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Article

The Psychological Society of South Africa sexual and gender diversity position statement: contributing towards a just society

Cornelius J Victor[1], Juan A Nel[1], Ingrid Lynch[2] and Khonzi Mbatha[1]

Abstract

In this article, we outline the position statement on sexual and gender diversity adopted by the Psychological Society of South Africa's Council on 24 September 2013. In line with the Society's constitution, the statement contributes to transforming and redressing silences in South African psychology in order to promote human well-being and social justice for all. The commemoration of the 20th anniversary of the formation of the Society as well as that of democracy in the country in 2014 makes the aforementioned contribution all the more significant. The statement provides psychology professionals in South Africa and elsewhere, with a framework for understanding the challenges that individuals face in societies that are patriarchal and heteronormative and which discriminate on the basis of sexuality and gender. An affirmative view of sexual and gender diversity is taken as the foundation for providing support and guidance to professionals in all areas of psychological practice when dealing with sexually and gender diverse individuals. We contend that by assuming an affirmative stance towards sexual and gender diversity, psychology professionals can assist in the transformation of unjust sexual and gender systems, the harmful effects of which extend beyond their influence on lesbian, gay, bisexual, transgender, and intersex individuals to all persons in South Africa. In light of recent related developments in other African countries and the imminent launch of the Pan-African Psychology Union, South African psychology may, in fact, in this manner also contribute to similar regional initiatives.

Keywords

Affirmative stance, just society, LGBTI psychology, position statement, Psychological Society of South Africa, sexual and gender diversity

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In many African countries, active discrimination against, and even prosecution and persecution of, lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals is the norm. Recent developments suggest that, instead of abating, attitudes may in fact, be hardening against sexual and gender non-conforming minorities. In December 2013, Uganda passed its Anti-Homosexuality Bill, previous versions of which included death penalty and life-imprisonment clauses (International Lesbian, Gay, Bisexual, Trans and Intersex Association [ILGA], 2013), and in January 2014, Nigeria enacted stringent anti-homosexual legislation (*The Economist*, 2014).

South Africa differs significantly from other African countries in that it has one of the most progressive constitutional and legal frameworks worldwide for the protection of the rights of LGBTI individuals (De Vos & Barnard, 2007). The Bill of Rights in the South African Constitution explicitly prohibits discrimination based on gender, sex, or sexual orientation (Republic of South Africa, 1996). The removal of a range of discriminatory laws that followed constitutional protection and positive legal developments over the past 20 years includes the introduction of joint adoption by same-sex parents in 2002 and legal recognition of same-sex civil unions in 2006 (De Vos & Barnard, 2007). These protections go some way in creating a more accepting legal framework for LGBTI individuals, including those accessing psychological services.

Legal protection, however, does not address the harmful effects of prejudice and stigmatisation prevalent in South African society, and the realisation of equal rights in everyday life has been more challenging (Nel, 2007). In practice, the reality ranges from everyday experiences of discrimination to human rights violations, hate crimes against sexually and gender non-conforming minorities, and high levels of gender-based violence generally (Human Rights Watch, 2011). In addition, current healthcare practices are often based on an assumption of sameness, rather than ensuring equal access to services while taking into account the needs of different people and groups (Klein, 2008). Unhelpful and disempowering interactions between such healthcare providers and minority clients are often a consequence (Nel, 2007).

It is in this context that South African psychology has begun a process of transformation from its historical complicity in oppressive systems to current efforts to increasingly contribute to social justice for and well-being of all. A significant part of this process includes the development of a position statement, a first for the African continent, that provides psychology professionals with an affirmative view of a realm of human experience historically excluded from the discussion on psychological well-being – that of sexual and gender diversity. The position statement provides a framework for understanding the challenges that individuals face in societies that are patriarchal and heteronormative and which discriminate on the basis of sexuality and gender (Psychological Society of South Africa [PsySSA], 2013). It supplements the harm-avoidance approach in the South African Health Professions Act No. 56 of 1974 (Department of Health, 2006) by outlining themes to consider when taking an affirmative stance in psychological research and practice.

