

Understanding the professional situation of work with LGBT people within mental health and related fields

Research report



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Key terms and concepts

Sexuality: A complex of each person's biological and psychosocial characteristics that defines one's identity, behavior, image and role as an individual and a member of society.

Sexual orientation: The complex of each individual's profound emotional, affectional and sexual attractions to, and sexual relations with other individuals.

Gender refers to a person's internal perception and experience of maleness and femaleness, as well as to the social construction that assigns certain behaviors to male and female roles varying across history, societies, cultures and social classes. Gender is hence linked to society's expectations and is not a mere biological matter.

Gender identity refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body. It is a category of social identity that refers to an individual's identification as man, woman or other gender.

LGBT: Acronym for lesbian (homosexual woman), gay (homosexual man), bisexual and trans people.

Homosexual (lesbian or gay): A person who has a complex of profound emotional, affectional and sexual attractions to, as well as intimate and sexual relations with persons of the same gender.

Lesbian [homosexual woman]: A female who has profound emotional and sexual attraction to, as well as intimate and sexual relations with other women or woman identified persons.

Gay [homosexual man]: A male who has profound emotional/romantic and sexual attractions to, as well as intimate and sexual relations with other men or man identified persons.

Bisexual: An individual who is emotionally and/or sexually attracted to persons of more than one sex.

Heterosexual: An individual who has profound emotional, affectional and sexual attraction to, as well as intimate and sexual relations with individuals of an other gender.

Transgender: Refers to those trans persons who permanently live in their preferred gender, without necessarily undergoing any medical intervention. Within this study, it is used as an inclusive umbrella term referring to all those people whose gender identity and/or gender expression differ from the sex they were assigned at birth.

LGBT community: Community of lesbian, gay, bisexual and transgender people that unites around common interests, challenges and goals. In turn, it consists of various sub-communities and groups.

Heteronormativity: Refers to such social and cultural practices where males and females are guided by the belief and behavior that heterosexuality is the only conceivable sexuality. It also implies positioning heterosexuality as the only form of being 'normal' and the main source of social reward.

Non-heteronormative sexuality: Refers to such cultural and social practices where heterosexuality is not seen as the only conceivable expression of sexuality. It implies a situation whereby individuals' profound emotional, affectional and sexual attractions, as well as intimate and sexual relations with same-gender individuals are not suppressed.

****Mental health and related field:*** *In the strategic document on "Maintaining and promoting mental health in the Republic of Armenia in 2014-2019" adopted by the resolution of the RA government's #15 protocol session on April 17, 2014, the following professions are listed as related to the field of mental health: psychology (clinical psychology and psychotherapy, psychological counseling, developmental psychology, emergency and crisis psychology), social work, pedagogy and psychology of special education (oligophrenopedagogy, typhlo-pedagogy [blind teaching], deaf-and-dumb pedagogy, logopaedics, ergotherapy [occupational therapy], preschool corrective pedagogy and psychology of people with special needs), and social pedagogy.*

The frames of this study have included the following distinct groups of specialists: psychiatrists; clinical, developmental and practitioner psychologists; social workers and social pedagogues; as well as sexologists (in view of the relevance of their direct experience with issues of gender identity and sexual orientation).

Introduction

Studies in western scholarship in the 1970s, as well as the concurrent social movements that aimed, among other things, at the protection of women's and LGBT people's rights and their emancipation and counteracting discrimination, prepared the ground for a number of professional organizations (such as the American Psychological Association [APA], the World Health Organization [WHO], the World Psychiatric Association) to come forth with statements disclaiming homosexuality as a mental disorder. These organizations abandoned the stigma that declared non-heteronormative sexuality as a mental disorder, which was the case previously among medical and mental health specialists¹.

The initiative by the American Psychiatric Association to remove homosexuality from the list of mental disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM II) in 1974, as well as its removal from the World Health Organization's international classification of "mental and behavioral disorders (ICD-10) in 1992², helped in overcoming the stigma of mental illness. Reconsiderations of professional approaches were conducive to reduced numbers of discrimination and crime on the grounds of sexual orientation and gender identity.

In Armenia, however, even the existing universal professional and ethical approaches within mental health related fields often fail to guide professionals in their practice with LGBT people. Many studies, as well as the interviews in the scope of this study, point to the persistence of overt discriminatory and intolerant attitude towards LGBT people in the sphere of healthcare. As argued by concerned specialists, university education in medicine, psychology and social work commonly communicates pseudoscientific and homophobic knowledge and information about non-heteronormative sexuality. When treated by mental health and related specialists, LGBT persons are often stigmatized as sick, disturbed, deviant, and perverted. The specialists openly express their personal feelings about LGBT people, talking about the aversion, disgust, and intolerance they experience.

Ethical and professional aspects of client-practitioner relations are not regulated by any guideline or specific approach established within mental health or mental health related fields in Armenia. With the outlined problem in mind, the overall aim of the study, "*Understanding the professional situation of work with LGBT people within mental health and related fields*", is to identify the needs for developing an Armenian-language guide for specialists working

1 Appropriate Therapeutic Responses to Sexual Orientation, retrieved from <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

2 It should be noted that the healthcare system in Armenia formally complies with WHO.

with LGBT people in Armenia. The use of guidelines relying on the identified professional needs will refine practitioners' capacities and will regulate LGBT client-specialist relations, thus clarifying the acceptable boundaries of professional intervention.

Methodological framework

“Understanding the professional situation of work with LGBT people within mental health and related fields” research was implemented in the framework of the “Improving the professional situation of work with LGBT people within mental health and related fields in Armenia” project by the initiative of ‘Public Information and Need of Knowledge NGO (Pink Armenia). The research design, instruments development and analysis of findings were carried out by Socioscope NGO.

The study was aimed at understanding and identifying the following:

- The process of practice with LGBT people in mental health and related settings at the local level;
- Awareness of specialists in mental health and related fields (including sexologists, psychiatrists, psychologists, and social workers) about issues related to LGBT people, as well as their professional positions and personal attitudes;
- These specialists’ experience in rendering assistance to LGBT people; existing issues and needs therein;
- The need for practice guidelines designed for specialists in mental health and related fields, as well as perspectives of their application in work with LGBT people.

Sample

The study is based on a qualitative purposive sample. The study targeted Yerevan-based specialists working in medicine, psychology and social sphere, with each sampled group consisting of the respective subgroups. Specialists in medicine comprise of sexologists and psychiatrists, the group of psychologists includes clinical, developmental and counseling psychologists, and specialists in the social sphere are represented by social workers and social pedagogues.

The sampling was based on 3 main criteria:

1. Specialists’ work experience with LGBT people;
2. Their affiliation with either state or private institutions and
3. Specialists’ gender.

