'Coming Out or Staying In?':
The Persona and Shadow of Being Gay, and its Relevance to Psychotherapy in Modern Ireland

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Introduction

On May 22, 2015, Irish voters went to the polls to decide whether or not to legalise same-sex marriage in their country. In the build-up to the referendum, the topic saturated the political and everyday landscapes, with both Yes and No sides fervently fighting their corners through newspaper columns, television and radio debates, and social media platforms. The lives and fundamental rights of Irish gay people were arguably under greater scrutiny than at any other point in history, both nationally and internationally. On May 23, the outcome became clear – Ireland, a country that had only decriminalised homosexuality in 1993, was now the first in the world to approve same-sex marriage by popular vote, with a majority of 62 percent voting Yes (Ó'Caollaí & Hilliard, 2015). Succinctly contextualizing the impact of the result for future generations, Michael Barron, founding director of youth support group Belong To, announced, 'We've changed forever what it means to grow up LGBT in Ireland' (cited in Carey, 2015, p.1). And yet this joyous proclamation has a shadow side.

Personal accounts from both public figures and private citizens throughout the campaign illuminated the reality of growing up gay in Ireland, with acceptance, pride and resilience often standing side-by-side with fear, isolation and sadness. Many highlight the pain of being aware of one's true sexual nature but feeling unable to honour this publicly, for a variety of reasons and for varying lengths of time – for some, indefinitely. In an Irish Times article (Halligan, 2015) that proved particularly resonant, respected journalist Ursula Halligan came out at the age of 54, her story heavy with the regret of living a life not fully true to itself. The deleterious effect that concealment, or the desire for it, can have on the psyche is not restricted to those who are still 'in the closet,' however. In a speech that in some ways foreshadowed the beginning of the marriage debate proper, in February 2014 Rory O'Neill, in his guise as celebrity drag artist Panti Bliss, eloquently told of the internal shame he experiences on 'checking' himself for outward signs of homosexuality in public (Connolly, 2014). The 'whys' of such situations, such as why one might feel the need to disguise an innate aspect of oneself and present as something else, form a crucial element of the oppressiveness gay people can still feel in Ireland today, even when 'out.' The divide between what one chooses to portray to the world and what one hides from it, either consciously or unconsciously, is also at the heart of the Jungian concepts of persona and shadow – the former, a mask we wear to negotiate with society; the latter, a storeroom for all the aspects of ourselves that we deem shameful and unfit for public view. As such, I propose that these concepts can be readily applied to the lived experience of being gay in Ireland today, offering a complementary lens to

existing psychotherapeutic practices regarding gay and lesbian clients. Three key areas of gay experience – homophobia, assimilation, and coming out – shall be considered.

Homophobia: The Shadow in Action

Homophobia may be best described as a 'fear, dread or hatred of homosexuals or homosexuality' (Davies, 2012, p.18), and 'in the case of homosexuals themselves, self-loathing' (Weinberg, 1972, cited in Davies, 1996b, p.41). Society inherently queries any deviation from heterosexuality, with gay people historically labelled as sinful by organised religion, mentally ill by the medical professions, and unequal or criminal in the eyes of the law (George & Behrendt, 1987). There have been forward strides in each of the above areas, but full acceptance is by no means a reality – homophobia, in one guise or another, remains a constant in the lives of gay people the world over. The internalisation of these wider attitudes can negatively impact on their mental wellbeing, with possible outcomes including low self-esteem, isolation, depression, self-medication through drug and alcohol abuse, and for a significant minority, self-harm and suicidal behaviour (Cormier-Otaño & Davies, 2012; Maycock, Bryan, Carr & Kitching, 2009). Though it would be unwise to assume that every gay person will encounter the above in their lives, or that they will react to adversities in a uniform way (Malyon, 1982; Maycock *et al.*, 2009), mental health professionals such as counsellors and psychotherapists have a duty to at least be aware of the hallmarks of growing up with a stigmatised identity.

