

# Ray Lightbown

## THE POLITICS OF GAY COUNSELLING

Rather than dealing with the politics of gay counselling directly, I'd like to begin by outlining some of the political factors which operate in being a homosexual man or woman in Western society.

At the start of human history, lawgiver, priest and judge were one. Under this system there was no distinction between law and morales. Further, people believed that there was a magical relationship - taboo - between observation of rules and the welfare of the community. Therefore, it became the practice to kill transgressors of the taboo in order to protect society against the wrath of the deity.

Religious law sought to preserve society and its growth. Some taboos referred to what foods may be eaten, what materials one used for clothing. Others proscribed non-procreative sex, e.g. withdrawal method of contraception, sex during menstruation, sex with animals, and homosexuality, and yet others again protected the goods and chattels of the patriarchs, including their wives and daughters as well as their animal stock.

The rise of Rationalism as a philosophical ideology in the 18th century challenged the grip of religious law and forced moral arbiters to bolster the traditional values with pseudoscience.

Boerhaave in Holland in 1728 and the Swiss doctor, Samuel Tissot in 1758, both believing that seminal fluid and vaginal secretion were produced from spinal fluid, argued that rash expenditure of such vital fluids would lead to death and sex should only be risked for the production of life i.e. procreation, and even then only very rarely.

Masturbation, not homosexuality, was the prime enemy as there were no bounds to its indulgence. Nevertheless, in view of the dangers, anyone who engaged themselves in any non procreative sex must be sick in mind, and soon would become sick in body.

Nowadays, whilst a very few of us avoid pork, mixed fibre materials, masturbation and contraception - homosexuality still labours under the legacies of pre Christian taboos and 18th century moralistic medicine.

With regard to penal law, whilst lesbians are beneath criminal law, in that their lovemaking in itself is neither illegal nor lawful, they suffer under civil law in divorce or custody cases by being classed as sick. For men the law was only revised 13 years ago, with an age of consent of 21 years, but does not apply to Scotland, Northern Ireland, the armed forces or the Merchant Navy. And many other legal discriminations remain unaffected by the 1967 Act.

Dictatorships, political or spiritual, are always chaste, tolerating sex only as a means to increase its subjects. They know the deep truth that one of the most efficient ways to subdue individuals is to interfere in their privacy by imposition of harsh and rigid taboos on their sexual behaviour. Sexual impulses are, of course, too strong to be thus restrained and therein lies the catch.

The percentage of men, women, girls and boys breaking these extremely strict rules is high but all are conscious of the unlawfulness. So they hide their transgressions so that no one ever knows how many others are in the same situation. They imagine that they are alone in their depravity and are overcome with guilt and shame, thereby strengthening the authority of state and leadership.

Therefore two roles are thrust upon the homosexual, "criminal" and "sick". "Criminals" are extruded from society, - the rest of upright citizens and coerced into situations where they cannot join up with fellow criminals for the overthrow of society. The role "sick" makes a person dependent on other "non sick" people, family, friends, doctors, etc., rather than on other "sick".

This serves to isolate and insulate the sick person but exposes them to powerful forces which insist that they become reintegrated into society as a conforming "healthy" individual. The sick role also involves the sense of losing personal control of oneself. This loss of power is yet another event which seems to underline the political nature of being a patient.

A form of social acceptance is involved in seeing a gay person as sick - "Why don't they leave them alone? They can't help it, they were born that way". However, whilst it is probably true that no one chooses to find others arousing there is a sense in which the gay individual can choose to follow a gay lifestyle or identity. Such a choice challenges society and its values: it is the rejection of heterosexual monogamy and the nuclear family, the rejection of gender role stereotypes. It is possible to be emancipated from the cultural mythology of romance and be aware of the evanescence of relationships, realising that you have to constantly work at them. Many gays are able to focus on the immediacy of living rather than feel nostalgia for the past or be obsessed with the future. Gay women are able to express "masculine attributes" such as assertiveness, and gay men "feminine" emotions such as tenderness. This transcendence of conventional sex roles permits a wider range of emotional expression, and the ability to see the stupidity of gender role distinctions,

e.g. breadwinner vs housewife, active vs passive and dominant vs submissive. Sex can become an expression of warmth, tenderness, sensuality and recreation without being concerned with procreation. One can be more honest with oneself, one's partner and one's friends, partly because one does not need to go through the usual rituals of relating to people. Such behaviour is not the monopoly of gays but is often seen to be "rocking the boat" or cause for envy by non gay members of society. The solution to this is to perpetuate the social and political oppression of gays.