The ratio of these groups of specialists within the sample was based on statistical data relevant to the specialty areas, including statistics published by the Ministries of Health, Education and other state structures³.

³ See: <http://www.moh.am/uploadfiles/resusner.pdf> [retrieved on 09.03.16] (available only in Armenian), as well as <http://stat.armedu.am/?section=content&id=2&year=2012> [retrieved on 09.03.16] (available only in Armenian).

With regards to the subgroup of specialists with no practice experience with LGBT people, the focus was to identify their mindsets, professional approaches, awareness of LGBT issues, as well as their willingness to work with LGBT people in the foreseeable future, and how practical of the envisaged work guidelines are in perspective.

In total, 31 in-depth interviews were conducted. Out of them, 16 were conducted with specialists with experience working with LGBT people. The remaining had no work experience with LGBT people.

The interview guides were developed with relevance to the sampled groups and included instructions or details for each sub-group. Five guides were prepared in total, comprising of the following sections:

- Experience in rendering professional assistance to LGBT people;
- Issues of LGBT people, and the specialists' attitudes towards them;
- Professional needs of the specialists working with LGBT people;
- The use of practice guidelines in work with LGBT people, the pertinent content of the Armenian-language guide.

Study limitations and hindrances

Several limitations were encountered in the course of implementing the “Understanding the professional situation of work with LGBT people within mental health and related fields” research. Discussion of them is important for understanding the obstacles in fieldwork organization, as well as the sensitive and problematic nature of the topic and the sphere being studied in Armenia.

With the purpose of ensuring comprehensive representation of mental health and related fields, the research methodology was initially designed to include the groups of endocrinologists and plastic surgeons, sexologists and psychiatrists, clinical psychologists, developmental psychologists, psychologist practitioners, social workers and social pedagogues. The fieldwork, however, surfaced two problems with this regard. First, it soon proved impossible to contact and talk to endocrinologists and plastic surgeons who had experience working with LGBT persons. This is particularly true about those physicians who have provided professional services to transgender persons through hormone therapy, gender reassignment or plastic surgeries. Despite the information collected within the “Needs of gender reassignment of transgender persons: assessment of legal

barriers” research project⁴ indicating the existing practice of such medical interventions, physicians refuse to talk about the matter. The legislative gap which actually neither forbids nor allows hormone therapy or gender conversion surgeries makes the field legally unregulated and uncontrollable.

Secondly, the research sample was initially thought to include both social and special pedagogues as representatives of the social sphere who work with juveniles in educational institutions and day care centers. The specialists working in the aforementioned institutions, however, denied having any prior experience in dealing with juveniles with non-heteronormative sexuality. Under this circumstance, the study included only one social pedagogue with no previous work experience with LGBT people in order to get at least some outline information about the field.

It ultimately proved unfeasible to conduct interviews with endocrinologists, plastic surgeons, as well as social pedagogues with work experience with LGBT people, thus leaving the needs of these professional groups for the content of the foreseen guidelines unrecorded.

Difficulties arose during the fieldwork stage when arranging meetings with psychiatrists. Their reluctance to participate in the interviews, it should be mentioned, owes to the peculiarity of the topic. Taking into account the psychiatrists’ request to participate in the study only under official permission from a state body, a letter on behalf of Pink Armenia was prepared and addressed to the RA Ministry of Health. It is worth noting, however, that no Armenian law binds a research organization or individual to obtain permission from any state agency in order to conduct a sociological interview with a mental health or related specialist. Yet the mail correspondence has been the only possible way to get the psychiatrists’ consent to participate in the study.

4 For the full report, visit the <http://ngngo.net> website.

Part I

Specifics of professional assistance to LGBT people in Armenia

1.1 Professional training and retraining opportunities in work with LGBT people

As international experience suggests, effective professional assistance to lesbian, gay, bisexual and transgender people implies combination of university training and regular field-specific retraining and skill-sharing. The goal of these professional advancements is the differentiated assistance to persons of each group with consideration of their specific issues on the one hand, and with acknowledgement of the principle of equality and dignity of all people on the other.

Those among the interviewed specialists who have some experience in work with LGBT people, tend not to discern LGBT persons as a distinct group of clients, viewing the very distinction as a kind of stigmatization.

It could mean, looking from one angle, that what we deal with here is unconditional acceptance of equality and exclusion of discrimination in the professional area. On the other part, then, psychological, social and medical issues of LGBT people are not examined in a specific context, with sexual orientation and gender identity as departing points. The risk in such approach is that it limits the potential of identifying, assessing, and seeking solutions to LGBT persons' existing problems. In fact, those issues which bring LGBT people to specialists at least partly arise from the heteronormative nature of the society.

All that being said, most specialists (both with and without work experience with LGBT people) are open to trainings and courses concerning LGBT issues, even with overt discriminatory attitudes and approaches that some of them espouse. Talking substantively about the demonstrated willingness, however, participation in courses is seen by some as just another supplement to their own professional experience.

Willingness to participate in retraining and courses can and is indeed motivated also by the need to acquire knowledge and information about LGBT persons and their issues. Many specialists report having had no initial idea and knowledge of sexual orientation, aspects of gender identity and their development and expressions upon their first practice experience with LGBT clients. Moreover, many were unfamiliar with the term LGBT. The concept of non-heteronormative sexuality has thus been shaped as a result of practical experience and relations with concrete people.

As pointed by specialists in mental health and related settings, there are presently scarce opportunities for such trainings in Armenia due to the sensitivity of the topic. That kind of opportunity is offered only by one or two NGOs engaged with protection and advocacy of LGBT people's rights.

There is the need, of course, but I don't really see the actual possibility for that. In Armenia, they are said to be people with mental health problems, and they are treated accordingly. Therefore, I don't know who can do the trainings, and where.

**Interview with a social worker with practical experience with
LGBT persons**

According to some interviewed specialists, formal university education does not give scientifically grounded knowledge and information about non-heteronormative sexuality, and does not equip with skills and tools for qualified approach to it. It mostly perpetuates stigmatization, discrimination or, at best, sidesteps the issue of non-heteronormative sexuality.

No one has ever taught me anything about LGBT people at the university. I am self-taught about everything.

**Interview with a sexologist with work experience with LGBT
persons**

There are also internal pressures in mental health related fields on specialists who hold non-discriminatory views about LGBT people, especially when the latter express their motivation and need to participate in trainings on issues of non-heteronormative sexuality. The pressure mechanisms are moral or value-based: specialists who hold a marked discriminatory position tend to change their attitudes towards those colleagues who participate in the trainings, so that the latter eventually have to either refrain from or conceal their attendance.

