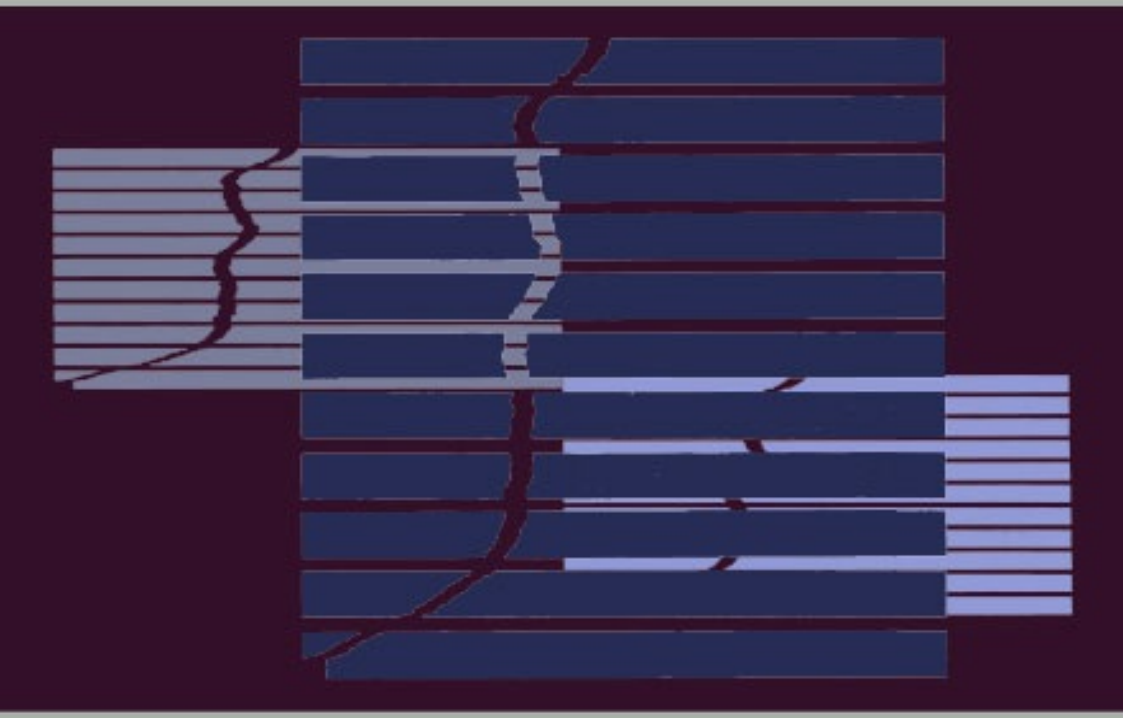
# Counseling Gay Men



James Harrison

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# Counseling Gay Men

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As recently as the early seventies the majority of mental health professionals would have understood their responsibility toward gay people as assisting them to change their sexual orientation. However, the increasing scientific understanding that has emerged in biology, anthropology, psychology, and sociology has given us a better grasp of human sexuality and has supplanted many of the cultural myths about homosexuals. The scientific data collected found a more receptive audience as Western culture grew more sensitive toward individual differences and the rights of minorities, so that mainstream thinking in the psychotherapeutic professions is now more in line with the facts of life as homosexuals experience it.

Gay men face distinctively different issues in their lives from those of gay women. However, before it is possible to consider these specifically men's issues, it is necessary to consider the misunderstanding, stereotyping, and stigmatization that is commonly experienced by all gay people—both men and women—in our culture. It is essential that counselors understand the oppression that all gay people have experienced. Otherwise, it will be difficult to understand the consequent suppression, repression, and other defense mechanisms that gay people have developed to permit psychological survival (Altman, 1971).

## What We Know Scientifically About Homosexuality

Psychological research has consistently replicated Evelyn Hooker's pioneering study (1955), which demonstrated (1) that scientific methodology could be used to study homosexuals,(2) that there is no essential difference between homosexual and heterosexual persons in the distribution of psychological health and pathology (or mental health and illness) (Siegelman, 1972), and (3) that there is no single profile of the gay person (Bell & Weinberg, 1978). Other research has converged to confirm that sexual orientation is established early in life (Money & Ehrhardt, 1972; Money, 1980, 1986; Storms, 1986) and is not readily subject to change.

