

## Sexual Orientation

### Dominic Davies

Sexual orientation describes a pattern of emotional, romantic, or sexual attraction to men, women, both men and women, neither gender, or another gender. More traditionally we might think of sexual orientation as being heterosexual, lesbian/gay or bisexual but there is increasing evidence that some people are attracted neither to men nor women and would identify as asexual and there is an emerging awareness of people who are attracted to people who might identify as Third sex (e.g. Hijras were recently legally recognised in India, Bangladesh and Pakistan) and in the West, this orientation may be expressed as *trans-oriented*, being attracted to people who are transsexual.

This chapter will mainly focus on homosexuality and bisexuality although it is anticipated by the next revision of this volume we will be seeing more published work on both asexuality and trans-oriented people.

### History of homo and bisexuality

Representations of homosexuality and bisexuality have been found by anthropologists and historians around the world and from the earliest times. In some cultures homosexuality is seen as a natural and normal variation of human sexuality, in other cultures same-sex relationships are encouraged or given high status, and in some others still homosexuality is reviled and persecuted. What is clear, though, for anyone who has spent time exploring the issue, is that same sex desire is a naturally occurring phenomenon. Some people see their homosexuality and bisexuality as an *essential* part of their nature. Such people may say, 'I was born this way.' They may be able to give examples of childhood same-sex attractions and desires to support their experience. Others may say they have chosen their sexuality or maybe even that they have tried sexual relationships with the 'opposite' sex or just one gender, and prefer for a variety of reasons to have relationships with the same sex. Generally speaking gay men tend to use essentialist ideas (that they were born gay) to explain their homosexuality and lesbians and bisexuals may be more likely to use arguments of 'choice'.

Some people vary in their choice of sexual partners over time or in different situations, some are confused or questioning, others experiment while others have no sexual relations and some experience no sexual feelings. There exists a vast array of expressions of sexual desire and behaviour as well, increasingly, of 'sexual identity.'

Sociologically, views of homosexuality are divided into two camps. There are those who see sexual identity as a social or cultural construct particular to a place and time. In this view, homosexuality in, say, Thailand, Ancient Greece, or Pakistan has little in common with the modern gay man living in London or New York. Others argue that, because there is evidence of people who have always been gay, in every culture and through time, there is something essential or natural about homosexual identity. These arguments continue and evidence accrues in support of both views. Is sexuality determined by nature (essentialism) or nurture (social constructionism)? Individuals seeking to understand **why** they are lesbian, gay or bisexual will find plenty of evidence to support theories of homosexuality and bisexuality as *essentialist* or *socially constructed*. Most lesbian, gay and bisexual people, however, have little interest in **why** they are the way they are – it is just a given.

Grahn (1990), highlights the fact that in many cultures lesbians and gay men are holding up a mirror to the way their society views sex, gender and sexuality. They are showing different ways of being a man or woman and of relating. In some societies this is supported by the culture, in others a separate sub-culture exists to support lesbian, gay or bisexual people.

People with diverse sexual orientations have been among the European witches and their rites – over a 400-year period, seven million witches were burned on piles of faggots (not simply bundles of wood, but piles of human bodies – there is evidence that many of these people

would have been strangled gay men (Grahn, 1990). They have been among the shamans and medicine men and women of the Native Americans (where many tribes, including the Sioux, Cherokee and Navajo, sanctioned same-sex love and held it in high regard). Lesbian, gay and bisexual people have been despised, tortured and murdered by, among others, Nazis in Germany, and in modern-day Iran, China and elsewhere.

Although individual LGB&T men and women participate in both heterosexual and lesbian, gay and bisexual communities and cultures, there is an invisible thread linking all sexual minorities. This thread is the way lesbian, gay and bisexual people have manifested and worked within societies throughout the world to facilitate a crossover in the way the genders operate with each other. When a lesbian cuts her hair short and wears 'male' clothing she is not trying to look like a man. She is showing another way of being a woman, in which she, as a woman, defines how she looks, rather than allowing men to define how she should look. A gay man wearing a 'camp', perhaps effeminate outfit of a loose-fitting shirt in pastel shades is not trying to look like a woman but to show a different way to be a man. There is a strength that comes from being able to reinvent oneself, and in creating different ways to be who and what one is.

It was only as recently as 1992 that the World Health Organization (WHO) removed homosexuality from their *International Classification of Diseases* (ICD9). This was two decades after the American Psychiatric Association declassified homosexuality from the *Diagnostic and Statistical Manual III*. There are still a great many practitioners, particularly those working in the mental health sector, who erroneously believe that to be lesbian, gay or bisexual is an illness or perversion (Bartlett, Smith and King, 2009).

Therapists trained in gender and sexual diversity issues believe that it is *homophobia* which is the cause of mental distress and difficulties (King et al. 2008). Homophobia means a fear, dread or hatred of homosexuals or homosexuality (Weinberg, 1972; see also Davies, 1996a for more on homophobia and heterosexism). 'Biphobia' describes equivalent attitudes towards bisexuality from either heterosexual or homosexual people.