In rare instances, trainings related to qualified work with LGBT people do enable specialists to revise their personal [negative] attitudes towards them, and to revise the widely shared stereotypes that they themselves have been reproducing.

The trainings first of all shape the ability to think. I had stereotypes and negative, even aggressive attitudes to LGBT people, due to patriotism and my ideas about the image of an Armenian.

**Interview with a social worker with work experience with LGBT
persons**

Broadly speaking, attendance of trainings pertaining to work with LGBT issues is predominately a matter of personal need and motivation, and hence a matter of morality rather than an imposed institutional requirement in Armenia⁵.

Specialists with no prior work experience with LGBT persons are predisposed to work with them once consulted for assistance. These specialists note that their lack of experience of professional relations with LGBT persons is due to the absence of such requests on the one hand, and to their own lack of confidence in rendering proper assistance to these persons on the other. These specialists are open to LGBT-related trainings, as well as professional work with LGBT people in future. It should be mentioned, however, that explicit discriminatory attitudes towards people with non-heteronormative sexuality is also common among these specialists. They do not refrain from expressing their feelings of dislike or repulsion towards LGBT people, as well as their conviction that these feelings do not in any way affect the process of the professional service provided. Under such circumstances, it is yet to be understood how to avoid the influence of personal negative attitudes upon client-practitioner relations and be assured that the provided professional assistance will remain within the frames of ethical and professional norms.

⁵ Interestingly, there are specific requirements for retrainings, such as those for psychotherapists to retain their European certification, yet these retrainings do not pertain to distinct vulnerable groups.

1.2. Existing experience in providing professional support to LGBT people

Specialists in mental health and related fields have dealt with LGBT people in diverse ways, making their experience specific. Nevertheless, interviews with these specialists reveal that it is common for LGBT people consulting a specialist to conceal their non-heteronormative sexuality, thereby actually veiling the root problems behind their concern. On the one hand, it means that LGBT people feel unsafe even in a professional setting, and feel suspicious about being understood unconditionally, without being stereotyped and judged. On the other hand, as the interviewed specialists point out, LGBT people often experience intrapersonal conflicts and tensions, which stem from their sexual orientations and gender identities that do not comply with the expectations of the dominant heteronormative society. LGBT persons opt to conceal the details of their sexuality under such conditions.

My first such (non-heterosexual) client attended 4-5 years ago. There were no particular difficulties, but I didn't have much experience back then, since few of my clients would openly speak about their sexuality. If the problem that has brought them is not related to that, they will probably choose to even not talk about it at all.

Interview with a psychotherapist with practical experience with
LGBT persons

Specialists note that acceptance of a client's sexuality depends also on gender. Men discover their own non-heteronormative sexuality more easily than do women. This matter has to do with the advantage of males in a patriarchal society in managing their sexual lives. Homosexual men verbalize their sexual orientation more easily in specialist-client relations. As specialists report, even after several sessions, women's difficulties in articulating their sexual orientation persist.

I had a male client who started speaking about his sexual orientation after two or three sessions. But my female client, who I have been working with for quite a while, is not able to talk about her orientation. She describes her relationships, which are sexual relationships, but she cannot name them with a specific word [Author's note—the specialist means the word 'lesbian'].

Interview with a psychotherapist with practical experience with
LGBT persons

Withholding one's sexual orientation and gender identity creates barriers to effective professional support. However, LGBT persons begin to openly speak about their sexuality and the problems stemming from them once they feel secure and free from discrimination in their relations with the specialist. Another common practice among LGBT people is contacting specialists anonymously, mainly via social networks. This is particularly true about relations with sexologists.

The first client wrote me from a fake facebook account (many do so). He was a disabled guy from Russia, an Armenian. He was married with children, but he mentioned having interest in men. He had obsessive thoughts of asexual nature, and he would get aroused when imagining a man. He was asking me to help him get rid of that.

Interview with a sexologist with practical experience with LGBT people

Specialists in mental health and related fields note that lack of knowledge about non-heteronormative sexuality is especially typical of juveniles and young adults who reveal the differing manifestations of their sexual orientation and gender identity. Their primary desire and main request is to overcome their own "problematic" sexuality and to convert to "normal" with the specialist's help. This assumes a number of risks. Some of the interviewed specialists are convinced that it is possible to alter an individual's sexual orientation or gender identity if that individual indeed wants to, or if differing sexual inclinations are observed at an early age. These specialists consider non-heteronormative sexuality a problem as such. According to this logic, if there is a problem, there should also be some efforts to counteract and resolve it.

It can be inferred that these specialists lack profound knowledge of issues related to sexuality, gender identity and sexual orientation that comply with current scholarly approaches⁶. With such approaches, specialists are likely to have leverages upon those LGBT persons, especially teenagers, adolescents or others who have problems deriving from internal conflicts with their own sexuality. Under these conditions, specialists expose LGBT clients to

⁶ These specialists are also convinced that a pregnant woman's expectations regarding the sex of her future child is among the factors determining one's sexuality. For instance, if a woman's desire is to have a daughter, but the child is a boy by biological sex, this will allegedly later influence the formation of that boy's sexual orientation.

groundless beliefs that sexual orientation and gender identity can be changed, while not helping them, instead, to achieve self-awareness and overcome their internal incongruence. These specialists also have principal and value-driven contradictions with LGBT people at the level of personal mindsets and attitudes.

Unfortunately, it's a fact that there are sexual minorities even among the teenage. I am sad to say this, because I have had three cases of such kind in my practice, and it is already too much.

Interview with a social worker with work experience with LGBT people

1.3 The need for professional assistance and issues of LGBT people

LGBT people consult specialists in mental health and related fields for support in tackling various problems including intrapersonal conflicts, difficulties in interpersonal relationships, limited opportunities for social integration, etc. LGBT people in Armenia are often socially estranged from both the society and their own families because of differing from the dominant heteronormative setting and the failing to comply with the widely accepted criteria of “normality” and “naturalness”, thus being stigmatized and discriminated.

LGBT people often become victims of physical and psychological abuse, pressure, threats and intimidations both by their family members and by several social institutions, including the law enforcement system, healthcare and educational institutions and social services. LGBT people often face social problems failing to find appropriate jobs. In such cases they mostly turn to a social worker for assistance. At initial stages of addressing their problems, LGBT people turn to specialists’ support with the expectation to acquire the inner strength needed to reveal own sexual orientation and gender identity. It is at this stage that many LGBT people experience internal conflicts and ambivalence, typically manifested in self-accusation, self-denial and low self-esteem. It is also at this stage when non-professional and non-ethical approaches can significantly affect LGBT persons’ mental health. Secondly, LGBT people voice the issue of being socially accepted. LGBT people mainly explain their problems by the fact of being rejected by their primary groups.