Anthropologists have shown that homosexuality is prevalent in virtually every culture on earth, and is prescribed in many (Ford & Beach, 1951; Herdt, 1982). Research has documented the universality of homosexual activity in other species, thus undercutting the notion that homosexuality is somehow unnatural or a product of [fill in the blank with "the machine age," "capitalism," "communism," "changing family structure," or any other cultural bugaboo conjured up by demagogues in recent decades] (Paul et al., 1982). It is increasingly clear that our Euro-American culture has manifested a sex-phobic orientation that has denied honest information about sex to heterosexuals and homosexuals alike. This denial has resulted in serious stigma and loss of self-esteem for homosexual persons. Sociologists have demonstrated that individuals will fulfill societal expectations in conforming to negative stereotypes about the group in which they hold membership. The resulting self-hating or self-destructive attitudes of too many homosexual people in our culture should be viewed as a result of that role conformity (Levine, 1979).

While much remains to be known about homosexuality, sex researchers today generally recognize that our knowledge about homosexuality must go hand in hand with our knowledge about heterosexuality (Weeks, 1985). The larger issue is understanding sexual orientation and attraction in general. But overcoming our ancient prejudices against sex and the conspiracy of silence surrounding the subject is an ongoing process. Nevertheless, recognition of the developments chronicled above has helped gay people to reject views that stigmatize them as undesirable deviants and has helped them to identify themselves as a politically oppressed sexual minority (Marotta, 1981).

## Homophobia as Negative Transference

A generation ago, most American children were taught that blacks were inferior to whites; in many Western cultures suspicion or antagonism toward Jews was taught. Similarly, we all grew up in a society that taught us that homosexuality was somehow (a) wrong or sinful, (b) criminal, or (c) pathological. As members of the medical or psychological professions, dedicated to helping and healing through a scientific understanding of the issues, therapists must be aware that they were also indoctrinated with negative assumptions about homosexuals. Some therapists who have rejected the grosser forms of prejudice nevertheless have a lingering belief that interpersonal love, sensual pleasure, and erotic expressions of intimacy that are unrelated to a biological procreative process are in some way inferior,

and that couples of the same sex cannot experience the qualities of personal intimacy and physical pleasure that are possible for couples of different sex (Hancock, 1986).

Therapists unaware of the scientific developments indicated in the first part of this chapter, or those who are uncomfortable with the implications of those developments should be honest and disqualify themselves from therapy with gay patients. There are gay-affirmative therapists who are nonjudgmental about sexual orientation and who can treat gay people with unconditional positive regard. Treating gay clients without examining one's own prejudices is comparable to treating black people with the assumption that they are inferior to whites or assisting Jews to adjust to social prejudice and discrimination.

A good test of our readiness to treat gay clients is whether the questions we ask gay clients about sex and sexual relationships are comparable to those we ask heterosexual clients about their sexual activity, and whether we can ask them in a nonjudgmental and straightforward way that facilitates our clients talking about themselves. When the therapist is confident that homophobic, or heterosexist, values will not be imposed on gay patients, then he or she is prepared to counsel homosexuals. In sum, the essential precondition for therapists working with gay clients is an ongoing analysis of their own prejudices and negative transference; this is equally true of all therapists regardless of their sexual orientation.

As a mental health-care provider, one's responsibility is the reparation of injured and underdeveloped egos, the nurturing of self-esteem, and the creation of the conditions for insight and self-understanding. These processes are similar regardless of the sexual orientation of the client. Since many gay clients themselves believe that they are intrinsically inferior because they believe the cultural myths that have been promulgated about them, the first step for the therapist is the examination of his or her own homophobic attitudes and negative countertransference. There can be no ego reparation in the presence of judgmental and condemnatory attitudes.

## Helping Clients Deal with Internalized Homophobia

We must also be aware that every homosexual person also learned the same negative notions about homosexuality as we did. Since sexuality is a core dimension of personality, self-hatred directed toward

one's sexuality is certain to have consequences in other aspects of our personalities (Malyon, 1982). Perhaps a clinical example will be helpful.

