), 21-32

Pereira, C., Torres, A. R., Pereira, A., & Falcão, L. (2011). Preconceito contra homossexuais e representações sociais da homossexualidade em seminaristas e evangélicos. *Psicologia: Teoria e Pesquisa, 27*,77-82. https://doi.org/10.1590/S0102-37722011000100010

Platt, L., Kay, J., & Scheitle, C. (2017). Patterns of Mental Health Care Utilization Among Sexual Orientation Minority Groups. *Journal of Homosexuality, 27*, 1-19. DOI: 10.1080/00918369.2017.1311552

Rutherford, K., McIntyre, J., Daley, A., & Ross, L.E. (2012). Development of expertise in LGBT mental health service provision: A qualitative study. Medical Education, 46, 903–913. doi: 10.1111/j.1365-2923.2012.04272.x

Shelton, K. & Delgado-Romero, E. (2011). Sexual orientation microaggressions: the experience of lesbian, gay, bisexual, and queer clients in psychotherapy. *Journal Counseling Psychology, 58*, 210-21. doi: 10.1037/a0022251

Praxis Psy
Invierno 2023,
Nº39, 1 - 17.
ISSN 2735-695
10.32995/praxispsy.v24i39.233

Simeonov, D., Steele, L.S., Anderson, S., & Ross, L.E. (2011). Perceived satisfaction with mental health services in the lesbian, gay, bisexual, transgender and transsexual communities in Ontario, Canada: An internet-based survey. *Canadian Journal of Community Mental Health, 3*4(1), 31-44. https://doi.org/10.7870/cjcmh-2014-037

Speight, S. L. (2007). Internalized racism: One more piece of the puzzle. *The Counseling Psychologist, 35*, 126 –134. https://doi.org/10.1177/0011000006295119

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez- Nuttall, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist, 10*, 45-52. doi:10.1177/0011000082102008

Steele, L. S., Daley, A., Curling, D., Gibson, M. F., Green, D. C., Williams, C. C., & Ross, L. E. (2017). LGBT identity, untreated depression, and unmet need for mental health services by sexual minority women and trans-identi ed people. Journal of Women's Health, 26(2), 116–127. https://doi. org/10.1089/jwh.2015.5677

Strauss P, Cook A, Winter S, et al. (2020). Associations between negative life experiences and the mental health of trans and gender diverse young people in Australia: Findings from Trans Pathways. Psychological Medicine 50: 808–817. doi: 10.1017/S0033291719000643

Tjepkema, M. (2008). Health care use among gay, lesbian and bisexual Canadians. *Health Reports, 19*(1), 53-64

Tomicic, A., Gálvez, C., Quiroz, C., Martínez, C., Fontbona, J., Rodríguez, J., Aguayo, F., Rosenbaum, C., Leyton, F., Lagazzi, I. (2016). Suicidio en poblaciones lesbiana, gay, bisexual y trans: Revisión sistemática de una década de investigación (2004-2014). *Revista Médica de Chile, 144*, 723-733. http://dx.doi.org/10.4067/S0034-98872016000600006

Wilsey, C., Cramer, R., Macchia, J., & Golom, F. (2021). Describing the Nature and Correlates of Health Service Providers' Competency Working With Sexual and Gender Minority Patients: A Systematic Review. *Health Promotion Practice, 22*(4):475-490. doi: 10.1177/15248399209432