Thirdly, men with non-heteronormative sexuality experience problems when relating with state institutions, particularly the army. There, non-heteronormative sexuality is considered to be pathology. When pointing to this, the interviewed specialists do not touch upon another aspect of the problem. In fact, the state does not duly prevent, investigate or legally prosecute cases of homicide or harassments in the army on the grounds of sexual orientation or gender identity. Homosexual and bisexual men undergo cruel, inhuman and humiliating treatment in the armed forces⁷. Lastly, LGBT people consult sexologists with specific, precisely physical ailments such as impotence, erectile dysfunctions, absence of sexual desire or, conversely, sexual overactivity. While the listed problems are those with which middle-aged or older LGBT persons consult a sexologist, relationship issues with their parents is a more common problem among juvenile LGBTs. Commonly, teenage LGBT persons are see a specialist by their parents’ initiative. In this case, specialists work towards their adjustment to the society, simultaneously

7 See http://www.pinkarmenia.org/publication/Armenia%20LGBT_ICCPR_2012_en.pdf, pages 3-4.

working with parents to regulate interpersonal relationships within the family. The emphasis and an important point of departure in the process is the acceptance of heteronormative sexuality and overcoming the social stigma. However, there are many parents who want to “correct” the sexual orientation or gender identity of their children with a specialist’s help. Such cases are problematic especially when the parents’ expectations echo those of the specialists, who then embark on the sexual “normalization” of the client with non-heteronormative sexuality as sexual pathology in their minds.

I have worked with three such cases, and all of them involved a borderline mental problem. Now I am working with a fourth girl. She does not accept that she is lesbian, although she fell in love with a girl. We managed to keep [her] away from that girl. Moreover, it is possible that with time, she will develop interest in boys, although I don't see such trends yet. She entered the university this year, so maybe she will change. There is though another danger too, because universities are swarming with such people, sorry for the expression.

Interview with a social worker with experience working with LGBT persons

Interviews make the problematic approaches towards LGBT people in mental health and related fields visible and tangible. They are also revealing of the existing challenges faced by LGBT people and the significant role of every individual specialist in overcoming them as prerequisite to any positive change in these fields. So far, the ground for potential positive changes is the will of individual specialists based on personal and professional ethics rather than the institutional competence and capacity.

When I started working with the LGBT community, I told my colleagues that we need to have a common approach that will be binding for all physicians. Transsexuals commonly have many problems, but they are afraid to see a doctor. There have been places where they turned to and were beaten. I have told my colleagues that we must treat a client with sexual problems regardless of anything – their sexual orientation, preferences or whatsoever. I mean, we need to be sure that the client will receive full-fledged medical help. But in Armenia, there is the practice of incomplete treatment, when LGBT people going to a specialist are afraid to specify what precisely is wrong with them, what problems they have, and the treatment therefore remains incomplete.

Interview with a sexologist with practical experience with LGBT people

Part II

**Specialists in mental health
and related fields about LGBT
people: Stances, interpretations**

2.1 Making a distinction between personal and professional positions regarding LGBT people

Interviews with specialists in mental health and related fields (both with and without experience working with LGBT persons) clearly show the dual nature of personal and professional attitudes. What underlies this dual situation is the idea that a specialist is first of all a sensing and feeling human being. This rationale moralizes client-specialist relationships and limits the potential for their regulation based on ethical and professional codes. It affords the specialist the right, as a moral being, to make mistakes. Furthermore, the assumption of being imperfect is rarely problematized in internal professional discussions and reflections, and this professional situation related to non-heteronormative sexuality is accepted as normal. Keeping the aforementioned assumptions in mind, three main groups of specialists can be discerned from the point of view of their position towards LGBT people:

- Specialists who espouse personal negative attitude towards LGBT persons but who do not link their discriminatory position to the professional services they provide;
- Specialists who characterize themselves as tolerant but who interpret non-heteronormative sexuality as a defect, disease, disorder and something alike from their professional standpoint;
- Specialists who espouse non-discriminatory position towards LGBT people both at professional and personal levels.

I fear nothing in this life but distaste. I would never like to fill my soul with that, but as a specialist I realize very clearly that if you are asked for assistance, then you are trusted, so you must try to work.

Interview with a psychologist with practical experience with
LGBT persons

I lose my peace of mind when a client of mine is a “he”, while I have to refer to him as “she”.

Interview with a social worker with experience in work with
LGBT persons

I am a very tolerant person; I have great respect for people. But the more you tolerate something, the bigger the problems become. I think that if sexual minorities become acceptable for all of us, then such sexual manifestations which are influenced by the social factor will increase in number.

**Interview with a psychologist with no professional experience
with LGBT persons**

I had a meeting with another social worker the other day. She said that they [homosexuals] should be burnt alive, and she will be among the first to go and burn [them]. I attempted to make the point that each of us could be one [a homosexual], but...

**Interview with a social worker with work experience with
LGBT persons**

Within the context of this study and, on a more general note, in discourses about LGBT people, tolerance as an expression of positive attitude needs rethinking and reconsideration. The concept of tolerance, with its origin in the western liberal political ideology, refers to the historical and political progress of these western societies, and becomes an end-goal rather than an actual practice in contemporary societies. In a more conservative, patriarchal and hierarchical society such as Armenia, not only is the concept of tolerance void of the potential for its manifestation in practice, but it also connotes the willingness of the powerful to refrain from suppressing the weak. Such a perception of tolerance does nothing but reinforces the dominating position of the heteronormative “majority” in the society. Not suppressing the weaker from the stance of the stronger and, in a sense, tolerating them is a prevailing discourse also among the specialists participating in the study.

It doesn't matter to a doctor if a client is homosexual or a normal person, if one is a Turk or an Armenian, a foe or friend. There is only one and the same principle in our approach to everyone. We all have sworn an Hippocratic oath and we strictly adhere to it. If my enemy is brought to me, I will help him. Later when he has recovered, I might kill him, but at that point, I will help.

**Interview with a psychiatrist with practical experience with
LGBT persons**

Frankly, I haven't noticed that there is pressure [upon homosexuals], because they have grown in number. Employers no longer take that fact into account. They say that it is one's choice and problem. When I was trying to settle a job for the girl I was assisting, I advised her to conceal [her sexual orientation], because I thought she would otherwise not be accepted. But she did tell them, and it didn't hinder her employment. People don't accept them, but don't pressure either.

*Interview with a social worker with work experience with
LGBT persons*

The described professional situation indicates that the mental health and related fields in the country are not devoid of stereotypes, stigmatization and discriminatory approaches to LGBT people. Furthermore, it is only in rare cases that professional practice with LGBT persons helps to revisit those stereotypes, discriminatory labels, and negative attitudes. Below are the frequent characterizations of LGBT people by the interviewed specialists.

