

Kort's Korner



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Joe's practice specializes in sexual addiction, childhood sexual, physical and emotional abuse, depression and anxiety.

He offers workshops for couples and singles. He runs a gay men's group therapy and a men's sexuality group therapy for straight, bi and gay men who are struggling with specific sexual issues.

His therapy services are for gays and lesbians as well as heterosexuals.

Queer Eye for the Straight Therapist

Creating an Affirming Practice for Gay Clients

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The year 1978 wasn't a good year for me. I was 15 years old and miserable. My grades were going downhill, I was avoiding my peers, and I was a sullen zombie at home. My mother noticed these developments and took me to a therapist. He was psychoanalytically oriented (as most were, then), and he shrewdly sized me up and asked whether I liked boys or girls. I can't say I was entirely shocked by the question. I'd already discovered that I had to fake the hormone-enhanced enthusiasm for girls that came naturally to my male friends. In fact, I found several of the boys in my class much more alluring than any girl. True, I was horrified to hear it put right out there like that, but also excited and relieved. Maybe, at last, this was somebody I could talk to about these weird and terrible and thrilling yearnings that nobody else I knew seemed to feel.

For a few sessions I hedged and avoided answering his question, but I finally admitted to him that, yes, I guessed I might possibly be a "homosexual"—the word itself reeked of transgression and perversity in my ears. He very graciously explained to me that it wasn't too late for me, that adolescence gives us a second chance to recover and repair our "lost" or "broken" heterosexuality—a line of reasoning still espoused by a number of reality-challenged therapists, even in these presumably more enlightened times. The problem was, he said, that I had a smothering mother and an absent, distant dad; my

psychosexual development had been caught, as it were, in the Oedipal death trap of Mom's clinging tentacles.

I saw him for the next three years as he valiantly soldiered on in his campaign to help me recover my "true" and "natural" sexual orientation—to no avail. Even as I bit the bullet and tried manfully to act like a "normal guy," it was no go. Touching girls, holding hands with them, dancing cheek to cheek was a real strain, requiring enormous energy to trick them into thinking I was as hot for them as my male peers were. As time passed, it became ever more obvious that my therapist's project to reclaim me for the straight world was going nowhere. I didn't like being the way I was, but I was coming to believe that changing it was impossible. My therapist wasn't a bad

guy. Even though we disagreed over my ability to go straight, I felt heard by him, and the freedom to speak quite matter-of-factly about my sexual orientation reduced the shame of self-acknowledgment.

When I went off to college, I hoped that things would be different and that I might meet other gays. I must have walked up and down the stairs to the room 20 times before I got up the nerve to attend a gay group in the student union. But the men I saw there were effeminate and stereotypically gay; I was scared and horrified. I wanted to meet more

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Joe Kort MA, MSW, ACSW
25600 Woodward Ave,
Ste 218
Royal Oak, MI 48067
Tel: (248) 399-7317
Email joekort@joekort.com
Website: www.joekort.com

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masculine and mainstream guys who were “straight acting.” These men were friendly, however, and took me to the gay bars. I met other gay men there, but didn’t like the bar scene. I couldn’t find gay men to whom I could relate anywhere. I felt lonely and isolated.

When I came home that summer, I angrily told my parents I was gay and informed them that my therapy had taught me that my gayness was a result of a domineering mother and an absent, distant father (both of them fit the description exactly, so it was easy to pin it on them). I imagined living out a life of doom and gloom as a lonely gay man, not being able to find other likeminded gay guys. My parents and I went into family therapy with a different therapist who also was psychoanalytic. She looked at me and said, “Joe, why would you tell your parents and then blame them?” I recall being surprised by her question. I so wanted her to tell me that what I’d done was an act of courage and honesty. Besides, hadn’t I just passed along to my parents what the therapist in her own agency had told me?

I went back to school the following semester and back into the closet. I found a girlfriend and led an underground gay life, meeting men for sex only in various hidden places at the university. In my senior year, I met other gay men with whom I could relate at a crisis center where I worked. I ended my relationship with my girlfriend and came out for good that year to my family and friends. This time, I didn’t blame anyone and or act so negatively about it.

I majored in psychology and social work and studied gay and lesbian issues as much as I could. When I went to work in the social work field, I wasn’t out. I didn’t feel safe and I was worried I’d lose my job. When I was 26, two female coworkers pressed me on the issue of the “women in my life.” Unsatisfied by my vague responses, they pushed for more information about what type of women I dated. So I blurted out that I was gay. I thought that they knew and were fishing for my admission, but they were stunned. They said they’d had no idea. My heart was beating a mile a minute. I watched them, frozen and silent, as I said it again. It was a true turning point. It brought feelings of both fear and freedom to be able to admit this at work. I was afraid of being fired and at the same time felt liberated by finally being able to be me at my job. Afterward, I told all my coworkers. All were accepting and supportive. Soon I was being given more and more of the agency’s gay and lesbian clients

At first, I didn’t come out to them. Most didn’t ask about my sexual orientation, so I thought it wasn’t an issue. But as they talked about their loneliness and isolation and struggles with coming out, not sharing that I was gay began to feel increasingly uncomfortable; I felt like I was hiding.