Morris is a 46-year-old Jewish homosexual man, well-spoken and well educated at a prestigious university. His speech is polished and refined—certainly WASP, almost British, but not artificial or pretentious. His clothes suggest law or banking—but they do not fit because he is about 40 pounds overweight. He was referred for counseling because he had developed a cardiac arrhythmia that is probably attributable to self-prescribed diet, medications, and a sedentary life. His physician believed that he needed psychotherapy to develop a better sense of himself as a condition for finding a healthful means for weight reduction. He is secretive about his homosexuality, which he shares by innuendo only among a small circle of friends—as though they were all admitting something shameful. He works for Catholic charities but does not earn enough to provide a decent life for himself and a widowed, dependent mother. He contributes almost all his time to Russian Orthodox charities because he derives compensatory self-regard from hobnobbing with the Russian "royalty." He has developed an unrequited love for a young gay businessman. He is almost completely ignorant of the gay world and won't go to gay political and social events for fear people will know he's gay. His sexual expression is almost solely with anonymous partners at public baths. He is desperately lonely, unable to provide for himself in a way he was accustomed to as a young man dependent on his once successful father, and he compensates for his unhappiness by eating constantly. He is so anxious in his therapy that he jumps from topic to topic, never discussing any issue fully, and is incapable of permitting the therapist to complete a sentence for fear that his own faltering construction of reality will be challenged. He fled from therapy after six months, returning after several more to report that he had in fact begun to realize that his therapist's comments about his lifestyle were not demeaning but rather that his social strategies were self-destructive. It has taken nearly a year for him to begin to examine his own internalized homophobia and the way he has shaped his life in almost total denial of who he is—not only sexually but even in his cultural identity. Once therapists would have attributed all his problems to his homosexuality rather than to his difficulty in accepting himself as gay and his fear of self-disclosure in a homophobic society.

## The Importance of Information

Therapy cannot be a replacement for the rest of a person's world and the rest of a person's life.

Humans need companionship. It is almost impossible to be a healthy human without belonging to a community. In most of our society, gay people cannot openly be themselves and be accepted. When it is not possible for gay people to be fully integrated into the institutions of our society, then it is valuable for them to become participants in gay organizations. In too many communities the only gay institutions are the bars.

How can the therapist help? Usually therapists do not provide information to their clients because it is assumed that information necessary for human well-being is available on TV, from newspapers, at church, at the tennis club, from billboards, and from casual conversations at work. In working with gay clients it may be necessary for the therapist to make an adjustment to traditional parameters. Even therapists whose mode of therapy is analytic or nondirective and who do not ordinarily provide information or advice to their clients, are nevertheless familiar with the communities in which they live, the health care and religious institutions available to them, the social and political networks through which people conduct their everyday lives. Because heterosexual therapists experience with heterosexual clients a shared world, they are able to understand and evaluate the degree of social adjustment clients have achieved. When therapists are not familiar with the social resources of the gay community they are hampered in evaluating, understanding, and adequately assisting gay clients. If gay people are not familiar with these resources, then it is difficult for them to achieve a fully healthy life.

How many therapists are aware that there is an organization called the Institute for the Protection of Lesbian and Gay Youth (IPLGY)? That there is another organization called SAGE, Senior Action in a Gay Environment? Do the names *GCN, RFD, Advocate,* or *Body Politic* mean anything? They are but four of the many newspapers and magazines that serve the gay community, each with its own ideology and editorial policies. What about HRCS, LLD, GRA, or NGLTF? They are civil rights and political organizations for gay and lesbian people. What about Dignity, Integrity, Affirmation, or the Metropolitan Community Churches? They are a few of the religious institutions that serve the gay community.

These institutions and organizations exist because the mainstream organizations actively and openly discriminate against gay people. Until very recently the major newspapers and TV networks consistently reported false information about gay people, or only the lurid and sensational stories that sustained prejudice and bigotry. Even now *The New York Times* will not print the word *gay* unless it is in

quotes, whether out of ignorance or bad faith it is difficult to know.[1] Consequently, most New Yorkers do not know that there is a gay news program on cable TV; the regional press can be better or worse. For example, *The Charlotte Observer* took an early creative lead in AIDS reporting and does list the local gay cable video show.