- Those with unnatural, unhealthy, deviant, disturbed, perverse sexuality;
- Those who seek sexual adventures and pleasures, have overly active sexual life;
- Non-patriotic, unmanly ones;
- Those who are ill, dangerous for the society, propagating homosexuality.

In this professional discourse, LGBT people are even sometimes named animals that lack “natural” human dispositions.

Making distinctions between personal and professional positions is highly characteristic of the controversial, still underdeveloped and unregulated situation within the mental health and related fields. It also points to the fact that LGBT people are unprotected even in relations with specialists. They are especially vulnerable when they feel ambivalent about their own sexual orientation or gender identity. With such background, they come to specialists lacking ethical or professional responsiveness to the problems tied to non-heteronormative sexuality. The seemingly positive attitude of the specialists is disguised under the problematic and flimsy veil of tolerance.

2.2 Sexual orientation and gender identity: specialists' interpretations

Sexual orientation is commonly viewed as the entirety of a person's romantic, emotional, erotic and sexual attractions towards other persons. Gender identity refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body. It is a category of social identity that refers to an individual's identification as man, woman or other gender.

The interviewed specialists have offered different interpretations to gender identity and sexual orientation. To begin with, it should be mentioned that adequate understanding of these concepts is scarce among specialists both with and without experience in work with LGBT persons, with specialists with no experience who are guided by assumptions or judgments based on personal rather than professional encounters with LGBT persons. Nor is the very term LGBT adequately understood and used in professional discourse. It is fair to say that the language in mental health and related fields is close to lay discourse and is far from the accepted definitions and terms related to non-heteronormative sexuality. Words such as "homo-addict" and "man addicted" are still in the specialists' common vocabulary. Not only is there little agreement on interpretation of gender identity and sexual orientation across different disciplines, but there is also lack of reflected and acknowledged common approach towards these issues within each professional community. Furthermore, representations about sexual orientation and gender identity are mostly grounded in judgments and emotions rather than in present-day professional literature or international approaches. Remarkably, most specialists don't problematize or interrogate their own attitudes toward LGBT people. It is also of concern that commentaries of many specialists remain within the limits of the LGBT clients' own self-concepts, self-assessments and self-analyses. The stories, memories and feelings of LGBT persons are thus not analyzed and contextualized within specific professional approaches, while being taken in place of a valid analysis. Thus, an LGBT person's controversial, internally conflictive experiences and anxieties become the point of departure of interpreting their non-heteronormative sexuality in the straightest possible way, without undergoing any further professional scrutiny.

Based on the specialists' wordings which contain little if any distinction between sexual orientation and gender identity, the following factors are believed to condition non-heteronormative sexuality:

- Non heteronormative sexuality as an illness;
- Non heteronormative sexuality as an outcome of nurture;
- Non-heteronormative sexuality as a product of social and cultural factors;
- Non-heteronormative sexuality as an aftermath of childhood trauma and ambivalent parent-child relationships;
- Non-heteronormative sexuality as a decision, choice.

When viewing non-heteronormative sexuality as a disorder or illness, specialists allude to such factors as hormonal unbalance, genetic propensity and heredity. In contrast with the view of sexuality as influenced by social factors, in this case, sexuality is seen as a more rigid and irreversible quality. In the "social factor" view, every possible effort is necessary to change LGBT persons' sexual orientation and to make them "normal", "natural". It is here that the limits of professional intervention come into question. How and with whose help can a safe and non-discriminatory environment in mental health related fields be ensured for LGBT people, whereby such "corrective" and normalizing invasions would be reduced to a minimum?

Among social-cultural factors alleged to influence non-heteronormative sexuality, the interviewed specialists named the "homosexuality propaganda" originating from the West, movies, the wide mainstream internet access, etc. Furthermore, socially conditioned non-heteronormative sexuality is seen as a false, artificial homosexuality, bisexuality or transsexuality.

The factor of upbringing receives contradictory evaluations by the specialists. It is linked to childhood traumas on the one hand, and to parental permissiveness on the other hand. In one case, for instance, fatherly spanking is a means of preventing as much as the boy's homosexual inclinations. In another case, it is abuse that is likely to result in hate towards people of the opposite sex. These professional perceptions rely immediately upon personal stories of LGBT clients without tracing back to what is behind the violence and asking some substantial questions: whether non-heteronormative sexuality is an effect or cause of beatings in Armenian families, or why violence is justified in relating with people of non-heteronormative sexuality.

Interestingly, specialists hold somewhat distinct approaches towards juvenile and adult LGBT people. It is here when the subtle lines of pity and tolerance seem to converge. The homosexuality, bisexuality or transgender identity of teenage or younger persons is pardonable, since their roots are found in the negative

influences of the milieu, and the specialists are hopeful that the right guidance can make them heterosexual. Unlike young people, adults are not only incapable of changing, but are also guilty for the orientation or identity they have developed.

I have worked with four such persons, and the problem in orientation mainly comes from childhood. My client was telling me that back in childhood, he liked it when they would lay and hug together in bed with his sister and brother, and the first person he loved was a male.

Interview with a social worker with work experience with LGBT people

Upbringing, sexual experience and the wrong environment are the main factors. Genetics could also count, he [my client] himself was saying that he had hormonal problems, but in his case, the nurture and the wrong milieu where he had found himself were the main factors.

Interview with a psychologist with experience in practice with LGBT persons

I think the initial factor manifests as early as during pregnancy–disturbances, stresses. If such a basis exists, the environment also comes to influence.

Interview with a sexologist with no practical experience with LGBT people

I don't think that this [non-heteronormative sexuality] is normal. It is a pathology which has its generative problem coming from childhood. This is an a priori thesis.

Interview with a psychiatrist with no practice with LGBT persons

As a matter of fact, there are only a handful of specialists who discern sexual orientation and gender identity, and who interpret orientation as an inclination towards same-sex/gender or other-sex/gender, and who refer to gender as something related to inner perceptions, experience, and role expectations within a society. Non-heteronormative sexuality is as such a problem for most specialists, a problem in its literally meaning – such that requires a solution or counteracting.

2.3 Perspectives of counteracting challenges faced by LGBT people

LGBT persons face a number of challenges and obstacles both in the setting of professional assistance and in the wider context of social relationships. Efforts and steps of specialists, as well as different societal actors, organizations and state institutions are essential in overcoming them.

Specialists in mental health and related fields who have worked with LGBT people know, perhaps better than any others, the issues that persons with non-heteronormative sexuality encounter in Armenia. It does not automatically follow from such knowledge, however, that specialists also problematize this situation.