In Jungian terms, homophobia can be thought of as a 'shadow dynamic.' As Hopcke (1993) elaborates,

Fear and hatred of homosexuality are derived

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directly from cultural values which insist that heterosexual marriage alone is normative and good, all else aberrant and bad… [This] all but determines that homosexuality as a phenomenon and homosexual individuals specifically will become the carriers of all the shadowy aspects of sexuality that do not fit into this heterosexist schema. (pp.78-79)

In other words, homophobia can be seen as the collective shadow projections of the heterosexual majority onto the homosexual minority. The minority then psychically integrates these projections into their own self-concept as internalised homophobia. In turn, inherent restrictions on the rights of the minority serve to reinforce assumptions and stereotypes. For example, Davies (1996b) cites the contradiction of presupposing the instability and promiscuity of gay relationships when gays and lesbians are, in most countries, legally forbidden from marrying and therefore deprived of the opportunity to present society with an alternative image. Other myths include the linking of homosexuality to paedophilia; that gay people are destined to live sad, unfulfilled lives; and that lesbians are only with women because they can't 'get a man' (Romesburg, 1995). Unfortunately, due to isolation, lack of information and the effect of internalised homophobia, gay people themselves are at risk

of believing negative myths also, particularly when they are younger (Hetrick & Martin, 1987). In Rodgers' (2016) thorough study on the lived experience of being a gay man in Ireland, one participant used the word 'inbuilt' to describe his sense growing up that same-sex attractions were wrong. As Rodgers identifies, this highlights how shame can *feel* inherent to the gay person, when in fact it is a product of anti-homosexual socialisation.

Kort (2004) and Margolies (1987, cited in Davies, 1996b) list some potential signs of internalised homophobia that the counsellor can watch out for and therapeutically challenge. These include the fear of being identified as gay by others; discomfort with 'obvious gays;' unease regarding gay parenthood; and repeated pursuit of unavailable (e.g. heterosexual) love objects. A common example of one of the above is so-called 'camp-shaming' – the disapproval or even revulsion that many 'masculine' gay men display towards their more recognisably 'gay' (i.e. effeminate) counterparts (Stone, 2015). Through seeming to live up to societal stereotypes of what a gay man looks and acts like, such men are dismissed as 'giving the rest of us a bad name' (Davies, 1996c, p.74). However, it is quite possible that this is more accurately reflective of an internalised homophobic suggestion that gays are fundamentally unmanly, weak, etc. (Stone, 2015). Thus, the fear of embodying the same characteristics

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in oneself projects outwards from the shadow as a negative judgement of the *too*-gay other. Sophie (1987) suggests that cognitive restructuring is the foundation for reappraising such negative internalised messages and moving towards a positive gay identity. As such, she found that techniques drawn from cognitive behavioural therapy, such as challenging irrational beliefs and exploring the reality of a diverse gay community, were particularly useful in her work with lesbian clients[1].

Assimilation: The Persona in Action

While most sources suggest that awareness of one's homosexuality typically occurs around puberty (Kennedy, 2014; Maycock et al., 2009; Romesburg, 1995), public disclosure as gay may not occur until much later, if at all. What happens in the interim? Most commonly gay thoughts and feelings will be perceived as shameful and therefore repressed, forming a particularly hostile part of the personal shadow that will haunt the person's consciousness. The major resultant coping mechanism is what deMonteflores (1986, cited in Davies, 1996b) terms 'assimilation' – the donning of a carefully constructed mask in order to 'pass' as heterosexual and evade discovery. This is in keeping with the idea that the persona necessarily embodies qualities opposite to those in the shadow (Stevens, 2001). Jung's (1928, cited in LaFontaine,

2011) likening of the ego to an army commander fighting on two fronts seems particularly suitable here – 'before him the struggle for existence, in the rear the struggle against his own rebellious instinctual nature.'

