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The Lived Experience of Being Gay

by Gerard Rodgers

Introduction

The topic of homosexuality has received an inordinate amount of interest in terms of psychotherapeutic research and resultant theorizing. A significant amount of psychotherapeutic theory has tended to treat the experience of being gay as linked to particular types of experiences. The associated themes that have received most attention are discrimination, prejudice, and self-stigma. This social milieu can often lead to internalised homophobia and the lowering of self-esteem. More recently, research suggests the above concepts are failing to capture the multi-dimensional nature of gay experience in the context of unprecedented changes in societal attitudes towards homosexuality (Liddle, 2007). This paper offers a review of historical contexts and clinical research, with a predominate focus on gay males.

THE HISTORICAL CONTEXT IN EUROPE

For many centuries in Europe, homosexuality has been principally perceived in terms of sexual acts (Aldrich, 2006), and at different times, and in different cultures, these perceptions and judgements have been the subject of change (Crompton, 2006). Officially sanctioned prejudice has been a distinguishing feature of attitudes towards homosexuality in what Louis Crompton (2006:634) refers to as 'a kaleidoscope of horrors' lasting more than fifteen hundred years. Within Crompton's distinguished career and his

award-winning thesis, he provides several lines of historical evidence where he says "from the very birth of Christianity, a hatred existed fully comparable to the hatred directed at pagans and Jews in the first millennium, and at heretics, Jews, and witches in the first seven centuries of the second" (Crompton, 2006: xi).

THE HISTORICAL CONTEXT IN IRELAND

In Ireland, Senator David Norris, in a recently published autobiographical memoir, writes about his experience of growing up gay. In a chapter entitled 'The only

Gay in the Village', Norris writes (2012:74) "I was born a criminal. From the moment of my arrival on this planet, my essential nature defined me as such. There was simply nothing I could do about it, since homosexuality is a natural but minority variation of the sexual instinct." Norris (2012) says such 'antagonism' towards gay persons in Irish society was enshrined through combination of politico-legal statutes and religious church doctrine. He adds "the ecclesiastic instruction that homosexuality was not to be mentioned was slavishly obeyed throughout society. It was a

subject that was quite literally unmentionable, and throughout my youth was not referred to in newspapers, magazines or the broadcast media” (2012:77). In 1974, when asked by an interviewer if homosexuals were sick people, Norris (2012:86) responds ‘Well, I had a cold last week the same as everyone else, but I don’t feel otherwise sick at all’. Arising from the television interview, a viewer subsequently complained that Norris was “thereby inciting criminal activity. The Broadcasting Commission bizarrely upheld the viewer’s complaint” (2012:86).

Duffy and Sheridan (2012:8) refer to Senator Norris’s successful case in 1988 to overturn the criminalisation of homosexuality in Ireland through the European Court of Human Rights. In his submission, Norris makes reference to being “advised by a psychiatrist to leave Ireland and live in a country where laws on homosexuality had been reformed.” In one of Norris’s earlier unsuccessful appeals in 1982 for decriminalization through the Irish Supreme Court, Norris says, the then Chief Justice Tom O’Higgins and some of his counsel in their ruling “turned to the bible for justification of the Victorian law, concluding that all organised religions looked on homosexual acts with a deep revulsion as being contrary to the order of nature, a perversion of the biological functions of the sexual organs and an affront both to Society and to God” Norris (2012:120).

(In the Irish bibliography, at the end of this article, I include some further references that capture the historical and cultural contexts for gay persons living in Ireland).

PSYCHOTHERAPY’S HISTORY OF PATHOLOGISATION

While homosexuality may have been unmentionable in Irish society, psychiatry, psychology and psychotherapy were certainly vocal about it (BPS, 2012:12), “contributing to a long history of pathologising sexual and gender identities,” variously asserting that homosexuality “did not conform to traditional heterosexual standards and fixed and binary views of sexuality.” (BPS, 2012:12). In the first Diagnostic and Statistical Manual of Mental Disorders published in 1952, homosexuality was officially classified as a mental illness (American Psychiatric Association, 1952). In 1972, British human rights campaigner Peter Tatchell reports being forcibly ejected from a seminar given by Prof. Hans Eysenck and his colleagues ‘promoting aversion therapy as a cure for homosexuality’. Aversion therapy involved electric shock and vomit-inducing therapy to “cure” gayness (Tatchell, 1972). Homosexuality was declassified as a mental illness in 1973, (APA, 1973) through a hard fought campaign for its removal from DSM-II (Hooker, 1993). Silverstein (2008) says that when the President of the American Psychiatric Association (APA), Dr. Alfred Freedman, was asked back then “if it is not a mental illness now, why was it on the list of mental illnesses for the past fifty years and did its declassification mean that homosexuality was normal?” “No”... was the President’s response “only that it’s not abnormal” (Silverstein, 2008:277).

