

## **GAY AFFIRMATIVE PRACTICE**

Graham Perlman<sup>1</sup>

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The essential ingredient of gay affirmative practice is a therapeutic attitude in which homosexuality is viewed as a viable, constructive way of life compatible with psychological well being. This attitude can be allied with most counselling and therapeutic approaches used today (see Davies and Neal 1996, 2000). This may not sound too radical a proposition, however this therapeutic attitude requires rigorous self examination to reach and constant self-awareness to maintain in the face of an almost overwhelming cultural onslaught against homosexuality.

I will discuss where gay affirmative practice stands today. I will outline the cultural position of homosexuality and the concurrent presence of homophobia and heterosexism to draw your attention to the internalised beliefs that everyone within the broad cultural influence of the West experiences regardless of sexual orientation. This discussion will inform our understanding of the potential for harm within the therapeutic encounter and signpost the journey of self-examination and awareness that anyone wishing to hold the required therapeutic attitude for gay affirmative practice must follow. Finally I will outline some guidelines for gay affirmative practice.

### **Gay affirmative practice today**

Gay affirmative practice is relatively new to the literature in Britain. The ground-breaking series of Pink Therapy books (Davies and Neal 1996, 2000 and Neal and Davies 2000a) have provided a major contribution to this field locally. Maylon originally described gay affirmative therapy in 1982:

... it represents a special range of psychological knowledge which challenges the traditional view that homosexual desire and fixed homosexual orientations are pathological. ... This approach regards homophobia, as opposed to homosexuality, as a major pathological variable in the development of certain symptomatic conditions among gay men. (p69)

I believe that where gay affirmative practice does happen it is largely by accident or through the efforts of practitioners to apply humanist value systems thoroughly in their work. Many have encountered lesbian, gay, bisexual and transgender clients in their practice and most would have meant well. However, gay affirmative practice is almost unheard of as a topic within training institutions. Where covered, it is as part of a minor segment of more general discussion on minorities and may require an active request, usually by a gay trainee. (This is based on anecdotal evidence from a wide range of practitioners who were members of the

now defunct Association for Lesbian, Gay and Bisexual Psychologists and other contacts.) Gay affirmative efforts will often be made without essential training, formal consideration and effective supervisory and other support.

Gay affirmative practice is not the sole province of the lesbian or gay practitioner. The key element is how individual practitioners, including supervisors, address their own attitudes towards (homo)sexuality. Even people who identify as homosexual may develop behavioural, cognitive and emotional responses which are not affirmative, because of the generalised forces at work.

### **Homosexuality, homophobia, heterosexism**

Homosexuality specifically means sexual desire for people of the same sex, and was long regarded and practised as 'the love that dare not speak its name' (Lord Douglas). In the current writing about gay affirmative practice consideration of this different sexuality has enabled connection with and/or inclusion of bisexuals and transgender people, and variations in sexual expression within these broad categories. Sexuality is seen to be socially constructed. Gay affirmative practice is likened to 'person affirmative practice' by Neal and Davies (2000b: 1) and many of their contributors assert gay affirmative practice as sexuality affirmative in general.

Homophobia and heterosexism are inextricably linked as psychological processes and cultural phenomena. Homophobia has been variously defined. Davies uses an extended definition provided by Hudson and Ricketts: 'the feelings of anxiety, disgust, aversion, anger, discomfort and fear that some heterosexuals experience around lesbians and gay men' (1996b: 41). For example: a practitioner who wonders how her client can be healthy whilst not desiring a primary monogamous intimate relationship, or shaming looks given by a practitioner when a client talks about fisting. I suggest that the thoughts that support these feelings are an integral part of the psychological system that manifests as homophobia. These feelings and beliefs are generally culturally determined. Each individual will carry their own particular version of that system mediated by their family of origin and own life experiences and decisions. Internalised homophobia is therefore the similar set of feelings and supporting beliefs within someone who identifies as homosexual; for example the discomfort of a lesbian practitioner in discussing her lesbian clients in supervision for fear it might cast shadow on her, or the closeted gay practitioner who colludes with his client's notion that it is too dangerous to come out.