The mask may provide the gay or lesbian adolescent with a means of survival, but it carries a price. As Hudson (1978) points out, using the persona as a coping mechanism for anxiety is dangerous, as in time this process will yield an anxiety of its own. This can manifest in numerous ways, including constant monitoring of self for signs of homosexuality; purposeful limiting of interests; and (often self-imposed) isolation and emotional distance from others (Hetrick & Martin, 1987). Thus, maintaining a straight persona negatively impacts on social, psychological, and sexual development (Kort, 2004; Malyon, 1982), and can lead to an increased vulnerability to depression and suicidal behaviour (Davies, 1996d). In their study of LGBT mental health in Ireland, Maycock and colleagues (2009, p.17) found that the period between realisation and disclosure of homosexuality was experienced as 'difficult, daunting, and traumatic' by a majority of participants. In addition, an extensive survey by the EU's Fundamental Rights Agency (cited in GLEN, 2013) found that 86 percent of Irish LGBT youth 'always or often' concealed their minority identity in school. General research on openness in the workplace, meanwhile, found that even today many Irish gay men and lesbians keep their identity hidden or restricted to a few close colleagues (Bielenberg, 2015).

Coming Out: Meeting the Shadow, Dropping the Persona

At some point or other, many gay people passing as straight

reach an internal acceptance of their homosexuality and tire of the constant need to suppress themselves. They may thus begin the often difficult process of 'coming out,' through which they will finally reveal their true sexuality to the world. In Jungian terms, this may be seen as the removal of the persona-mask and a conscious shining of light on the shadow – the embracing of the latter sparking a gradual dismantling of the former (Miller, 1990).

Many start with one trusted family member or confidante, and from then on coming out is an ongoing occurrence – given society's general assumption of heterosexuality, the gay person will frequently have to weigh up the timing, appropriateness, and level of disclosure commensurate to each new social environment (Cormier-Otaño & Davies, 2012). It may also be the case that they are purposefully out to some people but not others, thus retaining some old cloaking habits. They may even feel the need to create new masks (regarding fashion and body image, for example) so as to find acceptance in the gay community (Cormier-Otaño & Davies, 2012; Kennedy, 2014). Davies (1996c) suggests that, lacking alternative role models, many younger gay people feel that in order to identify as gay they must conform to established presentations, such as the 'butch dyke' or 'bitchy queen.' Those in long-term partnerships, meanwhile, may feel subtly pressured into hiding any relationship difficulties, lest they 'let the side down' by seeming to uphold a negative stereotype of gay unions as unstable (Simon, 1996). Such behaviours may be seen as carrying the vestiges of previously internalised homophobia – evidently, even when the shadow has been illuminated,

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[1] Davies (1996a) suggests that Sophie's findings can also be applied to gay men.

iacp Irish Association for Counselling and Psychotherapy

some darkness remains.

A good example of this, even in post-Marriage Equality Ireland, is continued fear of visibility. Having consciously repressed their instincts and passed as heterosexual for a prolonged period of time, many out gay men and lesbians continue to carry a residue of anxiety towards being publically identified as gay. If they become aware of this inclination, they may experience feelings of shame and anger at being ashamed, as captured in Panti's 'Noble Call' speech (cited in Connolly, 2014):

> Have you ever been on a crowded train with your gay friend and a small part of you is cringing because he is being so gay, and you find yourself trying to compensate by butching up or nudging the conversation into 'straighter' territory? This is you who have spent 35 years trying to be the best gay possible and yet still a small part of you is embarrassed by his gayness. And I hate myself for that.

Una Mullally (2015, April 27) echoes these sentiments, recalling the anger and embarrassment she felt upon hesitating to reveal to a nurse that her next-of-kin was another woman.

A common theme in the Irish literature is the reluctance of out gay couples to engage in public displays of affection, with a survey by GLEN (2013) suggesting that three-quarters would refrain from holding hands in public for fear of harassment or violence. Finnegan (2015) acknowledges the courage it can take to be openly affectionate with one's partner, but suggests that only when such displays are commonplace will Ireland have become a truly inclusive society. On this note, Casement (2003) proposes that the more a person learns to live with their shadow out in the open, the easier it will become

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to keep the persona-mask off. This is well illustrated by one of O'Carroll's (2014, February 16) respondents who, upon realising that he is 'checking' himself, defiantly resolves to not reach for his mask and 'butch it up for the benefit of others.'