It is essential that gay people be permitted to know about available resources. Therapists need to understand that many closeted gays, unsure of themselves, do not know where to buy a magazine and would be fearful to ask for it even if it were available at a local news outlet. The therapist who is prepared to help gay people may need to provide general information, addresses or other resources, and assure their clients that publishers send these materials in plain, sealed envelopes.

Until it is possible for gay people openly to be members and leaders of social, political, and religious institutions it is necessary that there be alternative organizations within which gay people can fulfill their communal needs and express their social responsibilities. In supporting the fullest development of gay clients it is important that the therapist be prepared to provide information and be an active supporter as well.

## Special Concerns of Men

In addition to the issues that must be understood to counsel gay people in general, both men and women, there are issues that have a different impact on men. The remainder of this chapter will focus on those issues of being gay that are distinctive for men.

These issues have to do with the relationship between sexual orientation and sex roles, sex-role expectations and sex-role stereotypes. In fact, sexual orientation is often confused with sexual status and sex roles. In sum, the problems that gay men face are almost always related to the incorrect assumption that they are in some way not quite fully men. These issues can be discussed in a general developmental framework.

### PREADOLESCENCE

In retrospective studies many gay people report atypical gender behavior in childhood (Bell &

Weinberg, 1978). This behavior is not likely to be of concern to the boy unless it results in stigma and consequent abuse by other children. A boy may be brought to a counselor by concerned parents. In such situations it is not possible for the counselor to know if this boy will grow up to be transsexual, heterosexual, or homosexual. Assessment and treatment must go hand in hand. It is essential that the counselor help the parents manage their anxiety and their relationship to the boy, while helping the boy through play or talk therapy to understand and accept himself, while developing coping strategies to protect himself from persons who cannot tolerate difference.

**ADOLESCENCE**

Enhanced sexual drive and developed cognitive abilities will enable the teenaged boy to become qualitatively aware of his sexual orientation. Depending on his social location, the boy may think, "I am the only person in the world like this," or he may be aware that he is like other "men who love men" if there are visible role models available for him. Depending on the sexual ethos of his family, community, and religious upbringing he may suppress his sexual desires or engage in same-sex play from a very early age. Depending on the tolerance he experiences in the world around him he may "hide his stigma" or alternatively find ways of expressing himself in the social world.

Young people who are becoming aware of their homosexual orientation may mistakenly assume that they must inevitably emulate the only examples available to them. Alternatively, many adult gay people report that they had difficulty understanding that they were gay even though they knew they did not conform to the stereotypes, as they were aware that their erotic responses were limited to people of their own sex (Morin & Garfinkle, 1978; de Monteflores & Schultz, 1978).

Some boys are brought to a counselor because they have been "caught" or entrapped in sexual activity. Other boys may be confused about managing their sexuality and take the initiative in seeking counsel. An ethical counselor will not become the agent of repression, but rather will help the boy understand himself and responsibly manage his sexuality. A good rule is not to say anything to a boy who believes himself to be gay that one would not similarly say to a heterosexual boy. For example, a counselor would not ordinarily say, "How do you know that you are heterosexual?" Such a question is an implicit criticism of the emerging identity of the adolescent and as such can be an assault on his self-

esteem. Rather, the counselor will want to help the client understand his fantasies and desires, and find socially and age appropriate ways of expressing them interpersonally.