This article considers the historical, institutional, and academic contexts within which the statement was developed, outlines the affirmative approach that informed the statement, and discusses the process of development, before providing the position statement itself. Through adopting an affirmative stance towards sexual and gender diversity, psychology professionals can play a pivotal role in the transformation of unjust sexual and gender systems, and the harmful effects of which extend beyond their influence on LGBTI, queer and asexual individuals, to all persons.

Historical and institutional context

The sexual and gender diversity position statement was developed under the auspices of PsySSA, the non-governmental professional association of psychology practitioners and persons involved in the academic, research, and practical application of the discipline in South Africa. As set out in its

constitution, the Society is committed to the transformation and development of South African psychology to redress historical silences in the discipline in order to promote human well-being and social justice (PsySSA, 2011). The discipline of psychology historically assumed an implicit heteronormative focus with the implication that research and practice, both locally and internationally, generally silenced genders and sexualities that challenged such a norm (Fox, 2004). Further to this, psychology not only marginalised issues of gender and sexual diversity, but also contributed significantly to the pathologisation, victimisation, and persecution of LGBTI persons, such as human rights abuses against gay conscripts in the South African Defence Force (Schaap, 2011).

With the democratic transition in 1994, publication in the area of gender and sexuality increased and the past 20 years saw the proliferation of South African research challenging heteronormativity, such as research in the subject field of men and masculinity studies (e.g., Clowes, Ratele, & Shefer, 2013; Ratele, 2006), critical research regarding heterosexualities (e.g., Shefer, Strebel, & Foster, 2000) as well as reproduction (e.g., Macleod, 2011), and a small but growing body of LGBTI psychology studies, discussed more fully in subsequent sections of this article.

In addition to this growth in scholarly engagement, since 2002, other efforts within the discipline of psychology to address oppressive systems based on sexual and gender hierarchies include the offering of related continuing professional development opportunities for psychology professionals by the University of South Africa Centre for Applied Psychology and LGBTI non-profit organisations, such as Out LGBT Well-Being (Nel, 2007).

A further related development is PsySSA's joining of the International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues (IPsyNET) in 2007. This network facilitates and supports the contributions of psychological organisations to the improved health, well-being, and enjoyment of human rights by people of all sexual orientations and gender identities (IPsyNET, 2013). The PsySSA African LGBTI Human Rights Project, born from involvement in IPsyNET, became the vehicle for developing the position statement. Another relevant initiative was the establishment of the PsySSA Sexuality and Gender Division in 2013, in response to a growing interest in research and applied explorations in this area, adding further impetus to the articulation of an affirmative stance towards sexual and gender diversity. The aforementioned developments, as well as the position statement, represent ongoing efforts towards PsySSA's goal of transformation and serving the needs of all South Africans, including LGBTI, queer and asexual persons.

Development of the position statement

The development of a South African position statement affirmative of sexual and gender diversity follows on similar initiatives by other professional associations, including, among others

- The American Psychological Association's 'Practice guidelines for lesbian, gay and bisexual clients', originally adopted in 2000 and updated in 2011 (American Psychological Association, 2011);
- The World Professional Association for Transgender Health's (WPATH) 'Standards of care for the health of transsexual, transgender, and gender nonconforming people' (WPATH, 2011);
- The 'Statement of the Psychological Association of the Philippines on non-discrimination based on sexual orientation, gender identity and expression' (Psychological Association of the Philippines, 2011); and
- The 'Position paper for psychologists working with lesbians, gays, and bisexual individuals' (Hong Kong Psychological Society, 2012).

Some of the previous efforts to develop position statements internationally excluded both transgender as well as intersex concerns, motivating our decision to expand our focus to attend to gender diversity in addition to sexuality, as indicated in subsequent sections.