Very few specialists attach importance to the efforts of individual specialists and to the establishment of institutional discourse about LGBT issues in mental health and related fields. These specialists highlight that a public conversation needs to be opened up by all competent specialists, by simultaneously raising the awareness of their colleagues espousing discriminatory and stereotypical attitudes, in order to overcome the common difficulties LGBT people face in the society. These specialists also highlight cooperation with NGOs in the work of protecting and advocating LGBT people's rights, as well as in revising the rigid approaches prevalent in many domains of profession.

A larger group of specialists do not situate themselves in the context of working towards tackling common problems and hindrances that LGBT people commonly face. Specialists in this group are convinced that LGBT people are sufficiently protected within their friendship circles, and further protection or focus on solving their problems may foster proliferation of non-heteronormative sexuality in Armenian society.

They are not that isolated today, they are so relaxed that it is us who become isolated. If they are indeed so peaceful with their choice, they should just live and not fight.

Interview with a psychologist with practical experience with
LGBT people

Specialists share widespread skepticism regarding state agencies' capacity to have any positive role in fighting the existing barriers before LGBT people. State structures and institutions—patriarchal and conservative as they are—actually continuously reproduce and even encourage discriminatory attitudes and practices towards LGBT people.

Part III

Potential practicability of guidelines in work with LGBT persons within mental health and related fields

3.1 Specialists' familiarity with practice guidelines: the need for Armenian-language guidelines and perspectives of their application

The expected outcome of the “Understanding the professional situation of work with LGBT persons within mental health and related fields” research was to develop guidelines in the Armenian language to be used in the process of specialists' work with LGBT people, in such a way that will strengthen the specialists' capacities at practical level, and will regulate the ethical and professional aspects of the support provided to LGBT persons.

Observations by specialists with professional experience with LGBT persons

Specialists with experience in rendering professional service to LGBT persons mostly report not having dealt with accepted approaches and guidelines in mental health and related fields – in either their university training or practical work. Those who do have familiarity with such guidelines do not use them as an instrument. This is due to a number of key factors.

First of all, there works the principle of not dividing people on any ground that some of the psychologists and psychiatrists put forth. They hold that psychological and psychiatric therapies have their specific procedures and methodologies regardless of the sexual orientation or the gender identity of the person undergoing the therapy. On top of the problematic aspects of this approach discussed in the first part of the analysis, it is worthwhile noting that these specialists view such guidelines as an instrument of “homosexual propaganda”. These specialists, however, do not have similar concerns regarding guidelines intended for other social groups. Additionally, many especially among Russian-speaking psychiatrists have mythicized concepts about the West and Europe. On the one hand, they obviously don't have access to Western scholarship due to language constraints. On the other hand, however, they are convinced that *“minorities in Europe are given privileges compared to the normal majority”*.

I am not familiar with the international experience of using guides. Let there be guides for work with people with cancer or AIDS. On the one hand you fight for not isolating them from the society, and at the same time you seem to separate them by developing a guide intended for them.

Interview with a psychiatrist with work experience with
LGBT persons

I am not familiar with specific guides, but I do know the European approach in general terms. I don't think it is a correct approach. I think that it [being LGBT] is a forged phenomenon that leads to a society's collapse. Ancient Greece or Rome, where homosexuality was sublimed as a highest principle of morality, eventually collapsed. History demonstrates that it is the way societies vanish.

Interview with a psychiatrist with practical experience with
LGBT persons

Guides are good, but I don't want propaganda. If it is for specialists' collaboration and for retraining, then it's ok. But if it is for grants and propaganda, I am even ready to boycott them.

Interview with a psychologist with practical experience
with LGBT persons

I don't read guides in Armenian. There are books written under the sexology department, where there is a mention of people of that category. But we make use of the international guides. I wouldn't like us to make special ads out of it. People of that kind already want to be vulnerable.

Interview with a sexologist with work experience with
LGBT persons

Secondly, some of the specialists maintain having never experienced the need of any such guides throughout their practical career. In work with LGBT persons as well as other vulnerable persons, these specialists highlight the role of supervision, while they don't see the role of the guides in clarifying the ethical and professional aspects of interventions, as well as in strengthening their

professional capacities. To these specialists, the envisaged guidelines should predominately be addressed to the wider public as well as to the discriminatory groups, or to the LGBT rights advocates who would fight intolerance with the help of these guides and foster the protection of LGBT people's rights and interests. At the same time, there are few specialists in mental health and related fields who voice the existence of discriminatory attitudes and approaches towards LGBT persons within their respective areas.

Thirdly, not all specialists have had significant practice with LGBT people, and they don't see issues related to non-heteronormative sexuality as part of their own professional routine, interests and competence. With such fragmentary professional encounters with LGBT persons, application of practice guidelines does not make sense to them.

Lastly, there are specialists who principally refuse to use guidelines in their practice. Presumably, these specialists have apprehensions that the work guideline will be an intrusion into the area of their professional competence. This concern indeed has to do with the lack of practice using guidelines in mental health and related fields.

Despite the unfamiliarity with guidelines used in practices in mental health and related fields, a considerable number of interviewed specialists—both with and without experience with LGBT persons—speak about their relevance in a number of respects.

To begin with, these specialists note that the guidelines will contribute to the preparation and development of the ethical aspects of practice with LGBT persons at the institutional level. In this respect, the guidelines may serve as a regulating, norm-setting, as well as a supervisory instrument in client-practitioner relationships. The mental health and related fields are a space of many controversial attitudes towards LGBT persons, which are rarely if ever articulated and discussed in professional circles. Under such conditions, the topic of non-heteronormative sexuality has little space to be reflected upon. It is the personal attitude that guides the specialists in their practice with LGBT persons, and it is at best the personal (positive) attitude that assumes responsibility for unprofessional interventions.

A second reason that makes specialists inclined to having practice guidelines is the acknowledgement of their own lack of adequate knowledge about non-heteronormative sexuality, including about its origin, psychological, social and cultural specifics, as well as issues of the LGBT community.

Thirdly, most specialists in mental health and related fields highlight the importance of developing and using Armenian-language texts in the practical area. Foreign-language (English) guides, theoretical pieces and handbooks have limited usability. At the same time, specialists highlight that the guidelines in Armenian should not be mere translations but rather should take a due account of the social and cultural specificities of the local context, as well as the limited knowledge of non-heteronormative sexuality among the specialists.

They can be effective; they just need to be adjusted to Armenia. The perceptions in American society are different, although there are many problems there too. Today, their [LGBT persons'] perception is the most stereotyped globally.

Interview with a social worker with work experience with LGBT persons

One of the research tasks was to identify and analyze those problematic fragments and situations in LGBT client-practitioner relations in which specialists had actually felt the need for a guide. Although most specialists report never having been in such complicated situations, findings indicate that the idea of having a guide in perspective adds to their confidence that problematic situations will be easier to handle.