**COMING OUT**

The notion of coming out is dependent on a social world in which homosexuality is stigmatized. Otherwise, adolescents would simply pair off in social activities as they wish and there would be no occasion for comment. The assumption that everyone is heterosexual is protective for the young gay person though it stifles self-expression and the emergence of identity. Giving up the security of anonymity is fraught with anxiety. Every gay man, whatever his age, must decide when to stop asking permission to be himself and to go public about his sexual orientation. "Effeminate" boys often have little choice and may be labeled as gay at a very young age. Some boys are mislabeled, and may consequently mislabel themselves as gay, only realizing at a later time that their erotic desires are largely heterosexual, thus contributing to the perpetuation of the myth that people can voluntarily change their sexual orientation. Most gay men—in spite of possible atypical gender interests— are not effeminate. Many men do not come out until they have followed the unfortunate advice, "Marry the right woman and . . ." Such counsel displays an enormous disregard for the interests of women who are presumed to have no other role in life than to assist men in finding their "heterosexuality." In addition, it is a prescription for subsequent divorce. The failure of many gay men to understand and affirm their sexuality early in adulthood has resulted in the possibility that the largest single subgroup of gay men are married. Instead, the counselor needs to help each man who presents himself for assistance in understanding his own needs, inner strengths, social resources, and means to develop an affirmative lifestyle. Some people will conclude that it is impossible for them to be public about their sexual orientation. It must be understood that this inevitably involves a sacrifice, as it is not possible to be a fully developed person while suppressing such a central aspect of one's selfhood as sexual orientation (Coleman, 1981).

Coming out involves facing the emotions of guilt and shame. All healthy people want to be "good." Yet our gay clients have been taught that it is bad to be the way they are. Some gay people are devoid of guilt because they realize that they are not responsible for their sexual orientation. Others are plagued because of their inability to achieve the ideal expression of their manhood as defined by their religious tradition. Deep-seated, religiously motivated self-condemnation is often difficult to deal with and

requires the greatest care and patience on the part of the therapist. Some clients are helped by participating in the gay affirmative religious activities of their respective traditions, which can have a "normalizing" effect—they can see that gays have the same needs and concerns as all other human beings and thereby hasten their developing self-affirmation. They will discover that even those traditions that most adamantly condemn homosexuality have many gay clergy.

It is not uncommon for gay people to be hypercritical of other gay people and the leadership of the gay rights movements. Any manifested shortcoming or lapse from perfection may be used to discredit the movement. Gradually clients can be helped to understand that heterosexual organizations are not discredited because their leaders are fallible and sometimes exercise bad taste or judgment, and that hypercritical attitudes toward gay institutions are a function of internalized homophobia.

All healthy people usually need a sense of belonging and social approval. Consequently, gay men often fear that they will be judged not to measure up to the community standard of maleness. Here men are confronted with the complex interaction of sexism and sex-role stereotyping. Women have less status in our culture than men. Gay men are stereotypically thought to be not "full" men or somehow like women. This is further complicated by the stereotyped view that gay men do not like women, a view that has even been accepted by a minority of gay men. It is possible for the counselor to help the gay male client carefully work his way through this labyrinth to an understanding that gay men are not less than, but are simply different from, heterosexual men on the single variable of their sexual orientation; that healthy men need not think of themselves as either superior or inferior to the other sex; and that liking and disliking is more reliably based on individual characteristics than on class membership.

**INTIMACY**

All healthy people need intimacy. It is becoming a commonplace observation among gay social scientists that gay men have difficulties establishing intimacy relationships because they are socialized as men, and men in our culture are not trained to facilitate relationships. Men are more likely than women to seek sexual gratification outside committed relationships. Younger men are more likely to be sexually adventurous than older men. Yet every gay man must work out his own pattern of sexual gratification and friendship development.

Because of its blanket condemnation of homosexuality, our culture has offered no guidance for gay men who wish to be socially responsible. Furthermore, there can be no margin for error subsequent to the emergence of the AIDS health crisis. Consequently, it is the responsibility of the counselor to help the individual man affirm his sexuality and to find ways to express it responsibly and safely. Some need help in understanding and practicing safe sex. Others need help in developing communication and courting skills. Others need help in realizing their goal of establishing a committed monogamous pair bond.

**NURTURANCE**

Our patriarchal culture has defined men in general as non-nurturant and gay men as potential molesters of children (Finkelhor, 1984). These are myths that die hard. Many gay men are formerly married and are parents. They need help in communicating with their children. They often fear that their children will reject them. Actual experience has taught many gay fathers that their children are relatively indifferent to their sexual orientation. Rather, children's affirmation is given or withheld on the basis of the quality of the relationship between father and children (Miller, 1979a, 1979b; Voeller & Walters, 1978).