Summary - A Five-stage Model
This article proposed that the Jungian concepts of persona and shadow can be successfully mapped onto the experience of being gay, providing an adjunct tool to existing methods of gay affirmative therapy. By way of summary, the following is a suggested five-stage model of gay and lesbian development through the above lens. Though generalised and not intended as prescriptive, it nevertheless offers a concise overview of the main points raised that may be of interest and use to psychotherapists working with gay clients.

A proposed model of gay and lesbian identity development from a Jungian perspective

1. Gay Shame: The majority of gay people become aware of their orientation in puberty. By this point they will have unconsciously internalised society's negative shadow projections related to homosexuality and may experience shock, confusion, fear and repulsion upon realising that these messages may in fact describe themselves.

2. Shadow Formation: In keeping with the idea that we repress anything which does not tally with our desired self-image, they will

move these negative ideas into their personal shadow, where they will solidify as internalised homophobia. I would argue that the contents of this particular area of the shadow will not be unconscious – on the contrary, the young gay person is likely to be hyperaware and ashamed of their sense of difference.

3. Persona Implementation: The response to this shame is to deny the legitimacy of the shadow by adopting a persona that fits the social convention, namely by wearing the mask of heterosexuality. What is left in the middle is a torn and isolated ego – the grotesque contents of the shadow are too frightening to integrate, but the persona makes a fraud of them every day. This combination exacts a psychological toll.

4. Shadow Integration & Persona Dissolution: The only true way to overcome this double bind is to find the courage to take off the mask and meet the shadow, most commonly achieved through the process of coming out. This moves the gay person closer to individuation, or becoming their most authentic selves.

5. Shadow Remnants & Persona Fluidity: Due to its long gestation, shameful vestiges of the shadow may remain even after coming out, while the overarching societal assumption of heterosexuality makes coming out itself an ongoing occurrence. On this front, the gay person is likely to keep their straight mask close by at all times, and may voluntarily don it when circumstances demand (or

appear to demand). This can lead to anger and embarrassment towards self or society that is unlikely to ever be fully resolved, but in no way precludes the individual from living a happy and fulfilling life as an out gay man or lesbian.

Moving Forward

In 1993, a survey showed that 64 percent of Irish people opposed the decriminalisation of homosexual acts (Bielenberg, 2015). Twenty-two years later, nearly the same percentage voted in favour of same-sex marriage equality. Seemingly out of nowhere, Ireland has found itself on the vanguard of global LGBT social change. In spite of the many challenges presented, Rodgers (2016) and Maycock and colleagues (2009) ultimately found that the Irish gay people in their samples were more happy than unhappy in their lives. They displayed high levels of resilience, felt a greater sense of freedom, and were able to form positive meanings from their personal struggles. Furthermore, with easier access to information and increased support from society, members of the younger generation are coming out at an ever-earlier age – in fact, some don't go into the closet at all (Bielenberg, 2015; Sweeney & Cashin, 2014; Ferriter, 2009). It is highly possible that future generations' experiences of the persona and shadow will be very different from now. In the meantime, Irish counsellors and psychotherapists can offer a confidential, non-judgemental, gay-affirmative space for those facing difficulties around their sexuality, one in which they can safely explore their identities and hopefully move closer to individuation. Ultimately, though Irish society has changed largely for the better in terms of gay rights, psychotherapists working with gay and lesbian clients still need to be acutely aware of the unique issues they face in their daily lives,

as well as past challenges that may continue to inform their mental wellbeing. LGBT Helpline reported that in 2015 the majority of their calls looking for information were related to 'LGBT-friendly' counsellors and psychotherapists (Condon, 2016), clearly highlighting the demand for gay affirmative therapy in Ireland today. As with any client, the therapist may experience this duty of care as a challenge, a privilege, or both, but whichever the case, we must show members of our gay and lesbian community the utmost respect for the road they have had to travel. ☕

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