I had such a situation with the Office of the Human Rights Defender. I applied to them because the father of one of the [LGBT] juveniles was a military servant and was handicapped, and there was a housing question. I was thinking that they will create hindrances when they know what kind of girl she was. But they treated normally, posed no problems. So I happened not to need it at that moment, though I was about to read certain things to learn more about the rights that the girl had.

Interview with a social worker with work experience with LGBT people

Commentaries by specialists with no prior work experience with LGBT persons

Awareness of existing guidelines developed for LGBT persons is objectively limited among specialists in this group due to the very lack of experience. Generally speaking, two main trends can be observed with regard to the specialists' stance towards the guidelines. The first, again, is the fear that LGBT people will be discerned as a specific group through the guides and, tied to this, the resistance to the idea of developing guides in the Armenian language as "propaganda of homosexuality". The second trend, however, is the disposition of a majority of the specialists to have working instructions and guidelines in practice with LGBT people. Lack of experience, limited knowledge about non-heteronormative sexuality and the potential to deal with LGBT clients in the future are the main factors influencing the specialists' disposition to having guidelines. Yet, while speaking about the importance of tolerance, these specialists still expressly label LGBT people as "abnormal" in their discourses. In this light, the concept of tolerance needs substantive reconsideration, since it is used, as for now, in the context of hierarchical relationships. Heteronormativity is the dominant position of society, and it is from that very dominant position that it is well-disposed and tolerant to other, non-dominant forms of sexuality. This discourse bears a judgmental, evaluative, classifying, subordinating connotation, and altogether leaves little space for reflection and self-criticism.

I think that what applies to a normal, usual client is applicable also with them. It depends on a psychologist's attitude; if a psychologist does not regard them as normal or has a negative attitude, then it is better not to work with them at all.

**Interview with a psychologist with no prior work experience
with LGBT persons**

If I start to deal with LGBT persons, I will certainly use them, because I am not competent. There should be some peculiarities I am unaware of and will get to know through the guide.

**Interview with a psychologist with no prior work experience
with LGBT persons**

Despite the resistance and skepticism of some specialists regarding the initiative of developing the guidelines for work with LGBT people, the acknowledgement of the need of such guidelines was a lot more common among interviewed specialists.

3.2 The pertinent content of Armenian-language guidelines

There are several core topics and issues that need to be included in the guidelines of practice with LGBT persons according to the interviewed specialists (both with and without experience in work with LGBTs).

Sexuality, non-heteronormative sexuality: current approaches, scientific explications, key terms

The specialists point to the need of including elementary and foundational knowledge about sexuality and its various manifests in handbooks and guides. Actually, they need to have the vocabulary on sexuality and particularly non-heteronormative sexuality translated, as well as a glossary based on the translation. Indeed, guides are an opportunity for the specialists to familiarize themselves with the theoretical knowledge, approaches and research about non-heteronormative sexuality, and as such perform the role of textbooks to fill in the gaps in the formal education. Under scanty knowledge and educational resources, some specialists agree to having the translated Western literature as a resource, since their readings will change the non-ethical and pseudoscientific practices in Armenia.

Since we do not have a proper professional handbook, the first one can be quite superficial. For instance, it can include what is sexuality, sexual identification, what age is typical for sexual self-concept development. Even majority of physicians are unaware that one is born a transsexual, that it is not a sexual orientation, and it doesn't matter who their father, mother or brother is. I have been working with students at the Medical University. One student in the seventh year of study says that if the father gave a proper spanking to the child, he wouldn't become a sissy, would grow to be a normal guy.

Interview with a sexologist with work experience with LGBT persons

There is a need for information and explications about sexuality, about the peculiarities of using different terms. For specialists who are used to male-female relationship schemes, it will be difficult to work with LGBT people.

Interview with a social worker with no work experience with LGBT persons

Ethical norms in practice with LGBT persons: tolerance, non-discrimination, and boundaries of professional intervention

Some of the interviewed specialists voice the widespread discriminatory, intolerant and stigmatizing attitudes towards LGBT persons in mental health and related fields. These attitudes are not regulated in any way by respective ethical and professional codes of conduct or institutional mechanisms (such as professional associations, procedures and mechanisms developed by the Ministry of Health). In such a setting, neither LGBT clients are protected against incompetent interventions, nor are specialists held accountable. One example of such incompetent and non-ethical intervention is reparative or conversion therapy⁸, which many specialists in mental health and related areas still practice or are willing to. This is why specialists who were critical of this practice emphasize the importance of having a special section about ethical norms in practice with LGBT persons, which will clarify the boundaries of professional intervention and the influences of the specialists' personal attitudes, and will introduce the relevance of the concepts of non-discrimination, tolerance, equality and diversity as fundamental principles of work with various groups, including and especially with the LGBT community.

Guidelines are definitely important in Armenia, but we first of all need materials about the ethical aspects in general and not guides for work with LGBT persons. It is because there are a vast number of specialists or future specialists who strive to practice psychotherapy or clinical psychology, but they lack elementary tolerance and delicacy.

Interview with a psychologist with work experience with LGBT persons

Hopefully the stereotypes will change with these guidelines, and somewhere it will clearly be written down that a social worker must have a non-discriminatory position towards LGBT persons.

Interview with a social worker with work experience with LGBT persons

8 Conversion therapy is a controversial and suspicious psychological method aimed at changing an individual's sexual orientation from homosexuality and bisexuality to heterosexuality. It also implies change of transgender persons' gender identity to their sex assigned at birth. Several ethical concerns were raised in the 1997 APA Resolution (on Appropriate Therapeutic Response to Sexual Orientation) related to the application of sexual orientation change efforts, reaffirming the importance of overcoming homophobia in psychology and declaring the impartial professional intervention with each and every client.

LGBT rights, general information about LGBT community

The existence of professional relations with LGBT persons and the willingness to help them do not yet mean competent and ethically appropriate intervention. There are pronounced mythicized and misled perceptions about the LGBT community. Quite frankly, some of the specialists question the equal rights of “usual” people and LGBT people, and the reason for such questioning is ignorance. In addition to the general outline about LGBT rights (which the specialists are in need of), the practice guidelines should therefore include a thorough account of the concept of rights and of the fundamental importance of their respect in mental health and related contexts.

Actually, in such a setting of client-practitioner relations, which relies on personal positions and attitudes, the human rights concept has quite limited regulatory force for professional interventions. Interviews with specialists further show that to some, the LGBT community is represented as a closed group or network, which is engaged in “a hunt for others like them”. What strikes here is the parallel made by specialists between their activities and religious groups. Such perceptions cause apprehension that, possibly, the wording “LGBT community” already bears that connotation. It might therefore be necessary to rethink the vocabulary used to describe non-heteronormative sexuality and persons therewith. The word “community” does refer to the idea of being a secluded group that is somewhat isolated and alienated from the society. Hence the term “LGBT community” needs to be explicated particularly to mental health and related specialists.