However, people are no more responsible for their personal sexual preferences than they are able to change their height or the colour of their eyes. We know that sexual repression is bad. We know that love and tenderness are the most positive things in the world. We know that it is part of human nature to express and increase love and tenderness by sexual acts. It is the right of all human beings to express their love and tenderness, sexually and non-sexually, to every other human being who is willing to accept this expression and to participate in it. We should leave to the partners the choice of the way which is most suitable to them for the expression of their feelings. It is a very personal affair of no concern to others.

We should also acknowledge that to begin to adapt to one's sexual orientation is of importance at as early an age as possible. How many more years of adolescence, young adulthood and even middle age must be wasted in guilt ridden and frustrating attempts to accommodate to the unrealistic expectations of a society which has failed to meet the needs of those children who quite naturally develop homosexually at the same time that most children are developing heterosexually? No doubt everyone would be appalled if I were to suggest that we should not help young heterosexuals to deal with their sexual relationships as best they can - even in a generally supportive heterosexual society. How much more need, therefore, to help gays to deal with their homosexuality as best they can - especially in a generally oppressive society?

Already losing power as a result of being labelled "sick" or "criminal", the homosexual teenager is further robbed of power by being labelled "child" in situations where the heterosexual teenager is accorded the status of adult. It could be argued that the child is the most politically oppressed section of society.

The heterosexual teenager has had a wealth of identification models available from a very early age to furnish an adequate basis for the education of heterosexual relationships; he or she has been encouraged to practise and initiate roles, he or she has a reasonably clear idea of what is expected in interacting with the opposite sex.

Homosexual youngsters have no such models except, maybe the "dirty rain-coated man", an effete limp wristed comic stereotype, or the mannish woman in tweeds, with close cropped hair and cigar. They do not see themselves as heterosexual but cannot identify with these inadequate caricatures - is

it any wonder if they feel confused or uncertain about their sexuality? They know they find other men or women sexually exciting, they know they feel tenderness, love toward members of their own sex, but are reluctant to construe themselves in such a negative way as that portrayed in the media or social mythology. They do not know what is expected of them and it is only by meeting gay men and women and forming friendly relationships that they appreciate the wide and rich variety of homosexual individuals and their ways of inter relating.

The social problems which homosexual individuals have to face and try to overcome are particularly severe for teenagers. Adolescence is the age when for heterosexual and homosexual teenagers alike, acceptance and approval by the peer group are more important than at any other age for healthy, happy, personal development. For this very reason the homosexual teenager is generally rejected and ostracised. Unless individuals are lucky enough to contact the gay subculture, or have a stable loving relationship with another of the same sex, or have sufficiently strong personalities to withstand the stress, they are forced into isolation and deception. This does damage to personal integrity and self esteem, and with it a much increased likelihood of unhappiness, neurotic coping strategies or sometimes frank psychiatric symptomatology.

All of us have a fundamental human need to belong, not only to a community, but to belong to some particular person, who in turn feels that he or she belongs to us. Surely it does not matter which sex fulfils this need so long as we can establish emotional contact which we can express through some physical contact. The lone homosexual teenager is deprived of the full rounding off of the personality that such fulfilment brings. The forming of a deep relationship takes time, skill and experience and the sooner one can develop these qualities the better our chances of a satisfactory fulfilling relationship.

By trying to prevent the establishment of warm loving ongoing relationships we compel the young homosexual to periodically seek purely sexual contacts, - probably in a furtive way. Such transitory meaningless contacts cannot bring fulfilment, happiness nor comfort. They encourage guilt, anxiety, self hatred, frustration, isolation and feelings of sordidness and disgust. This inhibits further searching for sexual release - but only for a time and the whole thing is repeated with no opportunity to learn and develop.

Homosexual teenagers as much as anyone need to express their love and deserve to be loved in return. I believe that, just as heterosexual couples should, the homosexual couple should use physical love-making as an expression of the emotional love they have for their partners and which is reciprocated by the partner.

