

Pink Therapy

New Perspectives on Sexual Minority Therapy

Foreword

Self AND Society – can we enjoy both?



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and

These are significant times for sexual minorities in the West and for relations between these minorities and the worlds of psychology and therapy. We are pleased to present this issue of *Self & Society*, which focuses on the relationship between these cultures, as we believe that there is much still to be addressed as well as progress to celebrate.

Contributors debate the **self** – and the ‘dispiritisation’ which can result from disconnection from wider communities. We are shown some of the ways in which psychological and emotional damage arises from overused mechanisms of self protection developed in hostile climates. On the other hand we look at how these selves are grown and lived out within social contexts and articles here show that profound structural and attitudinal changes in **society** offer new possibilities for health.

And these changes are urgent. At a Royal Society of Medicine conference on Lesbian and Gay Health issues (June, 2005) it was reported that 80% of young people attending one delegate’s lesbian and gay youth group were

taking Prozac, many having done so for several years. In 2003, Professor Michael King and colleagues, in a special report for MIND, found that lesbians, gay men and bisexuals were more likely to have consulted mental health services and experienced higher levels of depression and substance misuse than heterosexuals. In 2005 Cordelia Galgut's research into lesbians' experiences of therapy showed that 83% of respondents felt it was important that their therapist disclosed their sexuality. Just over half (54%) of lesbian respondents found their heterosexual therapist helpful, but 96% reported a lack of understanding of lesbian lifestyle and culture.

Homosexuality was declassified as a mental illness by the World Health Organisation in 1993, so we expect that most experienced therapists (i.e. those in practice for more than a decade) may have been trained to see same-sex attraction as pathological. Few counselling and psychotherapy training courses actually provide much education in sexual minority psychology and therapy issues beyond helping students to explore their attitudes to gay and lesbian people (bisexuals and transgender people rarely get included). When 'gay issues' are taught, it is usually by one of the students rather than from an experienced therapist – the implication being that there is nothing much to learn about working with sexual minority clients; personal experience is sufficient qualification.

We wish to challenge this. The first volume of our 'Pink Therapy' trilogy, published a decade ago (1996), shows there is plenty to learn about minority sexualities and psychology. Subsequent books in the series began to fill an urgent lack of European theoretical and training materials (Vols 2 & 3, 2000). It is lamentable, however, that this work remains accompanied by so little else focussing professionally on these issues in

Britain. The workshops and two year professional training programme in sexual minority therapy run by Pink Therapy Associates clearly address this continuing need, yet take-up of these trainings, especially by professionals who are not themselves members of minority sexualities, remains slow.

Why is it then that so few therapists are interested in improving the service they provide to their sexual minority clients? Andrew Samuels said at the 2004 Pink Therapy 'Queer Analysis' conference that any therapist not interested in learning more about current debates in queer therapy issues were 'crap therapists' as they were missing out on the next wave of radical thinking and practice in therapy. It can be argued that queer therapy stands now where feminist critiques did in the 70s and 80s in relation to these professions. We are challenging existing hierarchical thinking, the role of analytic neutrality, the uses of counter transference and self exposure, issues about the developmental influences of nature and nurture and so on.

This issue of *Self & Society* shows once again that sexual minority people are different from heterosexual people by virtue of their experience of exclusion outside the heteronormative paradigm.

Keith Silvester argues convincingly for a re-examination of the place of narcissism in gay male psychology and against mere political correctness in the place of properly considered ethical attitudes, while

Dermod Moore explores how his training in psychosynthesis contributed to a reclaiming of his sexuality, which had previously been pathologised as 'addictive' or 'compulsive'. He notes how gay men may be unconsciously engaged in a queer spiritual quest and practice. Both contributions relate to an experience of living in rejecting,

under-nourishing environments throughout our history.

Marcus Gottlieb's poignant contribution on working with gay survivors of the British boarding school system also illustrates how this works against psychological health in this microcosm of wider society, yet is thankfully able to point to current changes here, too, in attitudes towards professional care and equality of respect. **Leah Davidson** reviews an excellent new guide for lesbian survivors of sexual abuse, another specific and hitherto neglected context.

Laurie Slade's article on 'Social Dreaming' reports from a workshop at the Pink Therapy Queer Analysis conference and reveals how group anxieties shared in dreaming can become shaped into optimism and meaningful images of the future.

There has been much advancement in the position of sexual minority people in recent years and further gains are imminent. Spain and Canada have just voted to allow same sex marriages and the UK has introduced a Civil Partnership Act (2004) which, in December 2005, will see the first same sex couples being able to register their partnerships and have equal rights with married heterosexuals in matters of finance, property, inheritance, medical care, pensions, etc. The long overdue recognition of transgender people through amendment of their birth certificates to reflect their acquired gender has been made possible by the

Gender Recognition Act (2004), and Gender Recognition Certificates are beginning to be received by transsexuals.

The Adoption and Children Act (2002) made provision for same sex couples wishing to adopt to do so. Regulations have been drawn up to support this and later this year we will see more equitable parenting procedures for increasing numbers of sexual minority families and we have in this issue **Roz Pendlebury's** timely review of two new guides for parents.

We are optimistic that this journal will make a valuable contribution to the slowly growing body of literature into sexual minority therapy. Therapists need to be willing to recognise their sexual minority clients as 'different but equal' to their heterosexual peers. To do this effectively they need to have worked on their attitudes to each of the different groups that comprise the sexual minority rainbow and to increase their understanding of the social contexts and lived experiences of what it means to belong to sexual minorities today. There is now provision of all these opportunities and we hope that readers of this issue might feel inspired to take some of them up.

We look forward to the opportunity to meet with AHPP and AHP members next year in a workshop that will help therapists explore some of these issues and other communications from their client which might get **Lost in Translation**, a workshop which we hope to co-present with AHPP.

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