

Queer in the Head?

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Traditional models of psychology have characterised same gender preferences as illness, fixation, neurosis or perversion. Insofar as it has invented and reinforced constructions of homosexuality and heterosexuality which limit and polarise, traditional psychology has harmed clients and practitioners alike. A sizeable proportion of workers in the fields of psychology and therapy express their own sexuality homosexually. Despite the homophobic climate within some major psychological schools and in research, many lesbian and gay practitioners have developed affirmative work with clients. Recently a European Association of Lesbian and Gay Psychologists (ALGP-Europe) has been established to support them.

At the first conference of the ALGP-Europe in Amsterdam in July 1992, participants called for a re-evaluation of all major psychological schools on the basis of their constructions of sexual identity. American colleagues recalled their long struggle in that continent from the founding, six years after Stonewall, of the American Association of Lesbian and Gay Psychologists, through nine hard years



of activism, to the establishment of Division 44 of the very powerful American Psychological Association in 1984. Homophobic practices still abound, despite the declassification of homosexuality as an illness in 1975. Indeed, the recent flourishing of so-called 'conversion therapies', which promise clients a 'cure' for homosexuality, raises alarming questions about the ethics of some practitioners in the USA today.

It is not, after all, only individual people, but whole cultures, which can be psychologically ill. The polarity between homosexual and heterosexual identities represents borderline personality in our society — split, overboundaried and experiencing constant threat. These barriers are not natural. All of us need to

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explore our sexuality more widely, not less. Good psychology must concern the affirmation of its clientele. The task for psychotherapy is to enable clients to live and love and work effectively, not to change them. The conference agreed that greater attention needs to be paid throughout psychology to the diversity of human sexual experience, and that the major problem is the irrational fear of such diversity rather than any particular desires and preferences which it encompasses. Psychology has not served any of us well with regard to our sexuality, and perhaps lesbians and gay men have suffered worst of all.

Individuals may feel in danger of losing their identity altogether if they come out of the all-pervading polarity, and a central question is how we can make possible subtle nuances of sexual preference. We must attempt to differentiate between issues of sexuality and issues of cultural identity, to enable people to continue to hold, and be held by, their 'home cultures' while experimenting with their sexual identities. Gay men and lesbians are certainly not free from introjected heterosexist stereotypes themselves. The continuous struggle for equality of rights has threatened to overwhelm what is different, or 'special', about homosexual experience. Psychological research has tended to focus on similarity rather than diversity. Within gay culture the eagerness to deny masculinity within the feminine or femininity within the masculine, in order to refute homophobic typecasting, can itself lead to the construction of new stereotypes, instead of the healthy expression and validation of all parts of ourselves.

It will come as no surprise to learn that lesbian and gay clients bring to therapy the entire range of issues presented by heterosexual clients. So how are we different? It is important that the taboo on differentiation does not mask the identification of some specific issues for 'gay affirmative therapy'. Key areas include the following:

The Development of a Gay Identity

This depends largely on socio-political factors, and we need to be alert to dangers inherent in some recent research into links with constitutional and gender developmental factors. Our culture constructs gayness as a sexual identity. Ideas held by clients regarding their own development are revealing about their handling of identity here and now. Issues arise over causality, labelling, 'coming out', acceptance and self-appreciation, validation through community, and social, familial and religious constructs. More research is required into individual reconstructions of identity. We know from clinical practice that good experiences of the 'coming out' and affirmation processes can most certainly lead to greater mental and physical health in the long term.

Anti-Gay Violence and Homophobia

Up to seventy percent of gay male clients have experienced violence due to their sexuality. This is rare in the general male population, though it does resonate with the experience of sexism by women.

Social psychological issues arising from this include the motivations of perpetrators, the interrelationship with racist violence in our communities, and the education and training of law enforcers in relation to preventative measures.

All lesbians and gay men have experienced homophobia in others to some degree, and most contend with internalised representations of such insults. A more positive experience of the 'coming out' process can be provided within affirmative therapy in groups, or individually. Related issues include alcohol, drug and sexual abuse, unsafe promiscuous sex, violent and collusive relationships, and the perpetuation of undernourishing or abusive activities or connections with other people, either in intimate relationships or in the wider world.

Gay Relationships

Same sex partnerships present specific issues around power, intimacy and values. Choices between modelling traditional heterosexual roles, norms and values, or the creation of newer ones, will be made. Wide variations of sexual involvement, from monogamy to completely 'open' relationships, including many non-sexual ones, can be sustained. The location of such partnerships within families, networks and support systems, and within the gay community, will present cultural, political, financial and structural questions. Other key areas of interest include donor pregnancies, adoption, co-parenting and childrearing, and the need for authentic gay affirmative rituals, celebrations and 'witnessing'.

The Consequences of HIV+

The international lesbian and gay community is justly proud of the support systems it has mobilised in response to HIV+ and AIDS, which have represented a major crisis for its members. This has been achieved in the context of considerable hostility, unusual in respect of other life-threatening illnesses in our society. Major re-examinations of desires and preferences and safer sex practices have caused dramatic changes in sexual behaviour. Infection will frequently reactivate original problems of identity and esteem, and violated self images can lead from shame and guilt to social isolation.

Along with disability, racism and ageing, these are some of the major concerns of affirmative lesbian and gay psychology. None of us can ignore the impact of cultural change in the work we do with clients individually. The European Association of Lesbian and Gay Psychologists (ALGP-Europe) will organise nationally and internationally to counteract heterosexual and homophobic trends in psychology, therapy and research, and will promote cooperation in the fields of training, information and the sharing of good practice.

ALGP-Europe will also be able to provide a supportive framework for lesbian and gay practitioners who are offering their own particular experience. The Association is still new, and there is much to be done to develop these important networks in Britain and Europe. Further information about AGLP-Europe can be found on page 10.