In those days, my personal and professional experience with lesbians was minimal to none. I soon discovered that I had a lot to learn about how they related to one another and socialized, which was different from my own socializing or that of my male clients. While knowing I was gay helped, lesbians still felt that, as a man, I couldn’t understand their experience of sexism. And they were right. So I asked them to tell me about their experiences, and how their lives had been affected by them.

Gay men were difficult to work with at first, too. I’d tell them in the first session I was gay. They’d often start with strong positive transference toward me, seeing me as a successful professional.

Later, however, I often became a target for their anger, when they realized how much work was required to achieve a positive, gay selfhood, and they became worried that they might not succeed. They’d fault me for being a few minutes late for their appointment or comment on weight I’d gained. I began to tell them that it was perfectly normal for them to feel threatened by me and to try to keep me at a distance, because closeness is so frightening for gay men—the imprint from childhood is to run from each other. In the face of their negative transference, I began asking them questions like, “Is it possible as a gay man you want me to feel inadequate and impotent in being able to help you?” or “Is this your way of maintaining a distance between you and another gay man?” As I explored these underlying dynamics more closely, I found that my work with my male gay clients began to deepen.

Eventually, when I decided to go into private practice, several therapists cautioned me that being out would kill referrals. I was afraid at first; I didn’t want to be marginalized and not have other therapists refer to me. Then I remembered the poor therapy I’d received as a teenager and young adult. I knew I could have come out earlier and more positively had my therapist blessed my sexual and romantic orientation. I decided that I wanted to be able to advertise my gayness, so potential clients would know they could be out with me from the minute they phoned to make an appointment. I hit a nerve in the Detroit area and found my caseload filled with gays and lesbians wanting assurance they wouldn’t be judged for being gay.

Gay-Affirmative Therapy

Over the past 10 years, I’ve been trying to change the hopelessly antiquated perspective of many heterosexual therapists—and, I have to admit, of some gay and lesbian clinicians, too—about how to treat gay and lesbian clients. With very few exceptions, clinicians are anxious to assure me that they’re not homophobic and can absolutely work with gay clients without prejudice of any kind! “Why,”

they usually say, “people are all just people, and couples are just couples—and there’s no particular difference between working with heterosexuals or gays and lesbians.”

“That’s homophobic,” I usually reply, letting them down as gently as I can. I tell them that discounting the specific issues that gays and lesbians face in our society implicitly denies the widespread social loathing that targets gay people, which they internalize, making them even more prone to self-hatred than other clients.

Much of my approach to therapy is based on a growing body of clinical work and literature called Gay-Affirmative Psychotherapy (GAP), which emerged in the 1980s and 1990s when gay and lesbian psychotherapists started writing about their own lives and talking about the need for therapy and therapists who were free of heterosexist bias and homophobic prejudice. Prior to this, virtually all the writing about psychotherapy with sexual minorities presumed that homosexuality was an abnormal perversion. GAP practitioners felt that it was crucial for clinicians to understand the degree to which heterosexist and homophobic laws and judgments were the real problem for gays—not being gay in and of itself.

When working with students and trainees on Gay-Affirmative Psychotherapy, I don’t immediately ask them to divest themselves of all their old, comfortable opinions, attitudes, feelings, stereotypes, psychoanalytic folktales, and urban legends. I just ask them to put aside these security blankets for the moment and listen to some factual information about what it’s like to grow up and live as a gay man or lesbian woman.

I start by doing a 10-minute guided imagery developed by Brian McNaught, author of *Now That I Am Out, What Do I Do?* They close their eyes and imagine they’re heterosexual, that they were adopted at a young age by gay parents, and have an older openly gay brother or sister. Their schoolmates are all gay. Their teachers, the media, books, and billboards all feature people of the same sex. And everyone in this fantasy thinks that they’re gay, too! This usually sets the tone to sensitize what it must be like to be gay in a predominately straight world with everyone thinking that you’re straight. Then I ask them to give one or two words of what it felt like to imagine they were the only straight person around. They use words like “scary,” “lonely,” and “angering.”

Although it may not seem so important, one of the first hurdles in helping students and trainees be more attuned to gays is getting around the use of the term homosexual, which still carries the taint of its long public association with unnatural sexual deviancy, neurotic pathology, and moral degeneracy. I tell students and trainees that the term homosexual is offensive to many gays and lesbians, analogous to referring to African Americans as coloreds. Gay-Affirmative Psychotherapy encourages the use of the

words gay, lesbian, and even queer—a former epithet that gays neatly turned into a statement of gay pride.

Another point I try to get across early with my students is how marginalized gays feel due to their sexuality. Because heterosexuality is still largely assumed to be “natural” (while homosexuality is, of course, “unnatural”), it’s also thought to be superior to the other, lesser, inferior brand of sexuality. People are assumed to be straight until proven otherwise. Belonging to the church of the officially sanctioned “natural” and “superior” sexuality entails rights and privileges denied to gays and lesbians. While American society has begun to address some of the most egregious legal biases by instituting domestic partnerships, civil unions, workplace protections, and adoption policies and overturning antisodomy laws, there’s still widespread discrimination against and opposition to gays and lesbians.