Laws designed to prevent teenage men from having sexual intercourse with other men does not materially prevent the actual sexual experience - what it does do is severely inhibit the possibility of a loving relationship developing.

In other words, in my opinion, it **does not** prevent the cold anonymous release of pent up sexual frustration but **does** seriously impair the potentially beneficial development of a mutually rewarding loving sexual relationship.

They are thus frequently overcome with guilt and shame, filled with self hatred, fearful and anxious lest anyone find out. Such emotions stifle the personal growth, adjustment and maturity of the individual. It places those of us in the position of counselling younger homosexuals in a sore dilemma. We seek to alleviate such negative emotions, to aid self acceptance and realisation and we know that this is best effected through contact with other homosexuals. But under the present law it is an offence to arrange homosexual introductions and the partners to such homosexual relationships are liable to prosecution.

When faced with the lesbian mother who is oppressed as a woman, feeling guilty and depressed at her "failure" as a woman, wife and mother, is it not my duty not only to build up her self esteem, to refute her sense of failure, but also to encourage her to believe that she has the right to retain her children, that she is a fit person to be a mother?

As an employee of the state, I should uphold the laws and conventions of society but my choice is to be subversive, to be anti-establishment. My conscience cannot let me decide any other way.

Politics is essentially about power, and political theory must concern itself with the unequal distribution of power. Since the operation of criminal law serves to subjugate the "deviant" individual and deprive him or her of power; and the "sick" role acts as a social control system - permitting limited deviation from normal roles to occur whilst protecting the stability of the established social order; and if by classifying certain members of society as too young to decide, we deprive them of self determination; then I see my role as gay counsellor to be one of re-instituting or re-establishing such power to the individual. I cannot see my role as one in which I help the individual to adjust to the immoral prejudices and oppressions that confront him or her.

As in the development of women's psychology and feminist therapy, there is a need to recognize that many psychological theories perpetuate male heterosexual ideology and it may be necessary to treat the homosexual aspects of an individual as a special case. The roles that sex, relationships, friends and family play in the lives of the predominantly homosexual man or woman are often psychologically different from those of the predominantly heterosexual.

There will be many clients who are psychologically disturbed who just happen to be homosexual. Whilst taking into account that the person is homosexual and paying attention to how the client regards this aspect of his or her personality, I would not take a particularly directive role in helping that person with their non-gay problems. On the other hand, where I see a person who

has problems which arise as a direct consequence of the stripping of power as a result of them being gay, then within the context of the person's ability to do so, I seek the redress of the balance of power. I don't think my aim to empower gays is to give them what white middle class heterosexuals have. But, as part of the therapeutic relationship and space in which growth may occur, I would wish to explicitly discuss and understand the political, emotional, social and inter-relationship factors which oppress the individual.

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**Claire Cohn**

## **TUNING IN TO THE DISABLED**

This was going to be a new experience for me. The familiar, large canvas tote bag was full of tapes, records, balls and various paraphernalia of my profession. It felt heavy today.

The entrance to the day care centre was bright, and the open space in the centre of the atrium which had a glassed-in garden seemed very significant to my present mood. I wanted brightness and liveliness to exist here.

I was greeted by the social worker who had sounded very enthusiastic about bringing movement and dance therapy to the centre. He was young, serious and very eager to relate what patients he thought should be in my group. At a quick glance, I could see a pool of wheelchairs and older (maybe just grey-haired?) people in the buffet. Tony, the social worker, had mentioned wheelchair dancing to me on the phone. I immediately flashed on the image of these patients in this activity - - It seemed ludicrous. There were also some younger wheelchair patients and I wondered what brought them here. . . Somehow I only allowed geriatric cases to be confined to wheelchairs. I had forgotten about debilitating diseases such as stroke victims, muscular dystrophy, broken hips, amputees and the blind.

So I've entered a new world of handicapped adults who are bussed to this centre for special services. What I eventually learned about "special services" is that there is one art therapist - and me; the rest of the staff are social workers, aids and kitchen assistants. I asked how often a doctor checks in - and the vague answer about one day a month said it all. Not much physical care was provided once released from the hospital, except for private appointments. My own bias towards holistic healthcare makes me imagine how some of these slouching bodies and grey faces could benefit from touch and improved diets.