For over 100 years most 'helping' professionals have seen homosexuality as an illness. Some of the worst atrocities have been committed by people supposedly dedicated to helping and supporting people, in the name of trying to cure people of this 'disease'. Lesbians and gay men have been subjected to electric shock treatment, aversion therapy and crude attempts at psychosurgery. Others were subjected to long-term, intensive psychotherapy where they wrestled with their natural desire to love someone of the same gender, and society's (and often their therapist's) view that this was sick or perverted. The declassification of homosexuality as a mental illness has helped end these particular persecutions. Of equal concern, however, is the way certain 'Counselling' groups identifying as 'Christian' have sought to 'cure' lesbian, gay and bisexual people. Preying on confused and vulnerable people in this way, those who have religious or moral objections to homosexuality continue to bring the notion of 'helping others' into disrepute and cause untold damage to their 'clients'.

### **Homophobia as pathology**

The last three decades, however, have slowly seen a growth in what have come to be known as *sexuality affirmative* (or *gay affirmative*) models of therapy. This work, undertaken in the main by lesbian, gay and bisexual therapists in the USA and Europe, has sought to show non-pathological ways of viewing homosexuality and bisexuality. Maylon describes gay affirmative therapy thus:

“Gay affirmative psychotherapy is not an independent system of psychotherapy. Rather it represents a special range of psychological knowledge, which challenges the traditional view, that homosexual desire and fixed homosexual orientations are pathological. Gay affirmative therapy uses traditional psychotherapeutic methods but proceeds from a non-traditional perspective. This approach regards homophobia, as opposed to homosexuality, as a major pathological variable in the development of certain symptomatic conditions

among gay men". (1982: 69)

The concept 'gay affirmative' is not without dissenters among lesbian and gay therapists themselves. Du Plock (1997) and Ratigan (1998), among others, have rightly questioned who or what is being affirmed in gay affirmative therapy. The term can imply that the therapist is giving permission and is encouraging the client to be gay. This can make it difficult for the client to explore his or her own negative, internalized, self-oppressive structures, feeling that these won't be accepted or approved of by their gay-affirming therapist. 'Gay affirmative' has been said to exclude other sexual minorities and gender-variant people. A more neutral term, growing in use, is *Gender and Sexual Diversity Therapy*. The addition of Gender in the title reflects increasing links being made between gender identity and sexual identity and contemporary attention to different relationship models and lifestyles. (Cormier-Otaño and Davies 2012).

Such non-pathologizing approaches are now slowly being integrated into the syllabus of European therapy training programmes. In lamentably few courses, however, are they located within the core curriculum of the training institutes. More often they are raised at the request of individual students (usually lesbians and gay men), and sometimes only addressed through self-directed study (Davies, 1996b, Davies, 2007). This marginalization of sexual diversity therapy issues only serves to perpetuate and reinforce pathological models.

Cayleff (1986), in discussing the ethical issues involved in counselling the culturally different (in which she includes lesbians, gay men and bisexuals), questions how therapists graduating from training programmes that do not require courses in working with cultural minorities may ethically work with these populations. Since formal education is a socialization process that transmits the values of the dominant culture, the majority of counselling and therapy training programmes, through both course work and practice, continue to explore individual development, sex, gender, coupling, family and relationship issues solely within a heterosexual context (Iasenza, 1989).

### **Effects of homophobia and heterosexism on lesbian, gay and bisexual people**

The stress of living with a stigmatized identity, where one is seen as 'mad, bad and dangerous to know,' has been demonstrated to contribute to poor mental health (King et al 2008, King et al 2003, Rivers, 2004). Lesbian, gay and bisexual people may at some level feel shame about their sexuality, and this *internalized homophobia* can result in low self-esteem, self-medication through drug and alcohol misuse, overwork through trying to prove oneself valuable, and avoidance of drawing attention to oneself. Lesbian, gay and bisexual people are also prone to discrimination and violence. In a survey, *Queer Bashing*, Stonewall (1996) found that 34 per cent of gay and bisexual men and 24 per cent of women had experienced physical violence because of their sexuality. In another study, the same organization (Stonewall, 1993) found that 37 per cent experienced workplace discrimination and almost half the respondents (48 per cent) had been harassed because of their sexuality. Even though the UK now has anti-discrimination legislation protecting against workplace harassment, there is still a climate of fear for many lesbian, gay and bisexual people that it may happen and of course one does not need to have experienced discrimination to *fear* it. This leaves almost all lesbians, gay and bisexual people vulnerable to anxiety and disorganization.

There are not only negative effects to living with a stigmatized identity. Lesbians, gay men and bisexuals who are open about, and comfortable with, their sexuality often experience a strong sense of identity as 'different but equal' to heterosexuals. These differences sometimes result in a freedom to reinvent themselves anew with values and attitudes that support their individual and collective identities. Lesbian, gay and bisexual people may, for example, have critiqued much about a heterosexual lifestyle and identity and decided this is inappropriate. Their culture, like those of other oppressed groups (Jews, African-Caribbean people, etc.) celebrates this diversity and different perspective in art, music, literature and other expressions.