A 24-member working group was constituted at the 30th International Congress of Psychology on 22 July 2012,[1] comprising psychology professionals and other mental health practitioners from South Africa as well as representatives from Cameroon, Nigeria, Tanzania, and Uganda. The task of this group is to develop appropriate statements and guidelines for affirmative practice specifically for the African continent, as an outcome of the PsySSA African LGBTI Human Rights Project.

A core group, selected from the 24 members, spearheaded the development of the South African position statement. Informed by an international and local body of knowledge, the group spent a year developing the statement, including dissemination to a broader audience for feedback and input. The final position statement was adopted by the PsySSA Council on 24 September 2013 at the 19th South African PsySSA Congress.

Utilising local knowledge

A key challenge in developing the position statement was to ensure that it was grounded in a South African body of knowledge. The small but growing body of work that constitutes South African LGBTI psychology and related subject areas that were consulted included research on identifications and expressions of sexuality in a post-1994 democracy (Reid, 2013), discourses around people living outside the male–female binary (Klein, 2008), transgender life stories (Morgan, Marais, & Wellbeloved, 2009), and experiences of prejudice, victimisation, and hate crimes (Nel & Judge, 2008). Studies concerned with LGBTI people's experience of healthcare providers in South Africa include research regarding LGB people's experience of psychological therapy and counselling (Nel, Rich, & Joubert, 2007; Victor, 2013), transgender people's experience of sexual health services (Stevens, 2012), and perceptions of healthcare providers' attitudes towards sexual orientation and treatment refusal due to sexual orientation (Joint Working Group, 2007).

Local policy and practice guidelines consulted include healthcare provision for victims of hate crime (Nel, 2007), guidelines for service providers working with LGBTI people (Out LGBT Wellbeing, 2007), guidelines for working with men who have sex with men (MSM) in an HIV/AIDS health service context (Anova Health Institute, 2011), and indigenous comments on the WPATH's Standards of Care (Gender DynamiX, 2011). Further relevant studies include those dealing with specific contexts, intersectionalities and relationships, such as research related to lesbian- and bisexual-partnered families (Donaldson & Wilbraham, 2013; Lynch, 2013), the experiences of children in same-sex-headed family configurations (Breshears & Le Roux, 2013; Lubbe, 2007), LGBTI youth in South Africa (Watson & Vally, 2011), same-sex sexualities and HIV/AIDS (Reddy, Sandfort, & Rispel, 2009), displaced LGBTI people and asylum seekers (People against Suffering, Oppression and Poverty [PASSOP], 2012), and same-sex sexualities and religion (Dreyer, 2006).

Affirmative stance

The position statement was developed from an affirmative stance. Authors such as Davies (1996), Milton, Coyle, and Legg (2002), and Ritter and Terndrup (2002) highlight some common elements of approaches in psychology that, in particular, are affirmative of LGB sexualities. These include the recognition of LGB sexualities as normal and natural variances in that sexual diversity per se is not the cause of psychological difficulties or pathology. Contextual awareness is emphasised, including an understanding of how aspects such as homophobia, heterosexism, prejudice, and

stigma have an effect on mental health and well-being. Practitioner ability to empathise with the experiences of LGB clients, including being knowledgeable about LGB sexualities, diversity, and lifestyles, is also regarded as important. Further to this, an affirmative approach emphasises that practitioners should be comfortable with and open about their own sexuality to avoid their own biases affecting their practice.

An affirmative position further assumes that LGB clients have the potential creativity and internal resources to deal with difficulties they face and that it is important to acknowledge the often negative influence of society and significant others on the LGB client, actively take a positive view of LGB lives, and be aware of the damaging effect of discriminatory sentiments in practice (Schippers, 1997). We argue that such a lens can be applied to all people who walk through a professional's door and implies a cultivated and ongoing sensitivity to and acceptance of sexual and gender diversity.