Heterosexism is 'the system by which heterosexuality is assumed to be the only acceptable and viable life option' (Blumenfeld and Raymond 1988: 244). Assumptions of heterosexuality and preconceptions about the

nature of the problem when meeting clients of different sexuality are examples of this. It is clearly linked to the system which supports the beliefs and feelings we call homophobia but forms only part of the whole complex of ideas, feelings and actions. Davies (1996b) offers a full discussion of this. I find it easier to see the effects of homophobia and heterosexism and their cultural 'uses' than to explain why they exist at all. I don't propose a definitive explanation for this cultural onslaught, but believe it has to do with the maintenance of power and control, the fear of and fascination with the other and the potential of minority groups placed at the edge of society to cast critical light on that society... issues of political and psychological resonance which require careful personal consideration by anyone wishing to hold a gay affirmative therapeutic attitude.

### **The generalised toxic culture**

'We [gay people] demand only the freedom to be who we are. The fact that this demand, which takes away nothing from anyone else, is met with such obstinate resistance is a noteworthy indication of how deep-seated is the hostility against us' (Denneny1984: 416). This resistance is often bizarre. Non-straight people have been imbued with evil, magic, madness and illness. In Britain conservative agitators have used Section 28 of the Local Government Education Act which restricts the use of state funds to 'promote homosexuality' to prevent spending on safer sex campaigns, contributing to the accelerating spread of HIV amongst young people, and the government had to use the Parliament Act to force the equalisation of the age of consent through the House of Lords.

It isn't strange in this context that many activists and others who affirm gayness have come to believe that there must be a reason for this process, that being gay must in itself contain something special that, if not curtailed, controlled and robbed of dignity and justice would provoke wonderful transformation in the world. Unfortunately this is more an attempt to bring meaning to an absurd situation than reality. As a gay man, looking inside myself I see nothing so terribly destructive that requires such censorship over and above that of ordinary society and similarly, although proud of the way in which I have dealt with adversity in my coming out journey, it has not made me any more special than everybody else.

This is a political argument, in the sense that politics has to do with how people experience their selves in the world. This to me is the fundamental business of psychotherapy and counselling. To paraphrase Denneny in 'Gay Politics: Sixteen Propositions' (1984: 409): 'Therapeutic endeavour must begin with and remain loyal to our primary experience of ourselves and the world or it degenerates into nonsense, the making of idle theory of which there is no end (and consequently, no seriousness).' This means the gay affirmative practitioner must seek out any path (for example:

literature, art, film, friends, supervisors) which will help them understand the felt experience of their lesbian, gay, bisexual and transgender clients.

There are a myriad of ways in which lesbians and gays experience heterosexism and homophobia. Some are tiny, passing almost unnoticed: a smirk perhaps caught in a stranger's eyes; some everyday: the constant knowledge that laws, attitudes and beliefs view one as shameful; some tragic: like the 'homosexual panic' defence in which 'straight' men are acquitted of murder after describing that their victim had made homosexual advances to them; some acts of omission: when a gay person with a long term partner is invited to the office party alone; and some of commission: where gay people are actively targeted for abuse. Any list would be incomplete.

The culture in which we all grow up is toxic with regard to minority sexualities, as well as other ways of being different, in that it spreads the message 'Don't Exist as lesbian/gay/bisexual/transgender' in all the kinds of ways listed above. This wreaks havoc on the souls of those who 'shouldn't' exist and limits the life choices of non-gay people. This message is spread in many self-supporting ways. Lesbians, gay men, bisexuals and transgender people are written out of history, rendered invisible and in turn internalise the necessity to remain invisible. Few positive role models are available in comparison with other minorities. Where visible, we are represented or interpreted as sinful, evil, dangerous, sick or having a shameful secret to be 'admitted'. Violence is unleashed, whether physical or experienced whenever someone makes a comment or 'joke' which robs us of our dignity. This violence is supported by states which implement or enact discriminatory legislation, and the broader cultural representation of homosexuality as shameful.