Hicks (2010) says in the latter half of the twentieth century and up to the present day, psychotherapy research and practice have tended to mirror societal attitudes towards homosexuality. Though, it can be

argued that this mirroring of more tolerant societal attitudes towards gay persons was not very much in evidence in psychotherapeutic regulation and theory up to the very end of the last century. For example, Le Vay, (1993, p.67-107) says as far as the mid 1990s, some strands of psychoanalysis in the UK questioned the suitability of gay men for training as psychoanalysts coupled with some psychoanalytic and behavioural learning theorists viewing the condition of homosexuality as a cause of mental health problems. In the case of the British Psychological Society (2012) an intense battle eventually culminated in 1998 when its membership finally accepted a proposal for a separate section for the advancement of lesbian and gay research. Up to this point, three similar proposals in 1991, 1993 and 1994 were turned down. Even when the proposal succeeded in 1998, Clarke et al. (2010:19-20) say that close to fifty per cent of the membership voted against its adoption, variously describing the establishment of the gay and lesbian research section as “too narrow and too political”. Within my own readings and clinical trainings, the foundational tenets of existentialism and humanism remained largely silent on the types of issues raised by gay male clients, with some notable exceptions (Milton, 2012; 2010; Coyle and Kitzinger 2002). Systemic family theory, through its embrace of social constructionism and feminist theory, did seem to systematically account for the social construction of heterosexual bias and how it was reproduced through societal discourses and practices (Anderson, 1996; Kitzinger, 1987), even though systemic theory tends to neglect theorization of the unconscious. The above cultural and clinical history, much of it troubling, may seem far removed from the

practice of psychotherapy with gay persons today. Yet, science still moves slowly as it took until 2009 for the American Psychological Association to deem the controversial sexual conversion therapies for sexual minorities as both inappropriate and unethical practices (APA, 2009). In Britain, the UK Council for Psychotherapy (2010), added that “no responsible therapist’ will try to convert a client from homosexuality to heterosexuality, noting with concern that research highlighting that as many as one in six therapists were willing to contract to reduce ‘same sex attraction’”. The cited research found that these therapists were members of accredited counselling organisations and were not formally working on a religious basis (Bartlett, Smith, King, 2009 cited by UKCP, 2010).

MOVING AWAY FROM PATHOLOGISATION TO AFFIRMATION OF SEXUAL IDENTITY

In a relatively short space of time in history, mental health professionals have shifted from historic pathologisation of minority sexualities (Friedman & Downey, 2002; Langdridge 2007) towards current models of affirmative identity practice (BPS, 2012; GLEN 2011; Ritter & Terndrup, 2002). The efficacy of the affirmative approach is premised on the belief that affirmative therapy can help to reduce the impact of minority stress (Herek and Garnets, 2007; Meyer, 2003; DiPlacido, 1998), and self-stigma (Herek, 2009). However, affirmative theory and therapy is not without its critics. Greenan and Tunnell (2002) advise that consistently associating LGBT psychic distress with sexual identity struggles and societal stigma in client assessment is reductionist, and may bear little relation to the specific and diverse needs of the gay person’s

presenting issues in psychotherapy. Also, Langdridge (2007:28-9) says humanistic therapies and existentialism may believe “that a politically motivated therapy necessarily entails the projection of the therapist’s agenda onto the client and also possibly the premature foreclosure of ways of living for the client”.

DIVERGENT VIEWPOINTS

Sex and relationship therapists Nichols and Shernoff (2007:384), report “the number of gays entering treatment with identity or shame issues has dramatically decreased” and that “gay men present with the same issues as heterosexual or bisexual men” (2007:398). Yet, Scott and Levine (2010:351) insist a homosexual identity can still cause a significant amount of distress and if not handled sensitively can lead to a “variety of significant problems”. In essence, the latter research says sexual identity can be a very real struggle in gay men’s presentation (Levine 2010:351-367). While gay men’s lives are beginning to be represented in psychological research in more multidimensional ways, Le Vay, et al. (2012) and Clarke et al. (2010), say there still tends to be a preponderance of literature of a one-dimensional stereotype of gay male experience. Echoing this sentiment, Semp (2011:69-86) says gay males are often viewed in public mental health services as a homogenous group of people. Similarly, Simon Le Vay (2011:ix) contends that there is a prevailing theme in research that is best summarised in the question “what’s wrong with gay people?” to which he responds “there is nothing wrong with gay people” (2011:ix). A recent edition of the Trinity College Dublin Student Medical Journal contained the front page headline ‘Suicide & Self Harm in the LGBT Community’ (O’Connor 2012). The author