In developing this position statement, such an affirmative stance was extended to attend not only to sexuality but also to gender diversity more broadly with deliberate inclusion of transgender and intersex concerns. This reflects similar global developments such as that of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) (American Psychiatric Association, 2013) moving away from pathologising positions around transgender concerns to a more affirmative approach. The decision to adopt more inclusive terminology was also based on the fact that a broader set of people are facing the potentially negative effect of a heteronormative and homonormative patriarchal society, which implies a shared struggle.

The sexual and gender diversity position statement

In the following, sections of the position statement (PsySSA, 2013, pp. 8–10) are quoted verbatim, followed by a glossary of terms which psychology professionals might find useful when engaging with issues of sexual and gender diversity. The position statement and more comprehensive glossary can be accessed on the PsySSA website at http://www.psyssa.com.

Recognising the harm that has been done in the past to individuals and groups by the prejudice against sexual and gender diversity in South African society as well as in the profession of psychology, PsySSA hereby affirms the following:

Psychology professionals

1. Respect the human rights of sexually and gender diverse people, and are committed to non-discrimination on the basis of sexuality and gender, including, but not limited to, sexual orientation, gender identity, and biological variance;
2. Subscribe to the notion of individual self-determination, including having the choice of self-disclosure (also known as 'coming out') of sexual orientation, gender diversity, or biological variance;
3. Acknowledge and understand sexual and gender diversity and fluidity, including biological variance;
4. Are aware of the challenges faced by sexually and gender diverse people in negotiating heteronormative, homonormative, cisgendered (see section 'Glossary'), and other potentially harmful contexts;
5. Are sensitised to the effects of multiple and intersecting forms of discrimination against sexually and gender diverse people, which could include discrimination on the basis of gender; sexual orientation; biological variance; socio-economic status, poverty, and unemployment; race, culture, and language; age and life stage; physical, sensory, and cognitive–emotional disabilities; HIV and AIDS; internally and externally displaced people and

asylum seekers; geographical differences such as urban/rural dynamics; and religion and spirituality;

6. Have an understanding of stigma, prejudice, discrimination and violence, and the potential detrimental effect of these factors on the mental health and well-being of sexually and gender diverse individuals;
7. Recognise the multiple and fluid sexual and gender developmental pathways of all people from infancy, childhood, and adolescence into adulthood and advanced age;
8. Understand the diversity and complexities of relationships that sexually and gender diverse people have, which include the potential challenges
   (a) of sexually and gender diverse parents and their children, including adoption and eligibility assessment;
   (b) within families of origin and families of choice, such as those faced by parental figures, caregivers, friends, and other people in their support networks, for example, in coming to terms with the diversity, non-conformity, and/or minority status of their sexually and gender diverse significant other; and
   (c) for people in different relationship configurations, including polyamorous relationships.
9. Adhere to an affirmative stance towards sexual and gender diversity in policy development and planning, research and publication, training and education (including curriculum development, assessment, and evaluation of assessment tools), and intervention design and implementation (including psychotherapeutic interventions);
10. Support best practice care in relation to sexually and gender diverse clients by
    (a) using relevant international practice guidelines in the absence of South African–specific guidelines;
    (b) cautioning against interventions aimed at changing a person's sexual orientation or gender expression, such as 'reparative' or conversion therapy;
    (c) opposing the withholding of best practice gender-affirming surgery and treatment and best practice transgender healthcare as outlined by the WPATH; and
    (d) encouraging parents to look for alternatives to surgical intervention in the case of intersex infants, unless for pertinent physical health reasons.
11. Are, if it be the case, aware of their own cultural, moral, or religious difficulties with a client's sexuality and/or gender identity, in which case they should disclose this to the client and assist her or him in finding an alternative psychology professional should the client so wish; and
12. Are committed to continued professional development regarding sexual and gender diversity, as well as to promoting social awareness of the needs and concerns of sexually and gender diverse individuals, which includes promoting the use of affirmative community and professional resources to facilitate optimal referrals.