The erosion of the self begins with the lesbian or gay child's first experience of their sexuality as different. A gay 'census' with 10,500 respondents reveals gay men know of this difference by age 14 on average and lesbians by 16 (The Pink Paper 16/11/01). From the moment this person connects with the message not to be lesbian or gay - through that search in the library that only reveals homosexuality and lesbianism associated with bad things, or the shaming look of the person of the same sex who catches an admiring glance, or the bullying or verbal abuse, or even 'harmless' joke that might not even be directed at you but serves as sufficient warning - the lesbian or gay person learns to conceal that part of their identity. In this respect being gay is very different to membership of other oppressed groups like black people and women where passing (acting as if one belongs to the dominant group) is not generally an option. Where passing is possible and consciously or unconsciously chosen as a strategy for survival, it starts to erode everyday relationships. *Every* interaction becomes conditional on the concealment of a fundamental part of the identity.

The felt experience is that I can survive only if I deny myself. This is everywhere, not just in interactions in the sexual arena. 'They like me! What if they knew?'; 'I got the job! What if they knew?' It has a cumulative eroding effect on the developing person's sense of self. I was first consciously aware of my lust for another boy when I was seven. The girl I was sitting next to also fancied the boy so I was immediately aware of her jealousy and tutored that she and not me had the right to him. It was a few short steps to being caught looking at an older youth's genitals in the changing room and being shamed, mocked and taunted. I finally acknowledged my homosexuality to myself when I was twenty-two and started to come out to other people slowly after that time. That makes fifteen formative years of felt conditional acceptance and shame about myself.

There is some evidence for a gradual growth in the options available to young lesbians and gay youths. The concerted actions of activists pressuring political change and the general movement for gay people to come out is providing an ever growing support base and making gay people more visible. General media like TV soaps and adverts are gradually representing gay people as 'ordinary', and I think this is having a positive effect for some young lesbians and gays. There is no room for complacency however. Gay people still get bashed and murdered for being gay and governments set the tone, enshrining in law that non-straight people are less than equal. Although extremely difficult to quantify, a British study (Trenchard and Warren, 1984, quoted in Davies, 1996c) has found that at least 20% of lesbian, gay or bisexual youths had attempted suicide and Rivers (2000: 152) found 40% of his respondents in a study on bullying of lesbians, gays and bisexuals had attempted suicide at least once. 50% of gay men and women have suffered a homophobic incident in the last 5 years and 85% of these did not report the incident to the police (The Pink Paper 16/11/01).

### **The counsellor's response**

There are two broad ranges of non-affirmative response to lesbian and gay clients: those who want us not to exist; and those who want us not to appear.

Among the counsellors who want us not to exist are fundamentalist religious 'counsellors', and others who claim success in converting people from homosexuality. These people are dangerous in that they deny that the onslaught against homosexuality has any impact on the way homosexuals experience themselves. They are dangerous in that they persist myths and interpretations of scripture or other works as fact. They are dangerous in that they act as professionals, and therefore powerful members of society, to limit people's life choices. A client of mine observed: 'They offer certainty. I've been seeing you for 4 years and all I

have now is options and possibilities. I feel good about myself, but when I came here I wanted that certainty and I'm sad and pleased it's gone'.

The counsellors who want us not to appear are a broader, more subtle group ranging from people who would own that attitude in public to those who wouldn't believe that attitude could be true of them. It includes 'closeted' practitioners, those who think their sexuality is of no importance to the client or their relationship and those who think the client's sexuality makes no difference. Perhaps the most dangerous element of this group are those who mean well, but fail to adequately prepare themselves for the task of providing respect for gay people's lifestyles and life choices. The shaming look consciously or unconsciously manifested in response to their client describing her same sex desire will reinforce the toxic message the client is carrying: 'Don't exist as lesbian', through a demonstration that her therapist will respect her while she talks about other things but not about her (homo)sexuality. This will reinforce the client's sense of conditional acceptance and shame. The client whose sense of self was too fragile at this moment will run and hide, at best carrying with them another confirmation that their sexual nature is unacceptable, or at worst, carry out the message. The client with a more robust sense of self might confront her therapist who must be prepared to acknowledge their negative thoughts and feelings. Defensiveness at this moment will only exacerbate the serious harm that could be done. The seriousness is evinced by the fact that this is an existence issue for the (homo)sexual part of the client with suicide a potential worst outcome.