I would particularly like to know where they are spread, in which communities and religions. They existed in Armenia in all times, I also remember, but they were fewer before. Now you can see them at every turn at the universities, sitting together at their ease on the stairs. Not many know that special people have entered Armenia to enlarge their team.

Interview with a social worker with work experience with LGBT people

Specific techniques, methods and communication skills in practice with LGBT persons

Some specialists note that, apart from general methodological or theoretical orientations and therapeutic or counseling procedures, they are in need of specific instructions and skills to make their practice with LGBT people more effective. Particularly those techniques are believed to be of relevance which are aimed at specialists' increased tolerance and breaking their own stereotypes. Next to this, those technique and mechanisms are appreciated which will enable the specialists to reveal the covert non-heteronormative sexuality that a client disguises, thereby increasing the chances of effective professional assistance.

Vanquishing non-heteronormative sexuality

This aspect allows talking about the necessity of working guidelines with LGBT persons in a two-fold way. One is the specialists' desire to have such a guide with some content or another, the second is the problematic nature of that desirable content, which points to the fact that their preparation and dissemination among specialists will be ineffective unless combined with in-depth professional retraining courses. It is worrisome that there are such specialists who wish to master techniques and skills that would enable them to help LGBT people break with their sexual orientation or gender identity. Furthermore, there are specialists who purport to prevent non-heteronormative sexuality. These views are supported by some specialists both with and without professional experience with LGBT people.

I would like the guide to include ways of overcoming it through psychological influence, and if it is the consequence of social factors, the elimination of these factors too.

**Interview with a psychologist with no practical experience
with LGBT persons**

The guides should tell how to counteract this artificial phenomenon.

**Interview with a social worker with work experience with
LGBT persons**

Thus, the specialists included in the study—both those with and without work experience with LGBT persons—make similar commentaries concerning the content of the guidelines in question. At that, there is a considerable overlap in the psychologists', social workers', sexologists' and psychiatrists' views. This first of all points to a similar level of knowledge and information about non-heteronormative sexuality, similar approaches at professional, ethical and personal levels, identical stereotypes, stigmatization and work practices among professionals in mental health and related fields. It also points to the relevance and effectiveness of developing one universal guide intended for all concerned specialists in mental health and related fields. Such a unified guide or handbook will enable the specialists to situate their field-specific interventions and assistance into a broader, general context with account of psychological, social and medical aspects of non-heteronormative sexuality.

Summary and recommendations

The study on “Understanding the professional situation of work with LGBT people within mental health and related fields” allowed for in-depth consideration and assessment of both problematic aspects and the positive change potentials in the addressed professional areas.

The study revealed that the ethical and professional approaches acknowledged and practiced in current psychology, psychiatry, sexology and social work are not incorporated and localized in respective professional areas in Armenia. Mental health and related fields in the country are, in this sense, isolated from international frameworks, from scholarly developments, discourses and practices.

The concerned fields are institutionally underdeveloped in terms of work with LGBT people in Armenia: the mandatory use of universal principles or guidelines defining and regulating the ethical and professional aspects of interventions mostly go unsupervised. Moreover, there are differing, inconsistent, extreme, discrepant or at least uncoordinated approaches within each professional community. These internal contradictions, discrepant attitudes, specialists’ inner conflicts with non-heteronormative sexuality, and tensions in relations with LGBT people are hardly ever spoken out or problematized in professional circles.

There is only fragmentary experience in professional support to LGBT people. There are a handful, if any, specialists whose practice involves rendering regular assistance to persons with non-heteronormative sexuality. One plausible reason for this could be the drawbacks in university training, which fail to prepare and include course programs on non-heteronormative sexuality. Moreover, the university training, at a systemic level, often communicates pseudoscientific, stereotypical and discriminatory knowledge.

Despite the above described institutional problems and the overtly negative and discriminatory attitudes towards LGBT people of many specialists, quite some specialists in these fields in Armenia are open to acquiring new knowledge, approaches and practices. Moreover, most interviewed specialists (both with and without professional experience with LGBT persons) were approving of the goal of this study—identifying the needs for practice guidelines with LGBT people. Although these specialists have themselves little if at all reflected on the need of having such guides, the development of the latter that would respond to the specialists’ needs and local issues can have a major role in the regulation and institutionalization of specialist-LGBT client relationships. We believe the willingness of individual

specialists and their openness to new practices to be the zone and the opportunity for making positive changes in the aforementioned fields.

Based on the analysis of research findings and the initial goal of the research, we can conclude with several recommendations that will potentially help increase the effectiveness of future efforts towards preparation and practical use of work guidelines with LGBT people. Respectively, the below recommendations are addressed to the working group that will be developing the pertinent guide.

- Taking into consideration the lack of professional exchanges, discourses and discussions on non-heteronormative sexuality in mental health and related fields in the country, as well as the existing discrepant approaches and interpretations, it is advisable to prepare a generic, universal guide that will comprise the following sections or components:

- Sexuality, non-heteronormative sexuality: current approaches, scientific explications, key terms and concepts.
- Ethical norms guiding practice with LGBT people: non-discrimination, boundaries of professional intervention, personal and professional positions.
- LGBT rights; general information about the LGBT community.
- Specific methods, techniques and communication skills in the work with LGBT persons.

The same practice guide can also serve those specialists who have no prior experience of professionally dealing with LGBT people at the same time. Having a unified guide will enable various specialists working in mental health and related fields to get familiarized with the specifics of work beyond their own area of competence. This will contribute to the institutional development of the fields and to the overcoming of the incoordination between them.

- Taking into account the apprehension of some specialists regarding the alleged foreign intrusion into their area of professional competence, it is necessary to work towards putting the guides into real practice. We believe it must be fostered through extensive and versatile courses with different professional groups, as well as through skill-sharing on the practical implementation of the guidelines between specialists developing the guides and their peers.

➤ Preferably, these professional retraining courses based on the intended guide should rely on a methodology that will practically measure the interconnection between the use of the guide and the changes or impact following their use in the process of work with LGBT people.

➤ It is also advisable to work with those LGBT people who have ever applied for specialists' assistance in mental health related fields. The purpose is to identify particularly problematic cases (such as interventions aimed at changing an LGBT person's gender identity or sexual orientation). Inclusion of such cases and their impact on LGBT people in the guide, and their subsequent discussion in professional circles may foster the becoming of a more competent and ethical professional domain in Armenia.



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