Glossary[2]

Asexual. A person who has low or no sexual desire, little or no sexual behaviour, and a concomitant lack of subjective distress. Identifying as asexual does not preclude the ability for the person to have a romantic or love relationship with someone of the same and/or different genders.
Biological sex. The biological and physiological characteristics that are socially agreed upon as informing the classification of a person as male or female.

Bisexual. A person who is capable of having sexual, romantic, and intimate feelings for or a love relationship with someone of the same gender and/or with someone of other genders. Such an attraction to different genders is not necessarily simultaneous or equal in intensity.
Cisgender. A term describing a person whose perception and expression of her or his own gender identity matches the biological sex she or he was assigned at birth.
Gay. A man who has sexual, romantic, and intimate feelings for or a love relationship with another man (or men).
Gender. The socially constructed roles, behaviour, activities, and attributes that a particular society considers appropriate for either men or women.
Gender diversity. The range of different gender expressions that spans across the historically imposed male–female binary. Referring to 'gender diversity' is generally preferred to 'gender variance' as 'variance' implies an investment in a norm from which some individuals deviate, thereby reinforcing a pathologising treatment of differences among individuals.
Gender identity. A person's private sense of being male, female, or another gender. This may or may not match the biological sex a person was assigned at birth.
Gender non-conformity. Displaying gender traits that are not normatively associated with a person's biological sex. 'Feminine' behaviour or appearance in a male is considered gender non-conforming, as is 'masculine' behaviour or appearance in a female.
Heteronormativity. Related to 'heterosexism', it refers to the privileged position associated with heterosexuality based on the normative assumptions that there are only two genders, that gender always reflects the person's biological sex as assigned at birth, and that only sexual attraction between these 'opposite' genders is considered normal or natural. The influence of heteronormativity extends beyond sexuality to also determine what is regarded as viable or socially valued masculine and feminine identities, that is, it serves to regulate not only sexuality but also gender.
Heterosexism. A system of beliefs that privileges heterosexuality and discriminates against other sexual orientations. It assumes that heterosexuality is the only normal or natural option for human relationships, and posits that all other sexual relationships are either subordinate to or perversions of heterosexual relationships. In everyday life, this manifests as the assumption that everyone is heterosexual until proven otherwise.
Heterosexual. Having sexual, romantic, and intimate feelings for or a love relationship with a person or persons of a gender other than one's own.
Homonormativity. The system of regulatory norms and practices that emerges within homosexual communities and that serves a normative and disciplining function. These regulatory norms and practices need not necessarily be modelled on heteronormative assumptions, but they often are.
Homophobia. Also termed 'homoprejudice', it refers to an irrational fear of and/or hostility towards lesbian women and gay men, or same-sex sexuality more generally.
Intersectionality. The interaction of different axes of identity, such as gender, race, sexual orientation, ability, and socio-economic status, in multiple and intersecting ways, resulting in different forms of oppression affecting a person in interrelated ways.
Intersex. A term referring to a variety of conditions (genetic, physiological, or anatomical) in which a person's sexual and/or reproductive features and organs do not conform to dominant and typical definitions of 'female' or 'male'. Such diversity in sex characteristics is also referred to as 'biological variance' – a term which risks reinforcing pathologising treatment of differences among individuals, but which is used with caution in this document to indicate an inclusive grouping of diversity in sex characteristics, including, but not limited to, intersex individuals.