### **Summary and key points**

Don't assume the client's sexual orientation is the cause of his or her difficulties. Lesbian, gay and bisexual people may present for counselling or therapy with a range of life issues (relationship breakdown, bereavement, anxiety, depression, work stress, etc.). Most of these bear little direct relevance to their sexuality, although they are often coloured by the experience of being from a sexual minority in an oppressive and discriminatory society.

Don't make assumptions about a person's sexuality. Many married, apparently heterosexual men have sexual relationships with members of their own sex. Significant numbers of gay men have sex with women. The corollary is also true for women. Encourage clients to define themselves.

Don't make assumptions about the client's lifestyle. Clients may have different notions of what it means to be in a relationship ('monogamy' may not be the norm), or to be a family (many lesbian, gay and bisexual people will consider their friends as their family). Lesbian, gay and bisexual clients may want to be parents or may already be involved in childcare. They may be uncomfortable in available gay or lesbian subcultures, too.

Be aware of the client's hypervigilance and that you may be tested for signs of homophobia and heterosexism. Work with this and do all you can to learn more about lesbian, gay and bisexual cultures and lifestyles. Be honest about your experience and work to create an open and non-defensive relationship.

Reflect on your own attitudes to, and experience of, your sexuality and to homosexuality in particular. To be able to work effectively with sexual diversity clients you need to be comfortable with who you are as a sexual being and to have examined your beliefs, feelings and prejudices about same sex love and attraction. Everyone has them. The therapist who says they are not prejudiced is a therapist to be avoided, as they are probably extremely low on self-awareness. Therapists might like to consider what impact on the therapeutic relationship there might be for a sexual diversity client working with them, if they have not examined their attitudes before working with such clients.

### **Working towards good practice**

There are perhaps three main ways in which we can prepare ourselves for working with people whose sexual orientation differs from our own.

Training workshops, which include didactic and exploratory presentations about gender and sexual diversity psychology, including the various models of coming out (see Davies, 1996c), dealing with internalized homophobia and multiple identities, and the social and political context of living with a gender or sexual diversity identity. Most importantly, perhaps, experiential exercises aimed at addressing our attitudes, experience and knowledge of bisexuality & homosexuality, as well as increasing understanding of our own sexuality. A leading training provider in this field is Pink Therapy ([www.pinktherapy.com](http://www.pinktherapy.com)) who regularly run workshops and courses for therapists wishing to improve their knowledge and skill in this area.

Personal therapy and self-awareness work to explore some of our sexual histories in some depth, with therapists who have themselves done the required work, which itself raises a complication: where does one find such people? Alongside this, specific supervision/consultation is advisable from therapists experienced in this field.

Spending time with lesbian, gay and bisexual people at work and in recreation. Personal contacts through genuine friendships have been demonstrated to be powerful ways of changing opinions and behaviours. Become involved socially and politically with the lesbian, gay and bisexual communities. Manthei says, 'there is no short cut to being involved in and accepted by local communities so that you are known to be supportive and trustworthy' (1997: 31).

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**Author:**

**Dominic Davies** is a Fellow of British Association for Counselling and Psychotherapy (BACP) and a BACP Senior Registered Practitioner who has been working with gender and sexual diversities for over 30 years. He is Director of Pink Therapy, the UK's largest independent therapy organisation specializing in working with gender and sexual diversity clients. He is co-editor (with Charles Neal) of the Pink Therapy trilogy of textbooks (Open University Press) and has written and taught extensively on the subject of sexual diversity therapy in the UK and internationally. He is an Advanced Accredited Sexual Diversity Therapist with Pink Therapy.

[dominic.davies@pinktherapy.com](mailto:dominic.davies@pinktherapy.com)

**Pink Therapy** is the UK's largest independent therapy and training organisation to specialise in working with a broad range of gender and sexual diversities. Founded by Dominic Davies in 1999, we are regarded by all UK therapy organisations as the lead agency in this area. We run the only university accredited specialist Diploma in Gender and Sexual Diversity Therapy in Europe, which has attracted therapists from the UK, Netherlands, Singapore and Australia. We also run a six day intensive **International Summer School** where therapists from around the world come to study with us. Pink Therapy offers training, clinical consultation, supervision and consultancy to therapists overseas in person or via Skype.

Last year we relaunched our online Directory of Pink Therapists and now include therapists from around the world and our website hosts a valuable Knowledge section of self help resources and recommended reading, videos and podcasts. [www.pinktherapy.com](http://www.pinktherapy.com) We are active on social media. Follow us on Facebook (Pink Therapy), Twitter (PinkTherapyUK), Tumblr ([PinkTherapyUK.tumblr.com](http://PinkTherapyUK.tumblr.com)) and LinkedIN (Pink Therapy International).