I try to explain to my students the daily psychic toll extracted from gays and lesbians by ordinary homophobia and heterosexist assumptions of superiority. Many of my gay and lesbian clients are still wounded by what they heard as children in church or synagogue (and continue to hear) about the “evil abomination” of homosexuality, what they learned from their teachers and schoolmates, what their own parents said to them. Try to imagine, I tell my classes, what it’s like to be a young girl or boy listening to the people you love and admire most—parents, coaches, teachers—talk with contempt about the very condition that you’re just discovering describes you! Males are taught that, if they’re gay, they’re effeminate, immature, unable to control themselves sexually—particularly around straight men—and sissies. Females are taught that lesbians just need a good man, are unfeminine, and butch.

Few straight people have much of an idea of the impact on gay and lesbian kids of the constant social pressure to behave, think, and feel like heterosexuals. The constant hammering to behave sexually and romantically in ways they’re not programmed to blocks the natural course of their psychological and sexual development, violates their sense of bodily integrity and autonomy, and shreds their self-respect and personal identity. We’d consider forcing heterosexual children to behave homosexually as a form of sexual abuse. The fact that, as children, adolescents, and adults, gays are forced into sexual and romantic situations that aren’t congruent with their orientation is, from my perspective, cultural sexual abuse.

In addition to clinical sensitivity, there are several basic principles that are crucial to becoming a Gay Affirmative Therapist:

Don’t make assumptions—Start by asking clients how they self-identify, rather than deciding for yourself whether a client is gay. Some men self-identify as heterosexual, but enjoy sex with men once in a while.

While these men might have sex and be affectionate with other men, they wouldn't self-identify as gay. As a therapist, it's important to ask your clients how they self-identify. If they're confused or coming out, you can explore with them what their sexual attractions and romantic interests are, and help them see what works best for them.

Be frank about your own sexual orientation—You need to demonstrate your bona fides very early in the therapy by revealing your own sexual orientation and where you stand on the issue of gay and lesbian legitimacy. If a client asks, "Are you gay?" you can first ask the client why he or she is curious about your orientation, and then disclose. Disclosure provides safety for your client.

Loosen up—Drop the detached therapist pose—the flat affect, minimal or no feedback, embargo on sharing personal history. That neutral stance just won't cut it with most gay clients. They tend to regard detachment as dislike, even abhorrence, and they've already experienced so many bad vibes from people, they aren't likely to stick around to take any more from you.

Be sensitive to the effects of homophobia on gays—Just as therapists working with African American or other minority clients have to be on the lookout for internalized racism, so clinicians working with gays and lesbians need to understand the devastating impact of internalized homophobia. Many gay and lesbian clients come in to therapy secretly believing the most bigoted myths about

themselves, but they don't enter your door saying they're struggling with internalized homophobia. Some of the signals of internalized homophobia are when clients say:

- They're afraid someone will think they're gay or lesbian
- They're uncomfortable with obvious "fags, queens, and dykes"
- They believe that, as a gay or lesbian person, they're no different than their heterosexual counterparts
- They're looking for a straight-acting gay partner

Your job as the therapist is to identify the homophobia in these remarks and challenge these ideas.

Be sensitive to language—Use the phrase sexual orientation not sexual preference. A preference is something you prefer; an orientation is something that's constant and unchanging. Remember that saying you're gay isn't about sex—it's telling people that you're not heterosexual and that your romantic, spiritual, social, and psychological life is different in many positive ways.

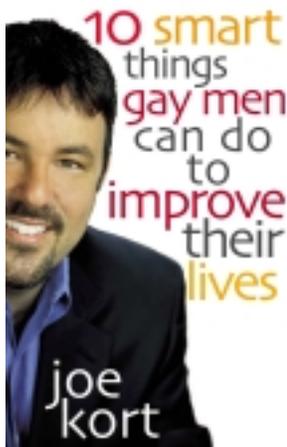
Be aware of your own lack of knowledge about gay issues—Give yourself permission not to know. Just don't take up too much of your clients' time to learn. Seek supervision and read books to get the information you need.

Finally, there are many small but significant steps therapists can take to support their gay clients beyond the therapy itself. For example, make your waiting room and office gay-friendly, with relevant books and magazines; use intake forms that ask about specific sexual orientations; and be aware of community resources for gays and lesbians.

Awareness of the stages of coming out or having a gay-friendly waiting room won't make a difference if you're confused about your own sexuality. But if you're sexually secure, attuned to how gays' life experiences are radically different from those of the heterosexual majority, and clear about how to affirm gay identity, your work with gay clients can improve dramatically.

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Joe Kort MA, MSW, ACSW
25600 Woodward Ave,
Ste 218
Royal Oak, MI 48067
Tel: (248) 399-7317
Email joekort@joekort.com
Website: www.joekort.com



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