Other gay men will experience a sense of loss that their sexual orientation makes it unlikely that they will be biological parents. Producing a next generation and having someone to carry on the family name are culturally endorsed ways in which we are helped to deal with our mortality. Some gay men will be able to sublimate these needs into nurturing relationships with nieces and nephews; others into their work. Others will experience a sense of loss; others a relief that they don't have the responsibility. An increasing minority of gay men and male couples are becoming foster parents, adopting children, and occasionally working out parenting relationships with lesbians.

Counselors should know that children raised by gay parents are no more likely to be gay than children raised by heterosexual parents; that it would be all right for a child raised by gay parents to grow up gay; that individual men often need support in articulating their desire and finding the appropriate ways to be nurturers.

**AGING AND DEATH**

Another common myth is that gay people are lonely in old age. Limited research suggests the opposite. Since gay people have more life experience coping with unusual circumstances, they are apparently more adept in coping with social needs in later life (Berger, 1982). Nevertheless, facing declining strength, mobility, and independence is not easy for anyone in a society that offers so little social security throughout life. Gay men need help in dealing with their own ageism and many will need support in constructing an alternative social and familial network. In a complex intrapsychic dynamic, some gay men equate "youth," with "femininity" or "passivity," or perhaps an outdated image of themselves and find it impossible to be attracted to men of their own age. Men need to be helped to understand that they can make themselves attractive whatever their age by careful health management and awareness.

Fear of death is most often associated with a lack of meaning and purpose in life. Most of us need to have a sense that our life has mattered; that our existence has made a difference. Gay people are no different, but more often they lack the comfort of knowing that their line will be carried forward by children. Therefore, they may need help in establishing some kind of living memorial through a gay institution that can give them the comfort that they have contributed to a healthier society.

We are accustomed to facing death in old age. AIDS has shaken our complacency (Nichols, 1986). A heretofore unknown and at present incurable disease of central African origin has been communicated into the developed world. Because of their high geographical mobility and sexually affirmative lifestyle, gay men were probably the vector of communication and have definitely become the population at greatest risk for the illness. Simple minded and morally primitive people will quickly "blame the victim." But no one could have known the danger until the disease was identified.

Gay men are necessarily re-examining their lifestyle and means of sexual gratification. Many are fearful. Because of the nature of the disease, it is not possible to know for sure that one is in danger even if one has definitely been exposed to the disease. Counselors must be clearly aware that AIDS is not communicated by casual contact, and must keep abreast of the latest medical developments in order to deal responsibly with their clients (Altman, 1986; U.S. Department of Health, 1986).[2] Everyone at risk is

necessarily becoming more fully conscious of matters of life and death. In metropolitan centers many people know someone who has died or is dying of AIDS. Those men who have not fully eradicated their internalized homophobia are vulnerable to the blaming attacks of the morally self-righteous. It is the counselor's responsibility to help gay men find means of gratifying their sexual needs without danger to themselves or others.

## The Advantages of Being Gay

This chapter has necessarily focused on the problems men face in being gay. It would be unfortunate to leave the counselor with the impression that it is intrinsically a disadvantage in life in belonging to a sexual minority. There is no question that there are hazards that the psychologically vulnerable may not survive. A careful clinical detective would probably find a high incidence of conflict about sexual orientation among young men who have committed suicide. This is a consequence of social oppression—some cannot cope with the stigma.

Nevertheless, those who survive may have developed resiliency and survival skills that make them able to deal more effectively with many of life's other hurdles. Belonging to a minority is especially difficult for teenagers who want more than anything to be a part of the group. But not fully fitting in can also help people to develop a perspective on reality that may enhance creativity and general adaptability. The counselor who can help his gay male clients realize that in no way is their life necessarily inferior, and that nothing necessary for being fully human is totally denied them, will be making an important contribution to the well-being of gay men and the health of our society as well.

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## *Notes*

1 In 1987 the Times accepted the common practice of calling a people by their preferred name and has subsequently used the word gay freely.

2 Scientific progress is being rapidly made, and persons should consult with local AIDS hotlines for up-to-date information.