Lesbian. A woman who has sexual, romantic, and intimate feelings for or a love relationship with another woman (or women).
LGBTI. An abbreviation referring to lesbian, gay, bisexual, transgender, and intersex persons. 'LGB' refers to sexual orientations, while 'T' indicates a gender identity, and 'I' a biological variant. They are clustered together in one abbreviation due to similarities in experiences of marginalisation, exclusion, discrimination, and victimisation in a heteronormative and heterosexist society, in an effort to ensure equality before the law and equal protection by the law. However, the possible differences between persons who claim these labels and those to whom these labels may be assigned ought not to be trivialised. The respective issues, experiences, and needs of these people may in fact differ significantly and in several respects. In solidarity with the activist position regarding this matter, however, in this document, reference is made to LGBTI, and distinctions among the diversity of identities that exist are minimised.
Polyamory. A relationship configuration where a person has more than one intimate or sexual partner with the knowledge and consent of all partners involved, and with an emphasis on honesty and transparency within relationships. It is also described as 'consensual non-monogamy'.
Queer. An inclusive term that refers not only to lesbian and gay persons, but also to any person who feels marginalised because of her or his sexual practices, or who resists the heteronormative sex/gender/sexual identity system.
Sexual behaviour. Sexual behaviour is distinguished from sexual orientation because the former refers to acts, while the latter refers to feelings and self-concept. People may or may not express their sexual orientation in their behaviour.
Sexual diversity. The range of different expressions of sexual orientation and sexual behaviour that spans across the historically imposed heterosexual–homosexual binary.
Sexual orientation. A person's lasting emotional, romantic, sexual, or affectional attraction to others (heterosexual, homosexual/same-sex sexual orientation, bisexual, or asexual).
Transgender. A term for people who have a gender identity, and often a gender expression that is different to the sex they were assigned at birth by default of their primary sexual characteristics. It is also used to refer to people who challenge society's view of gender as fixed, unmoving, dichotomous, and inextricably linked to one's biological sex. Gender is more accurately viewed as a spectrum, rather than a polarised, dichotomous construct. This broad term encompasses transsexuals, gender queers, people who are androgynous, and those who defy what society tells them is appropriate for their gender. Transgender people can be heterosexual, bisexual, homosexual, or asexual.
Transgender man. A person who was assigned 'female' at birth, but identifies as male. Such a person is also referred to as a 'female-to-male (FtM) trans person'.
Transgender woman. A person who was assigned 'male' at birth, but identifies as female. Such a person is also referred to as a 'male-to-female (MtF) trans person'.
Transphobia. An irrational fear of and/or hostility towards people who are transgender or who otherwise transgress traditional gender norms.
Transsexual. A medical term used to describe transgender persons who may or may not opt to undergo gender-affirming treatment to align their body with their self-identified sex and gender identity.

Conclusion and way forward

This article, among others, highlights the significance of the year 2014, not only marking 20 years of democracy in South Africa, but also the 20th anniversary of the formation of PsySSA.

Significant milestones, such as these, call for celebration, but also for critical reflection as to progress being made.

Against the backdrop of transformation in the country and redress, also of historic silences in South African psychology, the PsySSA sexual and gender diversity position statement is a much-needed and important point of engagement for psychology professionals. It encompasses the intricacies and complexities of human lived experience understood from an affirmative stance that is consciously inclusive of a broad sexual and gender diversity spectrum. This is a stance of openness, acceptance, and affirmation of such diversity and respect for the unique and fluid lived experience of others.

The position statement, furthermore, is a significant step towards addressing another key objective in the PsySSA African LGBTI Human Rights Project: the development of more comprehensive affirmative practice guidelines regarding sexual and gender diversity, including, but not limited to LGBTI, queer, and asexual concerns. Such South African practice guidelines for psychology professionals will potentially be followed by collaboration with colleagues from the rest of Africa in developing statements and practice guidelines suited to their unique contexts. Together with the launch of the Pan-African Psychology Union in 2014, these PsySSA-driven initiatives may, indeed, contribute to moving the continent closer to a vision of a just society.

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Notes

1. Attended by more than 6000 participants from 103 countries, this was the first time the flagship event in international psychology was held in Africa.
2. Sources used in compiling the glossary include Barker (2005), Human Rights Watch (2011), Nel (2007), Ouspenski (2013), People against Suffering, Oppression and Poverty (PASSOP) (2012), and Seidman (1996).

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