reviews twenty-three studies, a composition of Irish and international research conducted between 1991 and 2009. His review concludes that statistically more numbers of LGBT youth self harm and are susceptible to suicide risk in greater numbers when compared to their heterosexual peers (O’Connor, p.4245). The reviewer cites research pointing to homophobia, internalised homophobia and societal heterosexism as possible explanations to explain LGBT vulnerability (McDermott et al. 2008). Maycock et al. (2009) suggest that when gay persons feel they have to conceal their sexual orientation/gender identity/ies they also experience disproportionately high levels of negative mental health outcomes. In response to the theorizing in this vein, The British Psychological Society (2012:3) has recently released guidelines for therapists aiming to promote “better understanding of their clients who may have suffered social exclusion and stigmatisation”.

Many researchers diverge from the view taken above that gay lives are necessarily bound up with a deficit narrative. For example, among older gay men, there is a body of research emerging in Ireland that supports the diversity of experience. In Higgins et al. (2011) we hear gay men’s resilient life stories amid the unique set of life challenges that they also face. Likewise, Duffy and Sheridan (2012) report on the experiences of LGB people working in An Garda Síochána. Their findings “unearthed both positive and negative experience” with participants variously “describing ‘pride’ in their job... ownership of their sexuality but with an experienced fear that public disclosure of sexual orientation might ‘impede’ career progression” (2012:83-4).

Savin-Williams (1998:xii) says “gay youth/young adults lead as ordinary and as intricate lives as their heterosexual peers do”. While acknowledging that overt prejudices are still conveyed, most notably through religion and legislative inequality, Savin-Williams (1998:xii) says his studies do not support the view that sexual and gender minorities “are inherently psychologically vulnerable”. Furthermore, Savin-Williams rejects the portrayal that “sexual minority youth are suicidal individuals who struggle to cope with an unwieldy modern universe” (1998:xii). He says overemphasis on deficit narratives may serve to “reduce their hope that a good life will come to them” (1998:xii). In 2011, in an interview in *The New York Times*, Professor Savin-Williams says “the message being given to gay youth by adults who say they are destined to be depressed, abuse drugs or perhaps commit suicide,” can lead to what he calls “suicide contagion,” (in interview with Brody, 2011). Savin-Williams goes on to say “About 10 to 15 percent are fragile gay kids, and they’re susceptible to messages of gay-youth suicide...” He further contends that “it is hard to get studies published when researchers don’t find differences” between gay and straight youth (Brody, 2011). This researcher has been saying for some time now that we “recognise many of our gay teenagers as our sons, brothers, nephews, cousins, friends, and boys next door...” (Savin-Williams 1998:xii). Referring to these very same issues, the youth editor of the 2012 Youth Edition of *Gay Community News* in Ireland, Andrew Martin says such negative life trajectories can often define popular perceptions of gay persons. He says from his experience that “there are many ways to be lesbian, gay, bisexual, transgender.” (Martin, 2012:3). He talks about the young LGBT

people that he knows as “having such positive qualities and achieve so many great things that it seems a shame not to acknowledge that side of who we are” (2012:3).

IN CONCLUSION

The last twenty years or so has witnessed the most remarkable social changes for gay persons living in Ireland and elsewhere. In fact, Norris (2012:283) says young people find it difficult to believe that “twenty years ago two men could go to jail or be subjected to electric shocks, simply for the physical expression of love between them in private”. Their disbelief arises because many gay men have had no direct experience of these contexts with the consequence that they can feel much safer to be gay without feeling shame to express who they are.

Despite these emerging contexts, research still tends to focus on the challenges faced by gay persons which can sometimes serve to reinforce stigma as a defining feature of gay men’s lives. While a significant number of gay persons’ stories may have and continue to include discrimination it is also true to say that many gay men’s lives have also been directly touched by changes in society that has enabled a greater sense of equality alongside other groups in Irish society.

It is within the context of the above literature review that my proposed future research study will focus on gaining a better understanding of the issues concerning gay men in Ireland today. For this purpose, the research will use an unstructured method of in-depth interviewing that privileges how people describe and interpret their own experience, listening in and through their stories for what is both common and unique.

The findings of this study will be used to inform psychotherapists about the contemporary contexts of being gay in Ireland which will help therapists to respond to the concerns of gay male clients who come to therapy.



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