Harmful effects on the healing relationship may be caused by any response which is experienced by the client as confirming their sense that their gayness is shameful. Any intervention which doesn't first offer respect for, and empathic understanding of, how the client felt and what it meant for them may be interpreted by the client as confirmation of their invisibility and consequently be experienced as supporting their shame. For example, simply confronting a client about unsafe sex will be experienced as confirming to the client that their desire is mad/bad/dangerous; that is, shameful. First take the time and trouble to gently ascertain the meaning of unsafe sex for them and what they feel in response to that.

Another danger to the healing process is the failure to understand and explore the impact of heterosexism and homophobia on the client's sense of self. This will be intertwined with the client's other developmental experiences. Some gay children will have had good-enough early relationships and will therefore have a more robust sense-of-self when faced with the later experiences of knowing themselves to be different and the subsequent erosion of that self. Other gay children will have received not good-enough relating and therefore manifest the kinds of personality adaptations any child would make in response to their

particular early relations. The subsequent effect of conditional acceptance and its erosion of self will then interact with and modify the underlying personality. Sound therapeutic response must deftly unravel both these sets of experiences.

### **Gay affirmative practice**

Gay affirmative practice cannot be simply a cookbook of things to do with gay clients. I believe that is reductionist and contributes to the ongoing perception of lesbian, gay, bisexual and transgender clients as somehow sick, or psychologically maladjusted. It is true that some generalisations can be made. These need to be considered and applied in much the same way as any therapeutic plan deriving from any diagnosis: with due care and attention to the frame of reference and reality of the client.

I offer here a theory of what gay affirmative practice means that is applicable in all situations. This focuses on the counsellor not the client, and is an invitation to all practitioners to use the full range of their creativity and responsiveness in their work.

It is our job to engage and nurture the healthy aspects of the client's life force so that they may become fully themselves. What makes this difficult and different with non-straight clients is the power of the generalised destructive messages regarding homosexuality which we all, *regardless of sexuality*, have experienced. This leads to an increased likelihood of destructive transference and countertransference. In other words, when clients exhibit internalised homophobia (the anxiety, disgust, aversion, anger, discomfort or fear of parts of themselves) we are likely share those feelings about them and ourselves. Unless we have worked through these feelings we will communicate this back to our clients at an unconscious level. Many practitioners, because of the general cultural onslaught against lesbians, gays and bisexuals, will not be aware of elements of that transference, even with supervision, because the cultural imperative will also be shared by those supervisors who have not themselves worked through those feelings.

I use 'working through feelings' as shorthand for developing self-awareness of their beliefs and attitudes about sexuality and difference (which may be masquerading as facts) as well as the feelings they have about them. Also 'attitudes towards sexuality and difference' includes a broad spectrum of beliefs and social systems that extends beyond who one desires and sexual practices to the way these things are thought about, constructed, organised and regulated by various cultural systems like family, law and the media. A lesbian client noticed that her partner's family treated them with greater respect now they had a baby, perhaps because they seemed more like a 'normal' family.

I believe a conscientious practitioner holding a therapeutic attitude positive towards homosexuality, *provided* they have schooled themselves, or been schooled, in the generalised felt experience of being different as our clients experience this, *and* profoundly worked through their responses to the pervasive ideas about (homo)sexuality *before* they start working with clients is then ready to meet and work affirmatively with the particular experience a gay client presents to them without doing anything else special. See Davies (1996a) for further discussion of this.

I will use some of Denny's (1984: 409-424) political propositions to highlight the kind of felt experience of the world which arises from heterosexism and homophobia:

'Gays insofar as they are gay are ipso facto *different* from straights.'

It is not what we do sexually that is different, rather it is our experience of the way the world views us that makes us different from people whose sexuality is taken for granted. This must be attended to by the therapist despite the distractions of unfamiliar sexual practices or arrangements.

'Society does not hate us because we hate ourselves; we hate ourselves because we grew up and live in a society that hates us.'

This underlines the importance of understanding lesbian and gay clients from their own perspective and valuing the creative ways they deal with this hatred.

'All gays are born into a straight world and socialised to be straight; consequently, we have internalised the enemy, and all political struggle must be simultaneously a self-criticism and self-invention.'

This is true of therapeutic endeavour too. Gays must invent themselves and this must be rooted in a thorough understanding of the impact and consequences of internalised homophobia and heterosexism on the self. Practitioners must avoid collusion with this internalised 'straightness'.

'The elemental gay emotional experience is the question: "Am I the only one?" The feeling of being "different", and our response to it dominates our inner lives.'

The visceral sensation of desire (what one *knows* with certainty) is intertwined with the devastating possibility it is dangerous. This traumatises one's integrity to the point of feeling one's own being is somehow 'wrong'. Empathic understanding is the necessary antidote.

"Only within a framework of a people can a man live as a man without exhausting himself." (Hannah Arendt)'

Few individuals have the integrity or energy to sustain themselves alone. Gay people need to find others who can become their tribe, and practitioners must be alert to this need and support positive attempts to form a gay 'family' or community.

Gay affirmative practice can be incorporated in every area of our work. In the current climate of invisibility it seems appropriate for authors and trainers to specifically outline the relevance or otherwise of their output to lesbians, gays, bisexual and transgender people. Placing equal emphasis on the development of heterosexuality and homosexuality helps avoid the implication of understanding for the purpose of 'cure'. Accessible language helps people to compare theory with their own experience. Where issues under discussion are generally applicable to all client groups this should be stated, to indicate that this applicability has been thought through, and not simply assumed or left for non-straight people to do for themselves.

Conscientious self-examination and the maintenance of an ongoing frame of reference which views homosexuality as a viable option will lead us to identify the everyday experiences that function to maintain heterosexism and homophobia. I believe it is our professional and ethical responsibility to confront these wherever they may harm our clients. Exactly where we draw that boundary is a personal and political choice.

I invite you to enhance your understanding of this by drawing parallels with other culturally stigmatised groups and their generalised sense-of-self arising from that experience. Some of the processes and responses are similar. The crucial difference with lesbians, gays, bisexuals and transgender people arises through their opportunity to pass as 'straight' and therefore to actually identify with or become the oppressor. This leads to an erosion of the self which is culturally determined.

Gay affirmative practice demands we examine the impact of our culture on both ourselves and our clients. It requires openness to the creativity of stigmatised people's responses to their world. Understanding the ways in which many 'things' such as sexuality, relationship patterns and the family are pervasively experienced as being fixed, whilst we know they are socially constructed, offers the opportunity to free our clients from self-hatred and rigidity so they can be fully themselves.

### **Further Guidelines for Gay Affirmative Practice**

Many authors have done this before. See, in particular Kowszun, 2000.

- Being gay affirmative means developing awareness about the current cultural climate and implies choosing how to intervene in this.
- With all issues a client brings ask yourself how this might have been shaped by their gayness and the world's response to that.
- Wonder about the way sexuality/family/gender are constructed by the cultures we live in. Looking at history will bring the peculiarities of the present into focus.
- Don't buy into the idea that gay is better or worse than anything else.

- Inform yourself by any reliable means possible about the wide range of ways lesbian, gay, bisexual and transgender people live their lives today. Exploring gay history will demonstrate the creativity and changes in style and content.
- Familiarise yourself with all the sexual possibilities and language so that you won't be shocked or surprised just by their mention.
- Imagine a world where a fundamental part of your identity required hiding. What would help you to value yourself in such a world?
- Support any creative efforts by your gay clients to connect with other gay people in satisfying ways.
- Remember that even very young people have nascent sexual identities.
- Take good account of the fear of gay people about revealing their sexual orientation. The dangers are real, as are the possibilities for living openly.
- Acknowledge any homophobic and or heterosexist thoughts and feelings you bring into the encounter. Similarly help your client to identify those they bring.
- If you can't move that part of you that would rather gay people weren't seen, refer your lesbian and gay clients on and work on it with your own support system rather than them.

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<sup>i</sup> Graham Perlman was a founding Clinical Associate of Pink Therapy, who trained as a Transactional Analyst with Metanoia. He died after a long battle with HIV in June 2007. Graham has granted us permission to use this chapter.